

Guidelines for the Safe Practice of Esoteric Chakra-puncture



PREAMBLE

Esoteric Chakra-puncture is a modality taught by Universal Medicine, and the Esoteric Practitioners Association Pty Ltd (EPA) is the internal incorporated accrediting body for practitioners of the Universal Medicine Therapies.

The EPA guidelines for all EPA-recognised modalities for which it accredits practitioners have been written in accordance with current Australian Federal and State Government Laws, Regulations and Codes of Practice (see Appendix B) in operation at the time of publication, and provide comprehensive guidance for the safety of Esoteric Chakra-puncture and their clients. These laws have been made to protect people from unscrupulous, uncaring or careless practitioners, and to protect staff and clients from employers or practitioners who place profit before the safety of others. As students of the innermost, EPA recognised practitioners have a demonstrated commitment to living and practicing with energetic integrity which, as a matter of course, includes practicing their esoteric craft with the utmost level of respect and care for the client, their hygiene, safety and overall wellbeing. Compliance with all applicable laws and regulations is a very important part of this.

The esoteric healing arts, of which Esoteric Chakra-puncture is a part, have a stated respect and appreciation for conventional medicine and the great benefit and assistance it has brought and continues to bring humanity. Practitioners of the esoteric healing arts work closely with practitioners of conventional medicine and see that it is in the combination of the two, that a holistic approach can be offered to the client or patient.

Esoteric practitioners do not diagnose and nor do they or any esoteric modality offer a cure. What esoteric practitioners do offer, through the reflection of the way they live, is an opportunity for the client or patient to look underneath the symptoms to the way that they have been living and how this may have contributed to the symptoms they are experiencing. EPA recognised practitioners are able to offer the client the possibility of a different, gentler way of living, through the way that the practitioner themselves lives, which is clearly and comprehensively described in the EPA Code of Ethics and Conduct.

EPA recognised practitioners are committed to living with the utmost energetic integrity and have a deep understanding, which stems naturally from the way they live and practice, of the importance of complying with all Federal, State and local laws, regulations, guidelines and other requirements. These requirements make up a part of what the practitioner undertakes to comply with, in applying for and receiving recognition from the EPA. The requirement to comply with all applicable laws and regulations is spelled out in the EPA Code of Ethics and Conduct, which all practitioners sign on to as a pre-condition to their recognition.

All EPA recognised practitioners are responsible for ascertaining and complying in full with all relevant laws, regulations and guidelines that are in operation in their area of practice. The EPA provides guidance and a minimum standard of practice, based on legislation and regulatory requirements currently in force in Australia. However, as the EPA has members in many locations, it is the responsibility of the individual practitioner to ensure that they are complying strictly with all standards in operation in the area(s) in which they practice. There may be requirements that are additional to those contained in these guidelines. It is a condition of each practitioner's recognition with the EPA that they comply with all such standards, laws and regulations.

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1. INTRODUCTION

These guidelines are in keeping with the qualities of energetic integrity and energetic responsibility that are the foundation of the Esoteric Practitioners Association. They are based on the principles and precepts laid down in the EPA Code of Ethics and Conduct (see EPA Information Pack 2: Announcements & Notices).

The guidelines have been written in accordance with current Australian State Government and Territory Acts (see Appendix B) in operation at the time of publication, and provide comprehensive guidance for the safety of Esoteric Chakra-puncture (Chakra-puncture) practitioners and their clients. It is the responsibility of all EPA members to ascertain and ensure full compliance with the laws and regulations applicable to them.

Chakra-puncture is a healing modality that involves the insertion of fine needles into points on the client's skin. The needles are 0.14 mm in diameter and needle penetration into the skin is very minimal (0.2-0.4 mm). Any procedure that penetrates the skin has the risk of transmitting infection. These guidelines address that risk and it is a very important aspect of EPA recognition that all practitioners observe closely the safety and hygienic requirements as outlined in these guidelines.

These guidelines outline procedures for:

Minimising the risk of transmission of infection from client to client, practitioner to client, and client to practitioner; safe handling, storage and disposal of needles used in Chakra-puncture; and safety and cleanliness of the treatment room.

Chakra-puncture may appear to be very similar to acupuncture to the casual observer. It is, however, very different in its purpose and intent. The only similarity between Chakra-puncture and Acupuncture is that they both use needles. However, Chakra-puncture is not Acupuncture, and nor is it any form of Acupuncture. Chakra-puncturists do not hold themselves out to be Acupuncturists and it is clearly taught in Chakra-puncture courses, and recognised by practitioners of the modality, that Chakra-puncture is a completely different modality to Acupuncture. Chakra-puncturists do not work with meridians or any other of the main tenets of Acupuncture. Chakra-puncturists are not qualified or recognised (through their Chakra-puncture training) to practise Acupuncture.

