



NZASA CODE OF SAFE PRACTICE (Acupuncture)

OVERVIEW

The NZASA Code of Safe Practice is published to define the standards for the safe provision of acupuncture required by NZASA registered members.

Failure to comply with this Code is a breach NZASA's Code of Professional Conduct.

This Code will be used by NZASA as a standard by which a registered members' conduct is measured. The Code may also be used by the Health and Disability Commissioner (HDC) and other agencies as a professional standard.

Protection of the public is the primary aim, but by adhering to this code of safe practice the practitioner also protects themselves and the profession at large. In addition, this document provides information on working within the relevant New Zealand (NZ) legislation, and offers a reminder of the importance of practitioner self-care. Self-care safeguards both consumer and practitioner, by ensuring practitioners are fit to practice and work sustainably with respect to their own health.

Refer to the **NZASA Code of Ethics and Professional Conduct** (2020) for the following related aspects of health care provision:

- Duty of Care
- Informed Consent
- Continuing Practitioner Development (CPD)

Terminology

Consumers: The term consumer is used in The Code of Health and Disability Services Consumers' Rights 1996. To maintain consistency with this Code the term consumer is used within this document, however this term can be substituted for 'patient' or 'client' where appropriate.

Acknowledgements

In reviewing and updating this document we referred to and adapted material from a number of sources. These included the British Acupuncture Council's Code of Safe Practice for Acupuncture, the Dental Council of New Zealand's Standard of Infection Prevention and Control, and other international guidelines/standards as appropriate. NZASA would like to especially give thanks to the Chinese Medicine Board of Australia for the use of their Infection prevention and control guidelines for acupuncture practice document.

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WORKSAFE NZ

The practitioner **must** comply with all current legislation, as directed by WorkSafe NZ. Please refer to the current [NZ guidelines for business](#) detailing responsibilities as a sole trader or business, in accordance with the Health and Safety at Work Act 2015 WorkSafe Mahi Haumaruru Aotearoa. WorkSafe NZ also provide a [Quick Reference Guide](#) to Health and Safety at Work.

It is recommended that a standardised incident management system is in place to enable clear and immediate reporting of any incidents that occur at a place of work (including home-based clinic rooms). WorkSafe NZ provides a [guide for reporting of a notifiable event](#) within the workplace.

WORK PREMISES

Work premises **must** only be used for the practice of acupuncture or similar work provided by health practitioners. If the clinic room is home-based, it must not be used for domestic purposes. The premises must be up to standard with respect to fire safety regulations and electrical appliance certification. Premises should provide access to consumers with a disability.

A high standard of cleanliness of work premises should always be maintained. Of paramount importance is a [clean field](#) (see Section 2.7 to 2.10 on p.10) for the provision of acupuncture.

DISPOSAL OF NEEDLES AND CLINICAL WASTE

All used needles and clinical waste **must** be disposed of safely, legally, and in accordance with local council regulations.

Acupuncture needles and dermal hammers **must** be single-use, pre-sterilised, and be disposed of [immediately after use](#) in a rigid-walled sharps container which meets the requirements specified in AS 4031 or AS/NZ 4261.¹

The practitioner **must** dispose of sharps containers via a waste disposal provider who can collect and dispose of sharp containers safely and in compliance with all relevant NZ regulations.

ADDITIONAL BUSINESS OBLIGATIONS INCLUDE:

[Fire safety obligations](#) for work premises (Fire and Emergency NZ).

[Regulations re electrical appliances](#) for work premises. Of note, whilst testing and tagging is recommended, it is not mandatory. The legal requirement is to ensure equipment is safe and well maintained.

[Provision of disabled access](#) for work premises, according to NZ legislation (Building Act, 2004).

Where disabled access is not available at a clinic, the practitioner should refer the consumer to a colleague with a clinic that does have disabled access. Offering home visits may also provide a solution.

¹ Standards New Zealand Standards. NZS 4304:2002. *Management of healthcare waste*. Wellington. 2002

NZASA REQUIREMENTS

CLINIC PREMISES

The practitioner must inform NZASA of any change in clinic premises. All premises must have undergone a clinic audit to ensure the site is fit for purpose. If the practitioner is working at multiple premises, each site must undergo a new clinic inspection by NZASA.

