

Safety in Chinese Medicine Clinical Practice Guidance (Acupuncture and Associated Techniques)

Overview

The Chinese Medicine Council of New Zealand (The Council) is charged under the Health Practitioners Competence Assurance Act 2003 (The Act) to protect the health and safety of the public by ensuring that Chinese Medicine (CM) practitioners are fit and competent to practise their profession. At all times CM practitioners must work within the limits of their own professional scopes of practice and competence and are accountable for ensuring that all health services they provide are consistent with their educational skill level.

The Council's Safety in Chinese Medicine Clinical Practice guidance describe, in detail, the expected minimum clinical standards for the safe practice of CM that would be assumed knowledge for entry level practitioners. As such these may be used as a guide for education providers, for those who were trained at non-accredited institutions, and as guidance for best practice in clinical practice.

This document has been developed in consultation with the CM profession and the wider health sector. In conjunction with other Responsible Authorities' (RAs) Standards and Competencies, these describe what the public and the profession can expect of a competent CM practitioner and apply to all registered CM practitioners. CM students who provide supervised clinical treatment should also be familiar with and comply with these guidelines.

These standards for CM have been informed by:

- World Health Organisation (WHO) benchmarks for Chinese Medicine;
- Safe practice guidelines of AcNZ (Acupuncture New Zealand) and NZASA (New Zealand Acupuncture Standards Authority) ;
- The practice standards of NZ Responsible Authorities including nursing, dental, physiotherapy chiropractic and osteopathy; and
- The Chinese Medicine Board of Australia guidelines.

Contents

Contents.....	2
Safe Practice Principles	5
Health and Safety in clinical practice.....	5
The use of gloves in CM practise	6
Adverse event management and reporting	6
Reporting adverse events	6
Complaints Management	9
Acupuncture	11
Precautions and contraindications	11
Disposable needles	11
Non- Disposable needles	11
Contraindications for sterilizing non-disposable needles	12
Contraindications for needling	12
Precautions for needling.....	12
Prohibited areas for needling	12
Vulnerable points that require skill and caution	12
Care with points over organ tissue or structures unprotected by bone or cartilage.....	13
Care with tangata whai ora with clotting disorders	13
Pregnancy	13
Diabetics	13
Unstable epileptics	13
Tangata whai ora taking Western medication and herbal supplements including chemotherapy and radiation treatment	14
Ear Acupuncture	14
Application of auricular acupuncture	14
Precautions for auricular acupuncture.....	15
Management of needle accidents, complications, and local and systemic reactions	15
Painful Needling.....	15
Bruising or Haematoma	15
Fainting	15
Bent needle.....	15
Stuck Needle	16

Broken needle.....	16
Drowsiness.....	16
Infection.....	16
Pneumothorax.....	16
Needle Stick.....	16
Forgotten Needle.....	17
Nerve injury.....	17
Management of serious accidents during acupuncture treatment.....	17
Electro and Laser Acupuncture.....	17
Regulation of medical devices in New Zealand.....	17
Electroacupuncture.....	17
Application of electroacupuncture.....	17
Contraindications of electroacupuncture.....	18
Precautions for electroacupuncture.....	18
Laser Acupuncture.....	18
Precautions for laser acupuncture.....	19
Contraindications for laser acupuncture.....	19
Precautions and contraindications of associated techniques.....	19
Moxibustion (including heat lamps).....	19
Ways of applying moxa.....	19
Contraindications for moxa therapy.....	20
Precautions for moxa therapy.....	20
Heat lamps and hot packs.....	20
Contraindications when using heat lamps or hot packs.....	20
Precautions when using heat lamps or hot packs.....	20
Medicinal patches.....	21
Contraindications when using medicinal patches.....	21
Precautions when using medicinal patches.....	21
Cupping.....	21
Cleaning Cups (and other reusable equipment).....	21
Application of cups.....	22
Contraindications for cupping.....	23
Precautions for cupping.....	23

Dermal Hammers (Plum Blossom Needles), bloodletting (lancets), and thread embedding	23
Contraindications for using a dermal hammer or blood letting.....	23
Precautions for using a dermal hammer or blood letting	24
Contraindications for thread embedding	24
Precautions for thread embedding.....	24
References and further reading.....	25

Safe Practice Principles

1. CM practitioners must work within the limits of their own professional scopes of practice and competence and are accountable for ensuring that all CM services they provide are consistent with their educational skill level.
2. CM practitioners must identify and manage health and safety risks within their practice environment.
3. CM practitioners must communicate effectively ensuring ongoing informed consent.
4. CM practitioners must maintain accurate and up-to-date clinical records recorded at the time of consultation.
5. CM practitioners must keep CM knowledge and skills up to date through ongoing learning and interprofessional collaborative practice.
6. CM practitioners must be familiar with, and comply with, legal and professional obligations.
7. CM practitioners must have arrangements in place to manage complaints, adverse events and medical emergencies.

Health and Safety in clinical practice

All clinic practice must comply with World Health Organisation¹ and Te Whatu Ora Standard precautions for health care². Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all tangata whai ora.

This includes the following key elements:

- Hand hygiene;
- Personal protective equipment (PPE);
- Respiratory hygiene and cough etiquette;
- Safe use and disposal of needles and other sharps;
- Aseptic technique and appropriate use of skin antisepsis;
- Clinical equipment, cleaning and disinfection;
- Safe waste management; and
- Safe handling of linen.

