



Code Of Safe Practice

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INTRODUCTION

The Code of Safe Practice defines the health and safety standards that are taught at COFEA Ireland and to be practised by undergraduates of COFEA Ireland.

As a professional acupuncturist, our duty of care to our patients is to ensure that they are safe and we take every reasonable precaution to achieve that. Poor health and safety procedures can result in serious damage to the health of both ourselves, and our patient.

PREMISES

The COFEA Clinical premises are located in Gresham House, 383 Clontarf Road, Dublin 3. The premises are maintained so that patients, students, COFEA faculty, the public and other visitors are not exposed to risks to their health and safety.

Sanitary Facilities

The COFEA Clinical Premises has a toilet and facilities for hand washing with a supply of clean running hot water, on each floor for patients, students, COFEA faculty and other visitors. Each washing facility has dispenser liquid soap; towels; and an adequately sized bin situated close to the basin.

Treatment Rooms

Each treatment room has sufficient space to allow free movement and establish a clean field; sufficient storage; smooth, easily cleanable surfaces on tabletops, shelves and adequate heating, ventilation, natural and artificial lighting.

The treatment rooms enable the patient to have privacy whilst undressing and dressing and blankets are provided in each room to maintain privacy and warmth whilst being treated. Suitable arrangements for needle disposal are also in place in each treatment room.

Cleanliness and Safety

Treatment rooms are cleaned on a daily basis. Treatment Couches are covered with a fresh sheet and couch roll disposed of after treating each patient. Blankets used in treatment are laundered on a regular basis. Treatment surfaces are regularly cleaned with an appropriate anti-bacterial agent, at least at the beginning or end of every working day. Checks are routinely made that: all floors, passages and stairs are kept free from obstruction; equipment is regularly inspected and maintained.

Fire Safety

There are satisfactory fire precautions and health and safety standards on the premises. The Building is fitted out with a Security Alarm for both external intrusion and for detecting movement within the building while activated.

In the unlikely event of a fire, the building is fitted out with sensors and the fire alarm will activate (it is not activated by the use of moxa!). The Fire Alarm will also activate the Security Alarm at the Front Door. If the fire is localised, attack fire if possible, with appliances – they are provided on each floor attached to the walls – without taking personal risks or risking the safety of others.

Immediately get your patient out of the treatment room and leave building by the front door. Assembly point is on the footpath/pavement outside the building.

Dial 112/999 and ask for FIRE BRIGADE. Do not stop to collect personal belongings or do not re enter building.

EQUIPMENT

A First Aid kit complying with current Health and Safety (First Aid) Regulations containing a sufficient supply of suitable bandages, dressings, antiseptic creams and plasters and disposable surgical gloves is available at the premises.

Disinfectants, including pre-packed 70% isopropyl alcohol swabs and single use cotton wool/buds are also available in each treatment room.

CLEAN HYGIENIC PROCEDURE

This part of the Code sets out how to safely needle a patient and use moxa when treating someone with acupuncture/moxibustion.

Based on three comprehensive surveys done in 2001 and 2004 in the UK (see Appendix 1), acupuncture is one of the safest forms of medical intervention currently in use. Fortunately, reports of serious adverse events are rare.

General

Our responsibility is to perform acupuncture and moxibustion safely. This involves minimising the risk of infection from the use of needles and moxa. There are many potential sources of infectious disease in an acupuncture clinic. Blood, hands, nasal discharge, saliva, dust, clothing, hair, must be all considered as potential vehicles for infection. It is sensible practice to assume that every patient's blood is potentially infectious, so particular care must always be taken when blood is present on the skin, or when handling used needles. Therefore, **each patient must be treated as a possible carrier of an infectious disease.** In addition to the recommendation that all patients be handled as they were carriers, practitioners should know about the characteristics of two diseases of critical concern – Hepatitis and HIV.

Cross Infections are caused by pathogens acquired from one person either directly - from contact between patient and practitioner, or by transfer - carried from one patient to another on the unwashed hands of the practitioner. Cross Infections may be acquired by the practitioner as well as the patients. The acupuncturist must always be alert to the potential for transferring disease-causing micro-organisms to a vulnerable host and must not permit lapses in attention to prevention of this transfer. Careful clinic hygiene can break the transfer chain.

Considerations prior to treatment

In view of the risk of transmission of blood-borne infections, it is essential that only single-use, sterile, disposable needles are used. Any needle with damaged packaging seals must not be used. Guide tubes which must be pre-sterilised and come packaged with each individual needle or set of needles must not be used or stored for use beyond the treatment session in which the seal on the package is broken. The area to be needled should be clean and free from infection. A sharps box clearly marked '*Danger - Contaminated Sharps - To Be Incinerated*' is to be used for disposing of needles.

Acupuncturist's Health - all acupuncturists must ensure that their own health does not endanger in any way the health of the patient. Avoid giving treatment if you are suffering from an infectious or contagious condition which may be transmitted to the patient.

To protect the health and safety of the patient you must:

- a) Ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions.
- b) Ensure that informed consent has been obtained in accordance with the requirements of the Code of Professional Conduct.

