CMAC211

Session 4
Safety Standards with Acupuncture
Chinese Medicine Department
Pre Readings

Pre Readings


Pre Readings

Session Objectives

- Describe and apply correct practice in quality hygiene, asepsis practices, management of sharps and biohazards to all areas of clinical practice.
- Describe precautions and contraindications in acupuncture practice and the prevention & management of accidents and possible adverse reactions resulting from treatment.
- Describe the appropriate management of patients during an acupuncture consultation.
- Identify precautions and contraindications associated with the practice of acupuncture.
- Demonstrate management and prevention of adverse reactions.
- Identify acupuncture points that may be classified as high risk.
99% correct is 100% wrong

- When dealing with aseptic techniques and safe practices.
- There is an either or to deal with.
- It is hygienic, or it's not hygienic. Something can't be half hygienic.
- You need to drum this into your routines and do them correct every single time that you needle.
- It’s the same as being half pregnant, you either are pregnant or not.
Aseptic Techniques

- **Asepsis** is the absence of infectious agents that may produce disease.
- Techniques to maintain asepsis (aseptic techniques) may be categorised into “clean” and “sterile.”
Personal Hygiene/Health

- Personal cleanliness
- Clothing
- Jewellery
- Hand washing

National Institute of Health, 2015
Hand Washing

- Hands should be washed
- Before and after significant contact with any patient/client
- After activities likely to cause contamination
- After removing gloves
The Hand-Washing Procedure

WHO, 2009

How to handrub?
WITH ALCOHOL-BASED FORMULATION

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.

1b. Rub hands palm to palm

2. Rub backs of fingers to opposing palms with fingers interlaced

3. Right palm over left dorsum with interlaced fingers and vice versa

4. Palm to palm with fingers interlaced

5. Rub rotational rubbing of left thumb clasped in right palm and vice versa

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

7. Rinse hands with water

8. Dry thoroughly with a single use towel

9. Use towel to turn off faucet

10. 20-30 sec

11. ...once dry, your hands are safe.

How to handwash?
WITH SOAP AND WATER

0. Wet hands with water

1. Apply enough soap to cover all hand surfaces.

2. Rub hands palm to palm

3. Rub backs of fingers to opposing palms with fingers interlaced

4. Right palm over left dorsum with interlaced fingers and vice versa

5. Palm to palm with fingers interlaced

6. Rub 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 thoroughly with a single use towel

10. Use towel to turn off faucet

11. 40-60 sec

...and your hands are safe.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

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The Cleaning Equipment

- Standard cleaning should be carried out routinely
- Cleaning equipment should be readily available for routine cleaning as well as spills management

Image: Emilydickinsonridesabmx, 2010
Personal Protection Equipment (PPE) - Gloves

- Used when there is a risk of exposure to blood or body substances
- Does not replace handwashing
- Single-use gloves should be used once only
- For every Needle removal as per [Endeavour College Procedure](#)
PPE - Footwear

- Should be enclosed to protect from:
  - Injury
  - Infection
  - Contact with sharp objects
- Required for needling classes as per [Endeavour College Procedure](#)
Guidelines on Infection Prevention and Control for Acupuncturists

Management of Blood & Body Substance Spills

- Need to take into account:
  - nature of the spill
  - pathogens likely to be present in the spill
  - the size of the spill
  - location of the spill
  - type of surface
  - likelihood of bare skin contact with the soiled surface

- Infection Control in the Health Care Setting

- 18.2 Management of blood and body substance spills
Management of Blood & Body Substance Spills

Place “Caution – wet floor” sign in position if applicable

- **Smaller spills**
  - Apply gloves
  - Use paper towel to clean up spill
  - Place used towel & gloves in leak-proof plastic bag
  - Seal & discard in general rubbish
  - Wash area with water and detergent
  - Wash hands

- **Larger spills**
  - Apply gloves
  - Place absorbent granules/ layers of absorbent paper towel over spill
  - Use scraper & pan to remove and put in leak-proof plastic bag
  - Use more paper towel to remove remnants of spill
  - Place used towel & gloves in leak-proof plastic bag
  - Seal and discard in general rubbish or with clinical waste when available
  - Wash area with water and detergent hospital grade disinfectant if bare skin will come into contact with the area
  - Wash hands

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Management of Needlestick Injury and Exposure to Blood or Body Fluids

– Immediate action to be taken
– Management for different infection scenarios
Management of infectious Material
Exert from CMBA Infection Prevention Guidelines

Dealing with Blood or Body Fluid Exposure

Key point

“Immediate medical attention is suggested after a needle-stick injury as prophylaxis for some conditions is ideally commenced 1–2 hours after exposure and is most effective if administered within 24–72 hours of exposure.”

