

## TRUST-WIDE CLINICAL POLICY DOCUMENT

# Physiotherapists Administering Acupuncture

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|--------------------------|---|
| Policy Number            | SD42  |
| Scope of this Document:  | All Physiotherapy staff practicing acupuncture    |
| Recommending Committee:  | Physical Health Steering Group<br>AHP Forum Group |
| Approving Committee:     | Executive Committee                               |
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| Lead Author(s):          | Band 7 Physiotherapist                            |

2019 – Version 2

*Striving for perfect care and a just culture*

## TRUST-WIDE CLINICAL POLICY DOCUMENT

# Physiotherapists Administering Acupuncture

### Further information about this document:

|   |   |
|---|---|
| Document Name   | Physiotherapists Administering Acupuncture (SD42)   |
| Document Summary  | The aim of this document is to provide physiotherapy staff employed by Mersey Care NHS Foundation Trust with appropriate guidelines on safe administration of acupuncture and management of any complications that may occur  |
| Author (s)<br><br>Contact(s) for further information about this document  | Bernadette Lovelady<br>Band 7 Community Physiotherapist<br><br>Telephone: 0151 295 3988<br>Email: <a href="mailto:Bernadette.Lovelady@Merseycare.nhs.uk">Bernadette.Lovelady@Merseycare.nhs.uk</a>  |
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| To be read in conjunction with  | <a href="#">SA02</a> - Risk Management Policy & Strategy<br><a href="#">SA03</a> - Reporting, Management & Review of Adverse Incidents<br><a href="#">IC01</a> - Infection Prevention and Control<br><a href="#">IC02</a> - Inoculation Injuries<br><a href="#">SA22</a> - Waste Management<br><a href="#">SD06</a> - Consent to Examination or Treatment |
| <b>This document can be made available in a range of alternative formats including various language, large print and braille.</b> |   |

### Version Control:

|           |  | Version History:              |
|-----------|--|-------------------------------|
| Version 1 | Corporate Document Review Group                    | 29 <sup>th</sup> October 2013 |
| Version 2 | Policy Group (Oct-18) Executive Committee (Nov-18) | November 2018                 |
| Version 3 | Policy update by B Lovelady                        | January 2020                  |

## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation 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

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDa principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## 1. PURPOSE AND RATIONALE

- 1.1 The policy aims to set out procedures for administration of acupuncture and provides a framework for practicing physiotherapists within the trust that promotes safe and consistent practice.
- 1.2 The policy provides a standard guideline for safe practice of acupuncture.
- 1.3 This procedure applies to all physiotherapists within Mersey Care NHS foundation trust practicing acupuncture post foundation course training; including permanent, seconded and temporary staff and those undergoing training and work experience.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Acupuncture is a procedure that involves entering a soft tissue with a needle and is usually used for pain relief where the clinical need has been identified. Acupuncture can also be used for alternative symptoms with additional training.
- 2.2 Acupuncture can be used as one treatment option when deemed clinically appropriate by the treating physiotherapist.
- 2.3 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

| <b>Possible acupuncture risks / Consequences</b> |   |  |
|--|---|--|
| <b>Severity of Risks</b>                         | <b>Definition of Risks</b>  | <b>Examples of Risks</b>   |
| Mild   | Reversible, short lived and does not seriously inconvenience the patient                              | Pain at the site of needle insertion, mild bleeding, mild bruising, nausea, light headed, drowsiness or aggravation of symptoms. |
| Significant/<br>Moderate                         | Might need medical attention depending on severity and can interfere with patient's normal activities | Fainting<br>Epileptic fit<br>Stuck/bent needle<br>Needle stick injury  |
| Serious  | Requires hospital admission or prolongations of existing hospital stay                                | Broken needle<br>Infection<br>Pneumothorax   |

### 3 SCOPE

- 3.1 This procedure applies to all physiotherapists employed by Mersey Care NHS Foundation trust including permanent, seconded and temporary staff and those undergoing training who use acupuncture as a part of their practice.
- 3.2 The practice of acupuncture should be governed by the Acupuncture Association of Physiotherapists (AACP) safety guidelines and Section 1 of the Professional Conduct of Chartered Society of Physiotherapists (CSP Quality Assurance Standard 2013; Section - Autonomy and Accountability).
- 3.3 Chartered physiotherapists shall only practice to the extent that they have established and maintained their competency.
- 3.4 Physiotherapists are personally accountable for their own practice and maintaining high standards of care. Each physiotherapist has a responsibility to maintain their own competency and CPD portfolio to ensure safe practice of acupuncture.
- 3.5 Staff will understand both the legal and professional implications of acupuncture. Staff shall adhere to the principles of infection control and health and safety regulations this is paramount in respect of risks involved.
- 3.6 This policy provides practicing physiotherapists with a framework for safe acupuncture administration, hence minimising the risks involved to service users and staff.

