

Policy Number	SD42
Policy Title	POLICY AND PROCEDURE FOR THE ADMINISTRATION OF ACUPUNCTURE
Accountable Director	Executive Director of Nursing and Secure Services
Author	Specialist Physiotherapist, Brain Injury Rehab Centre

Superseded Terminology	New Terminology
Executive Director of Nursing and High Secure Services	Executive Director of Nursing and Secure Services

Safeguarding is Everybody's Business.

This policy should be read in conjunction with the following statement:

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults.

This includes:

- Being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult.
- Knowing how to deal with a disclosure or allegation of child/adult abuse.
- Undertaking training as appropriate for their role and keep themselves updated.
- Being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern.
- Ensuring appropriate advice and support is accessed either from managers, safeguarding ambassadors or the Trust Safeguarding team
- Participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to role).
- Ensure contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

The date for review detailed on the front of all Mersey Care NHS Trust Policies does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy at any time due to organisation/ legal changes.

Staff are advised to always check that they are using the correct version of any policies rather than referring to locally held copies.

The most up to date version of all Trust policies can be found at the following web address: [http://www.merseycare.nhs.uk/Who we are/Policies and Procedures/Policies and Procedures.aspx](http://www.merseycare.nhs.uk/Who_we_are/Policies_and_Procedures/Policies_and_Procedures.aspx)

Policy and Procedure for Administration of Acupuncture

POLICY NO	SD42
RATIFYING COMMITTEE	Corporate Document Review Group
DATE OF REVIEW	4 th November 2013; Interim Review December 2015 Interim Review February 2016 Interim Review April 2016
NEXT REVIEW DATE	July 2016

POLICY STATEMENT: The purpose of this corporate document is to provide information regarding policies and procedures for administration of Acupuncture within Mersey care NHS trust.

ACCOUNTABLE DIRECTOR: Executive Director of Nursing and High Secure Services

POLICY AUTHOR: Specialist Physiotherapist, Brain Injury Rehab Centre

POLICY OBJECTIVES

The policy aims to set out procedures for administration of Acupuncture to provide practicing physiotherapists within the trust with a framework that promotes safe and consistent practice when using Acupuncture.

This policy and procedure can be made available in a range of languages and formats on request to the policy author.

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1. Executive Summary

Acupuncture being an invasive technique, significant consequences can occur as a result of procedural errors and also due to side effects/complications secondary to Acupuncture. Therefore, the aim of this document is to ensure safe and effective administration of acupuncture by providing appropriate guidelines on safe procedures for its administration. This policy will explain safe procedures in administration of Acupuncture and management of if any complications that may occur.

This procedure applies to all Physiotherapists within the trust practicing Acupuncture post foundation course training; including permanent, seconded and temporary staff and those undergoing training and work experience.

This procedure should be read in conjunction with the following documents

- [SA02](#): Risk management policy & strategy
- [SA03](#): Reporting, management and review of adverse incidents
- [IC01](#): Infection Prevention and Control
- [IC02](#): Inoculation Injuries
- [SA22](#): Waste Management

2. Introduction

Acupuncture is an ancient system of traditional Chinese medicine first recorded in the stone-age; it has been used in the west since the 19th century. It is believed to work by modifying pain transmission at the spinal cord level through the Gate control theory. Hence, it is used as an adjunct to conventional physiotherapy treatments, against a background of sound research and evidence for mainly enhancing pain modulation via stimulation of the brain and spinal cord to produce a range of natural pain relieving chemicals like endorphin and enkephalin. It is also used as a means of addressing some systemic and longer term illness, but always with the aim of enhancing physiotherapy treatment and improving quality of life.

2.1 Rationale (Why):

Acupuncture is a procedure that involves entering a soft tissue with a needle and is usually carried out for pain relief where the clinical need has been identified to use Acupuncture as one of the treatment modality based on clinical reasoning and assessment of concerned physiotherapist.

