

# Dry Needling Policy



## Aim

This policy is to serve as a guideline for therapists who perform dry needling (DN) at Excelsior Sports Therapy. This policy has been written in accordance with the Massage and Myotherapy Association of Australia's Code of Ethics and Standards of Practice, the Australian Acupuncture & Chinese Medicine Association's Infection Control Management Plan Template for Queensland Acupuncture Practices, the Australian Society of Acupuncture Physiotherapist's Guidelines for Safe Acupuncture and Dry Needling Practice as well as the practitioners' level of education and the practitioners own scope of practice.

## Definitions

Dry Needling: Needling to altered or dysfunctional tissue, to improve or restore function. This may include (but is not limited to) needling of myofascial trigger points, periosteum and soft tissues.

## Process

Therapists will only be permitted to practice dry needling if they have completed a minimum of a Diploma of Remedial Massage and an adequate Dry Needling short course. It is at the clinic manager's discretion to determine if the level of training of the therapist is adequate to perform dry needling at Excelsior Sports Therapy. All therapists who practice dry needling will be required to hold sufficient insurance that covers dry needling as a modality.

## Principles of Safe Practice

- The use of disposable needles is essential.
- Therapists should confine their use of DN to treatment of conditions within the scope of professional practice for which they have training and experience.
- Therapists must comply with current National, State or Territory infection control guidelines.
- Therapists should keep clearly documented records describing the DN procedure. Warnings given and informed consent should be noted. For consent of a child less than 16 years of age a parents or guardians consent should be gained. It may be pertinent to document both the parents and the child's consent, especially if the child is in the 14-16 year age group. Parents should be present in the treatment room in accordance to the Treatment of Minors Policy.
- Warnings and consent should include contraindications and precautions and possible adverse outcomes. In some cases where there is a higher risk, it may be pertinent to gain written consent.
- Therapists should comply with the management of adverse event guidelines as outlined in this guide.
- Therapists should comply with the hygiene requirements as outlined in the *Australian Guidelines (2010)*.
- Therapists should comply with the waste disposal guidelines for needles or bodily fluids as outlined in the *Australian Guidelines (2010)*. Therapists should be aware of additional requirements for waste disposal of needles or bodily fluids as set by local governing bodies.
- Therapists need to manage the risk of "needle stick" injury. Sharps bins should be close at hand, and needles disposed of immediately.
- The patient should be provided with an explanation of the proposed treatment and what it entails. This explanation may include:

- The procedure of the needle insertion into the skin
- That sterile, single use, disposable needles are used
- A brief explanation of how the type of acupuncture that is being implemented works
- The use of additional stimulation of the needle, such as manual stimulation.
- The possibility of transient symptoms during and/or after the treatment, such as fatigue, light headedness or temporary aggravation of the symptoms
- Any advice following the treatment that may be pertinent for the individual patient, such as care with driving long distances after any needling treatment
- The expected post needling soreness associated with trigger point DN

Extra assessment and caution may be required with clients who are pregnant, diabetic, children, clients with bleeding disorders, cancer, epilepsy and frail clients.

### **Informed Consent**

Informed consent is required for all dry needling treatments. For informed consent to treatment to be present, the therapist must ensure that the person who gives consent is provided with disclosure of the risks, benefits and side effects of treatment; that the person who gives consent is legally, intellectually and emotionally capable of giving consent; and that the person giving consent is able to freely exercise their decision making without being forced to do so by another person.

### **Management of Adverse Events**

#### **PAIN DURING TREATMENT**

If excessive pain persists while the needle is inserted it should be removed. If pain persists when the needle is inserted which is not consistent with trigger point referred pain (eg sharp shooting pain or parasthesia) the needle should be removed. If pain persists following a treatment, the patient can be advised to apply heat or ice.

#### **HAEMATOMA**

Care should be taken to avoid injuring blood vessels, however if bleeding does occur, apply pressure to the area with a cotton swab after the needle has been withdrawn. Ice can be used locally to minimise the bruising. If there is a risk of contacting blood then glove/s should be worn.

