The majority of the acupuncture-associated adverse events are ________.

A. Infections
B. Pneumothorax
C. Serious organ injury
D. Serious tissue injury

- Skin and Soft tissue infections
  - Mycobacterium abscessus
  - Staphylococcus spp.
**Identify those acupuncture points which lie over or next to major vessels.**

- LU 9  radial artery
- HT 7  ulnar artery
- HT 1  axillary artery
- BL 40 popliteal artery
- ST 42 dorsalis pedis artery
- ST 9  carotid artery
- ST 12 supraclavicular artery and vein
- ST 13 subclavian artery
- SP 11 femoral artery
- LR 12 femoral artery and vein

(CNT. (7th Ed.) p.5)

**Identify an acupuncture point which lie over radial artery.**

A. HT7
B. LU9
C. HT1
D. BL40

**Identify an acupuncture point which lie over supraclavicular artery and vein.**

A. ST9
B. ST12
C. ST13
D. ST42

**Identify an acupuncture point which lie over femoral artery and vein.**

A. BL40
B. ST41
C. HT1
D. LR12
_______ may increase the tendency for bruising and bleeding.

A. Levothyroxine (Synthroid)
B. Metoprolol (Lopressor)
C. Warfarin (Coumadin)
D. Atorvastatin (Lipitor)

De Qi response EXCEPT

A. Heavy
B. Tight
C. Tingling
D. Allodynia

- Allodynia: a painful response to a normally innocuous stimulus
- Hyperalgesia: an increased response to a painful stimulus

_______ consumption may also heighten anxiety and heightened anxiety is associated with increased perception of pain.

A. Caffeine
B. Alcohol
C. Smoking
D. Dark chocolate

Patients may experience lightheadedness or faintness more commonly _________.

A. during the first time they receive acupuncture
B. if they are nervous
C. if there is excessive needle manipulation
D. if the patient is particularly hungry or tired prior to needle insertion
E. All of the above
If a needle that was rotated in one direction becomes stuck, _______________.

A. rotate the needle forward in the same direction.
B. rotate the needle back in the opposite direction.
C. pull the needle upward.
D. push the needle downward.

The best safety guidelines for needle removal?

A. Count and write down the number of needles used.
B. Remember the number of needles.
C. Ask your assistant to remember the number of needles.
D. Ask patient to remember the number of needles.

Aggravation of symptoms occurs as a result of acupuncture on an infrequent but consistent basis. Aggravation of symptoms is reported both as a potential adverse event and as an intended response to treatment, known as _______________ or “healing crisis.”

A. Blue moon phenomenon
B. Paranormal phenomenon
C. Olympic phenomenon
D. Menken phenomenon

Pneumothorax that results from a complication of a diagnostic or therapeutic intervention.

A. Primary spontaneous pneumothorax (PCP)
B. Secondary spontaneous pneumothorax (SPS)
C. Iatrogenic pneumothorax
D. Traumatic pneumothorax

瞑眩反應 (명현반응) = Menken phenomenon

Symptoms of acupuncture-related pneumothorax EXCEPT

A. Dyspnea on exertion
B. Skin Erythema
C. Tachypnea
D. Chest pain

- Symptoms of acupuncture-related pneumothorax
  - dyspnea on exertion, tachypnea, chest pain
  - dry cough, cyanosis, diaphoresis

Patients at increased risk for pneumothorax from acupuncture include ___________ EXCEPT

A. Cigarette smokers
B. Marijuana smokers
C. Lung cancer
D. Patient who are on corticosteroids
E. Obesity

The primary areas associated with acupuncture or dry needling-induced pneumothorax are the regions of the thorax including ________ EXCEPT

A. Upper trapezius
B. Thoracic paraspinal
C. Supraspinatus
D. Medial scapular
E. Subclavicular areas

Safe needling depth to avoid pneumothorax on most patients can be as little as ________

(less than the face width of a U.S. nickel, 20-cent Euro coin, Canadian 25-cent piece or English 20 pence.)