The objective of this policy is to ensure that appropriate guidelines are provided for safe administration of Acupuncture and management of risks involved. Thus this policy:

- Ensures consistent practice across the Trust

- Manages and where possible reduces risks for service users and staff involved in administration of Acupuncture

POSSIBLE ACUPUNCTURE RISKS/CONSEQUENCES		
Severity of Risks	Definition of Risks	Examples of risks
MILD	Reversible, short lived and does not seriously inconvenience the patient	Pain at the site of needle insertion, mild bleeding/bruising, nausea, light headed, drowsiness or aggravation of symptoms
SIGNIFICANT/MODERATE	Might need medical attention depending on severity and can interfere with patient's normal activities	Fainting Epileptic fit Stuck/bend needle Needle stick Injury
SERIOUS	Requires hospital admission or prolongation of existing hospital stay	Broken Needle Infection Pneumothorax

2.2 Scope:

- 2.2.1 This procedure applies to all Physiotherapists employed by Mersey care trust including permanent, seconded and temporary staff and those undergoing training and work experience who use acupuncture as a part of their practice post foundation training by AACP.
- 2.2.2 The practice of Acupuncture should be governed by AACP safety guidelines and Rule 1 of the Professional Conduct of Chartered Society of Physiotherapists (CSP).
- 2.2.3 Chartered Physiotherapists shall only to practice to extent that they have established and maintained their ability to work safely and competently and shall ensure that they have the appropriate liability cover for their practice

2.3 Principles:

- 2.3.1 Risks associated with acupuncture administration can be minimized by having a framework in place for safe guidelines on administration procedures and management of any risks involved.
- 2.3.2 Risks associated with acupuncture can also be minimized if professionals involved in acupuncture administration should keep up to date CPD portfolio in line with CSP and AACP guidance ensuring competency to safely practice Acupuncture.

2.3.3 Staff will understand both the legal and professional implications of acupuncture and that adherence to the principles of infection control and health and safety regulations is paramount in respect of risks involved.

3. Policy Standards

3.1 This policy should provide framework for practicing physiotherapists with safe acupuncture administration guidelines hence minimizing the risks involved to the service users and the staff.

4. Definitions

4.1 **Acupuncture:** Acupuncture is defined as insertion of needles at specific points of the body for therapeutic purposes.

4.2 For the purpose of this policy acupuncture is defined as the use of manual acupuncture. The policy does not cover the use of electro-acupuncture, laser acupuncture or moxabustion.

5. Accountabilities and Responsibilities for the policy and procedures for administration of acupuncture

5.1 **The Chief Executive** has overall accountability for health and safety management and will delegate responsibility (through directors, managers, staff, service users, volunteers and contractors) to ensure that adequate and appropriate resources are made available to allow the Trust to meet its statutory obligations.

5.2 **Executive Director of Nursing** is responsible to officially sign this document before it is approved and implemented and ensure that the infection control measures as a part of this procedure are in line with trust infection control policy.

5.3 **Clinical Division Directors** are responsible for ensuring that a structure is in place to implement this policy within their Clinical Division and for ensuring that funding is made available for the resources needed to administer acupuncture and for staff to have up to date training for the same.

5.4 **AHP lead** is responsible for monitoring the effectiveness and compliance of this policy and ensures that the policy is available for access to the practicing physiotherapists with adequate support in implementing it.

5.5 **Line Managers** of the physiotherapists are responsible for checking evidence of appropriate qualifications before practicing and that they comply with the framework provided by this policy. They are also responsible to provide necessary equipments for safe practice are available and ensure that acupuncture incidents are reported and investigated.

5.6 **Practicing Physiotherapists** will ensure that:

- They only practice acupuncture after foundation training from one of the following:
 - AACP – Acupuncture Association of Chartered Physiotherapists
 - BACC – British Acupuncture Council
 - BMAS – British Medical Acupuncture Society
- Follow all the procedures laid out in this document for safe administration of acupuncture
- Keep up to date with acupuncture CPD as per guidance provided by AACP and CSP. This involves documented evidence to be provided at annual appraisal of 10 hours of CPD in 2 years and a minimum of 1 acupuncture supervision review case study every year.

