



Acupuncture Association of
Chartered Physiotherapists

Safe Practice Guidelines for Acupuncture Physiotherapists

2021 Version

Produced by:

Acupuncture Association of Chartered Physiotherapists limited,
Sefton House, Adam Court, Newark Road, Peterborough, PE1 5PP

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The Acupuncture Association of Chartered Physiotherapists (AACP)

Sefton House,
8-9 Adam Court,
Newark Road,
Peterborough
PE1 5PP

Tel: 01733 390007

Email: clinicaladvisor@aacp.org.uk

Website: www.aacp.org.uk



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INTRODUCTION

This guideline update has been led by the AACP Clinical Advisor and contributed to by the AACP Board of Directors. The included advice and information is supported by scientific evidence where available and expert consensus and it is intended to provide a best practice reference point for all Acupuncture Physiotherapists.

The purpose of this guideline is to support individual Acupuncture Physiotherapists in practice as well as departments and organisations. It may also be used as a point of reference for acupuncture licensing to validate the practices followed by AACP registered Acupuncture Physiotherapists.

Acupuncture Physiotherapists

AACP accredited Acupuncture Physiotherapists in the UK, being Chartered Physiotherapists follow a strict code of professional values and behaviour set out by the Chartered Society of Physiotherapy (CSP). A brief outline of the code is set out below.

1. CSP members take responsibility for their actions
2. CSP members behave ethically
3. CSP members deliver an effective service
4. CSP members strive to achieve excellence

For full details of the Code of Professional Values and Behaviour, follow the link. <http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/code-professional-values-behaviour>

Professionalism

AACP Acupuncture Physiotherapists work with a high degree of professionalism. This is encouraged and enforced by the Health and Care Professions Council through their Standards of Conduct, Performance and Ethics as well as by the CSP through their Professional Values and Behaviour guidance explained in the introduction of this document.

Minimum training

There is no nationally agreed, enforced minimum training for the practice of acupuncture. Therefore AACP set the standard in training and require all AACP members to have completed an AACP (or AACP accredited) Foundation Course which equates to 300 notional hours of M-level equivalent training. All training is subject to scrutiny by the AACP's Training Committee (TC) and has to meet high standards to be endorsed by AACP.

CPD requirements

It is a requirement of all practicing AACP members that they complete 10 hours of acupuncture related CPD every 2 years. As a means of monitoring this, the AACP randomly audits the CPD of 5% of its membership each year, achieved by quarterly audits.

Appreciation of evidence

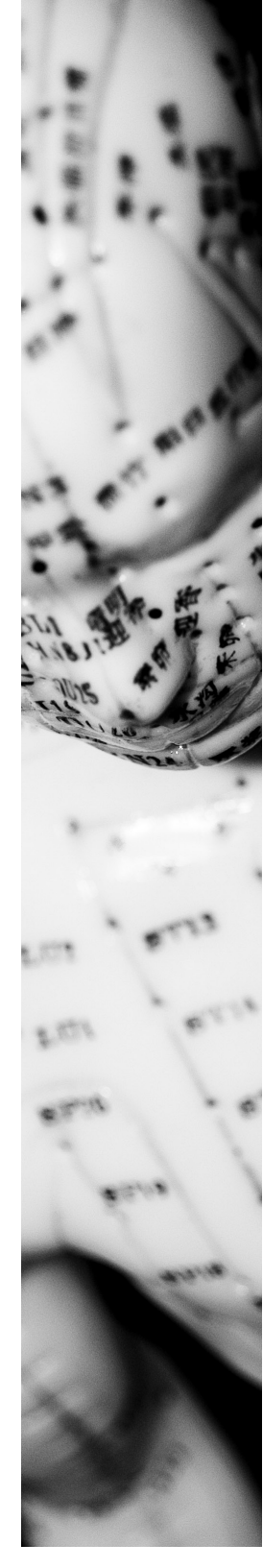
Members of AACP practise Western Medical Acupuncture, this is based on science, anatomy and physiology as we understand it today. In order to follow Western Medical Acupuncture principles, physiotherapists need to practise evidence based medicine, meaning they take scientific research evidence into consideration when selecting a treatment. This does not mean basing treatments solely on research evidence, this means combining best current evidence with clinical expertise and patient values.

The target audience

These guidelines are produced for members of the AACP, and are available free of charge to all members. These guidelines are also followed by all AACP and AACP accredited courses, therefore all physiotherapists attending an AACP accredited course will be taught to these minimum safety standards.

Referencing these guidelines

These guideline should be referred to using the following reference: AACP (2021) Safe Practice Guidelines for Acupuncture Physiotherapists. *Acupuncture Association of Chartered Physiotherapists*. Peterborough.



BACKGROUND

These guidelines provide a code of best practice for Western medical acupuncture delivered by acupuncture physiotherapists in clinical practice. All AACP recognised foundation and CPD courses will teach to these minimum standards.

This issue, 2021 is an update of the previous version titled AACP guidelines for safe practice V3 2017.

It is acknowledged that there are different types of acupuncture practice and varying different scientific and philosophical views existing amongst acupuncture practitioners, including physiotherapists. However, it is a requirement that a consistently high standard of acupuncture is achieved and maintained by all. It is understood that physiotherapists practice in a wide variety of settings, both within the NHS, private practice and other organisations. These guidelines are not mandatory, however they form strong recommendations of best practice across all settings.

There are known and reported risk associated with acupuncture treatment. Improper and unhygienic practice can increase the risk of acupuncture associated risks. It is exceptionally important that acupuncture physiotherapists have safe working practices and safe acupuncture technique and follow excellent infection control procedures to insure risks to both clients/patients and acupuncture physiotherapists are reduced.

WESTERN MEDICAL ACUPUNCTURE: BASIC SAFETY PRINCIPLES

This declaration sets out key safe practice principles for all acupuncturists and health professionals who use acupuncture or dry needling techniques. It was developed with input from the Acupuncture Association of Chartered Physiotherapists, the British Acupuncture Council and the British Medical Acupuncture Society to support the safe practice of acupuncture in all clinical settings.

Ensure that acupuncture is the most appropriate treatment for your patient

- Check for significant underlying diseases and ‘red flag’ symptoms and signs and inform the patient’s general practitioner or specialist immediately if signs or symptoms of a serious condition are evident.

Minimise the risk of trauma or injury

- Pneumothorax is a serious adverse event.
- When needling over the thoracic region either use superficial oblique insertion or direct the needle at a tangent to the ribcage. Needling over or onto ribs must be performed with care.
- The depth of needle insertion must be within safe limits for each patient and each location related to the underlying anatomy.
- Always note the number of needles retained during treatment and ensure that the same number are removed and disposed of safely.

Reduce the risk of infection

- Wash your hands before patient contact, before inserting and removing needles and whenever there is a risk of cross infection from practitioner or patient to patient.
- Maintain a clean field for any equipment you use in your practice.
- Skin surface should be clean and free from emollients.
- Needles should be disposed of via standard BS-marked (BS7320) sharps containers

Check your equipment

- Your equipment must all be CE-marked.
- Needles must be sterile, disposable and single use only.

Maintain your practice in line with current laws

- Dispose of sharps containers and clinical waste in line with current hazardous waste legislation.
- Practitioners must be legally registered or licensed with the local authority unless exempt under the law.

Scope of practice

- Work only within your limits of competence and professional training, and within the scope of your professional practice.
- Joining an appropriate professional body that can keep you abreast of current best practice in acupuncture and dry needling is recommended.

Report serious adverse events or notifiable diseases immediately to:

- your professional body
- your professional insurers
- the Health and Safety Executive under RIDDOR procedures
- your local authority or local health protection team (in the case of notifiable diseases).

(Acupuncture Safety Resource 2016)

ACUPUNCTURE LICENSING

In accordance with the Local Government Miscellaneous Provisions Act 1982, physiotherapists in England and Wales must licence their premises and/or practitioners for the provision of acupuncture. Each council is able to produce their own bylaws, meaning the licensing requirements, process and cost differ between councils, and therefore regions.

It is essential that anyone wishing to carry out acupuncture contacts their local council's environmental health department to determine the local licensing practices. In some areas AACP members are exempt from the need to licence their acupuncture practices. Practitioners should still contact their local council to ensure this is the case.

NHS premises exemption

National Health Service premises are exempt from licensing. This includes hospitals as well as health centres and GP practices.

London boroughs exemption

Some councils that operate within Greater London have granted licence fee exemption for AACP members under the London Local Authorities Acts 1991/2000. This concerns licensing fees for private physiotherapy clinics using acupuncture as part of physiotherapy practice. AACP members are still required to register, though will not be charged for a licence by the participating councils.

Scotland exemption

In Scotland HCPC registered physiotherapists do not need a licence when practising acupuncture in a hospital or independent/ private clinic (Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Amendment Order 2006 (2006/604)).

Northern Ireland exemption

In Northern Ireland HCPC registered physiotherapists are not required to license their clinics (The Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1985).