Chakra-puncture works on the human body at physical, mental, emotional and energetic levels. The Chakra-puncture practitioner acknowledges that the client has a symptom that is causing them distress, such as a sore shoulder. The treatment, however, addresses the whole body from the understanding that the sore shoulder is the result of a way of living physically, mentally and emotionally. Chakra-puncture can help to allow the client to feel and connect to a gentler way of being, which can help provide an opportunity for them to make different choices in their daily life. Symptoms are then addressed by the client themselves as the client learns to make responsible and self-loving choices.

Specific standards and matters, which Chakra-puncture practitioners are required to comply with, are outlined in the remainder of these Guidelines, which are mandatory for all EPA recognised Chakra-puncture practitioners.

2. REGISTRATION OF PREMISES

- 2.1. Premises in NSW where Chakra-puncture is practiced must be registered with your local council. The notice is to be made in writing. The council may charge a fee for this registration.
- 2.2. In the ACT, an application for a business license is to be made to the Minister for Health, signed and accompanied by a sketch of the premises.
- 2.3. In Victoria, premises are to be registered with your local council. Registration must be accompanied by a detailed sketch of treatment rooms. Be aware that plumbing standards are prescribed in Victoria.
- 2.4. In Tasmania, registration with local council is also a requirement.
- 2.5. Practitioners in Western Australia, South Australia and the Northern Territory need to check registration requirements with their local councils.

A list of web links to government guidelines and other useful resources is provided at Appendix B.

Each local council will have its own set of principles and guidelines. Please ensure that you make yourself familiar with and adhere to their requirements, as doing so is a condition of your recognition with the EPA.

3. PREMISES, SUPPLIES AND EQUIPMENT

As practitioners, we have a duty of care to ensure the safety and protection of our clients, their accompanying friends or caregivers and ourselves. In conjunction with these guidelines, practitioners are required to read and comply with the EPA Safety Guidelines (see the EPA Information Pack 1: General). It is recommended that all practitioners be aware of the Work Health and Safety Codes of Practice 2011 (see Appendix B:9.iii) and Work Health and Safety Regulations (see Appendix B:9.iv). These codes provide a nationally consistent framework to secure the health and safety of all workers and workplaces. Potential hazards and risks in the clinic setting are to be identified and eliminated, or reduced to the full extent possible.

The following points are relevant and specific to the practice of Chakra-puncture, and must be complied with by all EPA recognised Chakra-puncture practitioners:

- 3.1. Ensure that the premises from which you work are clean and hygienic and that all equipment (heaters, storage shelves, stools, massage tables, towel-warming units, and any other equipment) are kept dry and in good working order. Ensure that all electrical equipment such as heaters and towel warming ovens meet prescribed electrical standards.

- 3.2. Ensure that your treatment room is well lit. This is particularly important as Chakra-puncture needles are very fine and may be difficult to see when caught in towels and blankets or dropped on the floor.
- 3.3. Detergent wipes for the cleaning of surfaces and alcohol wipes for the disinfection of surfaces are to be readily available in the treatment room. They can be purchased from medical suppliers.
- 3.4. Alcohol based hand rub is to be available in the treatment room, and should be used before and after administration of needles. The hand rub should have a minimum alcohol content of 70% v/v (see Hand Hygiene Australia, Appendix B:9.i).
- 3.5. Pre-packaged, single-use alcohol swabs containing 70% ethyl alcohol or 70% isopropyl alcohol must be available for wiping the client's skin prior to the placement of the needle.
- 3.6. A hand basin with a single outlet is required. It need not be in the treatment room but should be close at hand. A hands-free tap is preferred. A water temperature of 40 degrees Celsius is required for hand washing.
- 3.7. Liquid soap should be available for hand washing. Antimicrobial soap is not required.
- 3.8. Liquid soap containers should be used until empty, then thoroughly washed and dried before refilling. This reduces the risk of contamination of the soap.
- 3.9. Disposable, single-use hand towels or an automatic hand dryer are required. Shared hand towels are not to be used.
- 3.10. A waste disposal bin with a pedal operated lid must be available in the treatment room. It should be lined with plastic and emptied at least daily (or as frequently as needed). This bin is strictly for the disposal of tissues, disposable paper goods and alcohol swabs. Under no circumstances are needles to be disposed of in general waste. This includes unused and unsheathed needles.
- 3.11. A sharps disposal bin that complies with AS 4031-1992 (non-reusable container for the collection of sharp medical items used in health care areas) must be available in the treatment room. It should be kept at least 120 cm from the ground so that children cannot reach it.
- 3.12. It is the practitioner's responsibility to ensure that all needles used in each treatment are safely disposed of in the sharps disposal bin after use. Needles may be used once only --- under no circumstances is multiple use ever permitted by the EPA. See sections 4.3.1, 4.3.4 and 4.3.7 below for further details.
- 3.13. Always ensure you have an adequate supply of needles at all times and ensure that your needles are within their use-by date. This date is stamped on the outer packaging.
- 3.14. Working surfaces should be smooth and made of impervious materials for easy cleaning. Avoid using surfaces that are porous (such as wood) or have grooves or cracks. These surfaces are impossible to keep clean and disinfected.