The premises must be suitable for the practise of CM as defined by the registered scope/s. Premises must meet the health and safety guidance of [Work Safe](#) and the requirements of their local Council bylaws. This includes health and safety, emergency and pandemic response plans, first aid equipment provisions and general workplace and facility requirements. It is recommended that each clinical premise has a health and safety plan which could include (by is not limited to):

- Hazard identification and risk assessment;
- Incident management and reporting;

¹ [Standard precautions in health care \(who.int\)](#)

² COVID-19: Infection prevention and control recommendations for health and disability care workers – Te Whatu Ora - Health New Zealand

- Emergency procedures;
- Training and education including first aid;
- Personal protective equipment (PPE) and first aid equipment;
- Infection control;
- Safe work practices;
- Monitoring and review; and
- Health and safety roles and responsibilities.

The use of gloves in CM practise

Direct contact with blood or body substances is unlikely when inserting an acupuncture needle into intact skin but direct blood or body fluid contact is more likely when using certain techniques. These techniques may require glove use, and are not limited to:

- Removing needles from an area which has been pre-treated with heat or massage;
- Following the use of a dermal hammer;
- Cupping applied after dermal hammering, or bloodletting;
- Vigorous needle technique; and
- Electro-stimulation applied to acupuncture needles.

In practice, gloves do not need to be sterile but must be changed between tangata whai ora. Additionally, any break in the practitioner's skin, such as dermatitis or a small cut, must be adequately covered or a finger cot or gloves worn.

Adverse event management and reporting

Adverse events are situations with negative reactions or results that are unintended, unexpected, or unplanned (often referred to as 'incidents' or 'reportable events'). In practice, adverse events are clinical events which harm a tangata whai ora.

In New Zealand, reporting of adverse events is guided by the policy of Healing, learning, and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkinō 2023¹. Under this policy, CM practitioners are accountable for ensuring that they recognise the various degrees and types of harm (physical, psychological, cultural, or spiritual) that may occur in clinical practice, and will meet the national expectations for reporting, healing, learning, and improving from any adverse event.

Adverse events may also be classified by ACC (Accident Compensation Corporation) as 'treatment injuries'. This is an unexpected and unintended injury to a tangata whai ora during or as a result of treatment from a registered health professional, for instance a moxa burn. In these instances, it is appropriate for an ACC claim to be lodged should the adverse event require ongoing care and treatment.

Reporting adverse events

The purpose of adverse event reporting and management is to identify, analyse and correct or minimize the risk relating to harm, including near misses, to reduce the likelihood of recurrence, and to improve the safety of tangata whai ora.

Under the National Adverse Events Reporting Policy 2023, health and disability service providers with obligations under the Health and Disability Services (Safety) Act 2001, and those who voluntarily comply, are required to:

- Report serious adverse events ([severity assessment code \(SAC\) rating 1 and 2](#)) to the Commission, using the adverse event brief – part A reporting form. This report should be made within 30 working days; and
- Undertake formal review of serious adverse events (SAC 1 and 2) and send review findings and recommendations to the Commission, using the adverse event brief – part B reporting form. This report should be made within 120 working days.

Tangata whai ora, family, and whānau who have been involved in the event should be offered the opportunity to share their story as part of the adverse event process, and the review findings and recommendations should be shared with them.

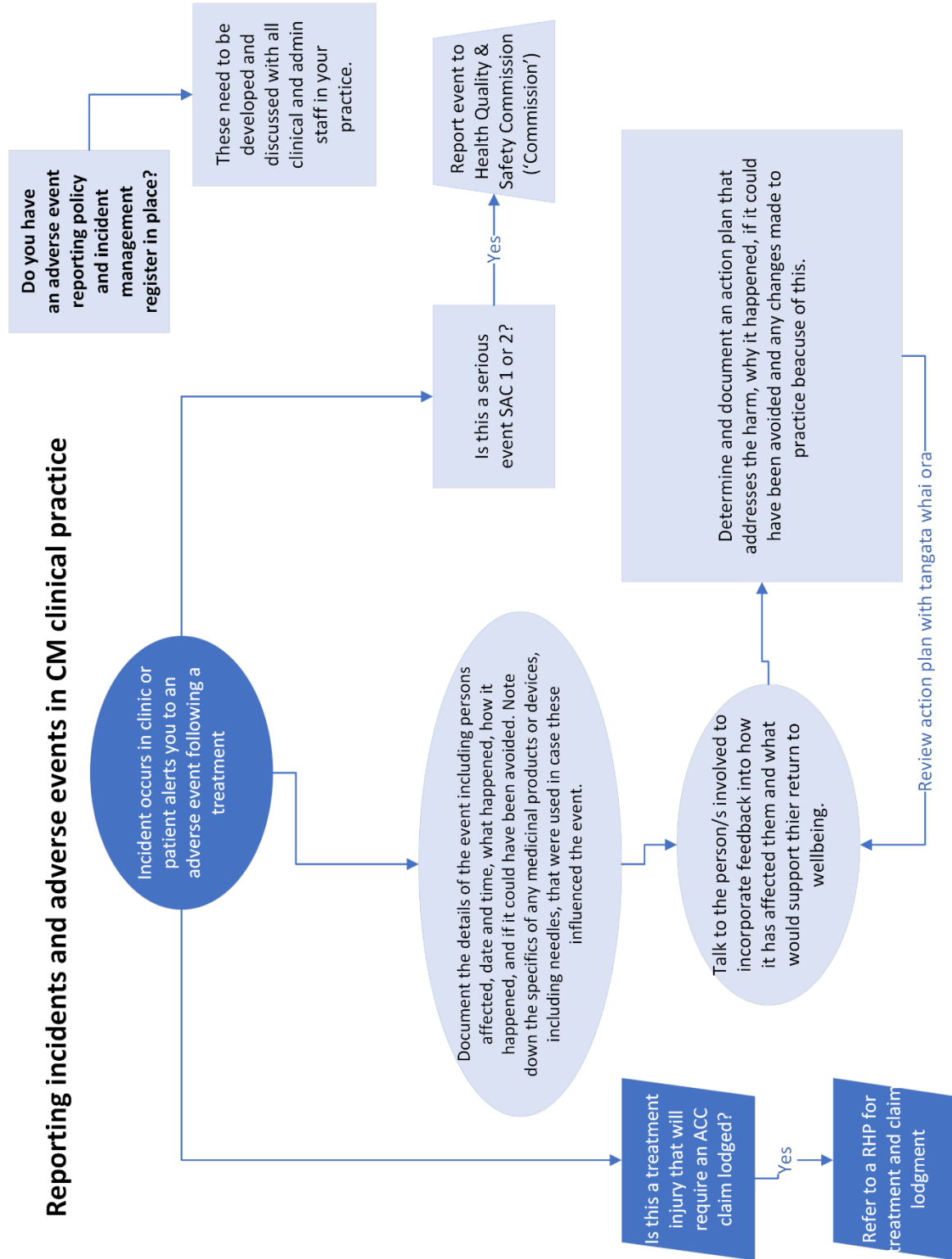
In CM practice, adverse events that may fall in the SAC rating 1, and SAC rating 2 would be very rare. However, if one was to occur then the reporting requirements, as set out in Commission’s Healing, learning, and improving from harm: National adverse events Policy, 2023 must be followed.