ANNUAL PRACTICING CERTIFICATE (APC)

Without a current APC, the practitioner is not eligible to provide acupuncture services for ACC. In order to renew the APC annually, NZASA requires that all registered members:

- provide proof of 20 hours ongoing education/training every year (e.g. conferences, workshops, peer review groups, online seminars etc.) The CPD requirements with respect to minimum/maximum hours for each CPD category are detailed on the NZASA website (Members Area: Ongoing Education, Events, & Seminars);
- provide proof of holding a current First Aid certificate;
- complete a Mandatory Declaration form detailing fitness to practice, criminal charges, fraudulent billing practices, eligibility to work in NZ, claims for medical negligence, and professional conduct; and
- complete a Mandatory Health Workforce Survey.

REPORTING CHANGE OF CIRCUMSTANCE

At all times registered members must advise NZASA of ANY change of circumstance. This may include, but is not restricted to, criminal offences/convictions and any complaint process that the practitioner is made aware of. Changes to a practitioner's own health may also warrant reporting if impacting professional obligations (see below).

Any change must be reported to NZASA within 21 working days.

PRACTITIONER HEALTH

CONSIDERATIONS

Practitioners should be mindful of self-care as it relates to their own health and their capacity to provide competent and professional services to consumers. Practitioners should not work if they have signs or symptoms of a potentially infectious disease, e.g. conjunctivitis or influenza². At all times, if a practitioner feels unwell, they should consider their obligations to both themselves and the consumer re their fitness to work.

NZASA supports ongoing education with respect to self-care within CPD Category 3: Breathing and other exercises, i.e. qi gong and taiji quan that are for the benefit of the practitioner and not the consumer. [NZASA website](#) (Members Area: Ongoing Education, Events, & Seminars)

HEPATITIS B VACCINATION

Practitioners may wish to consider being vaccinated with Hepatitis B vaccine as an added protection in the event of a needle stick injury.

² National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. Canberra: Australian Government; 2019. p.199-200.

SAFE PROVISION OF ACUPUNCTURE

1. USE THE MODALITY OF ACUPUNCTURE SAFELY AND EFFECTIVELY

- 1.1. Know your³ scope of practice and work within it, referring to appropriate health professionals as necessary outside of your scope.
- 1.2. Continue to enhance your skillset/scope via ongoing professional development (as required by your NZASA registration).
- 1.3. Provide individualised diagnosis and treatment.
- 1.4. Always offer a professional, respectful, and culturally appropriate⁴ service to the consumer.
- 1.5. Be sure to gain a signed and dated informed consent from the consumer or their representative. *Informed consent*⁵ requires that you ensure the consumer has a clear understanding of the treatment proposed; has the opportunity to ask questions and/or request an amendment to the proposed plan; or to refuse treatment at any point in the process.
- 1.6. Maintain clear and accurate clinical records for each and every treatment. Records must be safely stored, e.g. in a locked cabinet or in a password protected computer file, and stored for 10-years post-treatment.⁶
- 1.7. Maintain a high standard of cleanliness of yourself, your facilities, and needling technique (as detailed in 2. Infection Prevention and Control).
- 1.8. Note the location and number of needles per treatment to ensure *all* needles are safely removed at the end of the treatment session.
- 1.9. You must advise the consumer that once the acupuncture needles are inserted, they should not move in a manner that may potentially move, bend or damage a needle and cause them injury. This is especially important when vulnerable points are being needed.
- 1.10. If you do leave a consumer unattended (exceptions in 1.11), you must first obtain their verbal consent, and you must advise them how to call for your immediate attention at any time.
- 1.11. You **must not** leave a consumer unattended when using moxa, cupping, or any other form of treatment where a consumer may suffer from physical injury.

³ Your/you refers to 'the practitioner'.

⁴ Refer to NZASA Guideline on Cultural Competence (2020).

⁵ Informed Consent is discussed in detailed in the NZASA Code of Ethics and Professional Conduct (2020) and [Guidelines on Informed Consent \(2020\)](#).

⁶ Obligations with respect to accurate and comprehensive clinical recording (notes) are discussed in detail in the NZASA Code of Ethics and Professional Conduct (2020). Please refer to the [Health Information Privacy Code, 1994](#) for more information.