Tattooing and body piercing guidance toolkit

The tattooing and body piercing guidance toolkit was published in July 2013 and has been endorsed by:

- Chartered Institute of Environmental Health
- Health and Safety Laboratory
- Public Health England
- Tattooing and Piercing Industry Union

Acupuncture delivered by a physiotherapist is vastly different from tattooing and piercing. Despite this, acupuncture still falls into the tattoo and piercing guideline because it shares one common trait; it involves the use of sharp objects piercing the skin. The tattooing and body piercing guidance toolkit was produced as a guidance document to facilitate licensing and promote best practice within the tattooing and piercing community. Many councils will use this to assist in their judgement as to whether the practice is of a suitable standard to be licensed. Some councils however, do accept that acupuncture by a physiotherapist is vastly different, and already governed through the HCPC, therefore they take the AACP safety guidelines into consideration. AACP safe practice guidelines differ from the tattooing and body piercing guidelines in certain areas highlighting the difference. It is advised to familiarise yourself with the tattooing and body piercing guidelines prior to licensing.



SCOPE OF PRACTICE & INSURANCE

The CSP insurance will cover you for treatments that fall within your scope of practice. Scope of practice falls into two distinct categories, the first being the scope of physiotherapy in the UK, the second being your personal scope of practice.

Scope of physiotherapy practice

The CSP set the scope of physiotherapy practice in the UK, and this determines what is and isn't covered within the insurance included with CSP membership. Scope of physiotherapy practice in the UK consists of 4 pillars, the 4th being called kindred methods of treatment. It is under this pillar that acupuncture falls. Acupuncture is accepted as being within the scope of physiotherapy in the UK as long as you are treating patients as a physiotherapist, and the patient is aware that you are a physiotherapist (as opposed to an acupuncturist or a TCM practitioner for example). You would need to be treating conditions that the CSP agree fall within the remit of a physiotherapist. An example of this is that musculoskeletal conditions fall within the remit of a physiotherapist; treatment for cosmetic reasons does not. Where practices do not fall into the remit of a physiotherapist, you are unable to provide that particular service as a physiotherapist and therefore require additional insurance.

Personal scope of practice

You also need to determine if you are working within your personal scope of practice. Working safely and competently within your personal scope of practice means that you must:

- Ensure you have the skills, knowledge and abilities required to carry out your role
- Identify areas in which you need to further develop in order to maintain your competence

There is further information on this topic from the CSP <http://www.csp.org.uk/professional-union/professionalism/scope-of-practice>

Acupuncture for fertility

The CSP PLI scheme does not cover claims arising from treatments of acupuncture to treat fertility issues on or after 1st July 2016.

The CSP has not made a decision about whether the use of acupuncture for fertility related treatments is within the scope of physiotherapy practice.

To support our members the AACCP offers an additional insurance covering acupuncture for fertility treatments at a discounted rate. Please contact the AACCP head office for further information.

Please see the CSP's information on acupuncture and the CSP PLI scheme for further information. <http://www.csp.org.uk/professional-union/practice/insurance/hot-topics-faqs/acupuncture-csp-pli-scheme>

Acupuncture for cosmetic purposes

Acupuncture for cosmetic purposes is not within the scope of physiotherapy practice in the UK. This is because purely cosmetic interventions which have no physiotherapeutic purpose are outside the scope of physiotherapy practice.

Additional insurance is essential for the practice of cosmetic acupuncture.

For more information please see the CSP's information on acupuncture and dry needling. <http://www.csp.org.uk/professional-union/practice/insurance/acupuncture-dry-needling>

CONSENT

This section is based on CSP (2016) Consent and Physiotherapy Practice Information paper PD078 2nd edition.

Recent changes to consent legislation

Patients are now entitled to receive any information they ask for in order to make their own decisions about their treatment. There is a change in stance from “what the health professional reasonably is expected to provide” to “what the patient wants to know”.

You must answer any question that your patient asks in relation to their physiotherapy treatment, or signpost them to someone who can answer their question if it is beyond your professional expertise, before you can be sure that they have given informed consent to the treatment you are proposing.

The standard of care for advice and information sharing moves to the “Montgomery Standard” which is “what the patient wants to know”. This follows a case at the Supreme Court between Montgomery and Lanarkshire Health Board in 2015.

What is consent?

Consent is the voluntary agreement given by a person to allow something to happen to them, and/or to be done to them, and/or to allow their participation in something. It is a fundamental right that every adult with capacity has the absolute right to determine what happens to their own body. This right is protected by law and is reflected in the HCPC standards and the CSP Code of Conduct.

Valid consent has to meet the following:

- The patient must have the capacity to give their consent
- The consent must be given voluntarily
- The patient must have been given all the information they ask for in order to make their decision

If any one of the requirements outlined are not met then the consent may not be legally valid.

Written consent

In the context of physiotherapy, good practice should be to obtain written consent for any intervention that is invasive including:

- Western medical acupuncture
- Injection therapy
- Nerve conduction studies

Written consent is only required by law for treatment under sections of the Mental Health Act, Human Fertilisation and Embryology Act and Human Tissue Act. However, Department of Health and CSP recommend written consent in the following cases:

- Where treatment is complex or involves significant risk
- For treatment involving general or regional anaesthesia
- Where clinical care is not the prime aim of the intervention
- Where treatment could result in significant adverse consequences to a patient's employment, social or personal life even when performed properly.

AACP consent and health screening tool

The AACP advise their members to use the AACP consent and health screening tool with all patients who wish to receive acupuncture treatment.

Consent for 16 & 17 year olds

Young persons of 16 and 17 years of age with capacity are permitted by law to give their own consent for physiotherapy. It is good practice to involve the parents/ guardians in treatment decisions wherever possible providing the young person is willing.

Children under 16 years old

Children under 16 years old may give their consent to treatment provided they can:

- Understand the information being given to them
- Retain the information
- Weigh up the information in order to make a decision

A child who has the capacity to make their own decisions may be referred to as 'Gillick Competent' after the legal case that established that children could make their own decisions in certain circumstances. It is advised to involve the child's parents/ guardians where possible and legally sound in treatment decisions. For more information search for Gillick competency and Fraser guidelines.

Further information

For further information on consent for physiotherapy please see CSP (2016) Consent and Physiotherapy Practice Information paper PD078 2nd edition.

TREATMENT RECORDS

AACP members, being CSP members have a professional and legal obligation to keep an accurate record of their interaction with service users in whatever system or format (paper or electronic) the organisation specifies (CSP 2012). Please see CSP Quality Assurance Standards section 6, record keeping and information governance for full details on treatment records.

What to include in your acupuncture treatment records:

- A copy of the informed written consent form
- Location of the needles using WHO recognised nomenclature
- If trigger point needling, the location of the needles should be described using muscle name and depth of needle. A diagram of needle application may sometimes be useful
- Left, right, bilateral or central needle placement
- DeQi present or not present for each needle
- Has the needle been removed following treatment
- How the needle was stimulated and how many times
- Was a timer used and set
- The duration of needles in situ
- Was the patient left alone during the acupuncture treatment, if so was a bell or a means of contacting the physiotherapist issued to the patient
- Any adverse events or comments

The following can also be included:

- Depth of needle
- Angle of needle (such as oblique/perpendicular)
- Anything to reduce risk at risky points, E.g. pick up upper trapezius muscle when needling

Some physiotherapists might wish to record the last three points above in each patient record, however some may be confident that they follow the recommendations in their training manual or preferred text book and refer to that should any incident occur.

Paper based notes

Documenting acupuncture treatment on paper based notes is common and relatively straight forward. To ensure all necessary information is included the AACP recommend the use of the AACP acupuncture treatment template. This template can be modified to meet the requirements of individual users/ departments/ clinics.

See appendices for a template acupuncture treatment documentation for paper based notes.

Digital notes

The increasing popularity of digital notes means we need to consider the acupuncture documentation challenges some may face. The documentation of treatment is equally as simple with online notes, it can be typed into a pre-determined table as suggested above, or typed free hand. The difficulty is recording informed written consent digitally.

There are three simple options available (there may be more available depending on the digital note system used):

- Scanning a copy of the signed paper consent form and storing it with the notes digitally, and then destroying the paper copy if paper based notes are not stored
- Using a paper based consent form and storing it separately but making reference to it on the digital notes
- Developing a digital consent form on the digital note system used that a patient could sign directly onto with the use of a touch screen device such as a tablet computer.

Unfortunately there is no set standard method of obtaining consent for acupuncture digitally, therefore practitioners are encouraged to be creative in order to overcome this issue.

ACUPUNCTURE POLICY

Because acupuncture is invasive and potentially carries a high risk if not practiced correctly, having a policy in place is important. Something titled to the effect of the below should suffice:

- Acupuncture Policy (inc management of sharps)

or

- Policy for the use of acupuncture within the physiotherapy service

The following items should be included in a policy. This is by no means an exhaustive list, as the content will depend on your individual/companies practice.

- Training (what minimum level of training must acupuncture physiotherapists have to practice in your service and what ongoing training is required as a minimum)
- Membership of professional body
- Insurance
- Related policies (such as Safe Practice Guidelines for Acupuncture Physiotherapists 2021, tattoo and piercing guidance toolkit 2013 etc.)
- Consent and patient Information (detailing the need to obtain written consent, which information leaflet you are using etc.)
- The type of needles you use including expiry date checking
- Preparation (hand washing, when to use gloves, alcohol swabs etc.)
- Patient position during treatment
- Management of adverse events including first aid training requirements
- Contraindications and precautions related to acupuncture
- Aftercare
- Documentation
- Disposal of needles
- Needle stick injury

This AACP Safe Practice Guidelines for Acupuncture Physiotherapists can be used to guide individual policies, with reference made to it where required.

