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# Practice Guidance – Infection Prevention and Control in Practice Environments

Ensuring the use of safe and effective infection prevention and control measures is an important component of TCM and Acupuncture practice. Knowledge of clinical infection control practices is forever changing with the emergence of new pathogens and the re-emergence of other well known infectious and communicable diseases. The College's Practice Standard on Infection Prevention and Control provides registrants with definitions and principles of practice to serve as a foundation for what is expected for when developing practice-based infection prevention and control best practices.

While the principles of infection control (prevention, transmission, and control) do not change, clinical practices may evolve as a result of new evidence, standards, directives, and guidelines being developed by provincial, national, and international organizations. Understanding the characteristics of each link in the infection process provides registrants with methods to support vulnerable patients, prevent the spread of infection, and the awareness of and importance in methods of self-protection.

**Clinical Application: Interpreting the Principes of the Practice Standard**

The principes included in the College's Practice Standard describe the various considerations that registrants must make to ensure they are implementing proper procedures and practices of infection prevention and control when providing care.

The principles aim to help direct registrants to:

- Implement health and safety protocols for infection prevention and control, treatment for contact and screening purposes
- Educate and model infection prevention and control for others (i.e., clinic staff, students, etc.)
- Ensure ongoing quality assurance of office practices and change practice accordingly (e.g. respond to information about outbreaks, health alerts, etc.)
- Apply "routine practices" at all times and additional precautions as necessary to prevent the transmission of infectious diseases
- Perform hand hygiene for patient and provider safety
- Utilize personal protective equipment
- Appropriately handle, clean and dispose of waste materials, equipment, and sharps
- Appropriately reprocess medical devices, treatment tools and equipment

For example, Principles 1-6 describe a registrant's responsibility to maintain currency of knowledge and to use sound clinical judgement when implementing or determining which infection prevention and control measures to apply to their practice, and their responsibility to the health and safety of patients, healthcare providers, and others, respectively. Principle 6a. describes how registrants are responsible to understand the differences between types of medical waste and their

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safe disposal, how to apply appropriate cleaning to their practice environments, as well as proper disinfection and/or sanitization protocols for critical, semi-critical and non-critical items used in their practice.

**What's the best resource to guide me?**

The College strongly encourages registrants to become familiar with the guidance included in the Safety Handbook which provides information specific to TCM and Acupuncture practice and the resources included in the Practice Standard for Infection Prevention and Control. Other sources of trustworthy information can be found in the following resources and guidelines.

**For general infection prevention measures:**

1. BC Centre for Disease Control. Guidelines for Infection Prevention and Control in the Physician's Office, 2004. Available from: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%203%20-%20IC/InfectionControl_GF_IC_In_Physician_Office.pdf

2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection prevention and Control College of Physicians and Surgeons of British Columbia PROFESSIONAL GUIDELINE Infection Prevention and Control (IPAC) in Registrant's Offices May 6, 2022 (Version 1.4) 3 of 3 for Clinical Office Practice [Internet]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-clinical-office-practice.pdf?rev=00bd9993882345069be3929ebc620b7c&sc_lang=en

3. PICNet: Provincial Infection Control Network of British Columbia [Internet]. Vancouver (BC): Provincial Infection Control Network of British Columbia [cited 2021 April 6]. Available from: https://www.picnet.ca/

**For reprocessing of reusable medical devices and equipment:**

British Columbia Ministry of Health. Best practice guidelines for the cleaning, disinfection, and sterilization of critical and semi-critical medical devices in BC health authorities [Internet]. Victoria (BC): Ministry of Health; 2011 [cited 2021 April 6]. Available from: https://divisionsbc.ca/sites/default/files/Divisions/Burnaby/Best-practice-guidelines-cleaning.pdf

**When is it necessary to wear PPE?**

As outlined on page 17 of the Safety Handbook under section 2.3.3:

Practitioners may need to use personal protective equipment to protect themselves from potential infections. PPE's can also protect the patient by preventing the practitioner from becoming the agent of transmission of infectious organism from patient-to-patient.

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Registrants should understand when it is necessary to wear medical gloves, protective clothing, medical masks and other protective devices (i.e. shields, etc.). For example, medical gloves should be worn when there is anticipated contact with blood and body fluids or undiagnosed rashes, and/or in all cases when the registrant has non-intact skin on their hands. Gloves should never be reused and must be discarded after each procedure.

**Practice Note**: it is never acceptable practice to reuse medical gloves by washing them or by using hand sanitizer as a means to clean them. All medical gloves must be disposed of after each procedure on the same patient and, in between patients. The same medical gloves should never be used on more than one patient. Although the use of medical gloves provide an additional layer of protection to the practitioner and patient, they are NOT intended as a replacement for thorough hand hygiene.