In most cases, adverse events in CM practice will be low risk but must still be recorded for learning to take place and the ability for the practitioner to improve safe practise.

Each clinic and CM practitioner should have an adverse event reporting register in place which includes:

1. Documentation of the event including the date and time, location, what happened, how it happened, and if it could have been avoided. Note down the specifics of any medicinal products or devices, including needles, that were used in case these influenced the event.
2. Reviewing the event and writing down steps that have been taken in the management of the event and any steps that could have been taken to prevent it.
3. Reporting must be accompanied by meaningful analysis that leads to system improvement. Note down any changes to practice because of this event, lessons learned, and action taken including sharing with involved tangata whai ora and their whānau.
4. This is a no-blame procedure; however, it is stressful for all involved. The practitioner should seek support from another registered CM practitioner, their CM mentor, or their professional body.

Reporting incidents and adverse events in CM clinical practice



Complaints Management

[Under Right 10 of the HDC Code of Rights](#), every tangata whai ora has the right to complain about a service they receive. Complaints can be stressful and time-consuming for providers. However, they can offer a significant learning opportunity – they are a chance to understand the experience of tangata whai ora directly and offer the opportunity for reflective practice. If handled well, they can also strengthen a practitioner’s relationship with tangata whai ora.

Every CM provider should have a fair and effective complaints process that is simple and accessible to tangata whai ora. This complaints process should allow tangata whai ora to express their concerns without fear of repercussions. The CM provider should be focused on hearing what tangata whai ora think would resolve their concerns and should inform them of any actions taken as a result.

As a provider, you must make sure that tangata whai ora who use your services can make a complaint, and that complaints are managed in a fair and timely way. By doing so, you are upholding your duties and responsibilities, facilitating early resolution of complaints, and improving the quality of services provided. Having a complaints process in your practice can support early resolution, improve complainant and provider satisfaction and ensure that complaints are handled systematically and fairly.

If you receive a complaint, you are encouraged to seek the representation and/or support of a legal representative (provided through your indemnity insurance), your professional association, and a support person through this process. Contacting these representatives and professional organisations will ensure they are involved in the process.

Many complaints can be managed by the practitioner themselves and can be dealt with a similar process to adverse events:

1. The practitioner should seek support from another registered CMC practitioner, their indemnity insurer, their CM mentor, or their professional body as soon as a complaint is received;
2. When taking a written/formal/official complaint, you should include and record the complainant's concerns in detail, their views on how to improve and fix these concerns, as well as their contact details;
3. Providers should acknowledge the concerns and feelings of tangata whai ora and help rectify any negative experiences;
4. Keep accurate and thorough documentation of the complaint including the date and time, location, what happened, how it happened, and if it could have been avoided. Keep a record of all communications that occur;
5. Review the complaint and write down steps that have been taken in the management of the complaint and any steps that could have been taken to prevent it;
6. Reporting must be accompanied by meaningful analysis that leads to system improvement. Note down any changes to practice because of this complaint, lessons learned, and action taken including sharing with involved tangata whai ora and their whānau; and
7. If the complainant does not feel the complaint has been resolved, they can contact the Chinese Medicine Council, or the [Health and Disability Commissioner](#).

The Council accepts written complaints/notifications from any person, whether they are a member of the public, an employer, an organisation, or someone holding office such as the Director-General of

Health or Health and Disability Commissioner, or a health practitioner. There is a moral obligation, and in some cases a legal obligation, to make a complaint/notification where public safety is the issue. A complaint/notification needs to contain enough information to enable the Registrar of the Council (the Registrar) to make initial enquiries into the matter and to determine whether the matter relates to the appropriateness of the conduct of a registrant, the registrant's competence, and/or their fitness to practise. If the complaint/notification does not contain sufficient detail, further information will be requested.