6. Procedure for Acupuncture treatment

6.1 Consent

- The treatment procedure is explained to the patient, along with possible alternatives to treatment, treatment techniques and the expected effects of the treatment; including any adverse reaction.
- The patient is given the information leaflet prior to having treatment (Appendix A).
- The patient's informed written consent is obtained and recorded in the patient's medical record (Appendix B).

6.2 Pre Treatment

Prior to treatment, pre treatment precaution checklist and contraindications form should be filled up. (Appendix B)

6.3 Treatment

For the treatment itself, the following procedure should be followed:

- a) Always use sterile disposable needles
- b) Wash your hands both before inserting and withdrawing needles
- c) Follow Mersey Care Hand hygiene policy at all times
- d) Check the patient's skin before and after treatment paying particular attention to the needle sites
- e) Swab the needling site if using points on face, ear, feet or area covered in dirt
- f) Position the patient to allow for their maximum comfort and safety
- g) Gloves must be worn if practising therapist has a cut or when patient has infectious disease like Hepatitis B.
- h) Count the number of needles inserted and document the points needed
- i) Avoid touching the shaft of the needle to ensure that the shaft of the needle remains sterile at all times. In event of therapist touching the shaft during insertion, needle should be immediately withdrawn and a new needle should be inserted.
- j) Monitor the patient throughout the treatment session

- k) Count the needles as you take them out and ensure they tally with needles inserted in
- l) Dispose of all needles into a sharps box immediately after withdrawing
- m) Follow Mersey care sharps disposal policy at all times

6.4 After Care

For safety reasons, the following process should be followed post treatment:

- a) Patients must be allowed 5 – 10 minutes to rest and recover safely after treatment. In exceptional cases when seeing patient on outpatient basis, if drowsiness last longer than 10 minutes and if persists, patients should be asked to stay on the ward until they have recovered. In exceptional circumstances it may be necessary to call a relative/friend/taxi to drive the patient home.
- b) Clinicians must remain in the same room as the patient throughout the session, or ensure that there is a member of staff in the room to supervise at all times or provide the patient with an alarm bell.
- c) If your patient says that they feel any or all of the following; faint, drowsy or nauseous remove and count all the needles. If the patient's symptoms persist seek additional medical assistance as appropriate.

6.5 Management of Health and Safety risks

6.5.1 Painful treatment

The needle may be painful on insertion but the pain should not persist after the initial stimulation is achieved. If the pain persists and patient has a needle shock then the needle should be removed immediately.

6.5.2 Broken Needle

In the unlikely event of the needle breaking in situ, patient should be reassured and try and remove needle tip with forceps. The point of entry should be circled with a pen and immediate medical help sought by referring to nearest A&E department. An incident report should be completed via DATIX, and recorded in patient's notes. Using a needle of the correct length at each point will minimise this risk. Patients with uncontrolled movements who are unable to remain still for any length of time are not suitable for treatment.

6.5.3 Stuck or bent needle

If the needle becomes stuck, reassure the patient and try relaxation. Take out all other needles before trying again. If still stuck, massage around the site of the needle. Alternatively, insert another needle near the stuck one in order for the muscle to relax. If the needle is still stuck draw around the needle and proceed as for the broken needle procedure. Complete an incident report via DATIX, and record in patient's notes.

6.5.4 Auriculotherapy

Extra care is needed with auricular-acupuncture as the ear tissue is prone to infection. Surface wax should always be removed with an alcohol swab. Indwelling needles should not be used as these may lead to a local infection of the cartilage of the ear known as perichondritis. This can result in deformity and may lead to surgical excision of the damaged cartilage.

6.5.5 Drowsiness

Some patients may feel very relaxed or sleepy even after 10 minutes post treatment. They should be advised not to drive until they have fully recovered. If possible their family member/taxi should be asked to drive them back.

