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Massage Therapy Code of Practice

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ABOUT AMT

The Association of Massage Therapists (AMT) is a national, not-for-profit association representing qualified Massage Therapists and Massage Therapy Students. Established in 1966, AMT is the oldest association in Australia to represent massage therapy in its own right and the premier representative body for professional therapists.

Vision

Australians have access to safe, ethical and evidence-informed massage therapy treatment within the Australian health care system.

Our mission is to:

- Support our members
- Professionalise practice
- Educate and inform the public and other healthcare professionals

AMT values

Best practice

We support our members to deliver evidence informed, skilled and ethical care

Participation

We encourage our members to connect and engage with colleagues

Leadership

We have set the agenda for industry advocacy since 1966

Openness

We strive for the highest standards of transparency and accountability

Client focus

We put quality and safety of care at the heart of our agenda

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code of ethics

As a member of the Association of Massage Therapists, I commit myself to the highest standards of practice:

I will:

- care for the health, wellbeing and comfort of my clients with the utmost skill appropriate to my current qualifications
- respect the privacy, modesty and dignity of my clients and maintain appropriate professional boundaries
- respect the beliefs, rights and values of my clients
- protect the confidentiality of my clients' personal information
- refer clients to an appropriate therapist if their needs are outside my scope of practice and training
- respect my fellow therapists in all disciplines
- commit myself to continuing professional development, sharing technical skills and raising professional standards
- endeavour to enhance the reputation of the massage therapy profession
- support the Association of Massage Therapists in all its ideals, principles, codes and standards
- refrain from conduct that adversely affects the reputation of the Association of Massage Therapists or the massage profession
- comply with the AMT Code of Practice and all applicable State, Territory and Federal laws

Massage Therapy Code of Practice
Delivering quality care to Australian consumers

Introduction

The massage therapy standards contained in this Code have been set down by the Association of Massage Therapists Ltd (AMT) to provide a formal framework for the safe and ethical practice of Massage Therapy in Australia, and to assist practitioners in applying risk management policies and procedures in their clinic or workplace.

The Standards have been formalised to help practitioners understand and meet their professional duty of care. In the context of massage therapy practice, duty of care pertains to the massage therapist's ethical and legal obligation to avoid acts or omissions that are likely to cause harm to their clients. It is the appropriate and responsible application of professional knowledge, skill and integrity.

In the context of massage therapy practice, professional misconduct is defined as a violation of these ethical standards – a failure to meet or a breach of this Code of Practice. The Code clearly and comprehensively sets out AMT's position if called upon to give Expert Witness evidence in court cases for criminal negligence or assault.

It is the massage therapist's responsibility to formulate a risk management framework around the standards articulated in this Code of Practice.

In developing this Code of Practice, AMT is honouring its commitment to protect the public and serve its members, by promoting the safe and ethical practice of massage therapy. The Code should serve as a reference for:

- **Therapists –** to better understand their ethical, legal and professional obligations
- **Educators –** to incorporate in the delivery of Health Training Package qualifications
- **Allied health professionals –** to assist in making appropriate health referrals
- **Disciplinary bodies –** to provide a benchmark against which complaints can be assessed
- **Legal authorities –** to inform criminal and civil investigations and proceedings
- **The public –** to empower clients to assess the quality of their care against an objective framework.

The Massage Therapy Code of Practice is a living document that will evolve in line with changes in practice and legislation.

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Legislative context

Massage therapy is primarily self-regulated in Australia, with some government oversight in the form of a National Code of Conduct for healthcare practitioners that are not subject to statutory registration. The National Code gives state and territory jurisdictions powers to issue prohibition orders and impose practise conditions on massage therapists.

Massage therapists are also accountable under the following statutory codes and legislative instruments:

Federal

- The Privacy Act 1988
- Privacy Amendment (Notifiable Data Breaches) Act 2017
- Competition and Consumer Act 2010 (which includes the Australian Consumer Law)
- Online Safety Act 2021
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Fair Work Act 2009
- Australian Charter of Healthcare Rights
- The Therapeutic Goods Act 1989

NSW

- Public Health Act 2010
- Health Care Complaints Act 1993
- Health Records and Information Privacy Act 2002
- Public Health Regulation 2022
- Children and Young Persons (Care and Protection) Act 1998
- NSW Code of Conduct for Non-registered Health Practitioners

ACT

- Health Act 1993
- Health Records (Privacy and Access) Act 1997
- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011
- Human Rights Commission Act 2005
- Code of Conduct for Health Care Workers

Victoria

- Health Records Act 2001
- Health Complaints Act 2016
- Worker Screening Act 2020
- Occupational Health and Safety Act 2004
- Code of Conduct for General Health Services

Queensland

- Health Ombudsman Act 2013
- Child Protection Act 1999
- National Code of Conduct for Health Care Workers (Queensland)

South Australia

- Health and Community Services Complaints Act 2004
- Children and Young People (Safety) Act 2017
- SA Code of Conduct for Certain Healthcare Workers

Western Australia

- Working with children (Criminal Record Checking) Act 2004
- Health and Disability Services (Complaints) Act 1995
- Work Health and Safety Act 2020
- Work Health and Safety (General) Regulations 2022
- WA Code of Conduct for Certain Health Care Workers

Tasmania

- Health Complaints Act 1995
- Children, Young Persons and their Families Act 1997

Northern Territory

- Health and Community Services Complaints Act 1998
- Health and Community Services Complaints Regulations 1998
- Code of Health and Community Services Rights and Responsibilities
- Care and Protection of Children Act 2007

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Scope of Practice

The practice of massage therapy is the purposeful, respectful and evidence-informed application of touch, manual techniques and biopsychosocial care.

As a client-centred framework it aims to:

- enhance health and wellbeing
- relieve pain
- provide emotional and physical relaxation
- reduce stress and alleviate the impacts of depression and anxiety
- prevent and repair injury
- rehabilitate and augment function.

Education Standards

Massage therapists have:

- a detailed knowledge of anatomy, physiology and biomechanics
- well-developed assessment, observational and palpatory skills
- expertise in a range of manual therapy techniques and approaches
- an understanding of normal function in relation to the soft tissues of the body and the ability to recognise dysfunction, including knowledge of cautions and contraindications to massage therapy.

National Competency Standards were introduced for massage therapy in 2002 as part of the Health Training Package. Nationally recognised massage therapy qualifications at Certificate IV, Diploma and Advanced Diploma Levels are delivered by Registered Training Organisations (RTOs) which are regulated by the government. These qualifications sit within the Australian Qualifications Framework (AQF), the national system of qualifications encompassing higher education, vocational education and training, and schools.

Graduates of Certificate IV qualifications are competent to perform relaxation massage and treatment that enhances wellbeing.

Graduates of Diploma qualifications are competent to assess and treat specific presenting conditions, as well as provide general treatments that enhance wellbeing.

Graduates of Advanced Diploma qualifications are competent to assess and treat complex musculoskeletal conditions.

Therapists who were trained prior to the introduction of National Competency Standards in 2002 should be able to demonstrate equivalency at Certificate IV, Diploma or Advanced Diploma Levels.

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Continuing Professional Development

Massage therapists who provide third party services through private health funds and Workers' Compensation Authorities are required to complete at least 20 hours of Continuing Professional Education per annum.

However, all practising massage therapists should complete at least 20 hours of continuing professional development annually to maintain the currency of their skills.

Types of Massage Therapy

Massage therapists may work in one or more of the following areas:

Therapeutic or relaxation massage:
to promote wellbeing, improve sleep, treat anxiety and tension, and enhance a range of systemic body functions such as circulation.

Remedial massage:
to assist in rehabilitation, pain and injury management. A range of manual therapy techniques may be employed in treatment.

Sports massage:
to treat and prevent injuries, improve recovery, flexibility and endurance, and enhance the performance of athletes.

Lymphatic drainage and lymphoedema management:
to support and enhance the primary care of patients whose lymphatic system has been compromised by a variety of chronic or acute illnesses.

Myotherapy:
to assess and treat myofascial pain and dysfunction.

Oncology, palliative care and geriatric massage:
to support the primary care of patients with chronic illness and a broad range of quality-of-life issues.

Pregnancy and pediatric massage:
to support the primary care of pregnant women and infants.

Oriental massage:
to enhance mental and physical wellbeing through the stimulation of specific pressure points. It includes Shiatsu, acupressure and Tui Na.

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Complementary Modalities

Massage therapists use a wide variety of techniques, approaches and modalities. Although some of these modalities do not fit strictly within the massage therapy scope of practice, AMT recognises the need to give practitioners reasonable latitude in employing a diverse range of techniques and methodologies in their clinical practice.

Complementary modalities may be integrated into the massage therapy treatment plan. Therapists who incorporate these complementary modalities into a treatment must understand their professional duty of care and undertake to:

- adhere to the AMT Code of Ethics and Code of Practice
- have the training, knowledge, skill and judgment to perform the complementary modality competently
- inform the client that they are using the complementary modality
- obtain valid, informed consent for the use of the modality
- have appropriate insurance cover for the modality
- abide by third party provider requirements.

However, if the complementary modality is performed on its own, it is not considered to be massage therapy. It cannot be billed or receipted as massage therapy for the purpose of third party reimbursement, such as private health fund rebates.

Activities and modalities outside the massage therapy scope of practice

The practice of massage therapy does not include:

- high velocity-low amplitude (HLVA) manipulations
- prescription or recommendation of supplements or other ingestible substances
- counselling (unless the massage therapist holds a recognised counselling qualification)
- diagnosis of conditions or diseases.

Additionally, AMT does not endorse the use of the following modalities. They should not be performed as part of the massage therapy treatment plan and should not be held out to be within the scope of massage therapy. This list should not be interpreted as a complete list of activities outside the scope of massage therapy.

