

Submission to the Australian Health Ministers Advisory Council on the terms of a National Code of Conduct for Health Care Workers

May 2014



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ABOUT AMT

AMT is a national, not-for-profit association representing 2200 qualified Massage Therapists and Massage Therapy Students. Established in 1966, we are the oldest association in Australia to represent massage therapy in its own right. We advocate vigorously on behalf of our members to advance the profile and standing of massage therapists, and promote the health benefits of massage therapy.

AMT is deeply committed to the safe and ethical practice of massage therapy in Australia.

VISION:

Our vision is to establish massage therapy as an allied health profession in Australia.

MISSION:

Our mission is to:

- Support our members
- Professionalise the industry
- Educate and inform the public and other health professionals.

AMT VALUES:

- **Best practice:** We support our members to deliver evidence based, skilled, ethical and professional treatment
- **Participation:** We encourage our members to connect with and contribute to their professional community
- **Innovation:** We continue to set the advocacy agenda for the massage therapy profession
- **Governance:** We operate to the highest standards of transparency and accountability
- **Client focus:** We place quality and safety at the centre of all we do.

INTRODUCTION

AMT broadly supports the proposed terms of the National Code of Conduct. However, AMT notes the following, overarching concerns:

- The effectiveness of the Code in protecting the public from rogue practitioners and rogue practices hinges on public education and awareness of the instrument. Rogue practitioners are unlikely to comply with the requirement to display the Code in their practice and the most vulnerable members of the public will continue to be exposed to unnecessary risk and questionable standards of care.
- By necessity, the provisions of the proposed National Code are general in nature and only articulate minimum requirements for safe and ethical practice. Various health practitioner Codes of Practice and Codes of Conduct established by professional bodies are more rigorous, contextual and aspirational in their articulation of standards. AMT's Massage Therapy Code of Practice, included at Appendix 1, is an example of a professional association code that obliges members to adhere to far higher, benchmark standards of practice than the proposed National Code.

AMT believes that professional association codes of practice provide a more appropriate benchmark of ethical and professional obligations than the proposed terms in the National Code, yet these Association codes remain unlegislated. AMT would like to see AHMAC further explore opportunities for strengthened self-regulation and co-regulation through recognition of benchmark professional standards in statute as a further mechanism to enhance public protection.

- The proposed Code specifically targets health practitioners and practices where there is little or no barrier to entry or protection of occupational title. AMT strongly believes that, until there is protection of the title "Massage Therapist", the public will remain at risk from rogue and untrained practitioners of massage who do not possess adequate knowledge of indications and contraindications, pathology, drug and treatment interactions, treatment planning and evidence-based practice, and have little or no awareness of existing regulatory obligations and protections. The proposed National Code of Conduct does little to address these issues or protect the public from treatments supplied by unqualified massage therapists.

- The terms of the proposed National Code do not apply to business owners and employers of health practitioners who may not be health practitioners themselves. This means that health practitioners may be exposed to unnecessary risk from inadequate policies and procedures at their workplace. AMT has identified this as a substantial area of risk to both the public and practitioners. Workplace related non-compliance with existing instruments such as the NSW Code of Conduct is prevalent in the massage therapy domain, particularly with the recent explosion of shopping centre massage outlets where the business model focuses on quick turnover rather than rigorous application of professional and ethical standards. AMT members seeking employment in these environments are exposed to the risks associated with non-compliance. The lack of obligation of business owners and employers to necessarily comply with the National Code also raises questions about the common law application of vicarious liability.

AMT has provided more specific comment on the application and terms of the proposed National Code below.

DEFINITIONS

AMT's view is that "health care practitioner" is the appropriate identifier for those subject to the provisions of the National Code of Conduct. This position is consistent with AMT's view that the Code of Conduct should apply to all health practitioners, including those currently registered under the Health Practitioner Regulation National Law.

The term currently used in the NSW Code of Conduct, "Unregistered Health Practitioner" is stigmatic and implies some kind of shortcoming, failure or lack of professionalism. AMT does not support the use of this terminology.

APPLICATION OF THE CODE

AMT's view is that the scope of application should encompass registered health practitioners - that the National Code should apply to all classes of health practitioners working in Australia, whether they be self-regulating or subject to the provisions of the Health Practitioner Regulation National Law.