- 3.15. Do not allow any animals in the treatment room, at any time, other than guide dogs for hearing or sight impaired clients.

4. HYGIENE AND INFECTION CONTROL PROTOCOLS

4.1. Practitioner Hygiene

- 4.1.1. Hand Hygiene Australia has created comprehensive guidelines for hand cleaning (see Appendix B:9.i). The critical times when hand hygiene should be performed are clearly described. There is an online learning package on the website and a certificate is available following successful completion of a test. It is recommended that all practitioners and student practitioners take time to study the information on the website and complete the test.
- 4.1.2. Hand washing with soap and water is recommended when the hands are visibly soiled. The proper technique for hand washing is described in detail on the Hand Hygiene Australia website (see Appendix B:9.i).
- 4.1.3. The use of alcohol based hand rub is recommended for hands that are not visibly soiled. Detailed information on when and how to use alcohol based hand rub is available on the Hand Hygiene Australia website (see Appendix B:9.i).
- 4.1.4. Hands are to be washed even when gloves are worn. Gloves are permeable, so transmission of micro-organisms from client to practitioner or practitioner to client is still possible.
- 4.1.5. Fingernails are to be kept short and clean.
- 4.1.6. Remove hand and wrist jewellery, such as rings and bracelets, prior to hand washing. Proper hand cleaning cannot be assured when wearing jewellery.
- 4.1.7. If you have an open skin wound on your hand, cover it with a waterproof dressing, even if you are wearing gloves.
- 4.1.8. It is recommended that single-use, disposable gloves be worn by the practitioner. Be aware that latex allergies can develop at any time and that some of our clients may have latex allergies. Have latex free gloves available for those clients who report a latex allergy.
- 4.1.9. Remove and dispose of gloves as soon as needles are placed for the client, or removed from the client. Do not wear treatment gloves outside of the clinic room.
- 4.1.10. Hand care is also covered on the Hand Hygiene Australia website (see Appendix B:9.i). Our skin is a crucial barrier to infection, so care of our hands has an important part to play both in our protection and in the protection of our clients. Take care of the skin on your hands. Keep your hands well moisturised, avoid excessive washing with soap and water and do not put gloves on if your skin is wet.

- 4.1.11. Protective gowns are not required in Chakra-puncture because of the very small (0.2-0.4 mm) penetration of the needles.
- 4.1.12. It is recommended that practitioners wear closed in shoes with thick soles to protect themselves against injury from dropped needles.

4.2. Client Hygiene

- 4.2.1. The client's skin is to be wiped with an alcohol swab prior to the placement of needles (see 3.5). Use a clean, fresh swab on different parts of the body. For example, a different swab should be used on the chest and the arms or legs.
- 4.2.2. Do not place needles in skin with open wounds, swelling or infection.

4.3 Safe Needle Protocols and Practices

- 4.3.1. Only pre-sterilised, single-use, sheathed, disposable needles are to be used for Chakra-puncture. They must be approved by the Therapeutic Goods Administration (TGA).
- 4.3.2. Do not remove needles from their sterile packaging until you are ready to commence treatment.
- 4.3.3. Avoid touching the needles with your bare skin.
- 4.3.4. Dispose of used needles immediately at the completion of the treatment session. Needles are to be discarded in the sharps disposal bin as described in 3.12. Do this with care for yourself, to reduce the risk of needle-stick injury.
- 4.3.5. Create a way of working that minimises the contact of needles with areas in the treatment room. Dispense needles directly from their sterile packaging, and apply them immediately to the clients skin. Dispensing needles directly from the packaging eliminates the risk of cross-contamination and simplifies the cleaning up process. The 'zone of contamination' (see the Glossary of terms at the end of the document) is kept completely within the bounds of the treatment table.
- 4.3.6. Under no circumstances should needles be inserted through clothing, due to the risk of contamination from fibres or dirt. Needles are to be placed directly onto the client's prepared skin.
- 4.3.7. Do not re-use needles under any circumstances. Immediately discard needles that have been dropped, contaminated or have the client's blood or any other fluid on them.
- 4.3.8. Do not dispense needles from sterile packaging prior to treatment sessions. No matter how clean the container, sterility of pre-dispensed needles cannot be assured.