Notifications and complaints about registrants fall into one of three categories:

- Competence – does the registrant meet the Council's scopes of practice and is there an education/training gap?
- Conduct – has there been a breach of professionalism, safe practice, or misconduct?
- Fitness to Practise (Health) – is there a physical or mental health issue preventing the registrant from practising competently?

Once a complaint/notification is received by the Council, the Registrar must determine if the matter involves an identifiable tangata whai ora/health consumer/member of the public. If so, the HPCA Act requires this matter to be referred to the Health and Disability Commissioner (the Commissioner) for consideration first. When a complaint is within the Council's jurisdiction, the Notifications Subcommittee of the Council will consider what action, if any, is appropriate to protect public safety and ensure registrant competence.

A copy of the complaint will be sent to the registrant concerned, and they will have the right to reply before any action is taken.

Acupuncture

Chinese acupuncture is considered a safe therapy in the hands of competently trained practitioners, who must meet the Council's high standards of practice, and ongoing continuing professional development and recertification processes. Acupuncture, however, is an invasive technique and is not without its risks and contraindications. Therefore, obtaining informed consent and being aware of precautions and contraindications is essential for safe and competent acupuncture practice, including associated techniques.

Great care must be taken with tangata whai ora who do not understand the procedure or lack the capacity to give informed consent. Parental consent should be obtained for children.

For further guidance, refer to the Councils Informed Consent Standard and the [HDC Consumers' Rights \(Rights 5, 6, 7\)](#). When necessary, the use of a consumer advocate and/or an interpreter is advised.

Precautions and contraindications

Disposable needles

Disposable single-use sterile needles (including press needles) **must be used** and not reused.

Needles must be checked to ensure that:

- All needles are within the expiry date;
- The packaging is dry and undamaged;
- Packaging has not been previously exposed to liquids, or tampered with; and
- A sharps container for all used and disposable needles is mandatory for the safety of staff and practitioner.

Non- Disposable needles

All non-disposable equipment must be correctly sterilised before re-use. These include:

- Triangular needles;
- Silver, and gold needles;
- Plum blossom hammers; and
- Specialised Instruments e.g., dermal rollers/hammers.

Cleaning – these items relate to needle care and the care of equipment

- Wear gloves when handling needles and instruments after they have been used in or on the body;
- Method of choice is autoclaving, or pressure cooking i.e., using steam under pressure for a period of time e.g.:
 - At 121°C for at least 15 minutes at 15 psi pressure; or
 - 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 1700C;
 - The use of chemicals includes the gas ethylene oxide, or chemical sporicides; or
 - Chemically treated instruments must be washed to remove traces of the chemical before use. After sterilisation, the needles should be placed in a dated, labelled container with an airtight lid;

- All sterilisation equipment e.g., autoclave needs to be checked regularly for seal leaks, and accuracy of gauges and timers;
- To ensure proper functioning of sterilising equipment, records should be kept of date and outcome of any inspections. This is important for possible legal actions involving cross infection.

Contraindications for sterilising non-disposable needles

- **Please note:** Boiling water does not kill hepatitis spores and is not appropriate;
- Cold sterilisation with chemicals such as alcohol is not recommended.

Contraindications for needling

- Acupuncture must not be carried out if tangata whai ora are affected by alcohol, recreational drugs, or during a psychotic episode to such an extent that the safety of tangata whai ora or practitioner are at risk;
- Needles must not be administered through areas that are covered by clothing, strapping tape or wound dressings;
- Great care must be taken when giving acupuncture treatment to people with unstable epilepsy, and tangata whai ora must be protected from injury if fitting occurs, although not restrained;
- Avoid puncturing pathological sites, for example:
 - Spider veins, varicose veins, and ulcers;
 - Inflammatory areas such as cellulitis or infection;
 - Areas of unhealthy, damaged, or dirty skin;
 - Lymphoedema; major nerves arteries and veins; and
 - Legs of diabetics with poor peripheral circulation and/or diabetic peripheral neuropathy.

Precautions for needling

Complications from acupuncture are rare and side effects, if any, are generally self-limited. There are several guidelines, however, which govern the use of acupuncture points.

Some of the more common precautions and contraindications are listed below. It is important to note, however, that **this list is in no way complete** and only serves as a general guide. Furthermore, some points that are contraindicated for a certain situation or usage may **still be used** in appropriate cases by a competent practitioner.

Prohibited areas for needling

- Scalp area of infants before fontanelles have closed;
- Nipples and areola of breasts;
- The umbilicus; and
- External genitalia.

Vulnerable points that require skill and caution

- Orbit of the eye: Jingming BL 1; Chengqi ST1; Qiuhou Ex-HN7;
- Certain neck points: Tian Tu CV22; Futu LI18; Tianding LI17; Renying ST9; Shuitu ST10; Tianchuang SI16; Tianrong SI17;
- Over great vessels: Tianyou TE16; Yamen GV15; Fengfu GV16.

Care with points over organ tissue or structures unprotected by bone or cartilage

The depth of needle insertion should be strictly controlled for acupuncture points located close to vital organs or essential structures such as blood vessels and nerve trunks:

- Lung: Zhongfu LU1; JianJing GB21; Dazhu BL11. Take care with needling the back shu points;
- Gallbladder: Liangmen ST21. Lies over gallbladder on right side. Insert needle superficially or horizontally to prevent damage to gallbladder;
- Sternum: Danzhong CV17 - a small percentage of population may have a hole in the sternum;
- Scapula: Tianzong SI11 - a small percentage of population may have a hole in the scapula;
- Ah shi points close to vulnerable structures e.g., inner ear;
- All joints: e.g., knee, shoulder, hip, ankle.