Personal Hygiene of the Acupuncturist

You must ensure that your own health and personal hygiene do not endanger the health of a patient. You should inform your general practitioner as soon as possible if you suspect that you are suffering from or have been in contact with someone suffering from a notifiable *infectious disease*. These are listed in the HSE '*Notifiable Diseases and their respective causative pathogens*' document supplied to you.

Observance of a high standard of personal hygiene is essential. Hands should be frequently and thoroughly washed, especially before and after each treatment/patient to reduce the risk of cross infection with your following patient. All cuts and wounds must be washed and dressed with a waterproof dressing prior to treating a patient. The acupuncturist should wear clean, washable clothing, including a clean white coat, while carrying out his/her practice. Practitioners must refrain from smoking, eating or drinking whilst engaged in treatment. Nails must be kept short and clean.

Loose and/or long hair should be tied back and not compromise the treatment of the patient. Do not wear large, loose or dangling jewellery, clothing or rings. Hair, jewellery, clothing and rings can be causes of cross infection if they come into contact with the patient or treatment equipment. Disinfect your hands before and after each contact with a patient.

Health of the Patient

In the event that your patient has, or is suspected of having, a notifiable infectious disease or serious pre-existing medical condition you must ensure that it is safe to treat that patient by contacting their GP if necessary. Although you may offer treatment, you should advise the patient not to view acupuncture as a substitute for any treatment for a notifiable disease that a doctor has prescribed.

Ensure that the part of the body to be treated is clean, free from cuts, wounds or disease. The areas to be treated should be cleaned prior to needle insertion with an alcohol swab. Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other material used as a covering on a couch, and any towel, cloth or other article which is applied to the patient's skin shall be clean, and shall not previously have been used in connection with any other patient without having been cleaned, or where appropriate, sterilised.

Procedure for Clean Needle Technique

[1] Establish a 'clean field' for treatment

The basic rules for establishing a clean field are:

[a] Establish a clean field on a flat, smooth, cleanable work surface in the treatment room. The surface should be cleaned prior to establishing the clean field. Use disinfectant. Disinfectant will not sterilise (see Appendix 2 for definition of terms), that is, kill all germs, but its use will reduce the number of germs to the extent that they pose little danger of infection. Two disinfectants frequently used are hypochlorite – bleach (e.g. Chlorox or Domestos) and glutaraldehyde (e.g. Cidex). These disinfectants will neutralise most viruses, especially the hepatitis ones. Hypochlorite can corrode metals and therefore is useful only in wiping table tops, etc. Then place a piece of clean couch paper upon the work surface as the base of the clean field.

[b] Place treatment equipment on the clean field. This includes packets of single - use disposable, pre sterilised needles, estimated to be needed for this treatment (needle packs may be opened and folded back to reveal the needle handle), cotton balls, and alcohol (surgical spirits, containing 70% ethanol/alcohol) container, alcohol swabs (containing 70% isopropyl alcohol), disinfected (you can use Milton or Presept as a suitable and acceptable alternative to hypochlorite to disinfect the stainless steel dish) stainless steel dish for the needle (s).

[c] Do not place Sharps Box nor container for contaminated waste on the clean field.

[d] Wash hands with soap and warm water - hand washing is generally considered the most important single procedure for preventing infection in a healthcare setting. Hand washing has been shown to eliminate or markedly reduce hand carriage of pathogenic organisms; hand washing should include a vigorous rubbing together of well-lathered hands for at least 10 seconds, followed by rinsing under a stream of running water. Dispenser liquid soap is recommended. Alcohol hand-rub gels or foam are not a substitute for hand washing at this stage of the treatment.

Treatment

You must ensure that hands are properly cleansed again either by hand washing or by the use of alcohol gel, at any time during treatment if they are contaminated by contact with clothing, pens, clinic furniture, etc, between separate needle insertions.

Needles must be removed from the sterile packaging in such a way to avoid contamination. Place the needle on the disinfected stainless-steel dish.

Clean the area of insertion by swabbing with an alcohol swab or an alcohol-soaked cotton ball. Be vigilant about any areas of the body where moisture or exudates may collect, such as the groin or genital area, ears, feet, under arms and the area below the breasts, near the mouth, nose, scalp and other hair-covered areas that may need extra cleaning, e.g. *GV1* at the tip of the coccyx, *11* in the armpit. Locate and swab the point. Just prior to needling, hands and fingers must be cleaned at a minimum with alcohol hand gel. Maintain clean procedure at all times while handling needles prior to insertion. If needles become contaminated, they should be discarded. Insert needle cleanly.

When removing needles from your patient, you must:

Remove needle carefully and cleanly. It is possible to use a new needle more than once on the same part of the body, as long as the integrity of the needle is not compromised in any way.

If you draw blood (an uncommon event as needling is superficial and fine needles 0.22mm are largely used), you should apply light pressure with clean cotton wool or a clean swab, avoiding contact with the patient's body fluids, and dispose of the cotton wool or swab immediately. Ensure that you wash your hands thoroughly after such an incident.

You must wash your hands thoroughly at the end of the treatment to reduce the risk of cross-infection with your following patient.

