



NEW ZEALAND SCHOOL OF
ACUPUNCTURE
& TRADITIONAL CHINESE MEDICINE



Handbook of Clinical Policies & Procedures (2025)

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Student Clinic

The NZSATCM course is structured to include supervised practical experience in the Student Clinic.

The Student Clinic is used in a variety of ways.

In Year 1, learners in their first semester will observe consultations, diagnoses, and treatments for 30 hours and use these to complete written reports. They will also become familiar with the practical aspects of running a clinic – assisting under supervision, maintaining basic supplies, booking appointments, and record keeping.

Year 2 and 3 student clinicians will gain confidence and practical skills, ensuring they are competent in all aspects of practice by the time they graduate.

Basic Conditions of Treatment

The Student Clinic is run during term time (refer to *semestral timetable for student clinics*).

An online booking system operates where the public can make direct bookings; student clinicians are responsible for obtaining their clients to treat. Qualified clinical supervisors will supervise all treatments.

Student clinicians are intended to treat various patients and conditions; therefore, clients are expected to be transferred to another clinician after 12 treatments.

Clients cannot be seen continuously for more than 12 treatment sessions; if the same client is to be treated for any other complaint which differs from the initial main complaint during or immediately after their course of treatment, a break of at least one (1) calendar month is required between courses of treatment. This is to encourage the exposure of student clinicians to more clients.

A student assistant may be present during treatments.

The treatment conditions are set out in the Client Consent Form in CLINIKO. This includes the fact that health information gathered can be discussed by students of NZSATCM for academic purposes. Personal details that would specifically identify the client are omitted.

These treatment conditions are set out in the ***Information about your treatment and Consent Form***.

Cost

The cost of treatments is significantly lower than those provided by qualified acupuncturists, with each session priced at **\$15**. Immediate family members of student clinicians, such as parents and siblings, are eligible for free treatment. Specific details regarding costs and conditions can be obtained at Administration/Reception.

NZSATCM students are encouraged to utilise the clinic to experience acupuncture and maintain their health and wellness. They are offered special discounted rates. Please refer to Administration/Reception for further information.

Clinical Experience

Year 1 clinic assistant tasks

The Year 1 learners are observers and assistants in the clinic.

Year 1 learners in their first semester have the task of observers and assistants in the student clinic. The **30-hour** observation allows learners to enhance their understanding of the communication skills, cultural safety, and ethical behaviour required within a clinic environment. Year 1 learners will submit reflective clinical reports on their observational experience as part of CLIN 100-5.

Clinic assistants are not to take notes during consultations but may make notes afterwards and refer to client records.

Through observation, they will:

Year 1 student clinician tasks

- enhance their understanding of cultural safety, ethical behaviour, and communicating in a professional manner.
- learn techniques to ensure the safety of practitioners and clients
- with the client's permission, be invited to take the pulse and view the tongue
- learn clinical routines, including booking, payments, personal hygiene and clinic cleaning.

Year 2 and 3 student clinician tasks

- develop clinical skills through the treatment of clients in the student clinic
- Write three (3) case histories over Years 2 and 3; submissions are broken down as follows:
 - One for CLIN-200-6
 - One for CLIN-201-6
 - One for CLIN-300-7

Details of these tasks, including assessment requirements, are in the materials provided by your supervisors.

In years 2 and 3, student clinicians CANNOT REFUSE clinic assistant(s) in their clinical rotation; mentoring clinic assistants is an intended learning outcome of their student clinic course(s).

Additionally, Year 2 and 3 student clinicians must remember that the supervised clinics are headed by their respective supervisors; thus, they must always follow the latter's reasonable instructions.

Lastly, Year 2 and 3 students are responsible for obtaining their clients. Getting the confidence to *market* themselves and learning to gain and retain clients takes time but is essential to the learner's future success as a qualified acupuncturist. For this reason, the school supports students with clinic facilities, a central location and supervision but places the responsibility on the students to gain their clients. Speaking to Year 3 learners may assist you with ideas and opportunities.

Initially, student clinicians may feel uncomfortable with their clinical role. Persevere. Use the support of fellow students and clinical supervisors.

Current First Aid Certificate Requirement

Students in years 2 and 3 must have a current First Aid Course Certificate as a requirement for practice in the supervised clinics. Please bring a copy to your supervisor and place it in your clinical folder. [However, year 1 student clinicians can undergo the Clinical Observation without a current certificate.]

Student clinicians can either take up a First Aid training course the school offers or other duly accredited First Aid training organisations.

Student Attendance

Student clinicians will be assigned at least four (4) clinical client contact hours per week (per CLIN course, double clinics in CLIN-301-7), with one hour allocated to clinical tutorial with a supervisor, giving an allocated 5 hours.

Clinic assistants are asked to arrange their clinical observation to ensure they meet the clinical reflection assignment requirements.

Student clinicians should be present at 'set-up time' (i.e., student clinicians must arrive early to set up a time to start their consultation at the time of appointment).

Lateness is unprofessional and is taken seriously. If a student clinician cannot attend a clinic due to ill health or other reasons, they should notify the supervisor, clinic coordinator and clients as soon as possible.

If student clinicians report in and are **more than five (5) minutes late**, they are marked absent for one hour only.

Attendance is required even if no clients are booked. This time can be used to discuss cases with the assistants and other issues related to coursework and the development of professional competence.

500 Clinical Hours

The NZSATCM programme, with time spent in observation and then in clinical experience, has been structured to comply with Acupuncture NZ (formerly the New Zealand Register of Acupuncturists, Inc. [NZRA]) and international requirements for 500 supervised clinical hours. Completion of the Bachelor programme of study requires a minimum of 500 hours.

Of these, 300 are supervised clinical hours, with an additional 200 hours related to diagnostic classes.

Of the 300 supervised clinical hours

- 20 hours can be gained as an Assistant Treatment Provider.
 - These hours refer to actively participating in diagnosis and treatment with another student clinician/ qualified practitioner responsible for the client’s care (the lead clinician). To claim these hours, the **Assistant Treatment Provider form** must be completed and signed by the primary treatment provider (and supervisor when undertaken with a student clinician). This form requires you to detail your involvement in diagnosis and treatment, comparing and contrasting your diagnosis and treatment plan to the lead clinician's.
 - Assistant clinician hours are claimed separately from the required 280 clinical hours, where you are responsible for diagnosis and developing treatment plans under supervision. Assistant clinician hours cannot be claimed as clinical hours on the school’s electronic database or electronic records. The student must ensure these forms are complete with appropriate evidence to document their involvement in making a treatment diagnosis and correctly sign them before submitting them as evidence of clinical hours in their third-year Clinical Portfolio. If incomplete, they will not provide acceptable proof of clinical hours, which means the student will need to complete further hours before being able to undertake their final clinical practical assessment.
- For the **Auckland campus student clinicians**, a minimum of 180 hours is achieved in the NZSATCM Student Clinic under direct supervision.
- For **Health Stream, Student clinicians** - must achieve a **minimum of 108 hours** under direct supervision from an NZSATCM supervisor.

This complies with the course curriculum and public safety and ethics issues. Further, it meets Acupuncture NZ requirements by enabling a thorough assessment of students' skills.

The remainder of these clinical hours may be achieved through external clinic placements – with supervision through approved practitioners or clinical environments.

Student clinicians are responsible for obtaining their clients and should start lining them up as soon as possible to avoid a slow start to the year.

Documenting Clinical Hours

Student clinicians record external clinical hours and those obtained on-site at the NZSATCM through the school's electronic database. Instructions on how to access this are in your Moodle classroom. The documentation of these hours is the student clinicians' responsibility and will be verified by the school. It should be noted that student clinicians must produce documentation of their clinical hours via the school database (Moodle, CLINIKO) as part of their clinical portfolio in their final semester. This Clinical Portfolio needs to be completed and approved before they can undertake their final practical exams and graduate. Suppose a student is unable to provide appropriate evidence of their clinical hours. In that case, they will need to document that they have completed further hours before being able to undertake their final clinical practical assessment.

Please note that the total of these 300 hours is stipulated as a minimum; once achieved, student clinicians are still expected to continue treating patients in their clinics and attend for the entire scheduled time. The academic programme continues, with student clinicians continuing to extend their knowledge and practical skills, contributing to diagnostics classes and the ongoing learning of their assistants. All of these require the ongoing operation of the student clinics.

Use of Spare Clinics

Student clinicians can apply to the Administration for permission to book patients in spare clinic times. The merits of each case will be decided, the clinical supervisor concerned will be consulted, and permission given in writing. The fee for using spare clinics is \$30 per hour. Student clinicians are reminded that their primary obligation is to fill their allocated clinic times; where a client cannot attend their clinic regularly, that client should be referred to a clinical student who has an allocated clinic at a time that suits the client.

Suppose a client is treated in spare clinic time without the prior approval of the Administration. In that case, no treatment hours will be allocated for that treatment, and such action will be regarded as a serious breach of NZSATCM rules relating to professional conduct and patient safety.

External Clinics

In addition to their school student clinics, all HS student clinicians and those doing CLIN 301-7 will need to apply to work under supervision at external clinics. This application is made through the Administration. The school may charge an administrative fee to cover organising the necessary paperwork. Student clinicians cannot be paid for these treatments. The student clinicians may wish to make their financial arrangements with their mentors.

They may ask the student to pay for the use of their rooms and supervision, or they may charge the client a treatment fee and retain this to cover their costs.

Definition: External clinics refer to clinics undertaken by the NZSATCM third-year CLIN 301-7 clinical student clinicians for the general stream (appropriate second- and third-year student clinicians from the health professionals' stream) outside of the physical premises of the NZSATCM and under the direct mentorship and safe practice supervision of professional acupuncture practitioners, who are registered with the Chinese Medicine Council (CMC) NZ. These practitioners will sign a written agreement (Tripartite Agreement) with the school and the concerned learner; this agreement stipulates the clinical guidelines and each party's working relationship with the other with supervising NZSATCM clinical student(s).