Care with tangata whai ora with clotting disorders

- These disorders may be congenital (e.g., Factor 8 deficiency/Haemophilia) or acquired through blood thinning medication (e.g., anti-coagulants -Warfarin, Pradaxa);
- Care must be taken with needle placement (avoid puncturing large and obvious blood vessels), and pressure must be applied over the needle site after needle removal;
- If blood comes up the needle tract when the needle is removed, apply pressure promptly until the bleeding stops, to minimise bruising. Disperse any bruising with moxa or a laser;
- Joints should not be needled, and pressure with a clean swab should be firmly applied over any points close to any joints to prevent hemarthrosis).

Pregnancy

- Certain acupuncture points are to be used with caution during pregnancy: L14 Hegu; SP6 Sanyinjiao; GB21 Jianjing; BL60 Kunlun; BL67 Zhiyin; and points over first, second, third, and fourth posterior sacral foramens (BL31, BL32, BL33, and BL34- the "Eight Liao" points.) However, these points may be useful in the third trimester for encouraging labour or shortening its duration;
- Avoid abortive points (such as Hegu LI4 and Sanyinjiao SP 6) that dilate the cervix, particularly in the first three months of pregnancy;
- Care must be taken particularly in the first and last trimesters of pregnancy when using points on the lower abdomen or points over first, second, third, and fourth posterior sacral foramens (BL31, BL32, BL33, and BL34 the "Eight Liao" points) to avoid inappropriate stimulation of the uterus, except when inducing labour.

Diabetics

- Care should be taken because there may be poor peripheral circulation and peripheral neuropathy.

Unstable epileptics

- Care should be taken with needling, and not during a fit. Do not restrain the tangata whai ora fitting;
- If a seizure is triggered, then appropriate resuscitation techniques apply including the use of Renzhong CV 26 or/and Yongquan KI 1.

Tangata whai ora taking Western medication and herbal supplements including chemotherapy and radiation treatment

- Acupuncture's homeostatic action may change tangata whai ora responses to drug treatment. Research literature suggests that some drugs interact with acupuncture, making it more or less effective. The same interaction may occur between western drugs and herbs;
- A CM practitioner must never recommend or reduce or stop the Western medication of tangata whai ora. This is outside their scope of practice. Where they have concerns about western medication tangata whai ora are taking, they should contact the primary health provider of the tangata whai ora, and have a conversation about their concerns;
- If tangata whai ora are undergoing chemotherapy or radiation treatment, they should be encouraged to discuss their CM treatment with their oncologist;
- All drugs have energetic properties and cause changes to the pulses and tongue's appearance. These energetic effects must be taken into account in the CM diagnosis, e.g., beta blockers are energetically cold drugs and cause the pulses to slow and tighten. This is due to the drug's pharmacology and may not be an indication of internal cold;
- Many Western drugs have now been analysed and assigned Chinese medicine energetic properties. CM practitioners should be aware of the action of common Western drugs on body systems from Western and Chinese perspectives.

Ear Acupuncture

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 infection is introduced into the cartilage, the tissue will not mount a response mediated via the blood vessels and nerves, so care must be taken.

The points may be stimulated with needles, magnets, seeds (e.g., semen varcariae or mustard seeds), indwelling needles or press needles, and EA. Auricular therapy may be used as an adjunctive treatment with body needles, or as an alternative to body needles, in those who are needle shy.

Skin preparation is very important when using indwelling "semipermanent" press needles because they puncture the cartilage and increase the risk of infection. The skin is prepared with an 70% alcohol swab, and the needle covered and held in place by plastic skin (flexible collodion). This reduces the chances of infection around the needle site.

After needle removal, if the site looks red and inflamed, then a topical antiseptic ointment, such as Betadine, can be applied to the site up to three times a day for three days and reviewed. If the ear appears to be infected, and is not responding rapidly to topical ointment, then medical advice and treatment should be sought promptly.

Application of auricular acupuncture

- Explain the procedure and seek **informed consent**;
- Clean your hands thoroughly, by washing with soap and water before needling, or use a hand sterilising solution between tangata whai ora;
- Use only sterile, single use, disposable needles. Introducers may be used;

- Cleanse the skin of the recipient if necessary. The use of an 70% alcohol swab, left until dry before needling, is recommended for immunocompromised tangata whai ora and where there is any puncturing of the ear cartilage;
- Electroacupuncture may be applied to ear needles. Use lightweight clips to connect to needles in pairs and tape if necessary;
- Dispose of needles in a sharp's container; and
- Be mindful that tangata whai ora may be drowsy following treatment.

Precautions for auricular acupuncture

- Do not use semi- permanent needles if there are obvious lesions on the ear, or tangata whai ora have a chronic immune deficiency disease, to minimise the risk of infection;
- Do not use metal if tangata whai ora have a metal sensitivity, use seeds instead; and
- Advise the tangata whai ora how to remove the seeds, stainless steel balls, or magnets if irritation occurs.

