



Code of Practice

Fu's Subcutaneous Needling Association of Europe

2018

ABOUT THIS CODE

This Code of FSN Practice is published by the Fu's Subcutaneous Needling Association of Europe (FSNAE) to define the hygiene and safety standards relating to the practice of Fu's Subcutaneous Needling (FSN). You must ensure that you have received adequate training in all aspects of hygiene and sterile procedures connected with your work, and that you meet the standards outlined in this Code.

The Code defines the minimum standards required of safe FSN practice. Although it is not legally binding, you are reminded that failure to comply with the Code is a breach of the FSNAE's Code of Professional Conduct and may render you liable to disciplinary action.

Although this code is divided into several parts, it applies to all staff working in FSN practice.

As a professional FSN practitioner your duty of care to your patients involves taking every reasonable precaution against cross-infection. Poor hygienic procedures can result in serious damage to the health of both you and your patient. The best means of avoiding cross-infection in FSN practice is to scrupulously follow the hygiene and sterilisation methods outlined in this Code at all times.

The procedures described in this Code, when properly carried out, minimise risk of cross-infection, including Hepatitis and AIDS/HIV.

You must also be aware of and comply with the relevant bylaws of the Local Authority under whose jurisdiction you practise. Advice on the bylaws and equipment relating to FSN practitioners is available from your local Environmental Health Department.

Where Local Authority bylaws have been enacted which set higher standards than those in this Code, these should be referred to as the definitive document for legal purposes. Where no bylaws have been enacted, or where bylaws require standards lower than those in the Code, you must always comply with the standards set by this Code.

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IMPORTANT NOTICE

This Code has been written and published in the English language. The Fu's Subcutaneous Needling Association of Europe (FSNAE) Board is aware that many of its members use English as a second language, as will many patients. In order to ensure that the provisions of this Code are understood and complied with by all of its members and that its requirements can be understood by all members of the general public, the Board has adopted the following two principles:

- 1) It is the responsibility of every member of the FSNAE to read and familiarise themselves with the English language version of this Code, utilising translation services where necessary, and to be able to explain satisfactorily to their patients, if asked, the main requirements of the Code
- 2) The FSNAE Board undertakes to identify a pool of practitioner members or independent translators, where necessary, as a resource to enable members of the public for whom English is not a first language to be given explanations of the main requirements of the Code in their native tongue.

A. PREMISES**1. *FSN practice must only be carried out:***

- a) in premises suitable for professional medical work of this kind
- b) in premises which are clean and capable of being kept clean
- c) in treatment rooms used solely for FSN practice or other similar work requiring a comparable level of hygiene and cleanliness
- d) if you work from your private home, in treatment rooms which are not otherwise used for any ordinary domestic purposes
- e) in premises where there are suitable and sufficient sanitary facilities for all users of the clinic/practice
- f) in premises with sufficient and satisfactory fire precautions.

2. *Hand washing facilities available to you must include:*

- a) a wash basin with a hot and cold water supply, preferably wrist, arm or foot operated for your and other practitioners' sole use and preferably connected to the mains drainage system, located in or in the vicinity of the treatment room
- b) dispenser liquid soap and disposable paper towels
- c) an adequately sized bin, pedal operated if lidded, situated close to the basin with disposable sealable polythene liner for used tissues and other similar waste matter.

3. *The treatment room must provide:*

- a) sufficient space to allow free movement, safe handling of equipment and performance of procedures
- b) sufficient space for a clean field for FSN equipment
- c) sufficient clean and suitable storage for all items, so as to avoid, as far as possible, the risk of contamination

- d) furniture which is clean and maintained in good repair
- e) smooth, easily cleanable surfaces on table tops, shelves and all working surfaces
- f) smooth waterproof surfaces on treatment couches, chairs and other furniture which is used for treatment
- g) smooth, waterproof flooring or short-pile (not looped) commercial carpeting
- h) adequate lighting, heating and ventilation.

4. *The treatment surfaces must be:*

- a) covered with fresh paper couch roll which is disposed of after treating each patient or
- b) if covered by towels or sheets alone, only covered by those which are fresh for each patient and boiled or machine-washed on the 40-60 degrees centigrade setting before being reused
- c) if covered by towels, sheets or pillow cases underneath a paper couch roll, only covered by those which are fresh each day, boiled or machine-washed on a 40-60 degrees centigrade setting before being reused, and removed after treatment and placed in yellow clinical waste disposal bags if any spillage of blood or body fluid takes place during a treatment
- d) regularly cleaned with an appropriate anti-bacterial agent, at least at the beginning or end of every working day.

