

Physiotherapy Services

Acupuncture Safe Working

Guidelines

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1. INTRODUCTION

This guidance has been introduced to inform physiotherapists employed by Newham PCT of best practice when using acupuncture. It is intended for use by physiotherapists but would be applicable to all staff in the Trust who are certified to use acupuncture.

Responsibility for following the guidance and completion of an annual update of the information will be undertaken by physiotherapists with an interest in acupuncture. The guidance and subsequent updates will be circulated to all physiotherapy team leaders/ Superintendents for dissemination to their staff.

2. THE AIMS OF THE GUIDANCE

This guidance aims to:

- Support physiotherapists in the Trust in their day to day work by outlining safe use of acupuncture for therapeutic purposes.
- Ensure that all physiotherapists are aware of current best practice and safety guidelines for the practice of acupuncture.
- Ensure all physiotherapists are working to the same standards of hygiene and safety within the Trust

3. DEFINITION

This guidance is intended to be referred to by all physiotherapists who intend to use acupuncture for therapeutic purposes. Acupuncture, in this context, includes the insertion of solid needles into a patient / client's skin, muscle or soft tissue, to relieve pain, reduce swelling or release tight tissue (e.g. trigger points). It applies to the use of acupuncture in the hospital setting, in clinics, G.P. surgeries and community settings (including patient / client's homes).

4. OBJECTIVES

- To provide guidance for physiotherapists who use acupuncture whilst employed by Newham PCT.
- To obtain approval for the guidance and implement it.

- To ensure all relevant physiotherapists have access to the guidance by distributing to all team leaders in the Trust.

5. PRINCIPLES

Physiotherapists who practice acupuncture should be members of the AACP and have to maintain CPD (10hrs every two years) and practice according to their levels of training.

5.1 Treatment Rooms or cubicles

- Rooms should be clean and capable of being kept clean.
- Sharps disposal must be available
- Clinical waste bins must be available
- There should be sufficient space for safe handling of equipment and needling procedures
- There should be adequate lighting and ventilation
- All treatment rooms should be cleaned with antibacterial cleaning agents on a regular basis (See trust infection Policy).

5.2 Equipment Strategies

- All equipment must be CE-marked and conform to current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice.
- Disposable pre-sterilized solid needles should be used.
- Do not use needles if their individual packaging is open
- The needles must be kept in their box because this has the expiry date on it.
- Single use paper tissues/towels and couch roll should be used in the treatment area.
- Sharps boxes should conforming to BS 7320 / UN3291 and clearly marked

5.3 Danger Contaminated Sharps

- Disposable Gloves must be available.
- All needles and sharp boxes should be kept in a secure cupboard when not in use.

5.4 Pre-Treatment

- Non-Trained Physiotherapists could transfer patients to a trained colleague after discussing suitability
- Hands should be washed before and after treating patients.
- Open wounds should be covered with a waterproof dressing.
- Acupuncture treatments should be avoided if the treating physiotherapist has an infectious condition.
- It should be ensured that patients understand the information leaflet they are given.
- It should be ensured that a full patient history has been taken before giving treatment
- It should be ensured that treatment and precautions are explained to patient prior to treatment
- It should be ensured that informed consent is obtained and recorded in patient notes
- Consent should be given when treating children. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who understand fully what is involved can also give consent (although their parents will ideally be involved). In other cases, some-one with parental responsibility must give consent on the child's behalf. If a competent child consents to treatment, a parent **cannot** over-ride that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.
- Patient's privacy should be ensured.
- It should be ensured that the patient's body part to be treated is clean and free of cuts or wounds (or cuts and wounds are covered prior to treatment)
- Sterile wipes should be used for auricular
- Patients should be advised to avoid unnecessary movements during treatment
- Before leaving the department, it should be ensured that the patient is not experiencing any adverse reactions to treatment.
- If patients are to be left unattended, it should be ensured that a timer set and the patient is given a call button to attract attention if needed.
- The shaft of the acupuncture needle should not be touched with bare fingers.
- Blood or fluid spills should be cleaned as per the infection control policy.
- The therapist should wear surgical gloves if patient is bleeding or has open wounds.

