



# Code of Safe Practice for Acupuncturists

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## Consent

Written consent is strongly recommended. If treating a child under 16 years parental or guardian's consent should be obtained. Consent should be based upon the consumer being given an explanation about the proposed treatment, the needling technique and the possible side effects and outcomes following acupuncture.

## Safe Acupuncture Practice

This document covers the following aspects of Safe Acupuncture Practice:

- A: Recognise and comply with "Contraindications and Precautions"***
- B. Be competent to carry out correct management of needle accidents, complications and reactions according to guidelines of safe practise:***
- C. Comply with Hygiene and Sterilisation Procedures***
- D. Compliance with Minimum Standards of Waste Disposal, Handling Of Blood and Body Fluids, and General Hygiene***
- E. Recognise and Comply with Safe Use of the Following Techniques***

## **A: Recognise and comply with "Contraindications and Precautions"**

### **1. Prohibited Areas for Needling**

- a) Scalp area of infants before fontanelles have closed.
- b) Nipples and breast tissue.
- c) The umbilicus.
- d) External genitalia.

### **2. Vulnerable Points That Require Skill & Care**

#### **a) Orbit of eye:**

Jiangming BL 1  
Chengqi ST 1  
Qiuhou Extra 7

#### **b) Certain neckpoints:**

Tiantu CV 22	front neck
Neck-Futu LI 18	side of neck over great vessels
Tianyou SI 17	near baroreceptors - side of neck
Yamen GV 15	over spinal cord
Fengfu GV 16	over brain stem

#### **c) Points over lung tissue unprotected by bone or cartilage e.g.**

Zhongfu LU 1  
Jiangjing GB 21  
Dazhu BL 11

#### **d) Liangmen ST 21**

Lies over gallbladder on right side. Needle may be inserted superficially or horizontally to prevent damage to gallbladder.

#### **e) Shanzhong CV 17:** a small percentage of population may have a hole in the sternum.

**Tianzong SI 11:** a small percentage of population may have a hole in the scapula.

#### **f) Ah Shi points close to vulnerable structures.**

#### **g) Avoid puncturing certain pathological sites:** e.g. varicosity of veins; inflammatory areas; areas of unhealthy skin; infection; lymphoedema.

#### **h) Penetration of knee joints**

#### **i) Penetration of inner ear**

#### **j) Penetration near or over major nerves, arteries, veins and over pelvic, abdominal and internal organs generally.**

### **3. Special care should be taken when treating consumers with the following conditions:**

#### **a) Pregnant women** - do not use forbidden points during pregnancy e.g. Sanyinjiao SP 6, Hegu LI 4.

#### **b) Diabetics** - care should be taken when needling diabetics because of the danger of poor peripheral circulation.

- c) Pacemakers** - do not treat consumers with pacemakers with electro-acupuncture.
- d) Confused or Psychiatrically disturbed** - great care must be taken with consumers who are unable to understand the procedure. Parental consent should be obtained for children. The use of a consumer advocate is advised.
- c) Bleeding disorders** -
1. Care with insertion and removal is required with naturally occurring Haemorrhagic diseases e.g. Haemophilia, Von Willebrands
  2. Drug induced, e.g. Warfarin
    - avoid needling into joints
    - apply pressure on each point after needle removal.
- f) Unstable epileptics** - care should be taken with needling. If a seizure is triggered then appropriate resuscitation techniques apply including the use of Rhenzhong CV 26 or/and Yongquan KI 1.
- g) Consumers taking Western medication** - acupuncture's homeostatic action may change the consumer's response to drug treatment. Research literature suggests that some drugs interact with acupuncture, making it more or less effective. Many Western drugs have now been analysed using Traditional Chinese energetic properties. It would be prudent for practitioners to be aware of the action of common Western drugs on body systems from a Western and Chinese perspective.
- h) High blood pressure** - whilst acupuncture treatment is commonly used for treatment of high blood pressure some care should be taken.
- i) Drunkenness** - generally, consumers who are drunk should not be needled.
- j) General care should also be exercised when needling the following types of consumers** - very old, dying and debilitated, emotionally upset (or in a state of shock), or consumers who are sweating profusely.

## ***B. Be competent to carry out correct management of needle accidents, complications and reactions according to guidelines of safe practise:***

### **Painful Needling**

Needle insertion should be relatively painless. If there is unusual pain then the needle should be removed.