PRACTICE ENVIRONMENT

Treatment room requirements

The treatment room must provide:

- Sufficient space for movement, safe handling of equipment and performance of treatment
- Sufficient work surfaces to establish a clean field for treatment
- Safe storage of all equipment related to acupuncture and physiotherapy especially in relation to the risk of contamination and to avoid risk of injury
- Clean couches and couch paper roll
- Good illumination and adequate ventilation

The treatment room should provide (best practice recommendations):

- A hand wash basin with hot and cold running water
 - This should be located within the treatment room so that no doors have to be navigated between washing your hands and treating the patient
- A paper towel holder containing paper towels
- A soap dispenser containing liquid soap
- A dispenser containing hand sanitiser
- A waste bin with a pedal operated lid
- A non-porous floor covering, such as linoleum

Home visits/ mobile clinic

Practitioners should ensure that they are covered under their acupuncture license from the local council to carry out acupuncture treatment outside of their clinic premises.

Practitioners must also ensure that:

- Treatment is carried out in a well-lit, clean environment with easy access to hand washing facilities
- The treatment couch is clean and covered with a disposable cover
- Needles are disposed of in a sharps container which is lockable and suitable for transportation
- Enough time has been planned to monitor the patient for any adverse events before your departure

- Best practice suggests that clean and non-clean items should be kept apart, preferably in separate containers/ bags
- All usual clinic infection prevention and control measures are followed and where necessary, adapted to meet the needs of the different environment

Risk assessments

Management of Health and Safety at Work Regulations 1999 requires employers to assess risks within the workplace. Specifically employers are required to make assessments of:

- Risks to the health and safety of their employees whilst at work
- Risks to the health and safety of others including service users

In addition to the responsibilities of employers, individual practitioners are required to undertake individual risk assessments with each patient to determine their suitability for acupuncture treatment. Practitioners need to take in account any medical history and other appropriate factors. If this means the treatment technique is altered, how to alter the technique to manage risks appropriately needs to be considered. These risk assessments should be documented within clinical notes.

Near misses and lessons learnt

It is vital to consider a near miss seriously should it occur. Following each near miss a thorough reflection should be carried out with significant attention paid to prevention of reoccurrence. For significant injuries, practitioners should refer to RIDDOR regarding the requirement to report the injury. See “RIDDOR” section for further information.

PRACTICE EQUIPMENT

Acupuncture needles

All acupuncture needles must be single-use, pre-sterilised, disposable needles. Needles with guide tubes are recommended but it is the decision of the physiotherapist as to if they wish to use them or not. All needles should be purchased from a reputable medical supplier. Do not use the needles if you have any doubt of their quality, such as, bent or broken needles, torn sterile packaging etc. Ensure any needle used is within its use by date.

Since May 2014 there has been a recognised International Standard for needle quality which has been adopted as a British Standard by the British Standards Institute. The title for this is sterile acupuncture needles for single use and the Standard Number is BS ISO 17218:2014.

Electro-acupuncture

All electro-acupuncture equipment must be checked and serviced by a registered electrician following the Electricity at Work Regulations (1989). Documentation of its electrical safety test certificate should be retained.

Indwelling needles

There are a variety of indwelling needles available which differ in terms of size and safety. The AACP only recommends the use of the newer type of press-tack needle eg Pyonex needles (Seirin Corporation, Shizuoka, Japan) as recent evidence suggests that these needles may be used safely and effectively in physiotherapy practice on body acupuncture points (Schroder et al, 2017; Wang et al, 2018). The AACP recommends using these needles in conjunction with an appropriate risk assessment as older types of indwelling/semi-permanent needles carry a greater risk of infection than standard acupuncture techniques (Ernst & White, 1999).

Acupressure balls/ Vaccaria seeds

The use of acupressure balls or seeds in the ear is a technique that carries less risk than semi-permanent needles. We advise that acupressure balls or seeds should not be used until full training has been completed in auricular acupuncture.

Re-usable equipment

Re-usable equipment such as glass or plastic cups, probes and massage equipment should be washed between uses in hot water with detergent and stored in a clean dry place. If possible, washing of re-usable equipment should be done in a dishwasher at high temperature.

Alcohol swabs

Alcohol swabs should always be available should they be required though their use is not mandatory (Cummings & Reid 2004). They should always be used within their use by date. Visibly soiled or dirty skin or skin which has recently had emollients applied can be cleaned with 70% isopropanol or 0.5% chlorhexidine or soap and water.

Cotton wool

Cotton wool balls are recommended to be used to control a small bleed following the removal of the acupuncture needle. Cotton wool balls must remain clean, but sterile cotton wool is not mandatory.

First aid kit

All practices should have a fully stocked first aid kit. The first aid kit should be regularly checked and restocked and there should be an appointed person to take charge of first aid arrangements. There is no mandatory list of items to put in a first aid box. The contents of any first aid kit should reflect the outcome of your first-aid needs assessment. The Health and Safety Executive have a suggested list of contents, please see <http://www.hse.gov.uk/pubns/indg214.pdf> for more information.

Sharps container

All sharps containers should be yellow with an orange lid and compliant with UN3291 and BS7320 standards. They should be kept locked away when not in use. Sharps containers should be kept at a safe height, in a stable place and adjacent to the treatment couch when in use.

Treatment couch

Each treatment area should have a treatment couch. All treatment couches should be height adjustable and in good working order. The non-porous upholstery should be free from tears. Treatment couches should be covered with disposable paper couch roll which should be renewed after each patient. Material couch covers can be used and they should be changed and laundered regularly, however we do not advise their use. 19

INFECTION PREVENTION AND CONTROL

Storage of sharps

Under the Health and Safety at Work Act 1974 Section 3 we have a duty to protect those people who are not in our employment, i.e. members of the public, guests, patients, visitors, contractors to site; and so the method to lock away potential hazardous objects is seen as a measure of protection. Therefore the AACP recommend best practice to be storing sharps of all types (including new boxes of needles, used sharps and sharps containers) in a lockable cupboard or equivalent.

Steps to remain “sharps safe”:

- All sharps containers should be yellow with an orange lid and approved under BS7320: 1990/ UN 3291
- Do discard of any sharps directly into the sharps container immediately after use at the point of use. Close the aperture to the sharps container when carrying or if left unsupervised to prevent spillage or tampering
- Do place the sharps container close to your working area so you do not have to travel with the sharps.
- Do carry sharps containers by the handle and do not hold them close to the body
- Do lock the container when its three-quarters full using the closing mechanism
- Do label the sharps containers with premises/ departmental address prior to disposal
- Do place any damaged sharps containers inside a larger sharps container. Lock and label prior to disposal. Do not place this or anything sharp inside a hazardous waste bag as it may cause injury
- Do keep sharps containers in a locked room/ cupboard when not in use
- Do keep all sharps waste in a designated, secure area until it is collected
- Do dispose of disposable razors in a sharps bin immediately after use. Razors should never be re-sheathed after use

- Do not place anything other than sharps in the sharps container
- Do not try to re-sheath any used needles, should they be supplied sheathed
- Do not leave sharps lying around and don't try to retrieve items from a sharps container
- Do not try to press sharps down in the container to make more room
- Do not place sharps containers on the floor, window sills or above shoulder height. Use wall or trolley brackets, they should be stored above knee level and below shoulder level
- Do not bend or break needles before discarding them
- Do not use makeshift containers such as drinks cans, bottles or cardboard boxes as sharps disposal. They are not adequate for the purpose and may find their way into domestic waste and present hazard to refuse workers and members of the public
- Full sharps containers should be collected and disposed of by a licenced waste management company

HSE (n.d.)

Clinical waste disposal

All waste that has become contaminated with blood or body fluids should be disposed of correctly by a licensed waste handler. Some local councils may provide support with clinical waste disposal.

Please refer to the follow document for full information: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf

Cleaning

All clinic areas must be cleaned regularly and it is advised that a cleaning log is maintained to demonstrate regular cleaning. A policy should be in place to dictate when certain clinic areas and equipment should be cleaned and how this cleaning should take place.

Blood donation

As from the 15th February 2010 blood donor certificates are no longer required for patients who had acupuncture treatment and want to donate blood. If the treatment was performed by a physiotherapist registered

with the HCPC, the donor is able to donate their blood (NHS Blood and Transplant Service n.d.). The donor will need to provide the NHS Blood and Transplant Service with the HCPC number and name of the HCPC registered physiotherapist.

Blood borne virus

BBV's are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBV's of concern are:

- Hepatitis B Virus (HBV), hepatitis C virus (HCV) and hepatitis D virus, which all cause hepatitis, a disease of the liver
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body

These viruses can also be found in body fluids other than blood, for example, semen, vaginal excretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

(HSE 2011)

Percutaneous injuries present the greatest risk of BBV transmission in the healthcare setting. Disparity exists between the published estimates of risk and observed risk. The published estimate of risk of transmission of infection following a percutaneous injury of healthcare workers is:

- 1 in 3 for HBV
- 1 in 30 for HCV
- 1 in 300 for HIV



The risk of transmission of BBV following percutaneous injury of healthcare workers was observed between 2004 and 2013, there were:

- 590 reports of percutaneous injury involving HBV contamination, no seroconversions were documented
- 2566 reports of percutaneous injury involving HCV contamination, 9 seroconversions were documented meaning an observed risk of transmission of 1 in 285
- 1478 reports of percutaneous injury involving HIV contamination, 0 seroconversions were documented

The disparity between the published estimates of risk and observed risk is likely due to a combination of the success of the HBV immunisation programme among healthcare workers and prevention and risk-education strategies implemented in the healthcare setting. Underreporting of exposures by healthcare workers and organisations may lead to the risk of seroconversion being under observed.