The Process: Those student clinicians using the external clinic's pathway to gain clinical experience will have this recorded in terms of external clinic hours and can utilise the clients seen in these clinics for their required written case history assignments. They are, however, required to provide a reflective journal for each of the external clinical sessions undertaken and regularly meet with an external supervisor from NZSATCM.

The application forms for external clinics are available through the academic administrator, jameson.yeo@nzsao.com All relevant forms must be signed by the external supervisor and student clinician and officially approved by the programme clinical leader before clinic placement commences.

External Clinical Placement for CLIN-301-7

It is compulsory for CLIN 301-7 students to undertake a clinical placement with an external mentor to replace one of their NZSATCM clinic slots.

This would involve you seeking out a practitioner to act as your mentor. This mentor

- Provides a safe clinical place for you to treat.
- Share their clinical experience as appropriate **but are not required to approve all your clinical treatments** or be by the bedside as you treat.
- Will be able to charge clients a fee for the treatment they receive from you. However, this will need to be less than the usual fee they charge to ensure the public understands you are a student practitioner. Your mentor will also be unable to claim ACC payments for your treatments
- Will be able to claim CPD hours for their mentoring.

As a student practitioner, it is expected that you:

- Will be bringing in their clients; however, it is also envisaged that your mentor may wish to provide opportunities to offer expanded acupuncture treatments to their client base. For example, offering discounted treatments increases the frequency with which their clients can access treatment.

- Will meet weekly online with an external NZSATCM supervisor. This external supervisor will discuss your treatment notes and guide you with diagnosis and any issues.
- Complete all the required paperwork. For client notes, this includes the usual NZSATCM clinical paperwork, consent forms, and the documents you currently use to be submitted through Cliniko.
- Additional paperwork has also been submitted to an external supervisor to verify your clinical hours. If you have not completed the required paperwork before your online supervisory meeting, these hours may not be verified as valid.

As usual, all practical assessments will take place on the school campus.

External Clinic Application Process:

Once the Academic Administrator have received your external clinic application, he will forward the application to the Programme Clinic Leader who will set up an online meeting with your proposed mentor.

When you receive written confirmation that you are eligible, you must send this approval to the academic administrator: jameson.yeo@nzsao.com to forward to the programme clinic leader to set up an online meeting

Please also include in your email relevant information about your possible clinical mentor, including that they are registered with the Chinese Medicine Council. If you do not have an external clinical mentor, the school can give you the contact details of some practitioners to approach.

Following an online discussion with programme clinic leader and the approval of your external mentor, He/She will

- Send out a contact letter from NZSATCM to your external mentor.
- Send out the Tri-partite External Clinical Placement Agreement with NZSATCM. This needs to be signed by your mentor, Programme Clinic Leader, and you on behalf of NZSATCM.
- Arrange a time to meet online with your mentor to answer any questions they may have.

Before you commence any external clinical placement, you will need to ensure that:

- You have read and signed the Tripartite External Clinical Placement Agreement with NZSATCM.
- You have sent the completed signed Tripartite External Clinical Placement agreement to NZSATCM for their records.

- You have a current First Aid certificate on file with NZSATCM.
- You have signed the Privacy of Personal & Health Information and Confidentiality Declaration: Learner/ākonga, which is on file with NZSATCM.
- You have met online with the programme clinic leader to go through the extra online paperwork required with this clinical placement.
- Once you have been assigned an external clinical supervisor, you have been in touch to arrange a weekly supervisory time slot.

You will also need to arrange your indemnity insurance. To do this, you must join Acupuncture NZ as a student. This requires you:

- Complete the application form Acupuncture NZ for student membership.
- Send this application form to the office so they can verify that you are a student of NZSATCM.

The school will send this application form to Acupuncture New Zealand. You will then receive confirmation of this student membership and a form to apply for indemnity insurance through Acupuncture New Zealand. It is expected to cost approximately \$160 + GST and cover you for one year. Confirmation of this insurance coverage will need to be sent to the school for their records before you can commence any external clinical placement.

Assessment for external clinics

Mid-Semester and Final Clinical Practical Assessments:

All student clinicians must undergo mid-semester and final clinical practical assessments with their respective school supervisors as scheduled in the Semestral Timetable. In addition, they are required to complete their clinical log reflective journal.

Penalties for Non-Compliance:

Non-compliance to any of the provisions of these external clinic policies, through no fault of the NZSATCM, may lead to forfeiture of the clinic hours earned through this pathway and/or non-crediting of any or all written case histories, which are based on the clients seen in the external clinics.

The concerned clinic committee shall decide on penalties.

Assessments

Student clinicians are assessed on their clinical skills each semester.

In consultation with their clinic supervisor, they should schedule mid-semester Clinical Practical and final Clinical Practical assessments according to the clinical course outline.

The Clinical Supervisor may require additional assessment discussions, and the student clinicians must be prepared to set aside clinic time as requested.

Mid-semester Clinical Practical Assessments are provided as venues for practice and feedback and to prepare the student clinician for the final Clinical Practical assessment.

Practical skills, as assessed in the final Clinical Practical Assessment, are marked as detailed in your course outline.

Final Clinical Practical Assessment results with a FAIL are passed to the Clinic Committee for evaluation and appropriate action.

Client Attendance

Treatment Requirement/Limit

Clients attending the teaching clinic agree to attend for a series of treatments. On their first visit, the terms and conditions of attendance must be explained thoroughly. These are set out on the Client Consent Form in *CLINIKO*.

Patients must understand that they may need to commit to a series of treatments. In general, acupuncture is not a one-off cure but is a system of treatment based on assisting the body to heal itself. Clients will need a course of treatment to get the full benefit.

In addition, the Clinic is run as a learning institution, and the needs of the student clinicians must be met. Student clinicians must record supervised learning hours and present case reports on the clients seen. If client numbers are low or they do not stay for the entire course of treatment, it may affect the learning opportunities for student clinicians.

The incremental nature of acupuncture treatment will often mean that clients would benefit from a course of treatment longer than the 12 treatments with one student clinician. There is flexibility to provide up to 3 further treatments to complete the course of treatment. However, if the treatment is ongoing, student clinicians must pass on their client to another student clinician. This ensures that student clinicians experience various conditions and satisfy this aspect of their clinical requirements.

Student clinicians should explain the requirements to clients and discuss the possibility that their treatment may be continued with another student clinician. They may also benefit from multiple weekly treatments and can co-share treatment with other student clinicians.

Co-treatment

The co-treatment of clients is encouraged. This allows clients access to more treatments, for example, twice or three times a week, which may benefit their recovery. It also provides opportunities for student clinicians to evaluate the differences increased treatment 'dosage' may bring and develop their skills in co-treatment. This skill may be expected upon graduation when working with other practitioners.

The primary care provider is the student clinician who takes the initial history and designs the treatment plan. The student clinician providing additional treatments is the co-treatment provider. Treatment providers are expected to follow the primary care provider's treatment plan. However, they can adapt the care plan in response to minor changes, provided this is documented in the treatment notes with a full explanation.

Suppose there are developing symptoms or a situation that requires urgent reassessment. In that case, the co-treatment provider's supervisor can consent for the treatment plan to change, with the treatment notes providing a full explanation of why the treatment plan was reassessed.

Clear communication between practitioners and accurate record-keeping are essential skills in providing effective co-treatment care for clients.

At all times, student clinicians at NZSATCM are expected to interface with the public and their clients in a professional manner. At no time does either the treatment provider criticise the treatment delivered or the treatment plan to the client or follow student clinicians. If the co-treatment provider has concerns, this must first be discussed with the primary care provider and then with the primary care provider's supervisor if necessary. Suppose the primary care provider has concerns about the treatment delivered by the co-treatment provider. In that case, this must first be discussed with the co-treatment provider and then with the co-treatment provider's supervisor if necessary. If supervisors have concerns about the co-treatment arrangement, this is referred to the clinical or programme lead.

Additional Conditions

Suppose a client's course of treatment is interrupted by an acute exterior condition, such as a cold. In that case, the student must suspend treatment for the original condition and treat the acute problem. Having done so, they can resume treatment of the original condition at the point they left off, completing the 12 treatments.

In the normal course, such an acute exterior condition should require only a few treatments. If it requires a full course of treatment, then the 12-treatment rule would apply to it, including transfer to another clinician if required. The client could then return to the original clinician to resume treatment for the original condition, but common sense should be used to determine if this is appropriate.

If a client is treated for a condition, then during that course of treatment, found to have additional conditions that require treatment, they should be passed on to another student

clinician for treatment of the additional condition after the first course of treatment is completed. Re-diagnosis or additional conditions are not grounds for retaining a client.

If the same client is to be treated for any other complaint(s), a break of at least one (1) calendar month is required between courses of treatment. This is to encourage the exposure of student clinicians to more clients.

Clinic Administration

Cliniko

Student clinicians must input all bookings and complete the treatment records in the Cliniko. As other students or Administration may make bookings for student clinicians, student clinicians must check their bookings regularly and record any they make for themselves as soon as possible. This procedure prevents double bookings. Bookings and double-bookings are the sole responsibility of the concerned student clinician.

Clients agree to attend a 6-session course of treatment; encourage them to book these all in advance and record all forward bookings in the Cliniko booking system.

Remember that clients' contact information is private, professional records. The client's names and phone numbers are confidential.

Clients changing or cancelling appointments can be minimised by student clinicians explaining the terms of attendance at the school clinic and by reminding clients that this is a professional service. Clients failing to attend at short notice deprives students of the ability to take a replacement booking and wastes time for the student clinician and their assistant and supervisor.

Payments

Student clinicians are responsible for ensuring their clients pay for treatments. They may choose to delegate this task to their clinic assistants. Payments are required for treatments on the day of treatment.

Payment Method

Clients may pay using cash or EFTPOS. Cash should be placed in the **cash box**, and change should be given as required.

The Clinical Supervisor, the clinic coordinator, or the Administration staff will show students how to use the EFTPOS machine.

EFTPOS payments generate two (2) pieces of paper – the top white copy should be ripped off and given to the client. The lower, yellow copy should be left hanging on the machine until the end of the session when it is ripped off and clipped to the Clinic Record Sheet.

Students will be instructed on using the EFTPOS machine by their clinical supervisor.