The advantage of extending the scope of application to encompass all health practitioners is that members of the public will be able to access a single, coherent complaint mechanism via a Health Complaint Entity (HCE) without having to necessarily identify the appropriate agency or channel to direct complaints to. There would need to be legislative scope for the HCE to refer a complaint to the Australian Health Practitioner Regulation Agency (AHPRA) when breaches of the Health Practitioner Regulation National Law have been alleged.

Given the complexities of health regulation in Australia, including manifold differences in jurisdictional requirements, it is challenging for members of the public (especially those who may already be stressed, traumatised or under-resourced) to access and assess information about complaint mechanisms. It can also be difficult for the public to distinguish between the various forms and levels of regulation - a distressed patient may not know whether the practitioner they consulted is registered or self-regulating or, indeed, whether a registered health practitioner has provided a 'non-registered' service in the context of a consultation.

Having a single National Code of Conduct that applies to all health practitioners will take the onus of responsibility for identifying the most appropriate channel for the complaint away from the potentially under-resourced complainant and confer the responsibility to the HCE, presuming the HCE has the power to refer the complaint on to AHPRA where applicable.

The disadvantage of broadening the application of the National Code to encompass all health practitioners is that there may be some duplication of effort between AHPRA and the HCEs.

AMT believes that the proposed National Code should also incorporate a mechanism that binds business owners and employers of health practitioners to the terms of the Code, to manage the risks of non-compliance in the workplace.

SPECIFIC CLAUSES

Health care workers to provide services in a safe and ethical manner

AMT supports the inclusion of a specific clause relating to the provision of services in a safe and ethical manner. However, AMT has some concerns about the lack of specificity or clarity in Subclause 2a. It is unclear how the requirement to “maintain the necessary competence” will be assessed and measured. This is of particular concern in respect of health practitioners who are not part of a professional body with requirements for professional development and in respect of practitioners who provide services that have no recognised training pathways, no independent accreditations, little or no evidence base and no national recognition framework through the Australian Qualifications Framework (for example, Theta Healing).

Health care workers to obtain informed consent

AMT broadly supports the inclusion of a requirement to obtain informed consent but, given the acknowledged complexities of the common law with respect to consent, is concerned by how this clause will be applied in practise.

AMT would support the inclusion of a subclause that obliges the health practitioner to have a risk management framework in place to guide decisions around informed consent where the circumstances are more complex (for example, where a minor is involved, where there is diminished capacity or during an emergency).

Appropriate conduct in relation to treatment advice

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers to report concerns about treatment or care provided by other health care workers

AMT supports the inclusion of mandatory reporting requirements in the National Code. However, the requirement should mirror the wording of the Health Practitioner Regulation National Law and incorporate a subclause clearly delineating what constitutes “Notifiable Conduct”. In AMT’s view, providing a clear explanation of notifiable conduct will limit the potential for vexatious, frivolous and ill-founded complaints that may be motivated by self-interest.

Since the National Code has been devised to protect the public by regulating practitioner behaviour, AMT supports the inclusion of a subclause that prohibits practitioners from making vexatious, frivolous or unsubstantiated complaints.

Health care workers to take appropriate action in response to adverse events

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers to adopt standard precautions for infection control

AMT supports the inclusion of this clause but believes it would be strengthened with a reference to the National Health and Medical Research Council (NHMRC) *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Health care workers diagnosed with infectious medical conditions

AMT supports the inclusion of this clause in the National Code to minimise the risk of transmission and believes that it is appropriately phrased.

Health care workers not to make claims to cure certain serious illnesses

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased. AMT also believes that the same evidence standards should apply consistently to all health practitioners regardless of whether they are currently registered or self-regulating.

Health care workers not to misinform their clients

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers not to practise under the influence of alcohol or drugs

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers with certain mental or physical impairment

AMT supports the inclusion of this clause. However, AMT does not believe that the inclusion of Sub Clause 2 is necessary.

Health care workers not to financially exploit clients

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers not to engage in sexual misconduct

AMT supports the inclusion of this clause. However, sub clause 3 should be amended to read:

“A health care worker should ensure that a reasonable period of time has elapsed since the conclusion of the therapeutic relationship before engaging in a sexual or other close personal, physical or emotional relationship with a former client.”

AMT believes that the proposed Code should be strengthened to specifically address sexual or physical assault in the health care setting. This would enable the HCEs to issue sanctions and prohibitions when there may also be criminal proceedings pending, a much-needed protection.