### **Bruising or Haematoma**

Cause: Injury to blood vessel.

Management: Apply pressure with swab to area after needle withdrawal. Disperse the bruise or haematoma with laser or moxibustion.

Prevention: Avoid puncturing blood vessels.

### **Fainting**

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

Management: Remove needles immediately. Lie patient down and raise legs.

Reassure patient. Acupressure Rhenzhong DU 26, Yongquan KI 1.

Prevention: Explain procedures before treatment. Treat in a lying position. Insert only a few needles on first visit. Use gentle stimulation on first visit.

### **Bent needle**

Cause: Unskillful manipulation; needle striking hard tissue; sudden change of patient's posture; unexpected contraction of muscle causing spasm.

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

Prevention: Good initial positioning. Skilled needle manipulation.

### **Stuck Needle**

Cause: Muscle spasm; entanglement of needle in fibrous tissue during manual stimulation; patient changing position once needle in situ.

Management: Relax patient; alter posture slightly. Massage skin around the needle lightly, leave a while, gently free needle by moving needle gently in different directions, then remove. Put 1-2 needles around stuck needle and gently remove.

Prevention: Good posturing of patient. Avoid muscle tendons during insertion. Avoid over-enthusiastic manual stimulation.

### **Broken Needle**

Cause: Usually poor needle quality.

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

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

### **Drowsiness**

Some consumers may feel very relaxed and even sleepy after treatment. They should be advised not to drive until they have fully recovered. Suggest they bring a support person or driver and tailor appointments for the end of the day so they can go home and rest.

### **Infection**

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

### **Pneumothorax**

If a pneumothorax is suspected (signs may include chest pain, tightness, dry cough, shortness of breath on exertion) a chest x-ray is essential to confirm or exclude. It is the responsibility of the practitioner to ensure that the consumer is referred for a chest x-ray and medical advice. It is important to note that the symptoms of a pneumothorax may not be present for several hours or days following acupuncture treatment.

### **Needle Stick**

The acupuncturist is at risk from a needle stick injury and the protocol recommended by individual countries must be followed. This usually includes:

- 1. Washing wound well;**
- 2. Encourage bleeding;**
- 3. Blood test for Hepatitis B and C and MV status from operator and consumer.**

(If consumer is shown to be HIV+ve, the practitioner should urgently seek advice re antiviral drug therapy treatment, according to the current recommendations).

*Practitioners may consider being vaccinated with Hepatitis B vaccine.*

### **Forgotten Needle**

Cause: Tiredness, distraction, inattention, or lack of checking procedures.

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

Prevention: Development of habitual and systematic checking procedures.

## C. Comply with Hygiene and Sterilisation Procedures

### HYGIENE REQUIREMENTS - CONSUMER AND THERAPIST

The acupuncturist must ensure that hands and nails are clean prior to giving treatment. These must be washed with soap and water before and after every treatment or a hand sterilising solution used.

- Any cuts/breaks in skin should be covered with a waterproof dressing or disposable gloves worn.
- Ensure that the consumer's skin, in the treatment area is clean. If necessary, this is cleaned with soap and water, or by using isopropyl alcohol skin wipes to sterilise skin by removing all the organisms on it. However extra care is needed for those consumers who are immune compromised, or when needling into a joint space (e.g. shoulder, knee). Immuno-compromised patients include those with malignancies, auto-immune problems such as systemic lupus erythematosus, AIDS or rheumatoid arthritis and those on immune suppressive drugs e.g. organ transplant recipients.
- Use a solution such as 2% iodine in 70% alcohol and leave on the skin for a minimum time of two minutes. For those allergic to iodine, chlorhexadine in alcohol is suitable.
- The ABOVE procedures will disinfect skin, which is sufficient for acupuncture procedures, and is the required MINIMUM STANDARD.
- The use of sterile, single use disposable needles is mandatory.

**In November 2009, the NZASA Executive agreed:**

*"Members found not using sterile single use disposable needles will have their registration suspended. They will be placed under Supervision with spot checks over a period of six months. Their ACC license will also be suspended while under supervision. After six months, their membership will be reinstated if approved by the Supervisor."*

**All costs relating to the above scenario will be met by the Member concerned.**

#### Ears:

The ear consists of a cartilaginous structure covered by skin. While the skin has nerve and vascular innervation the cartilage is devoid of these. Consequently, if an infective agent is introduced into the cartilage, infection may ensue because of the inability of the tissue to mount a response mediated via the blood vessels and nerves.