- Acu-Energetics
- Acu Needling
- Allergy Testing
- Art Therapy
- Ayurvedic Medicine
- Bach flower Remedies
- Biofeedback
- Biodynamic massage
- Bioenergetics
- Body Transformation
- Chakra Balancing
- Chakra-puncture
- Colonic Irrigation
- Colour Therapy
- Core Energetics
- Cosmetic/Beauty Therapy
- Counselling

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- Crystal Healing
- Dolphin Healing
- Ear Candling
- Emotional Freedom Technique
- Energetic Healing
- Energetic Medicine
- Erotic/exotic massage
- Esoteric Breast Massage
- Esoteric Bodywork
- Esoteric Chakra-puncture
- Esoteric Connective Tissue Therapy
- Esoteric Healing
- Esoteric Massage
- Feng Shui
- Fertility Massage
- Flower Essences
- Geomancy / treatment of geopathic stress
- Hawaiian massage / Lomi Lomi
- Hellerwork
- Herbalism
- Homeopathy
- Holistic Breathwork
- Hypnosis
- Iridology
- Kinesiology / Touch for Health
- Life Coaching
- Live blood analysis
- Magnet Therapy
- Magnetic Field Therapy
- Metamorphic Technique
- Naturopathy
- Neuro-linguistic Programming
- Personal Training
- Polarity Therapy
- Postural Integration and Psychotherapeutic Postural Integration
- Pranic Healing
- Raindrop Therapy
- Rebirthing
- Reconnective Healing
- Reiki
- Sacred Esoteric Healing
- Sexological Bodywork
- Shamanic Healing
- Sound Therapy
- Spiritual Healing
- Tantric Massage
- Theta Healing
- Thought Field Therapy
- Time Line Therapy
- Traditional Chinese Herbal Medicine
- Zero Balancing

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AMT Standard - Complaint Handling

Purpose

Massage therapists understand the context in which complaints arise and have the skills and knowledge to respond appropriately and effectively to a client complaint in accordance with the policy.

Background

Complaints and other comments from clients are an important form of feedback, providing valuable information about the quality and safety of healthcare services. Complaints are a helpful learning tool because they create a unique opportunity to identify gaps in the quality of care and address any issues. Handled well, a complaint can lead to profound and positive changes in practice, enhancing the therapeutic and clinical relationship with clients.

Effective complaint handling is a key component of risk management and mitigation, potentially preventing the escalation of a complaint into a formal legal action.

Complaints and the reasons for them vary. People often complain because they:

- want an acknowledgement that something went wrong and an explanation of why
- want an apology for the distress they experienced
- do not want to see other people facing a similar problem
- want to improve the service for themselves or others in the future
- want someone to be blamed, punished or held accountable for what happened
- want compensation.

The majority of complaints stem from communication problems in relation to obtaining consent, explanations of treatment, billing and fees, hygiene and professional courtesy.

Clients can reasonably expect their massage therapist to:

- discuss treatment options and goals
- provide information about treatment and obtain informed consent
- deliver a professional service at a fair and reasonable fee
- respect their rights, dignity, feelings, opinions and cultural customs
- respect their right to give feedback on the services provided
- respect their privacy and maintain confidentiality
- maintain appropriate professional boundaries.

Massage therapists should have a comprehensive complaint management process that encompasses the following objectives:

- To provide an efficient, fair and accessible mechanism for handling complaints from clients
- To recognise, promote and protect the rights of the client
- To collect data and monitor complaints to enable ongoing improvement in service delivery.

Although it may seem difficult or confronting, most complaints are best resolved by handling them directly, promptly and professionally. However, advice should always be sought from the insurer and/or professional association before responding to a complaint.

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Complaints to a health complaints entity

Each State and Territory has its own Health Complaint Entity (HCE)/Commissioner with independent legal authority to investigate consumer complaints against healthcare practitioners, including massage therapists. If a consumer makes a formal complaint to one of the Health Complaint Entities, the massage therapist will normally be asked to respond to the letter of complaint in writing. When responding to the HCE, the therapist should try to understand the situation from the consumer's point of view. If appropriate, the therapist should apologise for any misunderstanding that may have led to the complaint. In many cases, this will address the problem because it meets the consumer's expectations.

The following is a list of Health Complaints Entities/ Commissioners in each State and Territory:

ACT

- The ACT Human Rights Commission

Relevant statutory code:

- Code of Conduct for Health Care Workers

NSW

- The Health Care Complaints Commission

Relevant statutory code:

- Code of Conduct for Non-registered Health Practitioners

Northern Territory

- Health and Community Services Complaints Commission

Queensland

- Office of the Health Ombudsman

Relevant statutory code:

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

South Australia

- Health and Community Services Complaints Commissioner

Relevant statutory code:

- SA Code of Conduct for Unregistered Health Practitioners

Tasmania

- Health Complaints Commissioner

Victoria

- Health Complaints Commissioner

Relevant statutory code:

- Code of Conduct for General Health Services

Western Australia

- Health and Disability Services Complaints Office

Relevant statutory code:

- Code of Conduct for Certain Health Care Workers

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Policy

Informal/verbal complaint

Massage therapists are required to:

- make a time to meet with the client or telephone them to discuss the complaint
- listen carefully to the client's concerns and treat them with due respect and deference
- try to understand the situation from the client's point of view
- be aware of differing views of what happened and what was said
- summarise the client's concerns to reassure them that they have been understood
- give the client a calm and clear explanation of what happened from their own point of view
- keep a record of the conversation and the client's concerns, and all necessary details (date of incident, nature of incident, date of conversation) and provide a copy of this to the client to ensure it is factually correct
- offer an apology if warranted
- ask the client what would resolve their concerns
- try to negotiate a solution with the client
- identify any issues or gaps in the quality of care that have been highlighted by the complaint, and institute policies and procedures to address them.

Formal/written complaint

Massage therapists are required to:

- investigate and respond to all written complaints
- contact their professional indemnity insurance provider immediately and inform them of the complaint
- contact their professional association and inform them of the complaint
- formally (i.e. in writing) acknowledge that the complaint has been received and inform the client of the complaint management process, including the time frame for dealing with the complaint
- evaluate the client's concerns and try to understand the situation from the client's perspective
- identify any issues or gaps in the quality of care that have been highlighted by the client, and institute policies and procedures to address them
- respond to the complaint in writing. The letter should include:
  - an acknowledgement of the client's distress
  - a clear explanation of what happened from the massage therapist's point of view
  - an acknowledgement of any errors and an apology if appropriate
  - an explanation of the steps taken to address the problem/concern
  - appropriate remediation or an offer of resolution.

Resources

For more comprehensive guidelines on complaint handling procedures and policies, please refer to the following:

- Guide to Complaint Handling in Health Care Services
- Complaints Management Handbook for the Health Care Services
- HCSCC Tips, Advice and Resources for Service Providers Addressing Complaints

Approved: 17 September, 2012

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AMT Standard - Professional Boundaries

Purpose

Massage therapists have a clear understanding of professional boundaries and the principles underpinning this standard, and can apply this knowledge in the massage therapy clinical setting in accordance with the policy.

Background

Professional boundaries refer to the limits and parameters that are set within the therapeutic relationship. The establishment of clear boundaries is intended to create a safe and predictable place where treatment can take place.

Massage therapists have a duty of care to ensure that the interaction between the client and the therapist is based on plans and outcomes that are therapeutic in intent.

To effectively manage professional boundaries, massage therapists must understand and appreciate the inherent power imbalance that exists between the client and the therapist. This power imbalance leaves the client vulnerable and potentially open to exploitation. The massage therapist always carries the burden of responsibility for maintaining appropriate boundaries due to this power differential. When a massage therapist crosses a professional boundary, they are abusing or misusing this power and their professional authority.

Maintenance of professional boundaries requires diligence and vigilance. Boundary issues can be complex, dynamic and confronting. Massage therapists must engage in reflection on their clinical practice to ensure that boundaries are not being compromised by themselves or challenged by their clients.

Signs that the professional boundary may have eroded include:

- developing strong feelings for a client
- consistently spending more time with a particular client
- having very personal conversations with a client
- receiving private calls from a client on a non-business number
- receiving gifts of a personal, intimate or inappropriate nature
- believing only you can offer the right treatment to a client.

Policy

Massage therapists are required to:

- be aware of the power relationship that exists between the client and the therapist
- work within the massage therapy scope of practice and refer clients to other health practitioners when relevant
- disclose information to clients regarding your qualifications, treatment procedures and goals
- establish a clinic policies and procedures manual that includes details of operating hours, fee schedule and third party provider rebates
- maintain high standards of client history compilation, note taking and storage of client files
- obtain informed consent at the start of and throughout the treatment
- wear a uniform or suitable professional attire
- be aware of the client's emotional state, look for signs of clients becoming dependent and make appropriate referrals when necessary
- refuse or terminate a treatment if the client's behaviour is sexually inappropriate or abusive
- terminate the therapeutic relationship immediately if there is a risk of becoming romantically or intimately involved with a client
- refuse treatment if a client is under the influence of alcohol or unlawful drugs
- refrain from treating clients if a prescribed medication may impair professional judgement and interfere with ability to practise.

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Massage therapists should not:

- flirt or use sexually suggestive language or touch
- tolerate sexually suggestive behaviour from clients
- touch the clients genitals, perineum or breasts. The specific circumstances under which massage of breast tissue may be undertaken are outlined in the Breast Massage Standard of Practice.
- engage in gossip or irrelevant chatter with clients
- use the therapeutic relationship to initiate or foster friendships with clients
- use the therapeutic relationship to initiate sexual contact with clients or groom clients
- interact with clients via personal social media accounts or pages. This includes accepting friendship requests from clients on Facebook. Social media interactions with clients should be restricted to pages that exclusively promote business/clinical activities.
- become romantically involved or enter into a sexual relationship with a client
- engage in counselling or psychoanalysis of clients
- practise under the influence of alcohol or unlawful drugs.

Principles

Massage therapists should be aware of the following guiding principles:

- **All clients are created equal.** If a massage therapist makes special concessions for a particular client, including giving them more time or priority in their appointment schedule, then there may already be a boundary issue. Doing special favours for a particular client is a clear warning sign that the therapist needs to reassess their therapeutic relationship with that client.
- **All clients are created equal, even (or especially) friends and family.** Massage therapists need to be consistent in their application of professional boundaries regardless of any pre-existing relationships outside the clinic setting. If a therapist decides to treat a relative or a friend, they must employ the same professional standards, record keeping, confidentiality, language and behaviour as they do for all clients. If the therapist cannot apply these same professional standards to a relative, friend or acquaintance, they need to refer them to another practitioner immediately.
- **Prevention is better than cure.** Maintaining professional boundaries is extremely complex and challenging. Having an experienced mentor or supervisor to provide objective advice, clarity and guidance is an effective way to ensure that the massage therapist is keeping themselves and their clients safe at all times. Peer networking and participation in professional development in the areas of ethics and professional practice play a crucial role in developing skills and awareness.
- **Know thyself.** Self-reflection is essential to high-quality professional practice. Massage therapists cannot effectively contribute to the wellbeing of their clients without reflecting on their own practices, challenging their assumptions and examining their beliefs. This includes monitoring the appropriateness of their needs as a therapist such as the need to "fix" a client, be admired or loved by a client, or be perfect in their client's eyes. Massage therapists also need to closely observe the appropriateness of their beliefs, such as the perception that nobody else can provide the appropriate treatment for a particular client or do what they are doing.
- **Respect your client.** Given the inherent power imbalance in the therapeutic relationship, the client should reasonably assume that they will not be emotionally, physically or financially exploited. A client should never be expected to consent to anything that interferes with their dignity and autonomy, including any touch of a sexual nature.

