

CODE OF PRACTICE FOR ACUPUNCTURE

1. PREMISES

Acupuncturists' premises must be clean and be capable of being kept clean. All internal parts of the structure of the premises should be maintained in a clean condition and kept in proper repair. A wash basin with a hot and cold water supply, preferably controlled by wrist or foot operated taps and properly connected to the drainage system must be provided for the practitioner's sole use and should be located in the treatment room. Soap, preferably in liquid form, and approved hygienic means of drying hands such as disposable paper machine auto-rolled towels, or hot-air dryer must be provided. The use of single cloth towels is unacceptable. A lidded bin, preferably foot operated, with disposable sealable polythene liner for used tissues and other similar waste matter must be situated close to the sink.

Table tops, shelves and other working surfaces must have a smooth impervious surface and be in good repair. All chairs, seats and couches must be maintained in good repair, kept clean and those in the treatment room covered with a washable vinyl surface.

Adequate ventilation must be provided and maintained.

Adequate artificial lighting must be provided and maintained, a suitable standard overall for the premises would be 500 lux with a higher level of 1000 lux in all working areas of the treatment room.

2. EQUIPMENT

Recommended Equipment for Hygienic Practice

- a) Autoclave or other approved sterilisation equipment.
- b) Paper tissues and towels.
- c) Autoclavable equipment for handling and storage of needles, e.g. stainless steel dishes for forceps.
- d) Pre-packed alcohol impregnated swabs, or cotton wool swabs and alcohol (BPC).
- e) Disinfectants.

3. PREPARATION OF ACUPUNCTURE EQUIPMENT

- a) Needles must be sterile before each use. Disposable pre-sterilised solid needles are recommended. The packet should be opened in the patient's presence, the needles used on the patient for one treatment only and then discarded. Reusable needles must be sterilised, preferably by autoclave, after each use (see Appendix A)
- b) As many reusable needles as are required for one day can be estimated and sterilised in advance, then kept in a sterile container until used.
- c) Equipment used to contain or handle the needles such as dishes, forceps, containers used for storing needles etc., must be sterile at the beginning of each session. These can be sterilised at the same time as each new batch of needles.

- d) Reusable needles, after use on each client should be placed in a suitable container, such as a stainless steel dish, and then washed with soap and water using a no-touch technique (e.g. a brush) to remove tissue and serum. The stainless steel dish must be clearly marked as for used needles or else cleaned and autoclaved with the needles.
- e) If the practitioner can arrange for a local hospital to autoclave his or her needles, this is ideal. After use needles should be thoroughly cleaned (as above), placed in the appropriate autoclave envelopes, and delivered to the hospital.

4 DISPOSAL OF EQUIPMENT

- a) All needles to be discarded must be placed in appropriate 'sharps disposal' containers. Such containers must conform to British Standard 7320:1990 and should be clearly marked 'Danger Contaminated Needles' or similar wording. The containers must be disposed of in accordance with local Environmental Health Department guidelines.
- b) All clinical waste, which includes paper waste, swabs etc., should be segregated in sealed yellow plastic bags before being sent for disposal.
- c) Used disinfectants must be carefully poured down a sink and flushed with running water.

5. DISINFECTANTS

Disinfectants cannot and must not be used to sterilise needles and other equipment likely to become contaminated such as forceps, dishes etc. They are useful for wiping down surfaces such as those specified in Section 1. They do not sterilise, that is kill all germs, but their proper use will reduce the number of germs to the extent that they pose little danger of infection. Hypochlorite (e.g. 'Domestos') is frequently used, and one can also use 70% alcohol ('surgical spirit') or isopropyl alcohol. Hypochlorite can corrode metals and therefore is useful only for wiping table tops, etc.. Moreover, it is easily denatured. Thus, solutions of hypochlorite need to be made up each day and gloves should be worn when handling hypochlorite. Manufacturer's instructions regarding correct concentrations should be strictly followed. Alcohol has the advantage of not leaving a 'clinical' smell but is flammable and also more expensive.

6. CLEAN HYGIENIC PROCEDURE

a. Health of the Acupuncturist.

Acupuncturists must ensure that their own health, including personal hygiene, does not endanger the health of a patient in any way.