Skin sterilisation is very important when using indwelling "semi-permanent" press needles. The skin is prepared in the usual way, using a 2% solution of iodine in 70% alcohol, and the needle covered and held in place by plastic skin (flexible collodion). This reduces the chances of infection around the needle site with time.

After needle removal, if the site looks red and inflamed, then the application of an antibiotic ointment (e.g. Mupirocin), twice daily, may reduce the likelihood of local infection.

If the ear appears to be infected, and is not responding rapidly to topical ointment, then medical advice and treatment should be sought.

#### In summary:

1. Use only sterile, single use, disposable needles. Introducers may be used.
2. Clean your hands thoroughly, by washing with soap and water before needling, or use a hand sterilising solution between consumers.
3. Cleanse the skin of the recipient if necessary. The use of 2% iodine in 70% alcohol, left for two minutes before needling, is recommended for immuno-compromised consumers and joint penetration.
4. Dispose of needles carefully in a "sharps container". Avoid "needle stick".
5. Acupuncturists are the ones at risk.

## **D. Compliance with Minimum Standards of Waste Disposal, Handling Of Blood and Body Fluids, and General Hygiene**

- The treatment area should be clean (private if possible) with washing facilities near at hand.
- Wet surfaces must be disinfected regularly.
- All discarded needles must be disposed of in a sharps box clearly marked
- Danger - Contaminated Needles. These should either be incinerated or disposed of according to the Local Health Authority's protocol/policies.
- The use of disposable needles is essential. It would be difficult to defend the use of re-useable or re-sterilised needles in a case of acupuncture induced infection. The major infections reported in the acupuncture literature, which include HIV, and more frequently, Hepatitis B, have resulted from errors in sterilisation of re-useable needles.
- Care must be taken to avoid contact with the consumer's blood should bleeding occur. A dry cotton wool ball should be used to absorb it and it then disposed of into the appropriate container marked "Contaminated Material" to be incinerated or disposed of according to Local Health Authority practice.
- Linen contaminated with blood or other body fluids should be treated with Hypochlorite solution (Bleach) before laundering.

## **DECONTAMINATION PROCEDURES**

### **Decontamination of Spills**

The following procedure is recommended for decontaminating spills of blood, body fluids, or other infectious materials.

#### **1. Wear Personal Protective Equipment**

- (a) Wear gloves and a gown. Heavyweight, puncture-resistant utility gloves such as those used for house cleaning and dish washing are recommended.
- (b) If the spill contains broken glass or other objects, these should be removed and discarded without contact with the hands. Rigid sheets of cardboard used as a "pusher" and "receiver" may be used to handle such objects, and discarded with the objects into an appropriate biohazard container.

#### **2. Absorb the Spill**

- (a) Since most disinfectants are less active, or even ineffective, in the presence of high concentrations of protein as are found in blood and serum, the bulk of the spilled liquid should be absorbed prior to disinfection.
- (b) Absorb the spilled material with disposable absorbent material e.g. paper, towel, gauze pads or tissue paper wipes.

#### **3. Clean the Spill Site**

- (a) Clean the spill site of all visible spilled materials using an aqueous detergent solution. Any household detergent may be used. The intent is to dilute the spilled material, lyse red blood cells, and further remove proteins from the contaminated area. Absorb the bulk of liquid prior to disinfection to prevent dilution of the disinfectant. The use of a disinfectant detergent is not necessary.

#### **4. Disinfect the Spill Site**

- (a) Disinfect the spill using an appropriate intermediate to high-level hospital disinfectant, such as a dilution of household bleach (see Table 1).

- (b) Flood the spill site or wipe down the spill site with disposable towels soaked in disinfectant to make the site "glistening wet".

NOTE: Do not use low-level disinfectants, such as quaternary ammonium compounds. Phenolic disinfectants are not recommended for use on contaminated medical devices which come into contact with unprotected consumers or laboratory workers, but may be used on laboratory instruments, floors and counter tops.

#### 5. Absorb the Disinfectant

Absorb the disinfectant solution with disposable materials. Alternatively, the disinfectant may be permitted to dry.