Management of needle accidents, complications, and local and systemic reactions

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 small blood vessel, with blood coming up needle tract as needle is removed.
Management:	Apply pressure firmly with a swab to area, after needle withdrawal. Disperse the bruising with a laser or moxibustion.
Prevention:	Avoid puncturing large blood vessels. Take special care with those tangata whai ora with clotting disorders or on anti-coagulants.
Fainting	
Cause:	Apprehension; tiredness; hunger; general weakness; anxiety/fear; needle phobia; excessive needle stimulation.
Management:	Remove needles immediately. Lie tangata whai ora down and raise their legs. Reassure all involved. Acupressure Renzhong DU 26, Yongquan KI 1.
Prevention:	Explain procedures before treatment. Preferably, treat in a lying position. At the first visit, insert only a few needles and use gentle stimulation.
Bent needle	
Cause:	Unskilful manipulation; needle striking hard tissue; sudden change of 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; changing position once needle in situ.
Management:	Relax tangata whai ora alter posture slightly. Massage skin around the needle lightly, leave a while, and free needle by moving needle gently in different directions, then remove. Put 1-2 needles around stuck needle, and after a few minutes remove all needles.
Prevention:	Good posturing of tangata whai ora 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 radio--opaque 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 tangata whai ora 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 tangata whai ora are 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	
An acupuncturist is at risk from a needle stick injury and the protocol recommended by individual countries must be followed. In New Zealand this usually includes: <ul style="list-style-type: none"> i. Washing the needle stick wound well; ii. Encourage bleeding; and 	

iii. Blood test for Hepatitis B and C and HIV status (If the tangata whai ora is known or shown to be HIV+ve, the practitioner should urgently seek advice re antiviral drug therapy treatment, according to the current recommendations). <i>Practitioners may consider being vaccinated with Hepatitis B vaccine.</i>	
Forgotten Needle	
Cause:	Practitioner 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, e.g., simple measures such as counting all needles at the beginning and end of treatment.
Nerve injury	
Management: Stop needling immediately and remove the needle Reassure all involved and apply a cold compress. Assess and refer to other health-care professionals as appropriate.	
Management of serious accidents during acupuncture treatment	
<ul style="list-style-type: none"> • Carry out the necessary first aid procedures – recovery position, A (airway), B (breathing), C (circulation), first aid acupuncture/acupressure such as Yongquan KI1 and Renzhong DU 26; • CALL 111 for an ambulance; • Keep calm; • Once everyone involved is safe and the event is over, complete an adverse event report (see section on adverse event reporting); and • Follow up later that day or the next day. 	

Electro and Laser Acupuncture

Regulation of medical devices in New Zealand

The Medicines Act 1981 and its Regulations control the supply of medical devices in New Zealand including electro and laser devices. Some medical devices may be impacted by other legislation and regulations before the devices can be legally supplied. It is the supplier's responsibility to ensure that their products comply with all applicable legislation.

Electroacupuncture

Electroacupuncture (EA) involves passing a pulsed current through the body tissues via pairs of acupuncture needles, with an intensity of current that is high enough to cause a sensation of discomfort, just below the pain-threshold level for tangata whai ora having treatment.

Application of electroacupuncture

The best effect is gained by having the stimulus connected to needles in pairs in the line of the channel, particularly in the upper body. EA is known to stimulate nerve fibres, and these are excited at lower intensities when applied along their length, rather than across their width.

- Tangata whai ora must be fully advised about the procedure of electro-acupuncture, and **informed consent** sought, prior to the commencement of treatment;
- All precautions for manual acupuncture should be observed;

- Place needles in appropriate acupuncture points;
- Stimulate needles to obtain Qi;
- Connect wires to the handles of the needles;
- Make sure **all intensity knobs read 0**, and advise the tangata whai ora when you start stimulating each pair of needles;
- Turn on the device and slowly raise the intensity, until tangata whai ora reports mild discomfort with the stimulation (if tolerated - gradually reaching muscle contractions if using Low Frequency (LF), and paraesthesia if using High Frequency (HF));
- Tangata whai ora must tell the practitioner if the sensation is too strong or uncomfortable, and the practitioner should also check in regularly;
- At the end of the treatment session, turn down the intensity knobs and switch off the device before you disconnect the leads from the needles.

Contraindications of electroacupuncture

- Do not treat tangata whai ora with heart pacemakers or an unstable cardiac rhythm (such as atrial fibrillation);
- Do not treat tangata whai ora with unstable epilepsy;
- The practitioner must make sure that the apparatus is serviced and checked, when necessary, by an appropriately qualified technician.

Precautions for electroacupuncture

- Extra care should be taken if tangata whai ora have bleeding disorders, or take anticoagulant drugs, as the muscle contraction and movement of the needle may create bruising;
- Care should be taken not to induce electrical burning of tissues;
- Care should be taken not to induce ventricular fibrillation or cardiac arrest (e.g., with the point Neiguan PC6 in particular);
- Strong stimulation may cause powerful muscle contractions and therefore care must be taken to avoid bending the needles;
- Care should be taken not to induce micro-electrocution across points in the upper abdomen and chest and neck and electrodes should be placed to avoid the current crossing the central line of the body;
- Any apparatus contaminated by blood or body fluids must be cleaned and disinfected.

Laser Acupuncture

- Laser acupuncture is the application of light such as heliumneon, ruby, or infrared onto or over acupuncture points. The practitioner should be aware of contraindications and necessary precautions;
- The procedure of laser therapy must be fully explained to the tangata whai ora prior to the commencement of treatment;
- Some tangata whai ora may find there is a slight increase in pain following laser treatment. They should all be warned about this possibility prior to laser therapy, and if it persists with subsequent treatments, laser therapy should be discontinued;
- Laser may be safely used over metal implants, plastics, stitches, and on tangata whai ora fitted with a pacemaker.