Health care workers to comply with relevant privacy laws

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased.

Health care workers to keep appropriate records

AMT supports the inclusion of this clause in the National Code and believes that it is appropriately phrased. AMT also supports the retention of sub clauses 2 and 3.

Health care workers to be covered by appropriate insurance

AMT supports the inclusion of this clause and does not believe that the associated compliance costs are overly burdensome.

Health care workers to display code and other information

AMT supports the inclusion of this clause. However, it has practical implications for health practitioners who supply mobile and in-home services.

AMT requests that the exclusion criteria include special provisions for practitioners who supply mobile and in-home services. AMT proposes the addition of a subclause to the effect of the following.

“Health care workers providing in-home and mobile services are required to provide information about the way in which clients can make a complaint but they are not required to display their qualifications or a copy of the Code of Conduct.”

IMPLEMENTATION

AMT believes that national consistency in the scope and application of the Code is critical. Having a single, coherent approach across all jurisdictions will enhance the public's ability to navigate the complaint process and understand their rights as health consumers.

National consistency will not only make the task of raising public awareness substantially more manageable but will also greatly assist representative bodies such as AMT to inform members of their responsibilities and obligations under the code.

Any jurisdictional variations to the scope and application of the Code will create unnecessary confusion for both members of the public and health practitioners, thereby diluting the intent and purpose of establishing a National Code of Conduct in statute.

DEFINITIONS

AMT's view is that "health care practitioner" is the appropriate identifier for those subject to the provisions of the National Code of Conduct. This position is consistent with AMT's view that the Code of Conduct should apply to all health practitioners, including those currently registered under the Health Practitioner Regulation National Law.

AMT believes that national consistency in the definition of a health service is critical. AMT supports adoption of a single national definition of 'health service', which should be given effect in each jurisdiction's legislation.

AMT supports the proposed national definition of a health service, viz:

A health service is defined as:

- (a) an activity performed in relation to an individual that is intended or claimed (expressly or otherwise) by the individual or the service provider to:

 - (i) assess, predict, maintain or improve the individual's physical, mental or psychological health or status;*
 - (ii) diagnose the individual's illness, injury or disability; or*
 - (iii) prevent or treat the individual's illness, injury or disability or suspected illness, injury or disability;**
- (b) a health-related disability, palliative care or aged care service; or*
- (c) a surgical or related service; or*
- (d) the prescribing or dispensing of a drug, medicinal preparation, aid or piece of equipment for therapeutic use; or*
- (e) support services necessary to implement any services referred to in paragraphs (a) to (d).*

Fit and proper person test

AMT supports the option of including a 'fit and proper person' test in the proposed National Code. The inclusion of a fit and proper person test is consistent with the Health Practitioner Regulation National Law. AMT supports greater coherence and consistency of health practitioner regulation, and believes that registered health practitioners and self-regulating practitioners should be held to equal standards of accountability.

Who can make a complaint

AMT believes that national coherence in the application of who can make a complaint is critical to raising public awareness of the proposed Code. AMT supports the NSW and South Australian plain-English model that allows any person to make a complaint.

Grounds for making a complaint

AMT believes that there should be national conformity in the grounds for making a complaint under the proposed Code. AMT favours the adoption of terminology that is consistent with the Health Practitioner Regulation National Law so that all health practitioners, regardless of whether they are currently registered or self-regulating, are held to the same ethical and professional standards.

Timeframes for lodging complaints

AMT supports a nationally consistent approach to establishing timeframes for lodging a complaint. AMT favours a two-year timeframe, with the Commissioner having discretion to extend the time frame if the matter involves a clear and identifiable risk to public health and safety.

Prohibition orders

AMT favours a nationally consistent approach to issuing, publishing and monitoring prohibition orders, including interim orders.

AMT also favours an approach to issuing sanctions that is consistent with the Health Practitioner Regulation National Law (that is, a separation between those who investigate and prosecute breaches of professional standards and those who hear and adjudicate matters and impose sanctions). This would allow scope for a tribunal to include an expert from within the same area of practice as the health practitioner being investigated, to provide a context-specific perspective. It would also allow for greater coherence in complaint handling procedures regardless of whether a health practitioner is currently registered or self-regulating.