- 4.3.9. Take time at the conclusion of the session to check for needles that may have been caught in towelling and blankets used to cover the client and check for needles that have been dropped on the floor. Use a fresh pair of gloves and take care when handling these needles, for your own protection.
- 4.3.10. Ensure that your flow of clients allows time for this cleaning up process, the changing of towels or other table-coverings and the disinfection of surfaces. Needle-stick injuries and missing steps are more likely when rushing.
- 4.3.11. Do not overfill your sharps bin or force needles into the container. All sharps bins have a clearly marked fill line.
- 4.3.12. When your sharps bin is full, seal it immediately. It should be stored safely prior to its correct disposal. All sharps bins must be disposed of in accordance with the requirements in force in the area in which you practise. In many cases, this means disposal at a hospital or other approved sharps-waste receiving institution. See section 8 below for further details.

4.4. Safe Handling of Accessories used in Chakra-puncture

- 4.4.1. Warm eye pillows are used during Chakra-puncture to support the client. The warmth provides a deep sense of relaxation, allowing the client to let go of tension and gain profound benefits from their session. They are to be handled with clean, glove-free hands to reduce the risk of cross contamination.
- 4.4.2. The eye pillow placed over the eyes is to be wrapped in a tissue. Do not place an eye pillow on the client's eyes when they have an eye infection, such as conjunctivitis, cysts, weeping from the eye, or any other infectious condition.
- 4.4.3. It is recommended that eye pillows are warmed in a towel warming oven with a thermostat to regulated the temperature. It should have a UV light, operated by a separate switch. UV light will reduce the build up of micro-organisms on the pillows, however they cannot be completely eliminated. The pillows cannot be regarded sterile. Do not over load the oven with eye pillows as this renders the UV light ineffective. Do not open the door and place your hand in the oven when the UV light is in operation.
- 4.4.4. Warm eye pillows on the client's body are to be placed on top of a towel draped over the client, never directly on the needles. Direct contact of the warm eye pillow on a needle may cause it to heat up and burn the client's skin. Ensure that the eye pillows are at a comfortable temperature to protect the client from burns. To check if an eye-pillow is too warm hold it on your own wrist for five seconds. If it is too warm to place on the client wait until the eye pillow cools to a suitable temperature before placement on the client.

4.5. Disinfection of Equipment and linen used in Esoteric Chakra-puncture

- 4.5.1. Towels and linen must be changed for each client. Used towelling and linen should be placed in a laundry bin that is separate to domestic linen. They should be washed at 60-70 degrees Celsius and dried in a clothes dryer. All linen should be stored in a clean and dry environment.
- 4.5.2. Disposable, single-use table covers are recommended. They are to be removed and discarded after every client. (Note: Universal Medicine has arranged a discount on disposable massage table covers with Massage Warehouse Australia, Melbourne, ph. 03 9502 7693. Mention Universal Medicine when you place your order.)
- 4.5.3. Face pillows, used to support the client's head when they are facing down, must be covered. Disposable, single-use covers are preferred. They are to be discarded at the conclusion of the treatment session. Fabric covers may be used, but must be laundered after every usage according to the directions given in point 4.5.1 above.
- 4.5.4. When the session is complete and the client has left the room, the massage table face hole is to be wiped with an alcohol wipe as this area is potentially exposed to saliva, tears or mucous secretions and the surface on which needles were dispensed. Visibly soiled areas should first be cleaned with a detergent wipe, dried, then wiped with an alcohol wipe.

4.6. Practitioner Safety and Needle-stick Injuries

In Chakra-puncture the needle penetration is very shallow (*0.2-0.4 mm*) and the incidence of bleeding is extremely low. As a result, the risk of infection following needle-stick injury in Chakra-puncture is extremely low. Nevertheless, practitioners need to be aware of safe practices to avoid infection and recognise that it is self-regarding to take care when handling needles after they have been used on clients.

- 4.6.1. All practitioners should familiarise themselves with the Australian National Council on Aids, Hepatitis C and Related Diseases Bulletin number 29, September 2002 (see Appendix B:9.vi.).
- 4.6.2. It is recommended that practices/clinics have a needle-stick accident policy. This should follow the guidelines set out by the Australian National Council on AIDS, Hepatitis C and Related Diseases. These guidelines are covered in the web links listed in Appendix B:9.vi.
- 4.6.3. Vaccination against Hepatitis B and tetanus is available. There are no vaccines to protect against Hepatitis C or HIV. It is the practitioner's choice to vaccinate or not.
- 4.6.4. In the event of a needle-stick injury, ensure that the affected area is washed thoroughly with warm soapy water. Document the incident as described in point 7.3.
- 4.6.5. Ensure that needle disposal is kept at a very high standard to ensure that clients are not at risk of needle-stick injury from a needle used on another client.
- 4.6.6. If a needle-stick injury has occurred, it is recommended that you review your procedures for handling needles and make adjustments to procedures as required.
- 4.6.7. Practitioners should wear thick soled, closed in shoes to protect themselves against injury from dropped needles.

