

**BRITISH ACUPUNCTURE COUNCIL**  
**CODE OF SAFE PRACTICE**

## **ABOUT THIS CODE**

The Code of Safe Practice is published by the British Acupuncture Council to define the hygiene and safety standards relating to the practice of acupuncture. You must ensure that you have received adequate training in all aspects of hygiene and sterile procedures connected with your work, and that you meet the standards outlined in this Code.

The Code defines the minimum standards required of safe acupuncture practice. Although it is not legally binding, you are reminded that failure to comply with the Code is a breach of the British Acupuncture Council's Code of Professional Conduct and may render you liable to disciplinary action.

As a professional acupuncturist your duty of care to your patients involves taking every reasonable precaution against cross-infection. Poor hygienic procedures can result in serious damage to the health of both you and your patient. The best means of avoiding cross-infection in acupuncture practice is to follow scrupulously the hygiene and sterilization methods outlined in this Code at all times.

**The procedures described in this Code, when properly carried out, provide protection against all known cross-infection, including Hepatitis and AIDS/HIV.**

You must also be aware of and comply with the relevant bylaws of the Local Authority under whose jurisdiction you practise. Advice on the bylaws and equipment relating to acupuncturists is available from your local Environmental Health Department.

Where Local Authority bylaws have been enacted which set higher standards than those in this Code, these should be referred to as the definitive document for legal purposes. Where no bylaws have been enacted, or where bylaws require standards lower than those in the Code, you must always comply with the standards set by this Code.

*The British Acupuncture Council gratefully acknowledges the invaluable advice and assistance of Professor Norman Noah, FRCP, FFPHM, London School of Hygiene and Tropical Medicine, in the production of this Code of Safe Practice.*

**© 2006 The British Acupuncture Council  
63 Jeddo Road, London W12 9HQ  
Tel: 020 8735 0400 Fax: 020 8735 0404  
www.acupuncture.org.uk  
email: info@acupuncture.org.uk**

**No part of this Code may be reproduced without permission from  
The British Acupuncture Council**

**All rights reserved**

## **CONTENTS**

- A. Premises**
- B. Equipment**
- C. Clean Hygienic Procedure**
- D. Disposal of Equipment and Clinical Waste**
- E. Mobile Acupuncturists and Home Visits**
- A. Acupuncturists Working in Drugs and Detox Settings using Auricular Acupuncture**
- B. Register of Patients and Patient Records**
- H. Health and Safety at Work**

### **IMPORTANT NOTICE**

**This Code has been written and published in the English language. The Council is aware that many of its members use English as a second language, as will many patients. In order to ensure that the provisions of this Code are understood and complied with by all of its members and that its requirements can be understood by all members of the general public, the Council has adopted the following two principles:**

- 1) It is the responsibility of every member of the British Acupuncture Council to read and familiarise themselves with the English language version of this Code, employing at their own expense translation services where necessary, and to be able to explain satisfactorily to their patients, if asked, the main requirements of the Code**
- 2) The Council undertakes to identify a pool of practitioner members or independent translators, where necessary, as a resource to enable members of the public for whom English is not a first language to be given explanations of the main requirements of the Code in their native tongue.**

## **Acknowledgements**

The Code of Safe Practice and the Guide to Safe Practice were produced after extensive consultation both inside and outside the BAAC. The Safe Practice Committee would like to thank all of those who contributed to these documents, but in particular would like to single out the following for their work:

### **Consultants:**

Prof. Norman Noah, FRCP, FFPHM	London School of Hygiene and Tropical Medicine
Dr. Barry Evans	Consultant Epidemiologist and Head of the STI/AIDS Division at CDSC
Maureen Cromeey	Health and Safety Consultant
Jan Stringer	Health and Safety Consultant
Jonathan Caplin	Health and Safety Consultant
Tony Harrison	Register of Chinese Herbal Medicine
Sue Cox	SMART UK
Pauline Ronson	Society of Auricular Acupuncture

### **Colleges:**

College of Traditional Acupuncture	– Ken Shifrin
College of Integrated Chinese Medicine	– Angela Hicks
London College of Traditional Acupuncture	– Susanna Dowie and Sarah Pritchard
School of Five Element Acupuncture	– Nora Franglen
University of Westminster	– Felicity Moir
Northern College of Acupuncture	– Richard Blackwell
University of Salford	– Harriet Lansdown