Penalties for breaching the Code should also be nationally consistent.

Right of review processes should be uniform nationally.

MUTUAL RECOGNITION

In terms of ensuring timely public access to prohibition orders nationally, AMT favours the option of establishing a common web portal, giving the public access to all decisions and prohibition orders made in participating states and territories.

APPENDIX 1

Massage Therapy Code of Practice



Massage Therapy Code of Practice

ACKNOWLEDGEMENTS

This Code of Practice would not have come into being without the effort, commitment and energy of a number of people. Special acknowledgement is due to Rebecca Barnett, Tamsin Rossiter and Desley Scott who researched and wrote most of the standards contained in this document.

Sincere thanks and acknowledgement also go to:

- Alan Ford and Linda Hunter, who drafted three of the Standards in the Code
- Beth Wilson and Grant Davies (Office of the Health Services Commissioner, Victoria) and Professor Michael Ward (Health Quality and Complaints Commission, Queensland) who provided invaluable feedback and insight
- Colin Rossie, whose research and contributions to the Code of Practice Wiki helped to maximise stakeholder engagement in the process
- Annette Cassar and Jodee Shead, who assisted in the review process
- Linda White and Paul Lindsay, who proofed the document
- All those who took the time to read the draft Code and provide feedback.

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About AMT



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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 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.

LEGISLATIVE CONTEXT

Massage therapy is currently self-regulated in Australia. There is no Statute or Act that applies solely or specifically to the practise of massage.

However, massage therapists are accountable under the following statutory codes and legislative instruments:

Federal

- The Privacy Act 1988
- Competition and Consumer Act 2010 (which includes the Australian Consumer Law)

NSW

- Public Health Act 1991
- Healthcare Complaints Act 1993
- The Health Records and Information Privacy Act 2002
- Children and Young Persons (Care and Protection) Act 1998
- NSW Code of Conduct for Unregistered Health Practitioners

ACT

- Health Act 1993
- The Health Records (Privacy and Access) Act 1997
- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011

Victoria

- Health Records Act 2001
- Health Services (Conciliation and Review) Act 1987
- Working with Children Act 2005

Queensland

- Health Quality and Complaints Commission Act 2006
- Child Protection Act 1999

South Australia

- Health and Community Services Complaints Act 2004
- Children's Protection Act 1993

Western Australia

- Health Services (Conciliation and Review) Act 1995
- Information Privacy Bill 2007
- Working with Children Act 2004

Tasmania

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

Northern Territory

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

SCOPE OF PRACTICE

The practice of massage therapy is the systematic assessment and treatment of the muscles, tendons, ligaments and connective tissues of the body to:

- maintain, rehabilitate or augment physical function
- relieve pain
- prevent dysfunction
- enhance health and promote wellness.

It includes the systematic external application of a variety of manual techniques including stroking, friction, vibration, kneading, compression, percussion, stretching and passive joint mobilisation. It may also include exercise prescription and the external application of heat, cold, topical preparations, tape and mechanical devices. The application of these techniques is based on validated traditions and current scientific understanding.

Massage therapists treat a wide variety of conditions including:

- neck and back pain, and headache
- muscle, connective tissue and joint pain
- arthritis
- repetitive strain injury and occupational overuse syndromes
- postural problems
- sports and activity-related conditions
- stress, anxiety and other mood related problems.

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 programs are competent to perform general health maintenance treatments.

Graduates of Diploma programs are competent to perform treatments involving specific remedial techniques to alleviate common musculoskeletal presentations such as low back pain.

Graduates of Advanced Diploma programs are competent to treat complex musculoskeletal presentations with a more extensive range of treatment protocols.

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.

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.

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, such as deep connective tissue massage, Trigger Point Therapy, Muscle Energy Techniques, Direct and Indirect Myofascial Techniques, and Neuromuscular Facilitation.

Sports massage:

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

Structural bodywork:

to address postural and biomechanical patterns of strain.

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.