Pre-paid courses of treatment should still be given a receipt as a record of treatment and should be recorded in the 'Other' column of the ***Clinic Record Sheet***.

Receipts

A receipt must be written for each treatment. The receipt book provides a cross-check for the Clinic Record Sheet, so it is important to record each treatment.

Write the date, the client's full name, the method of payment, i.e., cash or EFTPOS and amount, and the student clinician's name.

When a client does not pay, mark the receipt 'invoice' and cross out the word 'receipt'.

When a client pays for several sessions in advance, note on subsequent receipts that it was previously paid, e.g., *treatment 2 of 6* or *treatment 2/6*.

Clinic Record Sheet

This reconciles treatments and payments for each student clinician. It is used to **reconcile the daily takings** and to verify **students' clinical hours**. As such, it is a very important document. Take care when completing it!

Record the name of the student clinician in the box for the clinic room they work in. Record the client's name in the spaces provided beside their student clinician's name. Record the receipt number, EFTPOS transaction number and amount, or cash or cheque amount.

Record the payment in the *correct column according to the payment type* so that this sheet will balance with the cash box each session.

Record every client treated if they have pre-paid; this is recorded in the 'Other' column. **Clinical hours cannot be given if a client is not recorded here as being treated.**

Cash Box

At the clinic's start, a student must come to the Administration and take charge of the cash box and a Clinic Record Sheet. They are responsible for keeping the cash box under the supervision of the whole clinic and returning it to the administration at the end. Do not leave the box unattended, and do not share the responsibility – if errors occur or money is missing, we need to have one person accountable. This responsibility can be rotated between assistants every week.

At the close of the clinic, they must complete the totals on the Clinic Record Sheet and confirm the cash box amount. The Clinical Supervisor should then be asked to sign the Sheet – confirming the hours and the payment totals. Once signed off, the student returns the cash box, receipt book and Clinic Record Sheet to the Administration.

In the event of irregularities, the student must confirm details and reconcile appointments with payments. The student would be liable for any shortfall.

Clinical Stock Management

The supervisor's room for clinical stocks has two cabinets - one is white, and the other is black. The student clinicians can only access the stocks from the white cabinet after obtaining their supervisor's permission and signature. The administration regularly checks the stock of both cabinets in the supervisor's room. If the white cabinet runs out of stock, the administration will refill it from the black cabinet. This ensures efficient maintenance of the clinical stock.

Clinic Rooms

Equipment

Rooms are equipped with the basic equipment required for treatment. Student Clinicians are responsible for checking the inventory at the start of their clinic and reporting any missing or damaged items. Failure to do so could result in that clinician being held responsible.

Student Clinical Supplies: Needles, Moxa sticks and Other Supplies

Basic clinical supplies like needles, moxa sticks, moxa extinguishers, cups, cupping oil, alcohol swabs, cotton balls, lighters, and methylated spirits are equipped in each clinic room. These are for use within the clinic. It can be restocked as required by asking your supervisor in charge. Students' use of clinical supplies should be recorded.

Student clinicians need to purchase needles or moxa for their use. Students are reminded that they are not permitted to practice their needling techniques on other people outside of class or treat other people without supervision.

The school does not provide optional items such as a pulse pillow, auricular acupuncture probe, a moxa extinguisher with tray, a moxa box, etc.

Towels and Bed Linen

Collect towels and disposal sheets from the towel cabinet at the start of each clinic.

Two (2) towels and one (1) disposal sheet for each client are collected from the towel cabinet.

To prepare for the client, take a disposable sheet from the cabinet and lay it over the bed. Cover the client's body with a towel and keep a second towel nearby as needed. Place a waterproof pillowcase on the pillow and cover it with a paper towel. If the student clinician requires an extra towel for their client, they should inform the client beforehand that there will be an additional charge of \$2 per towel. Each client must strictly change the towels and disposal sheet for the professional clinical bed manner.

Used towels should be placed in the dirty laundry bag at the end of each clinic. At the end of the last clinic each day, the sheet should also be put in the laundry bag.

Towels are supplied for the clinic only; they are not for use in practical classes. If students need towels for practical classes, go to the cabinet for practical classes.

Rubbish

A rubbish bin and sharps bin are provided in each clinic room.

The rubbish bin is lined with a bin liner and should be positioned near the clinic cupboard. Do not put food or sharps in this bin. It is safe to place cotton wool balls with blood on them in this bin. Student clinicians must check the rubbish bin before and after their practice. If the bin is filled up to half its capacity, they should dispose of its contents in the yellow bin at the cleaning station. Additionally, they should replace the plastic bin liner with a new one for subsequent use.

The sharps bin is provided to ensure safe disposal of used needles. Do not place other materials in this bin. This bin should be positioned where it cannot be knocked over. If children are present, ensure they do not touch it. A small bin could be placed on the windowsill or in the clinic cupboard. A large bin should be placed in a safe place on the floor.

The sharps bin must be changed when contents reach the indicated level at the side of the container. Report this to the Clinic Supervisor.

Cleaning Routine

To ensure a clean and safe environment, the following routines are to be followed:

At the end of each clinic:

Generally

It is the student clinicians' responsibility to:

- Wipe window ledges, tabletops and beds. Use the cloth and cleaning product provided in the cupboard in each clinic room. Replacements can be obtained from the Administration as required.
- Pick up any obvious debris from the floor.

- Empty the rubbish bin if it is over half full. To do this, tie the top of the bin liner tightly and place it in the main rubbish bin next to the hand basin. Place a new bin liner in the bin. Rubbish bin liners are stored in the clinic cupboard.
- Check clinic room and waiting area for general tidiness, removing personal belongings, coffee cups etc.
- After use, cups must be thoroughly cleaned at the cleaning station, dried, and returned to the cupping container following strict procedures.

The school provides general cleaning services on Sundays, with additional cleaning services for clinic rooms, toilets, and rubbish on Tuesdays and Thursdays.

Clinic cupboard

- Ensure that at the end of the session, all towels are removed.
- Check contents of shelves are clean and that containers are closed
- Wipe shelves

A cleaner is employed to vacuum floors and clean basins on Tuesdays, Thursdays and Sundays.

Blood Spills

A blood spill kit is kept in the clinic and contains disposable gloves, bleach, paper towels and rubbish bags.

Any blood spills, including a bleeding nose, must be cleaned up promptly using a freshly mixed solution of bleach. Place materials used in the clean-up in a rubbish bag and tie the top tightly before placing them in the main rubbish bin.

After use, the student clinician or assistant should ensure the kit is restocked and returned to its storage place. Supplies for this can be obtained from the administration.

Blood spills on the carpet should not be breached. Ensure access to the affected area is prevented and advise the Clinical Supervisor. The Clinical Supervisor will assess the spill and organise suitable cleaning.

Personal Appearance, Clinic Decorum, and Bedside Manners

Clinic Dress Code

Student clinicians and clinic assistants should be dressed cleanly and appropriately for a professional clinical setting.

The basic guidelines below must be strictly followed:

- A clean and ironed school-prescribed scrub shirt must be worn over the students' clothes for the whole duration of the clinics.
- Wearing necklaces, dangling earrings, bracelets, and/or large rings is prohibited.

- If a dress or skirt is to be worn, then the hem should be at knee level or below; and
- Footwear must always be clean and tidy. Open-toe shoes, e.g. jandals and sandals are not allowed to be worn in student clinics.

Additionally,

- Years 2 and 3 clinical students should wear the school-prescribed **blue** scrub shirt [**mid-blue colour**] [as prescribed by the college]; and
- Year 1 clinic assistants should always wear the school-prescribed blue scrub shirt and proper identification badge.

The school recommends that these smocks be purchased online or in-store at NZ UNIFORMS:

URL links:

<https://www.nzuniforms.com/product/unisex-classic-scrubs-top-2289409.htm> [Unisex]

<https://www.nzuniforms.com/product/ladies-classic-scrubs-top-1900540.htm> [Ladies classic scrub top]

Personal Appearance and Personal Hygiene

Student clinicians and clinic assistants should ensure that they are clean and well-groomed.

The rules are outlined below:

- They must ensure that they don't have offensive body or breath odours;
- They must not wear strong perfumes.
- Hair must be off the face, and long hair must be held back; and
- Nails (including manicured nails) should be cut short.

Handwashing

Handwashing remains to be the most effective way of breaking the transmission of infectious diseases. Strict hand-washing guidelines must be strictly followed.

The student clinician must ensure that they have washed their hands thoroughly and for at least **20 seconds**, using soap and water or antiseptic solution before contact with the client, before inserting needles, and after the conclusion of treatment. Picking anything from the floor or obvious soiling of the hands should always mean contaminated hands and should be immediately followed by handwashing.

Clinic assistants must also wash their hands thoroughly and for at least **20 seconds**. They should do this most especially when the clinic opens when asked to assist (involving handling of equipment and/or contact with the client, before taking the pulse or touching the client, before handling any equipment (including and especially acupuncture needles), after picking anything from the floor, and/or at the conclusion of treatment (where there was contact with client and/or handling of towels, drapes, and/or equipment).

Correct technique for the use of Soap and water/liquid soap requires the following steps:

- *wet hands under tepid running water and apply the recommended amount of liquid soap.*

- *rub hands together for a minimum of 20 seconds so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.*
- *rinse hands thoroughly under running water, then pat dry with single-use towels to ensure dry hands.*
- *Correct technique for use of alcohol-based hand rub requires the following steps:*
- *apply the amount of alcohol-based hand rub recommended by the manufacturer onto dry hands*
- *rub hands together so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers*
- *continue rubbing until the solution has evaporated and the hands are dry*
- *when used, no tasks will be attempted until the hands are completely dry, including for procedures that involve exposure to a naked flame such as moxibustion or cupping. If practical, the use of soap and water should be considered where there is a fire safety risk.*

Please Note: Cuts and abrasions reduce the effectiveness of hand hygiene practices and breaks or lesions of the skin are possible sources of entry for infectious agents and may also be a source of infection for others. Therefore, student clinicians are expected to cover any cuts and abrasions on their hands with waterproof dressings to reduce the risk of cross-transmission of infectious agents

Australian best practice guidelines¹ advise that finger rings can also interfere with the technique used to perform hand hygiene, resulting in higher total bacterial counts. Hand contamination with infectious agents is increased with ring-wearing. The recommendation is to strongly discourage the wearing of watches, rings or other jewellery during health care; however, if jewellery must be worn in clinical areas, it should be limited to a plain band (e.g. wedding ring), and this should be moved about on the finger during hand hygiene practices.