Precautions for laser acupuncture

- The practitioner must make sure that the apparatus is serviced and checked, when necessary, by an appropriately qualified technician;
- Precautions are necessary for tangata whai ora who are epileptic, and for those on immunosuppressant drugs, anticoagulants, drugs known to cause photosensitivity reactions, or topical steroidal creams.

Contraindications for laser acupuncture

- Laser acupuncture must not be applied to acupuncture points in immediate proximity to the eyes or to the eyes themselves. Tangata whai ora must be warned not to look at or into the beam produced by the laser probe, as it may damage the retina. An eye mask or safety goggles can be provided;
- Laser acupuncture must be applied with caution to abdominal points during pregnancy and only with correct training of practitioner and informed consent of the tangata whai ora.

Precautions and contraindications of associated techniques

Moxibustion (including heat lamps)

Moxibustion is the burning of herbs, most often mug wort (*Artemisia Vulgaris*), to stimulate acupuncture points and regulate the physiological activity of the body.

Ways of applying moxa

Moxa rolls

- Used for indirect application near to the skin (e.g., 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 heat experienced by tangata whai ora is the controlling factor in this type of treatment;
- A slight redness may be seen during and immediately after treatment.

Moxa cones

- Usually burned on another medium such as ginger, garlic, red bean paste or salt;
- This includes adhesive cones, which can get very hot as they burn down;
- May be applied directly to skin however, this usually causes a burn. Purposeful scarification is not recommended in New Zealand unless constituting accepted cultural practice and with documented consent.

Moxa fixed to needles

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

Moxa box or another container

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

Smokeless moxa:

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

Contraindications for moxa therapy

- Acupuncture points and patterns contraindicated for moxibustion;
- High fever;
- Infections and open wounds;
- Directly over large superficial blood vessels;
- Tangata whai ora with high blood pressure.

Precautions for moxa therapy

- All precautions for acupuncture treatment should be observed;
- Danger of burning, heat sensitivity must be checked before and during treatment;
- Tangata whai ora must be advised to tell the practitioner immediately if the heat sensation is burning hot or intense;
- Apply with caution in pregnancy especially over the abdomen or lumbo-sacral area in pregnant women;
- Use with great caution in hirsute areas of the body;
- Avoid in heat conditions, such as fevers, deficient heat, menopausal sweating;
- Do not use on broken or damaged skin;
- Use with care when treating children;
- Some asthmatics may become wheezy and some tangata whai ora will intensely dislike the smell. In these situations, the smokeless variety may be tried;
- **It is recommended that there is good ventilation when using moxa and an extractor fan or similar extraction method is useful.**

Heat lamps and hot packs

Contraindications when using heat lamps or hot packs

- High fever;
- Acute inflammatory processes;
- Thrombophlebitis ;
- Impaired skin sensation in the area of treatment;
- Infections and open wounds;
- Directly over large superficial blood vessels.

Precautions when using heat lamps or hot packs

- The lamp must be steady and not in anyone's way;
- Electrical leads must be safely placed to prevent the practitioner from tripping;
- Eyes must be protected from the heat;
- Do not overheat hot packs or wheat bags or place a newly heated pack directly on exposed skin;
- Used with caution on abdominal and sacral region of pregnant women;

- Wrap heat pack in a towel to prevent burns when applying;
- Tangata whai ora must be monitored at regular intervals and not left unattended for more than 10-15 minutes. They can also be given a bell or an alerting device to notify the practitioner when the lamp/pack becomes too hot.

Medicinal patches

Before use:

- Warn about possible skin irritation due to prolonged exposure;
- Patch test initially for 2-3 hours to ascertain skin reaction;
- If skin irritation occurs, instruct the tangata whai ora to remove the patch;
- If the patch is difficult to remove, soak it with water or soften with alcohol;
- Advise tangata whai ora not to wear the patch when sleeping.

Contraindications when using medicinal patches

- Medicinal patches are not appropriate for use in the following situations:
 - On oedematous areas;
 - On dry, infected, or irritated skin;
 - Children under the age of 6;
 - Use with caution in pregnancy;
 - Where there is acute inflammation, such as in the 24-48 hours following trauma.

Precautions when using medicinal patches

- Medicinal patches may not be appropriate for use on the elderly or those on chronic steroid treatment, whose skin is thinner and more fragile;
- Tangata whai ora who are susceptible to allergic reactions should test the medicinal patch on a small area of skin before using;
- NEVER combine a liniment with a medicinal patch, as chemical burns may result.

Cupping

Cupping is an important part of CM practice and is used by itself or together with tuina massage and/or acupuncture.

Cleaning Cups (and other reusable equipment)

If cupping therapy is a regular technique used in your treatments, ensure you have more than one set available so that you can follow the best practice and ensure safety for tangata whai ora.

Sort and Soak: Unless they can be cleaned immediately, your equipment should be sorted and then submerged in water and detergent to prevent the organic matter from drying on them.

Remove Organic Material: Use a detergent or enzymatic cleaner to reduce surface tension and ensure your equipment is clean and all visible material on the equipment has been removed.

Rinse: A thorough rinsing is necessary to remove all dirt or visible material and cleaning agent from the items, to avoid spotting and to ensure thorough cleanliness. Cleaning agents (i.e., detergents) may also

make surfaces slippery or leave residuals that impair equipment integrity and function. Ensure that cleaning agents are removed to prevent neutralisation of the disinfectant.