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
- counseling (unless the massage therapist holds a recognised counseling 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
- Allergy Testing
- Ayurvedic Medicine
- Bach flower Remedies
- Biofeedback
- Biodynamic massage
- Bioenergetics
- Body Transformation
- Chakra Balancing
- Colonic Irrigation
- Colour Therapy
- Core Energetics
- Counselling
- Crystal Healing
- Dolphin Healing

- Ear Candling
- Emotional Freedom Technique
- Energetic Healing
- Energetic Medicine
- Erotic/exotic massage
- Feng Shui
- Flower Essences
- Geomancy / treatment of geopathic stress
- Hawaiian massage / Lomi Lomi
- Hellerwork
- Herbalism
- Homeopathy
- Holistic Breathwork
- Hypnosis
- Iridology
- Kinesiology / Touch for Health
- Laser Therapy
- 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
- Sexological Bodywork
- Shamanic Healing
- Sound Therapy
- Spiritual Healing
- Tantric Massage
- Thai Massage
- Theta Healing
- Thought Field Therapy
- Time Line Therapy
- Traditional Chinese Herbal Medicine
- Zero Balancing

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

The majority of complaints stem from communications 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.

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
<http://www.hrc.act.gov.au/health/>

NSW

- The Health Care Complaints Commission
<http://www.hccc.nsw.gov.au/>

Relevant legislation:

- Code of Conduct for Unregistered Health Practitioners

Northern Territory

- Health and Community Services Complaints Commission
<http://www.hcsc.nt.gov.au/>

Queensland

- Health Quality and Complaints Commission
<http://www.hqcc.qld.gov.au/Pages/Home.aspx>

South Australia

- Health and Community Services Complaints Commissioner
<http://www.hcsc.sa.gov.au/cgi-bin/wf.pl>

Tasmania

- Health Complaints Commissioner
<http://www.healthcomplaints.tas.gov.au/>

Victoria

- Office of the Health Services Commissioner
<http://www.health.vic.gov.au/hsc/>

Western Australia

- Health and Disability Services Complaints Office
<https://www.hadsco.wa.gov.au/home/>

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 take 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
http://www.health.vic.gov.au/hsc/downloads/complaints_handling.pdf
- Complaints Management Handbook for the Health Care Services
<http://www.safetyandquality.health.wa.gov.au/docs/complaints/ACSQHC%20complntmgmthbk.pdf>

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
- 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, or the client is under the influence of drugs or alcohol
- terminate the therapeutic relationship immediately if there is a risk of becoming romantically or intimately involved with a client
- disclose information to clients regarding your qualifications, treatment procedures and goals.

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
- 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.

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.

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.

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 practise 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
- 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. See the AMT Infection Control Guidelines for advice on washing linen and procedures for handling linen soiled by body fluids.
- 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 Williams & Wilkins, USA.
- Salvo.S (1999) *Massage Therapy Principles and Practice*, WB Saunders. USA



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.

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?".
- **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.

- 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 Williams & Wilkins, USA.
- Weir, M. (2000) *Complementary Medicine: Ethics and Law*, Prometheus Publications. Australia
- Yardley-Nohr (2007) *Ethics for Massage Therapists*, Lippincott Williams & Wilkins, USA.

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.

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.



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 10 national 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. This can be accessed online from <http://www.legislation.act.gov.au/a/1997-125/default.asp>

NSW

The Health Records and Information Privacy Act 2002. This can be accessed online from http://www.austlii.edu.au/au/legis/nsw/consol_act/hraipa2002370/index.html

Victoria

The Health Records Act 2001. This can be accessed online from <http://www.austlii.edu.au/au/legis/vic/consol%5fact/hra2001144/index.html>

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 10 national privacy principles in the Federal Privacy ACT 1988
- comply with relevant state health records legislation
- 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.
- **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 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.

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
<http://www.privacy.gov.au/>

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 10 National 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 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. This can be accessed online from: <http://www.legislation.act.gov.au/a/1997-125/default.asp>

NSW

- The Health Records and Information Privacy Act 2002. This can be accessed online from: http://www.austlii.edu.au/au/legis/nsw/consol_act/hraipa2002370/index.html

Victoria

- The Health Records Act 2001. This can be accessed online from:
<http://www.austlii.edu.au/au/legis/vic/consol%5fact/hra2001144/index.html>
- Massage therapists in Queensland, South Australia, Western Australia, Tasmania and the Northern Territory must comply with the requirements of the Federal Privacy Act. The Privacy Act 1988 can be accessed online from:
http://www.austlii.edu.au/au/legis/cth/consol_act/pa1988108/

Additional resources:

- NSW Department of Health Patient Matters Manual contains detailed policy and procedures on the management and control of health records and can be accessed online from:
http://www.health.nsw.gov.au/resources/policies/manuals/pdf/pmm_9.pdf

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 conditions
- Respiratory conditions
- Musculoskeletal conditions
- Nervous conditions
- 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

- 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
- APA Position Statement on Health Records 2010
- Office of NSW Privacy Commissioner



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:

- Client's name and address
- Date of treatment
- Nature of treatment
- Health Fund provider number(s)
- Fee
- Date of payment.