One of the most important procedures for preventing infection in the treatment room is **hand washing**. Hands should be washed thoroughly with soap or a proprietary cleaner (such as Hibiscrub) and water before and after treating each patient. In addition, if it is necessary to handle items during treatment which might harbour infective agents, such as a patient's outer clothing, or if palpating a patient's broken (or very dirty) skin, hands should be washed at intermediate stages of treatment as well. All cuts and wounds must be covered with a waterproof dressing. Nails must be kept short and clean.

The Acupuncturist should wear suitable clothing and a clean white coat or overall, and must refrain from smoking, eating or drinking whilst engaged in treatment. A First Aid kit containing a sufficient supply of suitable bandages, dressings and antiseptic must be kept on the premises at all times.

An acupuncturist who is suffering from an infectious disease can transmit this to his or her patient in various ways, such as through breaks or punctures in the skin during treatment, or through droplet infection. Consult your general practitioner early about any personal illness that may be of an infectious nature. Ensure that the practitioner knows you are engaged in the practice of acupuncture. Practitioners should avoid treating when infectious if at all possible. If it is necessary to treat whilst suffering from an airborne infection such as influenza, the common cold, or any condition involving excessive sneezing, coughing, or nasal discharge, the practitioner should wear a surgical-type mask. Hand washing is even more important than normal under these circumstances.

b. Health and Safety of the Patient.

Ensure that the part of the body to be treated is clean and free of any cuts, wounds or disease. Patients should be asked to cover cuts or wounds before coming for treatment. Certain areas to be needled may need to be cleaned at the start of treatment with an alcohol-impregnated swab (see Section 6.d.6. below). Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient's skin should be clean, and should not have been used in connection with any other patient without having been cleaned, or, where appropriate, sterilised.

If patients are left alone with needles in situ during a treatment, they must be cautioned about any movement, which might bend or damage a needle. If moxa is used on a needle in situ, the practitioner or other qualified person must remain with the patient at all times to avoid any risk of burn injury.

c. Needlestick Injuries.

Needlestick injuries are one of the most common causes of cross infection in medical practice. It is therefore essential for the safety of both patient and practitioner that every precaution is taken to avoid such injuries. In particular, practitioners must never test a needle for sharpness on their own skin.

In the event of sustaining a needlestick injury, do the following:

- i) Force blood out of the site if possible.
- ii) Wash thoroughly with soap and water (NB do not use bleach or other disinfectants. They may burn tissues and increase the risk factors).
- iii) Discard the needle properly. Never continue to use a needle on a patient that may have penetrated your own skin.

d. Clean Technique.

- i) Wash your hands.
- ii) Always work from a clean surface. Do not place swabs or needles directly onto the couch, linen, desk etc

- iii) In normal practice, the shaft of the needles should not be touched with bare fingers. Use clean cotton wool, sterile swab, or disposable fingercots to support the needle. Alternatively, use a sterile guide tube, of an appropriate length, so that the needle may be inserted to the proper depth without the need to touch the shaft. If, owing to the location of the point to be treated, it is necessary to use bare fingers, the greatest care must be taken to avoid touching the point of the needle. The point of the needle must always be applied to the patient's skin **before** any guidance by the fingers is done. It is of the utmost importance that the tip of the needle is not guided through fingers held together above the skin.
- iv) If marking points with a pen, always use water-soluble ink. Never use the pen on or very near to a point that has already been pierced.
- v) If applying moxa, use a swab or cotton wool moistened with clean water to moisten the skin beforehand. Always swab after applying moxa and before needling.
- vi) It is now considered unnecessary to swab the skin with alcohol before needling, with three exceptions:
 - 1. If the skin is visibly dirty, wash with soap and water, dry with clean paper towel, then swab with alcohol and allow to dry.
 - 2. Areas of the body where moisture or exudations may collect, such as the groin and genital area, ears, feet, underarms, and the area below the breasts, should be swabbed with alcohol before needling.
 - 3. If the needle is to be left in situ for more than one hour, wipe skin with Chlorhexidine in alcohol solution. This is a safe disinfectant.

After cleaning the point, you should not re-palpate unless you clean it again afterwards. Once a point has been pierced, do not re-palpate with a bare finger during that treatment session.