A. 1-2 mm
B. 10-20 mm
C. 20-30 mm
D. 30-40 cm
Points most frequently associated with pneumothorax events in the Chinese literature are:

A. GB21
B. UB13
C. ST12
D. RN22

Points most frequently associated with pneumothorax events in the Chinese literature are: GB21 (30%), BL13 (15%), ST12 (10%), RN22 (10%), infrequent events occurred at BL18, Ren15, Ren14, SI9, SI13, and Dingchuan.

Peuker & Gronemeyer identify risk points ST11 and ST12, LU2, ST13, KI22-27, and ST12-18. However, any points needled in the thoracic body region risk penetrating the lung, including the front, back, or lateral body, the lower neck, shoulder and scapular region as well as the chest, ribs and just below the ribs depending on the position of the patient.

In regards to inadvertently puncturing the lung, liver, and heart, which point should you take extra care in needling?

A. KD11
B. LU1
C. GB21
D. UB13
E. KD22

Oblique or transverse needling on points located on the chest and avoiding an upward direction at __________ is critical to prevent heart injury.

A. RN17
B. RN16
C. RN12
D. RN15

Puncturing the liver or spleen may cause __________ EXCEPT

A. internal bleeding
B. rigidity of the abdominal muscles
C. rebound pain upon pressure
D. dyspnea upon exertion
Puncturing the kidney may cause _______ EXCEPT

A. pain in the lumbar region
B. tenderness and pain upon percussion around the kidney region
C. bloody stool
D. bloody urine

Needling _______ in an infant is prohibited.

A. DU22
B. DU20
C. Yintang
D. UB12

The source of autogenous infection?

A. The practitioner
B. The patient himself
C. The other patient
D. The alien

- **Endogenous infection (autogenous infection)**
  - The causative microorganisms come from the clients’ themselves.
- **Exogenous infection (cross infection)**
  - The causative microorganisms come from the other source than the clients’ themselves, such as hospital personnel, other clients, and hospital environment.

When using a multi-needle pack of sterilized needles, once the packaging is opened for one patient visit, any unused needles ________

A. must be discarded properly
B. must be autoclaved before next time use
C. can be saved for another patient
D. can be saved for next day
When needle stabilization is needed, the practitioner should use ______ to stabilize the shaft of the needle.

A. Sterile cotton  
B. Sterile gauze  
C. Glove  
D. A or B  
E. B or C

If the broken needle is completely under the skin

A. Remove it with forceps  
B. Press the tissues around the site gently until the broken end is exposed  
C. See medical help immediately  
D. Cover with bandage

- To prevent broken needles
  - Critical:
    • Inspect needle for defects in manufacturing before use.
  - Strongly recommended:
    • Use only single-use sterilized needles.
    • Never insert a needle to the handle.

2. Moxibustion

Allergies to the moxa smoke, or response to the volatile substances such as ______ in the moxa smoke may create nausea or allergic reactions.

A. Borneol  
B. Sulfur  
C. Aluminum  
D. Acetate

Possible adverse effect of moxibustion EXCEPT

A. Rubefaction  
B. Blistering  
C. Stomach upsets  
D. Impotence

- Adverse events of moxibustion
  • rubefaction, blistering, itching sensations
  • discomfort due to smoke, general fatigue, stomach upsets, flare-ups, headaches, and burns
Acupuncture textbooks reinforce the need to avoid the head and face for moxibustion by reporting that ancient texts advised caution or prohibition when applying moxibustion to the following points, EXCEPT

A. DU23  
B. ST8  
C. DU20  
D. ST9

Infections associated with moxibustion are secondary adverse events related to burns. Burn prevention is critical. When more than _____ of skin is involved with a burn, practitioners need to assess the amount of skin damage and consider a referral to a medical practitioner for treatment.

A. 0.5 cm  
B. 1 cm  
C. 2 cm  
D. 3 cm

Take a careful patient history to identify ______, ______ or other conditions that might limit a patient’s response to pain or the ability to sense heat from heat lamp.

A. diabetes, chronic kidney disease  
B. diabetes, neuropathy  
C. hypertension, neuropathy  
D. hypertension, chronic kidney disease

3. Cupping

Typically, cups are left on the patient’s skin for ______ minutes, but may be left in place for up to ______ minutes, and leave a temporary reddish mark that is a result of cutaneous petechiae and ecchymosis.