#### 6. Rinse the Spill

Rinse the spill site with water to remove any noxious chemicals or odours. Dry the spill site to prevent slipping or further spills.

#### 7. Disposal of Materials

Place all disposable materials used to decontaminate the spill into a biohazard container. Handle the material in the same manner as other infectious waste.

### Clean-Up Kits

A biohazard spill kit containing all the materials and protective equipment needed should be prepared and be readily available in all areas where spills are likely to occur.

#### 1. Disinfectant Concentration

The concentration of disinfectant used depends on the nature of the contaminated surface. For example, if the surface is porous and cannot adequately be cleaned before disinfection, a 1 part bleach: 10 parts water (L10) dilution of 0.5% solution of sodium hypochlorite (5,000 milligrams/Litre [mg/L] of free available chlorine) may be needed. If the surface is hard and smooth and has been adequately cleaned a 1:100 dilution (0.05%) of sodium hypochlorite (500 mg/L of free available chlorine) may be sufficient.

#### 2. Sodium Hypochlorite (Bleach) Liquid

Sodium Hypochlorite (Bleach) Liquid household bleach is often used as an intermediate-level disinfectant. Because sodium hypochlorite is corrosive to some metals, other disinfectants may be preferable. The commercial product is usually a 5.25% solution of sodium hypochlorite (50,000 mg/L of free available chlorine). Table 1 lists commonly used dilutions of the commercial product.

NOTE: All dilutions should be made up daily with tap water to prevent the loss of germicidal action during storage.

TABLE 1 : Dilutions of Household Bleach

Volume of Bleach	Volume of Water	Volume of Ratio	Dilution Hypochlorite %	Sodium Available Chlorine (MG/L)
Undiluted		0	1.1	5.2550,000
1	9	1.10	0.5	5,000
1	99	1.100	0.05	500

The time exposure to the diluted bleach solution may be brief. a 500-mg/1 solution (L100 dilution) inactivates Hepatitis viruses in 10 minutes and HIV in two minutes. If the spill has been adequately decontaminated before disinfecting, the diluted bleach may be blotted up with disposable absorbent towels immediately after the spill area has been soaked with bleach.

### 3. Surface Equipment Decontamination

If a surface of medical device is contaminated with dried blood or body fluid, remove all of it before disinfecting.

- (a) The dried blood should be wetted and softened with diluted bleach or detergent disinfectant before being wiped off to prevent scattering potentially infectious material and to facilitate complete removal.

## TRANSMISSION OF VIRUS PARTICLES

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Viruses consist of nucleic acid (either DNA or RNA) surrounded by a protein coat. Some viruses can have a lipid coating outside the basic structure. They are total parasites, the aim being to get their nucleic acid, which contains the genetic code for further virus replication, into the host cell.

Once inside the cell, the virus takes control of the cells and turns it into a virus factory, producing more virus particles until the cell is destroyed, and the viruses move to other cells and continue the process.

The most successful viruses are those that don't destroy their host too fast, so that there is plenty of time to spread to other hosts, thus ensuring survival of the virus species.

### Acquired Immunodeficiency Syndrome (AIDS)

The success of the Human Immunodeficiency Virus (HIV) is due to it specifically attacking the T lymphocyte, part of the host's defence system. This leads to an inability of the host to defend itself against infective organisms that normally would not cause harm.

Not everyone infected with HIV will develop AIDS. Some may have persistent symptoms known as AIDS related complex (ARC). It is currently estimated that 30-40% of those infected by HIV will develop the serious, fatal disease known as AIDS.

HIV viruses can be found in most body fluids, but in number too low to be infective to others. However, it is recognised that HIV can be transmitted via seminal fluids, vaginal and cervical secretions, breast milk and blood.

In an acupuncture context, it is the blood born transmission that puts individuals at risk: the HIV virus can survive up to 24 hours outside the body in dried blood, and up to 2 weeks if moisture is present. (In refrigerated products, such as blood transfusion, HIV can survive indefinitely; hence the need for a good screening programme for donated blood).

### Hepatitis A, B, C, D, E (So far!)

The primary site of injury is the liver, due to the immune response they engender (rather than a direct cytotoxic effect on hepatocytes).

From an acupuncture point of view, Hepatitis B and C are the most important ones to consider, as they are transmitted via a percutaneous route.