### **Regional Group Co-ordinators:**

Godfrey Bartlett	Janice Booth	Jane Stephen
Susan Thorne	Alec Welton	J.N. Clogstoun-Willmott
Mary Boyle	Sarah Parker	Diana Griffiths
Ian Markham	William Castle	Karen Devlin
Sylvia Schroer	Sue Horne	Elaine Gibbon

### **Editors**

John Wheeler  
Petra Werth

To the many others who offered advice and feedback, the BAAC Safe Practice Committee offers its thanks.

## **A. PREMISES**

### **1. Acupuncture must only be carried out:**

- a) in premises suitable for professional medical work of this kind
- b) in premises which are clean and capable of being kept clean
- c) in treatment rooms used solely for acupuncture practice or other similar work requiring a comparable level of hygiene and cleanliness
- d) if you work from your private home, in treatment rooms which are not otherwise used for any ordinary domestic purposes
- e) in premises where there are suitable and sufficient sanitary facilities for all users of the clinic/practice
- f) in premises with sufficient and satisfactory fire precautions.

### **2. Hand washing facilities available to you must include:**

- a) a wash basin with a hot and cold water supply, preferably wrist, arm or foot operated for your and other practitioners' sole use and preferably connected to the mains drainage system, located in or in the vicinity of the treatment room
- b) dispenser liquid soap and disposable paper towels
- c) an adequately sized bin, pedal operated if lidded, situated close to the basin with disposable sealable polythene liner for used tissues and other similar waste matter.

### **3. The treatment room must provide:**

- a) sufficient space to allow free movement, safe handling of equipment and performance of procedures
- b) sufficient space for a clean field for acupuncture equipment
- c) sufficient clean and suitable storage for all items, so as to avoid, as far as possible, the risk of contamination
- d) furniture which is clean and maintained in good repair
- e) smooth, easily cleanable surfaces on table tops, shelves and all working surfaces
- f) smooth impervious surfaces on treatment couches, chairs and other furniture which is used for treatment

- g) smooth, impervious flooring or short-pile (not looped) commercial carpeting
- h) adequate artificial lighting, heating and ventilation.

**4. The treatment surfaces must be:**

- a) covered with fresh paper couch roll which is disposed of after treating each patient **or**
- b) if covered by towels or sheets alone, only covered by those which are fresh for each patient and boiled or machine-washed on the 40-60 degrees setting before being reused
- c) if covered by towels, sheets or pillow cases underneath a paper couch roll, only covered by those which are fresh each day, boiled or machine-washed on a 40-60 degrees setting before being reused, and removed after treatment and placed in yellow clinical waste disposal bags if any spillage of blood or body fluid takes place during a treatment
- d) regularly cleaned with an appropriate anti-bacterial agent, at least at the beginning or end of every working day.

**5. The cleanliness of the treatment room must be maintained by:**

- a) cleaning and dusting at least weekly all table tops, shelves and impervious surfaces with a damp cloth and occasionally with hot water and detergent
- b) washing daily all impervious floor surfaces with appropriate disinfectant cleansers
- c) vacuum-cleaning daily and professionally steam cleaning at least once every year all carpets in the areas adjacent to treatment surfaces
- d) frequently laundering all blankets used in treatment by boiling or machine-washing on the 40-60 degrees setting.

## **B. EQUIPMENT**

- 6. The following equipment, all of which must be CE-marked and conform with current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice:**
- a) single-use pre-sterilized disposable solid needles (reusable needles are not acceptable)
  - b) guide-tubes which, if used, must be pre-sterilized, come packaged with each individual needle or set of needles, and must not be used or stored for use beyond the treatment session in which the seal on the package has been broken
  - c) plum blossom needles ('seven star hammers') which, whether plastic or stainless steel, must be pre-sterilized and single-use only
  - d) glass cups, derma rollers and other reusable clinical equipment which have been properly washed and/or sterilized and stored (see Guide to Safe Practice Appendix F on Sterilization)
  - e) single-use paper tissues, paper towels, and couch roll
  - f) disinfectants, including pre-packed 70% isopropyl alcohol swabs or products which contain 0.5% chlorhexidine as recommended in Appendix H of the Guide to Safe Practice
  - g) sterile cotton wool and non-sterile cotton wool/buds
  - h) sharps box conforming to BS 7320:1990 and clearly marked 'Danger - Contaminated Needles - To Be Incinerated' adjacent to the treatment surface and placed at a convenient height on a stable surface
  - i) a First Aid kit complying with current Health and Safety (First Aid) Regulations containing a sufficient supply of suitable bandages, dressings, antiseptic creams and plasters
  - j) disposable surgical gloves.