A. 2-10, 20  
B. 2-10, 45  
C. 10-20, 45  
D. 10-20, 60
What type of cupping increase the risk of pneumothorax or other organ puncture if done over the thoracic region?

A. Fire cupping  
B. Suction cupping  
C. Wet cupping  
D. Empty cupping  
E. Needle cupping

Least common outcome of cupping

A. Bullae  
B. Petechiae  
C. Keloid scarring  
D. Ecchymosis

Most common outcome of cupping

A. Bullae  
B. Panniculitis  
C. Keloid scarring  
D. Koebner phenomenon

• Bullae & Hemorrhagic bullae  
  • They can form crusting scabs as they heal, which can take up to 2 weeks.  
  • The opening of the skin barrier over time creates exposure and risk of infection.  
  • In the inadvertent event of suction bullae, patients should be instructed on use of antibiotic topical ointment, and on keeping the area clean and covered, if necessary, until healed.

For wet cupping, the skin at the site should be punctured using

A. Sterile lancets  
B. Pre-sterilized traditional three-edged needles  
C. Plum blossom tool  
D. All of the above

• New lancet being used for each puncture and then immediately discarded in a proper sharps container.
Which of the following is NOT correct regarding the Safety Guidelines to Prevent Cupping-Related Infections?

A. Follow Safety Guidelines for Hand Sanitation.
B. Cupping should be applied on clear skin only. Do not apply cups over any active lesions.
C. Best results seen when cupping therapy applied for active stage of herpes zoster.
D. When performing wet cupping, use PPE such as gloves and protective eyewear.

Which of the following is NOT CRITICAL in the Safety Guidelines for Cup Disinfection?

A. Clean all cups of all lubricants and biological material using soap and water before disinfecting.
B. Use disposable cups for wet cupping and dispose of used wet cups in the biohazard trash.
C. Disinfect all cups using an appropriate FDA-cleared intermediate to high-level disinfecting solution in accordance with label instructions.
D. Use appropriate PPE while cleaning and disinfecting cups.

Safety Guidelines for Cup Disinfection

- Critical
  - Clean all cups of all lubricants and biological material using soap and water before disinfecting.
  - Disinfect all cups using an appropriate FDA-cleared intermediate to high-level disinfecting solution in accordance with label instructions.
  - Use appropriate PPE while cleaning and disinfecting cups.

- Strongly Recommended
  - Disinfect all cups using a high-level disinfecting solution following package directions for semi-critical devices.
  - Use disposable cups for wet cupping and dispose of used wet cups in the biohazard trash.

Cupping should not be applied ____ hours before or ____ hours after chemotherapy treatment.

A. 48, 24
B. 24, 48
C. 24, 24
D. 48, 48

- Chemotherpay → apoptosis
- Cupping & Gua Sha → anti-apoptosis
4. Electroacupuncture (EA)

EA is often applied for ______ minutes and may involve strong muscle contraction.

A. 1-2  
B. 20-30  
C. 30-60  
D. 60-90

Needle type and size is also important with EA. Certain types of metal should be avoided for use in EA such as _________.

A. Stainless needles  
B. Gold needles  
C. Silver needles  
D. Needle with a plastic handle

• Why not silver needles for EA?  
  • Softer than stainless steel and may electrolyze in the body very quickly resulting in a toxic reaction.

The current used for therapeutic EA ranges from about ________. In an otherwise healthy subject with no implanted electrical devices, the medical literature associated with the use of nerve stimulating devices suggests that this level of current should be safe.

A. 0.5 to 6 mA  
B. 5 to 60 mA  
C. 50 to 600 mA  
D. 5 to 60 ampere

• mA  
  • Milliampere  
  • A unit of electric current equal to 1/1000 of an ampere.

EA should be avoided in the following locations to prevent theoretical AEs EXCEPT

A. Anterior triangle of the neck  
B. Posterior cervical area  
C. Crossing the heart  
D. Left UB13 to Left UB12  
E. In any patient with implanted medical devices
In regards to EA, which of the following point combinations may interfere with normal nerve conduction?