### 4 DEFINITIONS

- 4.1. **Acupuncture** is a treatment derived from ancient Chinese medicine. Fine needles are inserted at certain sites in the body for therapeutic or preventive purposes *NHS definition*. For the purpose of this policy acupuncture is defined as the use of manual acupuncture and electro-acupuncture. Laser acupuncture, moxabustion and other non-invasive techniques are not covered by this policy.
- 4.2 **Abbreviations:** The following is a list of acupuncture abbreviations as approved by the World Health Organisation

|    |                            |
|----|----------------------------|
| BL | Bladder                    |
| KI | Kidney                     |
| LI | Large Intestine            |
| LR | Liver                      |
| ST | Stomach                    |
| SP | Spleen                     |
| SI | Small Intestine            |
| HT | Heart                      |
| PC | Pericardium                |
| TE | Triple Energiser / Sanjiao |
| GB | Gallbladder                |
| GV | Governor Vessel/ DU        |
| CV | Conception Vessel/ Ren     |
| LU | Lung                       |

## 5 DUTIES

- 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 & Operations** is responsible for officially signing this document before it is approved and to ensure that the infection control measures as a part of this procedure are in line with trust infection control policy.
- 5.3 **Divisional Chief operating officer or equivalent** are responsible for ensuring that a structure is in place to implement this policy within their Clinical Division and to ensure that funding is made available for the resources required to administer acupuncture and for staff to have up to date training.
- 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 equipment for safe practice and ensure that acupuncture incidents are reported and investigated.
- 5.6 **Physiotherapy Supervision Group** is responsible for reviewing the policy and arranging the supervision group to ensure CPD takes place.
- 5.7 **Practicing Physiotherapists** will ensure that:

They only practice acupuncture after foundation training recognised by one of the following:

- AACP - Acupuncture Association of Chartered Physiotherapist.
- BACC - British Acupuncture Council.
- BMAS – British Medical Acupuncture Society.
- CSP- Chartered Society of Physiotherapy.

They follow all the procedures laid out in this document for safe administration of acupuncture

They keep up to date with acupuncture CPD as per guidance provided by the AACP. This involves documented evidence to be provided at annual appraisal of 10 hours of CPD in 2 years. In addition, this policy requires a minimum of one acupuncture supervision review case study every year, completion of the acupuncture self-competencies forms (Appendix D and E) and be responsible for addressing any learning needs identified.

Physiotherapists undertaking foundation training should seek a mentor for the duration of their training to support use in practice.

## 6 PROCESS

- 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, in-line with trust wide policy SD06- Consent to examination or treatment.

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 record (Appendix B).

### 6.2 Pre Treatment

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

### 6.3 Treatment

| ACTION   | RATIONALE   |
|--|---|
| Check referral   | To comply with national guidelines. (British Medical Association, 1993.)  |
| Explain the purpose and use of acupuncture and provide information leaflet (Appendix A)  | Giving the patient informed choice.   |
| Obtain valid informed consent (written/verbal), using Acupuncture Assessment form (Appendix B)   | Promotes patient involvement. (DOH 2001)  |
| Obtain patient's subjective and objective medical history  | Checks for contraindications and allow for religious beliefs to be accounted for history  |
| Assist the patient into the correct position and expose the area for treatment. Providing sheets and adequate covering.  | Ensures privacy and dignity allowing access to the painful area.  |
| Wash hands and dry thoroughly. Cuts or breaks in the skin should be covered with a waterproof dressing. Standard precautions observed to prevent cross contamination.  | Reduces the risk of cross infection. (Local Infection control policy).<br>To reduce the risk of needle stick injuries and exposure to blood or body fluids (Local Infection control Policy).            |
| If necessary swab skin in an up and down motion, check for any allergies to swab/ingredients. This is essential with auricular therapy.<br><br>Use Chlorhexidine 2% with 70% isopropyl alcohol swabs for skin Preparation. | Remove surface dirt (AACP 2017) (essential for auricular therapy)<br><br>Epic 2 National evidence based guidelines for preventing healthcare associated infection, Journal of Hospital Infection (2007) |