## **C. CLEAN HYGIENIC PROCEDURE**

### **7. You must ensure that your own health, including personal hygiene, does not endanger the health of a patient in any way. You must:**

- a) cover all cuts and wounds with a waterproof dressing
- b) keep nails short and clean
- c) wear suitable clean clothing and, optionally, a clean white coat or overall
- d) refrain from smoking, eating or drinking whilst engaged in treatment
- e) wear no large, loose or dangling jewellery or rings, nor wear loose clothing or hair that might contaminate the treatment area or the patient's skin
- f) inform your general practitioner early if you suspect that you are suffering from or have been in contact with an Infectious Notifiable Disease and ensure that your general practitioner knows that you are engaged in the practice of acupuncture
- g) avoid giving treatment when suffering from an infectious or contagious condition.

### **8. You have a duty of care to protect the health and safety of the patient. You must:**

- a) ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions
- b) ensure that informed consent has been obtained in accordance with the requirements of the Code of Professional Conduct
- c) ensure that the part of the body to be treated is clean and free of any cuts or wounds and that patients are asked to cover cuts or wounds before coming for treatment
- d) ensure that you do not under any circumstances needle through clothing, even if requested or given approval to do so by the patient
- e) ensure that immediately before use, any paper or other material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient's skin should be clean, and should not have been used in connection with any other patient without having been cleaned or, where appropriate, disinfected

- f) caution patients left unattended with needles in place during a treatment about any movement which might cause them injury through bending or damaging a needle
- g) ensure that a patient is able to call your attention immediately at any time they are left unattended with needles in place
- h) remain with your patient at all times when moxibustion is carried out in order to avoid any risk of burn injury.

**9. In preparing to treat you must:**

- a) wash your hands thoroughly with liquid soap and warm water immediately before the acupuncture procedure
- b) ensure that a clean field is established.

**10. In order to needle hygienically and safely you must:**

- a) ensure that the skin at the needle site is clean
- b) ensure that any areas of the body where moisture or exudates may collect, such as the groin and genital area, ears, feet, under arms and the area below the breasts, near the mouth, nose, scalp and other hair-covered areas are swabbed with 70% isopropyl alcohol or products which contain 0.5% chlorhexidine before needling
- c) if points are marked prior to needling ensure that needles are never inserted through ink marks unless gentian violet pens are used and the patient is alerted to the risk of permanent staining. Alternatively, points may be marked by using a cotton bud dipped into iodine in an alcohol solution. In this case the point can be needled through the iodine mark
- d) open all single-use pre-sterilized needles and instruments in the patient's presence and immediately before use
- e) use a fresh needle for every point needled during a treatment, or if re-using the same needle, only do so where all of the sites to be needled have been swabbed before needling and where the needle (and guide-tube, if used) is not placed on any other surface in between separate insertions
- f) ensure that the sterile needles and instruments do not come into contact with anything that is not sterile before use on the patient
- g) discard, in the sharps container, any sterile needles or instruments which are accidentally contaminated
- h) discard, in the sharps container, any sterile needles or instruments with their packaging seals broken

- i) ensure that in inserting the needle the shaft of the needle is never touched with bare fingers or with non-sterile materials
- j) use only sterile cotton wool to support the shaft of the needle once it has been inserted or if it is inserted without a guide-tube. At no stage must the needle be inserted through the cotton wool with either method of insertion
- k) ensure that hands are cleansed again, either by hand-washing or by the use of alcohol gel or products which contain 0.5% chlorhexidine, at any time during treatment if they are contaminated by contact with clothing, pens, clinic furniture, etc, between separate needle insertions
- l) ensure that any major blood or body fluid spills are cleaned up promptly with disinfectant solution
- m) ensure that you wear well-fitting disposable surgical gloves
  - if the patient is bleeding profusely
  - if the patient has open lesions or is known to have a contagious disease
  - if you have cuts or wounds on your hands or have a skin infection or lesion
  - if you are handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them.