A. Yin Tang – DU20  
B. UB12 – UB12  
C. DU20 – GB20  
D. Left Si Shen Cong – Right Si Shen Cong

Electrical stimulation may not be applied in which of the following

A. RN17 to DU11  
B. Left KD23 to Right KD23  
C. Left UB17 to Right UB17  
D. History of seizure  
E. DU15 to DU16  
F. All of the above

Avoid use of EA on the ______ of anyone with an cardiac pacemaker is CRITICAL in the safety guidelines for preventing interference.

A. Trunk  
B. Any part of the body  
C. Head  
D. Limbs

Which of the following is incorrect?

A. Lancets cannot be used for multiple patients  
B. Lancing devices must be limited in use to a single patient.  
C. Lancets can be reused on another site after a insertion.  
D. Lancets should be used only once and then discarded in a sharps container.
RECOMMENDED rather than CRITICAL in Safety Guidelines for Acupuncture Bleeding Therapy

A. Wear PPE (personal protective equipment)
B. Wear gloves at all times as blood and OPIM (other potentially infectious material) will be present
C. Practitioners must take through history including bleeding disorders, medication, and supplement history
D. Utilize eye protection, such as goggles, when performing bleeding techniques.

• TERMS
  • PPE = personal protective equipment
  • OPIM = Other Potentially Infectious Materials

In Gua Sha therapy, the petechiae and ecchymosis resolve in ____ days.

A. 12-24 hours
B. 2-4 days
C. 1-2 weeks
D. 1-2 months

• Gua 刮: closely-timed unidirectional press-stroking
• Sha 痱: therapeutic petechiae and ecchymosis

Indications of Gua Sha EXCEPT

A. Acute neck pain
B. Chronic chronic pain
C. Acute respiratory infection
D. Breast engorgement/mastitis
E. Sunburn

Gua sha has been shown to increase surface microperfusion and upregulate heme oxygenase-1 (HO-1) through what is called ________ metabolism.

A. Heme m
B. Hme D
C. Heme S
D. Ferroheme

• Ferroheme
  • A form of heme containing reduced ferrous iron
  • Gua sha has been shown to increase surface microperfusion and upregulate heme oxygenase-1 (HO-1) through what is called ferroheme metabolism.
Gua Sha is contraindicated for patients with a stable INR (International normalized ratio) who are taking anticoagulant medication.

A. True
B. False

- The use of gua sha for those currently taking anti-coagulant medication, NSAIDs, Vitamin E, or fish oils or for those who have bleeding disorders should be limited to those practitioners with the necessary background to evaluate the subcutaneous bleeding and tissue response.

It is recommended to avoid applying Gua Sha (or cupping) for ___ hours before and ___ hours after chemotherapy.

A. 24, 24
B. 48, 48
C. 48, 24
D. 24, 48

- Because the intended therapeutic goal of chemotherapy for cancer is apoptosis, and because Gua Sha’s upregulation of HO-1 is anti-apoptotic, it is recommended to avoid applying Gua Sha (or cupping) for 48 hours before and 24 hours after chemotherapy.

Proper way to clean Gua Sha tools

A. Autoclave
B. Water
C. Soap, Water
D. Soap, Water, Disinfecting solution

Indications of Plum Blossom needling

A. Pain syndrome, Neuropathies
B. Burn, Neuropathies
C. Traumatic injury, Neuropathies
D. Skin lesions, Neuropathies
Incorrect regarding the Plum Blossom needles

A. The head of the plum blossom device must be sterile
B. Do not touch the tips of the needles at the device head
C. To remove a replaceable head, use gloved hand
D. If a single-use device is used, discard the entire device in the sharps container

8. Press Tacks and Intradermal Needles

Embedding needle that typically left in the ear for 1-5 days

A. Press tacks
B. Grain-like needle
C. Intradermal needle
D. Hainishin

- Press tacks
- Intradermal needles
- Thumbtack
- Grain-like needles
- Enpishin (円皮鍼)
- Hainishin (皮内鍼)

Which of the following technique has most risk of complications and infection?

