

# Online+5



Introduction Session - Acupuncture Health & Safety

## The Healing & Acupuncture College, UK.

In this session we will look at safe practice of acupuncture, the treatment room, what can go wrong, what the risks are and how to work safely.

Despite attempts to discredit acupuncture from some quarters it is in fact a very safe practice. In the 20 years I have been working in the UK I have heard of only two serious incidents. Compare that to many other forms of treatment and what goes on in a lot of hospitals and you can see that the risks are very low. By working cautiously and following the safety guidelines we can reduce any risk to almost zero. Of course you can never quite reduce it to nothing that's why we have insurance, for the one in a million set of circumstances which could never have been predicted. Despite the protestations of various vested interests the UK government recently decided that acupuncture did not need any more regulation. We are already bound by local government legislation regarding safe practice and working environment.

Insurance rates for acupuncture reflect its good safety record. Here in the UK we can insure ourselves to practice acupuncture for around £100 pa. The HAC Certificate of Competence to Practice is accepted by a company called Balens who will insure our graduates to practice here. Regulations and requirements do vary around the world and it is impossible to know what the situation is for every country. For example I do know that you cannot practice in some European countries unless you are

a doctor or at least working with one. In the US it depends upon state law and in other countries there are no restrictions at all. You will need to investigate your own situation but in any event I do not recommend working without insurance. This is an issue we will discuss again when we come to setting up practice.

### *The Risks*

**One** is what's called a needle stick injury. This means sticking a needle into someone after its been into someone else or become contaminated in some other way. This carries a risk of cross infection particularly of hepatitis. The people at risk are: The patients, the practitioner and anyone else in the room if you are walking around with used needles.

**Two** is Pneumothorax, the puncture of the plural cavity causing a collapse of the lung. People get this with bullet or stab wounds and in reality it is difficult to puncture the plural cavity with an acupuncture needle. But we ensure this never happens by being aware of needle depth and technique on all of the chest, upper back and upper shoulder areas.

**Three** Pregnancy. There are certain points classified as forbidden in pregnancy, mostly because they descend energy strongly and could induce premature birth. Often they are the same points used to induce when we wish to do that. There are some key points upon which there is general agreement and all good points books will say if a point is FIP. (forbidden in pregnancy)

**Four** is needle depth. All acupuncture points have a recommended maximum needle depth and this is also given in the points books. Obviously you will need to apply common sense as well because it also depends upon how much body fat a person is carrying and their general build.

**Five** Needle shock. Occasionally people are nervous or agitated by acupuncture and go into needle shock. I have seen this happen a couple of times usually when people are sitting up. They feel faint and look pale, sometimes even almost passing out.

**Six** is anything else. For example if we use moxa or cupping (techniques we will discuss later in the course) they carry their own risks.

Don't worry, all this is in fact quite easy to manage because we have very clear procedures to ensure good safe practice.

## Clean Needle Technique

Preparation: First we set out a clean field (see video) this is usually done by placing a square of couch roll onto a secure clean surface in the treatment room. Nothing ever re enters the clean field and it only contains new needles and cotton wool. Next to the clean field we have a sharps box (yellow) and hand sterilizing gel. The patient is prepared by undressing as is necessary to expose the points to be needled and being made comfortable on the couch. The practitioner is appropriately dressed and has clean hands.

Procedure: The practitioner cleans hands with the sterilizing gel and then selects a needle from the clean field. The packaging is removed and dropped into a foot operated bin (so as to avoid contamination opening the lid) The needling is carried out with the practitioner returning to select further needles and repeating the same procedure. If at any time the practitioner touches anything apart from the needles they will re use the sterilizing gel before the next point. We will cover needling and actual needle techniques later in the course but we generally encourage the use of guide tubes to facilitate needling. Touching of the needle shaft is controversial with some sources saying you must not except via a cotton wool guide and others that its safe with clean hands. Our policy is to try not to touch the shaft but to acknowledge that there are certain circumstances where it is necessary and safe to do so.

After treatment (anything between 5 seconds and 40 minutes later) the practitioner will prepare for needle removal by placing the sharps box in an appropriate secure place as near the patient as possible. Hands are sterilized again and a piece of cotton wool selected. Needles are removed using the cotton wool to apply gentle pressure around the base of the needle, the hole is "sealed" with gentle pressure after needle removal and the used needle is IMMEDIATELY PLACED INTO THE SHARPS BOX. The golden rule is that no used needle ever goes anywhere except straight into the sharps box. No needle is ever re-used even on the same patient or back into the same point, a new needle is always used. The practitioner can then continue to remove all needles in the same way one at a time. There is no need to re sterilize or select a new piece of cotton wool unless something else, like clothing or the sharps box is touched between removal of needles. The cotton wool goes into the bin with the packaging waste unless it is contaminated with blood in which case it also goes into the sharps box.

### Your Task

Watch the video and then purchase (or ask for free samples from suppliers) of needles with guide tubes, gel and sharps box. Set up your clean field and practice this procedure

(using a sponge pad or an orange as the patient). Do this over and over again until you are really familiar with it. Watch the video again and pay particular attention to the opening of the needle packets. This may sound silly but I have lost count of the number of students who get into a clinic situation and cant get the needle out of the packet or remove the plastic tag. You need to get good at this so it becomes second nature when you actually start concentrating on the needle techniques.