5. *The cleanliness of the treatment room must be maintained by:*

- a) at least weekly cleaning and dusting of all table tops, shelves and surfaces with a damp cloth and with hot water and detergent
- b) daily cleaning of all floor surfaces with appropriate disinfectant cleansers
- c) daily vacuum-cleaning and at least annual professional steam cleaning of all carpets in the areas adjacent to treatment surfaces
- d) frequent laundering of all blankets used in treatment by boiling or machine-washing on the 40-60 degrees centigrade setting

B. EQUIPMENT

6. *The following equipment, all of which must be CE-marked and conform with current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice:*

a) single-use pre-sterilised disposable FSN needle only is recommended for the FSN practice, which with a steel needle, a cannula and a protective sheath.

The formal name of FSN needle is:

FSN Trocar Acupuncture Needle

CE Mark Code: CE 0123

CE Validation Company: Shanghai International Holding Corp GmbH Eiffsetrase 80, D-20537, Hamburg, Germany

b) It is recommended to use an Applicator device to deliver FSN needle. A single-use joints/ tip for the applicator is strictly required for FSN practice. The Applicator must be properly cleaned/sterilised for each treatment.

c) If within a multiple practice, all other equipment must follow adequate codes of practice from the relevant organizations.

d) single-use paper tissues, paper towels, and couch roll

e) disinfectants, including pre-packed 70% isopropyl alcohol swabs

f) sterile cotton wool and non-sterile cotton wool/buds

g) a small clean stainless treatment tray or a FSN instrument box

h) sharps box conforming to BS 7320:1990 and clearly marked 'Danger - Contaminated Needles - To Be Incinerated' adjacent to the treatment surface and placed at a convenient height on a stable surface

i) a First Aid kit complying with current Health and Safety (First Aid) Regulations containing a sufficient supply of suitable bandages, dressings, antiseptic creams and plasters

j) disposable surgical gloves.

C. CLEAN HYGIENIC PROCEDURE

7. *You must ensure that your own health, including personal hygiene, does not endanger the health of a patient in any way. You must:*
- a) cover all cuts and wounds with a waterproof dressing
 - b) keep nails short and clean. No nail painting is allowed.
 - c) tie back all long hair behind your neck and ensure it does not contaminate the treatment area or the patient's skin
 - d) wash your hands before conducting any consultation and treatment with each patient. Wearing disposable surgical gloves is recommended while performing a FSN's physical examination as well as the treatment.
 - e) wear suitable clean clothing and, optionally, a clean white coat or overall
 - f) refrain from smoking, eating or drinking whilst engaged in treatment
 - g) wear no large, loose or dangling jewellery or rings, nor wear loose clothing or hair that might contaminate the treatment area or the patient's skin
 - h) inform your own medical doctor early if you suspect that you are suffering from or have been in contact with an Infectious Notifiable Disease and ensure that your own medical doctor knows that you are engaged in the practice of FSN.
 - i) avoid giving treatment when suffering from an infectious or contagious condition.
8. *You have a duty of care to protect the health and safety of the patient. You must:*
- a) ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions
 - b) ensure that informed consent has been obtained in accordance with the requirements of the Code of FSN Professional Conduct
 - c) ensure that the part of the body to be treated is clean and free of any cuts or wounds and that patients are asked to cover cuts or wounds before coming for treatment

- d) ensure that you do not, under any circumstances, needle through clothing, even if requested or given approval to do so by the patient
- e) ensure that immediately before use, any paper or other material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient's skin should be clean, and should not have been used in connection with any other patient without having been cleaned or, where appropriate, disinfected
- f) caution patients left unattended with needles in place during a treatment about any movement which might cause them bruising or injury as a result of the movement damaging a needle.
- g) ensure that a patient is able to call your attention immediately at any time if they are left unattended with needles in place

9. *In preparing to treat you must:*

- a) wash your hands thoroughly with liquid soap and warm water immediately before the FSN procedure or wear a pair of disposable surgical gloves.
- b) ensure that a clean field is established.

10. *In order to needle hygienically and safely you must:*

- a) ensure that the skin at the needle site is clean
- b) ensure that any areas of the body where moisture or exudates may collect, such as the groin and genital area, ears, feet, under arms and the area below the breasts, near the mouth, nose, scalp and other hair-covered areas are swabbed with 70% isopropyl alcohol before needling
- c) if points are marked prior to needling ensure that needles are never inserted through ink marks unless gentian violet pens are used, and the patient is alerted to the risk of permanent staining
- d) open all single-use pre-sterilised FSN needles and instruments in the patient's presence and immediately before use
- e) use a fresh FSN needle for each treatment or, if re-using the same needle, only do so where all of the sites to be needled have been swabbed with a disinfecting swab before needling, and the FSN needle is placed on applicator or temporarily stored in the original protective sheath and placed in a cleaned treatment tray. The needle

must not be placed on any other surface in between separate insertions, and the re-use of needles is kept to a minimum. The re-use of needles must be limited to treatments on the same patient.