A. Press tack
B. Thumbtack
C. Intradermal needle
D. Ear stapling

Possible complications of micro needling for facial rejuvenation

A. Allergic granulomatous reaction
B. Hypersensitivity
C. Mycobacterium infection
D. All of the above
For immunocompromised or immunosuppressed patients, consider the use of

A. Ear seeds or magnets
B. Thumbtack needle
C. Press tack
D. Enpishin

9. Ear Seeds

Seeds from plants such as _____ and _____ can be used for ear seeds.

A. Caryophyllus aromaticus (Clove)
B. Vaccaria hispanica (cowherb)
C. Semen Cassiae (cassia seed)
D. A or B
E. B or C

Ear seeds can be left in for up to ____ days.

A. 1
B. 3
C. 7
D. 30

10. Tui Na

A recent practitioner journal article listed the following contraindications to Tui Na EXCEPT

A. Wounds
B. Chronic Lumbago
C. Diseases with hemorrhagic tendencies
D. Acute infectious diseases
E. Menstruation and pregnancy
11. Other Acupuncture-Related Tools

**Manaka**
- There are **no common AEs** associated with the use of Manaka products.
- General clean techniques and vigilance to avoid use of the or Manaka hammer Manaka pumping cords where there is an active skin infection or trauma should be sufficient to maintain the safety record of these treatments.

**Shonishin**
- There are **no common AEs** associated with the use of Shonishin products.
- General clean techniques, proper disinfection of such devices as noncritical devices, and vigilance to avoid use of the any reusable medical device where there is an active skin infection or trauma should be sufficient to maintain the safety record of these treatments.

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**Part II: Best Practices for Acupuncture - CNT**

Clean Needle Technique (CNT) is the standard by which acupuncturists prevent occupational exposure to healthcare associated pathogens, including bloodborne pathogens and surface pathogens, and reduce the risk for some other adverse events associated with acupuncture. CNT consists of the following components:

1. Hand sanitation.
2. Establishing and maintaining a clean field.
4. Isolation of contaminated sharps.
5. Standard precautions.
6. The use of sterile single-use needles and other instruments that may break the skin, such as seven-star hammers, press tacks/intradermal needles, and lancets.
7. Follow appropriate emergency procedures in the event of a needlestick incident or some other clinical accident in the course of an acupuncture treatment.

**CNT is a sterile procedure.**

- A. True
- B. False

**Acupuncture involves the use of sterile acupuncture needles.**

- A. True
- B. False
Acupuncture procedure

A. Clean procedure
B. Sterile procedure

Surgical procedure

A. Clean procedure
B. Sterile procedure

The insertion site is

A. Clean
B. Sterile

During acupuncture procedure, gloves:

A. Need to be worn
B. Do not need to worn

Gloves are worn in which of the following scenarios **EXCEPT**

A. When bleeding occurs, or is likely to occur (e.g., during bleeding techniques, wet cupping and seven-star/plum blossom treatments).
B. When needling in the genital region or in the mouth.
C. While palpating near an area where there are lesions on the patient’s skin.
D. When cleaning blood or OPIM from a surface.
E. In the event that there are skin lesions or closed wounds on the acupuncturist’s hands.

Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least ____ alcohol.

A. 50%
B. 60%
C. 70%
D. 80%
After exposure of non-intact skin to blood or body fluids; in such cases

A. Wash hands with soap and running water
B. Use alcohol-based hand products to wash hands
C. A or B
D. Grab, Dip, Eat KFC

Scrub your hands for ____ seconds while washing hands.

A. 5 - 10 seconds
B. 10 - 15 seconds
C. 30 - 60 seconds
D. 3,600 - 86,400 seconds

Establish a new clean field for ________.

A. Each patient
B. Each day

Clean the surface used for the clean field with a low-level disinfectant _____________.

A. After each patient
B. At least once daily

Three Levels of Disinfection

The terminology adopted by the CDC and widely used describe disinfectants in terms of their activity as set out below.