Hepatitis B:

This is a double stranded DNA virus, which replicates via an RNA intermediate. The main source of the virus is the worldwide reservoir of over 400 million carriers (HBsAg+).

Hepatitis C:

This is an RNA virus frequently associated with chronic Hepatitis.

Hepatitis A and E are transmitted by the enteric route and do not cause chronic Hepatitis.

Hepatitis D requires a pre-existent Hepatitis B infection and can worsen the severity of chronic Hepatitis B.

In the USA, 1,000 health workers contract Hepatitis B each year. Not only is it highly contagious, it is highly resilient. While HIV has been shown to live 24 hours in dried blood, Hepatitis B can survive for at least a week in dried blood.

More recently, Creutzfeldt-Jacob Disease (CJD) has received publicity, following outbreaks of "Mad Cow Disease" in the UK. If transmitted to humans, it causes diseases known as the spongiform encephalopathies, so called because the brain becomes riddled with holes.

You may have noticed in the reports that no one ever used the words "virus" or "infection". This is because the "causative agent" is a protein ... no nucleic acid... that is called a "prion". These prions multiply by causing normal protein molecules to convert into dangerous ones simply by inducing the benign molecules to change their shape.

The worrying part of this is that prions may cause a range of diseases that we haven't recognised yet, may be transmitted by blood, and it appears that they are not denatured by temperatures that would normally sterilise instruments.

(The use of the PAANZ Manual for Section D of the Codes of Safe Practice is acknowledged)

**The important points to remember are:**

- If you use single use, sterile disposable needles you can't transmit blood borne infections from consumer to consumer
- A practitioner cannot tell who is infected and who is not, and the consumer may not know. Treat all patients as if they could be infected.
- The person at risk of an infection from a needle stick is YOU.
- There is a safe and effective vaccine for Hepatitis B.

## ***E. Recognise and Comply with Safe Use of the Following Techniques***

### **1. Electroacupuncture**

Electroacupuncture (EA) involves passing a pulsed current through the body tissues via acupuncture needles. It is often used in the treatment of nociceptive muscular-skeletal pain, both in acute and chronic cases.

#### **Equipment - EA Apparatus**

Features that an EA apparatus should have:

- electrical reliability, including separation of channels;
- clear controls for easy, accurate adjustment;
- square impulse with diphasic wave form;
- frequency range at least 2-200 Hertz (M);
- at least two output channels.

Use with metal handled needles

#### **Indications**

EA is most commonly used for chronic pain, and has been shown in controlled trials to be useful in other conditions e.g:

##### **a) Nociceptive Pain**

- Chronic musculoskeletal pain
- Gynaecology
- Fibromyalgia
- Painful scars

##### **b) Neurogenic/Neuropathic Pain**

- Trigeminal and other neuralgia
- Reflex sympathetic dystrophy

##### **c) Other**

- Nausea
- Drug withdrawal
- CVA
- Depression
- Skin disease

#### **Frequency**

1. Low frequency electroacupuncture (LF), 2-10 Hz, has been scientifically shown to release beta-endorphin in the brain stem and hypothalamus and met-enkephalin and dynorphin in the spinal cord.

In order to obtain pain relief, a high intensity of stimulation is recommended, sufficient to produce muscle or muscle fibre contractions. Intensities of a lesser magnitude, more tolerable for a consumer, may also be effective.

2. High frequency electroacupuncture (HF), greater than 100 Hz, has been shown in studies to release dynorphins and monoamines (serotonin and noradrenaline) in the spinal cord.

This mode is effective in obtaining muscle relaxation and pain reduction. When muscle tension is present, such as in acute exacerbation of chronic pain use at sufficient intensities to produce a comfortable degree of paraesthesia (tingling).

#### **Pulse Width Parameters**

LF (2-10 Hz), pulse width is ideally 100-250 ms.

HF (> 100 Hz), pulse width is ideally 40-75 Hz.

## Needling

EA can be attached to needles on:

- (a) either side of a painful area
- (b) within the same or adjacent segments / dermatomes
- (c) distally in classic points
- (d) in the ear

The best effect is gained by having the stimulus connected to needles in pairs in the line of the same segment, dermatome or channel, as nerve fibres are excited at lower intensities when applied along their length rather than across their width.