5. CLIENT CARE AND PRACTITIONER PROFESSIONALISM

Esoteric Chakra-puncture involves placement of needles on exposed skin of the client's body. Head, torso, arms and legs are gently needled according to the needs of the client. In most instances, clothing is lifted and replaced in the placement of the needle. There are certain patterns that require exposure of the upper leg area, for example in provision of the Esoteric Chakra-puncture detox program. The client should be informed that this is the case, and asked to bring or wear shorts under their outer garments for these sessions.

Clients are honoured and respected at all times. Strict avoidance of the breast area in women and the genital area of both men and women is to be observed.

There is no occasion on which the practitioner should touch the breast or genital area of the client, and strict accordance with the EPA Code of Ethics and Conduct is to be observed and followed throughout all sessions. At all times, the strictest of professionalism and integrity is required, as is the case with all Universal Medicine Therapies, and as required under the EPA Code of Ethics and Conduct. Contravention of these requirements is taken very seriously by the EPA, and is grounds for revocation of practitioner recognition, dismissal from the EPA, or both.

- 5.1. Be aware that clients become deeply relaxed during Esoteric Chakra-puncture and may need your support to roll over safely, if changing sides during treatment. Give them time and space to roll over as needed, and show them through your presence that you are there to assist, without in any way engaging them, as they often will have gone into a very deep state of relaxation.
- 5.2. Be prepared to assist the client when they are ready to get up at the conclusion of the session. Some people may need assistance to get off the table. Give them plenty of time to get off the table and prepare to leave the treatment room.

6. CONTRA-INDICATIONS TO CHAKRA-PUNCTURE

Chakra-puncture should not be performed on clients with certain medical conditions. These conditions are known as contra-indications. Some of these conditions are short term in nature and Chakra-puncture can be performed when complete healing has taken place. Other conditions are chronic and long term in nature and Chakra-puncture is not appropriate for clients with these conditions at any time. Consultation with the client's general medical practitioner is recommended. Make sure you are aware of these conditions, the potential risks they pose, and ask your client about them when taking their medical history.

Clients with cancer who are currently being treated by their medical professional or who are under the care of a medical professional may be given Chakra-puncture. The medical professional must be informed.

6.1. Short Term Contra-indications

- 6.1.1. Do not apply needles to skin that is bruised, grazed or burnt, or to skin that has open wounds or swelling.
- 6.1.2. If you have any doubt about a client's skin condition, do not apply needles to the affected area and refer your client to their medical doctor for diagnosis and treatment of the problem.

6.2 Absolute Contra-indications

- 6.2.1. Do not provide Chakra-puncture to clients with untreated medical conditions, such as high blood pressure or diabetes. These clients require medical attention first and foremost. Once medical attention has been sought and treatment commenced, Chakra-puncture may be provided as an additional support. The role of Chakra-puncture (and all esoteric healing modalities) is to support and be complementary to conventional medicine and never to replace it.
- 6.2.2. Do not treat clients with a diagnosed or suspected mental illness. All practitioners are required to be aware of and adhere to the EPA Mental Health Policy and Guidelines and to consult a member of the EPA Mental Health Advisory team about any new or existing client with such a condition. In the event of an incident involving a client with a diagnosed or suspected mental illness, follow the Mental Health Policy and Guidelines including completing the Mental Health Critical Incident Report form should this be required.
- 6.2.3. Pregnant clients should not be given Chakra-puncture.
- 6.2.4. Chakra-puncture should not be given to children under the age of 6 years old. Children between the ages of 6 and 16 years may only be given Chakra-puncture with the consent of their parent or guardian (see EPA Information Pack 1: General).
- 6.2.5. Do not place needles directly over prominent blood vessels. Needles may only be applied on the skin near (but not on) such blood vessels.

7. PRACTITIONER SAFETY, SELF-CARE AND MANAGEMENT OF NEEDLE-STICK INJURIES

As a practitioner of the Esoteric healing arts, it is essential that the practitioner look after their health and well being in the provision of sessions of Esoteric Chakra-puncture.