These guidelines also advise that the type and length of fingernails can have an impact on the effectiveness of hand hygiene with artificial or false nails associated with higher levels of infectious agents. Studies have also demonstrated that chipped nail polish may support the growth of organisms on the fingernails. It is therefore good practice to not wear nail polish, particularly as chipped nail polish may support the growth of organisms on the fingernail

After handwashing, student clinicians and clinic assistants should minimize hand contamination by using the elbow to switch off the water tap or to push down the door handle (dry [NOT WET]) disposable paper towel may be used over the hand instead] and/or by asking for the assistance of his/her Year 2 partner.

Clinic Decorum and Bedside Manners

Student clinicians and clinic assistants must display courtesy, respect, and politeness to all clients and their support people, visitors, peers, clinic assistants, seniors, clinic supervisors, and administration staff. Client privacy and confidentiality of information must be strictly observed. The guidelines below must be followed at all times:

¹ Chinese Medicine Board. Guidelines on infection prevention and control for acupuncture and related practices 2022

1. Always be punctual. Remember that you must report to your clinic to allow for set-up time. Give notice of your inability to attend clinics at the soonest possible time so that appropriate measures can be undertaken.
2. All student clinicians and clinical assistants are required to be physically present in the clinic premises during their assigned clinic duties – with or without clients. Leaving the clinic premises early without securing the permission of the clinical supervisor shall be prohibited. The absence of client (s) shall, in no instance, be a valid ground for securing the permission of the supervisor.
3. In no instance should any clinician or any clinic assistant attend clinics in an intoxicated state.
4. Refrain from making any unnecessary noise in the clinical premises.
5. In the clinic workplace, diligently perform your tasks with the attitude and spirit of being part of a team.
6. When answering the telephone, say: “Good morning/afternoon, NZ School of Acupuncture; this is (your name) speaking; how can we help you?”
7. Always offer assistance to any member of the visiting public, clients, and their support people if they appear to need it. For example, Ask if anyone is attending to them, offer to direct them to the clinic, and check that the student clinician is aware they are waiting.
8. Student clinicians must ensure that the clinic room is prepared prior to the client being taken into that room.
9. Student clinicians must answer their client’s questions honestly and to the best of their ability. If any difficulty pertaining to this should arise, the clinical supervisor must be consulted for advice.
10. Take time to explain the clinical procedures to be performed.
11. Be sensitive to the client’s needs.
12. Give assurances and comfort to the client.
13. When a client is required to disrobe, ensure that only the minimum clothing is removed.
14. When a client is required to disrobe, hand over the gown and/or towels, clearly give instructions, vacate the room, close the door behind you, knock at the door after several minutes and ask if the client is ready before re-entering the room.
15. Drape the client properly, ensuring that a minimum of skin is exposed.
16. Position the client properly and comfortably prior to needling; please do not position the client awkwardly just to enable you to puncture the book-recommended acupuncture points.
17. **To protect themselves and their clients**, students must be sensitive to client’s needs for privacy and respect when conducting physical examinations and when treating. Students must ensure that they explain fully what they are about to do and why and ask permission to touch clients.

18. When planning to puncture points located in delicate parts of the client's body (e.g., face, hypogastric area, buttocks, etc.), inform the client about your procedure, explain the necessity of performing this, and ask for permission.
19. When treating a client belonging to the opposite sex, it is strongly recommended that a third party (preferably a clinic assistant) should also be present in the clinic room.
20. When examining and/or in front of the client, one must display an expressionless face. Giggling, whispering, making faces, or doing or commenting on anything that may be misinterpreted and, therefore, potentially offensive to the client are strictly prohibited.
21. When clients ask about the details of their clinical condition, clinical assistants should refer said clients to the student clinician-in-charge and/or to the clinical supervisor.
22. When a separate discussion/reference room becomes available, student clinicians and clinic assistants shall not be allowed to access their textbooks and/or notes in front of clients.
23. Do not discuss the client's condition in front of and/or within hearing distance of the client or any third parties who are not professionally involved in the clinical case.
24. In discussing a clinical case in a classroom or tutorial setting, in absolutely no instance should the concerned client's identity be revealed. Student clinicians and clinical assistants should be reminded that this is a very serious breach of client privacy and confidentiality of information.
25. Confidentiality of client records must be observed at all times (Please refer to "Clinical Record Keeping" for details).
26. Do not argue with anybody in front and/or within hearing distance of the clients and their support people, the visiting public, and/or any unconcerned third party.
27. Remember that arguing is very much different from discussing.
28. Student clinicians and clinic assistants must strive to learn. They must realize that central to learning is the processing of information, which can only be done by themselves alone – and by nobody else. Effective information processing only occurs if one studies the clinical case(s) and consults pertinent reference books and notes – and these are primarily done outside of – and NOT during clinic hours.
29. Clinic assistants should assist student clinicians. Both have obligations to each other.
 - Clinic assistants must always respect student clinicians and must always obey the reasonable instructions of the latter.
 - Student clinicians, on the other hand, must always be polite and courteous to their clinic assistants and should foster a mentor relationship with the latter.
 - Clinical assistants, depending on their demonstrated attitude and performance, may be allowed by their respective student clinicians to perform certain procedures, such as moxibustion, removal of cups, swabbing, and withdrawal and/or disposal of acupuncture needles. However, this shall require the permission of the clinical supervisor.
 - Clinical assistants can only examine the client only after securing the permission of the client and the student clinician and/or clinic supervisor.
 - Student clinicians must remember that it is the right of their clinical assistants to be physically present within the clinic room – unless requested otherwise by the client concerned.

- Problems involving the student clinician-clinical assistant relationship must be brought to the attention of the clinical supervisor for resolution at the soonest possible time.
30. Clinical assistants should position themselves in the clinic room in such a way that they are not interfering in the interview, examination, and/or treatment procedures.
 31. Student clinicians, in close cooperation with their respective clinical assistants, must ensure that their assigned clinic rooms are always clean and tidy.
 32. Refrain from engaging in any activity that smears the reputation of your peers, juniors, seniors, and clinical supervisor.
 33. Student clinicians and clinical assistants must remember that the person in command of the clinics is the clinical supervisor. Client safety demands that his/her reasonable instructions should always be followed. Insubordination shall not be tolerated.
 34. Student clinicians and clinical assistants should not express disagreement with the clinical supervisor in front of a client.
 35. Wait for your turn to talk and listen attentively as the clinical supervisor explains some highlights of a clinical case or clinical problem.
 36. English is the language of instruction in the school. When student clinicians communicate with clients in another language, in addition to ensuring that they communicate clearly with their clinical supervisor, they must translate what has been said into English for the benefit of their clinic assistant during the consultation and ensure that the official case notes are recorded in English.

Please note:

The clinical supervisor-in-charge and/or the clinic coordinator may require the student clinician(s) and/or clinic assistant(s), who is (are) not in their school prescribed clinic uniform/attire, wearing open-toe shoes, in an intoxicated state, not adhering to personal hygiene guidelines, and/or exhibiting unruly, threatening, or unacceptable behaviour to leave the school clinics. This (these) student clinician(s) and/or clinic assistant(s) will be marked absent for the whole clinic session. Their behaviour will be recorded in the clinic feedback sheet/form and will be considered in the final evaluation of their clinical performance.

Client Feedback Form

Towards the end of a treatment series, the student clinician must prompt the supervisor-in-charge to hand over and explain to the patient the Client Feedback Form in CLINIICO.

The client completes and signs the form and returns this to the supervisor-in-charge. After reading through the completed form, the latter affixes his/her signature and forwards this to the student-in-charge.

The supervisor-in-charge uses the form as a tool for monitoring client feedback, the student clinician's performance, as well as the overall performance of the supervised clinics prior to discharging the client.

Student Clinic Feedback Form

To capture further feedback from clients, which may need more immediate attention and action, the *Student Clinic Feedback Form* has been introduced. Copies of this form shall be left in the clinic reception area and can be filled up at any time by the client and deposited in a feedback box positioned beside these forms.

Adverse Event: Hazard Register, Accident, Injury, and Other Incidents

Accidents, injuries or other incidents related to client safety or safe clinical practice must be reported and handled to prevent repetition.

For accidents and injuries, refer to the Clinical Supervisor for guidance and assistance. This may include treatment on the premises by a qualified first aid person or referral to a doctor or hospital. A written report using the Accident/ Injury/ Incident form should also be completed and given to the Administration as soon as possible thereafter.

Clinical student(s) involved in an accident or incident causing injury **should make a follow-up call to the client(s)** concerned to ascertain the latter's condition and to offer assistance if needed. A **second follow-up** call should be made about a week after the first. The supervisor-in-charge should be regularly updated regarding the condition of the client(s).

Incidents include failure to observe clinic protocols. Student clinicians and assistants work as a team and should bear in mind that all students are still learning. Take joint responsibility for protocols, drawing attention to errors or omissions in a pleasant and supportive manner.

Concerns about more serious incidents or ongoing minor breaches can be drawn to the attention of the Clinic Supervisor, who has the discretion to deal with these in an appropriate manner.

Serious incidents should also be recorded on the Accident/Injury/Incident form and given to the Administration as soon as possible.

Blood Spills

Care must be taken in cleaning up blood spills. See above in the cleaning section.

In the event of a blood spill the Clinic supervisor in charge on the day needs to be informed and the hazard register needs to be filled out, signed by the clinic supervisor and handed into the office.

Emergency Procedure

In the event of a fire or civil defence emergency follow emergency procedures as set out in the Policy and Procedures Manual. The student clinician is responsible for directing their client in safety procedures. If evacuating the building, remove needles, drape the client in a towel if necessary, and assist them in leaving the building.

