

Standards, Ethics and Safe Practice

2011



New Zealand Acupuncture
Standards Authority Inc.

*Te turanga taumata
Excellence in Acupuncture*

局范针新 www.nzasa.org
正验灸西 *Te turanga taumata*
章证规兰 *Excellence in Acupuncture*

Contents

Standards of Acupuncture Practice

3-4

Standards 1 and 2

3

Standards 3, 4 and 5

4

Code of Ethics

5-9

1. Professional Conduct to the Patient

5

2. Professional Responsibilities: to patient and colleagues

5

3. Competence and Accountability of Practitioners

6

4. Description of services leading to signing of Informed Consent

6

5. Confidentiality

6

6. Advertisements and Media involvements: Public statements and publications

6-7

7. Commercial involvements

7

8. Fees

8

9. Sexual misconduct with patients

8-9

10. Teaching

9

11. Clinical Research

9

12. Animal treatments

9

13. Disciplinary mechanisms and Penalties

9-10

14. Re-registration of previously dismissed practitioner

10

Code of Safe Practice for Acupuncturists

10-26

Introduction

10

A. Recognise and comply with "Contraindications and Precautions"

11-12

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

13-14

C. Comply with Hygiene and Sterilisation Procedures

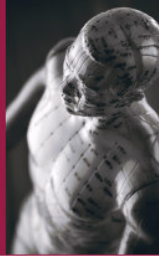
15

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

16-19

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

20-26



Standards of Acupuncture Practice

A standard is an agreed upon level of performance that has been developed to characterise, measure and provide guidance for achieving competency in practice.

These standards require practitioners to demonstrate a high level of theoretical and applied health knowledge, with a specialist body of acupuncture knowledge. Such knowledge will enable practitioners to work autonomously as health providers.

Each standard is accompanied by a series of capabilities, which specify the qualities, and activities that interpret the standard. These are intended as a guide to the standard.

These standards have been developed to characterise the minimum level of competency for qualified Health Professionals working autonomously or adjunctively in acupuncture. They are aligned with the Learning Outcomes for the NZQA National Diploma in Acupuncture.

Purpose of These Standards

- To delineate the nature and scope of Traditional Chinese and or Western Acupuncture within Health Professional Practice.
- To guide the development of acupuncture practice at the highest possible level.
- To provide a format against which acupuncture practice will be assessed.

Acupuncturists will meet the following standards and capabilities within their acupuncture practise:

Standard 1

Integrate acupuncture theory and philosophy to make a diagnosis:

- assess consumer complaints using appropriate theoretical and diagnostic methods
- analyse the information obtained to make an appropriate diagnosis

Standard 2

Treat the consumer using Acupuncture safely and effectively:

- select the appropriate acupuncture treatment and method
- use the correct method within appropriate guidelines
- appropriately complete the treatment for the chosen method
- observe the consumer and collect information about the effectiveness of the acupuncture treatment
- anticipate, recognise and manage any adverse reactions
- document acupuncture procedures
- anticipate, recognise and manage any adverse reactions
- document acupuncture procedures

Standard 3

Show an ability to work as an autonomous practitioner within own health discipline using acupuncture:

- show sound understanding of own discipline/s
- recognise own scope of practising when using acupuncture
- recognise own limitations, referring consumers when appropriate
- collaborate with colleagues to critique, develop and disseminate acupuncture knowledge and practice
- develop professional networks

Standard 4

Practise as an autonomous health professional using and /or integrating acupuncture for the best outcome for the consumer:

- recognise and understand the differing philosophies in managing consumers
- analyse and select treatments from differing philosophies when needed in treatment contexts
- analyse treatment from appropriate philosophical perspectives
- involve consumer in decision making of own treatment options
- demonstrate respect for consumers and other professionals' values and viewpoints

Standard 5

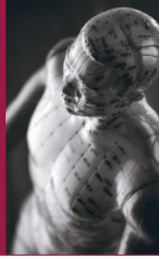
Evaluate the quality and effectiveness of acupuncture and their health professional practise:

- value ongoing supervision and self evaluation
- maintain and develop own knowledge and expertise
- analyse the quality, development and changes in own practice
- collect data on and evaluate the effectiveness of acupuncture treatment from the perspectives of practitioner and consumer

Ongoing Monitoring of clinical standards

A registered acupuncturist will:

- provide written evidence of ongoing education yearly as determined by NZASA'S Registration Board e.g. conferences, study groups etc.
- provide evidence of financial membership of an accredited acupuncture organisation
- belong to a peer review group that meets at least thrice yearly. Documentation to be supplied to NZASA
- supply a current professional practising certificate, if applicable



Code of Ethics

Introduction

NZASA is a professional organization involved with Health-care delivery to the New Zealand public in the field of Acupuncture.

