

**PHYSIOTHERAPISTS REGISTRATION ACT 1945—
REGULATION**

(Relating to infection control standards)

NEW SOUTH WALES



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HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Physiotherapists Registration Act 1945, has been pleased to make the Regulation set forth hereunder.

Andrew Refshauge
Deputy Premier and Minister for Health.

Commencement

1. This Regulation commences on 8 July 1996.

Amendments

2. The Physiotherapists Registration Regulation 1995 is amended:
 - (a) by inserting after Part 6 the following Part:

PART 6A—INFECTION CONTROL STANDARDS

Infection control standards

44A. 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).

(b) by inserting after Schedule 1 the following Schedule:

SCHEDULE 2—INFECTION CONTROL STANDARDS

(Cl. 44)

Part 1—Preliminary

Definitions

1. (1) In this Schedule:

“body substance” includes any human bodily secretion or substance;

“invasive procedure” means any one or more of the following:

(a) surgical entry into body tissue, cavities or organs;

(b) surgical repair of traumatic injuries;

“patient” includes (but is not limited to) a person who is accessing physiotherapy services or who is undergoing physiotherapy treatment;

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

(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 in performing the procedure.

Part 2—General standards applying to physiotherapists

General precautions and aseptic techniques

2. (1) Procedures must be followed in order to avoid direct exposure to a patient's blood or other body substances. 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.

Hand and skin washing

3. (1) Hands must be washed and dried immediately before and after any direct patient care.

(2) Hands or other skin surfaces that are contaminated with a patient's blood or other body substance must be washed as soon as it is practicable to wash them.

(3) The requirement to wash and dry hands applies regardless of whether gloves are also required to be worn.

Protective gowns and aprons

4. 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.

Gloves

5. (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 substances, 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) during any procedure where skin penetration is anticipated.

(3) Sterile gloves must be worn if the procedure involves contact with sterile tissue.

(4) Gloves must be changed and discarded:

(a) as soon as they are torn or punctured; and

(b) after contact with each patient.

(5) Gloves must also 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.

Masks and protective eye wear

6. (1) A 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) In cases where a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(3) A mask must be discarded once it has been worn and it must not be used again.

Sharps

7. (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 it is necessary to remove the needle for technical reasons.

(4) A needle must not be bent after it is contaminated with blood or 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 labelled for that purpose.

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

Management of waste

8. (1) Contaminated waste must be segregated, placed in a suitable leak proof bag or container and contained at the place it is generated before being disposed of in an appropriate manner. **Contaminated waste** includes microbiological waste or pathological waste, or any material or item (for example, sharps, dressings or disposable linen) that is soiled or contaminated with blood or other body substances and that is likely to cause infection or injury to any person.

(2) Splashing or contamination of skin while disposing of blood or body substances must be avoided as far as practicable.

Part 3—Processing of instruments and equipment

Respiratory equipment

9. (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.

Cleaning of instruments and equipment

10. (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 to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.

(3) The process of cleaning must involve water, mechanical or physical action (such as an ultrasonic cleaner) and a cleaning agent (such as detergent or a proteolytic enzyme).

Disinfection of instruments and equipment

11. (1) Any instrument or equipment that comes into contact with non-sterile tissue (other than intact skin) must be disinfected before it is used. They should also be sterilised if they are capable of withstanding that process.

(2) The process of disinfection must involve either thermal or chemical methods. Chemical disinfection may only be used in cases where thermal methods are unsuitable.

Sterilisation of instruments and equipment

12. (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 compatible with the particular type of instrument or equipment.

(3) If the method of steam under pressure (i.e. moist heat sterilisation) is used, the recommended temperature/pressure holding time must be attained and the relevant manufacturer's instructions must be followed.

(4) If a dry air oven is used, the instrument or equipment must be held for at least 1 hour at 160 degrees celsius and the relevant manufacturer's instructions must be followed.

(5) Instruments and equipment may be sterilised chemically, by using low temperature hydrogen peroxide plasma in a 75 minute cycle, or by using ethylene oxide, or by using low temperature peracetic acid in a sealed chamber in a 30 minute cycle.

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 Registration Act 1945 including section 33 (the general regulation making power, in particular section 33 (1)(i)).