2. INFECTION PREVENTION AND CONTROL

The primary objective is to safeguard against infection for both acupuncturist and consumer. Please also refer to the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#).⁷

2.1 Managing the Clinic Physical Environment

Cleaning is one of the standard precautions to achieve a basic level of infection prevention and control.⁷ All surfaces and equipment require regular cleaning.

2.12. Linen needs to be changed and laundered regularly or when it is soiled in any manner, with extra caution where any blood has transferred to the linen.^{7,8}

2.13. Used linen should be stored in a container with a lid.

2.14. Clean linen should be stored in a clean, dry area/container.

2.14. A rubbish bin with a lid and a leak proof liner should be present in the clinic room.

2.2 Hand hygiene requirements

“Effective hand hygiene is the single most important strategy in preventing healthcare associated infections (HAIs)”.^{7 p.29}

- The term hand hygiene includes hand washing with liquid soap and the use of an alcohol-based hand rub.
- Washing hands with soap and water is required if hands are visibly dirty or contaminated by blood or other body fluids. If hands are visibly clean, either product (soap and water or alcohol-based hand rub) can be used.
- The World Health Organization provides guidelines which describe the most efficient techniques for hand washing and alcohol-based hand rub use. Refer to Appendix A for illustration of these techniques.
- “Effective hand hygiene relies on appropriate technique as much as on selection of the correct product. Inappropriate technique can lead to failure of hand hygiene measures to appropriately remove or kill microorganisms on hands, despite the superficial appearance of having complied with hand hygiene requirements.

Key factors in effective hand hygiene and maintaining skin integrity include:

- the duration of hand hygiene measures;
- the exposure of all surfaces of hands and wrists to the preparation used;
- the use of rubbing to create friction; and
- ensuring that hands are completely dry”.^{7 p.32}

⁷ National Health and Medical Research Council (NHMRC). *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Canberra: Australian Government; 2019.

⁸ For Best Practice Guidelines see no. 7 and The Royal Australian College of General Practitioners. *Infection prevention and control standards for general practices and other office-based and community-based practices*. 5th ed. East Melbourne, Vic: RACGP: 2014.

Hand hygiene must be performed:

- Before touching a health consumer.
- Before a procedure.
- After a procedure.
- After body fluid exposure.
- After touching a health consumer.
- After touching any surface touched by the health consumer.
- Before and after using a computer keyboard, tablet or mobile device (whilst in consultation or treating).
- After blowing or wiping your nose, or touching your nose or mouth.
- After eating/handling of food/drinks.
- If your hands become visibly soiled.
- After visiting the toilet.
- After handling laundry or waste.
- Before and after the removal of gloves.⁹

2.3. Hand washing (liquid soap and water)

Refer to Appendix A for downloadable poster for your clinic.

A basin with hot running water should be located close to every acupuncture treatment area. It is preferable that the basin is fitted with non-touch tapware. If the basin does not have non-touch tapware, then use a clean paper towel to turn the tap off after you have completed your hand washing (refer to 2.1).

After hand washing, dry your hands using single-use linen or disposable paper towels (not using an air-dryer). If you touch anything else prior to treating the consumer (e.g. door handles) then you must use an alcohol-based rub to clean your hands before treatment.

Where possible the basin should solely be for the use of hand washing by health practitioners in the clinic. It should not be used for other purposes, such as food preparation. Hand washing with soap and water must be used at the following times:

- At the beginning and end of each clinical session (consumer contact).
- When your hands are visibly dirty or contaminated with blood or other body fluids.
- After a toilet break.

⁹ NHMRC. 2019. p.30-32.

2.4. Alcohol-based hand rub (hand sanitiser)

The use of an alcohol-based hand rub is an appropriate method of hand hygiene in health care settings when hands are not visibly dirty.¹⁰

Refer to Appendix A for illustrated technique.

The following precautions should be taken when using alcohol-based hand rub in acupuncture practice:

- Alcohol-based hand rub must contain between 60% and 80% v/v ethanol or equivalent.¹¹
- Alcohol-based hand rub must be stored, and used, away from heat and naked flames.
- Ensure hands are completely dry after sanitising. Be particularly mindful that all alcohol has evaporated from your hands when using procedures involving exposure to a naked flame, such as moxibustion or cupping.