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Key underpinning concepts

Transference

Transference occurs in the clinical setting when the client personalises the professional relationship. This can manifest in the giving of inappropriate gifts, engaging in personal conversations or demanding longer or cheaper treatments.

Counter transference

Counter transference occurs in the clinical setting when the therapist is unable to separate the therapeutic relationship from a personal one. This can manifest in the form of having sexual feelings for the client, showing favouritism, experiencing revulsion towards the client, or having the client meet particular emotional needs.

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AMT Standard - Social Media

Purpose

Massage therapists have a clear understanding of their legal and ethical obligations in relation to the use of social media and apply this understanding in accordance with the policy.

Background

Social media is an umbrella term referring to computer-based technologies that facilitate the creation and sharing of information, ideas, interests, opinions, images, video, advertising and other content through online communities and networks. It can broadly be categorised into:

- social networking (e.g. Facebook, X)
- professional networking (e.g. LinkedIn)
- discussion forums (e.g. Reddit, Whirlpool)
- media sharing (e.g. YouTube, Flickr, Instagram, TikTok, SnapChat)
- chat (e.g. Facebook messenger, Whatsapp, WEChat)
- blogs and microblogs (e.g. Tumblr, Blogger, Weibo)
- knowledge/information aggregation (e.g. Wikipedia)
- virtual reality and gaming environments (e.g. Second Life, Fortnite)
- booking sites and apps (e.g. HealthEngine, Whitecoat, Podium)
- online conferencing, learning and webinars (e.g. Zoom, GoTo Webinar, Adobe Connect).

Social media does not include direct client communication such as emails, sms and newsletters.

Social media can be used by massage therapists to promote their services, publish information about their business, engage in professional networking and education, provide client education and resources, distribute evidence-based information about massage therapy, and disseminate public health messages.

Social media is interactional, facilitating two-way communication between parties which generates feedback loops and opportunities for consumer/client appraisal. As such, businesses and services are more accountable than ever to the public they serve.

The use of social media presents potential risks to both massage therapists and clients. These risks include:

- reputational damage
- misrepresentation of services and likely outcomes from treatment
- violation of professional boundaries
- distribution of poor-quality information and misinformation
- unlawful disclosure of confidential information and breach of privacy laws
- breach of statutory Codes of Conduct and other legislated requirements
- posting of offensive, bullying, harassing and discriminatory material
- misuse of intellectual property and breach of copyright.

Massage therapists must ensure that all communication on social media is consistent with evolving statutory requirements and with their obligation as health care practitioners to provide safe and ethical care.

Statutory requirements

There is a range of statutory requirements that relate to social media use. There is also specific legislation that addresses social media use.

Privacy

Massage therapists who communicate with clients using social media have a legal obligation to comply with the 13 Australian Privacy Principles in the Federal Privacy Act 1988.

They must also comply with health information privacy legislation in their jurisdiction.

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ACT

- The Health Records (Privacy and Access) Act 1997

NSW

- The Health Records and Information Privacy Act 2002

Victoria

- The Health Records Act 2001

Advertising and reviews

Massage therapists who use social media to promote their business are bound by the Competition and Consumer Act 2010.

Reviews that are generated on social media platforms are regulated by the Australian Competition and Consumer Commission. Massage therapists must be aware of their obligations and ensure that reviews are not false and misleading, and do not contain puffery.

Massage therapists who advertise goods intended for therapeutic use on social media are bound by the Therapeutic Goods Act 1989.

Bullying and harassment

Massage therapists must comply with the Online Safety Act 2021. This Act ensures that all social media users can make a complaint to Australia's independent regulator for online safety, the eSafety Commissioner. Social media use that may be considered harassment or bullying is dealt with by the Commissioner.

National Codes of Conduct

Currently, six jurisdictions in Australia confer powers on health complaint entities to impose sanctions via the National Codes of Conduct. These Codes include specific provisions around safe and ethical care which apply in the context of social media use, such as false claims, treatment advice, misinformation and misrepresentation of qualifications, and privacy and confidentiality.

ACT

- Code of Conduct for Health Care Workers

NSW

- Code of Conduct for non-registered health practitioners

QLD

- National Code of Conduct for Health Care Workers

SA

- SA Code of Conduct for Certain Health Care Workers

VIC

- Code of Conduct for General Health Services

WA

- WA Code of Conduct for Certain Health Care Workers

Discrimination, defamation and sexual harassment

Social media postings can be unlawful if they discriminate against or racially vilify a person. Defamation is when a person deliberately spreads information about another person, group or small company that harms their reputation. Inappropriate posts, comments and content of a sexual nature shared on social media can amount to sexual harassment.

Although there is no dedicated legislation in relation to discrimination, defamation and sexual harassment on social media, existing Commonwealth and State/Territory laws apply.

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Policy

Interacting with clients

Massage therapists are required to:

- adhere to Commonwealth and applicable State/Territory privacy regulations, ensuring all published images, information and content relating to clients are adequately de-identified
- obtain consent to publish de-identified images of clients
- de-identify all client information when seeking advice from colleagues on social media platforms
- maintain a clear demarcation between personal and business/professional profiles
- use business/professional profiles to interact with clients
- respect clients' right to privacy on social media and maintain professional boundaries
- respond in a professional, inclusive and respectful manner when replying to unsolicited reviews and feedback.

Massage therapists do not:

- contact clients using a personal social media profile or account
- search for clients' personal profiles or initiate friend/follow requests via social media platforms
- pressure clients into engaging with their business profiles
- offer clients inducements to provide reviews, such as discounts and prizes, or solicit and publish testimonials
- collect health information via social media platforms
- divulge identifying details of clients
- discuss a client's treatment with other therapists in professional networking groups if the client can easily be identified
- diagnose, offer advice, or discuss treatment with clients on social media
- use puffery (claim to be the best, the cheapest, the most effective)
- publish content that creates unrealistic expectations of the effectiveness of massage therapy or fosters excessive or unnecessary treatment
- offer advice on products and services that they are not qualified to provide.

Interactions with colleagues and other health care practitioners

Massage therapists are required to:

- interact respectfully with colleagues and other healthcare practitioners
- protect client information through de-identification
- respond constructively and professionally to disagreements and differences of opinion
- support opinions with evidence or specific examples
- seek consent before initiating contact via a private messaging function.

Massage therapists do not:

- disparage, mock, defame or vilify colleagues and other healthcare practitioners
- disparage, body shame or vent about clients, including in private/direct messages
- make unsolicited contact via a private messaging function.

General social media interactions

Massage therapists are required to:

- promote their business and the massage industry in a professional manner
- respect copyright laws and obtain permission before posting copyright material or material that is the intellectual property of another individual/business
- attribute non-original content shared on business profiles to original creators and publishers
- read, understand and abide by the terms and conditions of the social media platform
- monitor evolving legislation and review their social media strategy in line with statutory requirements.

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Massage therapists do not:

- make claims about treatment that are speculative, false or misleading
- make unsubstantiated claims about the efficacy of treatment
- diagnose, offer advice or discuss treatment on a public social media forum
- publish content or make comments that a reasonable person would find offensive, bullying, harassing and/or discriminatory
- breach the copyright or intellectual property of other creators and publishers.

Principles

Massage therapists should be aware of the following guiding principles:

- **Nothing is truly private on social media**. Even in a closed or locked group or private chat, there is potential for content to be shared (for example via screenshots). Once a post or comment has been published, it cannot necessarily be recalled. Additionally, content can be accessed by third parties, such as social media companies. Massage therapists should only share information and content that they are comfortable with others potentially seeing. Using the most secure privacy settings available on personal social media profiles is advised. Therapists must also respect boundaries in relation to clients' personal social media profiles.
- **Dual relationships carry associated risks**. Therapists need to assess and manage the risks associated with dual relationships (having friends and/or relatives as clients) in the context of social media interactions. The onus is always on the therapist to maintain professional boundaries and implement appropriate strategies to manage the risks posed by dual relationships. Friends and family must be treated with the same standards as all clients when the therapist is interacting in a professional capacity on social media.
- **Informed consent applies to content and photos that are published on social media**. Massage therapists must ensure that they have consent to publish photos of people, even if they cannot be identified. For the consent to be informed, the therapist needs to be clear and specific about how the image will be used, which social media platforms the image will be published on, and how long it will remain published. Young children are not able to give informed consent to their image being published.
- **Professional boundaries in the virtual domain are just as critical to the therapeutic relationship as real world professional boundaries**. Personal and professional profiles must be separate. Establishing a business or public professional profile on social media to interact with clients allows the 'safe container' of the therapeutic relationship to be maintained, protecting the privacy of both the therapist and the client. Massage therapists should consider using the most secure privacy settings available on their personal social media profiles. Connection requests from clients should be directed to professional profiles, groups and pages. Privacy settings should also be reviewed regularly.
- **Keep things client-centred**. Social media provides an opportunity for massage therapists to build trust and promote themselves as caring and knowledgeable professionals. Business and professional profiles should focus on providing information and resources that support the needs of clients.
- **It's your business, it's your responsibility**. Massage therapists who engage the services of social media managers and companies that sell social media images are responsible for ensuring the compliance of all posts. Everything posted under your business name is your responsibility. This also applies to businesses that offer to garner reviews on your behalf. You must ensure that this is done in a compliant and lawful way.

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- **Think of yourself as the editor of a newspaper**. In Australian law, the administrator/owner of a group, business page or public profile is considered to be the publisher of all content, including comments. Massage therapists must moderate their social media channels to ensure that defamatory, discriminatory, harassing or racially vilifying material is promptly deleted.
- **Reputation is the most precious asset and the most fragile**. Massage therapists are advised to monitor and review their online business presence regularly to identify potential issues and address them.

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AMT Standard - Draping

Purpose

Massage therapists are informed of appropriate draping standards and can apply draping protocols in accordance with the policy.

Background

Draping is a cornerstone of professional clinical practice and is essential for the client's welfare and sense of security, providing the necessary privacy, modesty and warmth during a massage treatment.

Appropriate draping assists in maintaining client/therapist boundaries. It can be considered as a tangible professional boundary between the client and the therapist. It provides the therapist with access to the relevant, targeted body part to be worked and helps to delineate between areas being massaged and areas not being massaged.