|   |   |
|---|---|
| Chose correct sized needles and select acupuncture sites  | Ensures maximum potential effect and appropriate use of equipment. Introducers may be used.             |
| Count number of needles used and record this  | Avoids needles being left in-situ following treatment.  |
| Insert needles and ask the patient to describe the sensation. Document reactions e.g. twist, supply, drain in the treatment Record Card (Appendix C)  | To ensure a sensation of Deqi is achieved to maximise the effectiveness of the treatment                |
| Select mode of stimulation as appropriate and document.   | Maximise the effectiveness of the treatment and consistent documentation.                               |
| Leave needles in situ for appropriate length of time.   | Rationale as per current practices and competencies.  |
| Remove the needles, count them out and dispose of safely and record on acupuncture treatment record (Appendix C)<br>A glove must be worn at this stage on the hand not holding the needle, in case of bleeding. | Maintains a safe environment for the patient and the practitioner. Ensure that all needles are removed. |
| Check the puncture sites for bleeding/bruising and apply light pressure with a swab. Dispose of swab appropriately.   | Identifies capillary damage and reduces possible bruising.<br>Follow IC Policy                          |
| Hand hygiene must be performed again after documentation.   | As per IC policy  |

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. When seeing patients in an outpatient setting, if drowsiness persists, patients should be asked to stay in clinic 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 the patient feels faint, drowsy or nauseous remove and count all the needles. If the patient's symptoms persist seek additional medical assistance as appropriate.

## 7 MANAGEMENT OF HEALTH AND SAFETY RISKS

- 7.1 **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 then the needle should be removed.
- 7.2 **Fear of needles:** Patients with an absolute fear of needles should not be needled.
- 7.3 **Broken Needle:** In the unlikely event of the needle breaking in situ, the patient should be reassured. 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.
- 7.4 **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.
- 7.5 **Allergy:** Some patients are allergic to specific metals and any known allergy of this nature should be ascertained prior to treatment with needles. In rare instances patients have been known to be allergic to alcohol wipes, where possible this should be excluded when running through precautions with patients/prior to application. The use of swabs is not considered mandatory by the AACP. In this situation individual risk assessment is required to ascertain the risks of not swabbing, and if the risk of infection is deemed high, the procedure should not be carried out.
- 7.6 **Areas not to be acupunctured:** Certain areas should not be needled, for example: the fontanelle in babies, the external genitalia, nipples (ST 17), the axilla (HT 1), the umbilicus (CV 8), and the eyeball. Also areas of swelling, infection, unhealthy skin, open wounds and varicosities.
- 7.7 **Lumps:** Avoid needling any lumps, moles or known cancerous growths.
- 7.8 **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
- 7.9 **Drowsiness:** Some patients may feel very relaxed and even sleepy after treatment. They should be advised not to drive until they have fully recovered. In outpatients, a family member/taxi should be asked to drive them back.

7.10 **Fainting:** During acupuncture treatment the patient may feel faint. Acupuncture has been known to elicit transient changes in blood pressure, which to some patients may lead to the sensation of feeling tired or even faint. The needling procedure and the sensations it may cause should therefore be carefully explained before the start of treatment. A first treatment should always be given with the patient comfortably supported in a lying position if possible. Symptoms of impending faintness include feeling unwell, a sensation of giddiness, the room moving, or a feeling of weakness. There may be a restricted feeling in the chest accompanied by palpitations, nausea or vomiting. They may appear cold, clammy or sweaty and the pulse weakens. Such reactions are said to be due to nervousness, hunger, fatigue, and unsuitable treatment position or strong manipulation of the needles. If warning symptoms appear, remove the needles immediately and lay the patient flat with legs raised, as the symptoms are probably due to transient insufficient blood supply to the brain. The symptoms usually disappear after a short rest. Offer a warm sweet drink.

If a patient actually 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.
- In outpatients 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 a datix form.
- If symptoms persist then medical assistance is required.

7.11 **Bleeding:** Any bleeding should be stopped by applying pressure with cotton wool/ swab which should be immediately disposed of in a clinical waste bag, in outpatients. In the patients home it can go in their waste bin.

7.12 **Sharps injury:** In the event of a needle stick injury the physiotherapist must:

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

7.13 **Precautions and Contraindications:** Physiotherapists must complete 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, physiotherapists must always take precautions in relation to selection of acupuncture points with regards to the nearby anatomical structures in place.

#### 7.14 **Pregnant patients**

- Avoid treating pregnant women especially in the first trimester unless appropriate CPD/training has been undertaken.
- As in all clinical practice physiotherapists should only use acupuncture within the limits of their professional competence. Physiotherapists should ensure that they 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.

7.15 **Epilepsy:** Care should be taken when needling patients with a known history of epilepsy. Extra care should be taken when needling patients who have had unusual reactions during previous invasive procedures. Consider any other alternate treatment methods available.