2.5. Other hand hygiene protective measures

The following measures are aimed at preventing transmission of infection. Damaged skin harbours higher numbers of micro-organisms than intact skin. Consequently, the risk of skin infection and transmission of infection to others increases:

- Practitioners should cover any skin that is not intact such as cuts or skin abrasions with a waterproof dressing, or wear disposable gloves.
- Use a good hand moisturiser regularly as needed to maintain skin health.
- To minimise the presence and growth of micro-organisms, and to allow for optimal hand hygiene:
 - Keep fingernails short and clean.
 - Refrain from wearing nail polish, nail jewellery, artificial nails, and jewellery on the hands.¹¹

2.6. Gloves

- Gloves do not need to be worn if the consumer and practitioner both have intact skin and excessive bleeding is not expected during the treatment.
- **Wearing gloves is not an alternative to hand hygiene techniques.**
- In an acupuncture practice, gloves do not need to be sterile but must be single use, i.e. disposed of after use.
- Use gloves to handle any item soiled with blood or body fluids. Examples of procedures which may result in direct contact with blood in an acupuncture practice include when using a dermal hammer, cupping applied after dermal hammering, or blood-letting techniques.
- Wash hands with soap and water after removal and disposal of gloves.

¹⁰ NHRMC. 2019, p.43.

¹¹ NHRMC. 2019, p.33.

Maintain a clean field (a surface that can easily be cleaned) for the practice of acupuncture.

- 2.7. Ideally clean all surfaces at the start and end of a clinic day.
- 2.8. Retain all equipment within the clean field.
- 2.9. Waste disposal containers must not enter the clean field.
- 2.10. The clinician must have followed hand hygiene procedures before entering the clean field.

Use and disposal of sterile, single use disposable acupuncture needles.

- 2.11. It is a mandatory requirement to use CE-marked, pre-sterilised disposable needles (including dermal hammers). All acupuncture needles and dermal hammers are for single use only.
- 2.12. Ensure that all pre-sterilised equipment is stored in a clean, dry environment.
- 2.13. Any needles beyond their expiry date must be disposed of, except for 'expired' needles retained for training purposes (i.e. used on a needle cushion) which must be labelled clearly and stored in a separate area.
- 2.14. Only use pre-sterilised needles and other equipment when the packaging is undamaged and shows no signs of prior exposure to liquids.
- 2.15. Unused needles from open multi-use packs must be disposed of at the end of each treatment into the aforementioned sharps box. Do not retain opened packs for use with the next consumer or overnight.
- 2.16. Guide tubes must be pre-sterilised and come packaged with each individual needle or set of needles. They must not be used or stored for use after the session in which the seal on the package is broken.
- 2.17. Never touch the needle shaft with bare fingers or non-sterile equipment, e.g. tweezers. If the shaft of the needle becomes inadvertently contaminated before insertion, it must be discarded into the sharps container without use. You may use **sterile** material (sterile cotton wool or a sterile gauze pad) to support the shaft of the needle if necessary.
- 2.18. At all times during the practice of acupuncture, the clinician must be aware of, and make efforts to reduce, the risk of a needle-stick injury.
- 2.19. After use, acupuncture needles **must** be disposed of in a clearly labelled, rigid-walled sharps container which complies with AS 4031 or AS/NZ 4261.
- 2.20. **Do not** place a needle on an intermediate surface before or after use. After use, needles **must be** placed directly into a sharps container, which should be located close at hand. Needles **should not** be placed into a secondary container for transfer to the sharps container.
- 2.21. The sharps container should be in a safe location (to avoid it being knocked over) and be located outside of the clean field. Sharps containers must be kept out of the reach of children.
- 2.22. Do not overfill the sharps container.
- 2.23. You **must** dispose of sharps containers via a waste disposal provider¹² who can collect and dispose of sharp containers safely and in compliance with all relevant New Zealand regulations.

¹² Waste disposal providers will supply and dispose of sharps containers.