## Application of EA

- 1) Place needles in appropriate acupuncture points
- 2) Stimulate needles to obtain Qi
- 3) Connect wires to the handles
- 4) Make sure intensity knobs all read 0
- 5) Turn on the device and slowly raise the intensity, reaching muscle contractions if using LF, and paraesthesia if using HF
- 6) The average treatment time is 20 minutes
- 7) At the end of the treatment session, turn down the intensity knobs and switch off the device before you disconnect the patient.
- 8) It is good practice to start treating using manual stimulation for the first 1-3 treatments.

## Contraindications and Precautions

- 1) Do not treat consumers with heart pacemakers
- 2) All precautions of manual acupuncture should be observed
- 3) Extra care should be taken if consumers have bleeding disorders, or take anticoagulant drugs, as the muscle contraction and movement of the needle can create a longer bleed.
- 4) Care should be taken not to induce electrical burning of tissues
- 5) Care should be exercised not to induce ventricular fibrillation or cardiac arrest (eg. With the point Neiguan in particular).
- 6) Care should be taken not to induce micro-electrocution across points in the upper abdomen and chest and neck.

## Recommended reading

- 1) Filshie J, White A (1998) Medical Acupuncture - A Western Scientific Approach (Churchill Livingstone UK).
- 2) Hopwood v; Lovesey M; Mokone S: (1997) - Acupuncture and Related Techniques in Physical Therapy (Churchill Livingstone UK).

## 2. Moxibustion

Moxibustion is the most ancient form of therapy in China. Moxibustion is the burning of herbs, most often mugwort (*Artemesia Vulgaris*) to stimulate acupuncture points to regulate the physiological activity of the body.

### Effect

It can be used directly onto an acupuncture point (to produce blisters or scarring) or indirectly on to the skin or needles.

### Techniques

It is essential to check sensitivity to heat before commencing.

#### a) Moxa rolls

- Used for indirect application near to the skin (sparrow pecking technique) or applied to a needle inserted into an acupuncture point.

- No actual contact is made with the tissues and the subjective sensation of the patient is the controlling factor in this type of treatment.
- A slight erythema may be seen.

#### **b) Moxa cones**

- Usually burned on another medium such as ginger or salt.
- This includes adhesive cones, which can get very hot as they burn down.
- May be applied directly to skin. In China and with TCM treatment cauterisation of the skin may be the treatment of choice. This is not recommended in New Zealand.

#### **c) Moxa fixed to needles**

- Small pieces of moxa roll cut and fixed to the handle of the needle.
- Care must be taken to protect the skin from falling ash and facilities must be available to remove the moxa and needle immediately should the consumer experience any discomfort.
- Care is required by the acupuncturist, as the needle may be hot.
- Do not use on copper handled needles!

#### **d) Moxa box or other container**

- The moxa is burned within the box or cylindrical container, which is either placed above an acupuncture point or area.
- The advantage of this type of treatment is that the consumer is protected from contact with the falling ash.

#### **e) Smokeless moxa:**

- Compacted moxa rolls specially treated to produce the minimum of smoke.
- Difficult to light but used generally as moxa rolls.
- Less likely to set off smoke alarms and the smell dissipates quickly.

#### **Extractor Fan**

It is recommended that an extractor fan or similar extraction method is used when applying moxa.

#### **Problems and Precautions**

All precautions of general acupuncture should be observed

- Danger of burning, heat sensitivity must be checked before treatment
- Use with great caution in hirsute areas of the body
- Not recommended for use on Lung points, except under certain conditions, i.e. invasion of cold, wind to lung
- Generally avoid in Heat conditions, such as fevers, deficient heat.
- Do not use on broken or damaged skin
- Use with care when treating children
- Smell! Some asthmatics may become wheezy and some consumers will intensely dislike the smell. In these situations the smokeless variety may be used.
- Generally moxa is not used or used with extra caution in the following:
- Over the abdomen or lumbo-sacral area in pregnant women, on consumers with high blood pressure, on the neck or face, mucus membranes, sensory organs, near arteries or over internal organs (such as the heart and liver).

#### **Recommended Reading**

- 1) Turner RX, Low R (1981) The Principles and Practice of Moxibustion. Thorsons, London.
- 2) Autoreche B., Gervaise G, Autoroche M. Navail P, Toui Kam E, (1992) Acupuncture and Moxibustion: A Guide to Clinical Practice. Churchill Livingstone, New York.