AMT recommends that members develop their draping protocols and document their practice in their policies and procedures manual. Standard protocols must be adhered to regardless of the client's attitude to draping. The therapist is responsible for maintaining draping standards.

Types of draping may vary but commonly include the use of towels, sheets and/or blankets. The therapist must ensure that sufficient clean draping is always available.

Policy

Massage therapists are required to:

- ensure that clients wear underpants during the massage treatment. Clients may also wear a bra. If the bra is to be undone, consent must be sought.
- explain draping procedures prior to the commencement of the session and seek appropriate consent
- only expose the part of the body being massaged
- ensure that the client is comfortable with their draping at all times
- adjust the draping if a client indicates discomfort. This includes non-verbal signs of discomfort such as pulling up the towel
- have a therapeutic rationale for any change of draping
- give the client clear verbal instructions concerning draping procedures
- obtain consent when tucking linen into the client's underpants and when moving underpants
- adapt the treatment plan if a client wants to remain fully or partially clothed during the treatment
- allow the client to dress and undress in private. Do not re-enter the room without ascertaining that the client is ready. If a client requires assistance with dressing or undressing, modesty should be maintained at all times.
- provide the client with sufficient draping to cover their body before leaving the room for them to undress. Give clear verbal instructions on how the client should position themselves on the table and how to arrange the draping and supports.
- ensure that the client remains covered if they require assistance on and off the massage table
- use fresh draping and linen for each client
- maintain draping close to the client's body when changing their position on the table

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- ask the client to hold the draping in position for some areas, such as near breast tissue and the groin
- obtain consent to place hand(s) underneath the draping
- check that the client is warm enough with the draping used
- use lightweight draping if the client is too warm
- use draping at all times, even if the client asks for it to be removed.

Massage therapists do not:

- undrape or touch the perineum or genitals
- undrape or touch the breasts unless there is a clear therapeutic rationale for doing so. The specific circumstances under which massage of breast tissue may be undertaken are outlined in the AMT Breast Massage Standard of Practice.
- carry used linen against the body.
- slide hand(s) underneath the draping or work underneath draping without informed consent.

Principles

Massage therapists should be aware of the following principles:

- Draping must be comfortable for the client but also secure and distinct
- Draping should be adjusted quickly and efficiently
- Clients must wear a gown or suitable clothing during postural observations and during treatments that require frequent changes in positioning (e.g. exercise shorts and top). Women must wear a bra and underpants at minimum during postural observations and men must wear underpants. Informed consent must be obtained prior to postural observations and any other techniques that require the active participation of the client.
- Draping protocols must be reviewed as skills sets broaden
- Draping protocols must be maintained to the same standard regardless of how regular and familiar a client becomes
- Clients must be given adequate privacy to undress and dress. This means leaving the room to allow the client to undress/dress, and knocking before re-entering the room.

References

- Andrade, C. & Clifford, P (2008) *Outcome-Based Massage. From Evidence to Practice,* 2nd Edition, Wolterskluwer. Lippincott Willams & Wilkins, USA.
- Salvo.S (1999) *Massage Therapy Principles and Practice,* WB Saunders. USA

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AMT Standard - Informed Consent

Purpose

Massage therapists understand the principles of informed consent and use this knowledge to fulfill their responsibility to obtain informed consent in accordance with the policy.

Background

Informed consent is the voluntary agreement by the client to a treatment plan after proper, accurate and adequate information is conveyed about the proposed techniques and protocols that will be used.

Informed consent assists both the client and the therapist to determine the treatment goals.

The key premise of informed consent in the massage therapy setting is that clients are autonomous and have control over their own bodies. This includes control over what the therapist does to their body. It is integral to a client-centred approach to health care.

Informed consent requires the therapist to provide pertinent information about the treatment. For example, a therapist may describe the position and function of the gluteal muscles and explain why massaging them is relevant to the client's treatment plan. Access to the gluteals may require the client's underpants to be lowered. After describing this procedure, the client is given the choice to proceed prior to treatment.

It is the responsibility of the massage therapist to provide clear information about what the client can expect from the treatment. The intent and direction of the treatment should be clearly defined for the client. The client should determine if a procedure should occur.

A signed consent form is not proof that the client was adequately informed.

Information given to the client when seeking consent includes:

- the treatment plan
- the duration of the treatment
- techniques to be used
- body parts to be massaged
- positioning
- clothes the client may need to remove
- outcomes of the massage
- any associated risks, such as the chance of post treatment muscle soreness.

For consent to be valid it must:

- be given voluntarily and not coerced or induced by fraud or deceit
- cover the treatment/procedure(s) undertaken
- be given by a person with legal capacity (parent, guardian or caregiver).

Clients may withdraw consent to a treatment at any time. The massage therapist must immediately respect this.

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Policy

Massage therapists are required to:

- outline their fee schedule and obtain informed financial consent before commencing treatment
- negotiate the treatment plan with the client. This may include discussing the treatment plan with the client's family, guardian and/or carer if the client requests this
- seek informed consent for treatment and document this consent in the client file, including any recommendations, referrals and advice about continuity of care
- respect the client's right to withdraw consent for the treatment or any aspect of the treatment
- provide information in plain language
- avoid using anatomical or medical jargon unless the client clearly indicates they are familiar with this language
- consider the client's literacy and language skills when obtaining consent, including the need to access interpreter services if the client does not have sufficient English language skills
- seek consent from a parent, legal guardian or caregiver if the client does not have the legal capacity to give consent
- seek consent from a parent, legal guardian or caregiver if it becomes apparent that the client cannot comprehend the proposed treatment
- maintain eye contact with the client when seeking verbal consent unless it is not feasible to do so (i.e. the client is lying prone)
- obtain written informed consent for techniques that are invasive (for example, dry needling and intraoral work).

AMT does not require therapists to obtain written informed consent unless the techniques being used could be perceived as invasive. If written consent is being sought, AMT members may use the form prepared by AMT for that purpose.

Verbal consent must be documented in the client file.

Principles

Massage therapists should be mindful of the following principles when seeking consent:

- **Consent is dynamic.** A client may initially consent to the massage or part of the massage and then change their mind during the treatment. If a client withdraws consent at any time, the massage therapist must respond accordingly. Equally, just because a client gave consent during one treatment does not mean that the massage therapist can assume that the client will always consent to the same treatment.
- **Consent must be clear and definitive.** Be aware of nuances in the client's language that may indicate that consent is being given reluctantly. For example, note the difference between "Yes that is absolutely fine, go ahead" and "I suppose that is OK, if you have to". Give alternatives wherever possible. Offering a client the option to say no and an alternative can assist in obtaining definite consent. For example "It is not necessary to lower your underpants. I can apply some techniques through your clothes or the draping. Would you prefer that?".

  Simply asking "Are you OK?" or "Is this OK?" is not an adequate way to seek consent for a procedure or action within the context of a treatment. A client must be fully informed of therapeutic intent to provide valid consent.

- **Knowledge is power.** Most people's fear or anxiety about having a massage is alleviated by information and a full understanding of what is about to occur. This should include informing the client that they will be given full privacy to undress and dress, and that they will be fully covered throughout the massage, except for the area being massaged.

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- **Non-verbal signals may indicate that the massage therapist needs to renegotiate consent.** Non-verbal signals such as laughing, excessive talking, holding the breath, fidgeting, and clenching the hands, feet, buttocks or jaw often indicate that the client is uncomfortable. If this happens, it is a good time to check whether the client is happy to proceed with the massage or technique that is being used. Only minor changes may be needed to make the client comfortable, such as the use of less pressure, a change in technique or a change in positioning.

References

- Andrade, C. & Clifford, P. (2008) *Outcome-Based Massage. From Evidence to Practice*, 2nd Edition. Wolterskluwer. Lippincott Willams & Wilkins, USA.
- Weir, M. (2000) *Complementary Medicine: Ethics and Law*, Prometheus Publications. Australia
- Yardley-Nohr (2007) *Ethics for Massage Therapists,* Lippincott Williams & Wilkins, USA.

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AMT Standard - Breast Massage

Purpose

Massage therapists are aware of the necessary preconditions for performing massage of breast tissue and the accepted clinical indications for breast massage, and can apply this knowledge in accordance with the policy.

Background

Massage of breast tissue is distinct from massage of the musculature of the chest wall (for example, pectorals and costal muscles).

Evidence-based clinical reasoning and informed consent are essential preconditions to performing massage on sensitive and intimate areas such as breast tissue. Informed consent requires the therapist to provide pertinent information about the treatment. The client must have a clear understanding of the clinical basis for breast massage before treatment commences. Explanation of the treatment should include the risks and benefits, alternatives, draping and positioning, and the client's right of refusal throughout the treatment.

Written informed consent must be obtained prior to performing massage on breast tissue. However, because consent is dynamic, the therapist must respond immediately if the client withdraws consent during the treatment. Clients may withdraw consent at any time and it is the massage therapist's duty of care to respect this and to respond appropriately. Changes in consent should be recorded in the client file as they occur.

Clinical indications for breast massage

Massage of breast tissue is only allowed for the following specific clinical presentations:

- Post-surgical - when a client has undergone
  - mastectomy
  - breast reduction, reconstruction or augmentation
  - lumpectomy
- Cancer - when there is discomfort from breast cancer treatment or during rehabilitation from cancer treatment
- Scarring - when there is adhered, restricted or painful scarring due to:
  - the surgeries listed above
  - cancer treatment
  - injuries or accidents, including burns
- Swelling and/or congestion - when lymphatics have been compromised by:
  - the surgeries listed above
  - cancer treatment
  - fibrocystic breast conditions
  - primary or congenital lymphoedema.

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Policy

Massage therapists are required to:

- obtain written informed consent for breast massage and retain this in the client file
- document the clinical reasoning for breast massage in the client file
- respect the client's right to withdraw consent for breast massage at any time and document any changes to consent as they occur
- maintain draping protocols and only uncover breast tissue when it is being worked on directly.

Massage therapists do not:

- touch the nipple and/or areola
- perform breast massage without being able to demonstrate clear, evidence-based clinical reasoning to the client
- perform breast massage if it is not clinically indicated, as per the conditions listed above
- perform breast massage without relevant, specific training.