Procedure for dealing with a sharps injury

2.24 The practice of acupuncture carries the risk of a needle stick injury. If it is suspected that a needle stick injury has occurred, the following immediate protocol is recommended:

- If the skin has been penetrated, allow the wound to bleed, and clean it thoroughly with soap and water. Alcohol-based hand rub can be used to clean the area if soap and water is unavailable. There is no benefit in squeezing the affected area.
- It is recommended that you seek immediate medical attention. Prophylactic post-exposure treatment may be recommended. Note: this is most effective if implemented soon after the incident.
- It is recommended that the practitioner completes an incident report, as per WorkSafe NZ guidelines (see Workplace Health and Safety in NZ on p.3).

“If a sharps injury happens to you, you can be reassured that only a small proportion of accidental exposures result in infection. Taking immediate action will lower the risk even further”.^{13 p.54}

Routine skin preparation

2.25. Ensure that the consumer's skin at the needle site is clean prior to treatment and not covered by clothing. If the consumer's skin is visibly clean, there is no need to use an alcohol swab or other antiseptic before inserting needles.¹⁴

2.26. If the skin is visibly soiled, an antiseptic (such as 70% isopropyl alcohol skin wipes) must be used to clean the area prior and the site allowed to dry prior to needling.¹³ If heavily soiled, it may be necessary to ask the consumer to wash the area to be treated with soap and water before using isopropyl alcohol skin wipes.

2.27. If the area has been pre-treated with massage oil or balm, or other topical preparations applied by either the clinician or the consumer, it should be cleaned with an antiseptic (such as isopropyl alcohol skin wipes) and allowed to dry prior to needle insertion. If swabbing with an antiseptic, a clean, single-use swab must be used.

2.28. Extra care should be taken for those consumers who are/or potentially are immunocompromised. It is recommended that the treatment area be cleaned using an antiseptic such as a 70% isopropyl alcohol skin wipe.^{15,16} Ensure the skin is dry before inserting a needle. Do not re-palpate after cleaning the area to be needled. It is recommended that the consumer be made aware of the risk of infection and to seek medical treatment if the area needled becomes red or inflamed post-treatment.

2.29. If a semi-permanent needle such as a press needle is to be used (e.g. in the ear), the area must be cleaned with an antiseptic (such as a 70% isopropyl alcohol skin wipe) before insertion. Proper advice must be given to the consumer regarding ongoing management, including when to remove these types of needles.

NOTE: NZASA recommends that retained needles are not used in patients with that have had a heart valve replacement.

¹³ National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Canberra: Australian Government; 2019. p.54.

¹⁴ Hutin et al. 2003.

¹⁵ Chinese Medicine Board of Australia. *Infection prevention and control guidelines for acupuncture practice*. 2013.

¹⁶ Hoffman. Skin disinfection in acupuncture. *Acupuncture in Medicine*. 2001;19(2):112-116.

Hygienic and safe post-treatment management

- 2.30. Perform hand hygiene immediately prior to removing needles.
- 2.31. A clean, dry, cotton wool ball (or an alcohol wipe) should be placed over the site of needle withdrawal immediately after, applying gentle pressure, in order to control any superficial bleeding which may be evident, whether or not gloves have been used. Care must be taken to avoid contact with the consumer's blood should bleeding occur. The cotton wool ball should be disposed of into an appropriate container marked "Contaminated Material" to be incinerated or disposed of according to Local Health Authority practice.
- 2.32. After needling, do not re-palpate the point unless you have performed hand hygiene.
- 2.33. Massage should not be applied to a site which has just received acupuncture due to the potential for an increased risk of infection at the site.¹⁷

Reprocessing of reusable instruments and equipment

These standards are aligned with the requirements of the New Zealand standards on reprocessing of reusable medical equipment and instruments.^{18, 19}

Specific guidance on acupuncture practice is aligned with Chinese Medicine Board of Australia. Infection prevention and control guidelines for acupuncture practice. 2013.¹⁷

- 2.35. Acupuncture needles and dermal hammers must not be reprocessed. These are sterile, single use items only and must be disposed of immediately after use in a sharps container (as defined earlier).
- 2.36. Cups, gua sha equipment and other equipment that have been in contact with blood or non-intact skin are to be treated as contaminated. Blood exposure may occur, for example when cups are applied following dermal hammering, or other needling in the same area.

If cups (glass, plastic, or silicone) have been in contact with blood or non-intact skin, they are considered 'critical items' and must only be reprocessed and reused if a documented sterilisation process is in place that complies with Standards New Zealand AS/NZS 4187:2014 and AS/NZS 4815:2006.