5.5 Removing needles

- Hands should be washed before and after removal of needles.
- Needles should be withdrawn one at a time and inspected on withdrawal to ensure they have not broken.
- Needles should be immediately disposed of into a sharps container (Community Physiotherapists should carry a Sharps box and Clinical waste container with them on home visits).
- It should be ensured that all needles are removed after treatment
- If bleeding occurs, light pressure with clean tissue paper should be applied until bleeding stops. The tissue should then be disposed of into yellow clinical waste containers (Community Physiotherapists should carry tissues, cleaning swabs and Clinical waste container on home visits).
- Once a needle has been removed, do not re-palpate with bare hands
- If the patient faints, or experiences sensations of giddiness, feeling unwell, palpitations, nausea or vomiting, the patient should be laid flat and their feet elevated. Ensure all needles are removed and call for help from a senior colleague or dial 999, if needed.
- In the event of any other adverse reactions, seek help from a senior colleague or dial 999, if needed.
- Replace any blankets or pillow cases that have come into contact with bodily fluids.

5.6 Needle stick injury

Please refer to Community Infection Control Policy for East London page 24 for full guidance

- Encourage bleeding where skin is punctured.
- Wash thoroughly with soap under running warm water. Do not use a scrubbing brush
- Inform manager immediately.
- Report immediately to Occupational Health Department
- Record the injury on a clinical incident form

Act quickly as prophylactic treatment may only be beneficial if started within one hour.

5.7 Broken needles

If a needle bends in situ there is a chance the tip could break off when it is removed. If this happens mark the area and seek medical advice immediately. Needles of the correct length should be used to avoid this.

5.8 HIV/Hepatitis

The Infection Control Policy should be followed to guard against transmission of HIV/Hepatitis and other infectious diseases.

6. KEY AREAS

- Follow correct procedure as explained
- Follow the Community Infection Control Policy for East London.
- In occurrence of adverse events, contact a senior colleague, medical advice, dial 999.

7. METHODOLOGY

Information was gathered from existing codes of practice, regulatory groups and other NHS Trusts. The authors discussed the relevance of the material to Newham PCT and these guidelines were drafted. The draft guidelines were circulated to physiotherapy team leaders for comment / feedback. Once approved the guidelines were circulated to all physiotherapy team leaders for cascading to their team members. These guidelines will be reviewed regularly.

8. REFERENCES

- AACP (2004), *Safety Standards Acupuncture Association of Chartered Physiotherapists.*
- British Acupuncture Council (2004), *Code of Safe Practice.*
- British Medical Acupuncture Society (2000), *Code of Practice & Complaints Procedure Version 2.*
- CSP (2004), *Standards of Physiotherapy Practice.*
- EU Regulatory Environment www.europa.eu.int 12/08/05 14:21.
- Mayday Healthcare NHS Trust (2005), *Acupuncture Policy.*

- Newham Healthcare NHS Trust
(2004), *Policy for Consent to Examination or Treatment*
Reviewed 2005.

Appendix

Problems, precautions and contra-indications:

1. Some points should not be punctured e.g. fontanel in babies, the external genitalia, nipples, the umbilicus and the eyeball.
2. There are some potentially dangerous points like Ren 17, CV 17 and inappropriate needling and manipulation in between or near Du 15, GV 15 or Du 16 may cause problems in central nervous system.
3. Skin examination should be done prior to treatment and appropriate medical advice should be sought in case of any indication. Try not to needle thin skin.
4. Special care should be taken while treating pregnant patients or those trying for pregnancy. Avoid needling during the first trimester of pregnancy as there is a danger of miscarriage. Do not needle through the wall of the uterus and strong manipulation or Deqi must be avoided.
5. Ensure special precautions are taken when treating patients with epilepsy, and diabetes.
6. Confused patients who are unable to understand and cooperate with the treatment should not be needed.
7. No needling should be done on a limb with post surgical lymphoedema or on acute stroke patients.
8. Pacemaker patients should not be treated with electro-acupuncture.