Principles

Massage therapists should observe the following principles when treating breast tissue:

- **Respect boundaries.** Breasts are a sensitive area and must be treated with due sensitivity. In western culture, female breasts are highly sexualised so the massage therapist needs to be able to clearly communicate the difference between sexual touch and therapeutic touch. The client must fully understand this distinction for informed consent to be valid. It is the therapist's responsibility to respect and maintain the boundary between therapeutic touch and sexual touch at all times.
- **Remember that consent is dynamic.** Consent can change from minute to minute in any given treatment or between treatments. After obtaining written informed consent for breast massage, the massage therapist should watch for any non-verbal signs of discomfort and check with the client to ensure that they continue to be comfortable with the treatment.
- **Have a sound clinical basis for performing breast massage.** Due to the sensitivities of the work, breast massage should not be undertaken casually or lightly. If the massage therapist cannot clearly articulate the evidence-based clinical reasoning for treatment of breast tissue, they should not proceed.
- **Refer if in doubt.** If it is not possible to proceed confidently or comfortably with the treatment, refer the client to another therapist or back to their primary care physician.

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AMT Standard - Privacy and Confidentiality

Purpose

Massage therapists have a clear understanding of their legal and ethical obligations in relation to the privacy of clients' personal information, and apply this knowledge in accordance with the policy.

Statutory requirements

As health service providers, massage therapists have a legal obligation to protect the privacy of their clients' personal information.

In November 2001, the Federal Privacy Act 1988 was extended to cover the private sector throughout Australia. The legislation applies to the collection of personal information in the massage therapy setting. Massage therapists should be familiar with the 13 Australian Privacy Principles in the Privacy Act 1988.

The NSW Health Records and Information Privacy Act 2002 contains 15 privacy principles. These form the core of the requirements in this policy.

The requirements outlined in this standard should be applied in conjunction with the requirements in your jurisdiction.

There are three state Acts that specifically relate to health information privacy:

ACT

- The Health Records (Privacy and Access) Act 1997

NSW

- The Health Records and Information Privacy Act 2002

Victoria

- The Health Records Act 2001

ACT, NSW and Victorian practitioners must be familiar with their relevant Health Records Act to ensure the compliance.

Policy

Massage therapists are required to:

- comply with the 13 Australian Privacy Principles in the Federal Privacy ACT 1988
- comply with relevant state health information privacy legislation in NSW, Victoria and the ACT.
- develop a clear and articulable privacy policy
- treat all client information as private and confidential
- respect client privacy
- protect the personal information of clients
- store all client records securely
- obtain consent from the client before sharing health information with another health practitioner or third party service provider such as an insurer.

Health information collected from clients must be:

- **Lawful:** only collect health information for a lawful purpose. Only collect health information that is necessary for the purpose of delivering massage therapy treatment to the client.
- **Relevant:** ensure that the health information is relevant, accurate and up to date. Ensure that the collection does not unreasonably intrude into the personal affairs of the individual.
- **Direct:** only collect health information directly from the client, unless it is unreasonable or impracticable to do so. Information can only be sought from other parties with the express permission of the client.
- **Open:** inform the client as to why you are collecting health information about them, what you will do with the health information, and who else might see it. Tell the person how they can see and correct their health information, and any consequences if they decide not to provide their information to you. If you collect health information about a person from someone else, you must still take reasonable steps to ensure that the client has been notified as above.

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- **Secure:** ensure that health information is stored securely, not kept any longer than necessary, and disposed of appropriately. Information should be protected from unauthorised access, use or disclosure.
- **Transparent:** explain to the client what health information about them is being stored, why it is being used and any rights they have to access it.
- **Accessible:** allow people to access their health information without unreasonable delay or expense
- **Correct:** allow people to update, correct or amend their health information where necessary
- **Accurate:** ensure that the health information is relevant and accurate before using it.
- **Limited Use:** only use health information for the purpose for which it was collected, or a directly related purpose that the person would expect. For example, you cannot use health information for a case study or research without the express, formal consent of the client.
- **Limited Disclosure:** only disclose health information for the purpose for which it was collected, or a directly related purpose that the person would expect. You must obtain consent from the client before disclosing health information.
- **Authorised:** people must expressly consent to participate in any system that links health records across more than one organisation.
  Only include health information about a client for the purpose of the health records linkage system, if they have expressly consented to this.

Massage therapists do not:

- share a client's personal information with a third party without the express permission of the client
- discuss a client's personal information with other clients, friends or relatives
- discuss a client's personal information with friends / relatives, a guardian or caregiver of the client
- solicit overly intimate details from clients.

Exceptions to Confidentiality

The following are specific exceptions where the right to confidentiality may need to be modified:

- when there is a threat to the client's safety (such as a medical emergency) or the safety of others
- when the client authorises disclosure
- when the client has requested a written report for another health professional or agency
- when you are permitted or compelled by law to disclose client information (such as a subpoena)

Principles

Therapists should be mindful of the following principles in relation to client privacy and confidentiality:

- **Verbal communications with a client should be conducted in complete privacy and remain confidential.** Clinic rooms should be impervious to sound so that conversations cannot be overheard.
- **The client must consent to their health information being given to a third party.** Permission must be sought from the client before health information is given to another health professional. Permission must also be sought before sharing health information with other practitioners working in the same practice. Client information should never be shared with friends, acquaintances or members of the public.
- **Physical and digital security of client records is paramount.** This also includes the security of records when they are being transported. Records must always be protected from unauthorised access.

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References

Statutory requirements outlined in:

- The Federal Privacy Act (1988)
- The ACT Health Records (Privacy and Access) Act 1997
- The NSW Health Records and Information Privacy Act 2002
- The Victorian Health Records Act 2001
- Website of the Office of the Australian Information Commissioner

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AMT Standard - Record Keeping

Purpose

Massage therapists understand the ethical and legal requirements associated with the preparation, management, storage and disposal of health records in the massage therapy clinical setting, and apply this knowledge in accordance with the policy.

The term "health record" in this standard means a documented account of a client's personal and health information, presenting condition and treatment, in paper or electronic form.

Background

Record keeping is an important component of competent professional practise and essential to the delivery of quality evidence-based health care. Massage therapists must create and maintain health records that serve the best interests of clients, and that contribute to the safety and continuity of their health care.

The purpose of documenting and maintaining accurate health records is to:

- obtain personal information to identify the client
- obtain health information (medical information and history, including medications) to identify indications for and/or contraindications to treatment
- obtain informed consent
- provide an accurate and concise record of client care including assessment procedures, treatment plans, treatment evaluations, client feedback and recommendations
- record the chronology of treatments provided
- support continuity of care and provide written evidence that the treatment has been provided
- meet legal, professional and statutory requirements
- provide information for the investigation of complaints
- provide evidence of care before a court of law
- provide accurate records for insurance and medical reports.

Statutory Requirements

As health service providers, massage therapists have a legal obligation to comply with the requirements of the Federal Privacy Act and relevant state health records legislation in the collection and management of personal information, including health information.

There are 13 Australian Privacy Principles that regulate how private sector organisations manage personal information, covering the collection, use and disclosure and secure management of the personal information. The Privacy Act 1988 also includes provisions for clients to access information held about them. This information is detailed in AMT's Privacy and Confidentiality Standard.

The requirements outlined in this standard should be applied in conjunction with AMT's Privacy and Confidentiality Standards, and the requirements in the massage therapist's state or jurisdiction.

There are three state Acts that specifically relate to health records:

ACT

- The Health Records (Privacy and Access) Act 1997

NSW

- The Health Records and Information Privacy Act 2002

Victoria

- The Health Records Act 2001
- Massage therapists in Queensland, South Australia, Western Australia, Tasmania and the Northern Territory must comply with the requirements of the Federal Privacy Act (1988).

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Policy

Massage therapists are required to:

- create an identifiable individual health record at the time of a client's first treatment
- promote continuity of a client's care through the maintenance of accurate and comprehensive health records
- treat all client information as private and confidential
- ensure all entries in a client's health record are accurate and concise statements of fact or clinical judgments relating to assessment, treatment and professional advice
- ensure that all entries are relevant to that client and do not contain prejudicial, derogatory or irrelevant statements about the client
- document treatments in chronological order
- allow clients to access their health record without unreasonable delay or expense
- store health records securely and safeguard against loss, damage or access from unauthorised personnel. This includes secure backup of electronic records.
- retain health records for a minimum period of seven years from the date the last entry was made. For clients less than 18 years of age, records must be retained for seven years from the date the client turns 18.
- dispose of health records in a way that will preserve the confidentiality of any information contained in them
- retain a record of the following when disposing of a client's health information:
  - the name of the person
  - the period covered by the health information
  - the date on which it was deleted or disposed of.

The following information must be recorded in the health record:

Personal Information

- Name, address, contact numbers, date of birth, occupation
- Name of the client's primary health care provider
- A contact number for emergencies
- History of massage therapy
- Lifestyle information (hobbies, diet, exercise, alcohol consumption, tobacco use).

Health information (medical information and history)

- Concurrent medical/therapeutic treatment
- Current medication(s) and the condition(s) being treated
- Date and nature of any surgical procedures
- List of allergies or skin disorders
- Cardiovascular, respiratory, musculoskeletal, nervous and digestive conditions.
- Pregnancy, cancer, diabetes, epilepsy, arthritis and family history of arthritis
- Presence of pacemaker, internal pins, wires, artificial joints or special equipment
- Any medical conditions that indicate/ contraindicate massage therapy.

For each session, the health record must include:

- Date of visit
- Identifying details of therapist providing the treatment
- Update of health information, if required
- Purpose of treatment
- Location and nature of presenting condition
- Duration of presenting condition
- Other treatment(s) sought and results
- Client's desired outcome of treatment
- Adverse reactions to, or effects from, treatment
- Physical assessment
- Treatment plan

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- Evidence of consent to treatment plan
- Treatment provided (documents region/muscles treated/techniques applied)
- Evidence of ongoing monitoring and evaluation of treatment, including evidence for the effectiveness of ongoing treatment
- Recommendations (remedial exercises, self-care)
- All referrals to and from other practitioners
- Any relevant communication with or about the client
- Client's evaluation of treatment
- Reasons for ceasing treatment, if treatment is no longer required.

Principles

Massage therapists should be mindful of the following principles in relation to creating and maintaining health records:

- **Health records must be legible.** All entries in the health record must be readable and understandable. Any abbreviations and symbols must be able to be interpreted by another massage therapist or health professional. Health records must be kept in English.
- **Entries in the health record must be signed.** The massage therapist who performed the treatment must sign their notes for each session. In a computerised system, this may require the use of an appropriate identification system such as an electronic signature that has a security code.
- **Entries in the health record must not be erased.** Entries must be made in such a way that they cannot be erased. All errors must be appropriately corrected but an original incorrect entry should remain readable. An accepted method of correction is to draw a line through the incorrect entry and initial the correction. This also applies to electronic entries where a security code must be used. Any added notes following a treatment must be dated.
- **Health records must be reproducible.** If files are stored electronically, there must be a back up and it must be possible to reproduce records on paper.