If such a documented sterilisation process is not in place, these contaminated items must be treated as single-use items and be disposed of.

RECOMMENDATION: It is highly unlikely that these materials would withstand the high temperatures of the sterilisation processes. Practitioners can choose to deal with this problem by using single-use disposable cups to be disposed after use in a biohazard waste disposal bucket or bag (available via your waste disposal company). Practitioners choosing this option should arrange for a pick-up service of this hazardous waste.

- 2.37. Cups (made of glass, plastic, or silicone), scraping spoons, gua sha tools, and any other equipment which has been in contact with intact skin only, are considered 'non-critical' items and can be reprocessed by cleaning and/or disinfecting according to NHMRC²⁰ Guidelines (see References).
- 2.38. Bamboo cups are unsuitable for cleaning, disinfecting, or sterilising in accordance with these guidelines and must be discarded after use.

¹⁷ Chinese Medicine Board of Australia. *Infection prevention and control guidelines for acupuncture practice*. 2013.

¹⁸ Standards Australia/Standards New Zealand. AS/NZS 4815:2006.

¹⁹ Standards Australia/Standards New Zealand. AS/NZS 4187:2014.

²⁰ National Health and Medical Research Council, Australia.

3. CONTRAINDICATIONS AND PRECAUTIONS

NZASA registered members should recognise and comply with contraindications and precautions. The following is not intended to be an exhaustive list. **The onus is on practitioners to be aware of any and all risks associated with their practice**, e.g. choice of acupuncture points, work premises, and individual consumers.

Prohibited Areas for Needling

- Scalp of infants before fontanelles have closed.
- Nipples, breast tissue, and external genitalia.
- The umbilicus.

Vulnerable Points

Vulnerable points are to be needled with extreme care, and the risk must be discussed with the consumer as part of an informed consent process. (Refer to the latest 2020 versions of the NZASA Code of Ethics and Professional Conduct and the [NZASA Guidelines for Informed Consent \(2020\)](#)).

Vulnerable points include:

- 3.1. Orbit of eye: Jingming BL 1, Chengqi ST 1, Qiuhou Extra 7.
- 3.2. Certain neck points: Tiantu CV 22 (front neck), Futu LI 18 (side of neck over great vessels), Tianrong SI 17 (near baroreceptors at side of neck), Yamen GV 15 (over spinal cord), Fengfu GV 16 (over brain stem).
- 3.3. Points over lung tissue unprotected by bone or cartilage: e.g. Zhongfu LU 1, Jianjing GB 21.
- 3.4. Penetration of joints and over major nerves, blood vessels, and internal organs.

Remember: This is not an exhaustive list. Practitioners should use caution and professional judgment dependent on each individual case.

Special care should be taken when treating consumers with the following conditions

- 3.5. Pregnancy: Certain acupuncture points are to be avoided or used with caution during pregnancy, such as LI 4 Hegu, SP 6 Sanyinjiao, GB 21 Jianjing, BL 60 Kunlun and BL67 Zhiyin. However, these points may be useful for the purpose of encouraging the onset of labour or during labour itself. In addition, caution must be used with any points on the abdomen located below the umbilicus or on the lumbo-sacral region. After the first trimester, caution is also required for any abdominal points above the umbilicus.
- 3.6. Diabetics: care should be taken due to the danger of poor peripheral circulation.
- 3.7. Pacemakers: do not treat consumers with pacemakers using the modality of electro acupuncture.

- 3.8. Confused/mentally disturbed/children: great care must be taken with consumers who are unable to understand the procedure and therefore to give informed consent. Parental consent should be obtained for children. The use of a consumer advocate is advised.
- 3.9. Unstable epileptics: care should be taken with needling. If a seizure occurs during an acupuncture treatment, the needles should be immediately removed. Protect the consumer from injury and apply appropriate first aid management. If the seizure does not stop after 5 minutes, or a second seizure follows, call for an ambulance.²¹
- 3.10. High blood pressure: whilst acupuncture treatment is commonly used for treatment of high blood pressure, some care should be taken.
- 3.11. Bleeding disorders and those on anticoagulant medication: care with insertion and removal. Apply pressure (using a clean cotton wool pad) after needle removal.
- 3.12. Consumers under the influence of alcohol or drugs: generally, consumers who are under the influence of alcohol or drugs should not be needled. A specific scenario where this may be allowable is in an addiction treatment setting.
- 3.13. Consumers taking Western medication: practitioners should be aware of the action of common Western drugs from a Western and Chinese perspective.
- 3.14. General care should also be exercised when needling the following types of consumers: elderly, palliative consumers, low body mass index (BMI), respiratory conditions, emotionally upset (or in a state of shock), immunocompromised consumers, or consumers who appear acutely unwell.