6.5.6 Fainting

If a patient faints during or after the treatment they should be managed as in any first aid situation. Assess that the patient is breathing (if not follow CPR protocol). If breathing

- Remove needles immediately
- Position the patient flat and raise both legs
- Ensure full recovery before allowing them to leave. If possible contact a friend or family member to accompany them home
- It is important to ensure needles removed tally with those inserted.
- Record episode in patients notes and fill out incident form
- If symptoms persist then medical assistance is required.

6.5.7 Bleeding

Any bleeding should be stopped by applying pressure with cotton wool which should be immediately disposed of in a clinical waste bag. Advice regarding potential bruising must be given thereafter.

6.5.8 Pneumothorax

Always take care when needling over the chest area. In the event of a pneumothorax seek immediate medical assistance. Complete an incident report via DATIX, and record in patient's notes.

6.5.9 Sharps injury

In the event of a needle stick injury the physiotherapist should:

- Follow Mersey Care NHS trust Inoculation Injury Policy
- Report to Occupational Health and Line Manager
- Document on DATIX

6.5.10 Precautions and Contra indications

Physiotherapist must fill up the precaution and contraindication checklist as part of consent form prior to the treatment and adhere to advise/comment recommended on the form as necessary. In addition, physiotherapist must always take precautions in relation to selection of acupuncture points with regards to the nearby anatomical structures in place.

6.5.11 Pregnant patients

- Avoid treating pregnant women especially in first trimester unless appropriate CPD/training has been undertaken.
- As in all your clinical practice you should only use acupuncture within the limits of your professional competence. You should ensure that you have been adequately trained to use acupuncture on a pregnant patient.
- In pregnancy – Avoid LI 4; SP 6; UB 60, 67; SACRAL FORAMINAL POINTS B 31, 32, 33, 34
- Patients should have attended either an obstetric advice group or an individual appointment with a physiotherapist before acupuncture is considered.

- A basic pelvic assessment and appropriate treatment for pelvic pains should be carried out before assessment for acupuncture is undertaken.
- There is little evidence to show that treatment with acupuncture is a hazard in pregnancy as there are no reports in the literature linking acupuncture with miscarriage or abortion. However, as spontaneous pregnancy loss is common in the first trimester the decision to use acupuncture in pregnancy must be considered carefully.
- Extra care must be taken with the selection of points at all times during pregnancy especially with regard to the intensity of stimulation.
- Do not needle through or into the wall of the uterus.

6.5.12 **Forbidden points**

Physiotherapist must avoid points on forbidden areas as recommended in AACP course i.e., points on:

- Umbilicus
- Nipple tissue
- External genitalia
- Areas of swelling
- Unhealthy skin
- Open wounds
- Varicosities

6.6 **Documentation**

Accurate records must be kept of full assessment of patient's condition and evaluation of acupuncture treatment which must include:

- Consent along with precaution and contraindication checklist (Appendix B)
- Patient's position
- Side of body (right, left, bilateral)
- Points used (trigger points, standard nomenclature advocated by the WHO or on anatomical grounds)
- Size of needles (inserted and removed)
- Duration of treatment
- Depth and angle of needling
- Any complications or any adverse reactions and relevant action taken
- If electro acupuncture is used the parameters must be recorded
- Outcome measures for effectiveness of acupuncture treatment

6.7 **Reporting of Incidents**

As per DATIX requirements any adverse incidents should be recorded and notified via DATIX and recorded in the patient's notes. In addition, report of all adverse incidents should be submitted to the physiotherapist's supervision group promptly.

7. **Development and Consultation Process**

7.1 This document has been developed by senior practicing physiotherapists within the trust

7.2 All physiotherapists qualified to perform acupuncture and currently working within Mersey Care NHS were consulted on the drafting of this policy. All were in agreement on its formulation.

7.3 All physiotherapists comprising the physiotherapy supervision group were in agreement on accepting the responsibilities and requirements placed upon them in the formulation of this policy.

7.4 Consultation regarding the development of this policy has been undertaken with the Mersey Care NHS Trust Drugs and Therapeutics Committee, the Infection Control team and the AHP lead.