It is important that practitioners be familiar with the management of needle-stick injury, defined as an injury that follows accidental penetration of the skin with a contaminated needle, in other words a needle that has been inserted into the skin of another person.

In Chakra-puncture the needle penetration is very shallow (0.2-0.4 mm) and the incidence of bleeding is extremely low. Chakra-puncture needles are not hollow, hence they do not draw up blood or tissue fluids that harbor potential infectious organisms. As a result, the risk of infection following needle-stick injury in

Chakra-puncture is extremely low. Nevertheless, practitioners need to be aware of safe practices to avoid infection and recognise that it is self-regarding to take care when handling needles after they have been used on clients.

- 7.1. All practitioners should familiarise themselves with the Australian National Council on Aids, Hepatitis C and Related Diseases Bulletin number 29, September 2002 (see Appendix B:9.vi.).
- 7.2. It is recommended that practices/clinics have a needle-stick accident policy. This should follow the guidelines set out by the Australian National Council on AIDS, Hepatitis C and Related Diseases. These guidelines are covered in the web links listed in Appendix B:9.vi.
- 7.3. Vaccination against Hepatitis B and tetanus is available. There are no vaccines to protect against Hepatitis C or HIV. It is recommended by the EPA that practitioners vaccinate for Hepatitis B, but ultimately it is the practitioner's choice to vaccinate or not.
- 7.4. If a practitioner or client sustains a needle-stick injury from a needle that has been inserted into another person's skin, then gentle pressure should be applied around the edges of the affected area to squeeze blood out. The area should then be gently washed with warm soapy water. It should not be scrubbed or sucked. If the depth of penetration has not been sufficient to cause bleeding, then do not force it to bleed. Wash the affected area with warm soapy water. Document the incident as described in point 7.2.
- 7.5. Ensure that needle disposal is kept at a very high standard to ensure that clients are not at risk of needle-stick injury from a needle used on another client. At the end of a session all used needles should be disposed of immediately into a sharps container. There should be no non-sheathed needles on the floor, treatment table or caught up in blankets when a new client enters the treatment room.
- 7.6. If a needle-stick injury has occurred, it is essential that you review your procedures for handling needles and make adjustments to procedures as required.
- 7.7. Practitioners should always wear thick soled, closed in shoes to protect themselves against injury from dropped needles.
- 7.8. Ensure that your body is comfortably positioned at all times when treating. Esoteric Chakra-puncture supports the client to let go of tension and stress, and to feel that a gentler way is possible. Practitioners offer this as a possibility to their clients through the tender and gentle way in which they give the treatment, which is a reflection of the way they live and move themselves. In other words, it is the quality of the life lived by the practitioner (in and outside of the treatment room), and the practitioner's level of self care, that determines the quality of the session offered to the client. Further details are given in the EPA Code of Ethics and Conduct.

8. FIRST AID

- 8.1. Have a first aid kit on hand in or near the treatment room. It can include an eye bath, individually wrapped sterile dressings, scissors, normal saline, adhesive tape, sterile wound dressings, emergency phone numbers and addresses. Chakra-puncture has a very low risk of causing injury to clients but accidents, such as tripping, are possible in the treatment room. To avoid incidents, ensure that the floor of the room is clear of power cords, that the edges of mats do not represent a trip hazard, that walkways are clear at all times, and that there is a clear path of access to and from the treatment table.
- 8.2. Ensure that you and your staff are trained in first aid procedures and update this training annually (see Appendix B:9.iv. Work Health and Safety Regulations, Chapter 3, Part 3.2, Division 3).

9. RECORD KEEPING

- 9.1. Client records are to be kept, as described in the EPA Code of Ethics and Conduct, Appendix 4 (see EPA Information Pack 2: Announcements & Notices), the EPA Client Consent Form and the EPA Client Consultation Record Form (see EPA Information Pack 1: General, for both forms).
- 9.2. Ensure that you obtain the client's consent for the treatment on their first visit, prior to the treatment commencing. If the client has previously signed a consent form with another practitioner at the same clinic ensure that the consent includes Esoteric Chakra-puncture and covers all subsequent treatments at the clinic (as is the case with the EPA initial client consent form). Consent is further described in the EPA Client Consent Form email (see EPA Information Pack email).
- 9.3. Ensure that you use the Client Consent form mentioned above to take a thorough medical history for each client. The written history must include questions about the presence of blood-borne infections that pose a risk of transmission. These conditions include HIV, and Hepatitis B and C.
- 9.4. Medical history should also include a question on known allergies. Esoteric Chakra-puncture is unlikely to provoke an allergic reaction, but it is wise nevertheless to be aware of allergies to cleaning products, alcohol wipes, incense etc.
- 9.5. Update each client's medical history at least annually. Make a note of the dates on which updates have been made.
- 9.6. Keep thorough and comprehensive notes for each treatment session with your clients. This includes the date, the nature of the treatment given and relevant discussions with the client. If you do not have your own recording system, it is recommended that you use the EPA Client Consultation Record (see EPA Information Pack 1: General).
- 9.7. Keep a record book for incidents and accidents relevant to occupational health and safety. The EPA has an incident report form (see EPA Safety Guidelines and Incident Report, EPA Information Pack 1: General) to be filled out in the event of accidents and injury. Document any needle-stick (or any other) injuries with the following:

