
General Advisory on Acupuncture and Other Related Treatment



Statement of Intent

The contents of this publication are based on the best available information, locally and internationally, at the time of development and are subject to change as knowledge advances and the practice of acupuncture and other related treatment evolve.

For avoidance of doubt, the term Traditional Chinese Medicine practitioner(s) used throughout this publication include(s) registered acupuncturist(s)

Preface

The **General Advisory on Acupuncture and Other Related Treatment (GAA)** is jointly prepared by the Ministry of Health and the Traditional Chinese Medicine Practitioners Board (TCMPB), with consultation and inputs from local TCM professional organisations. The GAA aims to provide relevant guiding principles on performing acupuncture and other related treatments by Traditional Chinese Medicine practitioners (TCMPs), including registered acupuncturists, to ensure the safety of patients and TCMPs.

The GAA provides a general guide on best practices in the Safety of Acupuncture, Prevention of Infection, Contraindications, Accidents and Untoward Reactions, Electrical Stimulation and Laser Therapy, Injury to Important Organs, Needle Insertion and Removal, Moxibustion, Cupping and Heat Therapies, Patient's Record and Consent, and Workplace Safety. TCMPs will need to consider their unique circumstances and context in applying the guidelines.

In general, the safety precautions of acupuncture and other related treatments including the use of electrical, magnetic, light and sound energy, cupping, moxibustion, bloodletting and other methods using Traditional Chinese Medicine theory are discussed in this GAA. Registered acupuncturists who are registered doctors and dentists shall refer to all relevant guidelines pertaining to the use of treatment methods approved by the Singapore Medical Council or Singapore Dental Council.

The principles, depending on the level of importance, are listed in the GAA through the usage of “shall” or “must” (mandatory), “should” (strongly encouraged), and “may” (optional).

TCMPs are reminded to only use appropriate and generally accepted methods of TCM treatment as approved by the Traditional Chinese Medicine Practitioners Board (TCMPB). Unorthodox TCM treatment or any treatment that may tarnish the reputation of the TCM profession must be avoided.

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1 Definition of Acupuncture

The definition of “ACUPUNCTURE” is given in the Traditional Chinese Medicine Practitioners Act (Cap 333A) of Singapore as follows:

"Acupuncture" means the stimulation of a certain point or points on or near the surface of the human body through any technique of point stimulation (with or without the insertion of needles), including through the use of electrical, magnetic, light and sound energy, cupping and moxibustion, to normalise physiological functions or to treat ailments or conditions of the human body.

Acupuncture and other related treatment in this advisory are considered practices of Traditional Chinese Medicine (TCM) when performed on the basis of TCM philosophy and theory.

The Ethical Code and Ethical Guidelines for TCM Practitioners (including acupuncturists) state that a registered TCM practitioner shall only use appropriate and generally accepted methods of TCM treatment by the TCM fraternity when attending to his patient. Where a practitioner has any doubt as to whether any treatment is an appropriate and generally accepted method of TCM treatment, the practitioner shall obtain clarifications from the Traditional Chinese Medicine Practitioners Board in writing before proceeding with such treatment.

2 Safety in Acupuncture

- 2.1 The most common form of acupuncture involves needle penetration of the skin. Needles can become contaminated by blood and serum, hence there is a high risk of transmitting infection (e.g. HIV, hepatitis B and hepatitis C) from one patient to another patient, or from a patient to the TCMPs or vice versa when needles are reused.
- 2.2 To prevent cross contamination or cross infection, TCMPs are required to keep constant vigilance in maintaining high standards of hygiene and aseptic techniques. TCMPs shall use disposable or sterile acupuncture needles. Disposable needles shall be discarded immediately after use in a sharps disposal container as required by the National Environment Agency (NEA). Other non-disposable equipment shall be sterilised before use.
- 2.3 TCMPs must be aware of the potential risks, or any accidents and untoward reactions during the acupuncture process. These include internal bleeding, pneumothorax, acupuncture associated syncope, convulsions, pain, stuck needles, broken needles, local infection, burns or injury during moxibustion, cupping or treatment with far infra-red lamp/heat pad and other heating equipment, etc. TCMPs shall manage according to the situations or transferred to a medical emergency centre. (Refer to Section 5 - Accidents and Untoward Reactions.)
- 2.4 TCMPs must also ensure that patients are appropriately assessed on their suitability for acupuncture (e.g. patients with infected skin/wounds, patients with uncontrolled diabetes condition), be able to recognise contraindications (Refer to Sections 4 and 7), and are adequately prepared to deal with emergencies (e.g. serious burns and convulsions) should they arise.

3 Prevention of Infection

To prevent infection or cross infection, TCMPs must ensure that the following safety measures are complied with. TCMPs may also refer to General Advisory on Good Clinical Practice and Infection Control for TCM Practice (2020) for more details.