• HIGH-LEVEL DISINFECTANTS are chemical sterilants, which when used for a shorter exposure period than would be required for sterilization, kill all microorganisms with the exception of high numbers of bacterial spores.

• INTERMEDIATE-LEVEL DISINFECTANTS may kill mycobacteria, vegetative bacteria, most viruses, and most fungi but do not necessarily kill bacterial spores.

• LOW-LEVEL DISINFECTANTS may kill most vegetative bacteria, some fungi, and some viruses.
According to the World Health Organization, both soap and water and ______ isopropyl (or ethanol) alcohol is adequate for preparing a patient’s skin for procedures such as needle insertion.

A. 50-60%
B. 60-70%
C. 70-80%
D. 80-90%

- Isopropyl alcohol at a concentration above ___% is unacceptable because it evaporates too quickly to have an antiseptic effect.

The same swab may be used for several points.

A. True
B. False

The same swab may be used for axilla or groin.

A. True
B. False

Standard Precautions are outlined by the CDC.

Standard Precautions:

A. Universal Precautions (UP)
B. Body Substance Isolation (BSI)
C. A or B
D. A and B

Standard Precautions are widely used to prevent exposure to potentially infectious materials in the course of clinical work, including acupuncture. These precautions are summarized below:

1. Assume all patients are a potential source of infection.
2. Utilize correct and frequent handwashing.
3. All healthcare practitioners must understand the appropriate use of personal protective equipment (PPE) such as gloves, eye protection, and masks.
4. Healthcare facilities apply appropriate engineering controls, such as properly equipped handwashing stations.
5. Isolation of sharps in appropriate sharps containers.
6. Isolation of contaminated medical waste in a red bag or other appropriate container.
7. Correct use of disinfectants.
8. Appropriate caution when handling sharps, including acupuncture needles, seven-star hammers, and lancets.
Should the needle be long, such as a three to six inch needle, the shaft may be held with
A. Clean gauze or cotton
B. Sterile gauze or cotton

In the event that the needle location is changed:
A. The same needle can be reinserted.
B. A new needle must be used for each insertion.

In the event that the practitioner has used some of the needles in a multi-pack of acupuncture needles:
A. All unused needles must be disposed
B. May be used for a different patient

Opened needle packs may be used for a different patient or a treatment at a later time as long as in the same day.
A. True
B. False

ALWAYS establish a clean field before performing acupuncture.
A. True
B. False

ALWAYS use sterile single-use needles and other instruments that may break the skin, such as seven-star hammers, press tacks/intradermal needles, and lancets.
A. True
B. False

When the practitioner’s hands are soiled, CDC allows
A. Washing hands with soap and water
B. Alcohol-based hand sanitizers
C. Disinfecting hand wipes
D. All of the above
INCORRECT statement regarding the depth of acupuncture needling

A. Sensation may only be induced when the needle is inserted to a deeper level for an obese patient.
B. For children, needle depths should be less than for an adult.
C. Safe needling depth of the thoracic region to avoid pneumothorax and cardiac tamponade on most patients can be as little as 20-30 mm.
D. Soft tissue abdominal depths in an adult can vary from 2-4 cm.

You must use a sterile barrier between your fingers and the shaft of the needle.

A. True
B. False

Needles must be removed and placed in a sharps container one at a time.

A. True
B. False

Of the bloodborne pathogens, ____ is the most likely to be passed by needlestick exposure.

A. Norovirus
B. HBV (hepatitis B virus)
C. HCV (hepatitis C virus)
D. HIV (human immunodeficiency virus)

Replace a sharp container when it is ____ full; do not attempt to push down the contents so that more may be placed inside.

A. 2/3
B. 3/4
C. 4/5
D. 9/10
INCORRECT statement regarding the treatment protocol in an office setting

A. The treatment table to serve as the setting for the clean field
B. For washing hands, liquid soap is recommended rather than bar soap, which may become contaminated.
C. If a practitioner must place the needle inside a guide tube, the needle should be dropped into the tube, handle first, to minimize the risk of contaminating the point of the needle.
D. Ensure the skin at the acupuncture points to be used is clean. If 70% alcohol swabs are used, allow the alcohol to dry.