Of all reported injuries of significant exposure to BBV, solid needles such as those used for acupuncture made up 21% of incidents, hollow bore needles made up 65% and other sharps made up 14%.

71% of injuries reported between 2004 and 2013 were percutaneous and 29% were mucocutaneous.

Woode Owusu et al. (2014)

Immunisations

Immunisation (vaccination) is available against Hepatitis B Virus (HBV), but no other blood borne viruses. The need for a worker to be immunised should be determined by the risk assessment. It should only be seen as a supplement to reinforce other control measures. Employers should make vaccines available free of charge to their employees if they are needed. It is recommended that a vaccination record is kept.

(HSE 2011).

As an acupuncture physiotherapist, the AACP recommends all practitioners to be vaccinated against HBV.

Decontamination procedures

Under ideal laboratory conditions HIV can remain infectious in dried blood and liquid blood for several weeks and HBV stays active for even longer. If materials become contaminated with blood or other body fluids, there are several methods available for decontamination. These procedures are designed to inactivate BBVs, mainly by using heat or chemical disinfection. You should have a local code of practice for dealing with spillages and other forms of contamination and all staff should be familiar with it.

HSE (2011)

- Methods of decontamination are:
- Physical cleaning
- Ultrasonication
- Heat
- Autoclaving
- Thermal washer disinfection
- Dry heat
- Chemical disinfection

HSE (n.d.)

Sharps injury

This section is taken from HSE (2013a) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees. Health and Safety Executive.

See appendices for sharps injury flow diagram.

Sharps training

Employers are required to train their employees on the use of sharps, the training provided to employees must cover:

- The correct use of safer sharps (if appropriate)
- Safe use and disposal of medical sharps
- What to do in the event of a sharps injury
- The employer's arrangements for health surveillance and other procedures

Sharps injury: notifying manager

An employee who receives a sharps injury at work must notify their employer as soon as is practicable. The employer will need to ensure they

have sufficiently robust arrangements to allow employees to notify them in a timely manner, including where the employee works out-of-office or away from the employer's premises.

Recording and investigating a sharps injury

Employers must make a record of the sharps injury when they are notified of it, whoever provides that notification. They must investigate the circumstances and causes of the incident and take any action required. The injured person is required to provide sufficient information to their employer to allow them to carry out this investigation.

The extent of the investigation should be proportionate to the potential severity of the sharps injury. The purpose of the investigation should be to establish whether the employer's existing risk control measures are adequate. It should look at underlying and root causes as well as the immediate factors that led to the individual injury. Any lessons to be learnt should be applied across the organisation (as appropriate), not just in the location of the injury.

In the case of an injury where there may have been exposure to a blood-borne virus or other significant infection, the investigation may also involve establishing the infection status of the source patient (where it is possible to identify the individual). If this information is known, it should be handled following usual patient confidentiality procedures. If it is promptly shared with the medical professional who is treating the injured person, it can greatly assist with ensuring they receive the right treatment or that they do not take unnecessary prophylaxis or anti-viral treatments.

Treatment and follow-up of a sharps injury

The employer must ensure that, when notified of any incident in which an employee has been injured by a sharp that has or may have exposed them to a blood-borne virus, the employee:

- Has immediate access to medical advice
- Has been offered post-exposure prophylaxis and any other medical treatment, as advised by a doctor
- The employer has considered whether counselling would be appropriate for the employee

Even if the employee works out-of-hours or off the employer's premises, the employer should have robust systems in place to enable employees to receive treatment in a timely manner.

RIDDOR

RIDDOR stands for "Reporting of Injuries, Diseases and Dangerous Occurrences Regulations". There are certain incidents that require reporting by RIDDOR, a list of such incidents can be found on the "types of reportable incidents" page of the RIDDOR website, please follow the link for further information. <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.

Specifically for sharps injuries, there are certain incidents that require reporting.

"Sharps injuries must be reported:

- When an employee is injured by a sharp known to be contaminated with a BBV (e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence
- When the employee received a sharps injury and a BBV acquired by this route sero-converts. This is reportable as a disease – see "disease, infections and ill health"
- If the injury itself is so severe that it must be reported

If the sharp is not contaminated with a BBV, and if the source of the sharps injury cannot be traced, it is not reportable, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury then it must be reported." (HSE 2013)

More information

HSE (2013) Reporting injuries, diseases and dangerous occurrences in health and social care guidance for employers. Health and Safety Executive.

HSE (2013a) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees. Health and Safety Executive.

Reviewing procedures

Regulations specifically require employers to review, at suitable intervals, the procedures that are in place to implement the following risk control measures:

- Use of medical sharps at work is avoided so far as is reasonably practicable
- When medical sharps are used at work, safer sharps are used as far as is reasonably practicable
- In relation to the safe disposal of medical sharps that are not designed for re-use:
 - Written instructions are available for employees
 - Clearly marked and secure containers are located close to area where medical sharps are used at work.

Hand washing

How to wash your hands

The World Health Organisation (2009) describe 11 stages to successful hand washing:

0. Wet hands with water
1. Apply enough soap to cover all hand surfaces
2. Rub hands palm to palm
3. Right palm over left dorsum with interlaced fingers and vice versa
4. Palm to palm with fingers interlaced
5. Back of fingers to opposing palms with fingers interlocked
6. Rotational rubbing of left thumb clasped in right palm and vice versa
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8. Rinse hands with water
9. Dry hands thoroughly with a single use towel
10. Use towel to turn off faucet
11. Your hands are now safe

The duration of the procedure should take 40-60 seconds. It is recommended that practitioners wash their hands when visibly soiled, otherwise use handrub.

Please see appendices for a printable hand wash poster.

Hand rub

Hand rubs should not be used if hands are visibly dirty or there is chance they could be contaminated with bodily fluids. Hand rubs should conform to the standard BS EN 1500. The hand rub should come into contact with the whole hand and the hands should be rubbed together until the hand rub has evaporated.

PPE: Gloves

Gloves are not required for acupuncture intervention in most circumstances. Gloves reduce dexterity, but their use is subject to discretion and may be chosen by the practitioner when the patient is known to carry a blood borne virus, if the patient has open wounds or if bodily fluids (blood, vomit, urine) are present near the acupuncture site. They should also be worn if the practitioner has a skin condition or cuts that cannot be adequately covered with waterproof dressings. The application of cotton wool on removal of the needle will prevent contact with body fluids if used correctly.

Work clothing/ uniform

Separate clothing should be worn for work and non-work purposes. Uniform should be clean at all times, changed daily and its appearance should be professional. Short sleeve tops are recommended.

Skin preparation (alcohol swabbing)

Prior to needling the skin, each site of skin penetration should be inspected to ensure it is visibly clean.

- Visibly soiled or dirty skin should be cleaned with soap and water (Hoffman 2001)
- Alcohol swabs using 70% isopropanol or 0.5% chlorhexidine may be used, but their use is not mandatory (Cummings & Reid 2004)
 - The ear should always be cleaned prior to needling
 - If the patient is wearing make-up then this should be removed prior to needling
 - If swabs are used, a new swab per acupuncture point is required
 - Ensure the swabbed site is dry before commencing acupuncture, this may take up to 2 minutes

Care of skin following acupuncture (what can/ cannot be applied to the skin following treatment)

It is advised that nothing is placed directly onto the skin immediately after acupuncture treatment apart from the patients clothing. This includes physiotherapy treatments such as taping and massage creams/ oils/ powders etc. This is to reduce the risk of infection through the introduction of foreign substances into recent breakages in the skin.

COSHH

The Control of Substances Hazardous to Health Regulations 2002 requires that a specific risk assessment is carried out by employers or self-employed persons who work with substances hazardous to health. Substances which are hazardous to health include biological agents. The hazards in this context are the organisms which can cause communicable diseases and which could be transmitted from person to person by unhygienic practises. Therefore a specific risk assessment in respect of infection control is necessary for all persons undertaking tattooing and skin piercing activities.

Businesses employing less than 5 people do not have to record the findings of this risk assessment, however they still have to satisfy regulatory officers that their risk assessment is suitable and sufficient.

Based on Chartered Institute of Environmental Health (2013) Tattooing and body piercing guidance toolkit. Chartered Institute of Environmental Health.

Management of self-employed persons

The Management of Health and Safety at Work Regulations 1999 (Sections 10, 12 & 13) contains legal provisions which can be of particular importance to the many acupuncture physiotherapists who do not own the premises which they operate from and are not employed by the person who owns and/ or manages the premises where they work. In these cases, they are usually self-employed and have some form of contract, formal or informal, with the owner of the premises whereby they pay the owner to allow them to work there. In these circumstances the premises owner can be said to be contracting out to the practitioner

and in effect 'endorsing their work'. These acupuncture physiotherapists are therefore contractors undertaking the activities with responsibilities for the premises owner too. This means that the premises owners cannot abdicate their own general duties under HASWA 74 to the individual practitioners. They have a duty to ensure that persons working on their premises are competent and that they carry out their work in a safe manner. The only way they can do this satisfactorily is to assess the practitioners for themselves and monitor their activities to ensure they have carried out their own risk assessment, as they are required to do by law, and that they are following control measures they have identified. The premises owner has the ultimate power to remove the risk, by stopping particular contractors working at their premises.