Chinese Medicine Board, 2013
Management of infectious Material
Exert from CMBA Infection Prevention Guidelines

- Confidential documentation of incidences
- Exposed to potentially infectious blood or body fluids
- Clean needle stick injury/body fluid exposure onto intact skin

Chinese Medicine Board, 2013
## Risk categories and instrument reprocessing requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Example procedures</th>
<th>Application</th>
<th>Examples of instruments</th>
<th>Process required</th>
</tr>
</thead>
</table>
| **High-risk**     | • Acupuncture, use of cups on non-intact skin, use of a lancet, three-edged needle and other similar practices  
                   • Any procedure that results in instruments contacting non-intact skin, blood or body fluids | • Instruments and equipment that enter, or are capable of entering, tissue that would be sterile under normal circumstances, including the vascular system (CDNA 2004, p. 16-5)  
                   • Acupuncture needles, dermal hammers and lancets  
                   • Cups used on non-intact skin  
                   • Anything that accidentally breaks the skin (e.g., cups or gua sha devices) | • Acupuncture needles, dermal hammers and lancets  
                   • Cups used on non-intact skin  
                   • Anything that accidentally breaks the skin (e.g., cups or gua sha devices) | • Dispose of single-use items as clinical waste. Rigid wall sharps container  
                   OR  
                   • Reprocess through to sterilisation and store |
| **Medium-risk**   | • Physical examination that involves contact with non-sterile mucosa  
                   • Wound or lesion dressing                                                                 | • Instruments and equipment that come into contact with intact non-sterile mucosa (CDNA 2004, p. 16-5)  
                   • Otoscopes, thermometers, forceps  
                   Cups and Gua sha instruments | • Otoscopes, thermometers, forceps  
                   Cups and Gua sha instruments | • Dispose of single-use items as clinical waste  
                   OR  
                   • Reprocess through to disinfection and store |
| **Low-risk**      | • Massage, auscultation with stethoscope, cupping or gua sha on intact skin          | • Instruments and equipment that contact intact skin (CDNA 2004, p. 16-6)                     | • Cutaneous electrostimulators (acupulsers, point stimulators), point detector probes, thermometers, laser devices, stethoscopes, blood pressure cuffs, skin rolling devices, cupping and gua sha devices used on intact skin (ie without needling or use of dermal hammers and lancets) | • Dispose of single-use items as clinical waste  
                   OR  
                   • Reprocess through to dying and store |

*Chinese Medicine Board, 2013*
Management of infectious Material
Exert from CMBA Infection control plan

Sharps

- Incorrect handling of contaminated sharps is the greatest risk of occupational exposure to infectious bloodborne pathogens for the health care worker. The risk of needle stick injury begins at the first moment a sharp is first exposed and only ends when the sharp is removed from the workplace.

- Minimise the chance of having an injury or causing cross contamination. Handle these items as less as possible

- From the patient to the sharps container for every needle, don’t place them somewhere first like a kidney dish
Client Management
Client Management

- The following factors need to be taken into account while dealing with clients:
  - Informed consent
  - Setting expectations
  - Respect of cultural, ethnic, gender and sexual preference differences.
  - People with disabilities
  - Privacy
  - Confidentiality
Before you treat the client

- Explain your treatment and required undraping
- Ensure informed consent received
- Offer use of toilet
- Ask for feedback on pain/discomfort
- Leave room while client undresses
Client Management

- **When a client is on the table:**
  - Encourage client relaxation
  - Remember draping, pillowing, use of bolsters
  - Remind client to give feedback

- **When the treatment is over:**
  - Ensure all needles removed
  - Allow time for client to become fully awake/aware if needed
  - Warn against rapid movements; caution, given light-headiness
Client Comfort

- Clients become cold in treatment because:
  - Metabolism slows down
  - Oil (if used) and air on bare skin cools a person
  - Stroking a body releases oxytocin which drops the body temperature by 2-3 degrees.