Procedure in Appointments

Student clinicians and assistants should be on time or early for their clinic, so they can prepare the clinical environment, complete the equipment checklist, and prepare themselves for their clients.

Throughout the treatment, be aware of the time so that appointments draw to a close in an appropriate manner and finish on time without the client feeling rushed or the next client being kept waiting.

At the first appointment, the student clinician must go over the terms of treatment with the client as outlined in the **Client Consent Form in CLINIKO**. The client must then sign this before treatment can be given.

A full case history is then taken; physical examinations are carried out and recorded in the format set out. Pulse and blood pressure must be taken and recorded at each visit.

A diagnosis is then made, the treatment principles and methods determined, and points selected. The student clinician then excuses themselves and leaves to consult with the clinical supervisor. The clinical supervisor will ensure proposed treatments are safe. The clinical

supervisor will not make a diagnosis. They may ask you to support your diagnosis and may direct you to further reference material as needed.

Clinical supervisors will initially supervise students closely. As students gain clinical competency, clinical supervisors will exercise their discretion as to the level of supervision required.

Upon completion of treatment, the student clinician or assistant must take the client to Reception, follow payment procedures, confirm the next appointment, and farewell the client appropriately.

Appointments must be kept between 45 to 60 minutes. If the student is running over time, they can send the client away with no treatment, no charge, and no clinical hours. Otherwise, they may do a simple treatment and get credit for this e.g. four gates.

Combined Treatments

To allow students studying different TCM modalities to gain practical experience in combining modalities, combined treatments are allowed, provided that the following guidelines are strictly observed:

- In order to assess the results of acupuncture treatments effectively, acupuncture treatments may be required prior to combining acupuncture with Tuina, cuppings, and moxibustion.
- Student clinicians need to obtain permission from their supervisor prior to combining TCM modalities.
- A maximum of 10 minutes may be allocated for tuina when combining it with acupuncture.

Fostering Student Independence in Student Clinics

Independence is encouraged as students become more mature in the clinic, at the latest, during the last semester of student clinics.

In line with the above, the following policies are implemented:

- For both Years 2 and 3 clinical students, verbal permission for independence in follow-up treatments must be obtained from the supervisor; this verbal permission can be withdrawn at any time.

- Permission for independence in diagnosing and treating clients for the first time (with a one-hour time limit applying) can be granted **only** to Year 3 clinical students and, depending on the student's performance, can be given earlier than the second semester. This permission must be in written form and can be withdrawn at any time. Withdrawal of permission must also be in written form.
- Student clinicians who are allowed to treat independently still need to have a brief check with the concerned supervisor. In this way, supervisors will be available as a resource to discuss and check treatments rather than as an authority.

Use of Language Other Than English

English is the language of instruction in the school.

When student clinicians communicate with clients in another language, in addition to ensuring that they communicate clearly with their clinical supervisor, they must translate what has been said into English for the benefit of their student assistant during the consultation and ensure that the **official case notes are recorded in English**.

Clinical Record Keeping

A clinical record or report should be:

- accurate, brief and complete
- legible
- objective
- dated, signed and the name printed by the practitioner
- accidents or any unusual incidents should be noted
- do not use any uncommon abbreviations

All client information is strictly confidential and must not be discussed outside the clinic area except for legitimate purposes of study.

If client information is to be used in a case study or diagnostic presentation, there must be no reference made to any personal details that might identify the patient. Record the clinical notes in CLINIKO that you have used the case for a case report, record the case number, and print your name clearly and the date. This will be used to confirm that the case report is valid and original.

The student clinician must sign a privacy, personal health, and confidentiality agreement before practising at the school clinic.

Clinical records are legal documents and must be treated as such and remain in CLINIKO at all times.

Any violation of the above protocol may trigger disciplinary procedures as stipulated in the NZSATCM Learner Handbook.

Taking Notes

This is how you can organise your lined paper tablets to take raw notes. The notes can be done on one sheet of paper or each part of the process can be on separate sheets of paper.

-Main client complaint area-
Enter major complaints and their duration only.
Example: Dribbling urination for 3 months.

-Complaint History-
Record in client's own words-

How long have you had the condition?
What circumstances make it worse?
What circumstances relieve the condition?
Was the onset sudden or gradual?
Is it getting better or worse, when, how?
Is there some pattern to it that you have discovered?
What others have you seen for this, and when?
What has been done about it before now?

4 examinations / 8 principle syndrome information

Diagnostic name
Enter the diagnostic name here; ensure it is a 'valid' name as identified on the list of allowable diagnostic names.

Treatment principles
Enter treatment principle(s) here and discuss the rationale.
(Reinforce, regulate, reduce, nurture, strengthen, resolve, transform, calm, clear, dispel, warm, etc.)

Treatment methods
Acumoxa; Tuina, Herbs, Cupping, Spooning, etc.

Holistic strategy using Grid system:
Above-below; left-right; Front-back; Local-distal; Inside-outside.
Point groupings and their rationale

CASE NOTE TAKING

you will have an easier time developing clinical reasoning by taking and organising your notes in the following manner.

1.	2.	3.	4.
Record client: name address phone age date of birth occupation	Major Complaint: What the person is concerned about, in their words. Complaint history of: duration, onset, aggravation, relief, progression, past history- if any, is also included here after current history is taken.	<u>4 exams</u> The clinical findings in list form.	<u>8-principle</u> <u>syndromes</u> Group the 4 examination findings according to the 8-PS categories

5.	6.	7.
DIFFERENTIAL DIAGNOSIS	TREATMENT PRINCIPLE	TREATMENT METHODS
Arrive at a diagnostic conclusion. Usually choose it based on the complaint, if there are other valid conclusions treat them by including them in the treatment principles; do not have more than one diagnosis. Ensure it is a 'valid' name, as identified on the list of allowable diagnostic names.	Select the treatment principle(s) based on the diagnostic findings.	1. Select treatment method strategy(s): Reinforce; regulate; reduce Above-below Left-right Front-back Local-distal Root-branch 2. Select acupuncture points suitable to treatment method.

CASE:

The complaint that person is concerned about and the clinical findings of the four examinations.

Do this first, Then do this next

DX: EXTERIOR REPLETION COLD

The clinical findings are listed in a vertical manner.

Group findings according to 8 principal syndrome categories

TREATMENT
PRINCIPLE(S)

METHOD 1
NAME METHOD,
REASONS FOR USE

METHOD 3
NAME METHOD,
REASONS FOR USE

METHOD 2
NAME METHOD,
REASONS FOR USE.

METHOD 4
NAME METHOD,
REASONS FOR USE.

REMEMBER:

- 1 Clinical records are legal documents and must be treated as such.
- 2 They must be locked in the secure filing cabinet when not in use.
- 3 Clinical records are not to be taken out of the clinic area.
- 4 Clinical records must not be taken home.

Tongue Examination Protocol

Examination of the tongue begins with an inspection of either the tongue coating or the tongue body. This form starts with the coating.

First, note whether a coating is present.

If present, determine its colour, thickness or thinness, whether it is rooted, then note whether it appears bean curd-like or slimy.

Next, observe the colour of the coating, then determine whether it is moist or dry.

The second part of the examination is the inspection of the tongue body.

First, examine the tongue body's colour, and then record the presence of any spots, speckles or mottles.

Note the size of the tongue body that is, whether it is too enlarged or too shrunken.

Next, record whether it is tender-looking or tough.

Finally, carefully observe the tongue's movements. The examination of both the coating and the body progresses from the tip of the tongue to its root.

Coating	coating?	colour	thickness	rooted?	bean curd?	moist?
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Body	colour	marks	size	movements
------	--------	-------	------	-----------

Section	tip (1 st section)	middle (2 nd section)	root (3 rd section)
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Pulse Examination Protocol

NZSATCM uses the 8-principal syndrome method of pulse examination, which involves these considerations:

DEPTH SPEED WIDTH-STRENGTH LENGTH RHYTHM

Depth is first, as the depth of where the pulse is found can determine if the condition is from an external pathogenic factor or derived from internal disharmony patterns. Pathogens from exterior sources that remain on the surface produce floating pulses. Pathogens that interiorise or internal disharmony syndromes produce sinking (deep) pulses.

Speed of the pulse is considered next. A fast or slow pulse gives an indication of the necessary treatment methods for heating or cooling the body. That is, the thermal nature of the disease dictates that if there is the heat, we must cool, and reverse.

Width indicates the volume of qi and blood. A broad pulse is one of replete qi and blood, while a thin pulse is indicative of depleted qi and blood.

Strength is about forcefulness or forcelessness when the vessel is pressed. A forceful pulse pushes back up when the vessel is pressed and indicates abundant yang qi. A forceless pulse is one that gives way under pressure and is more difficult to feel than a forceful pulse.

Pulse

Season?	Depth	Speed	Width	Strength	Quality?
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Acupuncture Points

These are the minimum required points you must:

- Be very familiar with and have gained experience in inserting acupuncture needle(s)
- Know their group functions
- Know their individual indications
- WHO and Pinyin names

WHO Standard Acupuncture Nomenclature – WHO Codes for Acupuncture Channels			
Lung Channel	LU	Kidney Channel	KI
Large Intestine Channel	LI	Pericardium Channel	PC
Stomach Channel	ST	San Jiao (Triple Energizer) Channel	SJ/TE
Spleen Channel	SP	Gall Bladder Channel	GB
Heart Channel	HT	Liver Channel	LR
Small Intestine Channel	SI	Governor Vessel	GV
Urinary Bladder (Bladder) Channel	BL	Conception Vessel	CV

Special point groups

- Five Shu-Transporting points
- Back-Shu points
- Front-Mu points
- Yuan-Source points
- Luo-Connecting points
- Xi-Cleft points
- Lower He-Sea points
- Hui-Meeting points
- Master-couple points
- Four Seas points
- Sky Window points
- Entry-Exit points
- Command points

Clinical treatment policy and procedures

These guidelines are used in the operation of NZSATCM acupuncture clinics, guiding clinical staff and training clinical students. The general reader should note that some directions, such as

'contact the clinic supervisor or manager' refer to the School's clinic rather than to private clinics and may not be suitable for private practitioners.