Drying: Ensure excess water drains off the equipment. Drying prevents microbial growth, so ensure that all your cups and corresponding equipment are dry before disinfecting for storing or re-use.

Low Level Disinfection required between each use: Failure to use disinfection products or processes appropriately has repeatedly been associated with the transmission of infections. Low-level disinfectants include 3% hydrogen peroxide; 0.5% enhanced action formulation hydrogen peroxide; some quaternary ammonium compounds (QUATS); phenolics and diluted sodium hypochlorite (e.g., bleach) solutions. Of these, 3% hydrogen peroxide is a cheap and environmentally friendly option.

Equipment must be left to soak for 10 minutes to achieve low level disinfection.

High Level Disinfection required if any bleeding or body fluids has been in contact with the equipment: High-level disinfectants include 2% glutaraldehyde; 7.5% hydrogen peroxide; 0.2% peracetic acid; 2-7% enhanced action formulation hydrogen peroxide; and 0.55% ortho-phthalaldehyde (OPA). Of these, 7.5% hydrogen peroxide is a cheap and environmentally friendly option. **Equipment must be left to soak for 30 minutes to achieve high level disinfection.**

Application of cups

It is essential to check state of the skin of tangata whai ora before commencing. Never cup over broken skin, wounds, or infection:

Glass cups

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

- This can be a burning taper or cotton wool soaked in methylated spirit, and the excess rung out and the cotton ball held in forceps;
- 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 affected areas without reference to acupoints;
- If the cup is burning hot, remove immediately and check for burning of the skin;
- If the skin is burnt, apply a cold compress immediately and/or apply first aid. If a severe burn, refer to a medical practitioner for treatment;
- If painful remove, and reapply with less suction;
- Wash cups in warm water and mildly alkaline or PH neutral detergent;
- If there is blood in the cups wear gloves when rinsing or washing the cups.

Bamboo cups

- **Bamboo cups are constructed of a material that is not suitable for cleaning, disinfecting or sterilising in accordance with the New Zealand guidelines. These are single-use items and therefore the Council recommends they must be discarded after use;**
- 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.

Vacuum, plastic and silicon cups

- Some are supplied with a hand pump;
- Clean after usage, using soap and water, anti-bacterial wipes, methylated spirits.

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 before 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.

Contraindications for cupping

- Do not cup over oedema;
- Do not cup over varicose vein, large blood vessels and other vascular irregularities;
- Do not cup over recent surgical scars or open wounds;
- Cupping must be applied with caution if tangata whai ora are under the influence of alcohol or recreational drugs or are very emotionally distressed. A risk assessment for both practitioner and tangata whai ora must first be applied before administering cupping or any treatment. Onward referral may be necessary;
- Tangata whai ora with bleeding disorders or tendencies;
- Tangata whai ora on anticoagulant medications;
- During high fever or convulsions;
- Apply with caution on abdominal or sacral areas on pregnant women.

Precautions for cupping

- 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 on the rim of the cup;
- Tangata whai ora must be advised to ask the practitioner to stop immediately if the procedure is too uncomfortable;
- Tangata whai ora must be advised about the possibility of cup marks after the procedure;
- Glass cups may only be used over intact skin and care must be taken not to overheat the cups before placement on the body;
- Bruising, burns or blistering may be caused by prolonged strong cupping, or by twisting the cup during placement;
- Do not use on broken, infected, or damaged skin;
- Cupping should generally not be done on the face;
- Extra care must be taken when treating children as they may not readily communicate any discomfort.

Dermal Hammers (Plum Blossom Needles), bloodletting (lancets), and thread embedding

Contraindications for using a dermal hammer or blood letting

- Dermal hammers must be sterile, single-use, and be disposed of immediately after use in a rigid-walled sharps container;
- Bloodletting and/or dermal hammering is not appropriate treatment for those with a weak constitution, such as the very elderly or those with thin and fragile skin;

- Bloodletting and/or dermal hammering must be applied with caution to those with bleeding disorders or those on blood thinning medication such as aspirin, warfarin or clopidogrel.

Precautions for using a dermal hammer or blood letting

- Single use lancets or dermal hammers must be used;
- Single use gloves must be worn by the practitioner when dermal hammering or bloodletting;
- An impervious single use liner must be used on the treatment table to prevent bleeding onto regular linen;
- Must be applied with caution during pregnancy.

Contraindications for thread embedding

- Thread embedding is not an appropriate treatment for those with a weak or compromised constitution, such as the very elderly or those with weakened immune systems;
- Thread embedding must not be used on children under the age of 16;
- Thread embedding must be applied with caution to those with bleeding disorders or those on blood thinning medication such as aspirin, warfarin or clopidogrel.

Precautions for thread embedding

- Practitioners must only use pre-sterilised single use thread embedding pack;
- All instructions on the pack must be rigorously followed;
- Any threads or needles not used during one treatment must be disposed of in a sharp's container;
- Thread embedding must be applied with caution during pregnancy;
- Full instruction regarding caring for the area where the thread embedding has been used must be provided to tangata whai ora in writing;
- Tangata whai ora must be monitored at regular intervals by the practitioner for the time that the threads remain in place;
- Should there be any sign of infection appropriate action must immediately be taken. This may include referral to the GP (General Practitioner) of the tangata whai ora for a course of antibiotics.

References and further reading

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