- Proper and clean work environment;
- Cleaning of hands;
- Safe preparation of the needling sites;
- Use of disposable filiform needles;
- Sterilisation of acupuncture equipment (e.g. plum blossom needles, seven-star needles, three-edged needles etc) and their proper storage;
- Needle manipulation techniques; and
- Proper disposal of used equipment and swabs.

3.1 Proper and Clean Work Environment

3.1.1 The treatment room should be clean and tidy with adequate lighting and ventilation.

3.1.2 The treatment room should have a dedicated workstation for equipment (e.g. dishes for containing needles, swabs, cotton wool balls or sticks, 70% alcohol, etc). The workstation should be kept clean and covered with disposable paper covering or clean towel when not in use.

3.1.3 The equipment on the workstation shall be sterilised before and after use.

3.1.4 The treatment room should have a wash basin, preferably fitted with an elbow-operated or sensor tap. The basin should be kept clean and washed at least once, either at the start or end of the working day with non-abrasive detergent.

3.1.5 Soap and disposable paper towels (or alcohol rub) should be available for washing and drying hands.

3.1.6 Similarly, disposable paper sheets should be used to cover the treatment bed/couch and changed between patients. Alternatively, the treatment bed/couch should be wiped in between patients with 70% alcohol or other disinfectants with similar effect including disinfecting wipes.

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- 3.1.7 At the end of the working day, the work/tabletop and the bed/couch should be cleaned with 70% alcohol or other disinfectants with similar effect, including disinfecting wipes.

3.2 Cleaning of Hands

- 3.2.1 TCMPs should always clean their hands before and after treating a patient. Refer to General Advisory on Good Clinical Practice and Infection Control for TCM Practice (2020).
- 3.2.2 TCMPs should follow the eight steps (scrubbing palm to palm, between fingers, back of hands, base of thumbs, back of fingers, fingernails, wrists, rinse and wipe dry) for hand hygiene, lathering with soap and water (refer to [Annex A](#)) or with alcohol-based hand rub agent (refer to [Annex B](#)).
- 3.2.3 TCMPs shall clean the needling site with an alcohol swab before inserting the needle. The needling site should not be touched or palpated after cleaning with alcohol swab.
- 3.2.4 If there are cuts or abrasions on the TCMPs' hands or fingers, the use of disposable gloves, or individual finger stalls, is recommended. A new pair of gloves or a new set of finger stalls should be used after each patient. Torn, punctured or otherwise damaged gloves or finger stalls should not be used, and should be removed immediately if damage occurs during the treatment. Hand hygiene must be performed immediately after the removal of gloves. The wound should also be covered with a plaster or proper dressing.
- 3.2.5 TCMPs with infected lesions on the hands or fingers should not carry out acupuncture.

3.3 Preparation of the Needling Sites

- 3.3.1 The skin on needling sites should be clean and intact i.e. free from cuts, wounds, and infection.
- 3.3.2 The point or area to be needled should be swabbed with 70% alcohol and allowed to dry naturally.
- 3.3.3 To avoid worsening of condition, TCMPs should avoid direct needling areas of the skin that is broken (e.g. open wounds) or show signs of infection (e.g. abscess, ulcer etc)

3.4 Sterilisation of Needles and Equipment

Disposable needles in acupuncture treatment

- 3.4.1 Use of disposable sterile needles including filiform acupuncture needles, with or without guide tubes, is **mandatory**.
- 3.4.2 Each sterile acupuncture needle shall **only be used once and not to be reused**. Lancets can be used for bloodletting but shall also be used once and not to be reused.

Sterilisation of reusable equipment

- 3.4.3 Sterilisation is required for all reusable equipment (e.g. plum-blossom needles, seven-star needles, three-edged needles, etc.), cups for cupping, and other accessories. (e.g. storage trays, forceps, guide tubes for needles, etc.)
- 3.4.4 To sterilise, wash the equipment that can resist high temperature in warm water and detergent prior to boiling them or before using the autoclave or dry heat oven (refer to Annex C). UV cabinets may be used following manufacturers' instructions on the suitability of the equipment to undergo UV sterilization, light source distance, exposure time required and safety precautions.
- 3.4.5 Use of disposable plum-blossom needle heads or three-edged needles is **strongly recommended**.

3.5 Needle Manipulation Techniques

- 3.5.1 The needle shaft and tip must be kept sterile prior to insertion.
- 3.5.2 Needles should be manipulated in such a way that the TCMPs' fingers do not come in direct contact with the shaft.
- 3.5.3 If there is difficulty in inserting a long needle, the shaft should be held in place with a sterile cotton wool ball or swab. Otherwise, fingers should be strictly disinfected or use disposable gloves or individual finger stalls when inserting a long needle.
- 3.5.4 On withdrawing a needle, a sterile cotton wool ball should be used to

press on the skin at the insertion site. When applying draining method (泻法) or bloodletting techniques, sterile cotton wool ball or swab should be available at hand to wipe off the blood.