**11. When removing needles from your patient, you must:**

- a) ensure that hands are washed immediately prior to the removal of needles
- b) place each needle immediately into the sharps container without letting it touch any other surface in the treatment room
- c) if blood is drawn, apply light to moderate pressure with sufficient clean cotton wool/cotton buds or a clean swab to prevent contact with the patient's body fluids and dispose of the cotton wool/bud/swab immediately in a suitable sharps container or clinical waste bag
- d) if 'sealing' the point afterwards, use a clean swab or cotton wool/cotton bud
- e) once a point has been pierced, do not re-palpate the point with your bare finger during that treatment session unless the finger tips have been cleansed by hand-washing or by the use of alcohol gel
- f) wash your hands thoroughly at the end of the treatment to reduce the risk of cross-infection with your following patient

- g) if needles are removed by someone under your direct supervision or by someone to whom you have delegated the task, you must ensure that they comply with the provisions of this section.

**12. Moxibustion**

**If moxibustion is used you must ensure that:**

- a) moxibustion is carried out in a safe manner
- b) moxibustion is never used on broken skin, directly on the face or on sensitive areas
- c) your patient is not left unattended at any stage during the procedure
- d) if moxa is applied directly to the skin, only a swab or cotton wool bud moistened with clean water is used to moisten the skin beforehand
- e) the skin is swabbed after moxa has been applied and before needling
- f) if moxa is given to the patient for self-treatment at home, the procedure for using moxa must be explained and demonstrated to the patient. The patient must then demonstrate their competence in the use of moxa and should sign a copy of the form provided in the Guide to Safe Practice. Both patient and practitioner should retain a copy of this signed form.

**13. If cupping is used you must ensure that:**

- a) cupping is carried out in a safe manner.

**14. If tui na/massage is used you must ensure that:**

- a) massage is carried out in a safe manner.

**15. If pricking/bleeding therapy is used you must ensure that:**

- a) pricking/bleeding therapy is carried out in a safe manner
- b) disposable surgical gloves are worn at all times during the procedure.

**1. If ear needles/retained needles are used you must ensure that:**

- a) you have read and considered the Use of Ear/Retained Needles section in the Guide to Safe Practice

**1. The use of embedded needles is strictly prohibited**

**18. After the treatment has finished and needles have been disposed of safely you must:**

- a) replace any blankets or pillow cases which have come into contact with body fluids
- b) wash cups, derma rollers and any other acupuncture equipment that have been used on **unbroken skin** after each use in warm water and detergent first, then rinse them in very hot water to facilitate quick drying, dry with a disposable paper towel, wipe the rim of the cups with an alcohol swab and allow alcohol to evaporate thoroughly before reuse
- c) regularly soak cups, derma rollers and any other acupuncture equipment that have been used on **unbroken skin** in a weak bleach solution overnight, wash off bleach with hot water and detergent and leave to dry on a paper towel
- d) wash cups, derma rollers and any other acupuncture equipment that have been used on **broken skin** after each use in warm water and detergent first, (also see Appendix F Sterilizing Non-Disposable Acupuncture Equipment in the Guide to Safe Practice) then rinse them in very hot water to facilitate quick drying, dry with a disposable paper towel and autoclave according to manufacturers' guidelines or sterilize by sending to external sterilization services. Alternatively, dispose of these items in yellow clinic waste bags after having washed them first
- e) wash any dishes used in moxibustion during the treatment
- f) store all needles, instruments and equipment in a clean and secure place
- g) store any cups, derma rollers, and any other acupuncture equipment that may be used on broken skin under sterile conditions, in a clean and secure place

**19. In the event of suffering a needle-stick injury, you must:**

- a) encourage free bleeding from the site if possible, but not suck the wound
- b) wash thoroughly with soap and water but without scrubbing
- c) discard the needle immediately and never continue to use a needle on a patient that may have penetrated your own skin
- d) record the injury in a permanent form which can be accessed at a later date, i.e. accident book or similar
- e) seek medical advice immediately (preferably within one hour).