After a needle has been used for insertion, it must be immediately placed in a Sharps disposal container made for that purpose with sealable lid unless it is being immediately used for the same point on the other side of the body – if so, place the needle on the disinfected stainless steel dish to maintain clean needle. Ensure that

the shaft of the needle in particular does not come into contact with anything that is not sterile before re use. If you are using a guide tube as the way to insert the needle, it must be sterile at the beginning of the treatment and must not be used for more than one patient. If the tube becomes contaminated in any way during the treatment, it must be discarded.

After Treatment

Place needles in a clearly marked impervious Sharps disposal box.

Dispose of all clinical waste appropriately in a clinical waste bin which has a lid. After you have finished the treatment you must ensure that equipment is properly cleaned. You must replace any blankets or pillow cases which have come into contact with body fluids.

Needle Stick Policy

If you suffer a needle stick injury:

- Encourage free bleeding from the site. Do not suck the wound/site.
- Immediately wash the area thoroughly with soap and water but without scrubbing; do not use alcohol hand gels as an alternative
- Discard the needle immediately; never continue to use a needle on a patient that has penetrated the student's skin; arrange for another student to treat the patient or cancel the patient's treatment for that day and re arrange
- Report the incident to the Supervisor
- Ask the patient if they are aware if they have any blood borne infectious diseases
- If the student suspects he/she has been exposed to someone with a blood borne infectious disease, the student should seek medical attention as soon as possible (e.g. if the patient suffers from HIV/AIDs, the sooner anti retrovirals are administered the better; the student can go straight to the emergency department of Beaumont Hospital or to a GP and if out of hours, D – Doc.
- Ensure we have up to date contact details for the patient
- The Supervisor will record the injury on an Incident Report Form

Moxibustion

Moxibustion is not to be carried out on broken skin, directly on the face or on sensitive areas, and you should not leave your patient unattended at any stage during the procedure. If you needle after using moxa, you must clean the skin with an alcohol swab or alcohol soaked cotton ball. Do moxa as usual, then use an alcohol swab (as an antiseptic agent) or alcohol soaked cotton ball to clean off moxa remains. Needle the point as per guidelines in "Treatment" section of this document. Dispose of swabs in clinical waste bin immediately.

Ensure the moxa is completely extinguished and ashes are cold before putting used moxa in the bin.

If you give a moxa stick to a patient for self-treatment at home, you must explain the procedure and demonstrate it to the patient. The patient must then demonstrate their competence in the use of moxa and should sign a copy of the *Moxibustion – Patient Consent Form*.

SUMMARY

You have a duty of care to protect the health and safety of the Patient and yourself:

You should:

- Ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions.
- Ensure that informed consent has been obtained in accordance with the the Code of Professional Conduct.
- Ensure that the part of the body to be treated is clean and free of any cuts or wounds.
- Ensure that you do not under any circumstances needle through clothing.
- Ensure that a patient is able to call your attention immediately at any time there are needles in place.
- Remain with your patient at all times when moxibustion is carried out in order to avoid any risk of burn injury.
- Moxa is never used on broken skin
- If a moxa stick is given to the patient for self-treatment at home, the procedure for using moxa stick must be explained and demonstrated to the patient and the Moxibustion Patient Consent Form needs to be signed.
- Wash your hands regularly. Unnecessary handling of the shaft of the needle should be avoided. Particular care should be taken when needling debilitated or immunocompromised patients.

In summary, high standards of cleanliness and safety should be maintained at all times. Anything that has the potential to harbour contaminants must be cleaned thoroughly to minimize the health risk to the patient and yourself.

Appendix 1

References:

1. Mac Pherson H, Thomas KJ, Walters S et al. The York Acupuncture safety study: prospective survey of 34,000 treatments by traditional acupuncturists. *BMJ* 2001; 323:486-7
2. White A, Hayoe S, Hart A et al; Adverse Events following acupuncture: prospective survey of 32,000 Consultations with doctors and physiotherapists. *BMJ* 2001;323; 485-6
3. Mac Pherson H, Scullion A, Thomas KJ, Walters S. Patient reports of adverse events associated with acupuncture treatment: a prospective national survey. *Qual Saf Health Care* 2004; 13: 349-355

Appendix 2

Definition of Terms:

'Clean' – free from dirt or contaminating matter

'Disinfection' - the reduction in the number of bacteria to levels where infection is unlikely to occur.

'Sterilisation' – the process of rendering objects free from all forms of life, including viruses, protozoa, fungi, and bacteria and their spores.

Document History

V1.0 – Sep 2015 – original document

V1.1 – Jul 2019 – doc review and some minor content changes

Documents referenced in COFEA Code of Safe Practice

Descriptive Name	File name
<i>Notifiable Diseases and their respective causative pathogens</i>	List of Notifiable Diseases December 2018.PDF
Clinic Incident Report Form	COFEA - Clinic Incident Report Form ~ v1.1 Aug 2019
<i>Moxibustion – Patient Consent Form</i>	COFEA - Patient Home Moxa Form ~ v1.1 Aug 2019