3.6 Disposal of Used Needles and Wastes

- 3.6.1 All **disposable needles** shall be discarded immediately after use into a sharps disposal container as required by the NEA. Once the content of the sharps disposal container reaches the fill line, seal and dispose according to NEA requirements.
- 3.6.2 Used paper sheets, swabs or cotton balls heavily contaminated with blood or body fluids shall be discarded into a waste bin lined with a plastic bag and disposed according to NEA requirements. Otherwise, paper sheets and towels can be disposed as general waste.
- 3.6.3 TCMPs may contact NEA directly for details on the disposal of used needles and other wastes. (Website: www.nea.gov.sg, Email: NEA@nea.gov.sg, Hotline: 1800 6225 5632)

4 Contraindications

To ensure safe treatment, acupuncture should be avoided in patients with the following conditions:

4.1 Pregnancy

4.1.1 Acupuncture when administered with a certain method of needle manipulation at specific acupuncture points that may cause strong uterine contractions and induce labour should not be performed during pregnancy. Therefore, from safety point of view, acupuncture should not be performed at these acupuncture points during pregnancy.

4.1.2 Acupoints known to stimulate the flow of blood and *qi* like SP6 *sanyinjiao*, LI4 *hegu*, BL60 *kunlun*, BL67 *zhiyin*, GB21 *jianjing* and EX-LE11 *duyin* should be avoided during pregnancy. Acupoints including SI11 *shaoze*, CV1 *huiyin* and CV2 *qugu* should be used with caution.

4.1.3 Acupuncture and moxibustion are contraindicated for acupuncture points on the lower abdomen and lumbosacral region during the first trimester of pregnancy. LI4 *hegu* should be avoided in women with history of habitual abortion.

4.1.4 After the first trimester of pregnancy, needling of acupuncture points on the abdomen and lumbosacral region should also be avoided. Acupuncture points that cause strong sensations like SP6 *sanyinjiao* and LI4 *hegu*, and ear acupuncture points that may induce labour should also be avoided.

4.2 Medical Emergencies

4.2.1 TCMPs who encounter patients with medical emergencies should apply first aid and promptly arrange for transport to a medical emergency centre.

4.2.2 TCMPs are recommended to document in the medical record if the patient refuses to proceed to medical emergency centre.

4.3 Tumours

4.3.1 Acupuncture at the tumour site should be avoided. It is **mandatory** for

patients to obtain confirmed diagnosis of tumour masses from doctors before TCMPs proceed with acupuncture.

4.3.2 Acupuncture may be used as a complementary treatment for pain management and to alleviate side-effects of treatment e.g. nausea and vomiting after chemotherapy and radiotherapy.

4.4 Bleeding Disorders

4.4.1 Needling should be done with caution in patients with bleeding and clotting disorders, or who are on anticoagulant therapy or patients taking drugs with anti-coagulation and anti-platelet effect (such as aspirin / non-steroidal anti-inflammatory drugs).

4.4.2 TCMPs should avoid excessive needle manipulation or deep needling beyond the depth recommended for each acupoint. Utmost care should be taken during treatment for patients on anti-coagulants. TCMPs are recommended to discuss with the patient's doctor for better risk assessment and decision.

5 Accidents and Untoward Reactions

5.1 Needle Quality

5.1.1 Stainless steel is the material of choice for acupuncture needles. Each needle should be checked carefully before use. Needles found to be bent, the shaft eroded, or the tip hooked or blunt, should be discarded.

5.2 Position of Patients

5.2.1 Patients should assume a comfortable and safe position before and during acupuncture treatment. TCMPs should advise patients to remain still and not change positions abruptly during treatment.

5.3 Acupuncture associated Syncope

5.3.1 Acupuncture associated syncope or fainting may occur during or after acupuncture. TCMPs should explain to patients receiving acupuncture for the first time, the needling procedure, and the sensations that acupuncture may cause before starting.

5.3.2 For patients receiving acupuncture for the first time, treatment in a lying position with gentle needle manipulation is recommended. The patients' complexion should be closely watched, and the pulse frequently checked to detect any early untoward reactions. Care should be taken when needling points that may cause hypotension. (Refer to 针灸学 (中国中医药出版社) latest edition for acupoints that may cause hypotension)

5.3.3 Symptoms of impending faintness include feeling unwell, a sensation of giddiness, movement or swaying of surrounding objects, and weakness. An oppressive feeling in the chest, palpitations, nausea and sometimes vomiting may ensue. Pale complexion and weak pulse are usually observed. In severe cases, there may be coldness of the extremities, cold sweats, a fall in blood pressure, and loss of consciousness. Such reactions are often due to nervousness, hunger, fatigue, weak constitution, an unsuitable position, or forceful needle manipulation.