UNACCEPTABLE Travel Kit Carrier

A. Fishing tackle box
B. Toolbox
C. Make-up or art box
D. Plastic craft supply box
E. Leather briefcase with a flap top

If a patient faints while sitting up

A. Legs elevated and the head lowered, then all needles should be removed
B. Patients be placed safely on the floor if possible, making sure that the airways are not obstructed.
C. Acupuncturists may use a finger to press REN 1 to help revive the patient
D. Calling for medical help not necessary for any cases.

INCORRECT regarding the Contact Needling (Non-insertion needling)

A. Select a clean, dry, flat surface to serve as the setting for the clean field.
B. Hands must be cleansed between patient treatments.
C. Wash hands for at least 10-15 seconds
D. The shaft of the needle may not be touched

* Contact needling (or non-insertion needling) is sometimes utilized in Japanese meridian therapy and has been developed in depth in Toyohari acupuncture.

K.H.T.
Part III:
Best Practices for Related AOM Office Procedures

When performing moxibustion, it is important to be especially careful with persons who have conditions such as

A. Neural injury
B. Diabetes mellitus
C. Pathology resulting in paralysis
D. All of the above

INCORRECT management for a very small first degree burn from moxa

A. Run cool water over the burn, and then apply sterile gauze.
B. Apply ice over the burn, and then apply sterile gauze.
C. Use over-the-counter burn cream followed by the application of sterile gauze.

• If a burn is severe or if there is a concern with infection:
  • Refer the patient to a physician.

The risks of exposure to moxa smoke are probably similar to that for any other smoke, and total exposure time is the key concern. Therefore, using a space in which there is proper ventilation or the use of a ________ is appropriate when moxibustion is being performed.

A. HEPA filter
B. Carbon filter
C. Reverse osmosis
D. UV filter
Which of the following is NOT a CRITICAL general moxibustion precautions?

A. Take a careful patient history to identify neuropathies or other conditions that might limit a patient’s response to pain or the ability to sense heat.
B. During moxa therapy the practitioner must remain in the room at all times.
C. Avoid moxibustion on the face or in the hairline.
D. Rooms in which moxa is to be used should be equipped with water and a fire extinguisher.

While using direct moxa technique for non-scarring moxibustion, the moxa should be removed when the patient feels a burning discomfort or when about ____ of the moxa is burnt.

A. 1/3
B. 2/1
C. 2/3
D. 4/5

Indirect moxa with salt used for

A. Weakness of SP/ST such as diarrhea, abdominal pain, painful joints and symptoms due to Yang deficiency
B. Scrofula, tuberculosis, the early stage of skin ulcer with boils, poisonous insect bite, etc.
C. Abdominal pain, vomiting and diarrhea, pain around the umbilicus, pain cause by hernia, prolonged dysentery, Yang collapse (e.g. excessive sweating, cold limbs and minute pulse)
D. Yang deficiency Cold, for persistent Yin-Cold syndromes (such as impotence and premature ejaculation cause by Mingmen Fire decline)

To prevent burns and fires, make sure all used moxa sticks are contained in an appropriate extinguisher for no less than ______ after use.

A. 10 minutes
B. 30 minutes
C. 1 hour
D. 2 hours
Heat lamps are designed for use in applications specifically requiring a short-wave infrared radiation source. Position lamp head at least _____ from the area to be heated.

A. 6 inches  
B. 12 inches  
C. 24 inches  
D. 36 inches

Turn on the heat lamp then set time for no more than ________ minutes.

A. 5-10 minutes  
B. 10-15 minutes  
C. 20-30 minutes  
D. 30-45 minutes

• Position lamp head at least _____ inches from the area to be heated. [SR]
• Turn on the heat lamp then set time for no more than _______ minutes. [R]
• Check the area being heated at least once every_____ minutes to be sure that the skin does not become too hot or that the lamp arm position has not changed. [SR]

Disinfect all cups using an appropriate FDA-cleared ____________ disinfecting solution in accordance with label instructions.