Tuchtan and Tuchtan et. al, 2002
Draping

- Provides warmth
- Creates a sense of security
- Is a form of non-verbal communication with the client about the area to be massaged/treated or exposed.
- Demonstrates professionalism

Tuchtan and Tuchtan et. al, 2002
Draping Guidelines

- Only expose the area being treated
- Ensure client’s temperature is maintained.
- Ensure client consent for undraping.
- Instil trust in your client with efficient, confident, and secure draping practices
- Create a firm and secured boundary a “draping line.”
- Do not place your hands beyond the draping line
- Use freshly laundered draping materials

Ensure client is adequately covered.

Tuchtan and Tuchtan et. al, 2002
Image: Health and Nicole, 2015
Draping Exercise

- Following the demonstration, group into pairs and position and drape each other as if you were treating the following conditions
  - Lower Back Pain
  - Constipation
  - Frozen Shoulder
  - Hip Pain
  - Asthma
Precautions, Contraindications
& Management
Class Discussion

- What possible scenarios or conditions can you envisage acupuncture points being cautioned or contraindicated?
- Which acupuncture points may carry cautions or contraindications and for what reasons?
- What could possible acupuncture points be applied for fainting? How would you implement these points?
# Precautions & Contraindications

<table>
<thead>
<tr>
<th>‘Deficient’ Clients</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For the treatment of deficient clients, fewer acupuncture needles are usually utilised</td>
<td>• <strong>Avoid</strong></td>
</tr>
<tr>
<td>• Can you think of why fewer needles would be used in this case?</td>
<td>• &lt;3 months Lumbo-sacral</td>
</tr>
<tr>
<td></td>
<td>• &gt;3 months upper abdomen</td>
</tr>
<tr>
<td></td>
<td>• Intense stimulation of points</td>
</tr>
<tr>
<td></td>
<td>• <strong>Contraindicated</strong></td>
</tr>
<tr>
<td></td>
<td>• LI 4 BL 60</td>
</tr>
<tr>
<td></td>
<td>• SP 6 GB 21  BL 67</td>
</tr>
</tbody>
</table>
Fainting

- Prodrome: dizziness, fidgets, nausea, pale face, excessive sweating
- Remove needles, lie client down, offer warm water to sip.
- If more severe; use a finger nail or needle arm GV26, PC9, KI1, ST36 or moxa GV20, Ren6, 4.
- No further treatment that day.

Deadman, 2007, p654
Management

- **STUCK NEEDLE**
  - Avoid excessive manipulation (correct patient posture relax muscles).
  - Gently rotate and lift needle
  - Moxa point.
  - Needle around point

- **BENT NEEDLE**
  - Avoid excessive manipulation
  - Care with patient moving
  - Carefully remove needle following bend

Chang, 2011 p71-2
Management

- BROKEN NEEDLE
  - Try to remove with tweezers, pressing down around the broken needle if not visible.
  - If unsuccessful, circle point and arrange transfer to a medical facility.

- Haematoma
  - Withdrawing too fast
  - Direct hit blood vessel
  - Swelling, pain, bruising after withdrawal of needle
  - Apply local pressure. Massage or moxa may be applicable

Chang, 2011 p73-5
Pneumothorax

- Yes it can happen
- Dr Mike Cummings has over 45 years of practical experience in acupuncture
- [Get the Article here](#)
- Click the Supplementary Data for the video demonstration

Cummings et al, 2014,
Watch the video

CLICK TO WATCH THE VIDEO

Cummings et al, 2014,
Class Discussion

The Management of haematoma lists massage and moxibustion as possible treatments.

Discuss the potential implications to this and the management plan implemented in the student clinic
Class Activity: Journal Discussion

**Acupuncture-related adverse events: a systematic review of the Chinese literature**

Junhua Zhang, Hongcai Shang, Xiumei Gao, and Edzard Ernst

Objective
To systematically review the Chinese-language literature on acupuncture-related adverse events.

Methods
We searched three Chinese databases (the Chinese Biomedical Literature Database, 1980–2009; the Chinese Journal Full-Text Database, 1980–2009; and the Weipu Journal Database, 1989–2009) to identify Chinese-language articles about the safety of traditional needle acupuncture. Case reports, case series, surveys and other observational studies were included if they reported factual data, but review articles, translations and clinical trials were excluded.

