



New South Wales

Physiotherapists Amendment (Infection Control) Regulation 2004

under the

Physiotherapists Act 2001

Her Excellency the Governor, with the advice of the Executive Council, has made the following Regulation under the *Physiotherapists Act 2001*.

MORRIS IEMMA, M.P.,
Minister for Health

Explanatory note

The object of this Regulation is to specify the standards for controlling infection that are required to be followed by physiotherapists in the practice of physiotherapy. The standards are designed to enhance protection of patients against HIV infection and other infectious diseases. The standards to be followed include general requirements (e.g. hand washing before and after direct patient care, wearing gloves while handling blood or other body substances, and proper handling of sharps). The standards also require the cleaning, disinfection and sterilisation of instruments and equipment.

This Regulation is made under the *Physiotherapists Act 2001*, including section 133 (the general regulation-making power).

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Clause 1 Physiotherapists Amendment (Infection Control) Regulation 2004

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Physiotherapists Act 2001

1 Name of Regulation

This Regulation is the *Physiotherapists Amendment (Infection Control) Regulation 2004*.

2 Amendment of Physiotherapists Regulation 2002

The *Physiotherapists Regulation 2002* is amended as set out in Schedule 1.

Schedule 1 Amendments

(Clause 2)

[1] Clause 28

Insert after clause 27:

28 Infection control standards

- (1) A physiotherapist must not, without reasonable excuse, fail to comply with the infection control standards set out in Schedule 2 to the extent that they apply to the physiotherapist in the practice of physiotherapy.
- (2) In determining whether or not a physiotherapist has a reasonable excuse for failing to comply with a standard, particular consideration is to be given to the following:
 - (a) whether the circumstances involved the provision of emergency treatment,
 - (b) whether the physiotherapist's employer failed to provide the necessary equipment, including providing access to it and training in its use, that would have enabled the physiotherapist to comply with the standard (and whether the failure to provide such equipment was reported by the physiotherapist to the Director-General of the Department of Health).

[2] Schedule 2

Insert after Schedule 1:

Schedule 2 Infection control standards

(Clause 28)

Part 1 Preliminary

1 Definitions

- (1) In this Schedule:
 - body substance* includes any human bodily secretion or substance other than blood.
 - invasive procedure* means any one or more of the following:
 - (a) surgical entry into body tissue, cavities or organs,
 - (b) surgical repair of injuries.

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patient includes a person who is accessing physiotherapy or health services or who is undergoing any physiotherapy or health procedure.

sharps means any object capable of inflicting penetrating injury, and includes acupuncture needles, hollow bore needles, suture needles, scalpel blades, wires, trocars, auto lancets, stitch cutters and broken glassware.

- (2) The requirements set out in this Schedule apply to a physiotherapist who is assisting in performing a procedure in the same way as they apply to a physiotherapist who is actually performing the procedure.

Part 2 General standards applying to physiotherapists

2 General precautions and aseptic techniques

- (1) Precautions must be taken to avoid direct exposure to a patient's blood or other body substance. This requirement applies regardless of whether there is any perceived risk of infection.
- (2) Aseptic techniques must be used in the course of complying with the requirements of this Schedule.

3 Hand and skin cleaning

- (1) Hands must be cleaned:
 - (a) immediately before and after any direct patient care, and
 - (b) immediately after handling blood or other body substances.
- (2) Subclause (1) does not apply in circumstances where physiotherapy treatment is required to be performed urgently and cleaning facilities are not readily available.
- (3) Hands may be cleaned by:
 - (a) using washing facilities involving water and a soap or antiseptic, or
 - (b) if any of the items specified in paragraph (a) are unavailable, using non-water cleansers or antiseptics.
- (4) Hands or other skin surfaces that are contaminated with a patient's blood or other body substance must be cleaned as soon as it is practicable to clean them.

- (5) The requirement to clean hands applies regardless of whether gloves are also required to be worn.

4 Protective gowns and aprons

A gown or apron made of impervious material must be worn during any procedure where there is a likelihood of clothing being splashed or contaminated with blood or other body substances.

5 Gloves

- (1) Gloves must be worn while handling blood or other body substances.
- (2) In particular, gloves must be worn:
- (a) during any procedure where direct contact is anticipated with a patient's blood or other body substance, mucous membranes or non-intact skin, and
 - (b) while suctioning a patient, and
 - (c) while handling items or surfaces that have come into contact with blood or other body substances, and
 - (d) while performing an invasive procedure, venipuncture or a finger or heel stick.
- (3) Sterile gloves must be worn if the procedure involves contact with tissue that would be sterile under normal circumstances.
- (4) Gloves must be discarded:
- (a) as soon as they are torn or punctured, and
 - (b) after contact with each patient.
- (5) Nothing in subclause (4) affects the operation of subclauses (1)–(3).
- (6) Gloves must be changed if separate procedures are being performed on the same patient and there is a risk of infection from one part of the body to another.