APPENDIX A: DEFINITION OF TERMS

Alcohol Based Hand Rub

An alcohol based liquid, foam or gel used to reduce the number of viable micro-organisms on the hands of the practitioner.

Alcohol Wipes

A disposable wipe that holds alcohol, used to clean non-soiled surfaces between client sessions.

Body Fluids

Any substance secreted by the body. It includes blood, tears, respiratory secretions, gastric secretions, vomit, urine and faeces.

Cleaning

The removal of debris or soiling from a surface or an object with detergent. This reduces the number of micro-organisms, but does not eliminate them.

Contamination

The act or process of an instrument or surface being exposed to potentially harmful agents, rendering that instrument or surface unclean. For example, once a needle has penetrated the skin, it is regarded as contaminated.

Contaminated Waste

(a) waste that has been in contact with any body fluid, and (b) a needle used to penetrate the skin.

Contra-indication

A factor, symptom or condition that makes a particular treatment inadvisable.

Cross-contamination

The act or process by which potentially harmful agents are transferred from a contaminated object to a clean or sterile surface or object.

Detergent

A substance that enhances the cleaning action of water or another liquid.

Detergent Wipes

A disposable detergent-containing wipe for the cleaning of lightly soiled shared patient equipment.

Disinfectant

An agent intended to destroy or remove pathogenic organisms. It does not usually destroy bacterial spores.

Disinfection

The inactivation of non-spore forming micro-organisms using thermal (i.e. heat) or chemical means.

Micro-organism

A single celled organism, including bacteria, viruses and fungi. They live on all surfaces and are capable of invading and growing within other organisms.

Pathogen

Any micro-organism capable of causing illness or disease.

Practitioner

The person who carries out Chakra-puncture for a client, not necessarily for gain or reward.

Sharps

Any item used to cut, pierce or puncture the skin, mucous membrane or conjunctiva of the eye. Note: Chakra-puncture does not involve mucous membranes or the conjunctiva.

Sharps Container

A clearly labelled, puncture resistant container that conforms with Australian Standard AS 4031 'non reusable containers for the collection of sharp medical items used in health care areas'.

Sterilisation

Complete destruction of all micro-organisms including spores.

Zone of Contamination

A designated area for the placement of items used in patient treatment.

APPENDIX B: AUSTRALIAN STATE GOVERNMENT AND TERRITORY ACTS AND OTHER RESOURCES RELEVANT TO THESE GUIDELINES

1. Australian Capital Territory

ACT Health Infection Control for Office Practices and Other Community Based Services Code of Practice (the Code) 2005.

ACT Health Infection Control Guidelines for Office Practices and Other Community Based Services (the Guidelines) 2006 (Australian Capital Territory).

<https://www.health.act.gov.au/businesses/infection-control>

<https://www.health.act.gov.au/sites/default/files/2018-10/Acupuncture%20%26%20Dry%20Needling%20Inspection%20Form%20%20Nov%202012.pdf>

2. Northern Territory

Public and Environmental Health Guidelines for Hairdressing, Beauty Therapy and Body Art. 2014. Guidelines can be obtained from the following webpage and selecting the following link to a PDF document: Public and Environmental Health Guidelines for Hairdressing, Beauty Therapy and Body Art (133KB)

<https://nt.gov.au/industry/licences/register-or-renew-a-hairdressing-beauty-therapy-or-body-art-business/hair-beauty-tattoo-regulations>

To register a complementary therapies practice in the Northern Territory, use the following form: Application to Register a Hairdressing, Beauty Therapy or Body Art (HBB) Business.docx (46KB)

To renew your registration for a complementary therapies practice in the Northern Territory, use the following form: Application to Renew Registration of a Hairdressing, Beauty Therapy or Body Art (HBB) Business.docx (44KB)

3. New South Wales

<http://www.health.nsw.gov.au/environment/skinpenetration/Pages/default.aspx>

This audit tool is very useful for checking that all aspects of infection control have been covered in your clinical set up:

<http://www.health.nsw.gov.au/environment/skinpenetration/Documents/skin-penetration-audit-tool.pdf>