NZASA supports the promotion of a “Charter on Medical Professionalism” which covers financial and clinical resources of the nation, equitable access to care for all members of the public with commitment to improving quality of care, and continual upgrading of scientific knowledge, (Ref: the NZMJ 10 May 2002).

Categories for contents:

- (1) Professional Conduct to the Patient
- (2) Professional Responsibilities: to patient and colleagues
- (3) Competence and Accountability of Practitioners
- (4) Description of services leading to signing of Informed Consent
- (5) Confidentiality
- (6) Advertisements and Media involvements: Public statements and publications
- (7) Commercial involvements
- (8) Fees
- (9) Sexual misconduct with patients
- (10) Teaching
- (11) Clinical Research
- (12) Animal treatments
- (13) Disciplinary mechanisms and Penalties.
- (14) Re-registration of previously dismissed practitioner.

Professional Conduct

- 1.1 The patient’s health and well-being shall be the practitioner’s first priority
- 1.2 Ensure that all conduct between you and your patient is above reproach at all times.
- 1.3 Exploitation of any patient whether it be physical, sexual, emotional or financial is unacceptable.
- 1.4 Practitioners should practise the science and art of Acupuncture to the best of their ability, in full moral independence, with compassion and respect for human dignity.

Professional Responsibilities: to patients and colleagues

- 2.1 Ensure that every patient receives appropriate investigation into their complaint or condition, including collation of information for optimal management.
 - 2.1.1 Practitioners should recognise their own clinical and diagnostic limitations and know when to refer a patient to another health care professional.
 - 2.1.2 Ensure that accurate and legible records of fact are kept for each consultation/contact.
 - 2.1.3 When referred a patient for treatment from another Healthcare practitioner, report back to that healthcare worker of your treatment.

Competence and Accountability of Practitioners

- 3.1.1 Every Practitioner has a duty to keep abreast of new technical skills and knowledge and to strive to improve the standards and quality of acupuncture services in the community.
- 3.1.2 The Practitioner must submit to an audit/assessment of his/her practice should it be required by the disciplinary or other regulatory body.
- 3.1.3 The practitioner shall do all things necessary to maintain hands, clothing, linen, needles and equipment, in a clean and hygienic condition to reduce the risk of transferring infectious diseases, as set out in the NZASA's Codes of Safe Practice for Acupuncturists (see Appendix E).
- 3.1.4 The practitioner should be conversant with the Code of Rights as set out in the brochure from the Health and Disability Commissioner called: Code of Health and Disability Services Consumers' Rights (see Appendix C).

Description of Services leading to signing of Informed Consent

- 4.1.1 The Practitioner will not misrepresent their acupuncture qualifications, experiences or services.
- 4.1.2 Professional qualifications and description of services help the Public to make informed choices of the quality and type of service provided by the practitioner, and the profession as a whole.
- 4.1.3 Any advertising will not contravene the Commerce Act 1986, or the Fair Trading Act 1986 or any more recent additions or amendments thereto.
- 4.1.4 All practitioners must explain the diagnosis and treatment they propose to administer, in language that the patient seems able to understand.
- 4.1.5 It is a legal requirement that the patient gives his/her consent before treatment commences. Otherwise, legally, it can be construed as an assault.
- 4.1.6 Minors (children under 16years) should have their parent or guardian sign the Informed Consent form after the treatment has been explained to the appropriate and present party.

Confidentiality

- 5.1 All records, medical and personal information a Practitioner learns from patients shall be confidential, between the patient and practitioner, except when:
 - (a) Required otherwise by rule of law or a court order
 - (b) In an emergency where the information may assist in the saving of the patient's life, or may assist in the prevention of damage or disease to the patient.
 - (c) In consultation with other Healthcare Practitioners for the purpose of better diagnosing or treating, or co-ordinating the treatment of the patient.
 - (d) The patient has consented to the nature and extent of the disclosure.
 - (e) When a patient is not legally or medically competent to give consent to the disclosure of information, the consent may be obtained from the patient's legal representative.
 - (f) When the information is used for other purposes such as training the patient's identity will be protected.
 - (g) While records (written or electronic) relating to a patient's treatment are the property of the Practitioner, the patient is entitled to copies of the information on those records. The Practitioner should keep the original records.
 - (h) Records should be kept for 10 years after the last entry.