Based on Chartered Institute of Environmental Health (2013) Tattooing and body piercing guidance toolkit. Chartered Institute of Environmental Health.

ACUPUNCTURE TREATMENT

Depth of needling

The avoidance of injury is a fundamental principle of acupuncture treatment. Excessively deep needling or needling into major vessels or organs can cause significant harm to the patient, and every care should be taken to prevent this from happening (Deadman, Al-Khafaji, & Baker 1998:65).

Needles should be inserted in a direction which reduces the risk of damage to underlying organs, major nerves and major blood vessels. Half of the shaft of the needle should remain exposed. Never insert the needle as far as the handle.

Needling the thorax and pneumothorax

If the needling technique taught on AACP foundation courses is adhered to, the risk of pneumothorax caused by acupuncture should be minimal, if not eliminated.

When discussing the entirely avoidable incidence of iatrogenic pneumothorax that may occur through the negligent application of needles a number of factors should be considered. It must be emphasised and clear that it is not the acupuncture point per se that causes a risk of pneumothorax but rather the possible lack of training, lack of appreciation of the underlying anatomy and negligence of the therapist when administering acupuncture treatment.

There are a variety of classically documented acupuncture points in the thoracic region including the commonly used GB21 that overly the lungs and pleura and therefore also carry a potential risk for creating iatrogenic pneumothorax. To merely list the points however, suggests that the risk lies within the point itself rather than with the clinician, as all these points can be and are needled without incident clinically. The main issues regarding creating iatrogenic pneumothorax can be considered to be a clinician's level of training in acupuncture and related techniques, their understanding of surface anatomy and marking, point location, underlying

anatomy and the subsequent inherent risk factors involved in invasive acupuncture procedures.

An absolute level of care should be adhered to in all acupuncture related situations. Essentially respect the client, respect the anatomy and respect the technique in all cases.

Further reading: read the CSP's information called "Learning from litigation – Pneumothorax from acupuncture/ dry needling.

<http://www.csp.org.uk/publications/learning-litigation-pneumothorax-acupuncture-dry-needling>

Needling the vertebral column

It is important to assess the individual's musculature and needle obliquely towards the vertebral column to an appropriate depth. Each individual's anatomy must be assessed and the technique selected as a result of this.

Needling the abdomen

Whilst in Chinese practice it is not considered problematic to needle into the peritoneal cavity (Deadman, Al-Khafaji, & Baker 1998:65), AACP advise to completely avoid its penetration. This can be achieved by clinically reasoning the needle depth of abdominal points by considering the amount of tissue between the skin and the peritoneal cavity.

Needling close to major organs

Great caution should be applied when needling points that overly, or are in close proximity to major organs. Relevant organs that have acupuncture points overlying or in close proximity are the pleura, lungs, heart, liver, spleen, kidneys and bladder (Deadman, Al-Khafaji, & Baker 1998:65). It is essential that anyone practising acupuncture fully understands the anatomical location, surface anatomical markings and natural anatomical variation between people. A consideration as to what lies beneath the skin prior to any needle being inserted should always be paramount.

Needling close to major blood vessels

Firstly it is important to fully appreciate the underlying anatomy,

understanding the course of the blood vessel is essential. Palpation can prove effective in finding an artery's specific position if a pulse is present.

Whilst the desired sensation associated with deqi is described as heavy, numb or achy, penetration of blood vessels is likely to result in sharp and painful sensations (more so for arteries than veins) (Deadman, Al-Khafaji, & Baker 1998:68). If you think you may have pierced a blood vessel it is advised to remove the needle whilst applying pressure with cotton wool to stop the blood flow if present and dispose the needle. Then it is possible to needle the point again with a slightly different location to avoid the blood vessel.

Needling close to major nerves

Firstly it is important to fully appreciate the underlying anatomy, understanding the course of the nerve is essential. Palpation of the nerve can prove effective in determining its exact location.

Needling of a nerve may cause an electric, sharp sensation, which can be confused with deqi. If this is felt and you are needling close to the location of a nerve it is advised to remove the needle and dispose of it. Then it is possible to needle the point again with a slightly different location to avoid the nerve.

Leaving patients unattended

The AACP recommend not leaving patients unattended when they have acupuncture needles in place. If it is necessary to leave a patient unattended then it is essential that they are able to get your attention if they require you. It is recommended that the patient is left with a means of contacting you, such as a bell. It is also recommended that the patient is made aware that they are going to be left alone, for how long and how to get the attention of the physiotherapist if needed.

Self-Acupuncture

Acupuncture as a modality is fully accepted as within the scope of physiotherapy practice.

It is appropriate for physiotherapists to teach and delegate aspects of certain treatments to both other staff and carers, up to a point at which

the level and complexity of training would mean, in effect, having to be a physiotherapist – at which level it is of course not appropriate.

In principle and at first sight there seems no difference between physiotherapists teaching a patient the practice of self-acupuncture at home and performing any other home intervention.

However the practical involvement of needles and their safe use, storage and disposal takes 'home intervention' to a different, much more risk-involved level.

Delivery of self-acupuncture by patients is currently not supported by the AACP and is not part of or subject to its membership provisions.

The AACP does not support self-acupuncture.

In terms of safety; acupuncture involves piercing the skin and safely disposing of needles, and a professional practitioner spends a considerable time acquiring the skills and knowledge necessary to treat in the correct way and area of the body and to remove any risk of infection or cross-infection from the process. Very summarised information provision to lay persons cannot ensure that the person will be sufficiently proficient in safe needle practice and all the cautions that go with being a health professional.

Removal of needles

- Ensure hands are clean
- Ensure the cotton wool ball is in position as the needle is removed
- Place the needle immediately into the sharps container which should always be located nearby so that the practitioner does not have to walk carrying the needle
- If blood is present maintain pressure on the acupuncture point with the cotton wool ball until the bleeding has stopped
- Dispose of cotton wool ball following your waste disposal procedures
- Avoid re-palpation of a needle point unless hands are clean

- Ensure all needles are removed. It is advised to have a procedure to reduce the risk of leaving needles in situ following the treatment such as:
 - Leaving guide tubes close by as a reminder of how many needles are in situ
 - Counting the needles in and counting them out using a white board, paper or notes

No touch technique

It is essential that a no touch technique is used when using acupuncture. This means that the needle shaft should never be touched before being inserted or whilst inserted in the patient. If the needle shaft is touched the needle should be disposed of immediately. Acupuncture treatments when practised by competent health professionals who strive to maintain high professional standards and who place an emphasis on patient safety is a relatively safe treatment which carries a negligible risk of infection, documented at less than 1 per 66,000 treatments (White 2006).

Multi-bed acupuncture clinics

The AACP supports the use of multi-bed acupuncture clinics as they are an excellent way to provide cost effective acupuncture treatment.

Multi-bed acupuncture clinics should follow the same high standards of care as one to one treatment sessions. Each patient attending the multi-bed acupuncture clinic should be treated as an individual and receive clinically reasoned treatment. The use of a routine prescription of acupuncture points is not advised. Physiotherapists should also ensure that treatment received at a multi-bed acupuncture clinic is combined with other relevant physiotherapy treatments such as exercise, manual therapy and advice.

Physiotherapy assistants and acupuncture

The AACP does not support the use of assistants to remove acupuncture needles from a patient.

The first point to address is the competency of the assistant staff. Registered practitioners must not delegate tasks and responsibilities

to colleagues that are beyond their level of skill and experience (competence) (CSP et al. 2006). When a physiotherapist delegates a task to an assistant, the assistant becomes responsible, however the physiotherapist remains accountable (CSP et al. 2006). Therefore in the event of an adverse reaction or a needle stick injury, even if the needles were being removed by the assistant, the physiotherapist remains accountable. The reality of accountability may alter some physiotherapist's willingness to engage in this practice.

Acupuncture as a treatment administered by AACP accredited Chartered Physiotherapists as part of a larger physiotherapy treatment plan, should be completed by the physiotherapist. The treatment includes the removal of the needles and the close observation following this for patient response and adverse events. The requirement is for this whole process to be completed by a qualified physiotherapist as they have the knowledge of the patient's past medical history and the training and expertise to act, were any adverse event to occur.

Acupuncture is a very safe treatment when administered by AACP accredited Chartered Physiotherapists. This cannot be assumed if administered even in part by an assistant. Therefore the AACP believe that the patient and the assistant are being put at an enhanced risk of an adverse event or needle stick injury if the AACP accredited Chartered Physiotherapist is not solely performing the complete acupuncture treatment.

The AACP only consider qualified physiotherapists who meet the AACP minimum requirements for accreditation to have an adequate level of skill and experience (competence) to perform acupuncture in its complete form. This means that the AACP does not support the use of assistants to remove acupuncture needles because the removal of the needle constitutes part of the acupuncture treatment, and the AACP do not deem assistants to be competent or formerly trained in acupuncture.