#### **FAINTING**

This may be caused by nervous tension, hunger, fatigue, incorrect positioning, excessive stimulation of the needles or if the patient is autonomically labile. To avoid fainting explain the acupuncture procedure before treatment, treating the patient in a lying position may be preferable, don't insert too many needles and use minimal stimulation on the first treatment. If fainting occurs stop needling and remove all needles, make sure the patient is lying down and consider raising their legs. Symptoms should abate after resting.

#### **STUCK NEEDLE**

A stuck needle may occur due to spasm of the local muscle after insertion of the needle, twisting the needle with too much amplitude or in only one direction causing the muscle fibres to bind, or if the patient alters their position whilst the needles are in-situ. To avoid, position the patient in a relaxed manner, avoid excessive twisting of the needle and avoid needling tendinous muscle tissue. If the needle is stuck due to over rotation, then rotate the needle in the opposite direction and remove. If it is stuck due to muscle tension, leave the needle in for a short time, relax the tissue around the needle with massage, ice massage or by inserting 1-2 needles around the stuck needle, then remove the needle.

### **BENT NEEDLE**

A needle may bend if it strikes hard tissue, there is a sudden change in the patient's posture, or strong contraction of the muscle occurs during trigger point needling. To prevent this, insert the needle carefully with the patient in a comfortable position. If the needle does bend instruct the patient not to move, relax the local muscle and remove the needle slowly following the course of the line of the bend.

### **BROKEN NEEDLE**

This may occur due to poor quality of the needle, strong muscle spasm, sudden movements by the patient when the needle is in place or by withdrawing a bent needle. The likelihood of a broken needle is very rare with the use of single use sterile needles as there is no metal fatigue from repeated use and autoclaving. The patient should be advised to remain calm to avoid the needle from going deeper. If the broken needle is exposed remove the broken section with tweezers, if it is not exposed press the tissue around the insertion site until the broken section is exposed and remove with tweezers. If the needle can't be removed in the clinic, medical attention must be sought so that the needle can be removed surgically.

### **INFECTION**

The skin in the region to be needled should be inspected and if infection is suspected needling should be deferred and medical advice sought. Care should be taken when needling very thin or fragile skin.

### **EXCESSIVE DROWSINESS**

A small percentage of patients may feel excessively relaxed and sleepy after acupuncture treatment. They should be advised not to drive until they have recovered. For patients that this occurs with, it is recommended that needle retention time is reduced and to apply milder stimulation.

### **PNEUMOTHORAX**

When needling around the thoracic region patients should be warned of the rare possibility of a pneumothorax. Care should be taken when needling upper trapezius and any other points over the thoracic region which could inadvertently create a pneumothorax. Where possible angle the needle away from the underlying lungs and/or needle over bone or cartilaginous tissue. Practitioners must have attended adequate training programs to needle in the thoracic region. The symptoms and signs of a pneumothorax may include shortness of breath on exertion, chest pain, dry cough, and decreased breath sounds on auscultation. Such symptoms will commonly occur when the patient is walking away from the clinic. These symptoms may not occur until several hours after the treatment and patients need to be cautioned of this especially if they are going to be exposed to marked alterations in altitude such as flying or scuba diving. If a pneumothorax is suspected then the patient must be sent urgently for an x-ray and medical management.

### **NEEDLE STICK INJURY**

Wash well around the site of penetration, encourage bleeding and have blood tests for Hepatitis B and C and HIV/AIDS. The patient may also be requested to have the same blood analysis performed. If the patient is HIV positive therapist should urgently seek medical advice. Practitioners should consider vaccinations for Hepatitis B.

### **Infection Control**

Standard precautions include:

- Hand hygiene, before and after every episode of patient contact

- The use of personal protective equipment (PPE), in the acupuncture context may involve the use of gloves;
- The safe use and disposal of sharps;
- Routine environmental cleaning;
- Respiratory hygiene and cough etiquette;
- Waste management; and
- Appropriate handling of linen.

## **Hand Hygiene**

This section of the guidelines has been based on [Hand Hygiene Australia's](#) document.

Therapists must ensure that hands and nails are clean prior to giving treatment.