It should also be understood that Skin Penetration regulations vary from country to country and are certainly not universal in a global sense. Clinical regulations may be updated from time to time. It is the responsibility of clinical staff and students to be familiar with the latest standards.

Skin penetration regulations of the New Zealand Ministry of Health must be observed.

Protocol for Clean Needle Procedure

- Read and understand national skin penetration guidelines; HIV/AIDS information for health professionals
- Use band-aids to dress any open wounds on your hands; you must not have open wounds on your hands.

The Practical of the Protocol

Step 1: Washing up.

Wash hands and nails thoroughly with soap, water and brush (at least 15 seconds). Hands dried on clean towelling. Refrain from touching any contaminated area after washing.

Important!

- *The use of gloves should not substitute for proper hand washing.*
- *Use gloves if there are cuts or breaks in the skin of your hands or in circumstances where there is potential for transfer of blood or body fluids; the use of gloves in these conditions is in addition to proper hand washing.*

Step 2: Preparing the insertion site.

After locating the point, clean the site with an alcohol swab, rubbing in an outward spiral. Allow the alcohol to dry before inserting the needle. Avoid contaminating the site after cleaning it. Then wash hands with Steri-Gel prior to needling.

Important!

- *If the skin is visibly soiled (e.g., with dirt, grime, oil, etc.), wash the area with soap and water and dry with a clean dry paper towel before wiping with alcohol swab*
- *The same alcohol swab may be used in different areas of the same client, provided that it is used from head to foot, not visibly discoloured with dirt or blood, and/or have not dried out*

Step 3: Opening the needle packaging.

Only open the needle packaging immediately before use.

Important!

- *Needles in damaged or previously opened packaging are not deemed to be sterile; immediately dispose these needles into the Sharps container (YELLOW BIN)*

Step 4: Inspecting the needle.

- Check expiry date on packaging of pre-sterilised disposable needles and dispose those, which are past their expiry dates
- Check the packaging itself and discard needles from damaged packaging
- Open the packaging and inspect the needle for damage, cleanliness and blemishes, the point, body and handle for straightness; safely discard damaged needles

STEP 5: Cleanly manipulate (technique) the needle.

Whatever manipulation techniques you may use, whether rotating, thrusting and withdrawing, etc., do so without touching the shaft or site with anything unsterile. Locate the correct point, angle, and insert to correct depth. If the needle shaft needs to be supported after removing the tube, hold it with a clean cotton swab.

Step 6: Cleanly withdraw the needle.

Withdraw the needle without touching the shaft or hole with your hands. If you wish to “close the hole,” do so by applying pressure with clean cotton wool.

Step 7: Cleanly conclude the treatment.

Dispose of used needles into the Sharps container (**YELLOW BIN**). Dispose of used cotton or alcohol wipe(s) in a waste container or similar receptacle (**WHITE BIN**), which should be lined with plastic. After disposing of all contaminated materials, once again, *wash your hands thoroughly.*

Note: *Do not compromise the cleanliness of hands, needles, or point locations on the client. However, if contamination occurs, do the following: dispose of a needle if it is touched on the shaft or tip before insertion and replace it with a clean needle. Depending on the level of contamination, you may wash your hands with soap and water or with Steri-gel. Swab the needle site again if it becomes compromised.*

Needle Manipulation and Handling

Needle manipulation and handling must be aseptic at all times. This requires the operator to ensure they:

Use safe insertion techniques

- Wash hands for at least **20 seconds** using soap before and after treating a client.
- Only open the needle packaging immediately before use.
- Remove the needle from the packaging by grasping only the head of the needle and avoid

touching the shaft of the needle - which is to be inserted into the client's skin; wipe the skin of the insertion area with an alcohol swab before needle insertion.

- Insert the needle swiftly and painlessly.

Use safe removal techniques

- After completing treatment, remove the needle and place it into a Sharps container (**YELLOW BIN**) immediately - avoid double handling.
- Adopt universal precautions if there are signs of bleeding after removal of the needle. This requires:
 - washing the hands before and after the procedure.
 - barrier protection in the form of eye protection and a gown if there is a risk of splashing.
 - Wear disposable gloves if in contact with blood and body fluids.
 - place all contaminated bloodstained material in a container for contaminated waste.
 - seal, label and dispose of through the usual procedures relating to contaminated waste disposal.
- In case of needle stick injury:
 - Squeeze the area to promote bleeding.
 - If splashed by body fluids to the eye or mucosal area, irrigate the area with copious water.
 - Report the incident immediately to your supervisor.
 - Seek medical care, such as undergoing an HIV/Hep B/C antibody test; immediately inform the concerned client of the needle stick injury, and the client must undergo similar antibody tests after obtaining consent.

The needles must be counted upon insertion and again, at least twice, on removal to ensure the required number has been removed and that no needles have been lost, misplaced or, worse, still inserted in the needling site.

Use safe needle disposal techniques

- Used needle(s) should be dropped into the Sharps container, not forced.
- The Sharps container must be in the immediate vicinity of the client when removing the acupuncture needles, thereby decreasing the handling of the used needle.
- The Sharps containers should be filled only to the recommended level and disposed of when that level has been reached.
- When the Sharps containers are being moved, the lids should be firmly in place.

Precautions during needling

- Gentle needling techniques should be exercised, especially in sensitive clients: avoid jerky (or 'hesitant') insertions and/or needle twisting insertion methods.
- Adopt techniques which can mask the 'pain' of needle insertion, such as pressing an adjacent area or surrounding areas, diverting the attention of the client, gentle firm insertion, etc.
- Carefully inspect and assess the area(s) to be needled and to defer needling of those areas, which most probably result in pain

Contraindications to needling

Acupuncture should not be carried out under the following conditions:

Clinical Handbook (Updated 13/2/25)

- If the client is drunk/intoxicated, over-anxious/over-nervous, over-hungry, or suffering from severe psychosis
- On Infected area

Precautions to needling

For pregnant women, caution is required when using points on the abdomen, lumbar or sacral region and the acupuncture points GB21, LI4, SP6, BL31, BL32, BL33, BL60, and BL 67. These points may be used with specific rationales in pregnancy as outlined in the text in the school library: *The Essential Guide to Acupuncture in Pregnancy & Childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.

Precautions apply to the following:

- Over fatigued clients
- Frail and weak clients

Guidelines for the use of moxibustion

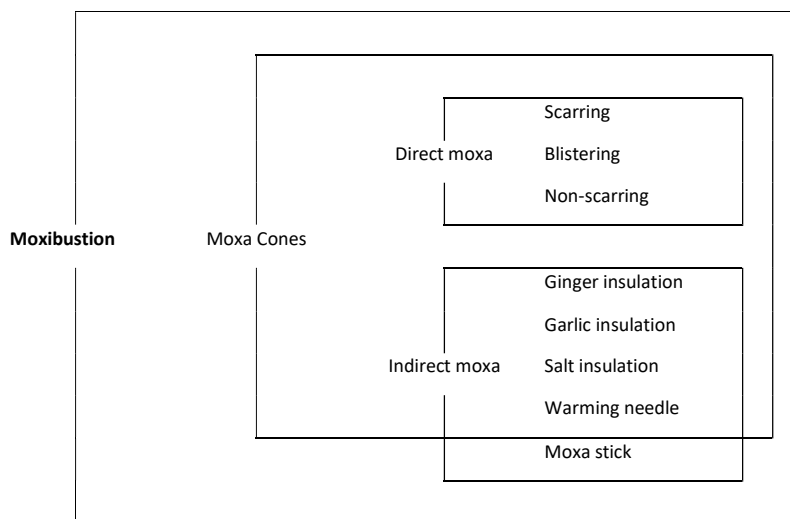
Moxibustion is a therapeutic method which treats and prevents disease by applying the stimulation of warmth and heat to the acupoints and channels of the body. The following sums it up:

“When a disease fails to respond to herbal medicine and acupuncture, moxibustion is suggested”

It is strongly recommended that all moxa techniques be indirect to avoid burning clients.

Applicable techniques are Moxa stick, Moxa on a needle, with a foil guard at the bottom of the needle to protect the skin, and Moxa on salt, garlic or ginger.

Contraindications to treatment with moxa should be checked and cleared. In instances where sensory deficit(s) is (are) suspected, ascertain skin sensitivity by using a hot/cold test. To carry out the test the operator asks the client to close their eyes and describe the sensations they feel. Apply a test tube filled with cold water to the area to be treated, and then a test tube filled with hot water. If the client reports either no sensation or pain and marked discomfort during the test, moxibustion should not be applied.



Precautions before applying moxibustion

- State to the client that the sensation felt should be of a mild warmth.
- Warn the client that there is a danger of a burn and to notify the operator if the sensation of heat is too

strong.

- Question the client to ascertain that they have understood the warning.
- Monitor the heat sensation by placing two fingers in the vicinity of the acupoint being treated.
- If a burn occurs, the operator should immediately immerse the affected part in cold water and institute the necessary steps depending on the extent and severity of the burn (this may include referring the client to medical care as quickly as possible (for details, please refer to: “Management of Moxibustion and Cupping Accidents: Thermal Burns.”

Contraindications for moxibustion

- High fever
- For pregnant women, caution is required when using moxibustion on the abdomen, lumbar or sacral region. This may be used with specific rationales in pregnancy as outlined in the text in the school library: *The essential guide to acupuncture in pregnancy & childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.
- Acupoints and areas contraindicated for moxibustion (see point location manual)
- Impaired skin sensation
- Clients undertaking analgesic medication
- Infections and open wounds
- After using a liniment

Guidelines for cupping

Cupping refers to an ancient Chinese practice in which a cup is applied to the skin, and the pressure in the cup is reduced (by using a change in heat or by suctioning out air) so that the skin and superficial muscle layer are drawn into and held in the cup. In some cases, the cup may be moved while the suction is active, causing a regional pulling of the skin and muscle (the technique is called gliding cupping).

This treatment has some relation to certain massage techniques, such as the rapid skin pinching along the back, which is an important aspect of *tuina*. Cupping is applied by acupuncturists to certain acupuncture points, as well as to regions of the body that are affected by pain (where the pain is deeper than the tissues to be pulled). A certain amount of bruising is expected both from fixed position cupping (especially at the site of the cup rim) and with movement of the cups.