## **D. DISPOSAL OF EQUIPMENT AND CLINICAL WASTE**

### **20. In disposing of equipment you must ensure that:**

- a) all needles, plum blossom needles ('seven star hammers') and dermal needles ('press-studs') are immediately placed after use in appropriate sharps disposal containers
- b) all sharps containers conform to British Standard 7320: 1990 and should be clearly marked 'Danger Contaminated Needles - To Be Incinerated' or similar
- c) all sharps containers, when three quarters full, are disposed of in accordance with local Environmental Health Department guidelines
- d) all clinical waste, which includes any paper waste, swabs, cotton wool/buds etc., which has been contaminated with spillage of body fluids such as blood, open wound abrasions or mucous membranes is segregated in sealed clinical waste bags before being collected for disposal by a licensed agent. The advice of the local Environmental Health Officer must be sought about final disposal
- e) all other waste, which includes any paper waste and swabs, cotton wool/buds, etc., which has not come into contact with body fluids or spillages, as well as needle wrappings and single use guide-tubes, is carefully and separately double-bagged daily and disposed of as domestic waste
- f) all waste disposed of through domestic waste collection is left for as little time as possible prior to collection in the usual collection area or location
- g) all contracts and receipts for clinical waste collection (or detailed notes kept on your own file where receipts are not issued) are retained for at least one year and available for inspection.

## **E. MOBILE ACUPUNCTURISTS / HOME VISITS**

### **21. If you have a mobile practice or undertake home visits you must:**

- a) have a defined base of at least one room or office containing adequate facilities for the disinfection of equipment, the storage of clean equipment and the temporary storage of soiled equipment, clinical waste and sharps containers
- b) ensure that this room or office, and all equipment contained therein, conforms to the standards laid down in the Code of Safe Practice
- c) comply with all relevant Local Authority bylaws or other regulations.

### **22. In transporting equipment from the base premises to the treatment site you must ensure that containers used for this purpose are:**

- a) of sufficient size and design to store and transport all of the equipment and personal over-clothing needed
- b) designed to allow for separate storage of sterile and soiled equipment
- c) lockable and tightly sealed when shut
- d) suitably constructed to have internal and external surfaces that are smooth, impervious and are regularly cleaned and disinfected.

### **23. In carrying out treatment at a patient's home you must ensure that, *as far as possible*:**

- a) the treatment is carried out in a well lit, clean room with ready access to a clean wash hand basin
- b) you take with you appropriate cleaning agents, hand disinfectants, a hygienic means of hand drying and couch rolls
- c) the bed/couch is covered by a clean, disposable cover; **but**
- d) **in all cases** a clean field is established.

### **24. After treatment is completed you must ensure that:**

- a) used needles are discarded immediately after use in a portable sharps container meeting BS 7320:1990 and clearly marked 'Danger: Contaminated Needles - To Be Incinerated' and removed from the patient's premises

- b) other soiled disposable items such as cotton wool, swabs, paper tissues and disposable covers or towels contaminated with body fluids or spillages are discarded into a clinical waste bag, removed from the patient's premises and disposed of appropriately
- c) other waste products such as couch paper, cotton wool and needle wrappings not contaminated with body fluids or spillages are carefully bagged separately for disposal in the patient's own domestic refuse
- d) you have set aside enough time before leaving to ensure that the patient is experiencing no adverse reactions to treatment and is well enough for you to leave.