- vii. Do not needle directly on or near to a pimple, sore or wound. Treating on the unaffected side of the body only is safer and better.
- viii. If you should inadvertently draw blood when needling, apply light to moderate pressure to the area with a clean swab (**never** use bare finger for this). It would be best to put the used needle aside for either disposal or cleaning and continue the treatment using a new needle.
- ix. If 'sealing' the point afterwards, do this with a clean swab and never with a bare finger.

7. REGISTER OF PATIENTS

Names and addresses of all patients and dates of attendance should be recorded in a suitable register (see Appendix C).

8. HEALTH AND SAFETY AT WORK

Acupuncturists must comply with the provisions of the Health and Safety at Work Act 1974, which places a duty on them to conduct their work in such a way as to ensure, so far as is reasonably practicable, that persons who may be affected thereby are not exposed to risks to their health or safety. This duty extends to both patients and employees. It is by following recognised standards that this duty can be fulfilled, in connection with safety aspects, particular attention is drawn to the following:

- a) All floors, passages and stairs shall be of sound construction, properly maintained, and should be kept free from obstruction and from any substance likely to cause persons to lose their footing. A substantial handrail and two-way lighting system must be provided to every staircase.
- b) Every dangerous part of machinery must be effectively guarded. Machinery should be subjected to regular inspection and maintenance where necessary.
- c) All electrical installations should be in accordance with the Institute of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent the risk of tripping.
- d) Accidents must be dealt with in accordance with the provisions of the Notification of Accidents and Dangerous Occurrences Regulations 1980. This will involve the reporting of all major accidents to employees and members of the public to the Office of the enforcing authority without delay, by telephone if possible, with written confirmation being made within seven days. Other injuries to employees which result in more than three days absence from work, excluding the day of the accident, are also noticeable.
- e) Where five or more people are employed, it is the duty of every employer to prepare and, as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of his or her employees, and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.

It is essential that sterilisation is carried out only by one of the following methods:

1. Autoclave.

Approved Models.

The following instruments have been approved by the Department of Health (taken from HE1 1 85 -1 988):

- 2000/Merlin/Little Sister II - All from Surgical Equipment Supplies.
- Prestige Automatic Electronic - Prestige Medical.
- Instaclave 20 / 35 - ALAPRO.
- Stericube - Cabburn Sterilisers.
- Sterimate - Model SMA - CMI Manufacturing.
- Others if they can show a certificate of approval from the DOH.

2. Recommended Method.

Temperature (°C)	Minimum holding time in minutes, once the required temperature is reached
121	15
126	10
134	3

It is essential that manufacturers' instructions are closely followed, especially regarding checking the calibration of the equipment and the manner in which instruments should be prepared before sterilisation commences. In particular, users must ensure that any paper or plastic autoclave bags are suitable for use in their particular autoclave. Attention is drawn to the fact that most 'bench' autoclaves are designed to process unwrapped metal instruments and utensils only, and that temperature colour indicators on bags and autoclave tape, whilst being useful indicators, are not a guarantee that equipment has been sterilised correctly.

2. Glass Bead Sterilisers.

The following instruments have been approved:

- Buffalo Steriliser- Kree International.
- Epiltherm - Taylor Reeson Labs Ltd
- Nesor Dry Heat - Nesor Equipment Co
- Stericel Sterilizer- House of Famuir.
- QD Endodontic - John Quale Dental Manufacturing Co. Ltd

Instructions provided with each instrument must be closely followed, particularly those relating to time and warming up period. Check temperatures of these instruments regularly, and return to manufacturer for adjustment if not as specified. Note that such sterilisers are not ideal because of the very high temperatures involved, which can adversely effect acupuncture needles.

3. Dry Heat Ovens.

These have been shown to be unreliable and must not be used.

Viral hepatitis is caused by several distinct viruses, a common feature of which is infection of the liver, which may lead to clinical 'yellow jaundice'.

Hepatitis A and B are the most common and well known.

1. Hepatitis A.

Hepatitis A (formerly 'infectious hepatitis') is normally transmitted by the faecal-oral route in the same way as most of the enteric infections, which cause 'food poisoning'. It is only rarely transmitted by blood. It has an incubation period of about four weeks and is a common infection in conditions of poor sanitation and overcrowding, leading to greater risk for inhabitants or travelers in such areas. Certain foods, notably shellfish, have also been linked with this infection. Hepatitis A is non-persistent and does not produce chronic carriers.