8. Monitoring Compliance and Effectiveness

8.1 Minimum Qualification Criteria to Practice Acupuncture

All physiotherapists who wish to practice acupuncture must:

- Be registered with the Health Professions Council
- Have successfully completed an acupuncture course recognised by one of the following:
AACP – Acupuncture Association of Chartered Physiotherapists
BACC – British Acupuncture Council
BMAS – British Medical Acupuncture Society

8.2 Effective implementation of this policy will be monitored through:

- The physiotherapist supervision group will maintain a list of AACP accredited physiotherapists working within the trust and ensure they are all familiar with this trust policy maintaining an up-to date database of such physiotherapists
- Ongoing monitoring by Physio Leads (Band 7s) in each area
- Twice yearly peer supervision of Acupuncture practicing physiotherapists within the trust (Appendix C)
- Any adverse clinical incidents will be brought to the physiotherapist supervision group for analysis and revision of this policy, compliance and evolving best practice.
- All staff practicing acupuncture will be required to undertake a minimum 10 hours continuous professional development in every 2 years in line with the recommendation of AACP.

9. References

HCPC Standards of Proficiency for Physiotherapist (May 2013)

HCPC Standards for Continuing Professional Development (2012)

AACP Guidelines for safe practice 2012.

AACP Foundation course workbook notes 2013

CSP Quality Assurance Standards (October 2012)

Survey of Adverse Events following Acupuncture (SAFA): A Prospective Study of 32,000 Consultations.

Policy and Procedure for Administration of Acupuncture: Version 1
Review date: Nov'15

Adrian White, Simon Hayhoe, Anna Hart, Edzard Ernst, Volunteers from BMAS and AACP

Acupuncture mechanisms for clinically relevant long-term effects--reconsideration and a hypothesis. Carlsson C. Acupuncture Med. 2002 Aug

West Z. Acupuncture in Pregnancy and Childbirth. Edinburgh: Churchill Livingstone; 2001 p30

White A. The safety of Acupuncture – Evidence from the UK. Acupuncture in Medicine 2006; 24 (suppl):553-57

10. Associated Documentation

This procedure should be read in conjunction with the following documents:

- [SA02](#): Risk management policy & strategy
- [SA03](#): Reporting, management and review of adverse incidents
- [IC01](#): Infection Prevention and Control
- [IC02](#): Inoculation Injuries
- [SA22](#): Waste Management

11. Glossary of Terms

AHP- Allied Health Professionals

NHS – National Health Service

CSP- Chartered Society of Physiotherapists

HCPC – Health Care Professionals Council

CPD – Continuous Professional Development

WHO- World Health Organisation

CPR- Cardio Pulmonary Resuscitation

See chapter 4 for definition of Acupuncture

Appendix A

Acupuncture Patient Information Leaflet

A GUIDE TO ACUPUNCTURE TREATMENT

What is acupuncture?

Acupuncture comes from Traditional Chinese Medicine based on the holistic concept and the body's ability to return to a balanced state of health by influencing vital energy channels-known as meridians.

Modern science has shown that acupuncture is believed to work by stimulating the brain to produce natural pain relieving chemicals which assist the body to heal itself.

It is used by Physiotherapists to treat pain in a variety of musculoskeletal conditions.

How is it done?

Very fine, single-use, sterile disposable needles are inserted into selected points in the body. Some close to the area of pain and some further away. During the treatment these may be stimulated manually. This is done in a supported and comfortable position. The treatment may take upto 30 minutes, during which you will be monitored regularly.

You will be advised to take a short rest and not to drive immediately if feeling fatigued. It is preferable that you do not have treatment whilst feeling hungry.

What will I feel?

You may feel a slight pin prick as the needle goes into the skin. You may then feel an ache, tingling, warmth or mild discomfort. Sometimes you may feel nothing.

Will it work for me?

Research has shown that most people gain relief of pain with acupuncture. This can be immediate or can take upto 2-3 treatments.

However, if you have not noticed a response after 2-3 treatments then your physiotherapist may discuss discontinuing treatment. A maximum of 6 treatments will be offered. It is unlikely that you will be offered repeat courses of treatment.