- f) ensure that the sterile needles and instruments do not come into contact with anything that is not sterile before use on the patient
- g) discard, in the sharps container, any sterile needles or instruments which are accidentally contaminated
- h) discard, in the sharps container, any sterile needles or instruments with their packaging seals broken
- i) ensure that the cannula of the FSN needle is never touched with non-clean fingers or with non-sterile materials during or prior to insertion
- j) ensure that the FSN needle is properly placed on an applicator, which has been thoroughly cleaned with 70% isopropyl alcohol or pre-sterilised immediately before needling.
- k) ensure that hands are cleansed again, either by hand-washing or by the use of alcohol gel, or changing disposable surgical gloves if they are contaminated by contact with clothing, pens, clinic furniture, etc between each needle insertions
- l) ensure that any major blood or body fluid spills are cleaned up promptly with disinfectant solution
- m) ensure that you always wear well-fitting disposable surgical gloves,
 - if the patient is bleeding profusely
 - if the patient has open lesions or is known to have a contagious disease
 - if you have cuts or wounds on your hands or have a skin infection or lesion
 - if you are handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them.

and discard used gloves into yellow plastic bag immediately after use, which is marked as clinical waste.

11. *When removing FSN needles from your patient, you must:*

- a) ensure that hands are washed immediately prior to the removal of needles

- b) place the needle/cannula immediately into the sharps container without letting them touch any other surface in the treatment room. We suggest not even leaving the cannula in the patient's subcutaneous.
- c) if blood is drawn, apply light to moderate pressure with sufficient clean cotton wool/cotton buds or a clean swab. Dispose of the cotton wool/bud/swab immediately in a suitable clinical waste bag;
- d) once you have finished the FSN physical examination, if 'sealing' the point afterwards, use a clean swab or cotton wool/cotton bud;
- e) once a point has been pierced, do not re-palpate the point with your bare hand during that treatment session unless the hand has been cleansed by hand-washing / use of alcohol gel or wearing disposable surgical gloves;
- f) you must wash your hands thoroughly at the end of the treatment to reduce the risk of cross-infection with your following patient.

12. *After the treatment has finished and needles have been disposed of safely you must:*

- a) replace any blankets or pillow cases which have come into contact with body fluids;
- b) clean and wash any treatment tray used;
- c) store all instruments and equipment in a clean and secure place.

13. *In the event of suffering a needle-stick injury, you must:*

- a) encourage free bleeding from the site if possible, but do not suck the wound;
- b) wash thoroughly with soap and water but without scrubbing;
- c) discard the needle immediately and never continue to use a needle on a patient that may have penetrated your own skin;
- d) record the injury in a permanent form which can be accessed at a later date, i.e. accident book or similar;
- e) seek medical advice for yourself as soon as possible.

D. DISPOSAL OF EQUIPMENT AND CLINICAL WASTE**14. *In disposing of equipment, you must ensure that:***

- a) all needles are immediately placed after use in appropriate sharps disposal containers;
- b) all sharps containers conform to British Standard 7320: 1990 and should be clearly marked 'Danger Contaminated Needles - To Be Incinerated' or similar;
- c) all sharps containers, when three quarters full, are disposed of in accordance with local Environmental Health Department guidelines;
- d) all clinical waste, which includes any single use cannula, paper waste, swabs, cotton wool/buds etc., which has been contaminated with spillage of body fluids such as blood, open wound abrasions or mucous membranes is segregated in sealed clinical waste bags before being collected for disposal by a licensed agent. The advice of the local Environmental Health Officer must be sought about final disposal;
- e) all other waste, which includes any paper waste and swabs, cotton wool/buds, etc., which has not come into contact with body fluids or spillages, as well as needle wrappings and protective sheath is carefully and separately bagged daily and disposed of as domestic waste;
- f) all waste disposed of through domestic waste collection is left for as little time as possible prior to collection in the usual collection area or location;
- g) all contracts and receipts for clinical waste collection (or detailed notes kept on your own file where receipts are not issued) are retained for at least one year and available for inspection.