### 3. Cupping

Cupping is an important part of TCM practice and is used by itself or together with massage and/or acupuncture. Few scientific studies have been conducted in the West.

However there is a considerable body of empirical clinical evidence amongst TCM practitioners for the efficacy of this technique. According to TCM theory cupping balances yin and yang, promotes the circulation of qi and blood, enhances zang fu function, expels pathogenic factors, warms muscles and relieves pain.

#### Techniques

It is essential to check state of skin before commencing.

##### 1) Glass cups

Used with some form of fire to create vacuum within the glass.

- This can be a taper, cotton wool soaked in methylated spirit and held in forceps, or incense sticks.
- Care must be taken to prevent moisture forming within a cold glass cup; this may cause blistering.
- Ensure that the rim is thick and will not cut into tissue.
- Apply over acupuncture points for 10 to 20 minutes, or over fleshy areas without reference to acupoints.
- If the cup is painful and/or burning hot, remove immediately and check the area is normal.
- If so, the cup can be re-applied with less suction.
- Wash cups in warm water and mildly alkaline or PH-neutral detergent.

##### 2) Bamboo cups used as glass cups

- The edges can sometimes be uncomfortable; make sure that they are smooth.
- The vacuum produced within these cups tends to diminish quite quickly, as the material is slightly porous.
- These are not recommended as the cups are difficult to clean.

##### 3) Vacuum cups

From an interferential unit, quite acceptable, used as above.

##### 4) Plastic vacuum cups

Supplied with a hand pump.

##### 5) Glass jars, preserving jars

Occasionally used but not very robust and the edges should not be sharp.

##### 6) Drinking glasses

Prohibited for use in cupping

##### 7) Use of cups in massage

- The thick edged traditional glass cups may be used in this technique.
- A thin coating of suitable oil is applied to the skin if the cups are moved over an area.
- Widely used to relax tight muscle groups or musculoskeletal disorders e.g. back or shoulder pain, or in facial palsy to mobilise connective tissue.

##### 8) All cups should be sterilised after use

#### Problems and Precautions

- Danger of burning, care that there is no moisture present when using traditional glass cups.

- Apply a thin coat of vaseline or oil to hirsute areas and also smear vaseline on the rim of the cup.
- Bruising or blistering due to prolonged strong cupping. (A blister should be punctured with a sterile needle and a dry dressing applied).
- Do not use on broken or damaged skin.
- Avoid in the first 3 months of pregnancy. Thereafter, avoid the abdomen and points Hegu LI4, Sanyinjiao SP6, Jianjing GB21.
- Do not cup over varicose veins and other vascular irregularities.
- Do not cup consumers with haemophilia or cardiomyopathy.
- Do not cup over recent surgical scars.
- Cupping should be avoided if the consumer has been drinking alcohol, is influenced by recreational drugs, or recovering after exercise.
- Avoid strong cupping over the kidney areas, and TCM texts recommend avoiding cupping in functional kidney and liver disorders.
- Cupping should generally not be done on the face

#### 4. Application of Auricular Needles, Press Needles, Beads, Seeds and Magnets

##### Auricular Needles

1. Clean ear with alcohol swab or soap and water and dry well.
2. Detect 2-6 points with point finder, selecting as few points as possible and mark these points with pressure. If using an electrical point finder do not use alcohol swab to clean prior to point finding, as it will alter reading.
3. Use small sterile disposable needles half to 1 inch ipsilaterally or bilaterally.
4. Insert needle quickly through skin.
5. Leave in place for 20-30 minutes for maximum effect.
6. Electroacupuncture may be applied to ear needles.
7. Use lightweight clips to connect to needles in pairs. Tape if necessary.
8. Decide frequency of stimulation.
9. Raise current intensity to sub pain threshold.
10. Treat for 20-30 minutes duration

##### Press Needles / Beads

1. Clean ear with alcohol/soap and water to remove dead cells/wax.
2. Detect 2-3 points with point finder. Mark these points with pressure. If using an electrical point finder, do not use alcohol swab to clean prior to point finding, as it will alter reading.
3. Disinfect the skin with 2% solution of iodine in 70% alcohol.
4. Apply sterile disposable press needle / bead.
5. Apply 2% iodine in flexible collodion solution or 2% iodine and cover with "Op Site" M This seals the press needle / bead and reduces the risk of infection.
6. These needles / beads may remain in place 7-10 days.
7. At the time of removing the press needles apply a thin layer of antibiotic ointment (e.g. Mupirocin-Bactroban) to the needle site.