5.3.4 Should warning symptoms appear, remove all the needles immediately. Place the patient in a supine position and raise the legs with a pillow. Warm, sweet drinks may be provided. The symptoms usually disappear after a short rest.

5.3.5 The following treatment may be applied, where appropriate:

- press GV26 *shuigou* with the fingernail or acupuncture GV26 *shuigou*, PC9 *zhongchong*, GV25 *suliao*, PC6 *neiguan* and ST 36 *zusanli*; or
- apply moxibustion to GV20 *baihui*, CV6 *qihai* and CV4 *guanyuan*.

If the patient does not respond to these measures and symptoms persist, transfer the patient to a medical emergency centre as soon as possible.

5.4 Epilepsy / Convulsions / Seizures

5.4.1 All patients should be asked if they have a history of epilepsy, convulsions, or seizures before receiving acupuncture. TCMPs must explain the potential risks involved should convulsions occur during treatment and patients' consent should be obtained prior to acupuncture treatment. Patients should also be carefully observed during treatment. Acupuncture involving electrical stimulation shall not be allowed on these patients.

5.4.2 Acupuncture treatment should not be performed on patients with uncontrolled epilepsy or frequent episodes of convulsions due to higher risk to patient safety.

5.4.3 Remove all needles and abort treatment if convulsions / seizures occur. Transfer the patient to a medical emergency centre as soon as possible if the convulsions / seizures persist.

5.5 Pain

During Needle Insertion

5.5.1 Patients may experience some pain during acupuncture. Certain patients may experience more pain than others depending on their sensitivity and pain threshold.

5.5.2 The use of needle guide tubes and the "flicking-in" technique to facilitate smooth and fast penetration may help to minimise patients' pain and discomfort.

5.5.3 The "acupuncture sensation" of soreness, numbness, distension, or heaviness indicating the sensation of *qi* (*deqi*) at the acupuncture point experienced by patients should be differentiated from painful reactions.

After Needle Insertion

- 5.5.4 Patients may experience dull, aching, or tingling pain when the needle is inserted deep into the tissues and pain receptor nerve fibres are stimulated.
- 5.5.5 Pain may occur when the needle is unidirectionally rotated or during the “lift and thrust” needle manipulation technique. This is often due to “needle grasp” through the winding of connective tissue. To relieve the pain, gently rotate the needle back and forth until the fibre is released.
- 5.5.6 Local pain may also occur when the patient changes the position or posture after needle insertion. The pain can be relieved by resuming the patient back to the original position or posture.

After Needle Withdrawal

- 5.5.7 Excessive needle manipulation or electrical stimulation may cause local pain after needle withdrawal. For mild cases, press the affected area with a sterile cotton ball; for severe cases, moxibustion may be applied in addition to pressure.

5.6 Stuck Needle

- 5.6.1 After insertion, TCMPs may find it difficult or impossible to rotate, lift and thrust, or even to withdraw the needle. This could be due to muscle spasm, rotation of the needle with too wide an amplitude, rotation in only one direction causing muscle fibres to tangle around the shaft or change in patients’ position or posture.
- 5.6.2 When stuck needle occurs, advise the patient to keep calm and relax.
- 5.6.3 If the stuck needle is caused by excessive rotation in one direction, the condition could be relieved when the needle is rotated in the opposite direction.
- 5.6.4 When the patient is nervous, muscle spasms may cause the needle to become stuck. In such situations, extend the needle retention time, massage the region around the needling site, gently flick the needle handle, or insert another needle near the acupuncture point. This will disperse the *qi* and blood and relieve the muscle tension.
- 5.6.5 If it is caused by changes in position or posture, instruct the patient to resume to their original posture, and then withdraw the needle.

5.7 Broken Needle

- 5.7.1 Needles may break due to poor quality or erosion between the shaft and the handle. It is advisable that the acupuncture needles and equipment should be inspected carefully before performing acupuncture. Strong muscle spasm or sudden movement of patients, incorrect withdrawal of a stuck or bent needle, or prolonged use of electro-acupuncture can also result in needle breaking.
- 5.7.2 If a needle becomes bent during insertion, it should be withdrawn and replaced by another, if necessary, to avoid the needle from bending further causing the needle to break as a result.
- 5.7.3 Needles should not be manipulated with excessive force, particularly during lifting and thrusting. The joint between the handle and the shaft is the part that is prone to breaking. Therefore, when inserting the needle, one-quarter to one-third of the shaft should always be kept above the skin.
- 5.7.4 Should a needle break during acupuncture, patients should be advised to keep calm and remain still to prevent the remaining section of the needle from going deeper into the tissues.
- 5.7.5 If a part of the broken needle is still protruding above the skin, remove it with forceps.
- 5.7.6 If it is at the same level as the surface of the skin, press the areas around the needling site gently until the broken end is exposed, and then remove it with a pair of forceps.
- 5.7.7 If the needle becomes completely embedded in the skin due to movement or changes in patients' posture, the broken end of the needle shaft should become exposed when patients resume the original position or posture. If unsuccessful, surgical intervention at a medical emergency centre will be needed.