7.16 **Diabetes:** Care should be taken when needling diabetic patients because of the danger of poor peripheral circulation and the possible effect of some points on blood sugar levels.

7.17 **Circulatory system:** Care should be taken in needling areas of poor circulation, where there may be an additional risk of infection. Particular examples are the anterior compartment of the lower leg, the forearm, or the cartilage of the ear. Also avoid accidental puncturing of arteries, (sometimes aberrant) which may cause bleeding, haematoma, arterial spasm or more serious complications when pathological change is present. Generally, bleeding due to puncture of a superficial blood vessel may be stopped by direct pressure with cotton wool. It is recommended that the Physiotherapist wears gloves whilst stemming the bleeding. Patients with Haemophilia shouldn't be needled.

7.18 **Anticoagulants:** Extra care is required if choosing to needle patients on anti-coagulation medication. There is an enhanced risk of bleeding and therefore intra-capsular points should be avoided to prevent haemarthrosis. It might be worth considering lighter needle stimulation techniques and smaller gauge needles to reduce the risk of bleeding/ bruising. If acupuncture is chosen it is recommended that INR levels should be regularly checked throughout the course of treatment and should measure between 2-3. Practitioners should not needle if at all concerned and should work within their own known competency.

- 7.19 **Patients exhibiting uncontrolled movements:** It is recommended that these patients are not needled.
- 7.20 **Frail Patients:** Caution is to be taken with patients who are frail or after prolonged chronic illness.
- 7.21 **Pacemakers:** Patients with pacemakers should not, as a rule, be given electro acupuncture. There may be a possibility the electrical current present with electrical acupuncture could influence the pacemaker or electrical implant adversely. Regular manual acupuncture can be used. However certain precautions may need to be followed such as those relating to heart conditions and anticoagulation.
- 7.22 **Cardiac conditions:** Avoid needling patients with acute cardiac arrhythmia's or heart failure. Needling may affect blood pressure and could interfere with medication.
- 7.23 **Confused patients:** If patients are unable to understand the treatment they should not be needled.
- 7.24 **Cancer patients:** Particular care must be taken with patients who have had a mastectomy or those undergoing chemotherapy. It is not advisable to needle into a limb post lymph node removal even if post-surgical lymphoedema is not present. This applies for life. Physiotherapists should observe the need to practice within their scope of practice/ competence. Patients undergoing chemotherapy may be immune suppressed /low platelets.
- 7.25 **Acute Strokes:** Since acupuncture is thought both to reduce blood viscosity and increase blood flow velocity, no acupuncture treatment should be given to patients who have suffered a haemorrhagic stroke until it is certain that the bleeding has stopped.
- 7.26 **Potentially Hazardous Acupoints:** Special care should be taken in needling points in proximity to vital organs or sensitive areas.
- 7.27 **Chest Back and Abdomen.** Points on the chest back and abdomen should be needled cautiously, preferably obliquely or horizontally, so as to avoid injury to vital organs. Attention should be paid to the direction and depth of insertion of the needles.
- 7.28 **Lungs and Pleura.** Injury to the lung and pleura can be caused by a needle inserted too deep. This may cause traumatic pneumothorax. Cough, chest pain and dyspnoea are the usual symptoms and can occur abruptly during the manipulation, especially if there is severe laceration of the lung by the needle. Alternatively symptoms may develop gradually over several hours after the acupuncture treatment.  
Always take care when needling over the chest area. In the rare event of a pneumothorax seek immediate medical assistance. Complete an incident report via DATIX, and record in patient's notes.

7.29 **Liver, spleen and Kidney.** Puncture of the liver or spleen may cause a tear with bleeding, local pain, tenderness and rigidity of the abdominal muscles. Puncturing the kidney may cause pain in the lumbar region and haematuria. If the damage is minor the bleeding will stop spontaneously, but if the bleeding is serious, shock may follow with a drop in blood pressure.

7.30 **Central Nervous System.** Inappropriate manipulation at points between or beside the upper cervical vertebrae, such as Yamen (GV15) or Fengfu (GV16), may puncture the medulla oblongata causing headache, nausea, vomiting, sudden slowing of respiration or disorientation, followed by convulsions, paralysis or coma. Needling too deep between the thoracic vertebrae may cause lightening pain below the needling level or in the extremities.

7.31 **Other points.** ST 30 – near femoral artery, BL 1 and ST 1 – near eye, ST 21 – on the right side it overlies the gall bladder, LU 9 near the radial artery, LV 3 can be sensitive on some people, SI8- close to ulnar nerve, LI11 and LI14- can lower blood pressure.