**NB:** Extra precautions must be taken with all ear acupuncture because the cartilage has a very poor blood supply. Therefore, if this becomes infected, it may be difficult for the body to mount an immune response to the invading bacteria.

Do not use semi permanent needles if there are obvious lesions on the ear or the consumer has a chronic immune deficiency disease.

##### Seeds (semen varcariae), Ball Bearings, or Magnets

1. Do not use metal if the consumer has a metal sensitivity.
2. Ensure the ear is clean.
3. Select and position seeds or magnets on points.
4. Advise the consumer to remove the seeds or magnets if irritation occurs.

## 5. Laser Acupuncture

Laser acupuncture is the application of light such as helium-neon, ruby, infra-red onto or over acupuncture points. It is quick and simple to apply. However, the practitioner should be aware of contraindications and necessary precautions.

The main contraindication is direct irradiation of the eyes. The laser should not be used directly on points over the pregnant uterus, any primary or secondary tumours, thyroid gland, haemorrhages, or directly over the heart in patients with heart disease. Precautions are necessary for patients who are epileptic, and for those on immuno-suppressant drugs, anti-coagulants, drugs known to cause photosensitivity reactions, or topical steroidal creams.

Some patients' pain may be slightly increased as a reaction to laser treatment. Patients should be warned of this prior to laser therapy. In patients with persistent adverse reactions, laser treatment should be discontinued.

Laser may be safely used over metal implants, plastics, stitches, and on patients fitted with a pacemaker.

## 6. Sterilisation

Single use sterile disposable needles will be used by all acupuncturists in clinical practice.

### **In November 2009, the NZASA Executive agreed:**

*“Members found not using sterile single use disposable needles will have their registration suspended. They will be placed under Supervision with spot checks over a period of six months. Their ACC license will also be suspended while under supervision. After six months, their membership will be reinstated if approved by the Supervisor.”*

**All costs relating to the above scenario will be met by the Member concerned.**

### **Sterilisation of Triangular, Silver, Gold, or Special Needles and Instruments only**

Definition: The removal of all micro-organisms from needles/instruments which are used to pierce the body.

#### **General Comments:**

1. The following processes apply only to Triangular, Silver, Gold, or Special needles /instruments which are re-used to puncture the body.
2. **With the above exceptions, the use of disposable sterilised needles is mandatory for preventing the introduction of any infection.**
3. The aims of sterilisation are to protect both the consumer and the practitioner from being infected by harmful micro-organisms.

#### **Processes Involved**

Two processes are involved; the cleaning and the sterilisation.

##### **a) Cleaning**

This is important before the sterilisation process because it will remove particles of organic foreign matter from the instrument which, if introduced into the body, may cause reactions which are harmful and dangerous.

## b) Sterilisation

Method of choice is Autoclaving, or pressure cooking i.e. using steam under pressure for a period of time e.g.

1. At 121°C for at least 15 minutes at 15 psi pressure, or
2. At 134°C for at least 4 minutes at 30 psi pressure.

- Other methods include use of dry heat (as in glass bead steriliser) e.g. At least 60 minutes at 170°C.
- The use of chemicals includes the gas ethylene oxide, or chemical sporicides.
- Cold sterilisation with chemicals (eg. alcohol) is not recommended.
- Chemically treated instruments must be washed to remove traces of the chemical before using.
- **Please note:** Boiling water does not produce conditions for adequate sterilisation.
- After sterilisation, the needles should be placed in a dated, labelled container with an airtight lid.
- All sterilisation equipment needs to be checked regularly for seal leaks, and accuracy of gauges and timers.
- Use of biological type indicators is strongly recommended to verify that the steriliser is effective.
- To ensure proper functioning, records should be kept of date and outcome of the inspection. This is important for possible legal actions involving cross-infection.
- The use of gloves by staff for cleaning and handling of contaminated instruments is strongly recommended.
- A "sharps" container for all used and disposable needles is mandatory for the safety of staff and practitioner.