5.8 Bent Needle

- 5.8.1 Incorrect needle insertion techniques, for example, using excessive force, needling too quickly, may cause needles to become bent. If patient changes position during acupuncture or when the needle was subject to external force, this may also cause needles to become bent.

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- 5.8.2 In the event the acupuncture needle becomes bent, do not continue to twist and thrust the needle. If the shaft of the needle is slightly bent, remove the needle slowly.
 - 5.8.3 If the needle is badly bent, remove the needle slowly following the direction and angle of the bend.
 - 5.8.4 If the bent needle was caused by a change of patients' position or posture during acupuncture, TCMPs should advise patients to relax and slowly resume to their original position before attempting to remove the needle slowly.
 - 5.8.5 Do not remove bent needles forcibly to prevent needles from breaking and getting lodged in patients.

5.9 Haematoma

- 5.9.1 Haematoma refers to the subcutaneous bleeding at the needling site resulting in swelling, bruising and pain.
- 5.9.2 Haematoma can be caused by vascular injury due to faulty acupuncture needles with hooked tips or incorrect needle insertion or manipulation.
- 5.9.3 After the acupuncture needle is removed, appropriate treatment should be applied if there is pain, swelling and bruising at the acupuncture site.
- 5.9.4 To prevent the occurrence of haematoma, acupuncture needles and equipment should be inspected carefully before performing acupuncture. TCMPs must be familiar with the human anatomy and avoid needling on blood vessels. Direct compress using dry sterile cotton balls should be applied on the acupuncture site immediately after the acupuncture needle is removed.

5.10 Local Infection

- 5.10.1 Local infections may be caused by not adhering to strict aseptic techniques, especially in ear acupuncture therapy and blood-letting therapy. In the event of infection, patients should be referred to a medical centre for medical treatment.
- 5.10.2 Needling is best avoided in areas with lymphoedema, broken or infected skin.

5.11 Burns during Moxibustion and other treatment involving heat

- 5.11.1 During indirect moxibustion or any treatment involving heat, care must be taken to prevent accidental skin burns. Duration of treatment, exposure to heat and the distance between the source of heat, must be appropriate to the condition treated.
- 5.11.2 Moxibustion with superficial blistering near a joint is also inappropriate as the joint movements make healing difficult.
- 5.11.3 Special care should be taken when performing acupuncture, moxibustion, flame cupping or any treatment involving heat on diabetic patients, patients with hypersensitive skin, patients with reduced levels of consciousness, psychotic disorders, dermatitis / eczema with infection, or in areas of impaired circulation and/or sensation.
- 5.11.4 If burns or unintentional blistering had occurred, appropriate remedy should be applied immediately to reduce further burn injury and chance of infection. Patients should be referred to a medical emergency centre for further treatment and management, after appropriate dressing is applied.

6 Electrical Stimulation and Laser Therapy

- 6.1 Electrical stimulation, including electroacupuncture, Transcutaneous Electrical Nerve Stimulation (TENS), can be potentially harmful if the device is not correctly operated or used in conditions that are contraindicated. It is contraindicated in:
- regions around the heart and carotid sinus;
 - patients with pacemaker;
 - undiagnosed fever; and
 - undiagnosed skin lesions, swellings / oedema, tumour.
- 6.2 To exercise caution if used on patients with the following conditions:
- pregnancy – mild stimulation is advisable. Avoid applying stimulation on acupoints contraindicated during pregnancy;
 - areas of impaired skin sensation;
 - impaired circulation and severe arterial disease; and
 - history of epilepsy, convulsions or seizures.
- 6.3 Avoid strong stimulation in patients with weak body constitution, or when patient is restless or agitated.
- 6.4 Avoid placing the electrodes where the electrical path crosses the central nervous system and the heart.
- 6.5 Avoid sudden strong stimulation causing strong muscle contraction to prevent needles from becoming bent or broken.
- 6.6 Careful monitoring of the electrical stimulation is recommended to prevent neural injury.
- 6.7 Patients and TCMPs should wear protective eye goggles during laser acupuncture treatment.
- 6.8 TCMPs should only use medical devices that are approved by the Health Sciences of Authority (HSA).

7 Injury to Important Organs

If administered correctly, acupuncture should not cause any injury to the internal organs. While most acupuncture points carry little or minimal risk, there are some that require TCMPs to take extra precaution and care as inappropriate needling may result in serious injury.