See the points DVD or look online at some basic anatomy for next session. In particular the names of the large bones and the anatomical terms: Proximal, distal, inferior, superior, etc.

You can see that most of clean needle technique is concerned with risk one, cross contamination. We assume that everyone has the potential for contamination and treat all patients in the same way. This means that if someone says for example that they are HIV+ we don't need to take any extra precautions. After all many people may be carrying a blood borne contagion and not know it.

Pneumothorax can only occur if the plural cavity surrounding the lungs is penetrated. This basically means the area of the chest and upper/middle back. If in any doubt check needle depths in any good points book before needling. Never needle deeper than the recommended maximum depth and you wont go wrong. There are a couple of points up on the shoulder to which this caution also applies. Note that the needle depth refers to perpendicular insertion, the actual depth below the skin. So if you are needling at an angle a longer needle can still be used.

Other points also have maximum depths and you will soon get familiar with these for the points you use regularly.

The procedure for needle shock is to remove all needles quickly and lie the patient down. Massage St36 (point we will learn) until they recover. In the unlikely event that they don't we should proceed into emergency procedure. Which reminds me that

it is a good idea to do a first aid day and to have a current first aid certificate.

All this has probably got you worried? Well don't be, these problems are rare and very very unlikely to happen if you are sensible. In 20 years of supervising student clinics, talking to colleagues and doing my own practice I have only seen a couple of people go into needle shock and quickly recover. I saw one person who students thought had pneumothorax but actually everyone got in a panic and unsettled the patient when in fact he was just bruised.

It is important to keep calm. Nothing upsets a patient more than a practitioner who is obviously nervous or frightened. If in any doubt before proceeding do research, check in books, e mail me, ask a colleague or whatever.

Age, its a fact of life that elderly people are more delicate and slower to respond and heal than when young. They bruise more easily and are not as robust as younger people. Be careful and be aware of practical things like helping them on and off the couch, making sure they are supported etc.

Medication, some people are on a lot of prescribed medication and this can effect acupuncture in a number of ways. Firstly, there are occasions when a persons medication and their particular condition may mean that it is advisable not to treat them at all. This is rare but it can happen usually with heart conditions or high blood pressure. If you are unsure talk to the patient first, they may know a lot about their case themselves or get them to speak to their doctor for advice. Its also well worth checking things out online, there is a lot of information there. There is also a book called "prescribed drugs and the alternative practitioner" which goes into detail about different drugs and their effects. The other point about medication is that it can really throw your acupuncture diagnosis. Sometimes the tongue and pulse readings which we use in diagnosis do not mean much in such cases.

Finally if in any doubt about any patients suitability for acupuncture for any reason. SEND THEM TO THEIR GP FIRST doctors are paid to take respon-

sibility for their patients so there is nothing wrong with getting a patient to ask their GP if its safe to have acupuncture treatment.

## The Treatment Room

Your treatment room will be subject to local council guidelines for premises used for treatments and tattooing (in the uk). This will vary from area to area but here are some guidelines. Even if you are not working in a place where these controls apply they still make sense for professional practice.

Use the room only for treatments. You cant really use your dining room or bedroom. If you don't have enough space it may well be easier to simply hire a room on a sessional basis from someone else. The advantage of this is that they will have already done all the necessary work to get approval for treatments.

Keep it clean and simple. A treatment room should not be cluttered and should contain only desk, chairs and couch. There should be easy access to toilets and ideally a wash basin with paper towels in the room. You should also have a pedal operated bin, sharps box, couch roll and clean towels.

For floor covering, deep pile carpet is not advised. Some councils will insist on a tile floor but a neutral carpet is actually nicer. The best colour for a treatment room is white or a similar neutral shade.

Heating, Nothing is worse as a patient than being undressed and cold so keep it warm.

First aid, Its advisable to have a first aid kit handy.

Sharps disposal, some councils will insist that you have a contract for sharps box disposal. Others will be satisfied if you can explain what you intend to do with your sharps (usually that means take them to a local hospital). I was lucky because in my area they do a no questions asked free service taking away sharps for drug users. If you buy a large sharps box and don't fill it up with cotton wool it will last a long time even in a busy practice.

Insurance, you may be asked to provide evidence of public liability insurance.

None of this is quite as bad as it sounds. Remember that once you have graduated with your certificate and purchased insurance you can get around all the rest of the problems by working in an existing clinic.

## Other Considerations

There are other issues which come under a more broad definition of health, safety and ethics. It is important to know that you cannot treat minors (under 16) without consent from their legal guardian and unless they are also present.

You are legally obliged to keep certain notes, we will look at this and the consent form later.

## Test Questions

What are the main dangers in acupuncture practice?

To the Patient

- 1,
- 2,
- 3,

To Yourself

- 4,

Why do we use guide tubes?

- 1,
- 2,

What do we do if we suspect a patient has high BP?

- 1,

What do we put into the clean field?

- 1,
- 2,