2. Hepatitis B.

Hepatitis B (formerly 'serum hepatitis') is essentially spread by contact with infected blood, although other body fluids such as saliva have been implicated as well. The virus infects either by penetration of the skin with infected needles, razors etc. or contact with broken skin from contaminated apparatus or surfaces. It has an incubation period of from six weeks to six months.

Hepatitis B is particularly important because it is **extremely** infectious - a slight pin-prick is sufficient to transmit infection. Blood does not need to be visible on an instrument for it to be infectious. Hepatitis B is also important because:

- a. It is a dangerous form of Hepatitis with a significant mortality rate;
- b. It can lead to a chronic carrier state with chronic liver disease (usually eventually fatal); and
- c. It can cause cancer of the liver.

Hepatitis B must be recognised as an occupational hazard to the acupuncturist. It can be acquired by exposure to the blood of apparently healthy people, for example symptomless carriers of the virus or from patients incubating the infection but not yet ill. **It is therefore of no value to ask for a history of hepatitis in a patient.** Lack of a history is meaningless - carriers are more likely in those who have had asymptomatic hepatitis. A positive history is also meaningless as few are carriers. Acupuncturists as professional persons must ensure fair equitable 'treatment to all who come to them. They must employ high standard of care at all times, and have sufficient confidence in their hygiene techniques to ensure that there is no danger of passing on infection.

3. Hepatitis C.

This is a recently described virus which, like Hepatitis B, causes acute hepatitis and may lead to chronic liver disease and death. It is also transmitted by blood, and can be avoided by using the same procedures as those used for Hepatitis B.

In an investigation of an outbreak of viral hepatitis, it is essential that an accurate record has been kept of names, addresses, and dates of treatment of all patients. Hepatitis B has a long and varied incubation period and lack of recorded information about patients' attendance at a relevant time will hinder the proper investigation of any cross-infection related to Hepatitis B. Moreover, records can also establish that some patients could not have been infected by the acupuncturist. Accurate records are therefore in the interests of all concerned parties.

The source of an outbreak of a disease needs to be quickly identified from available records. Practitioners can in most cases continue to carry on normal business once such records have been made available to the appropriate authority. The alternative may be that the practitioner is involved in prolonged and protracted investigations.

Environmental Health Officers of the Local Authority can give advice on the setting up of such records, and on routine visits to the premises they may wish to confirm that records are being maintained. Access to an individual's personal record shall only be available on the authority of the relevant Medical Officer and shall be subject to the usual safeguards of professional confidentiality.

a. General.

Acupuncturists who have a mobile practice should have at least one room or office containing adequate facilities for sterilising equipment, the disinfection of equipment, the storage of clean equipment and the temporary storage of soiled equipment. Such room or office, and all equipment contained therein must conform to the standards laid down in this Code of Practice. All relevant Local Authority bylaws or other regulations must also be complied with.

In addition the following procedures are essential and must be complied with.

b. Equipment Transportation.

The container(s) used to transport equipment from the base premises to the treatment site should be: -

- a. Of sufficient size and design to store
 - all of the equipment needed;
 - personal over-clothing; and should
 - allow for separate storage of sterile and soiled equipment.
- b. Airtight when shut and lockable; and
- c. Suitably constructed to have internal and external surfaces that are smooth and impervious and can be frequently disinfected.

3. Treatment.

- a. At a patient's home the treatment should be carried out in a well lit, clean room with ready access to a clean wash hand basin.
- b. The acupuncturist should supply such hand basin with cleaning agents, hand disinfectants and a hygienic means of hand drying.
- c. The bed / couch should be covered by a clean, disposable cover.

4. The acupuncturist should ensure that

- a. Needles are pre-sterilised and stored in suitable paper bags or other clean containers for use on patients.
- b. Pre-sterilised needles are clearly marked as such.
- c. Used needles are stored in Sharps-proof container, which is clearly marked as being for 'used' or 'soiled' needles.
- d. Such needles must be suitably disposed of or, if appropriate re-sterilised on arrival at the base premises.
- e. Other soiled disposable items such as cotton wool, swabs, paper tissues and disposable covers or towels are discarded into a suitable polythene bag **and removed from the patient's premises.**