

**ACUPUNCTURE BOARD**

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<b>DATE</b>	February 14, 2014
<b>TO</b>	Acupuncture Board
<b>FROM</b>	Enforcement Committee
<b>SUBJECT</b>	Hand Hygiene Requirements

**Issue:**

The Board needs to update California Code of Regulations (CCR) Section 1399.451 (a) to coincide with recommended hand hygiene guidelines issued by the Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH).

**Problem:**

It was recently brought to staff's attention that CDC and CDPH have issued hand hygiene guidelines to reduce Healthcare-associated Infections (HAI) that support the use of alcohol-based hand sanitizer over traditional hand washing when hands are not visibly soiled. The Board's regulation on hand hygiene contradicts this new recommendation and currently does not allow for the use of alcohol-based hand sanitizers at all. Additionally, the Board requires that students complete clean needle technique coursework and use the "Clean Needle Technique Manual" as its primary reference; however, the manual's guidelines regarding hand hygiene also contradicts CCR 1399.451 (a).

**Background:**

Prior to 1987, CCR Section 1399.451 became effective. The last amendment to subsection (a) was operative in 1989. CCR Section 1399.451 (a) states, the acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients. In addition to the various treatment procedures outlined in CCR 1399.451, including hand washing, the Board also has Infection Control Guidelines that were adopted by the Board on August 19, 2010. These Guidelines state, hands must be washed before and after treating each patient and after bare-handed touching of inanimate objects likely to be contaminated with body fluids. It also states, at a minimum, soap and water should be used between patients. Alcohol-based hand rubs may be used for decontamination if the hands are not visibly soiled. The language from the Board's Infection Control Guidelines more closely matches CDC and CDPH hand hygiene guidelines. Osteopathic Medical Board of California's Infection Control Guidelines were also reviewed and has almost identical language to the Acupuncture Board's Infection Control Guidelines.

CDPH puts on a two-day course on Basics of Infection Prevention – Hand Hygiene in Healthcare in which data presentations further support the use of alcohol-based hand sanitizers. It does, however,

state that when hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for *routinely* decontaminating hands. The data also supports that alcohol-based hand rubs are the most effective method at killing most pathogens and is the least drying to most skin.

CDPH's Joint Infection Prevention and Control Guidelines: Enhanced Standard Precautions for California Long-Term Care Facilities issued in 2010 defines hand hygiene as the removal of visible soil (e.g., dirt) and/or spore-forming microorganisms (e.g., *Clostridium difficile* or C. diff) from hands using soap (plain or antimicrobial) and water; removal of transient, vegetative microorganisms (e.g., *Staphylococcus aureus* including methicillin-resistant *Staphylococcus aureus* (MRSA) and other gram-negative and gram-positive microorganisms) from hands using an alcohol-based hand hygiene product. Further, in a 2002 Morbidity and Mortality Weekly Report on guidelines for hand hygiene in health-care settings issued by CDC, it states alcohol-based solutions were more effective than washing hands with plain soap in all studies, and they reduced bacterial counts on the hands more than antimicrobial soaps or detergents in the majority of experiments. Data put out from CDC and CDPH consistently support the use of alcohol-based sanitizers. Also, all major HAI guidelines recommend regular hand washing with soap and water when hands are visibly soiled, but for routine hand hygiene and reduction of bacteria, alcohol-based sanitizers should be used.

#### **Discussion:**

The Acupuncture Board needs to align its hand washing procedures regulation with its current Infection Control Guidelines and health-care industry standards. Language obtained from CDC, CDPH, and the 6<sup>th</sup> Edition Clean Needle Technique should all be considered when determining the amended language for CCR 1399.451 (a). If the new language differs from what is in the Infection Control Guidelines, those also need to be changed. Currently, CCR 1399.451 (a) requires hand washing immediately before examining patients or handling instruments, and between patients. The Committee may want to keep the frequency of the prescribed hand hygiene method, but consider revising the actual method to conform to the current CDC and CDPH hand washing hygiene guidelines.

The Committee should consider the following proposed regulatory language obtained from industry standards.

#### **Proposed Regulatory Language:**

##### **1399.451. Treatment Procedures.**

In treating a patient, an acupuncturist shall adhere to the following procedures:

- (a) When hands are visibly dirty, contaminated, or soiled, acupuncturists shall wash with non-antimicrobial or antimicrobial soap and water. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands. The acupuncturist's hands shall be ~~brush-scrubbed with soap and warm water~~ immediately cleaned before examining patients or handling acupuncture needles and other instruments, and between patients.
- (b) All instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays which contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator which shows that sterilization is complete.
- (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.

(d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.

(e) Any complication, including but not limited to, hematoma, peritonitis or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician or dentist or podiatrist, if appropriate, if immediate medical treatment is required.

(f) Acupuncture shall not be performed using hypodermic needles.

(g) All instruments to be discarded shall be disposed of safely.

(h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

**Recommendation:** The Board approve proposed regulatory language.

Attached: Acupuncture Board's Infection Control Guidelines  
Clean Needle Technique Manual, 6<sup>th</sup> Edition