Advertisements and Media Involvements: Public statements and publications

- 6.1.1 Whenever possible, when asked to make comments by the Media, the Practitioner should convene with the NZASA executive.
- 6.1.2 Caution should be used in making statements to ensure that the Public does not misinterpret the information.
- 6.1.3 Any statement should avoid being self-laudatory, imply any superior professional ability, or denigrate colleagues.

- 6.1.4 When making any statements or comments the Practitioner should not only take into account the personal views held, but also take great care to respect that of the majority, and where those two views are at a variance, it should be made quite clear whether the Practitioner is speaking in a personal capacity or with the backing of NZASA.

Commercial Involvements

- 7.1.1 Practitioners should exercise careful judgement before accepting any gift, hospitality or gratuity which could be interpreted as an inducement to use or endorse any product, equipment or policy. In all cases of doubt, advice should be sought from the executive of NZASA.
- 7.1.2 When Practitioners are acting as agents for, or have a financial or other interest in, commercial organizations, their interest must be declared to patients.
- 7.1.3 Where potential conflict arises between the best interests of particular patients and commercial or rationing prerogatives, practitioners have a duty to explain the issues and dilemmas to their patients.

Fees

- 8.1 Like all professionals, practitioners have the right to fair recompense for the use of their skills and experience. However, motives of profit must not be permitted to influence professional judgement on behalf of patients.
- 8.2.1 It shall be unethical to exploit a patient for financial gain by representing to him a condition is worse than it really is or will get worse unless treatment continues indefinitely when such is not the case.

Sexual Misconduct with Patients

- 9.1.1 NZASA supports Touch as a crucial healing part of acupuncture when that Touch is caring or nurturing and not sexual or exploitive.
- 9.1.2 It is always the responsibility of the Practitioner to ensure that interaction with each patient occurs in a context in which the patient is informed and consents.
- 9.1.3 Breaches of the Practitioner/Patient relationship risks causing psychological damage to the patient. Sexual misconduct inevitably harms the patient.
- 9.1.4 Exploitation of the patient is an abuse of power. Because of this power imbalance between practitioner and patient, patient consent can never be a defence.
- 9.1.5 Should the Practitioner and patient mutually agree to a relationship outside the profession, then that should ensure the patient is first referred to another practitioner.
- 9.1.6 The guiding principle is that there is no exploitation of the patient (adult or child) or his/her immediate family. There must not be abuse of the Practitioner's power.
- 9.1.7 Definitions : Sexual abuse can be described on 3 levels:
- (a) Sexual impropriety
 - (b) Sexual transgression
 - (c) Sexual violation.

Sexual impropriety includes but not limited to:

- Inappropriate disrobing or draping practices, including deliberately watching a patient dress or undress, and inadequate privacy for this procedure.
- Conducting an intimate examination of a patient in the presence of students or other parties without the informed consent of the patient.
- Inappropriate comments about, or to the patient, as well as making sexual comments about a patient's body or underclothing.
- Making sexualised or sexual demeaning comment to the patient.
- Ridicule of a patient's sexual orientation (homosexual, heterosexual, or bisexual).
- Making comments about potential sexual performances during an examination or consultation (except where pertinent to professional issues of sexual function or dysfunction).

- Requesting details of sexual history or likes and dislikes not clinically indicated for the type of consultation.
- Any conversation regarding the sexual problems, preferences or fantasies of the practitioner.

Sexual transgression means any inappropriate touching of a patient that is of a sexual nature, short of sexual violation. Sexual transgression includes but not limited to:

- (a) The touching of breasts or genitals, except for the purpose of appropriate physical examination or treatment, or where the patient has refused or withdrawn consent to the touching as part of such examination or treatment.
- (b) Kissing of a sexual nature.
- (c) Propositioning a patient.

Sexual Violation means practitioner/patient sexual activity, whether or not initiated by the patient, including but not limited to:

- (a) Sexual intercourse, masturbation and other forms of genital or sexual stimulation.

Teaching

- 10.1.1 Teaching involving direct patient contact must be undertaken with sensitivity, compassion, respect for privacy, and, whenever possible, with the consent of the patient, guardian or appropriate agent.
- 10.1.2 Wherever possible, patients should be given sufficient information on the form, and content of the teaching, and adequate time for consideration, before consenting or declining to participate in clinical teaching. Refusal by a patient to participate must not interfere with other aspects of the professional relationship or to access to appropriate treatment.