CONTRAINDICATIONS

ABSOLUTE CONTRAINDICATIONS

Red flags

Anyone presenting with concerning symptoms or “red flags” should be referred on as appropriate.

Sepsis

Anyone presenting with sepsis/ overwhelming infection should be immediately referred on.

Notifiable diseases

Acupuncture treatment should not be used as a first line treatment, although acupuncture may be used alongside conventional medical treatment as appropriate.

Unexplained/ unstable seizure

Acupuncture treatment should not be carried out until the seizure has been fully investigated and it is stable/ managed appropriately.

Acute stroke

Acupuncture may cause an increase in cerebral blood flow (Litscher et al. 1998). Acupuncture should not be used in acute haemorrhagic stroke as this may lead to further cerebral bleeding. Patients considering acupuncture should have medical clearance from their specialist who should be certain any bleeding has stopped.

Confused patients

A patient has to be able to give their own consent to treatment, therefore it is not appropriate to deliver acupuncture to a confused individual. Patients have to be able to follow commands such as remain still during treatment.

The very young

The AACP do not stipulate a minimum age to receive acupuncture

treatment. We use the term “the very young” to mean patients who are unable to understand and co-operate with the treatment.

Needle phobia

True needle phobia is a contraindication to acupuncture treatment. This is because the patient is highly likely to have an adverse reaction such as fainting or a panic attack. Being “a bit scared of needles” or “not liking needles” is not true needle phobia and as such, patients can be successfully needled with caution.

LOCAL CONTRAINDICATIONS

Swelling

Needling in to an area of swelling is not advised as it may increase inflammation and lead to further swelling.

Infection

Needling into an area of infected tissue is not advised as this has the potential to spread the infection and possibly introduce it deeper into the body.

Tumour

Acupuncture treatment should be avoided in the area of a tumour as needling could cause the dispersal of tumour cells.

Uncontrolled movements

It is not safe to place an acupuncture needle into an area of uncontrolled bodily movement.

Lymph node removal

Particular care must be taken with patients who have any surgical procedure involving removal of lymph nodes as this may cause/ increase the likelihood of lymphedema. It is advisable not to needle an oedematous limb or a limb that is at risk of lymphedema (Filshie & Hester 2006).

Unstable spine/ spinal metastasis

Do not give acupuncture in areas of spinal instability as the potential relaxation of the surrounding muscles can potentially give rise to spinal cord compression (Filshie & Hester 2006). Examples of causes of spinal instability are primary spinal cancer, spinal metastatic disease, spinal fractures including wedge fractures, severe traumatic injury leading to upper cervical instability etc.

PRECAUTIONS

Pacemakers & electrical implants

Where a patient has an implanted cardiac pacemaker in situ, electro-acupuncture should not be used where the current is likely to traverse the heart, for example when needles are placed in opposite arms and linked by a current (Thompson & Cummings 2008). There may be a possibility the electrical current present with electrical acupuncture could influence the pacemaker or electrical implant adversely. Regular manual acupuncture can be used however certain precautions may need to be followed such as those relating to heart conditions and anticoagulants.

BBV

Acupuncture can be carried out on people with a BBV, however the individual presentation of the patient must be taken into consideration. For example, a patient with AIDS may have reduced immune system effectiveness, therefore further precaution should be taken. Although the use of gloves has been shown to reduce the risk of transmission of infection, using gloves does reduce manual dexterity and is therefore used at the discretion of the physiotherapist.

Cancer

Acupuncture can be carried out in patients who have a diagnosis of cancer. Patients with cancer who are undergoing active treatment may have low platelet and white cell counts, therefore their immune system may be less effective. Practitioners should be satisfied that current platelet and white cell counts are within normal ranges.

Care must be taken with patients who have had a surgical procedure involving the removal of lymph nodes as this may increase the risk of lymphedema. You should not needle an oedematous limb or a limb that is at risk of lymphedema.

Acupuncture should not be given where cancer has affected the stability of the spine. Acupuncture in areas of spinal instability could result in spinal cord compression following relaxation of the surrounding supportive muscles.

Diabetes

Having diabetes is generally a precaution, however if the diabetes is unstable then acupuncture is contraindicated.

Diabetes can lead to a slowed healing response, especially in the peripheries where circulation can be reduced. In this case, acupuncture should be used cautiously in affected areas.

Diabetes can lead to peripheral neuropathy, acupuncture should be avoided in areas of reduced sensation.

Haemophilia and other clotting disorders

Care should be taken when treating haemophiliac patients with acupuncture. Factor VIII levels should be above 15%. The use of fine needles and guide tubes are recommended. Needling into joint spaces should be completely avoided.

If a patient considering acupuncture has an unusual clotting disorder, the practitioner should discuss their intention to use acupuncture with the patient's relevant specialist.

Anti-coagulants

There are many conditions for which a patient may be prescribed anti-coagulants. The dose of anti-coagulants will depend on the individual patient, their presentation and their underlying condition. The INR (international normalised ratio) is a laboratory measurement of how long blood takes to form a clot. It is used to determine the effects of anti-coagulant medication on the clotting system. A normal INR should be below 1.1, however if a patient is taking anti-coagulants their doctor will most likely be aiming to keep the INR levels between 2.0 and 3.0 but these levels may change depending on the individual patient.

If the patient is on any anti-coagulation therapy then avoid the use of intra-capsular points to prevent haemarthrosis. It may also be worth considering lighter needle stimulation techniques and smaller gauge needles to reduce the risk of bleeding/ bruising. The safety concern when needling a patient taking anti-coagulants is the enhanced risk of bleeding. Ensure you make your patient aware of this enhanced risk and include it within the written consent form.

Heart conditions

As long as the cardiac condition is stable then there is no reason you cannot use acupuncture as a treatment. It is advised not to stimulate the needles strongly as this may produce a sympathetic effect which is not desired when a heart condition is suspected. Prior to needling, the physiotherapist should consider any medication the patient may be on, such as anti-coagulants, and adjust the treatment accordingly. If the heart condition is unstable then you should not use acupuncture treatment.

Valvular heart disease

Controversy has surrounded the use of acupuncture in patients with heart valve defects. For many years, 50 or so, prophylactic antibiotics have been prescribed prior to dental treatments and some invasive treatments for patients with heart valve defects. This assumption that antibiotics are needed to prevent infective endocarditis has been inherited by acupuncture practicing professionals over the years.

NICE published guidelines on this back in 2008. These guidelines are related to the risk of infective endocarditis for patients with certain cardiac conditions (including acquired valvular heart disease with stenosis or regurgitation and valve replacement) when undergoing dental or non-dental invasive procedures. These guidelines state antibiotic prophylaxis against infective endocarditis is not recommended:

- for people undergoing dental procedures
- for people undergoing non-dental procedures at the following sites:
 - upper and lower gastrointestinal tract :
 - genitourinary tract; this includes urological, gynaecological and obstetric procedures, and childbirth
 - upper and lower respiratory tract; this includes ear, nose and throat procedures and bronchoscopy.

These areas are mentioned as they are considered areas of high risk, meaning theory suggests that there are direct pathways that bacteria can be introduced to the heart from these regions. From these regions, the ear is possibly the only area that we would needle. Even for the ear, which is considered a high risk area, prophylactic antibiotics are still recommended against.

Based on the evidence, acupuncture in patients with heart valve defects should be considered cautiously, monitoring the patient for signs of infective endocarditis as well as general infections. Patients with heart valve defects might be at a slightly higher risk of developing infective endocarditis, therefore this needs discussing and documenting during the consent process.

It might also be worth limiting the treatment parameters initially and you might not want to influence the autonomic nervous system greatly in a patient with heart valve defects. This may be achieved with finer needles, less time in situ and less stimulation of deqi.

Epilepsy or seizures

Epilepsy and seizures are a contraindication if they are unstable, undiagnosed or awaiting treatment/investigation.

For stable epilepsy and seizures, acupuncture can be carried out following precautions.

As far as we know there are no studies that specifically look at the safety of acupuncture for patients with epilepsy. Though we know acupuncture is safe amongst the general population from large safety studies. A reasoned approach is required. A patient with epilepsy requires an individual risk assessment. Some examples of specific potential risks are:

- The patient having a seizure with the needles in situ
- The acupuncture treatment increasing the frequency/ intensity of the seizures

Some examples of ways to manage risks associated with epilepsy:

- Stay with the patient throughout the treatment
- Patients usually have an aura, ensure the patient understands to inform you at the first sign of a seizure developing
- Remove the needles swiftly at the first sign of an aura/seizure
- The patient must inform you if the frequency or intensity of the seizures change. They could keep a seizure diary to monitor this throughout treatment
- Discontinue treatment if it adversely affects the epilepsy

There is likely to be much more information specific to each individual case that you may wish to consider prior to making a decision to treat. It might also be worth asking yourself if there an alternative treatment with similar effect but less risk?

Poor skin condition

Acupuncture should not be carried out on an area of skin that is of poor condition. Examples of poor skin conditions are:

- Damaged or broken skin
- Excessively dry skin
- Inflamed skin
- Tattooed skin/ ink covered skin
- Moles
- Scars

Circulation issues

Acupuncture should not be carried out on areas of poor circulation. Poor circulation can lead to a lack of sensation and poor healing ability therefore is it not advised to cause trauma to the area through acupuncture treatment.