Traditional cupping, with the use of heated cups, also has some similarities to moxa therapy. Heating of the cups was the method used to obtain suction: the hot air in the cups has a low density and, as the cups cool with the opening sealed by the skin, the pressure within the cups declines, sucking the skin into it. In this case, the cups are hot and have a stimulating effect something like that of burning moxa wool.

Suction causes congestion of qi and blood in the local area. Once the suction is released, the body responds by clearing the local congestion and bringing fresh qi and blood rich in nutritional value to the area, thereby removing qi and blood stagnation.

Pneumatic cups are recommended because of the decreased chance of injuring the client due to the greater control over the suction level. Wipe down the rims of the cups with an alcohol swab to minimise cross infection. Check for contraindications.

Precautions before application of cups:

- Inform the client of the sensation that is felt during cupping and ask them to tell the operator if the sensation is unpleasant or uncomfortable.
- Warn the client of the possibility of bruising
- Ascertain that the client understood the warning.
- After use, follow the disinfection procedure below:
 - Wear a pair of gloves.
 - Wash the used cups with liquid detergent in hot water (to remove the oil).
 - Rinse these cups well.
 - Fully soak these cups in 10% Janola (bleach) in a plastic bucket for at least 15 minutes.
 - Rinse the cups very well.
 - Put these cups on the strainer and let the water drain.
 - Wipe the cups dry with paper towels.
 - Wipe the rims of the cups with an alcohol swab(s) before use; ensure that the alcohol has dried before use (to prevent the rims from being lit up upon application onto the client).

Contraindications for cupping

- Clients with bleeding disorders or tendencies
- Clients under anticoagulant medications
- Areas over skin ulcers, allergies and tumours
- Oedema
- An area overlying a large blood vessel
- High fever and convulsions
- For pregnant women, caution is required when using cupping on the abdomen, lumbar or sacral. Cupping may be used with specific rationales in pregnancy as outlined in the text in the school library: *The Essential Guide to Acupuncture in Pregnancy & Childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.
- during menstruation
- weak or old clients

Guidelines for the use of electrical stimulators

The operator must ensure that the apparatus has been serviced and checked by the appropriate technician within the past year to ensure operational safety. All leads must be checked for any damage or breakage. Faulty equipment is to be reported to the clinical supervisor immediately. Contraindications to electrical stimulation should be checked and cleared. Ascertain the skin sensitivity by using a blunt/sharp test. To carry out the test the operator asks the client to close their eyes and describe the sensations they feel when the skin is touched with the sharp end and then the blunt end of a safety pin. If the client reports either no sensation, or pain and marked discomfort during the test, electro-acupuncture should not be applied.

before administering electro-acupuncture:

- Inform the client of the sensation to be felt
- Warn the client that there is a danger of a skin reaction and inform the operator if the sensation is too strong.
- Question the client to ascertain that they have understood the warning.
- Double-check that all switches or dials controlling intensity are set at “zero” (“0) prior to use [Note: as

- a precautionary measure, make it a habit to always turn all dials to “zero” (“0”) after use]
- As much as possible, connect the paired electrodes to the same side of the body; minimise crossing over to the opposite side
 - Constantly monitor the client during the treatment.

contraindications for the use of electrical stimulation

Electrical acupuncture is contraindicated in the following situations:

- during pregnancy
- clients with a cardiac pacemaker
- infections
- skin conditions
- lack of skin sensitivity
- arterial disease and deep venous thrombosis
- fever
- history of convulsions or fits

Guidelines for the use of laser

The operator must make sure that the apparatus has been serviced and checked by the appropriate technician within the past year to ensure operational safety. Check for contraindications of use. Minimise reflective surfaces in the treatment area. Clean the laser probe with an alcohol swab to minimise the possibility of cross-infection. Supply a pair of protective glasses for the client to wear during the treatment. Operator and client to wear protective glasses during the treatment time.

Before application of laser:

- Warn the client not to look into the beam produced by the laser probe as it can damage the eyes.
- Ascertain that they understood the warning.

Contraindications for laser therapy

Laser therapy is contraindicated in the following situations:

- direct irradiation of the eyes
- pregnancy
- Deep venous thrombosis
- fever
- sensitivity to light
- infection in the area
- severe arterial disease
- over endocrine glands
- epilepsy

Guidelines for blood letting

Bloodletting as a treatment technique should only be carried out if it is in the best interest of the client and universal precautions concerning contact with blood and body fluids should be adopted (see needle stick procedure). check for contraindications to the therapy. use a disposable lancet.

Precautions before use:

- Warn the client that they may experience pain.

- Ascertain that the client understood the warning.
- Swab the area before and after treatment.
- **The clinician must always wear disposable gloves**

Contraindications to blood letting

Bloodletting therapy is contraindicated for:

- those with a weak constitution
- those with susceptibility to bleeding (bleeding disorders; those taking anticoagulants)

Guidelines for the use of a dermal hammer

Non-invasive dermal hammer techniques are strongly recommended rather than the traditional methods of skin puncturing and consequently bleeding. If bleeding should occur universal precautions for contact with blood and body fluids should be adopted. See needle stick procedure.

As a precautionary measure, gloves should always be worn when applying dermal harmer.

Recommended techniques are:

- Magnetic Hammer
- Roller
- Bristle brush
- Wipe the contact area of the device with an alcohol swab to minimise the risk of cross-infection.

Precautions before dermal hammering

- Warn the client of the sensation to be experienced and ask them to inform the operator if it is uncomfortable.
- Ascertain that the client understood the warning.
- After use, soak the instrument in Hibiclens for the recommended time.

Contraindications to dermal hammer

Dermal hammer therapy is contraindicated for:

- the lower back and lower abdomen of pregnant women
- acupuncture points contra-indicated for pregnant women
- susceptibility to bleeding
- local trauma or ulcers

Further precautions:

- If dermal hammer is to be used on pregnant women outside of the contra-indicated areas and/or points specified above, use mild stimulation only

Guidelines for the use of auricular press needles

The use of pre-sterilised ear press needles is recommended. If this is not possible, non-invasive devices (e.g., magnetic balls, seeds, etc) should be used.

Main concern for the use of auricular press needles is infection

Remember that the ear is comprised only of skin and cartilage. In the cartilage, there are no blood vessels; therefore, there is no way that the body can send immune cells to fight off any microbes that may invade due to needling. Thus, the ear is very prone to infection, which, if not treated promptly, may result in permanent ear deformity. It is important, therefore, that the procedures and precautions listed below are strictly followed.

The procedure requires that the operator:

- wash hands before and after treatment
- use disinfected forceps for handling the press needle
- locate the ear points to be needled
- swab the area with an alcohol swab thoroughly before insertion
- tape the needle securely in place by applying micropore tape over the area
- Warn the client that if they experience heat, pain, swelling or discomfort around the area of insertion, to return immediately as the auricle is prone to infection. The press needle is to remain in for a maximum period of five days, less in the hot summer months.

contraindications for auricular press needles

Auricular Press needles are contraindicated in purulent infected areas. They are not recommended for immunocompromised clients (e.g., clients under immunosuppressive therapy, clients with immunodeficiency diseases, etc.).

ATTENTION: In all instances of accidents that occur in the clinics, students must call the attention of the clinical supervisor-in-charge.

Management of needle accidents

Needle accidents are rare when proper precautions are taken. Students and practitioners should, however, be prepared to handle clinical emergencies should they occur. All practitioners and acupuncture interns should hold a current first aid certificate.

Fainting during needle insertion or manipulation

- If a client faints, withdraw any needles already in place
- Ensure that the client is lying down and in a position to recover safely
- Check airways, breathing and circulation
- Finger pressure may be applied to appropriate points such as DU-26 shuigou, PC-9 zhangchong, LI-4 Hegu, or KD-1 Yongquan
- If the client is not breathing call for an ambulance and follow appropriate First Aid precautions

Stuck needle

- Leave the needle in place for a few minutes (it may loosen by itself)
- Tap or massage around the point
- Administer a second needle close to the needle that cannot be removed
- Gentle moxa may be applied to the area around the needle

Bent needle

- If the client has moved, causing the needle to bend, very slowly remove the bent needle following the angle of the bend
- Avoid the use of force when removing a bent needle

Broken needle

- If broken above the skin (between the handle and shaft), use tweezers to pull the needle out immediately
- If broken at skin level, gently push down surrounding skin and remove with tweezers
- If broken deep in the tissue mark a circle around the point of insertion, immobilise the body part and transfer the client to the hospital

Bruising and bleeding

- It is relatively common for slight bruising or bleeding to occur when an acupuncture needle is removed
- Apply direct pressure with a clean swab or cotton ball until the bleeding has stopped

Seizures

- If the client is unconscious, remove any needles and manage in accordance with current First Aid procedures
- Finger pressure may be applied to points such as Du-26 Shuigou, LI-4 Hegu or KD-1 Yongquan
- Refer the client to their GP or the nearest hospital

Pneumothorax

- If a pneumothorax is suspected (signs may include chest pain, tightness, dry cough, shortness of breath on exertion) remove needles immediately and call 111 for an ambulance

- Symptoms of a pneumothorax may not become apparent until sometime after an acupuncture treatment, so if a client calls with any of the above symptoms, advise them to go to the Emergency Department of their nearest hospital immediately
- Complete an Incident Report and forward to Acupuncture NZ
- Contact the client later that day or the following day to check on their condition

Needle stick injury to the practitioner

- Remove the needle immediately
- Apply pressure around the area to promote bleeding
- Swab the area with alcohol; if alcohol is not available, wash thoroughly with soap and warm water
- Ensure the incident is documented, including the date, time and name of the client who had been needled
- Seek medical care, such as undergoing an HIV and hepatitis antibody test

Infection

All open wounds will be contaminated by germs which either come from the cause of the injury, from the air, or from the breath or fingers of people who come into close contact with the person. Normal first-aid treatment for wounds includes the prevention of infection. However, any wound that has not begun to heal properly after 48 hours may be infected because dirt, dead tissue, foreign bodies, and/or bacteria may still be present.