**NB** It is essential to stick to points that have been taught and to use new points with extreme caution if they are located in the hazardous areas listed above.

7.32 **Documentation:** Accurate records must be kept of the full assessment of the patient's condition. The acupuncture treatment must be recorded on the acupuncture treatment record (Appendix C) this 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)
- Number of needles, needles counted in and out then documented
- Duration of treatment
- Any complications or any adverse reactions and relevant action taken
- Outcome measures for effectiveness of acupuncture treatment
- If electro-acupuncture is used the parameters must be recorded.

7.33 **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.

## 8 CONSULTATION

- 8.1 This document has been developed by senior practicing physiotherapists within the trust.
- 8.2 Physiotherapists qualified to perform acupuncture and currently working within Mersey Care Foundation Trust were consulted on the drafting of this policy
- 8.3 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.

## 9 TRAINING AND SUPPORT

- 9.1 Minimum qualification criteria to practice acupuncture. All physiotherapists who wish to practice acupuncture must:
  - Be registered with the Health and Care 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
    - CSP - Chartered Society of Physiotherapists
- 9.2 All practicing physiotherapist should complete annual self-competencies (Appendix E) and address any training needs. All forms should be saved in the individual's CPD folder.

## 10 MONITORING

- 10.1 Effective implementation of this policy will be monitored through:
  - The physiotherapist supervision group will maintain a list of qualified physiotherapists working within the trust, maintaining an up-to date database of such physiotherapists
  - Ongoing monitoring by Physio Leads (Band 7s) in each area will ensure all practicing physiotherapists are familiar with this trust policy.
  - Twice yearly peer supervision of acupuncture practicing physiotherapists within the trust (Appendix D) Physiotherapists will arrange to attend peer supervision
  - Annual completion of self-competencies (Appendix E). This is the responsibility of each individual practicing physiotherapist. Any areas of concern are to be raised in supervision sessions.
  - 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 AACP guidelines

## 11 EQUALITY AND HUMAN RIGHTS ANALYSIS

|   |
|---|
| <b>Title: Policy and procedure for physiotherapists administering acupuncture</b>   |
| <b>Area covered: Physiotherapists within Mersey Care who are practising acupuncture</b>   |
| <p><b>What are the intended outcomes of this work?</b><br/> <i>To provide guidelines for the safe use of acupuncture and management of the risks.</i></p>   |
| <p><b>Who will be affected?</b><br/> <i>Staff and patients</i></p>  |
| <b>Evidence: AACP guidelines, references as listed</b>  |
| <p><b>What evidence have you considered?</b><br/>         The policy - Associated clinical guidance -Acupuncture Association of Chartered Physiotherapists (AACP) Safe Practice Guidelines for Acupuncture Physiotherapists (2017 V3).</p>  |
| <p><b>Disability (including learning disability)</b><br/>         No exclusions for patients receiving care.</p>  |
| <p><b>The importance of consent issues addressed within the policy</b><br/>         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.<br/>         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 record (Appendix B).</p> |
| <p><b>Sex</b><br/>         This policy is designed to meet the diverse needs of our service and population we serve ensuring that none are placed at a disadvantage over others.</p>  |
| <p><b>Race</b> This policy is designed to meet the diverse needs of our service and population we serve ensuring that none are placed at a disadvantage over others.</p>  |
| <p><b>Age</b> <i>N/A to children.</i></p>   |
| <p><b>Gender reassignment (including transgender)</b><br/>         This policy is designed to meet the diverse needs of our service and population we serve ensuring that none are placed at a disadvantage over others.</p>  |
| <p><b>Sexual orientation</b><br/>         This policy is designed to meet the diverse needs of our service and population we serve ensuring that none are placed at a disadvantage over others.</p>   |
| <p><b>Religion or belief</b> Patients are required to undress any areas of skin used for treatment using acupuncture needles as the skin site needs to be clean. Acupuncture Association of Chartered Physiotherapists (AACP) Safe Practice Guidelines for Acupuncture Physiotherapists (2017 V3)</p>   |



|   |
|---|
| Gender of staff will be taken into account according to needs of patients.  |
| <b>Pregnancy and maternity</b><br>Patients who are pregnant are not able to have acupuncture unless the physiotherapist or practitioner has had adequate training on acupuncture on a pregnant patient.<br>Acupuncture Association of Chartered Physiotherapists (AACP) Safe Practice Guidelines for Acupuncture Physiotherapists (2017 V3).<br>Patients who are pregnant and need further treatment need to be referred for specialist care. |
| <b>Carers</b> Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.   |
| <b>Other identified groups</b><br>No other groups identified.   |
| <b>Cross Cutting</b><br>The policy is designed to meet the diverse communities that the Trust serve .<br>No group should be placed at a disadvantage in relation to this policy   |