**How should I separate biohazardous waste from general waste?**

Section 2.7 in the Safety Handbook discusses Waste Management. On page 34, biomedical waste is defined as:

> Biomedical wastes are the solids, liquids, and sharps derived or contaminated from biological sources that are potentially infectious or dangerous. Biomedical waste must be handled and disposed of carefully in order to protect the public and staff from potential infections.

Although the most common biomedical waste in many TCM clinics are sharps that are disposed of into labelled biohazardous sharps containers (i.e. acupuncture needles, lancets, dermal needles, three-edged needles, intradermal needles, or anything that could potentially pierce the skin), other materials and equipment containing blood or body fluids (e.g., cups that have come into contact with blood or body fluid, cotton swabs and/or blood-soaked gauze from bloodletting practices) require separate handling.

Non-anatomical biomedical waste is defined as waste that includes but is not limited to human diagnostic specimens and human blood and body fluids (e.g. items saturated with blood, body fluids removed during surgery, treatment or for diagnosis) not including saliva, feces, vomit, urine or tears. This includes items that would release liquid or semi-liquid blood if compressed. Items contaminated with scant/trace amounts of blood/body fluids or secretions are considered general waste.[1]

Some common examples of non-anatomical biomedical waste with trace amounts of blood/body fluids or secretions that would be considered "general waste" include, but are not limited to:

- Band-Aid with trace amount of blood/bodily fluids
- Cotton balls/swabs with trace amount of blood/bodily fluids
- Face masks (PPE), medical gloves with trace amount of blood/bodily fluids, facial tissues

[1] https://www.cpsbc.ca/files/pdf/NHMSFAP-AS-Waste-Management.pdf

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Some common examples of non-anatomical biomedical waste that is saturated, i.e. would release liquid or semi-liquid blood if compressed include, but are not limited to:

- Gauze/ cotton balls soaked with blood from wet cupping or other bloodletting practices
- Towels/sheets/draping and/or other material that are soaked with blood

Non-anatomical biomedical waste that is saturated, (i.e. would release liquid or semi-liquid blood if compressed) **must** be placed in a colour-coded waste container that is labelled with the biohazard symbol and lined with a waste-holding plastic bag sourced from a medical waste handling company or service provider.

Non-anatomical biomedical waste with trace amounts of blood/body fluids or secretions that would be considered "general waste" can also be placed in biohazard waste container or appropriately discarded in the general waste bin.

**Practice Note:** If a registrant's practice routinely involves bloodletting whereby large amounts of blood are collected or released, it is safer practice to dispose of waste materials into an appropriate receptacle provided by a medical waste handling company.

**Practical Application Scenarios**:

1. A cotton ball that is contaminated with a trace amount of blood from wiping an area where an acupuncture needle has been removed is considered general waste and may be appropriately discarded into a general waste bin.

2. A cotton ball, sterile gauze pad or other material that is soaked with a large volume of blood and/or is capable of releasing liquid or semi-liquid if compressed as a result of wet cupping or other bloodletting practices, is considered non-anatomical biomedical waste, and needs to be placed in a properly labelled and lined waste container for safe disposal through a medical waste handling company or service provider.

**What's the difference between disinfection and sterilization?**

Page 25 of the Safety Handbook defines the process of disinfection as follows:

> Disinfection is a process used on inanimate objects to eliminate many or all pathogenic micro-organisms, except bacterial spores.

Within the disinfection definition, a hierarchy exists consisting of high, medium, and low levels which are dependent on whether a device is considered critical, semi-critical or non-critical. All disinfectants must have a Drug Identification Number (DIN) from Health Canada.

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The process of sterilization on page 26, is defined as:

> Sterilization, when done correctly, destroys all forms of microbial organism (bacteria, viruses, spores, and fungi) including the most resistant forms such as bacterial spores.

There are two main types of physical sterilization: steam (autoclave) and dry heat. For equipment/devices that cannot withstand heat sterilization or steam autoclave, or when dry heat is not available, chemical sterilization may be used. It is important to note that some disinfectants may also act as sterilants. Sterilants are a unique class of disinfectants capable of sterilization with extended exposure times. Some examples include 6% hydrogen peroxide (> 6 hours), 2% glutaraldehyde (> 10 hours), hydrogen peroxide gas plasma, 0.2% peracetic acid, 7% accelerated hydrogen peroxide, 100% ethylene oxide and ozone.[2] However, not all of these are appropriate for personal services environments (i.e., outside of hospital settings). Registrants should be sure to check the specific guidance provided on the products they use in their clinical settings to ensure they are being utilized correctly.