- Hands should be washed with soap before needling a patient for at least 15 seconds particularly if there is contamination with grime or body fluids present.
- Alternatively an appropriate Anti Bacterial Hand Rub (ABHR) can be used.
- When selecting an ABHR product, HHA recommends a product that meets the EN1500 testing standard for bactericidal effect, the Product has Therapeutic Goods Administration (TGA) approval as a hand hygiene product.
- When using ABHR the manufacturer's guidelines should be followed.
- Hand moisturisers should be at regular intervals to help maintain the therapist's skin condition.
- Cuts, abrasions or lesions on the skin of the therapist are a possible source of pathogens and should be covered by water resistant occlusive dressing or disposable gloves should be worn.
- According to the *Australian Guidelines* the use of gloves is not mandatory. However when there is an anticipated risk of contacting blood or other body fluids the gloves must be worn. Normally there is minimal risk of this in dry needling. The risk is slightly higher when needles are removed. Therapists may consider wearing a glove on the hand holding the cotton ball, when removing needles.
- Some Australian states or territories laws concerning skin penetration may require the therapists to glove when needling.
- Hands should also be cleaned after needling a patient even if gloves are worn.
- The skin in area to be needled must also be clean. If the patients does not present with clean skin, the area should be cleaned with soap and water, or by using an isopropyl alcohol skin wipe.
- Long finger nails present a risk, so nails must be kept short.

## **Skin Preparation**

No skin preparation is usually required unless needling into an area that is particularly susceptible to infection, such as a joint or bursa.

If your risk assessment dictates swabbing use an alcohol wipe and allow to dry for at least 1-2 minutes or use Betadine (iodine) to pre-swab the area. A sterilising solution such as 2% iodine in 70% alcohol should be used and left on the skin to dry for a minimum of two minutes. For those allergic to iodine, chlorhexadine in alcohol is suitable.

If the patient's skin does not appear clean (e.g. if they have been working outdoors or walking on the beach) you may request the patient to wash their skin prior to administering the dry needling treatment.

## **Work Areas**

- The treatment area should be clean, private if possible and have washing facilities near at hand.
- Wet surfaces should be disinfected regularly.
- Linen contaminated with blood or other body fluids should be treated with Hypochlorite solution (Bleach) before laundering.

### **Waste Disposal**

- Sharps containers must comply with AS4031 or AS/NZ 4261 must be located in the immediate proximity of each client receiving acupuncture.
- Sharps containers must be kept out of reach of children.
- Sharps containers must not be filled beyond three-quarters full [NHMRC 2010 p 63-64]
- Bins must be disposed of by a waste disposal contractor according to respective State, Territory or local government regulations.

### **Management of Blood and Bodily Fluid Spills**

Large blood and bodily fluid spills are unlikely in acupuncture practice however if a spill occurs from some cause then follow these guidelines.

- Wear personal protective equipment (PPE). Heavy duty utility gloves are advised.
- Absorb the spill with dry disposable paper towels. Since most disinfectants are less active, or even ineffective, in the presence of high concentrations of protein as are found in blood or serum, the bulk of the spilled liquid should be absorbed prior to disinfection.
- Confine waste in a disposable waterproof bag.
- Clean the spill site with detergent and water, rinse and dry.
- Disinfect the spill site using a chlorine-generating disinfectant if bare skin will contact the spill site
- Surfaces that cannot be cleaned (in carpet) adequately may need replacement.
- Disinfectants should be left in contact with the surface for 10 minutes.
- Sodium hypochlorite solutions must be freshly prepared.
- Sodium hypochlorite may be irritating to skin therefore protective gloves must be worn.
- Sodium hypochlorite may corrode metal and damage other surfaces.
- Liquid household bleach usually contains 4-5% available chlorine, diluted with tap water 1:100 gives 5000 ppm approximately which will inactivate Hepatitis B in 10 minutes and HIV virus in 2 minutes.
- Flood the spill site or wipe down the spill site with disposable towels soaked in disinfectant to make the site "glistening wet".
- Absorb the disinfectant solution with disposable materials. Alternatively, the disinfectant may be permitted to dry.
- Rinse the spill site with water to remove any noxious chemicals or odours. Dry the spill site to prevent slipping or further spills.
- Materials used to absorb spillage should be placed in impermeable waste bags and disposed of appropriately