References

- Statutory requirements outlined in:
  - The Federal Privacy Act 1988
  - The ACT Health Records (Privacy and Access) Act 1997
  - The NSW Health Records and Information Privacy Act 2002
  - The Victorian Health Records Act 2001
- College of Massage Therapists of Ontario, Public Health Standard 6
- NSW Department of Health Patient Matters Manual
- Guidelines on Dental Records developed under s.39 of the Health Practitioner Regulation National Law Act 2009
- Office of NSW Privacy Commissioner

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AMT Standard - Issuing Receipts

Purpose

Massage therapists are aware of their legal and ethical responsibilities in relation to receipting treatments, and can apply this understanding in accordance with the policy.

Background

Receipts are a record of a financial transaction. In the massage therapy clinical setting, a receipt is a written acknowledgement of receiving payment for treatment on a specific day for a specific fee. Similarly, an invoice/tax invoice is a written record of a treatment being provided on a specific day for a specific fee. An invoice and receipt can be incorporated into a single document.

A receipt should be issued as soon as payment for a treatment has been tendered. When payment is not tendered immediately after a treatment, an invoice/tax invoice may be issued to the client or, where applicable, to a third party payer such as a workers' compensation authority.

Massage therapists have a professional duty of care to ensure that details included on receipts are accurate and truthful. Modifying receipts to enable false claims on insurance is fraud and punishable by law.

Policy

Massage therapists are required to:

- issue a receipt after each payment transaction
- issue an invoice for treatment if payment has not been tendered
- issue a tax invoice if registered for and charging GST. The tax invoice must include an ABN and be titled "Tax Invoice".
- retain copies of receipts, invoices and tax invoices, either on paper or electronically
- ensure that the details on the receipt/invoice/tax invoice (date, nature of treatment, client's details) coincide with the client's clinical record
- mark duplicate receipts, invoices and tax invoices with 'copy or 'duplicate'.

Massage therapists do not:

- falsify details on the receipt, such as the client's name or the duration/frequency of treatment, to enable a client to make a false claim with a third party
- change the date or nature of treatment to enable a client to make a false claim with a third party
- use another practitioner's details or provider number(s) to enable a client to make a false claim with a third party
- use correction fluid or tape to make corrections
- charge GST unless registered to charge GST.

Information required on receipts

The following details must be clearly printed on receipts, invoices and tax invoices (i.e. it cannot be handwritten):

- Name of the therapist who gave the treatment
- Business name if applicable
- Practice address. This must be a street address not a PO Box.
- AMT member number
- ABN if applicable.

The following details must also be included but may be handwritten for all Health Funds except Medibank and AHM:

- Client's name
- Client's address
- Date of treatment
- Nature of treatment and duration
- Location of treatment (if different from the registered clinic address)
- Health Fund provider number(s)
- Fee
- Date of payment.

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Tax evasion and fraud

Failing to declare assessable income, not wanting to issue a receipt or providing a false invoice are all considered to be forms of tax evasion.

Health insurance fraud and inappropriate claiming is where someone receives a benefit payment using false or misleading information. If massage therapists issue receipts with incorrect or falsified details, such as the date of the treatment, treatment description, name of the treating therapist or name of the client, then they are committing fraud. Health insurance fraud is a criminal offence and is punishable by law.

Charging GST

Massage therapists must register for GST if their gross income exceeds $75000 per annum. If massage therapists are registered for GST, then they must issue tax invoices for their treatments, quoting their ABN.

References

- ATO website record keeping and tax evasion
- The Australian Consumer Law - A guide to provisions 2010
- The Australian Consumer Law - An introduction November 2010
- Fair Trading Act NSW (1987)
- ATO fact sheet - How to set out tax invoices and invoices
- Excerpts from CCH Australian Master GST Guide July 2000

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AMT Standard - Advertising

Purpose

Massage therapists have a clear understanding of ethical advertising standards and relevant consumer legislation, and can apply this knowledge to the promotion of their business in accordance with the policy.

Background

Promoting massage therapy services to the public can be a valuable consumer mechanism and a positive way to enhance the standing of massage therapists in the wider spectrum of healthcare delivery.

Advertising can provide a means of communicating general information to consumers that can help them better understand the services and options available to them, enabling them to make informed healthcare choices.

Consumers need reliable and accurate information to make an informed decision about whether to purchase a health service. In this sense, informed choice is an underpinning imperative in framing ethical advertising of massage therapy services.

Advertising includes all forms of print and electronic media, and any public communication using television, radio, film, newspaper, billboards, books, lists, pictorial representations, designs, mobile communications or other displays, the internet, social media and directories. It also includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices. Situations in which practitioners make themselves available or provide information for media reports, magazine articles or advertorials are also considered to be advertising.

Information included in an advertisement for a massage therapy service or clinic must be honest, reliable and useful to support the consumer's capacity to make informed healthcare choices. Using language that consumers can understand and avoiding unfamiliar jargon is crucial to conveying the message ethically.

Advertising that is false, misleading, inaccurate or deceptive compromises the integrity of the profession as a whole and carries serious risks to the consumer, such as exploitation, false expectation or hope, and/or serious compromise to their health and wellbeing. This is especially relevant where the consumer is vulnerable or insufficiently informed to make a decision about the suitability of particular kinds of treatment.

Statutory requirements

Massage therapists are accountable under the Competition and Consumer Act 2010.

On January 2011, the Australian Consumer Law (ACL) commenced. The ACL is a schedule to the Competition and Consumer Act 2010. It is a single, national law concerning consumer protection and fair trading, and applies in the same way nationally and in each State and Territory. In other words, consumers have the same protections and expectations about business conduct wherever they are in Australia, and businesses have the same obligations and responsibilities wherever they operate in Australia.

The Australian Competition and Consumer Commission (ACCC) takes action against persons who make false or misleading claims about their products or services, and profit from the desire of vulnerable people to change their appearance or improve their wellbeing.

Massage therapists should become familiar with the Australian Consumer Law, specifically the general protections in relation to misleading or deceptive conduct, unconscionable conduct and unconscionable conduct in business transactions.

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Policy

Advertisements for massage therapy services may contain:

- a factual and clear statement about the services offered
- the full name of the practitioner providing the services (not an abbreviation)
- qualifications of the practitioner offering the massage services and details of any training programs completed since graduation
- contact details of the clinic or practitioner
- information about operating hours
- a fee schedule
- details of any third party payment services, such as health fund rebates. Caution should be exercised before using an organisation or company name of a third party provider, as written authority may be required from that provider.
- information about professional accreditations with an association such as AMT (e.g. AMT accredited)
- non-enhanced photographs of the practitioner or clinic
- evidence and outcome based information on the benefits of massage therapy.

Massage therapists should not promote their services in a manner that:

- is false, misleading or deceptive or is likely to be misleading or deceptive
- creates or is likely to create unrealistic expectations about the effectiveness of the service
- creates or is likely to create false hope
- encourages excessive or unnecessary use of the service
- suggests that the service is always effective
- implies that the service is better, safer or superior to other practitioners, or that the service is somehow exclusive
- exploits or potentially exploits the lack of knowledge of clients.

Massage therapists do not:

- make false, exaggerated or unsubstantiated claims (for example, massage cures cancer or removes toxins)
- imply that massage therapy is infallible, magical, miraculous or guaranteed. This includes using the terms "cure" and "heal"
- use testimonials or purported testimonials to promote a massage therapy service
- promote a specialty or specialised service unless you can provide proof of specific training in that specialisation
- misrepresent the standard or quality of the service
- use puffery (that is, claim to be the best, the cheapest, the most effective)
- use language that could cause fear or distress
- use the terms "masseuse" or "masseur".

Misleading and deceptive conduct

If the overall impression left by an advertisement, promotion, quotation, statement or other representation creates a misleading impression in your mind, then the conduct is likely to breach the law. A specific example of this in the massage therapy context would be claims that massage can cure chronic and systemic illnesses such as cancer.

Any unproven claim related to massage therapy, no matter how seemingly benign, could be viewed as potentially misleading or deceptive. This would include claims that massage clears toxins or makes you look younger. In fact, the provisions in the Australian Consumer Law are particularly stringent and strict penalties apply to businesses and individuals attempting to profit from the desire of vulnerable people to change their appearance or improve their wellbeing.

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References

- Australian Health Practitioner Regulation Agency website
- Australian Competition and Consumer Commission website
- Australian Consumer Law website
- The Australian Legal Information Institute

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AMT Standard - Infection Control and Hygiene

Purpose

Massage therapists are aware of national infection control guidelines and can apply this knowledge in the massage therapy clinical setting in accordance with the policy.

Background

As health service providers, massage therapists have a common law duty of care and ethical responsibility to take all reasonable steps to safeguard themselves, clients, staff and the general public from infection.

Infection control refers to policies and procedures practised in healthcare facilities to minimise the risk of transmitting and acquiring infectious diseases. These diseases are usually caused by bacteria, fungi or viruses and can be spread by human-to-human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and by such common vectors as food or water.

The risk of exposure to body fluids in the massage therapy clinical context is relatively low. However, the risk of spreading infections such as flu and upper respiratory tract infections is significant, therefore transmission-based precautions are an important addition to standard infection control precautions.

National infection control guidelines

The National Health and Medical Research Council's (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) provide recommendations that outline the critical aspects of infection prevention and control.

Policy

Massage therapists are required to:

- apply standard precautions (previously referred to as universal precautions)
- apply transmissions based precautions. Treatment may be contraindicated if the client is acutely ill with a systemic infection such as influenza (absolute contraindication).
- maintain personal hygiene
- wash and dry hands before and after client contact
- dry hands with single-use towels (disposable paper towels are preferable to cloth)
- use soap dispensers rather than bar soap
- keep nails short and avoid wearing any jewelry that may come into contact with clients
- ensure hair is tied back to prevent contact with clienta
- clean and disinfect exposed areas of the massage table and bolsters after each client
- use clean, freshly washed linen for each client
- replace all used linen between clients
- use clean, freshly washed towels to cover ice/hot packs or other objects that are reused and come into direct contact with clients
- provide clean, dry storage for clean linen with an appropriate linen rotation system
- place used linen in a closed container and launder on the day of use. Do not place used linen in direct contact with your body or clothing.
- wash linen in hot water and detergent unless the linen has signs of human body fluid contamination
- separate soiled linen from all other linen wearing disposable gloves. Wash separately in hot water using normal detergent and appropriate disinfectant. Alternatively, place in bio-hazard bag and dispose of at the hazardous waste part of your local tip.