²¹ St John NZ. Seizure or Convulsions. <https://www.stjohn.org.nz/First-Aid/First-Aid-Library/Seizures-or-Convulsions/>

4. MANAGEMENT OF ADVERSE EVENTS

The priority is prevention of adverse events. Best practice when an adverse event does occur is to be fully transparent with both the consumer and NZASA.

4.1. Painful Needling

Needle insertion should be relatively painless. If the consumer is experiencing unusual pain the needle or needle(s) should be removed.

4.2. Bruising or Haematoma

If a bruise or swelling occurs after needling, apply pressure with a swab to the area after needle withdrawal. In addition, application of a hot compress or indirect moxibustion may be offered to the consumer as a means to disperse the bruise or haematoma. The consumer's verbal consent must be obtained, which should be recorded in their clinical records.

4.3. Fainting

Possible causes: Apprehension; tiredness; hunger; general weakness; anxiety/fear; needle phobia; pregnancy; excessive stimulation with needles.

Management: Remove needles immediately. Lie consumer down, raise legs if appropriate, and reassure. Acupressure Rhenzhong DU 26, Yongquan KI 1.

Prevention: Clear explanation of procedures before treatment to ensure that any anxiety is appropriately addressed. At first visit treat in a lying position, insert only a few needles, and use gentle stimulation.

4.4. Bent needle

Possible causes: Unskilful manipulation; needle striking hard tissue; sudden change of consumer's posture; unexpected contraction of muscle causing spasm.

Management: Relax area; return posture to original position if this is the cause. Gentle needle manipulations with slow removal following the direction of the bend. Never remove with force.

Prevention: Good initial positioning and advice to consumer re maintaining position. Skilled needle manipulation.

4.5. Stuck Needle

Possible causes: Muscle spasm; entanglement of needle in fibrous tissue during manual stimulation; consumer changing position once needle in situ.

Management: Reassure/relax consumer; alter posture slightly. Lightly massage skin around the needle, leave a while, gently free needle by moving needle gently in different directions to remove. Or, with consumer's consent, insert 1 to 2 needles around stuck needle and gently remove. Alternatively, the use of indirect moxibustion to the surrounding area can relax the muscle fibres and aid removal of the needle.

Prevention: Good positioning of consumer. Avoid muscle tendons during insertion. Avoid excessive manual stimulation.

4.6. Broken Needle

Cause: Usually poor needle quality.

Management: Remove with forceps if possible. If this is not possible the needle must be removed surgically. Mark the exact area with a radio-opaque object, e.g. paperclip stuck to skin. Immobilise area if possible. Refer for X-ray and medical treatment.

Prevention: Use quality needles with stainless steel shaft and handle. Do not insert needle fully up to shaft/handle junction.

4.7. Forgotten Needle

Possible causes: Practitioner distraction, tiredness, inattention, or lack of checking procedures.

Management: Systematically check and re-check that all needles have been removed at the end of a treatment.

Prevention: Development of habitual and systematic checking procedures. Do not practice acupuncture if tired, stressed, or in any way distracted from the task at hand (refer to Practitioner Health: Considerations, p.5).

4.8. Drowsiness

Some consumers may feel very relaxed and even sleepy after treatment. They should be advised not to drive until they have fully recovered. For first treatment (or if drowsiness is a known side-effect for a specific consumer) suggest that the consumer bring a support person or driver and, if possible, tailor appointments for the end of the day so they can go home and rest.

4.9. Infection

Prevention: If a consumer has, or is suspected of having, a notifiable infectious disease, or has a serious pre-existing medical condition, or is immunocompromised, you should ensure that it is safe to treat them. This may require contacting their GP (with the consumer's permission, which should be noted in their clinical records).