| Human Rights  | Is there an impact?<br>How this right could be protected? |
|---|---|
| Right to life (Article 2)   | Not engaged in this policy                                |
| Right of freedom from inhuman and degrading treatment (Article 3) | Not engaged in this policy                                |
| Right to liberty (Article 5)                                      | Not engaged in this policy                                |
| Right to a fair trial (Article 6)                                 | Not engaged in this policy                                |
| Right to private and family life                                  | Not engaged in this policy                                |

|  |                            |
|--|----------------------------|
| (Article 8)  |                            |
| Right of freedom of religion or belief (Article 9)   | Not engaged in this policy |
| Right to freedom of expression<br>Note: this does not include insulting language such as racism (Article 10) | Not engaged in this policy |
| Right freedom from discrimination (Article 14)   | Not engaged in this policy |

**Engagement and Involvement** *detail any engagement and involvement that was completed inputting this together.*

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

Physiotherapists qualified to perform acupuncture and currently working within Mersey Care NHS Foundation Trust were consulted on the drafting of this policy.

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.

### Overall Summary of Analysis

**Eliminate discrimination, harassment and victimisation**

This has highlighted the risks with religious beliefs which is a protected characteristic and requiring the patient to undress to area needing treatment and in order to mediate the risks the patient can be referred to an appropriate practitioner e.g. a female physiotherapist instead of a male physiotherapist. It has also highlighted that pregnant patients requiring acupuncture will need a referral to a specialist who has had adequate training to perform acupuncture on a pregnant patient.

**Advance equality of opportunity**

Not applicable to this policy

**Promote good relations between groups**

Not applicable to this policy.

**What is the overall impact?**

No negative impact issues identified.

**Addressing the impact on equalities**

*No negative impact detected or identified within this policy*

**Action planning for improvement**

Not Applicable

### For the Record

**Name of persons who carried out this assessment:**

**Lynn King** Trust Wide Strategic Recovery & Allied Health Professions Lead

**George Sullivan** Secure Division Equality and Human Rights Advisor Social Work Department  
Ashworth Hospital

**Date assessment completed:**

02 08 2018

**Name of responsible Director:**

Executive Director of Nursing and Operations

**Date assessment was signed:**

08 2018



## 12 SUPPORTING DOCUMENTS

### REFERENCES

Epic 2 National evidence based guidelines for preventing healthcare associated infection, Journal of Hospital Infection (2007)

HCPC Standards of Proficiency for Physiotherapist (May 2013)

HCPC Standards for Continuing Professional Development (2012)

The AACP guidelines are called “Safe Practice Guidelines for Acupuncture Physiotherapists” V3 2017

AACP Foundation course workbook notes 2013

CSP Quality Assurance Standards (October 2012)

Filshie J & Abbot, P (1991) Acupuncture for chronic pain: A review. **Acupuncture in medicine**, 9: pp 4-13.

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

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

British Medical Association (1993) *Complementary Medicine*, Oxford University Press, Oxford.

Department of Health (2001) *Reference Guide to consent for Examination or Treatment.*

### 13 GLOSSARY OF TERMS

|      |                                       |
|------|---------------------------------------|
| AHP  | Allied Health Professionals           |
| NHS  | National Health Service               |
| CSP  | Chartered Society of Physiotherapists |
| HCPC | Health Care Professions Council       |
| CPD  | Continuous Professional Development   |
| WHO  | World Health Organisation             |
| CPR  | Cardio Pulmonary Resuscitation        |

See chapter 4 for definition of Acupuncture and abbreviation of acupuncture terms

## 14 APPENDICES

### Appendix A

#### **Acupuncture Patient Information Leaflet A GUIDE TO ACUPUNCTURE TREATMENT**

##### **What is acupuncture?**

Acupuncture is an ancient system of traditional Chinese medicine based on the invisible channels – known as Meridians – that circulate vital energy and are joined by a series of acupuncture points.

Modern science has shown that acupuncture is believed to work by stimulating the brain to produce natural pain relieving chemicals called endorphins, which assist the body to heal itself. It is used by the physiotherapist for various conditions including acute or chronic injuries, arthritis, back and neck pain and muscle and joint problems.