Allergies

Stainless steel, the alloy that most acupuncture needles are made from does contain nickel. Nickel allergies can vary considerably, and with mild, short lived allergies, the practitioner and the patient may both agree to go ahead with acupuncture treatment. It would be advised to document a risk assessment and the conversation between the practitioner and patient within the clinical records.

For people with a more severe allergy to nickel, or those unwilling to have acupuncture treatment because of a nickel allergy there are nickel free needles available. The most common nickel free needles are regular needles that are plated with another metal, quite commonly gold.

Trying to conceive

See acupuncture in pregnancy section, the same advice is recommended.

Previous experience of a bad reaction to acupuncture/ needles

In this case the decision to go ahead should be discussed in detail with the patient and an individual risk assessment completed. Measures to reduce the risk of a bad reaction should be considered, as should likely previous causes of the patient's bad reaction. If patient and practitioner are happy to go ahead and they are both happy the risk of a further bad reaction is adequately managed then it can be safe to proceed with acupuncture treatment.

ADVERSE EVENTS

The following is a synthesis of information and data from the following studies:

- MacPherson H., Thomas K., Walters S., Fitter M. (2001) A prospective survey of adverse events and treatment reactions following 34,000 consultations with professional acupuncturists. *Acupuncture in Medicine* 19 (2) 93-102
- White A., Hayhoe S., Hart A., Ernst E., Volunteers from BMAS and AACP. (2001) Survey of adverse events following acupuncture (SAFA): A prospective study of 32,000 consultations. *Acupuncture in Medicine* 19 (2) 84-92
- White A. (2006) The safety of acupuncture- evidence from the UK. *Acupuncture in Medicine* 24 S53-57

Although acupuncture is an established procedure, there may be other, less well documented adverse effects. It is advisable to tell patients that if they experience anything unusual about their health following acupuncture treatment to contact you straight away.

Bleeding and bruising

Bleeding and bruising may occur in approximately 3% of treatments. The chance of this can be increased by treating an area with high capillary density or using vigorous needle stimulation. A patient on anticoagulation therapy or who has a blood clotting disorder may also be at an increased risk of suffering this adverse event.

Mild aggravation of symptoms

This may occur in around 3% of treatments, however, between 70 and 85% then show subsequent improvement. Needling in close proximity to a very acute problem, close proximity to a problem with high severity and irritability or very aggressive needling may increase the likelihood of this adverse event occurring.

Mild pain at the needle site

This may occur in around 1% of treatments. Its likelihood can be increased

by needling a very sensitive area, such as that with hyperalgesia or allodynia, into trigger points or with very strong needling stimulation.

Mild pain at the needle site

This may occur in around 1% of treatments. Its likelihood can be increased by needling a very sensitive area, such as that with hyperalgesia or allodynia, into trigger points or with very strong needling stimulation.

Drowsiness

Drowsiness following acupuncture can occur in around 1% of treatments. This is most common if someone hasn't eaten within 2 hours prior to the treatment, following the first treatment session or after an especially strong treatment session. The risk of drowsiness will increase with treatment intensity therefore it is advised to use a low treatment dose for the initial session and increase accordingly.

Dizziness

Dizziness following acupuncture can occur in around 0.6% of treatments. This is most common if someone hasn't eaten within 2 hours prior to the treatment, following the first treatment session or after an especially strong treatment session. The risk of dizziness will increase with treatment intensity therefore it is advised to use a low treatment dose for the initial session and increase accordingly.

Pain not at the needle site

This can occur in approximately 0.5% of acupuncture treatments. This may be related to acupuncture treatment intensity, therefore it is advised to use a low treatment dose initially and increase accordingly.

Nausea

This can occur in approximately 0.3% of acupuncture treatments. This may be related to acupuncture treatment intensity, therefore it is advised to use a low treatment dose initially and increase accordingly.

Feeling faint/ fainting/ needle shock

Feeling faint following acupuncture can occur in around 0.3% of treatments. This is most common if someone hasn't eaten within 2 hours

prior to the treatment, following the first treatment session or after an especially strong treatment session. The risk of feeling faint will increase with treatment intensity therefore it is advised to use a low treatment dose for the initial session and increase accordingly.

Stuck or bent needle

This can occur in around 0.1% of treatments and is most likely due to a small muscles spasm. If this is the case simply lightly massage the area next to the needle whilst withdrawing the needle gently.

Headache

Headaches can occur following 0.1% of acupuncture treatments.

Allergy or infection

This can occur in up to 0.2% of treatments. Some patients may be allergic to the nickel content of the surgical grade stainless steel acupuncture needle. If only a small local reaction is evident and both the patient and practitioner are happy to continue, then the treatment may continue with caution. If the reaction is sufficient enough to not continue with acupuncture treatment then it is possible to use gold or silver plated needles which should overcome the issue of nickel content.

Infection is largely eliminated with the use of single use, pre-sterilised, disposable acupuncture needles.

Pneumothorax

If the needling technique taught on AACP foundation courses is adhered to, the risk of pneumothorax caused by acupuncture should be minimal, if not eliminated. Worldwide safety data suggests that pneumothorax occurs in 0.0002% (less than 2 per 1 million) of treatments, however this risk is only applicable when needling in the region of the lungs.

The signs and symptoms of a pneumothorax can be quite vague and have a delayed onset. If a patient complains of chest pain, difficulty breathing, painful breathing or worsening breathlessness within 36 hours of an acupuncture treatment in which the thoracic region was needled a pneumothorax should be considered. A pneumothorax constitutes a

medical emergency and immediate referral to the nearest Emergency Department/ A&E is advised if one is suspected.

Broken needle

This has been largely eliminated since single use, pre-sterilised, disposable acupuncture needles have become common practice. The repetitive cleaning of multiple use needles in the past made them brittle over time and prone to breaking. If a needle breaks below the skin then mark the area and advise the patient to attend the nearest Emergency Department/ A&E for immediate removal. If the needle breaks above the skin, and the practitioner feels competent to do so, the remainder of the needle can be removed with tweezers/ forceps.

ACUPUNCTURE IN PREGNANCY

This section is based on:

- Carr D. J. (2015) The safety of obstetric acupuncture: forbidden points revisited. *Acupuncture in Medicine* 33(5):413-419
- POGP (2016) Good practice statement – acupuncture in pregnancy-related low back pain & pelvic girdle pain. *Pelvic, Obstetric and Gynaecological Physiotherapy*.

Acupuncture in pregnancy consists of acupuncture for conditions that are not directly related to the pregnancy, this includes conditions that could occur in non-pregnant patients such as musculoskeletal conditions; this is different to obstetric acupuncture (see below).

Acupuncture is a safe treatment to receive in uncomplicated pregnancy. It is important to fully clinically reason the acupuncture treatment, taking into account the physiological and anatomical differences in a pregnant patient. It is essential that the clinician has the clinical competence to deliver acupuncture treatment to a pregnant patient to ensure it lies within one's personal scope of practice.

Important information specific to acupuncture in pregnancy

- Historical acupuncture texts describe “forbidden” points in pregnancy, however there is no scientific evidence to support this notion
- Traditionally “forbidden” points (LI4, SP6, BL60, BL67) should be considered with caution
- A strong sympathetic effect, as associated with very strong needle stimulation (especially in LI4) should be avoided
- Sacral foramina points (BL31, 32, 33, 34) and abdominal acupuncture points should be avoided
- Ensure there is no past medical history of pregnancy related complications
- Ensure the patient is in a good state of health

Obstetric acupuncture/ acupuncture in women's health

Acupuncture for pregnancy related conditions should only be provided by acupuncture physiotherapists who have completed post foundation course training in the specialism.

RELATED TECHNIQUES

Cupping

Cupping is a practice that involves placing special cups on the body which provide suction to a specific area.

To ensure safe and effective use of cupping, practitioners must be adequately trained. The use of cups requiring a flame to produce the vacuum are not recommended, this is because of the risk of burns. AACP recommend the use of plastic vacuum cups with a suction pump or glass or rubber cups using a squeeze bulb by acupuncture physiotherapists.

Precautions

- Below is a list of areas and scenarios in which cupping should not be used: The low back or abdomen during pregnancy
- Directly over traumatised skin
- Over broken or ulcerated skin
- Over an oedematous area
- Over areas of sunburn
- Over thin and fragile skin
- Over enlarged blood vessels, varicose veins, thromboses, aneurism or advanced arteriosclerosis
- Over the throat
- Patients with organic cardiac problems
- Patients who have suffered inflamed organs where bleeding may be present
- Patients with severe anaemia
- Very weak patients
- Patients with bleeding disorders or on anti-coagulation medication
- Patients with hypertension
- Children under the age of 3
- Bloodletting is not advised by the AACP.

Adverse events

Patients should be informed of the possible side effects prior to treatment, forming part of the informed consent procedure. Potential side effects can include:

- Fainting
- Dizziness
- Nausea
- Fatigue
- Marking the skin

Cleaning

- All cups should be washed in a dish washer at a high temperature
- Wipe the rim of all cups with a 70% isopropanol or 0.5% chlorhexidine alcohol swab

Moxibustion (Moxa)

To ensure safe and effective use of moxa practitioners must:

- Be adequately trained
- Ensure the application is safe
- Ensure the treatment premises has adequate damping facilities to prevent smoke detectors from being activated
- Ensure there is adequate ventilation in the treatment room to prevent the patient and practitioner from inhaling moxa smoke
- The skin is cleaned following moxa to remove any ash residue
- Self-moxa treatment is not advised by the AACP.