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 invasion www.ato.org.au
- 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 www.ato.org.au
- Excerpts from CCH Australian Master GST Guide July 2000



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 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. The ACL can be accessed online from:
http://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/cth/consol_act/caca2010265/sch2.html?stem=0&synonyms=0&query=schedule%20

For clear guidelines on how to ensure advertising and promotions are framed ethically and responsibly, massage therapists should also refer to the ACCC's "Guide for the advertising or promotion of medical and health services", which can be accessed online from:

<http://www.accc.gov.au/content/item.phtml?itemid=309070&nodeId=950622f3516a423d91ea95494fa69203&fn=Fair%20Treatment—guide%20to%20TPA%20and%20advertising%20of%20medical%20services.pdf>

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 office 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.

REFERENCES

- Australian Health Practitioner Regulation Agency website
<http://www.ahpra.gov.au/>
- Australian Competition and Consumer Commission website
<http://www.accc.gov.au>
- Australian Consumer Law website
<http://www.consumerlaw.gov.au>
- The Australian Legal Information Institute
<http://www.austlii.edu.au/>

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 practiced 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 (2010) provide recommendations that outline the critical aspects of infection prevention and control. The NHMRC guidelines can be accessed online from:

- http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare.pdf
- <http://www.nhmrc.gov.au/australian-guidelines-prevention-and-control-infection-healthcare>

POLICY

For detailed information about how to apply this policy in the clinical context, therapists should refer to the AMT Infection Control Guidelines.

Massage therapists are required to:

- apply standard precautions (previously referred to as universal precautions)
- apply transmission 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 client
- clean and disinfect exposed areas of the massage table and bolsters after each client
- use clean linen for each client
- use clean 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.
- 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).

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.

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- Beck, MF (2006) *Theory and Practice of Therapeutic Massage*. 4th Edition. Thompson Delmar Learning, New York.
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- Werner, R. (2005). *A Massage Therapist's Guide to Pathology*. 3rd Edition. Lippincott, Williams & Wilkins, Baltimore.
- NSW Health website
<http://www.health.nsw.gov.au/>
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- http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_icg_clinical_ed_guide_web.pdf

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, ACT and the Northern Territory. South Australia, Tasmania, Victoria and Western Australia have retained their own systems.

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

The following is an overview of National and State WHS legislation:

National WHS resources and information

- Safe Work Australia - www.safeworkaustralia.gov.au
- Comcare - www.comcare.gov.au
- Work Health and Safety (WHS) Act 2011
<http://www.comlaw.gov.au/Details/C2011A00137>
- Safety, Rehabilitation and Compensation Act 1988
http://www.comlaw.gov.au/Details/C2012C00098/Html/Text#_Toc314569492

State and Territory WHS legislation and resources

ACT

- WorkSafe ACT - www.worksafe.act.gov.au/

Relevant Act:

- Work Health and Safety Act 2011

NSW

- WorkCover NSW - www.workcover.nsw.gov.au

Relevant Act:

- Work Health and Safety Act 2011

Northern Territory

- NT WorkSafe - www.nt.gov.au/deet/worksafe

Relevant Act:

- Work Health and Safety Act 2011

Queensland

- Workplace Health and Safety Qld - www.deir.qld.gov.au/workplace/

Relevant Act:

- Work Health and Safety Act 2011

South Australia

- WorkCover SA - www.workcover.com
- SafeWork SA - www.safework.sa.gov.au

Relevant Act:

- Occupational Health, Safety and Welfare Act 1986
<http://www.legislation.sa.gov.au/lz/c/a/occupational%20health%20safety%20and%20welfare%20act%201986.aspx>
- Occupational Health, Safety and Welfare Regulations 2010
<http://www.legislation.sa.gov.au/LZ/C/R/OCCUPATIONAL%20HEALTH%20SAFETY%20AND%20WELFARE%20REGULATIONS%202010/CURRENT/2010.173.UN.PDF>