##### **How is it done?**

Very fine, single-use sterile disposable needles are inserted into selected points of the body. During the treatment these may be stimulated manually, electrically or by heat. This is done with the patient in a comfortable, supported position. The treatment may take up to thirty 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. To avoid the risk of fainting, 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.

##### **Will it work for me?**

Research has shown that most people gain relief of pain with acupuncture. This can be immediate or may need two or three treatments to be achieved. Frequently patients respond to acupuncture where conventional treatments have failed. However, if you have not noticed a response after 2-3 treatments then your physiotherapist may discuss discontinuing the treatment with you.

##### **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 Association of Chartered Physiotherapist. 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 implants
- If you are pregnant [acupuncture will only be offered at your Physiotherapist's discretion)
- 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 heartbeats or other heart problems
- If you have diabetes
- If you have low blood pressure
- Very rarely trauma can occur to internal organs when certain points are used.
- Physiotherapists are trained to avoid high risk points
- If you are allergic to metal
- If you have any moles/growths or skin infections
- If you have had any treatment for cancer
- If you are feeling unwell e.g. cold/Flu

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.

## **Does acupuncture have side effects?**

You need to be aware that drowsiness occurs after treatment in a small number of patients and if affected you are advised not to drive or operate machinery.

- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments
- Pain during treatment occurs in 1% of treatment
- Existing symptoms can get worse after treatment (less than 3%). You should tell your therapist about this, but it is usually a good sign
- Fainting or nausea can occur in certain patients particularly after the first treatment

*Guidelines for the safe use of acupuncture treatment and practice for physiotherapists within Liverpool Community Health trust physiotherapy Services November 2017*

Appendix B

**ACUPUNCTURE INFORMED CONSENT FORM**

|                |  |
|----------------|--|
| PATIENTS NAME: |  |
| DOB:           |  |

| <b>Explanation:-</b>  | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| Treatment procedure of needed insertions. Stimulation of needle |            |           |
| Given Trust information sheet                                   |            |           |

| Health Questions   | Yes | No |
|--|-----|----|
| Do you have a phobia of needles / Allergy to metal /alcohol wipes?                         |     |    |
| Is there a history of recent stroke or undiagnosed seizures?                               |     |    |
| Do you suffer from epilepsy?   |     |    |
| Do you experience fits/faints of funny turns?  |     |    |
| Have you eaten /will eat within 2 hours prior to you acupuncture treatment?                |     |    |
| Do you suffer from diabetes?   |     |    |
| Do you have any moles/cancerous growths/infections?  |     |    |
| Is there any history of cancer or cancer treatments?                                       |     |    |
| Lymph node clearance / lymphoedema?  |     |    |
| Are you immuno compromised?  |     |    |
| Are you pregnant or think you might be?  |     |    |
| Do you have any of the following Angina /Arrhythmia or heart failure / Pace maker?         |     |    |
| Are taking anticoagulant treatment or suffer from blood clotting disorders IE Haemophilia? |     |    |
| Do you have any circulation problems IE Deep Vein Thrombosis, Pulmonary Embolism?          |     |    |
| Are you aware of any reduced sensation?  |     |    |
| Frail elderly constitution ??  |     |    |
| Do you have swelling inflammation?   |     |    |
| Are you on long term steroid use?  |     |    |
| Are you taking any other medication?   |     |    |
| Further information  |     |    |

**RISKS/ SIDE EFFECTS**

|   |  |  |
|---|--|--|
| Possible drowsiness- warned not to drive/operate machinery until rested |  |  |
| Possible fainting   |  |  |
| Possible bleeding   |  |  |
| Possible trauma to vital organs, chest/back/abdominal points            |  |  |
| Possible broken/stuck/bent needles                                      |  |  |
| Possible post treatment soreness  |  |  |

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.

Patient Name: .....

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

Physiotherapist Name:.....

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



Appendix C-

## Acupuncture Treatment Record

|                 |         |                |                      |                         |         |
|-----------------|---------|----------------|----------------------|-------------------------|---------|
| <b>SURNAME</b>  |         |                | <b>DATE OF BIRTH</b> |                         |         |
| <b>FORENAME</b> |         |                | <b>NHS NUMBER</b>    |                         |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out             |         |
| Points Used:    |         |                | Stimulation/Comments | Reaction/Comments       |         |
|                 |         |                |                      | Initial MYMOP: Yes / No |         |
|                 |         |                |                      | OM:                     |         |
|                 |         |                |                      | Pre Rx                  | Post Rx |
|                 |         |                |                      |                         |         |
| Therapist Name  |         |                | Signature            |                         |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out             |         |
| Points Used:    |         |                | Stimulation/Comments | Reaction/Comments       |         |
|                 |         |                |                      | OM:                     |         |
|                 |         |                |                      | Pre Rx                  | Post Rx |
|                 |         |                |                      |                         |         |
|                 |         |                |                      | Therapist Name          |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out             |         |
| Points Used     |         |                | Stimulation/Comments | Reaction/Comments       |         |
|                 |         |                |                      | OM:                     |         |
|                 |         |                |                      | Pre Rx                  | Post Rx |
|                 |         |                |                      |                         |         |
|                 |         |                |                      | Therapist Name          |         |
| <b>SURNAME</b>  |         |                | <b>DATE OF BIRTH</b> |                         |         |