The following are examples of selected acupoints / areas which carry potential risks. TCMPs must carefully consider these risks against the potential benefits before carrying out the treatment. Treatment should be terminated immediately in the event of adverse events and refer the patient to a medical emergency centre for further management.

7.1 Areas where acupuncture should be avoided

7.1.1 Acupuncture should be avoided at the following areas:

External genitalia, nipples, and umbilicus. Avoid scalp acupuncture on patients with defects, open wounds, or severe infection on the scalp. Extra caution should be taken when acupuncturing on acupoints near the eyes (e.g. BL1 *jingming*)

7.2 Precautions

7.2.1 Special care should be taken when needling points near vital organs or sensitive areas. Accidents may occur during acupuncture because of inappropriate needles used, the depth and angle of needle insertion, the manipulation techniques used, or the stimulation applied. Most accidents can be avoided if precautions are taken.

7.2.2 In the event of accidents, TCMPs should be prepared and be able to manage them effectively to avoid additional harm to patients. Accidental injury to an important organ requires urgent medical attention.

7.2.3 Acupoints which are potentially dangerous and should be used cautiously include:

- BL1 *jingming* and ST1 *chengqi*, located close to the eyeball;
- CV22 *tiantu*, in front of the trachea;

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- ST9 *renying*, near the carotid artery;
 - SP11 *jimen* and SP12 *chongmen*, near the femoral artery; and
 - LU9 *taiyuan*, on the radial artery.

7.3 Chest, Back and Abdomen

7.3.1 Acupuncture on the chest, back and abdomen should be carried out cautiously, preferably obliquely or horizontally, to avoid injury to vital organs.

7.3.2 Attention should be paid to the direction and depth of insertion of needles.

7.4 Lung and Pleura

7.4.1 Injury to the lung and pleura caused by excessively deep and inappropriate insertion of a needle into points on the chest, back or supraclavicular fossa may cause pneumothorax. Extra caution must be taken for patients with inflated lungs e.g. emphysema and COPD.

7.4.2 Cough, chest pain and shortness of breath (dyspnoea) are the usual symptoms and may occur abruptly during the manipulation, especially if there is severe laceration of the lung by the needle.

7.4.3 Alternatively, symptoms may develop gradually over several hours after the acupuncture treatment.

7.5 Liver, Spleen and Kidney

7.5.1 Puncturing of the liver or spleen may result in a tear causing bleeding, local pain and tenderness, or abdominal rigidity.

7.5.2 Puncturing of the kidney may cause pain in the lumbar region and blood in the urine (haematuria). Hypotension and shock may occur in severe cases.

7.5.3 If the puncture is minor, the bleeding will stop spontaneously; but if the bleeding is serious, shock may follow with a drop in blood pressure.

7.6 Central Nervous System

7.6.1 Inappropriate manipulation at points between or beside the upper

cervical vertebrae, such as GV15 *yamen* and GV16 *fengfu* may injure the medulla oblongata, causing headache, nausea, vomiting, sudden slowing of respiration and disorientation, followed by convulsions, paralysis or coma.

- 7.6.2 Deep needling close to the spine or in the inter-vertebral space in the midline, above the level of the second lumbar vertebra, may cause injury to the terminal end of the spinal cord (conus medullaris). Patients may complain of pain at the acupuncture site and shooting pain radiating down to one or both lower extremities, or transient limb paralysis. It may be life-threatening in severe condition.

7.7 Circulatory System

- 7.7.1 Care should be taken when:

- a) needling areas of poor circulation (e.g. varicose veins) where there is a risk of infection; and
- b) to avoid accidental puncture of arteries which may cause bleeding, haematoma, arterial spasm, or more serious complications when pathological change is present (e.g. aneurysm, atherosclerosis).

- 7.7.2 Generally, bleeding due to the puncturing of a superficial blood vessel may be stopped by direct pressure.

7.8 Other Conditions

- 7.8.1 TCMPs should exercise caution when needling patients with infected skin, uncontrolled diabetes (complicated by renal failure, lymphoedema, peripheral neuropathy), haemorrhagic or cardiovascular diseases.

8 Needle Insertion and Removal

- 8.1 Only registered TCMPs (including acupuncturists) are allowed to provide acupuncture. Needles should only be inserted by the registered TCMP and should preferably be removed by the same TCMP.

The TCMP may delegate another qualified practitioner or approved person (such as TCM student or TCM trainee of an approved TCM institution), to help with the insertion and/or removal of the needles, while a qualified TCM assistant may be delegated to remove the needles, under his/her supervision. However, the TCMP concerned is fully responsible for the treatment of the patient under his/her charge.

Other unqualified persons must not be allowed to insert or remove needles.