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- keep lubricants in contamination proof dispensers, such as a pump action container, and clean with disinfecting wipes between clients
- use a disposable spatula to remove product from jar-type containers to avoid cross contamination
- ensure all products are labeled to prevent using the wrong product
- cover any cuts, sores and abrasions, and change the covering between each client
- keep all areas of the workplace clean and hygienic, and document frequency of cleaning procedures
- have a management procedure for cleaning up blood and body substance spills including the use of personal protective equipment and a spills kit
- have a management procedure for accidental exposure to blood or body fluids
- use personal protective equipment such as gloves when dealing with used linen, clinical waste (used hand towels and tissues), and when performing intraoral massage
- provide and maintain a first aid kit
- be well informed about infectious diseases and maintain awareness of local endemics, such as colds and flus.

Massage therapists do not:

- perform massage when they have an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections such as impetigo).
- treat clients with an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections such as impetigo).
- reuse unwashed linen between clients

Principles

Successful infection control is based on good hygiene around the range of practices that arise from identifying hazards and implementing risk management for those hazards. This involves understanding:

- the infectious agent
- the work practices that prevent the transmission of infection
- management systems that support effective work practices.

The main principles in preventing the transmission of infection are:

- identify all possible sources of infection
- care for infected or potentially infected clients in such a manner that transmission of the infection is rendered as difficult as possible
- safely dispose of potentially infective and other injurious material.

References

- Beck, MF (2006) *Theory and Practice of Therapeutic Massage.* 4th Edition. Thompson Delmar Learning, New York.
- Casanelia, L & Stelfox, D.(2010) *Foundations of Massage.* 3rd Edition Churchill Livingstone. Sydney
- Werner, R. (2005). *A Massage Therapist's Guide to Pathology.* 3rd Edition. Lippincott, Williams & Wilkins, Baltimore.
- NSW Health website
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

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AMT Standard - Work Health and Safety

Purpose

Massage therapists are aware of Work Health and Safety (WHS) procedures in the massage therapy clinical setting and can apply this knowledge in accordance with the policy.

Background

Work Health and Safety refers to the general requirements necessary to ensure a health and safety culture, accountability and implementation of WHS management processes. WHS policies are designed to reduce the number of workplace injuries and illnesses by imposing responsibilities on individuals and organisations.

The broader awareness of massage as a form of preventive health care and rehabilitation has created greater scope for massage therapists to provide services in diverse settings. Regardless of the environment that massage therapists work in or the nature of workplace interactions, WHS is an issue for everyone.

It is the responsibility of the massage therapist to take reasonable care for the health and safety of everyone in the workplace and to work in a responsible manner. Therapists must be aware of and comply with WHS legislation and any workplace requirements to ensure safe practice. Ignorance is no defence in law.

The national WHS scheme adopted by NSW, Queensland, ACT and the Northern Territory in January 2012 has seen a change in the way work health and safety is managed in the workplace. The primary duty of care has shifted to the employer or organisation, referred to as a person conducting a business or undertaking (PCBU). The WHS Legislation now imposes an obligation on the PCBU to exercise due diligence in ensuring their business or organisation meets its safety obligations to workers (employees, subcontractors), clients and the general public.

Legislative context

In January 2012, Australian Occupational Health and Safety (OHS) legislation was harmonised, establishing the national Work Health and Safety (WHS) scheme. A new national body, Safe Work Australia, is coordinating the OHS harmonisation process. Not all states have adopted the legislation. The national model is in operation in NSW, Queensland, South Australia, Tasmania, ACT and Northern Territory. Victoria and Western Australia have retained their own legislation.

The requirements outlined in this standard should be applied in conjunction with the relevant legislative requirements in your jurisdiction.

Federal WHS resources and information

There is an overview of WHS Acts, regulations, codes of practice, and state regulatory agencies available at business.gov.au

- Safe Work Australia
- Comcare
- Work Health and Safety (WHS) Act 2011
- Work Health and Safety Regulations 2011
- Safety, Rehabilitation and Compensation Act 1988

State and Territory WHS legislation and resources

ACT

- WorkSafe ACT

Relevant Act:

- Work Health and Safety Act 2011

NSW

- SafeWork NSW

Relevant Act:

- Work Health and Safety Act 2011

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Northern Territory

- NT WorkSafe

Relevant Act:

- Work Health and Safety Act 2011

Queensland

- WorkSafe QLD

Relevant Act:

- Work Health and Safety Act 2011

South Australia

- SafeWork SA

Relevant Act:

- Work Health and Safety Act 2012

Tasmania

- WorkSafe Tasmania

Relevant Act:

- Work Health and Safety Act 2012

Victoria

- WorkSafe Victoria

Relevant Act:

- Occupational Health and Safety Act 2004

Western Australia

- WA WorkSafe

Relevant Act:

- Work Health and Safety Act 2020

Policy

Waiting room/administration area

Massage therapists are required to:

- maintain a safe, clean and well ventilated facility
- provide adequate lighting
- ensure appropriate access for the elderly and people with disabilities or refer clients to another clinic
- provide and maintain toilet and hand washing facilities with soap dispensers and single use towels, and temperature control on hot taps
- cover electrical outlets with childproof safety devices
- provide strong comfortable chairs
- provide non-slip flooring (do not use floor mats or have frayed carpet)
- maintain functioning smoke detectors and fire extinguishers
- be familiar with the location and use of fire extinguishers
- clearly indicate fire exits
- be aware of evacuation plan for emergencies with evacuation plan clearly displayed
- keep emergency information posted in plain view near all telephones
- establish a policy regarding the use of open flames and candles
- keep all areas free of obstacles

Clinic area/treatment room

Massage therapists are required to:

- ensure mandatory cleanliness of clinic area
- ensure appropriate access for the elderly and people with a disability or refer to another clinic
- ensure visual and auditory privacy for treatments in accordance with the individual privacy needs of clients
- provide suitable lighting and ventilation and ensure the clinic area is maintained at a comfortable temperature

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- maintain and service heating and ventilation systems/devices, and turn off when not in use
- wash hands before and after each client
- use clean, freshly washed linen for each client
- maintain hand washing facilities with temperature control on hot tap
- carry out standard infection control procedures on reusable items (massage table, linen, oil dispenser etc)
- carry out regular safety checks on all equipment including electrical equipment (hydraulic tables, towel caddies, microwave ovens)
- use ergonomic table, stools and supports that comply with relevant Australian standards
- keep lubricants in contamination proof containers, clearly labeled
- obtain material safety data sheets (MSDS) on all products used
- check to make sure that clients are not sensitive or allergic to products used
- provide closed containers for used linen
- be aware that drying linen in a dryer may pose a potential fire hazard due to the presence of any residual oil.
- ensure correct storage and transport of potentially hazardous waste (contaminated linen, used hand towels, tissues)
- provide non-slip or slip-proof flooring
  keep area free of obstacles for client access and assessment.

Storeroom

Massage therapists are required to:

- store oils and creams in appropriate conditions
- provide clean, dry storage for clean linen with appropriate linen rotation system
- make sure floors are slip proof.

Work processes

Massage therapists are required to:

- use correct manual handling processes when lifting equipment or assisting clients on and off the massage table
- use appropriate body mechanics and techniques when performing massage to prevent muscle strain and overuse syndromes
- maintain healthy hands with exercises for strengthening and stretching
- know contraindications for massage and work within their own scope of practice
- take adequate breaks and have realistic workloads
- have appropriate strategies in place for dealing with aggressive clients
- have strategies in place for stress management
- implement anti-bullying, intimidation and harassment policies
- maintain a current Health Training Package "Apply First Aid" certificate
- maintain membership of a professional association, keep current with industry developments and engage in continuing education activities
- have current professional indemnity and public liability insurance
- document and maintain work health and safety and infection control policies and procedures including an ongoing risk management plan
- have a spills kit available for the management of blood or body fluids spills including the use of personal protective equipment
- be aware of management procedures for accidental exposure to blood or body fluids.

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Principles

To implement the principles of best practice in WHS, therapists must develop and document WHS policies and procedures specific to the activities carried out in their particular clinical setting. A safe workplace does not happen by chance or guesswork. It requires a systematic approach and is referred to as a Risk Assessment and Management Plan. Typically, this approach follows four steps:

1. Identify hazards in the workplace. A hazard is anything (including work practices or procedures) that has the potential to harm the health or safety of a person
2. Assess how people can be hurt and the likelihood of the hazards hurting people (level of risk)
3. Determine the most effective risk control that is reasonably practicable under the circumstances
4. Review risk controls and evaluate their effectiveness.

Risk assessment and management is necessary to prevent injury and maintain workplace safety. It ensures that the highest level of protection is in place for both the therapist and the client.

References

- Beck, MF (2006) Theory and Practice of Therapeutic Massage. 4th Edition. Thompson Delmar Learning, New York.
- Casanelia, L & Stelfox, D.(2010) Foundations of Massage. 3rd Edition Churchill Livingstone. Sydney
- Werman, W. (2012) Impact of new WHS legislation on associations. Associations Journal. Edition 32, April 2012
- SafeWork NSW
- WorkSafe Tasmania

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AMT Standard - Dry Needling

Purpose

Massage therapists are aware of the statutory requirements for the practise of Dry Needling, meet the minimum education standards, and only perform dry needling in accordance with the policy.

Background

Dry Needling refers to the practice of inserting acupuncture needles into trigger points to treat myofascial pain and dysfunction. It is based on western anatomical and neurophysiological principles and, as such, must be distinguished from the practice of acupuncture, which is based on the principles of Traditional Chinese Medicine.

Since Dry Needling involves penetration of the skin - the body's first line of defence against infection – massage therapists who practise dry needling must have a thorough knowledge of infection control policy and procedure. This includes at least a basic knowledge of microbiology and modes of disease transmission. Specific knowledge of work health and safety requirements in relation to the handling, use and disposal of sharps is also critical to the safe and ethical practice of Dry Needling.

Since needling is an invasive procedure, massage therapists need to be particularly vigilant in complying with all relevant legal statutes and guidelines, obtaining informed consent and working strictly within the scope of their training and knowledge.