Clinical Research

- 11.1.1 Scientific progress is based on research which relies on experimentation and systematic observation involving human subjects.
- 11.1.2 Before proceeding obtain the consent of all subjects or their agents, but only after explaining the purpose of the clinical research and any possible health hazards which can be reasonably foreseen.
- 11.1.3 Never allow the interest of Science to take precedence over consideration related to the well being of the subjects. In any study ensure that every patient is assured of the best-proven diagnostic and therapeutic methods

Animal Treatments

- 12.1 Members of NZASA are registered for the treatment of humans.
- 12.2 If a practitioner has specialised in the treatment of animals any such service should be conducted separately from their clinical practice for human patients.

Disciplinary Mechanisms and Penalties

- 13.1 All Practitioners shall abide by the ruling and decisions made by the Disciplinary Committee concerning ethical behaviour and standards of professional conduct.
- 13.2 The Disciplinary Committee will observe the principles of natural justice, such as to give due notice and details of the charge, to give opportunity to be heard, with lack of bias, absence of malice and proceed with all due fairness.
When decisions are made by the Disciplinary Committee concerning any penalty, these will be adhered to by the member involved.
- 13.3 see next page...

13.3

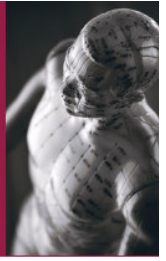
In November 2009, the NZASA Executive agreed:

“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.

Concerning Re-registration of offending Practitioner

14.1 The primary concern of NZASA is to protect the Public, so approval will only be given with much caution and only when the applicant can provide evidence of successful therapy and /or rehabilitation. This will also have to be supported by an independent assessment by a person or persons appointed for that purpose. All costs relating to this and other matters relating to their application for registration are to be met by the applicant.



Code of Safe Practice for Acupuncturists

44 Greenlane East, Remuera,
Auckland 1050, New Zealand
telephone: 09 528 8214
email: nzasainc@xtra.co.nz

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

Dr. M H Anderson BSc MBChB Dobs DavMed D1H FRNWGP MFOM

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.



The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996

1. Consumers have Rights and Providers have Duties:

- 1) Every consumer has the rights in this Code.
- 2) Every provider is subject to the duties in this Code.
- 3) Every provider must take action to -
 - a) Inform consumers of their rights; and
 - b) Enable consumers to exercise their rights.

2. Rights of Consumers and Duties of Providers:

The rights of consumers and the duties of providers under this Code are as follows:

RIGHT 1

Right to be Treated with Respect

- 1) Every consumer has the right to be treated with respect.
- 2) Every consumer has the right to have his or her privacy respected.
- 3) Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of Maori.

RIGHT 2

Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

RIGHT 3

Right to Dignity and Independence

Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

RIGHT 4

Right to Services of an Appropriate Standard

- 1) Every consumer has the right to have services provided with reasonable care and skill.
- 2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.
- 3) Every consumer has the right to have services provided in a manner consistent with his or her needs.
- 4) Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.
- 5) Every consumer has the right to co-operation among providers to ensure quality and continuity of services.

RIGHT 5

Right to Effective Communication

- 1) Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.
- 2) Every consumer has the right to an environment that enables both consumer and provider to communicate openly, honestly, and effectively.

RIGHT 6

Right to be Fully Informed

- 1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including -
 - a) An explanation of his or her condition; and
 - b) An explanation of the options available, including an assessment of the expected risks, side effects, benefits, and costs of each option; and
 - c) Advice of the estimated time within which the services will be provided; and
 - d) Notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval; and
 - e) Any other information required by legal, professional, ethical, and other relevant standards; and
 - f) The results of tests; and
 - g) The results of procedures.
- 2) Before making a choice or giving consent, every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent.
- 3) Every consumer has the right to honest and accurate answers to questions relating to services, including questions about -
 - a) The identity and qualifications of the provider; and
 - b) The recommendation of the provider; and
 - c) How to obtain an opinion from another provider; and
 - d) The results of research.
- 4) Every consumer has the right to receive, on request, a written summary of information provided.