Tasmania

- WorkCover Tasmania - www.workcover.tas.gov.au
- Workplace Standards Tasmania - www.wst.tas.gov.au

Relevant Act:

- http://www.thelaw.tas.gov.au/tocview/index.w3p;cond=;doc_id=13%2B%2B1995%2BAT%40EN%2B20120620000000;histon=;prompt=;rec=;term=
- Tasmania's Work, Health and Safety Act and Work, Health and Safety Regulations will come into effect on 1 January 2013

Victoria

- WorkSafe Victoria - www.workcover.vic.gov.au

Relevant Act:

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007 and Compliance Codes
http://www.austlii.edu.au/au/legis/vic/consol_reg/ohasr2007382/

Western Australia

- WA WorkSafe - www.commerce.wa.gov.au/WorkSafe/

Relevant Act:

- Occupational Safety and Health Act 1984
http://www.austlii.edu.au/au/legis/wa/consol_act/osaha1984273/

POLICY

For detailed information about how to apply this policy in the clinical context, therapists should refer to the AMT WHS Guidelines.

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, candles and the like
- 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 the clients
- provide suitable lighting and ventilation and ensure the clinic area is maintained at a comfortable temperature
- maintain and service heating and ventilation systems/devices, and turn off when not in use
- wash hands before and after each client
- use clean 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 senior 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.

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.

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- Beck, MF (2006) Theory and Practice of Therapeutic Massage. 4th Edition. Thompson Delmar Learning, New York.
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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 Workplace 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 practise Dry Needling must hold a nationally recognised Diploma or Advanced Diploma (AQTF standard). If Dry Needling is learnt at a post-graduate workshop, practitioners must complete a minimum of 60 hours of face-to-face training and 15 hours of supervised clinical practice, the content of which must include comprehensive training in Infection Control and Workplace Health and Safety principles. Practitioners of Dry Needling must also demonstrate a thorough knowledge of Skin Penetration legislation.

STATUTORY REQUIREMENTS

Specific Skin Penetration Acts are in force in NSW, ACT and Western Australia. Practitioners in these states will need to comply with the terms of their relevant State Skin Penetration Act, including the Infection Control and Workplace Health and Safety principles laid out in the legislation. Full text of the relevant Acts and Regulations is available online from the Australian Legal Information Institute (see website links below).

Under the terms of this policy, Dry Needling practitioners in Queensland, South Australia, Victoria, Tasmania and the Northern Territory will need to demonstrate compliance with the requirements of the NSW Public Health Skin Penetration Regulation 2000, under the Public Health Act 1991, including the Infection Control and Workplace Health and Safety principles laid out in the legislation.

The following is a state-by state overview of legislation and codes that apply to the practice of Dry Needling. The standards in this policy should be applied in association with official statutes and guidelines in your jurisdiction.

NSW

- Public Health Skin Penetration Regulation 2000
http://www.austlii.edu.au/au/legis/nsw/consol_reg/phpr2000392/
- NSW Health Skin Penetration Code of Best Practice
http://www.health.nsw.gov.au/resources/publichealth/environment/pdf/cobp_skin_pen.pdf

ACT

- Skin Penetration Procedures Act 1994
http://www.austlii.edu.au/au/legis/act/num_act/sppa1994104o1994356/

Queensland

- Environmental Protection (Waste Management) Regulation 2000
http://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/qld/consol_reg/epmr2000532/s49.html?query=skin%20penetration

Victoria

- Health (Infectious Diseases) Regulations 2001
http://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/vic/consol_reg/hdr2001362/s25a.html?query=s%20penetration

South Australia

- Guidelines on the Safe and Hygienic Practice of Skin Penetration
<http://www.health.sa.gov.au/pehs/publications/skin-penetration-guide-10feb05.pdf>

Please note: WorkCover SA does not endorse the delivery of dry needling by massage therapists and therefore such services are not payable if provided by a massage therapist

Western Australia

- Health (Skin Penetration) Procedure Regulations 1998
http://www.austlii.edu.au/au/legis/wa/consol_reg/hppr1998449/

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.

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:

- practise Dry Needling in carpeted treatment areas
- 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.

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. 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.