Findings
The inclusion criteria were met by 115 articles (98 case reports and 17 case series) that in total reported on 479 cases of adverse events after acupuncture. Fourteen patients died. Acupuncture-related adverse events were classified into three categories: traumatic, infectious and “other”. The most frequent adverse events were pneumothorax, fainting, subarachnoid haemorrhage and infection, while the most serious ones were cardiovascular injuries, subarachnoid haemorrhage, pneumothorax and recurrent cerebral haemorrhage.

Infectious events
Nine cases of bacterial infection and two cases of viral infection were reported. All patients recovered after appropriate treatment.

Infections were mainly due to poor sterilization of acupuncture needles. Acupoints on the head became infected most often, perhaps because hair makes it difficult to implement aseptic technique. Two cases of facial abscess may have been caused by acupuncture to relieve toothache.

Activity:
Discuss other possible infection/disease transmission during a Chinese Medicine treatments.
Precautions – Contra Indications

- Anatomy
- Needling depths & angles
- This text has cross sections and sliced cadaver's with acupuncture needles inserted
- Risks involved

Yan, 2003, front cover
Explore the Anatomy

- In class have a look at
  - Visible Body
  - Visible Body Muscle Premium

- Just log in with your Endeavour details
Practice Needling Pads

- Make your practice pad
- Practicing inserting needles

Images: Endeavour Bookstore, 2015, Mannix 2016
CMRB Guidelines

- Here is the link for the guidelines from AHPRA:
  - \url{http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx}

- Content contained in this document is examinable
Clean and Dirty Fields

- This an excellent way to prevent cross contamination. The clean and dirty fields need to be set up and never meet each other.
- Use two separate kidney dishes or needle trays.
- Clean fields contain unused objects. In our case acupuncture needles, swabs, cotton balls and gloves.
- Dirty fields include rubbish items placed here before going to the bin. Guide tube, needle tabs, used swabs, needle packaging will go into these.
- Used needles and sharps go directly into the sharps container.
Needle Trays and Clean fields

Pre needling clean field, unused and needles and swabs are all that is required when taking the needles out, cotton wool and gloves are needed.

Images: Mannix 2016
Dirty Fields

Dirty fields contain rubbish, packaging used swabs, etc. but do not include used needles or other sharps.

Empty this tray directly into the bin and place used sharps in the sharps containers.

Image: Mannix 2016
Just don’t ever do this – No excuses

These two fields never meet in the same dish.
Never have clean needles, and dirty used needles used swabs with blood on them and rubbish in the one tray.
This is unhygienic and a recipe for disaster

Image: Mannix 2016
When removing the needles

- **Glove on the non-dominant hand** (the hand that handles the cotton ball, not the needle). **As per Endeavour Policy**
- **Press the cotton ball into the acupuncture point to prevent bleeding**

*Image: Mannix 2016*
Precautions and contraindications in acupuncture practice

Management and prevention of possible adverse reactions

The study of dangerous acupuncture sites
Huang Di Neijing, Chapter 52

- Huang Di asked, “Can you advise me on the areas that are contraindicated for acupuncture?”

- Qi Bo answered, “Each organ has a vulnerable spot. One must take notice and use the utmost care... If one follows these contraindications, one will not cause trouble. If one violates them, one will be faced with imminent danger.”
Adverse reactions to acupuncture may include:

- Fainting/light headiness,
- Manic/emotional outburst,
- Intracranial haemorrhage,
  - Miscarriage
  - Infections
Simple questions, Chapter 52

- “Don’t needle those who are very drunk as this leads to disordered qi. Don’t needle those who are very angry as this leads to rebellious qi. Don’t needle those who are exhausted from work; don’t needle those who have just eaten; don’t needle those who are very hungry; don’t needle those who are very thirsty; don’t needle those who are very upset.”
Acupuncture prevention strategies

- POSITIONING

- Correct positioning of the client/patient not only allows for sufficient access to all essential parts of the body but ensures client safety as well.

Image: Boemski, 2008
Practical Component

- Lecturer to demonstrate the following points. Students will then practice needling and being needled on the following points.
- You are to needle the following points on yourself before attempting on another student:
  - ST36
  - SP10
  - KI3
  - LI11
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