RIGHT 7

Right to Make an Informed Choice and Give Informed Consent

- 1) Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this Code provides otherwise.
- 2) Every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.
- 3) Where a consumer has diminished competence, that consumer retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence.
- 4) Where a consumer is not competent to make an informed choice and give informed consent, and no person entitled to consent on behalf of the consumer is available, the provider may provide services where -
 - a) It is in the best interests of the consumer; and
 - b) Reasonable steps have been taken to ascertain the views of the consumer; and
 - c) Either, -
 - i. If the consumer's views have been ascertained, and having regard to those views, the provider believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the consumer would make if he or she were competent; or
 - ii. If the consumer's views have not been ascertained, the provider takes into account the views of other suitable persons who are interested in the welfare of the consumer and available to advise the provider.
- 5) Every consumer may use an advance directive in accordance with the common law.
- 6) Where informed consent to a health care procedure is required, it must be in writing if -
 - a) The consumer is to participate in any research; or

- b) The procedure is experimental; or
 - c) The consumer will be under general anaesthetic; or
 - d) There is a significant risk of adverse effects on the consumer.
- 7) Every consumer has the right to refuse services and to withdraw consent to services.
- 8) Every consumer has the right to express a preference as to who will provide services and have that preference met where practicable.
- 9) Every consumer has the right to make a decision about the return or disposal of any body parts or bodily substances removed or obtained in the course of a health care procedure.
- 10) No body part or bodily substance removed or obtained in the course of a health care procedure may be stored, preserved, or used otherwise than
- (a) with the informed consent of the consumer; or
 - (b) For the purposes of research that has received the approval of an ethics committee; or
 - (c) For the purposes of 1 or more of the following activities, being activities that are each undertaken to assure or improve the quality of services:
 - (i) a professionally recognised quality assurance programme;
 - (ii) an external audit of services;
 - (iii) an external evaluation of services.

RIGHT 8

Right to Support

Every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer's rights may be unreasonably infringed.

RIGHT 9

Rights in Respect of Teaching or Research

The rights in this Code extend to those occasions when a consumer is participating in, or it is proposed that a consumer participate in, teaching or research.

RIGHT 10

Right to Complain

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to -
 - a) The individual or individuals who provided the services complained of; and
 - b) Any person authorised to receive complaints about that provider; and
 - c) Any other appropriate person, including -
 - i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner.
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that -
 - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
 - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of -
 - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner; and
 - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and
 - d) The consumer receives all information held by the provider that is or may be relevant to the complaint.
- 7) Within 10 working days of giving written acknowledgement of a complaint, the provider must, -

- a) Decide whether the provider -
 - i. Accepts that the complaint is justified; or
 - ii. Does not accept that the complaint is justified; or
 - b) If it decides that more time is needed to investigate the complaint, -
 - i. Determine how much additional time is needed; and
 - ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.
- 8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -
- a) The reasons for the decision; and
 - b) Any actions the provider proposes to take; and
 - c) Any appeal procedure the provider has in place.

3. Provider Compliance

A provider is not in breach of this Code if the provider has taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in this Code.

The onus is on the provider to prove it took reasonable actions.

For the purposes of this clause, "the circumstances" means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.

4. Definitions

In this Code,

"Advance directive" means a written or oral directive-

- (a) By which a consumer makes a choice about a possible future health care procedure; and
- (b) That is intended to be effective only when he or she is not competent:

"Choice" means a decision-

- (a) To receive services:
- (b) To refuse services:
- (c) To withdraw consent to services:

"Consumer" means a health consumer or a disability services consumer; and, for the purposes of rights 5, 6, 7(1), 7(7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer:

"Discrimination" means discrimination that is unlawful by virtue of Part II of the Human Rights Act 1993:

"Duties" includes duties and obligations corresponding to the rights in this Code

"Ethics committee" means an ethics committee -

- (a) established by, or appointed under, an enactment; or
- (b) approved by the Director-General of Health.

"Exploitation" includes any abuse of a position of trust, breach of a fiduciary duty, or exercise of undue influence:

"Optimise the quality of life" means to take a holistic view of the needs of the consumer in order to achieve the best possible outcome in the circumstances:

"Privacy" means all matters of privacy in respect of the consumer, other than matters of privacy that may be the subject of a complaint under Part VII or Part VIII of the Privacy Act 1993 or matters to which Part X of that Act relates:

"Provider" means a health care provider or disability services provider:

"Research" means health research or disability research:

"Rights" includes rights corresponding to the duties in this Code:

"Services" means health services, or disability services, or both; and includes health care procedures:

"Teaching" includes training of providers.

5. Other Enactments

Nothing in this Code shall require a provider to act in breach of any duty or obligation imposed by any enactment or prevents a provider doing an act authorised by any enactment.

6. Other Rights

An existing right is not overridden or restricted simply because the right is not included in this Code or is included only in part.