Precautions

- If moxa is burnt on the needle, ensure the skin beneath is adequately shielded from burning moxa ash
- Moxa should never be used on broken or fragile skin, on the face or on sensitive or difficult areas
- The patient should never be left unattended

Adverse events

Burns, both minor and major are possible side effects of moxa treatment. Burns should be dealt with as taught on the practitioner's first aid training course.

APPENDICES

Template acupuncture treatment documentation for paper based notes:

Date:			Patient Position:			
Points used	L/ R/ B/ C	Needle Removed	DeQi	Comments/ stimulation		
Timer Set:				Treatment Duration:		
Patient left alone:		Yes	No	Bell Given:		Yes No
Adverse effects:						

Name:

Signature:

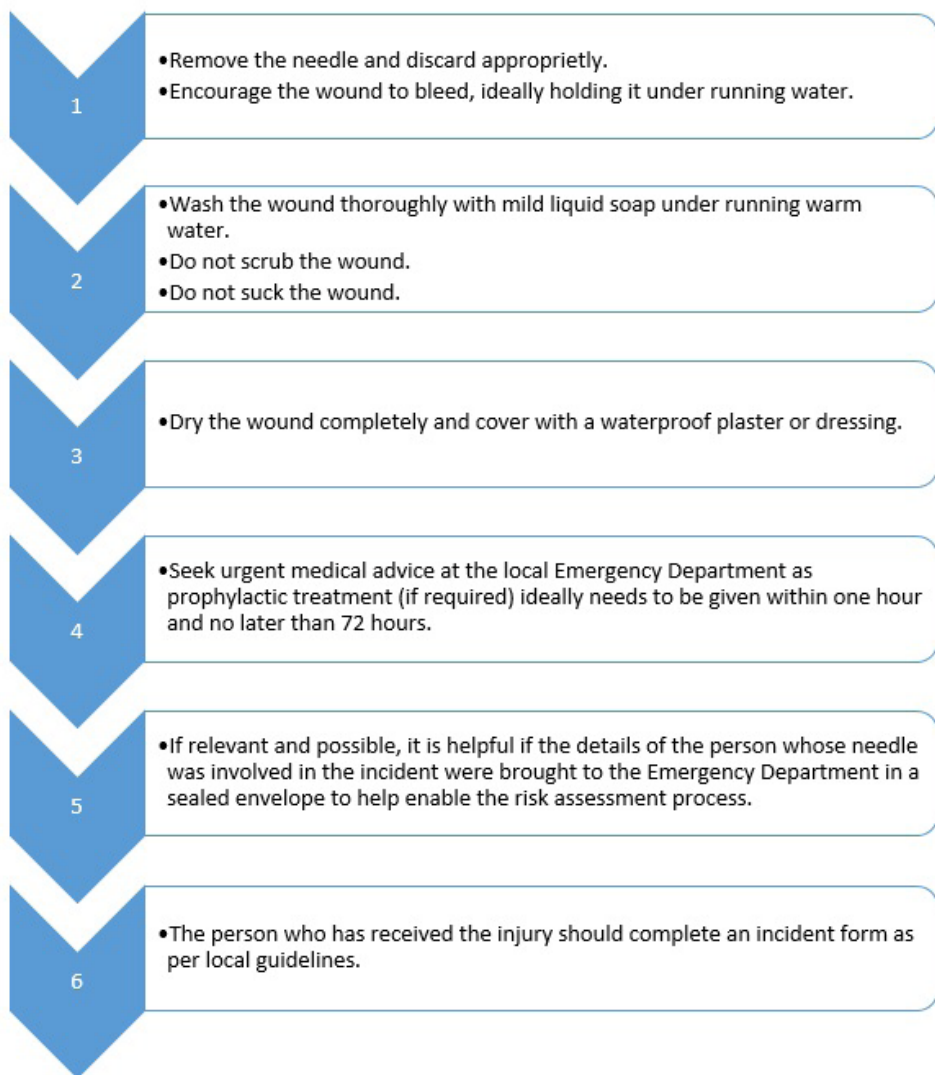
Date:			Patient Position:			
Points used	L/ R/ B/ C	Needle Removed	DeQi	Comments/ stimulation		
Timer Set:				Treatment Duration:		
Patient left alone:		Yes	No	Bell Given:		Yes No
Adverse effects:						

Name:

Signature:

L= left, R= Right, B= Bilateral, C= Central.

Sharps injury procedure



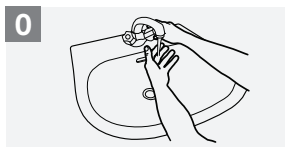
Reference: Health and Safety:Executive (2012) How to deal with an exposure incident. Blood Borne Viruses Guidance.
(<http://www.hse.gov.uk/biosafety/bloodborne-viruses/how-dealexposure-incident.htm>)

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



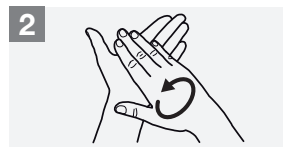
Duration of the entire procedure: 40-60 seconds



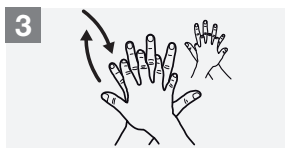
Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



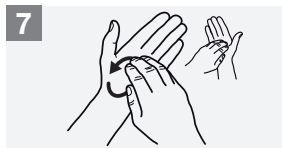
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



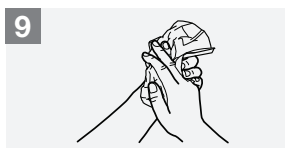
Rotational rubbing of left thumb clasped in right palm and vice versa;



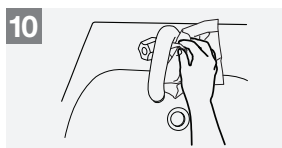
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



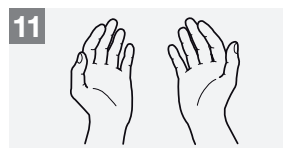
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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May 2009

Patient Name:

Patient DOB:

Acupuncture in Physiotherapy Consent Form



Intended benefits of treatment

- Reduction of pain
- Alleviation of muscle spasm and tension
- Facilitation of the healing process
- Induction of local and general relaxation
- Promotion of general well-being
- Improvement of sleep pattern

Possible adverse effects

The following are the known (based on research evidence) possible adverse effects associated with acupuncture, your physiotherapist will discuss these with you and explain if you are at any enhanced risk.

- Bleeding and Bruising (3%)
- Mild aggravation of symptoms (3%, of which 70-85% show subsequent improvement)
- Mild Pain at the needle site (1%)
- Drowsiness (1%)
- Dizziness (0.6%)
- Pain not at needle site (0.5%)
- Nausea (0.3%)
- Feeling faint (0.3%)
- Stuck or bent needle (0.1%)
- Headache (0.1%)
- Allergy or infection (up to 0.2%)
- Pneumothorax (0.0002%/ less than 2 per 1 million)

Although acupuncture in an established procedure, there may be other adverse effects that have not been recorded. If you experience any of the above or notice anything unusual about your health following your treatment then you should contact your physiotherapist or GP straight away.

Statement of consent

I confirm I have read, understood and have had the opportunity to ask questions related to the information on this form and the leaflet titled '**Ask your Physiotherapist about Acupuncture**' produced by the Acupuncture Association of Chartered Physiotherapists. Specifically I understand what the treatment is likely to involve, the intended benefits and possible adverse effects, therefore I give consent to having acupuncture treatment. I understand I can withdraw from the treatment at any time. I agree not to disturb the needles during the treatment period and will ask for assistance if I have any concern.

Patient signature **Date**

Patient name (print in full)

I confirm that I have explained to the patient the above information and have witnessed them sign this consent form.

Physiotherapist signature **Date**

Physiotherapist name (print in full)

References on file.

Acupuncture in Physiotherapy Consent Form
V1 December 2015

Patient Name:

Patient DOB:

Acupuncture in Physiotherapy Health Screening Form



You will need to answer the following questions honestly and to the best of your ability. This is to ensure that you will not be subjected to any enhanced risk of adverse effects prior to acupuncture treatment.

Health questions	Yes	No
Do you suffer from diabetes?		
Have you ever experienced an epileptic seizure?		
Have you ever fainted?		
Do you have any heart problems?		
Do you have a pacemaker or any other electrical implant?		
Do you have any problems with your circulation such as Deep Vein Thrombosis, Pulmonary Embolism or a bleeding or clotting disorder?		
Are you receiving anticoagulation therapy?		
Do you have, or have you ever suffered from any form of cancer?		
Are you aware of any blood borne viruses such as HIV, AIDS, or Hepatitis?		
Do you have any allergies? (specifically to metal or alcohol wipes)		
Are you pregnant or trying to conceive?		
Do you have a phobia to needles?		
Have you ever experienced any adverse effect to previous needling procedures such as acupuncture or injections?		
Have you eaten/ will you eat within 2 hours prior to your acupuncture treatment?		
Further information:		

Declaration

I confirm I have answered the questions honestly and to the best of my knowledge. I know of no reason that I should not have acupuncture treatment.

Patient signature Date

Patient name (print in full)

Physiotherapist signature Date

Physiotherapist name (print in full)

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