**Practice Note:** Boiling and the use of household ovens, pressure cookers, alcohol, pressure cookers or UV lights are NOT acceptable methods of sterilization. Semi-critical medical equipment/devices must be decontaminated using, at a minimum, high-level disinfection. However, sterilization is the preferred method of decontamination. Sterilization must be used on all devices that come into contact with blood and/or body fluids.

**Practical Applications & Scenarios:**

1. Acupuncture or any other practice that pierces the skin (i.e., any bloodletting practice) followed by cupping whereby blood and/or body fluids may be drawn into the cup (e.g. wet cupping) requires cleaning, disinfection, and sterilization of the cups after use. Cups made from materials that cannot be properly cleaned, disinfected and/or sterilized should not be used (e.g. bamboo cups). In order to reduce the risk of blood-borne pathogens transmission that can occur as a result of these practices, registrants who perform wet cupping and/or other blood-letting procedures involving cupping are encouraged to use single-use disposable cups that are specifically designed for these practices.

Section 4.5.2 Safety Handbook on page 68, discusses cupping in more detail. Specifically, when cups are considered non-critical devices, vs. semi-critical devices, and scenarios which require different methods of cleaning/disinfection and sterilization.

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2 https://www.health.gov.bc.ca/library/publications/year/2007/BPGuidelines_Cleaning_Disinfection_Sterilization_MedicalDevices.pdf

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**Scenario 1:** Cupping performed on intact skin, where no bleeding, blistering or other adverse skin effect has occurred, requires cleaning of the cups with soap and water and disinfection with a low-level disinfectant after use.

**Scenario 2**: Cupping performed on non-intact skin or in such cases as when used in combination with acupuncture (and other practices such as bloodletting, plum blossom, wet cupping, etc.), in which exposure to blood and body fluids occurs, requires cleaning the cups with soap and water, disinfection with high-level disinfectant **AND** sterilization of cupping devices after use.

**Reminder**: Cups made of materials that cannot be properly sterilized, and that have come into contact with blood and/or body fluid, should be discarded according to non-anatomical biohazardous waste protocols and not reprocessed for use. Registrants who perform wet-cupping or other bloodletting practices and do not have the proper facilities to sterilize their cups for reuse, should consider the use single-use disposable cups and dispose of these cups after each use in a biohazardous waste receptacle provided by a waste disposal company.

Gua sha tools made from materials that cannot be properly cleaned, disinfected, and/or sterilized should not be used (e.g. tools made of materials such as stone or bone). Disposable, one-time use tools or those made from material such as stainless-steel make better choices as they can be either disposed of after each use or properly cleaned, disinfected, and/or sterilized for re-use. It is the responsibility of registrants to use sound clinical judgement when evaluating which cleaning and disinfection/sterilization methods apply to each treatment scenario in their practice.

**Scenario 1**: Gua sha tools when used on intact skin (have not been in contact with non-intact skin, mucous membranes, blood, or body fluids) are considered non-critical items and may be cleaned by using soap and water, followed by low-level disinfection.

**Scenario 2**: Gua sha tools where there has been incidental exposure to body fluids or blood become semi-critical items. In such cases, tools should be cleaned first with soap and water followed by high-level disinfection and sterilization after use.

To ensure registrants are in compliance with the College's expectations for safe practice they should refer to section 2.5 Clean Environment, Clean Equipment on page 20 of the Safety Handbook for guidance on how to manage cleaning in their practice environments, and for information on how devices are categorized as critical, semi-critical or non-critical.

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**Useful links and resources:**

Adapted from CPSBC Infection Prevention and Control in Physician Offices:
https://www.cpsbc.ca/files/pdf/PSG-Infection-Prevention-and-Control-in-Physician-Offices.pdf

CTCMA Practice Standard Infection Prevention and Control: https://www.ctcma.bc.ca/wp-content/uploads/2023/12/Practice-Standard-on-Infection-Prevention-and-Control.pdf

British Columbia Pharmacy Association Sharps Disposal Service Providers:
https://www.bcpharmacy.ca/system/files/assets/content/Sharps%20Disposal%20Service%20Providers%202022.pdf

Best Practice Guidelines for the Cleaning, Disinfection and Sterilization of Medical Devices in Health Authorities, Patient Safety Branch, Ministry of Health BC:
https://www.health.gov.bc.ca/library/publications/year/2007/BPGuidelines_Cleaning_Disinfection_Sterilization_MedicalDevices.pdf

BCCDC Infection Control: http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/infection-control

BCCDC Guidelines for Infection Prevention and Control in the Physician's Office:
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%203%20-%20IC/InfectionControl_GF_IC_In_Physician_Office.pdf