6 Masks and protective eye wear

- (1) A fluid repellent mask and protective eye wear must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or other body substances.
- (2) A mask must be worn when in close contact with patients known by the physiotherapist to have an infectious disease (or suspected by the physiotherapist of having such a disease) if the disease is

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capable of being transmitted by the airborne or droplet route. If the disease is tuberculosis, the mask must be a particulate mask that is capable of filtering to 0.3 μ m.

- (3) In cases where a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.
- (4) A mask must be discarded once it has been worn and it must not be used again.
- (5) In cases where protective eye wear is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.
- (6) Protective eye wear must be discarded once it has been worn and not used again unless it is reusable (in which case it is to be cleaned in accordance with the manufacturer's instructions).

7 Sharps

- (1) Sharps must not be passed by hand between a physiotherapist and any other person. However, this requirement does not apply if, in any case involving an invasive procedure, the proper conduct of the procedure would be adversely affected.
- (2) A puncture resistant tray must be used to transfer sharps.
- (3) A needle must not be removed from a disposable syringe for disposal, or be purposely broken or otherwise manipulated by hand, unless:
 - (a) it is necessary to remove the needle for technical reasons, or
 - (b) the physiotherapist is performing a procedure in which the needle is required to be bent.
- (4) A needle must not be bent after it is contaminated with blood or other body substances.
- (5) In any case where resheathing of a needle is required:
 - (a) the needle must be properly recapped, and
 - (b) the sheath must not be held in the fingers, and
 - (c) either a single handed technique or forceps, or a suitable protective guard designed for the purpose, must be used.
- (6) Reusable sharps must, immediately after being used, be placed in a puncture resistant container specially kept for that purpose and labelled as such.

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- (7) Non-reusable sharps must, immediately after being used, be disposed of in a puncture resistant container.

8 Management of waste

- (1) Clinical waste must be properly packaged to protect against potential exposure to infectious agents and to facilitate the proper handling, storage and treatment or disposal of the waste.
- Note.** The disposal of clinical waste is regulated by the *Protection of the Environment Operations Act 1997* and the regulations under that Act.
- (2) Splashing or contamination of skin while disposing of blood or other body substances must be avoided as far as practicable.
- (3) Nothing in this clause limits any other requirement under this Part.

Part 3 Processing of instruments and equipment

9 Interpretation

In this Part:

AS/NZS 4187 means AS/NZS 4187:2003, *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*.

AS/NZS 4815 means AS/NZS 4815:2001, *Office-based health care facilities not involved in complex patient procedures and processes—Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment*.

10 Cleaning of instruments and equipment

- (1) Any instrument or equipment that comes into contact with intact skin must be cleaned before it is used.
- (2) Any instrument or equipment that is required under this Part to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.
- (3) The process of cleaning:
- must involve water and mechanical or physical action (such as washing machines) and a cleaning agent (with the cleaning agent being removed from instruments and equipment by rinsing), and
 - must be consistent with AS/NZS 4187 or (in the case of an office-based practice) AS/NZS 4815.

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- (4) In this clause *cleaning agent* means a detergent and includes proteolytic enzyme substances.

11 Disinfection of instruments and equipment

- (1) Any instrument or equipment that comes into contact with non-sterile tissue (other than intact skin) must, before it is used, be disinfected with a disinfectant specified in the Australian Register of Therapeutic Goods that is maintained under the *Therapeutic Goods Act 1989* of the Commonwealth, and the relevant manufacturer's instructions must be followed.
- (2) The process of disinfection:
- (a) must involve either thermal methods or (if thermal methods are unsuitable) chemical methods, and
 - (b) must be consistent with AS/NZS 4187 or (in the case of an office-based practice) AS/NZS 4815.

12 Sterilisation of instruments and equipment

- (1) Any instrument or equipment used to enter, or that is capable of entering, tissue that would be sterile under normal circumstances, or the vascular system of a patient, must be sterilised before it is used.
- (2) The method of sterilisation must be:
- (a) compatible with the particular type of instrument or equipment concerned, and
 - (b) consistent with AS/NZS 4187 or (in the case of an office-based practice) AS/NZS 4815.
- (3) If a steriliser is used (whether it is a benchtop or portable steriliser or a permanently plumbed or wired steriliser), the following criteria must be met:
- (a) the relevant manufacturer's instructions must be followed,
 - (b) an ongoing monitoring program must be followed which reflects the requirements of Table 7.1 Calibration, Monitoring and Maintenance of Sterilizers of AS/NZS 4187 or (in the case of an office-based practice) Table 7.1 Sterilizer Tests and Test Frequencies of AS/NZS 4815.

13 Respiratory equipment

- (1) Any respiratory equipment that is designed for single use must be discarded once it is used.
- (2) Any other respiratory equipment must be cleaned and disinfected after each time the equipment is used.