Qualifications

Massage therapists who practice dry needling must hold a nationally recognised Diploma or Advanced Diploma (AQTF standard). For those who learn Dry Needling in a postgraduate workshop, the training must consist of a minimum of 80 nominal hours of learning. This training must include face-to-face sessions for comprehensive skill acquisition and clinical competence confirmation, along with a minimum of 15 hours of directly supervised clinical practice. During the assessment, it is essential to demonstrate a comprehensive understanding of infection control and work health and safety principles. Additionally, members who practice dry needling must demonstrate a thorough knowledge of Skin Penetration legislation.

Statutory requirements

The standards in this policy should be applied in association with official statutes, regulations and guidelines in your jurisdiction.

NSW

The Public Health Act 2010 and Public Health Regulation 2022 regulates massage therapists who provide dry needling.

- NSW Health Beauty, body art and skin penetration industries fact sheet

ACT

Massage therapists who perform skin penetration procedures are required to be licensed and comply with the ACT Health Infection Control for office practices and other community-based services Code of Practice 2005. Businesses are inspected regularly by Public Health Officers from the Infection Control Unit to check for compliance with the Code.

- ACT Health Infection Control for office practices and other community-based services Code of Practice 2005

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Queensland

Massage therapists must comply with the following guidelines:

- QLD Health Infection Control Guidelines for Personal Appearance Services

Victoria

Massage therapists must comply with the following guidelines:

- VIC Health Infection prevention and control guidelines for hair, beauty, tattooing and skin penetration industries

South Australia

Massage therapists must comply with the following guidelines:

- SA Health Guidelines on the Safe and Hygienic Practice of Skin Penetration

Western Australia

Massage therapists who perform dry needling are required to notify the local government of their registered trading name and business address and must comply with the WA Health Code of Practice for Skin Penetration Procedures 1998.

- Health (Skin Penetration) Procedure Regulations 1998
- WA Health Code of Practice for Skin Penetration Procedures 1998

Northern Territory

Massage therapists must comply with the following guidelines:

- NT Health Public and Environmental Health Guidelines for Hairdressing, Beauty Therapy and Body Art

Policy

Massage therapists are required to:

Premises

- ensure that the treatment area is constructed of suitable materials. All floors, floor coverings, walls, ceilings, shelves, fittings and other furniture should be smooth, impermeable and easily cleaned. Flooring should be of a colour and type that allows for easy identification and removal of sharps should they be dropped.
- provide adequate lighting
- register the premises with the local authorities (municipal council).

Infection control

- comply with the infection control statutes and guidelines in their state
- demonstrate knowledge of and compliance with standard infection control precautions
- use single-use equipment (needles, swabs and gloves)
- disinfect the area of skin to be penetrated.

Hand washing

- wash their hands
  - before and after working with a client
  - after visiting the bathroom
  - after smoking
  - after meal breaks
  - after blowing their nose or touching any part of the body
  - after handling soiled equipment including jewellery, towels and cloths
  - before putting on and after removing gloves
  - after contact with blood or body substances
  - whenever they are visibly soiled
  - any other time infection risks are apparent.

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Handling and disposal of sharps

- place sharps in an Australian Standard (AS 4031) specified, disposable sharps container immediately after use
- seal and dispose of sharps containers in accordance with the environmental protection authority requirements in their state. Disposal of sharps into the general waste stream is dangerous and illegal
- ensure that there is an accessible sharps container for the disposal of sharps as close as practical to the point of generation
- ensure that the sharps container is not accessible to clients and visitors, particularly children
- ensure that sharps containers are not overfilled
- ensure that sharps are not forced into the sharps container
- retain records of hazardous waste disposal for three years on the business premises where it was generated. Records including the generation, storage, treatment or disposal of the waste is required.

Informed consent

- obtain written informed consent before embarking on a course of Dry Needling treatments
- advise the client of the evidence-based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge.

Record keeping

- keep records of the date, time and details of the specific Dry Needling procedures performed.

Massage therapists do not:

- use needles in a mobile practice
- re-use any Dry Needling equipment
- dispose of sharps in the general waste stream
- perform needling without written informed consent
- claim they are doing acupuncture.

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AMT Standard - Treatment of Minors

Purpose

Massage therapists are informed of their legal and ethical responsibilities in relation to working with minors, and can apply this knowledge in accordance with the policy.

Background

Child protection is covered under state/territory legislation in Australia. As such, there is no single national framework setting out the requirements for obtaining Working With Children Checks or Police Checks. Each state/territory has its own procedures. It is therefore necessary for the massage therapist to fulfill the requirements that are in effect in their specific jurisdiction.

Mandatory reporting of child abuse and neglect

Mandatory reporting is the legal requirement to report suspected cases of child abuse or neglect to government authorities. Since child protection is a state/territory responsibility, the designated groups of people mandated to notify their concerns to the appropriate statutory child protection authority - known as mandatory reporters - differs between states/territories.

Jurisdictional legislation generally contains lists of particular occupations that are mandated to report. The groups of people mandated to notify cases of suspected child abuse and neglect range from persons in a limited number of occupations (e.g. Queensland), through to every adult (NT; and Victoria for sexual offences). The occupations most commonly named as mandated reporters are those who deal frequently with children in the course of their work: teachers, doctors, nurses, and police.

Massage Therapists are included under the definition of Mandatory Reporters in NSW and Northern Territory (in the Northern Territory, every adult is designated as a mandatory reporter and in Victoria every adult is a mandatory reporter of sexual offences). However, regardless of the statutory requirements, AMT believes that massage therapists have an ethical duty to report suspected child abuse or neglect to the appropriate statutory child protection authority in their state/territory.

Statutory requirements

The following is an overview of the states/territories legal requirements for massage therapists working with children, including mandatory reporting requirements:

ACT

- In the ACT a minor is legally defined as a person less than 18 years of age.
- The Working with Vulnerable People (Background Checking) Act 2011 does not currently capture massage therapists. There is no legal statute in the ACT requiring massage therapists to undergo a Working with Children or Police Check. Individual employers may have a screening process in place. AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in the ACT but all adults in the ACT are defined as voluntary reporters and encouraged to report.
- Massage Therapists who are working or volunteering in an NDIS activity may need a WWVP registration with NDIS worker clearance.

Relevant Acts:

- Working with Vulnerable People (Background Checking) Act 2011

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NSW

- In NSW a minor is legally defined as a person less than 18 years of age.
- Massage therapists need to apply for a Working with Children Check if the majority of their business involves working with children less than 18 years of age or if they are employed in child-related settings, such as childcare centres, schools and pediatric wards. AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists fall under the definition of Mandatory Reporters in NSW. This means that Massage Therapists are legally required to report suspected child abuse to the NSW Department of Family and Community Services.

Relevant Act:

- Child Protection Act (Working with Children) 2012
- Child Protection Act (Working with Children) Regulation 2013

Victoria

- In Victoria a minor is legally defined as a person less than 18 years of age.
- Massage therapists are not currently captured by the Worker Screening Act. A Working with Children Check would only apply to massage therapists who are employed in child-related settings, such as childcare centres, schools and pediatric wards, in which case a Working with Children Check would be required.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in Victoria. However, every adult is a mandatory reporter of sexual offences.

Relevant Act:

- Worker Screening Act 2020

Queensland

- In Queensland a minor is legally defined as a person less than 18 years of age.
- Massage therapists are required to apply for a Working With Children Check, known as a "Blue Card". Valid for two years, Blue Cards entitle individuals to engage in child-related occupations/volunteering.
- To apply for a Blue Card and for more information, please visit the Blue Card Services website.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in Queensland.

Relevant Acts:

- Child Protection Act 1999
- Working with Children (Risk Management and Screening) Act 2000

South Australia

- In South Australia a minor is legally defined as a person 18 years or less.
- Massage therapists are required to apply for a Working with Children Check if they work with children unsupervised for 7 or more days within a year. A single unsupervised appointment in a day would be considered to represent a full day of unsupervised contact.
- To apply for a check, please visit the Department of Human Services website.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in South Australia.

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Relevant Act:

- The Children and Young People (Safety) Act 2017
- Child Safety (Prohibited Persons) Act 2016

Western Australia

- In Western Australia a minor is legally defined as a person less than 18 years of age.
- Massage therapists are not currently captured by the West Australian Working with Children Act. A Working with Children criminal check would only apply to massage therapists who are employed in child-related settings, such as childcare centres, schools and pediatric wards, in which case a Working with Children Check would be required. Please visit the WA Working with Children website for information about how to apply.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in Western Australia.

Relevant Act:

- Working with Children (Criminal Record Checking) Act 2004

Tasmania

- In Tasmania a minor is legally defined as a person less than 18 years of age.
- Massage therapists are not currently captured by th Registration to Work with Vulnerable People Act. A Registration to Work with Vulnerable People check would only apply to massage therapists who are employed in child-related settings, such as childcare centres, schools and pediatric wards.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists are not defined as mandatory reporters in Tasmania.

Relevant Acts:

- Children, young persons and their families Act 1997
- Registration to Work with Vulnerable People Act 2013

Northern Territory

- In the Northern Territory a minor is legally defined as a person less than 18 years of age.
- Massage therapists are required to apply for a Working with Children Clearance (Ochre Card). For information on how to apply, please visit the NT Police SAFE website.
- AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Massage therapists fall under the definition of Mandatory Reporters in Northern Territory. Anybody with reasonable grounds is legally required to report child abuse or neglect in the Northern Territory to the Department of Health and Families.

Relevant Act

- Care and Protection of Children Act 2007

Policy

When treating a minor, massage therapists are required to:

- comply with relevant local statutes relating to child protection, mandatory reporting and working with children
- seek informed consent for treatment from a parent, legal guardian or caregiver
- have a parent, legal guardian or caregiver present throughout the treatment
- report suspected child abuse to the appropriate statutory child protection authority in your state.

Massage therapists do not:

- have unsupervised contact with a minor.

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Principles

Massage therapists should be mindful of the following principles in relation to the treatment of minors:

- **Children are people too.** Involve minors in the decision-making process as much as possible. Empower children by explaining the treatment in age-appropriate terminology and seek consent for treatment from them too, wherever practicable.
- **Respect boundaries.** Children may feel uncomfortable about some elements of the treatment, such as removing clothing or lowering/adjusting underpants to access the lower back muscles, and working close to the groin and buttocks. Massage therapists should look for signs of discomfort and be flexible in their approach. Therapists should develop strategies to work with the particular sensitivities of each client.

References

- ACT Office of Regulatory Services website
- NSW Working with Children Check website
- Victorian Department of Justice website
- West Australian Working with Children check website
- Northern Territory Working with Children website
- Australian Institute of Family Studies website

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