Prevention

- Signs of infection may include redness, swelling, pain, tenderness, fever, and/or abscess formation. Infection can be divided into two types: local and systemic.
- Local infection is characterised by local changes in the area of needling (e.g., redness, swelling, etc.), while systemic infection is usually accompanied by fever plus other signs and symptoms depending on the nature and severity of the infection.
- Systemic infection requires a medical referral.
- Local and minor infections may require daily washing with soap and water and application of sterile medicated creams.
- If you doubt the severity of the infection, refer the client to a biomedical practitioner for evaluation and management.
- Remember that clinical manifestations associated with infection may not always occur immediately or within a few days after needling. Hepatitis B, for example, becomes clinically overt several months post-impregnation with HB virus.

Haematoma (bleeding)

- If possible, wash your hands before dealing with the wound.
- Temporarily protect the wound with a sterile swab. Carefully clean the surrounding skin with water and soap if available. Gently wipe away from the wound using each swab once only and take care not to wipe off any blood clots. Dab gently to dry.
- If bleeding persists, apply direct pressure.
- For all incidents of bleeding, give appropriate haematoma advice to clients.
- If there is any doubt about the injury, seek medical aid.

Haematoma Advice:

- Apply cold compress for about 15-20 minutes every 1-1.5 hours (as necessary and depending on severity) during waking hours for the first 24-48 hours
- On the 2nd or 3rd day and onwards, apply warm compress for about 15-20 minutes every 1-1.5 hours (as necessary and depending on severity) during waking hours only
- Immobilize the area only if necessary

- position the head towards the right or left side or place the client in the recovery position to prevent aspiration in case the latter vomits (note: during the convulsive stage, the client may have been anoxic - irritating the vomiting centre in the medulla; this irritation gradually eases as the client's breathing and oxygen level normalises)
- keep other people away
- stay with the person until you are certain they have recovered and can go home [do not allow the client to drive a vehicle; contact a family member or friend or arrange for a taxi to drive the client home]
- Advise the person to see a medical practitioner
- If fitting and muscular spasms are occurring, DO NOT:
 - move or lift the person unless in danger
 - forcibly restrain the person
 - put anything in the person's mouth or try to open it
- When the convulsions cease, place the person in the Recovery Position to aid breathing and to prevent the aspiration of vomitus (if the client throws up)
- Do not give the person anything to drink until you are sure of full alertness.
- Even when a full, quick recovery has occurred, advise the person to inform their doctor about the latest attack.
- Do not send for an ambulance unless the person has several fits, has been injured during the fit or takes longer than fifteen minutes to regain consciousness. Their card may tell you how long they normally take to wake up.
- place the person in the recovery position

Injury to organs

- **Lung**
 - **Signs and Symptoms** (may not occur immediately): pain and/or fullness of chest, cyanosis (lips, fingernails), shock symptoms, dyspnoea, hypotension, epileptic fit
 - **Prevention:** Correct angle and insertion according to recommended texts, Avoid or use extreme caution in using electro-acupuncture in the thoracic area – as the weight of the electrical connector, as well as the movement induced by the electrical pulses may change the needle direction and depth, Do not use lift and thrust manipulation technique in the thoracic region

- **Management**
 - 1) Stop needling

- 2) Put client in Fowler's position (head and thorax higher than the lower part of the body) – if possible
 - 3) Reassure the client
 - 4) Call 111 immediately
 - 5) If possible, monitor the client's vital signs (blood pressure, pulse rate, and respiratory rate)
- **Heart**
 - **Signs and Symptoms:** hypotension, dizziness, constriction of abdominal muscles, shock, pale face/nails, bruising pain radiating towards the back, shallow breathing
 - **Prevention:** Correct angle and insertion according to recommended texts
 - **Management:**
 - 1) Reassure the client
 - 2) Call 111 immediately
 - 3) If possible, monitor the client's vital signs (blood pressure, pulse rate, and respiratory rate)
 - **Kidney**
 - **Signs and Symptoms:** local back pain, pain when urinating, blood in urine
 - **Prevention:** Correct angle and insertion according to recommended texts
 - **Management:**
 - 4) Reassure the client
 - 5) Call 111 immediately
 - 6) If possible, monitor the client's vital signs (blood pressure, pulse rate, and respiratory rate)

Hypotension shock

- Apply First Aid
- Call 111 immediately

Management of moxibustion and cupping accidents

Thermal burns

Thermal burns may occur due to applying moxibustion and/or cupping. Though in other countries, a thermal burn may be acceptable as part of a therapeutic procedure (i.e., scarring moxibustion), this is avoided in New Zealand, as well as in most Western countries. Therefore, measures to prevent the occurrence of thermal burns are strictly observed.

In terms of depth, there are three (3) types of burns:

Types	Injured Tissues	Common Clinical Manifestations	Healing
First degree burns	Epidermis only	Burned skin is red and painful (as in sunburn)	Heals within 2-3 days without special attention
Second degree burns	Epidermis and superficial region of the dermis	Burned skin is red, and painful; blister formation	Skin regeneration within 3-4 weeks with little or no scarring if infection is prevented

Third degree burns	The entire thickness of the skin may involve underlying tissues – such as subcutaneous tissues and muscles	Burned skin may be cherry-red or blackened; pain may be absent; depending on depth, underlying tissues may be visible	Skin grafting is usually necessary; needs to be referred to biomedicine for management
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Thermal burns in moxibustion and/or cupping are usually first- and second-degree burns.

Prevention

- Moxibustion:
 - Test for skin sensitivity to heat and cold (hot/cold test) – especially on clients with neurologic deficits, those taking analgesic-sedative/hypnotic medications, and those with diabetes mellitus
 - Exclude the possibility of recently applied local anaesthetic on the area to be treated
 - Explain the procedure to the client to gain the latter's cooperation
 - As much as possible, use indirect moxibustion
 - Put your fingers around the area or near the area being heated
 - Observe carefully for skin colour changes
 - Do not over-tap the moxa stick; this may loosen the ignited end and cause the ember(s) to fall on the skin
 - Do not allow ash to accumulate on the lighted end of the moxa stick; this may disengage (together with small bits of burning fragments) and fall on the skin
 - When using the warming needle technique (that is, with moxa wool or a segment of a moxa stick) wrapped around the head of the acupuncture needle, ensure that the needle is strong enough to hold the weight of the moxa, and there is a non-flammable barrier (e.g., two layers of aluminium foil) (do not use paper or cardboard) wrapped around that part of the needle adjacent to the skin (cut a square; make a cut from one side all the way to the middle of the square; you can now insert the needle through this cut)
- Cupping:
 - Ensure that the rim of the cup has not been made too hot by the burning cotton wool
 - Do not drench the cotton wool with too much alcohol; the burning alcohol may drip directly onto the skin or may drip into the cup or rim
 - Remember that an alcohol flame is bluish in colour and barely visible to the naked eye; extra attention and care are needed while performing the procedure of cupping
 - As much as possible, do not extinguish the flame of the burning cotton wool by blowing on it; extinguish the flame by using a snuffer

Management

- Treatment of thermal burns in moxibustion and cupping are geared towards the prevention of further tissue damage, immediate relief of pain, and prevention of infection.

- The aims of first aid should be to stop the burning process, cool the burn, provide pain relief, and cover the burn.
- Stop the procedure (this aims to minimize further tissue damage)
- If using moxibustion, ensure that there are no embers on the skin; if there are, extinguish them or remove them immediately from the skin (e.g., putting a wet towel over them to minimize further tissue damage)
- If using moxibustion, immersion or irrigation with running tepid water or a wet towel should be applied for up to 20 minutes.
- Burn spray from the first aid kit can be applied with sterile dressing may be applied depending on the location and severity of the burn.
- Practitioner must put on disposable gloves as early as circumstances permit (this aims to ensure protection or minimization of body fluid transfer)
- Remember that most burns will heal by themselves for as long as infection does not set in. Infection will not develop if the injured area is kept clean and dry at all times.

scars

Scars can result from traumatic injury due to the application of cups with rough, jagged edges at the rim. The scar may also be a result of a burn (second or third-degree).

Therefore, to prevent the occurrence of scars:

- Inspect the cups for jagged edges; ensure the rim of the cup is even and smooth (i.e., no cracks or blemishes)
- Institute measures to prevent or minimize the occurrence of thermal burns (see above)

Induced wheezing

Cause

This is due to the inhalation of fumes from a burning moxa stick or wool.

Prevention

- When performing moxibustion, ensure that the room is well-ventilated
- Check if the client has a history of asthma and/or adverse reactions to fumes or odours
- Use a smokeless moxa stick if needed

Management

- Stop moxibustion and extinguish the moxa stick or cone
- Open the windows and/or door to ventilate the room or move the client to another room without smoke
- Put the client in Fowler's position
- Loosen the client's clothing
- Let the client use an inhaler (if the client has been prescribed such and carries one in his/her person)
- Call 111 if dyspnoea persists and/or gets serious despite of the measures undertaken

Discharge of Clients

- All clients are only to be discharged by the clinical supervisor-in-charge – and **NOT BY THE STUDENT**

CLINICIAN.

References:

World Health Organization. *Standard Acupuncture Nomenclature*. Manila: World Health Organization; 1993.

Zhu H. *Running a Safe and Successful Acupuncture Clinic*. Edinburgh: Elsevier Churchill Livingstone; 2006.

FINAL INTERPRETATION OF ANY PROVISION(S) OF THIS HANDBOOK

Every effort has been made to make the provisions of this handbook as clear and as unambiguous as possible. However, the possibility of vagueness in certain areas, as well as, the occurrence of unforeseen events or situations still exist. It is with these in mind that the following provisions are added:

- Final interpretation rests with the **Clinical Coordinators in agreement;**
- **The Clinical Coordinators should read as Clinical Leaders,** in agreement and after reasonable consultations with the clinic committees, reserve the right to formulate additional policies to respond to the unforeseen events or situations; and
- Aforementioned interpretation and new guidelines shall be subjected to moderation, as provided for by the NZSATCM.