The skin should always be carefully examined for infection prior to treatment and medical advice sought if needed. Very thin and fragile skin should be needled with care.

4.10. Pneumothorax

If a pneumothorax is suspected (signs may include chest pain, tightness, dry cough, shortness of breath on exertion) a chest X-ray is essential to confirm or exclude.

It is the responsibility of the practitioner to ensure that the consumer is referred for a chest X-ray and medical advice. It is important to note that the symptoms of a pneumothorax may not be present for several hours or days following acupuncture treatment and to advise the consumer of this fact.

5. OTHER TECHNIQUES

5.1. Electroacupuncture (EA)

Only use EA if this is within your scope of practice (i.e. you have completed adequate training), and refer to specific recommendations for the clinical application of EA, particularly with respect to precautions and contraindications of use.

As part of the ongoing informed consent process the practitioner must fully advise the consumer of the EA procedure prior to the commencement of treatment, and gain the consumer's consent (verbal or written) which must be recorded in the clinical notes.

Precautions for Electro-acupuncture:

- The consumer must be advised to inform the practitioner if the sensation is too strong or uncomfortable.
- Electrodes should be attached so that the current does not cross the upper body.
- Consumers must be advised to remain still throughout the treatment. It is recommended that practitioners remain in the clinic room with the consumer during EA treatment, especially if needling involves vulnerable points. If you do leave the room, the consumer must be instructed how to get your attention easily.

Contraindications for Electro-acupuncture:

- Pregnancy: however, EA may be used for pain relief in labour.
- Electro-acupuncture must not be used on consumers with a pacemaker or other electronic implants.
- Do not apply stimulation near the heart or near major blood vessels.
- Caution must be exercised when using EA in the presence of metal implants and the current should not be conducted across the area where the implant is located

5.2 Moxibustion

Moxibustion can be used directly onto an acupuncture point (to produce blisters or scarring) but this is not common practice, **would require specific (and signed) informed consent, and is not recommended in clinical practice within New Zealand.**

The recommended approach is to moxa indirectly on to the skin or needles.

It is essential to check sensitivity to heat before commencing.

As part of the ongoing informed consent process, the practitioner must fully advise the consumer regarding the moxibustion technique they propose to use prior to the commencement of treatment, and gain the consumer's verbal consent to be recorded in their clinical notes.

Precautions for the use of Moxibustion:

- The practitioner **must** remain in the treatment room throughout any application of moxibustion.
- The consumer must be advised to tell the practitioner immediately if the heat sensation is too strong or intense.
- Extra care must be taken when treating children as they may not readily communicate any discomfort.
- Care needs to be taken with any patient who has diminished heat sensitivity, e.g. those with peripheral neuropathy.

- Care must be taken when removing needles after moxa cones or rolls have been burnt on top of needle, as the needle will become hot.
- It is recommended that an extractor fan or similar extraction method is used when applying moxa. Some premises will not allow the use of moxibustion; be mindful of the rules and regulations within your building premises.

Contraindications for the use of Moxibustion:

- Acupuncture points contraindicated for moxibustion
- High fever
- Caution should be taken where heat, redness, swelling and pain are all present at the location.
- Acute inflammatory processes
- Thrombophlebitis or varicose veins
- Abdominal and sacral regions of pregnant women
- Impaired skin sensation in the area of treatment
- Infections and open wounds
- Directly over large superficial blood vessels

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APPENDICES

APPENDIX A

How to Handwash and How to Handrub Poster © World Health Organization (2009). All rights reserved. This can be printed for use in your clinic.

Other New Zealand printable resources on Hand Hygiene posters can be found at:
<https://www.healthnavigator.org.nz/healthy-living/h/hand-washing/?tab=9622>

Hand Hygiene: Why, How, When © World Health Organization (2009). All rights reserved.

APPENDIX B

Respiratory hygiene and cough etiquette

“Covering sneezes and coughs prevents infected persons from dispersing respiratory secretions into the air. Hands must be washed with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.”^{NHRMC 2019 pp.90}

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping, and blowing noses
- Dispose of tissues in a waste bin after use.
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand.
- Hands must be washed with soap and water after coughing, sneezing, using tissues.