



**Consultation Paper on Draft Guidelines for
Infection Control**

**Submission to the
Osteopathy Board of Australia
by the Australian Osteopathic Association
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Executive Summary

- i. Under best practice regulation it is generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not open to individual interpretation.
- ii. The AOA understands the requirement for AHPRA to have consistent guidelines across all professions; however, '*consistency*' should not be confused with '*generic*' particularly if it is at the expense of appropriate applicability to the individual registered profession.
- iii. The AOA believes that endorsing the National Health and Medical Research Council's Australian Guidelines for the Prevention and Control of Infection in Healthcare assists in standardising osteopathic practice within the expected safety and quality obligations of primary healthcare.
- iv. The AOA is pleased to support the proposed infection control guideline in principle, with our concerns highlighted in this document.
- v. The AOA considers that the OBA will need to develop supplementary guidelines to assist registrants in understanding their applicability to current industry practice.
- vi. Without supplementary information, the guidelines would be open to interpretation or misunderstanding; therefore reducing their capacity to affect any increase in standard or public safety.
- vii. The AOA would like further clarity on communications and education strategies the OBA will undertake to ensure registrants have a good understanding of the proposed guidelines.

This submission

The Australian Osteopathic Association (AOA) appreciates this opportunity to further comment on the proposed Draft Guidelines for Infection Control.

It generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not be open to individual interpretation.

The AOA understands the desire for AHPRA to have consistent guidelines across all professions; however, '*consistency*' should not be confused with '*generic*' particularly if it is at the expense of appropriate applicability to the individual registered profession.

Subject to comments outlined below, the AOA is pleased to support the proposed infection control guidelines. We offer the following suggestions to ensure the guidelines are understandable, enforceable and applicable to osteopaths in practice.

The Australian Osteopathic Association

The Australian Osteopathic Association (AOA) is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established or maintained.

Our core work is liaising with state and federal governments, regulatory or other statutory bodies and key stakeholders, such as Universities. As such we always welcome opportunities for input or collaboration, such as this.

Use of standard healthcare guidelines encouraged

The AOA is keen to see the development of detailed standards and guidelines by the OBA, in order to clarify enforceable standards and support the ongoing professionalisation of Osteopathy.

Endorsing the National Health and Medical Research Council's Australian Guidelines for the Prevention and Control of Infection in Healthcare, assists in standardising osteopathic practice within the expected safety and quality obligations of primary healthcare.

The AOA considers that the OBA should develop supplementary guidelines to assist registrants in understanding the application of the proposed standard. Without such supplementary information the guidelines, are considered, to open to interpretation to affect any increase in standards or public safety.

Supplementary guidance and clarification needed

Whilst the 'Australian Guidelines for the Prevention and Control of Infection in Healthcare' is an extremely valuable resource, 262 pages it is also exceptionally voluminous. A significant component of what is covered under the guidelines appears to have little or no application to Australian osteopathic practice.

The AOA believes the guidelines would be more valuable if the OBA developed a supplementary guide detailing the most relevant parts that apply to osteopathic practice. Without additional guidance for registrants, we are concerned that some practitioners will misinterpret your expectations.

For example, the following are just a few examples that need further clarification under the guidelines:

- Will all osteopathic clinics be required to vacuum carpets with a high efficiency particulate air (HEPA) filter on a daily basis? Or are hard floor surfaces required in all treatment rooms?
- Will all osteopathic clinics need to keep a variety of systems, records and test results to show they meet hygiene standards for health care settings?
- For practices using sharps, should sharps bins be located in every treatment room or is a single, portable sharps bin sufficient?
- Does every treatment room require a basin for washing hands?
- Do treatment rooms require alcohol based hand rubs to comply with hygiene requirements or will soap and warm water be sufficient?
- Are the use of domestic laundry machines, and powders, adequate for washing towels, gowns, or treatment bench covers, or do such items need to be laundered under AS/NZS 4146 ?

These practical examples simply highlight just a few of the situations practitioners may experience difficulties with when trying to interpret or implement the guidelines. Without further guidance the proposed guidelines may create confusion or compliance issues for the average registrant. This may, in turn will result in increased communication and enquires directed to AHPRA.

Implementation of requirements

It would be useful to registrants and the profession to understand the following:

- i. Can the OBA clarify when these guidelines are expected to come into effect?
- ii. When and how will the OBA communicate these new guidelines and requirements to registrants?
- iii. Will the OBA undertake any activities to further educate registrants on these new requirements?
- iv. Can the OBA indicate when they will communicate the new guidelines to the universities to ensure students and new graduates know the new requirements?
- v. What timelines are envisaged to allow compliance with these new guidelines; and will the OBA show some leniency towards practitioners who fail to comply in a timely fashion with the extensive range of new obligations expected under this guideline?

In summary

The AOA hopes the above examples highlight the potential complexity registrants would face in implementing the proposed guidelines. The AOA would like the OBA to ensure that the guidelines are clearly relevant and in context with osteopathic practice, and produce a supplementary guide.

Without a supplementary guide, the AOA considers the OBA proposals to place an unrealistic expectation on registrants, given that less than 20% of the proposed guidelines are directly relevant.