E. MULTIPLE THERAPIES PRACTICE**15) *If you are a multiple therapies practitioner***

- a) you must follow the relevant practice code as well as this FNS practice code
- b) ensure that if using multiple therapies along with the FSN treatment those combined treatments will not give negative or undue side effects e.g. hot cupping, or a deep tissue massage therapy is not recommended as it might cause fatigue or more pain

F. MOBILE FSN PRACTITIONERS / HOME VISITS**16. *If you have a mobile practice or undertake home visits you must:***

- b) have a defined base of at least one room or office containing adequate facilities for the disinfection of equipment, the storage of clean equipment and the temporary storage of soiled equipment, clinical waste and sharps containers
- c) ensure that this room or office, and all equipment contained therein, conforms to the standards laid down in the Code of FSN Practice
- d) comply with all relevant Local Authority bylaws or other regulations.
- d) have sufficient space to allow free movement, safe handling of equipment and performance of procedures.

17. *In transporting equipment from the base premises to the treatment site you must ensure that containers used for this purpose are:*

- a) of sufficient size and design to store and transport all of the equipment and personal over-clothing needed;
- b) designed to allow for separate storage of sterile and soiled equipment;
- c) lockable and tightly sealed when shut;
- d) suitably constructed to have internal and external surfaces that are smooth, waterproof and are regularly cleaned and disinfected.

18. *In carrying out treatment at a patient's home you must ensure that, as many as possible:*

- a) the treatment is carried out in a clean room with ready access to a clean wash hand basin;
- b) you take with you appropriate cleaning agents, hand disinfectants, a hygienic means of hand drying and couch rolls;
- c) the bed/couch is covered by a clean, disposable cover; preferably by couch paper;
- d) in all cases, a clean field must be established.

19. *After treatment is completed you must ensure that:*

- a) used needles are discarded immediately after use in a portable sharps container meeting BS 7320:1990 and clearly marked 'Danger: Contaminated Needles - To Be Incinerated' and removed from the patient's premises;
- b) other soiled disposable items such as cannula, cotton wool, swabs, paper tissues and disposable covers or towels contaminated with body fluids or spillages are discarded into a clinical waste bag, removed from the patient's premises and disposed of appropriately;
- c) other waste products such as couch paper, cotton wool and needle protective sheath and wrappings not contaminated with body fluids or spillages are carefully bagged separately for disposal in the patient's own domestic refuse;
- d) you have set aside enough time before leaving to ensure that the patient is experiencing no adverse reactions to treatment and is well enough for you to leave.

G. REGISTER OF PATIENTS AND PATIENT RECORDS**20. *You must record in permanent ink:***

- a) the names and addresses of all patients;
- b) the dates of attendance in a suitable register as well as in the individual patient records;
- c) the full information required in patients' notes as detailed in the FSNAE's Code of FSN Professional Conduct.

21. *In the event of your patient having a diagnosis of a Notifiable Infectious Disease you must ensure that:*

- a) it is safe to treat that patient and that you have advised the patient not to view FSN as a substitute for any treatment that a doctor has prescribed;
- b) in the event of your being suspected of having caused an outbreak, all records must be readily accessible and allow prompt and efficient investigation into the source of the infection;
- c) the register described in G-20 (b) must be available to trace patients and to track the infection;
- d) you seek permission from the appropriate authority to carry on normal business once your records have been made available to that authority;
- e) access to an individual's personal record shall only be available on the authority of the relevant Medical Officer (currently known as the Consultant in Communicable Disease Control (CCDC) in the UK and Europe) and shall be subject to the usual safeguards of professional confidentiality. (Local Authority Environmental Health Officers can give advice on the setting up of such records and, on routine visits to the premises, they may wish to confirm that records are being maintained).

H. HEALTH AND SAFETY AT WORK

22. *You must be familiar with and comply with the requirements and provisions of current Health and Safety at Work legislation:*

- a) This places a duty on you to conduct your work in such a way as to ensure, so far as is reasonably practicable that, not only patients and employees, but also the public and other visitors are not unduly exposed to risks to their health or safety.

23. *In ensuring that premises are safe workplaces particular attention is drawn to the following:*

- a) All floors, passages and stairs shall be of sound construction, properly maintained, and should be kept free from obstruction and from any substance likely to cause persons to lose their footing;
- b) A substantial handrail and two-way lighting system must be provided to every staircase;
- c) Every dangerous part of equipment, appliances and machinery must be effectively guarded;
- d) Equipment and machinery should be subject to regular inspection and maintenance where necessary;
- e) All electrical installations should be in accordance with the Institute of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination;
- f) All gas appliances and installations should be in accordance with the Council for Registered Gas Installers, and should be subject to regular examination;
- g) Care should be taken to keep cables as short as possible and routed in such a way as to prevent the risk of tripping;
- h) Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995. This involves the reporting of all major accidents to employees and members of the public to the Office of the enforcing authority without delay, by telephone if possible, with written confirmation being made within seven days;

- i) Where five or more people are employed, it is the duty of every employer to prepare and, as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of his or her employees, and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.