## **F. ACUPUNCTURISTS WORKING IN DRUGS AND DETOX SETTINGS USING AURICULAR ACUPUNCTURE**

- 25.** If you work in drug and detox programmes it becomes more difficult to comply with the provisions of the Code of Safe Practice. There are also substantial issues to do with privacy, dignity, modesty and confidentiality which the BAAC is still addressing in a review of the Code of Professional Conduct. As interim advice, however, there are certain standards of safe practice which must be followed to reduce the risks associated with working in these settings. These are:
- a) you must spell out the ground rules for treatment before anything is done
  - b) you must tell patients:
    - to remain seated
    - not to touch their own, or anybody else's, needles at any time
    - if they need attention raise their hand
    - not to disrupt the group in any way (or face exclusion from the session)
    - to use the toilet, if necessary, before treatment
    - that if they need to leave before the end of the allotted treatment time the needles will be removed and they will not be allowed to return on this occasion.
  - c) if a patient feels unwell during treatment, you should assess the problem before stopping treatment. Often reassurance is all that is necessary. Check needle depth and location - often an adjustment is enough to deal with any discomfort
  - d) you must not leave the treatment area
  - e) ears should be swabbed prior to treatment with non-alcoholic disinfecting foam or gel
  - f) your hands should be washed with liquid soap and warm water prior to treatment in accordance with the Code of Safe Practice
  - g) between patients you should cleanse your hands with non-alcoholic foam or gel
  - h) only you should remove the needles; patients must never be allowed to remove their own or anyone else's needles
  - i) if, on removing the needles, the points bleed, you should ask the patient to apply moderate pressure to the site with sterile cotton wool

- j) the soiled cotton wool must then be placed in an appropriate kitemarked clinical waste receptacle
- k) after treatment both you and the patients should wash or clean their hands with non-alcoholic foam or gel before leaving
- l) if an emergency occurs during treatment, e.g. fire alarm, you should remove needles quickly and safely before patients leave the room
- m) patients must never be allowed to leave the room with needles in their ears for any reason whatsoever, save in the event of an extreme emergency
- n) you must **never** use semi permanent needles. Ear seeds or pellets may be used instead
- o) if ear seeds/pellets are used the ear must be cleaned again so that the pellets do not come into contact with any body fluids.

## **G. REGISTER OF PATIENTS AND PATIENT RECORDS**

### **26. You must record in permanent ink:**

- a) the names and addresses of all patients
- b) the dates of attendance in a suitable register as well as in the individual patient records
- c) the full information required in patients' notes as detailed in the British Acupuncture Council's Code of Professional Conduct.

### **27. In the event of your patient having a diagnosis of a Notifiable Infectious Disease you must ensure that:**

- a) it is safe to treat that patient and that you have advised the patient not to view acupuncture as a substitute for any treatment that a doctor has prescribed
- b) in the event of your being suspected of having caused an outbreak, all records must be readily accessible and allow prompt and efficient investigation into the source of the infection
- c) the register described in 24 (b) must be available to trace patients and to track the infection
- d) you seek permission from the appropriate authority to carry on normal business once your records have been made available to that authority
- e) access to an individual's personal record shall only be available on the authority of the relevant Medical Officer (currently known as the Consultant in Communicable Disease Control (CCDC)) and shall be subject to the usual safeguards of professional confidentiality. (Local Authority Environmental Health Officers can give advice on the setting up of such records, and on routine visits to the premises they may wish to confirm that records are being maintained).

## **H. HEALTH AND SAFETY AT WORK**

### **28. You must be familiar with and comply with the requirements and provisions of current Health and Safety at Work legislation:**

- a) this places a duty on you to conduct your work in such a way as to ensure, so far as is reasonably practicable, that not only patients and employees but also the public and other visitors are not exposed to risks to their health or safety.

### **29. In ensuring that premises are safe workplaces particular attention is drawn to the following:**

- a) all floors, passages and stairs shall be of sound construction, properly maintained, and should be kept free from obstruction and from any substance likely to cause persons to lose their footing
- b) a substantial handrail and two-way lighting system must be provided to every staircase
- c) every dangerous part of equipment, appliances and machinery must be effectively guarded
- d) equipment and machinery should be subject to regular inspection and maintenance where necessary
- e) all electrical installations should be in accordance with the Institute of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination
- f) all gas appliances and installations should be in accordance with the Council for Registered Gas Installers, and should be subject to regular examination
- g) care should be taken to keep cables as short as possible and routed in such a way as to prevent the risk of tripping
- h) accidents must be dealt with in accordance with the provisions of the Reporting Of Injuries, Diseases, and Dangerous Occurrences Regulations 1995. This involves the reporting of all major accidents to employees and members of the public to the Office of the enforcing authority without delay, by telephone if possible, with written confirmation being made within seven days
- i) where five or more people are employed, it is the duty of every employer to prepare and, as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of his or her employees, and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.