Is Acupuncture safe?

Generally it is very safe. Serious side effects are very rare- less than 1 per 10,000 treatments.

Acupuncture is safe when undertaken by a Physiotherapist who has completed an acupuncture course approved by the acupuncture associate of chartered physiotherapists. They are trained to use the strictest hygiene and only pre-sterilised disposable needles are used.

Is there anything your physiotherapist needs to know?

Apart from your usual medical details- including all medications- we need to know:

- If you have ever experienced a fit, faint or funny turn.
- If you have a pacemaker or any other electrical implant.
- If you are pregnant.
- If you have a bleeding disorder or take anticoagulation.
- If you have damaged heart valves or have any other particular risk of infection.
- If you have unstable angina, irregular heart beats or other heart problems.
- If you have diabetes.
- If you have low blood pressure.
- If you allergic to metal.
- If you have any moles/growths or skin infections.

If you have a phobia of needles, please tell your physiotherapist who may be able to offer you a non invasive option.

Your physiotherapist will discuss these and any other possible issues with you and you will be asked to sign a consent form prior to treatment.

Does acupuncture have side effects?

There are some possible side effects that occur in a small percentage of people:

- Minor bleeding or bruising.
- Existing symptoms may get worse after treatment. You should tell your therapist about this but it's usually a good sign.
- Fainting or nausea can occur in certain patients particularly after the first treatment.
- Very rarely trauma can occur to internal organs when certain points are used. Physiotherapists are trained to avoid the high risk points.
- Drowsiness: you may be advised to avoid driving if this occurs.

Thank you for reading this leaflet. We want you to feel comfortable about your treatment. Should you have any concerns before or during your treatment, please discuss these with your physiotherapist.

Appendix B

ACUPUNCTURE INFORMED CONSENT FORM

PATIENTS NAME:	
DOB:	

EXPLANATION

	Yes	No
Treatment procedure/ Intended benefits		
Stimulation of needles		
Advice leaflet provided		

CONTRAINDICATIONS

Phobia of needles		
Acute Cardiac Arrhythmia/ Pacemaker		
History of recent stroke or undiagnosed seizures		
Confused/ Unsuitable patient		
Allergy to metal		
Anticoagulation/ haemophilia (contraindicated unless INR checked 3 days before and after)		

PRECAUTIONS

Pregnancy (contraindicated in 1 st trimester)		
Angina		
Unstable Diabetes		
Unstable Epilepsy		
Poor Skin condition/ Infection / areas of poor circulation		
History of lymphodema		
History of strokes/ undiagnosed seizure		
Unstable hypertension/ hypotension		
Immunosuppressive disorders		
Hungry Patient		
Cancer History		
History of Long term steroids		
History of fits/faints "funny turns"		
Frail patients/ weak constitution		
Lumps/ Moles / Cancerous growths		
Hypertension/Hypotension		

Areas of reduced sensation		
Swelling/DVT/CRPS		
Any other medication		

RISKS/ SIDE EFFECTS

Drowsiness		
Fainting		
Bruising/ Haematoma		
Bleeding		
Injury to vital organs Chest/ back/ abdominal points		
Broken needle		

The purpose, benefits and potential risks of acupuncture treatment have been explained to me.

I confirm that I have understood the information given and I consent to having acupuncture treatment. I understand that I can withdraw from treatment at any time.

In an event of needle stick injury, I agree to give blood for testing.

Patient Name:

Signature:..... Date:.....

Physiotherapist Name:.....

Signature:..... Date:.....

Appendix C

Evidence of Acupuncture Supervision Review and maintenance of Competence

Clinician: Date:

Supervisor/Peer Supervisors:

Anonymized Patient Description (Referral diagnosis/history/key clinical features)

Your Clinical diagnosis and Management/Plan

Outcome

Explanation of clinical reasoning (focusing on the reasoning behind choosing acupuncture and linking to current research evidence where possible)

Practical demonstration
Acupuncture points selection/location

Needling Technique

Treatment Parameters (Needling time/Deqi/Stimulation etc.)