|                 |         |                |                      |                   |         |
|-----------------|---------|----------------|----------------------|-------------------|---------|
| <b>FORENAME</b> |         |                | <b>NHS NUMBER</b>    |                   |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out       |         |
| Points Used     |         |                | Stimulation/Comments | Reaction/Comments |         |
|                 |         |                |                      | OM:               |         |
|                 |         |                |                      | Pre Rx            | Post Rx |
|                 |         |                |                      |                   |         |
| Therapist Name  |         |                | Signature            |                   |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out       |         |
| Points Used     |         |                | Stimulation/Comments | Reaction/Comments |         |
|                 |         |                |                      | OM:               |         |
|                 |         |                |                      | Pre Rx            | Post Rx |
|                 |         |                |                      |                   |         |
| Therapist Name  |         |                | Signature            |                   |         |
| Date            | Consent | Treatment Time | Needles In           | Needles Out       |         |
| Points Used     |         |                | Stimulation/Comments | Reaction/Comments |         |
|                 |         |                |                      | D/C MYMOP: Yes/No |         |
|                 |         |                |                      | OM:               |         |
|                 |         |                |                      | Pre Rx            | Post Rx |
| Therapist Name  |         |                | Signature            |                   |         |

**Appendix D Evidence of Acupuncture Supervision Review and maintenance of Competence**

Clinician: ..... Date: .....

Supervisor/Peer Supervisors: .....

Anonymised 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/Stimulaton etc.)

Comments from Peer Supervisors (please initial and date comments)

Learning points/Reflection

## Appendix E

### Acupuncture Competency Form

#### PURPOSE:

The statements below are designed to indicate the competency of the named person in the use of acupuncture. Responsibility of use remains with the user; any doubt regarding any aspect of the competency, the user should seek relevant education to bring about improvement. This can be completed via various methods, including, self directed learning, in service training or external training.

| <b>Do you have the ability to ...</b>   | <b>Self Assessment</b> | <b>Formal Assessment (if required)</b> | <b>Signature</b> | <b>Date</b> |
|---|------------------------|--|------------------|-------------|
| 1) Describe a definition of acupuncture and its role in physiotherapy practice.   |                        |  |                  |             |
| 2) Show an understanding of the physiological basis of acupuncture.   |                        |  |                  |             |
| 3) Describe the contraindications and precautions of acupuncture.   |                        |  |                  |             |
| 4) Describe the actions to be taken in the event of an adverse incident associated with acupuncture treatment.                    |                        |  |                  |             |
| 5) Identify the correct procedure for managing and reporting needle stick injuries.   |                        |  |                  |             |
| 6) Describe the process of storing and disposing of acupuncture needles.  |                        |  |                  |             |
| 7) Be conversant with the policy around consent to treatment  |                        |  |                  |             |
| 8) Understand how you would communicate the use of acupuncture treatment so patients can make an informed choice about treatment. |                        |  |                  |             |
|   |                        |  |                  |             |

|   |  |  |  |  |
|---|--|--|--|--|
| 9) Demonstrate appropriate record keeping for acupuncture treatment   |  |  |  |  |
| 10) Demonstrate safe and competent needling technique, including awareness of hygiene, needle placement depth and Rx dose |  |  |  |  |
| 11) Show clear evidence of clinical reasoning in the choosing and application of acupuncture treatment.                   |  |  |  |  |

I confirm that I have self assessed the above competencies and am competent in administering acupuncture treatment.

Physiotherapists Name:  
Practitioner Qualification:

Signature: .....

I confirm that I have assessed the above named practitioner as competent to perform the above skill.

Name:  
Title:  
Signature: ..... Date: .....

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

| Category                        | Actions | Target date | Person responsible and their area of responsibility |
|---------------------------------|---------|-------------|---|
| <b>Monitoring</b>               |         |             |   |
| <b>Engagement</b>               |         |             |   |
| <b>Increasing accessibility</b> |         |             |   |