- 8.2 The location of acupoints and manipulative technique used should be documented and recorded by the TCMPs or approved persons.
- 8.3 Apply aseptic techniques as described in Section 3.5 for removal of needles.
- 8.4 TCMPs must ensure all needles have been removed and there are no broken needles. TCMPs are strongly encouraged to record the needle count during acupuncture and upon removal of the needles.
- 8.5 TCMPs are fully responsible for the acupuncture and for the disposal of used needles and other related wastes (such as paper sheets, swabs or cotton balls contaminated with the patient's blood or body fluid) according to the requirements of NEA.

9 Moxibustion, Cupping and Heat therapies

- 9.1 Care should be taken not to burn or cause injury to patients when applying moxibustion, cupping, far-infra red lamp (approved by Health Sciences Authority HSA), heat pad and/or other treatment involving heat.
- 9.2 TCMPs should follow the manufacturers instruction on the safe distancing between the far-infrared heat lamp and patient's body as well as the duration of the heat therapy to avoid burns. Far-infrared heat lamp should not be placed above any areas with cupping to avoid burns.
- 9.3 Patients should not be left unattended when such treatment is applied. If possible, a signalling device should be given to patients to alert the TCMPs when the feeling of heat or pain become excessive.
- 9.4 If burn injury had occurred, appropriate remedy should be applied immediately to reduce further burn injury and chance of infection. Patients should be referred to a medical emergency centre for further treatment and management, after appropriate dressing is applied.
- 9.5 Special care should also be taken to avoid injury in patients with uncontrolled diabetes condition, patients with hypersensitive skin, or patients with reduced levels of consciousness, sensory disturbance, psychotic disorders, purulent dermatitis or in areas of impaired circulation, when applying these treatments.
- 9.6 Moxibustion, cupping and heat therapies (including high intensity heat pad treatment) are prohibited in the abdomen and lumbosacral region of pregnant patients.
- 9.7 Extra care must be taken to avoid skin injuries in children (< 14 years old) when applying moxibustion, cupping or heat therapies. Flash cupping is not advisable in children.

10 Patient's Record and Consent

10.1 Patient's record must be clearly documented in legible writing or in the clinic's computer system and should include all the following information:

- a) particulars of patient
(name, NRIC number/other identification number, gender, age, address, contact number);
- b) medical history;
- c) drug allergies (if any);
- d) main complaint;
- e) other observations (patient's experience regarding past acupuncture treatment or any untoward effect e.g. fainting during acupuncture);
- f) diagnosis/syndrome diagnosis (辨证);
- g) acupuncture treatment, if any
(acupoints prescribed, manipulation technique used, type of TCM treatment modality used e.g. moxibustion, cupping, scrapping, heat therapy etc, course of treatment and response to treatment);
- h) herbal prescription, if any;
Note: Registered acupuncturists are not allowed to prescribe or dispense traditional Chinese medicines to patients, unless they are also registered as TCM practitioners.
- i) instructions/advice to patient; and
- j) any follow up and repeat visits.

10.2 TCMPs should review and record each patient's history and pay attention to potential infection risk:

- a) Medical history: skin infections, infectious diseases (e.g. viral hepatitis, HIV/AIDS infection), chronic illnesses (e.g. diabetes mellitus, renal disease, epilepsy), cancer, bleeding tendencies
- b) Drug history: steroids, anticoagulants e.g. warfarin and to note the International Normalised Ratio (INR), if available. The target INR ranges between 2 and 3 for patients on warfarin. INR > 3 indicates higher risk of bleeding tendencies
- c) Allergy history: drugs, alcohol, or any contact allergy to metals
- d) Travel history: As indicated on MOH's advisories (e.g. during pandemic or disease outbreaks)

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- 10.3 Patients shall be informed on the benefits, risks and possible complications of the acupuncture procedure including electrical stimulation, cupping, moxibustion, heat therapies and others, and such informed consent shall be documented.
 - 10.4 TCMPs are reminded to ensure confidentiality of patient's medical information and comply with any applicable existing legislation and regulations governing personal data protection.
 - 10.5 As a general rule of thumb, medical records shall be retained for 10 years or longer, if feasible.

11 Workplace Safety

- 11.1 To encourage and improve workplace safety and health in TCM clinics, the Workplace Safety and Health Council (WSH Council) has produced a set of guiding principles known as the “Workplace Safety and Health Guidelines – Healthcare”. The guidelines highlight common work hazards faced by healthcare professionals and recommend best practices to control or prevent these hazards. The principles of safety and health management and information on the establishment of workplace safety and health programmes are also provided in the guidelines. Workplace Safety and Health Guidelines – Healthcare is available on the WSH Council Website www.wshc.sg.
- 11.2 This “Workplace Safety and Health Checklist for TCM Clinics” is prepared as an addition to the “Workplace Safety and Health Guidelines – Healthcare”. TCM practitioners are strongly encouraged to utilize this checklist to assess the level of compliance in their TCM clinics. It provides an aid for general assessment of TCM clinics and can be adapted to suit specific needs of different organisations. The checklist covers management commitment, occupational health and safety hazards such as biological, infectious, chemical, electrical, physical, fire and general safety and health hazards as well as management of hazardous waste. The checklist is also available on the WSH Council Website www.wshc.sg.