Comments from Peer Supervisors (please initial and date comments)

Learning points/Reflection

Signatures (and print):

IMPLEMENTATION PLAN
for the
Policy and Procedure for Administration of Acupuncture

DOCUMENT NUMBER	
RATIFYING COMMITTEE	Corporate document review group
DATE RATIFIED	29 th October 2012
NEXT REVIEW DATE	

ACCOUNTABLE DIRECTOR: Executive Director of Nursing

DOCUMENT AUTHOR: Specialist Neuro Physiotherapist, Brain Injury Rehab Centre

An implementation plan should be completed for all procedural documents. This will ensure that a systematic approach is taken to the introduction of procedural documents in order to secure effective working practices. ***NB The implementation plan should include actions to address issues identified through the equality and diversity impact assessment process as well as those specific to the policy itself.***

The following template provides a checklist to be used as a starting point for thinking about implementation in a systematic manner. It is evidence-based and draws on the work of the Promoting Action on Clinical Effectiveness (PACE) programme (Dunning *et al*, 1999).

Dunning *et al* (1999) Experience Evidence and Everyday Practice, Kings Fund

	Issues identified / Action to be taken	Time-Scale
<p>1. Co-ordination of implementation</p> <ul style="list-style-type: none"> • How will the implementation plan be co-ordinated and by whom? <p><i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.</i></p>	<p>The implementation plan will be co-ordinated by the author of the policy</p>	<p>Immediately after policy ratification</p>
<p>2. Engaging staff</p> <ul style="list-style-type: none"> • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? <p><i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p>	<p>All staff who are trained in Acupuncture are affected by the policy and will be involved in its implementation via communication with the author of the document.</p>	<p>Immediately after policy ratification</p>
<p>3. Involving Service Users and carers</p> <ul style="list-style-type: none"> • Is there a need to provide information to service users and carers regarding this policy? • Are there service users, carers, representatives or local organisations who could contribute to the implementation? <p><i>Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.</i></p>	<p>There is no need to provide information to service users and carers regarding this policy. It will, however, be available on the Trust website.</p>	<p>Not applicable</p>

	Issues identified / Action to be taken	Time-Scale
<p>4. Communicating</p> <ul style="list-style-type: none"> • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? <p><i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.</i></p>	<p>The framework for the administration of Acupuncture is guided by the safety guidelines provided by the training organisation i.e., AACCP. This will be directly communicated to the staff trained in Acupuncture via Acupuncture supervision group.</p>	<p>Dec'13</p>
<p>5. Resources</p> <ul style="list-style-type: none"> • Have the financial impacts of any changes been established? • Is it possible to set up processes to re-invest any savings? • Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? <p><i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.</i></p>	<p>There are no additional financial impacts incurred as a result of this policy.</p>	<p>Not applicable</p>

	Issues identified / Action to be taken	Time-Scale
<p>6. Securing and sustaining change</p> <ul style="list-style-type: none"> • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? <p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>	<p>Acupuncture supervision group will meet 6 monthly to discuss any barriers to implementation and collectively come up with any changes if needed. Acupuncture supervision group will share their practices as means to ensure best clinical practice and link any training needs to their KSF based PDP as identified via group. As mentioned in section 5, the new staff will be inducted by their line managers and compliance will be monitored by Acupuncture supervision group and the AHP lead.</p>	<p>Dec'13</p>
<p>7. Evaluating</p> <ul style="list-style-type: none"> • What are the main changes in practice that should be seen from the policy? • How might these changes be evaluated? • How will lessons learnt from the implementation of this policy be fed back into the organisation? <p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>	<p>This is a new policy so rather than main changes in practice, this policy has laid a framework for Acupuncture practice.</p> <p>Evaluation of clinical practice based on guidelines provided by this policy will be reviewed at Acupuncture supervision group.</p>	<p>June'14</p>

	Issues identified / Action to be taken	Time-Scale
8. Other considerations		