The following document is an extract of the Public Health Act 2010 – skin Penetration Procedures:

<http://www.health.nsw.gov.au/environment/skinpenetration/Documents/skin-ph-act-2010.pdf>

The following document covers the Public Health Regulations relevant to skin penetration procedures:

<http://www.health.nsw.gov.au/environment/skinpenetration/Documents/skinpen-public-health-regulation-2012.pdf>

The following form must be submitted to council in any clinic where skin penetration is carried out:

<http://www.health.nsw.gov.au/environment/skinpenetration/Documents/form-c31-council-notification-skin-penetration.pdf>

4. South Australia

SA Health Skin penetration guidelines:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/hairdressing+body+art+and+piercing/skin+penetration+guidelines>

Guidelines On The Safe And Hygienic Practice Of Skin Penetration

[https://www.sahealth.sa.gov.au/wps/wcm/connect/3d4e0b8046c253089530fd22d29d99f6/skin-penetration-guide-10feb05.pdf?](https://www.sahealth.sa.gov.au/wps/wcm/connect/3d4e0b8046c253089530fd22d29d99f6/skin-penetration-guide-10feb05.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3d4e0b8046c253089530fd22d29d99f6-n5hJxde)

[MOD=AJPERES&CACHEID=ROOTWORKSPACE-3d4e0b8046c253089530fd22d29d99f6-n5hJxde](https://www.sahealth.sa.gov.au/wps/wcm/connect/3d4e0b8046c253089530fd22d29d99f6/skin-penetration-guide-10feb05.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-3d4e0b8046c253089530fd22d29d99f6-n5hJxde)

5. Victoria

Health Guidelines for Personal Care and Body Art Industries, Victorian Government.

Refer to page 70, Section 5.1 Massage. The document will refer practitioners to relevant sections throughout the document. Chakra-puncturists are expected to comply with Part B: Industry specific requirements, 2. Body art – tattooing and piercing.

<https://www2.health.vic.gov.au/public-health/infectious-diseases/personal-care-body-art-industries>

6. Queensland

Public Health (Infection Control for Personal Appearance Services) Act 2003: What Business needs to know about Personal Appearance Services.

Published by the State of Queensland (Queensland Health), August 2014

https://www.health.qld.gov.au/_data/assets/pdf_file/0019/430642/infectcontrolguide.pdf

Queensland Health The National Code of Conduct for Health Care Workers (Queensland)

<https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct/default.asp>

There is a link on this page to the National Code of Conduct for Healthcare Workers

https://www.health.qld.gov.au/_data/assets/pdf_file/0014/444101/national-code-conduct-health-workers.pdf

7. Western Australia

Proposed drafting of the Health (Body Art and Personal Appearances) Regulations

https://ww2.health.wa.gov.au/Articles/N_R/Operating-a-skin-penetration-establishment

8. The following documents provide reference material relevant to all Practitioners

- i. Hand Hygiene Australia 2012. <http://www.hha.org.au/>
- ii. Work Health and Safety Act 2011 <http://www.comlaw.gov.au/Details/C2011A00137>

- iii. Work Health and Safety Codes of Practice <http://www.comlaw.gov.au/Details/F2011L02804>
- iv. Work Health and safety Regulations <http://www.comlaw.gov.au/Details/F2011L02664>
- v. NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia. <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>
- vi. NHMRC (2010) B1.3 Handling and Disposing of Sharps <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2010>
- vii. Australian National Council on Aids, Hepatitis C and Related Diseases. <http://www.hivpolicy.org/biogs/HPE0143b.htm#pub>
- viii. Australian/New Zealand Standard AS/NZS 4815-2006 Office based health care facilities not involved in complex patient procedures and processes – cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment. (AS/NZS 4815-2006). <http://www.standards.org.au/SearchandBuyAStandard/Pages/default.aspx>
- ix. Australian/New Zealand Standard AS/NZS 4187-2003 Cleaning, Disinfecting and Sterilising reusable medical and surgical instruments and maintenance of associated environments in health care facilities. (AS/NZS 4187-2003). <http://www.standards.org.au/SearchandBuyAStandard/Pages/default.aspx>
- x. Codes of Practice for Public Healthcare Operated Laundries and Linen Services 2012 <http://laundryanddrycleaning.com.au/wp-content/uploads/2015/05/Laundry-Standards-Codes-of-Practice-2012.pdf> A copy of the AS/NZS 4146:2000 Laundry practice is available at <https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as4000/4100/4146.pdf>
- xi. AS/NZS ISO 31000:2009 Risk Management available for purchase at <https://infostore.saiglobal.com/store/Details.aspx?ProductID=1378670>