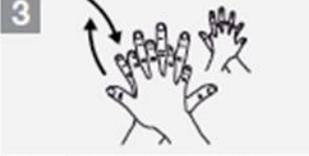
References

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2. “General Advisory on Good Clinical Practice and Infection Control for TCM Practice”, Ministry of Health (MOH), TCMPB, Singapore, 2020
3. “Guidelines on Basic Training and Safety in Acupuncture”, World Health Organization, 1999
4. “Infection Control Guidelines for Acupuncturists”, Ministry of Health, Singapore, 2000
5. Notification from National Environment Agency on “Control of Biohazardous Wastes” (13 July 2006)
6. “Proposed Guidelines on Infection Control related to Acupuncture”, Department of Health, Hong Kong, Dec 2012
7. Traditional Chinese Medicine Practitioners Act (Cap 333A), 2000, Singapore
8. Traditional Chinese Medicine Practitioners (Registration of TCM Physicians and Acupuncturists) Regulations, 2020, Singapore
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HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**

 <p>0</p>	 <p>1</p>	 <p>2</p>
<p>Wet hands with water;</p>	<p>Apply enough soap to cover all hand surfaces;</p>	<p>Rub hands palm to palm;</p>
 <p>3</p>	 <p>4</p>	 <p>5</p>
<p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p>Palm to palm with fingers interlaced;</p>	<p>Backs of fingers to opposing palms with fingers interlocked;</p>
 <p>6</p>	 <p>7</p>	 <p>8</p>
<p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p>Rinse hands with water;</p>
 <p>9</p>	 <p>10</p>	 <p>11</p>
<p>Dry hands thoroughly with a single use towel;</p>	<p>Use towel to turn off faucet;</p>	<p>Your hands are now safe.</p>

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

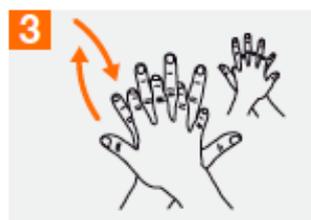
🕒 Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



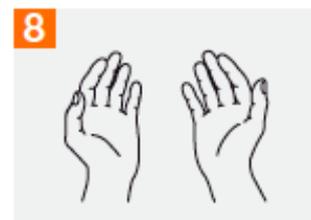
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Use of autoclave or dry heat oven for sterilizing reusable equipment

a) Autoclave (Steam Sterilization)

- Place washed reusable needles in a glass test tube with clean sterile cotton wool at the bottom to prevent damage to needle tips. Cover the mouth of the test tube with grease-proof paper. Secure with autoclave tape.
- Lie the test tube on its side for autoclaving to allow steam to circulate within the tube.
- Or place the reusable needles and other equipment into the sterilization pouch, lying flat in the autoclave, for autoclaving.
- Do not place the reusable needles and/or other equipment in aluminum foil packets in an autoclave.
- Autoclave at 134°C for 3½ minutes.

For further technical details on use of Autoclave, please refer to instructions given by the manufacturer.

b) Dry Heat Oven (Dry Heat Sterilization)

- Place washed reusable needles in glass test tube with clean sterile cotton wool at the bottom to prevent damage to needle tips. Cover the mouth of the test tube with grease-proof paper. Secure with sterilization tape for hot air oven.
- Sterilize at 170°C for 1 hour, excluding oven heating up time.

For further technical details on use of Dry Heat Oven, please refer to instructions given by the manufacturer.

Precautions for using Autoclave or Dry Heat Oven

- a) Do not coat reusable needles with Vaseline or any other lubricant.
- b) Never load the autoclave or oven chamber to the limit. Allow some space in between.
- c) Keep all articles away from chamber walls so that there is free circulation of air.
- d) Do not open the chamber door during sterilization as this would result in uneven temperature.
- e) Sterilize the dish for the reusable needles separately and keep it dry unless a perforated type is used.

After sterilization, reusable needles and equipment may be left in the closed autoclave or oven until next use.

If removed, the sterilized reusable needles and equipment should be stored in a sterilized needle dish or container, to preclude any possibility of condensation, mould growth and potential contamination.

Sterilized reusable needles should be re-sterilized at the end of the day because the dish may become contaminated during use in treatment. They should be inspected and checked for defects before use; and if found, for example, to be bend or hooked, must be discarded.