Massage Therapists are included under the definition of Mandatory Reporters in NSW, South Australia and Northern Territory. 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.
- Massage therapists are not defined as mandatory reporters in the ACT.
- The Working with Vulnerable People (Background Checking) Act 2011 may apply to therapists who specialise in the treatment of people with disability. Please contact the Office of Regulatory Services for more information and clarification:
http://www.ors.act.gov.au/community/working_with_vulnerable_people

Relevant Acts:

- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011

NSW

- In NSW a minor is legally defined as a person less than 16 years of age. However, the NSW Working with Children Check provisions apply to persons less than 18 years of age.
- The NSW Working With Children Check is an employer driven "point-in-time" system entailing background checks of employees and the exclusion of prohibited persons from child-related occupations. This check would only apply to massage therapists employed in childcare settings, such as childcare centres, schools and pediatric wards, and the screening would be undertaken by the employer.
- Self-employed massage therapists who have direct unsupervised contact with minors in their practice will need to obtain a Certificate for Self-Employed People. However, please note that AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.
- Please visit the NSW Working with Children website for information about how to apply for a Certificate:
<https://check.kids.nsw.gov.au/#self-employed>
- 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 Community Services.

Relevant Act:

- Children and Young Persons (Care and Protection) Act 1998

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 Victorian Working with Children Act. A Working with Children Check would only apply to massage therapists who are employed in childcare settings, such as childcare centres, schools and pediatric wards, in which case a Working with Children Check would be required. Please visit the Victorian Working with Children website for information about how to apply:
<http://www.justice.vic.gov.au/workingwithchildren>
- Massage therapists are not defined as mandatory reporters in Victoria.

Relevant Act:

- Working with Children Act 2005

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.
- The Queensland Blue Card is administered by the Commission for Children, Young People and Child Guardian. Please visit the CCYPCG website for information about how to apply:
<http://ccypcg.qld.gov.au>
- Massage therapists are not defined as mandatory reporters in Queensland.

Relevant Act:

- Child Protection Act 1999

South Australia

- In South Australia a minor is legally defined as a person 18 years or less.
- Under the Children's Protection Act 1993, all organisations that provide health services wholly or partly to children must lodge a statement outlining their child safe environment policies and procedures with the Department for Families and Communities.
- Self-employed massage therapists fall under the definition of a health service organisation and are therefore required to lodge the child safe environment compliance statement. This compliance statement sets out the minimum requirements your organisation/business must meet to demonstrate that appropriate policies and procedures are in place to establish and maintain a child safe environment.
- Massage therapists can lodge a compliance statement online or download the relevant documentation from the Department for Families and Communities (DFC) website: <http://www.dfc.sa.gov.au/pub/Default.aspx?tabid=927>
- The DFC website includes information and templates to assist organisations in developing child safe policies and procedures.
- The Department of Families and Communities is also phasing in a requirement for employers to conduct criminal history assessments on staff and volunteers working with children. For massage therapists employing staff and/or volunteers, this requirement was phased in at 30 June 2012.
- Self-employed massage therapists are not required to undergo a criminal history check, but may choose to do so voluntarily.
- Massage therapists fall under the definition of Mandatory Reporters in South Australia. This means that Massage Therapists are legally required to report suspected child abuse to the Department of Children, Youth and Family Services.

Relevant Act:

- Children's Protection Act 1993

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 childcare 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:
<http://www.checkwwc.wa.gov.au/checkwwc>
- Massage therapists are not defined as mandatory reporters in Western Australia.

Relevant Act:

- Working with Children Act 2004

Tasmania

- In Tasmania a minor is legally defined as a person less than 18 years of age.
- There is currently no legal statute in Tasmania requiring massage therapists to undergo a Working with Children or Police Check. Individual employers may have a screening process in place.
- Massage therapists are not defined as mandatory reporters in Tasmania.

Relevant Act:

- Children, young persons and their families Act 1997

Northern Territory

- In the Northern Territory a minor is legally defined as a person less than 18 years of age.
- The Working with Children Clearance Notice applies to massage therapists seeking employment in childcare settings such as childcare centres, schools and pediatric wards. For information on how to apply, please visit the Northern Territory Working with Children website:
<http://www.workingwithchildren.nt.gov.au/>
- 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.

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
- Queensland Commission for Children and Young People and Child Guardian website
- West Australian Working with Children check website
- Northern Territory Working with Children website
- The Australian Institute of Family Studies website
- The Department of Families and Communities website.



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