A. Low level to intermediate level  
B. Low level to high level  
C. Intermediate to high level  
D. High level only

For wet cupping technique: The skin at the site should be punctured using sterile lancets, with a new lancet being used for each ________.

A. Puncture  
B. Site  
C. Person  
D. Day
Acupuncturists should use caution if employing bleeding therapy for

A. Weakness of their yin or yang qi
B. Bleeding disorder
C. Weak constitution
D. Who take anticoagulant medication
E. All of the above

- Therapeutic Blood Withdrawal
  - The point to be bled is pricked superficially, just 0.05-0.1 cm (inches) deep, which should be light and superficial and the amount of bleeding to be "determined by the pathological condition.”

For plum blossom technique, use only single-use sterile plum blossom needles.

A. True
B. False

Disinfect all Gua Sha devices following package directions for the disinfection of semi-critical reusable medical devices.

A. True
B. False

7. Acupoint Injection Therapies

There are a few states in which acupuncturists may use injections (such as saline, B-12 or herbal extracts) to stimulate acupuncture sites. According to Acupuncture: A Comprehensive Text, (2) these injections may be given at front (Ma) or back (Shu) points, or “points of positive response.”

For those practitioners who wish to utilize injection therapies and for whom the scope of practice allows injections, the following resources are suggested:

WHO Best Practices for Injection Therapies and Related Procedures Toolkit: (5)

CDC: http://www.cdc.gov/injectionsafety/CDCsRole.html (6)
and http://www.oneandonycampaign.org (7)
An example of _______ infection is impetigo where normal skin bacteria enter into subcutaneous areas through a break in the skin and set up a pustule.

A. Autogenous  
B. Cross

Methicillin-resistant staph aureus (MRSA) infection from patient to practitioner

A. Autogenous infection  
B. Cross infection

Summary of Hepatitis Characteristics

<table>
<thead>
<tr>
<th>Hepatitis</th>
<th>Incubation</th>
<th>Transmission</th>
<th>Onset</th>
<th>Vaccine</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>15-50 days</td>
<td>Fecal-oral</td>
<td>Abrupt</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B</td>
<td>45-160 days</td>
<td>Bloodborne</td>
<td>Insidious</td>
<td>Yes</td>
<td>Depends on age group (6-10% in adults; higher in children)</td>
</tr>
<tr>
<td>C</td>
<td>14-180 days</td>
<td>Bloodborne</td>
<td>Insidious</td>
<td>No</td>
<td>75-85%</td>
</tr>
<tr>
<td>D</td>
<td>Unknown</td>
<td>Percutaneous or mucosal contact with infectious blood</td>
<td>Insidious</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>E</td>
<td>15-60 days</td>
<td>Fecal-oral</td>
<td>Abrupt</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Transmitted mainly through fecal contaminated food and water

A. Hepatitis A and E  
B. Hepatitis B and C

Transmitted by blood or sexual contact

A. Hepatitis A and E  
B. Hepatitis B and C

The CDC strongly recommends that all healthcare workers be vaccinated for the hepatitis ___ virus.

A. A  
B. B  
C. C

The Hepatitis ___ vaccine is recommended for people in communities where outbreaks of hepatitis ___ are occurring.

A. A  
B. E
The incubation period of HAV is

A. 15-50 days  
B. 15-60 days

The incubation period of HEV is

A. Average 28 days  
B. Average 40 days

The _____ is extremely hearty. _____ can live outside the body for months, depending on the environmental conditions. The virus is killed by heating to >185 degrees F (>85 degrees C) for one minute.

A. HAV  
B. HBV

HBV is spread through

A. Razors, toothbrushes  
B. Eating utensils, breastfeeding  
C. Contaminated water or food

More virus in their blood and are more likely to transmit disease.

A. HBsAg positive & HBeAg positive  
B. HBsAg positive & HBeAg negative

A vaccine is currently available for

A. HAV and HBV  
B. HBV and HCV  
C. HBV and HEV

The incubation period for HBV is

A. 45-160 days  
B. 14-180 days

The incubation period for HCV is

A. 45-160 days  
B. 14-180 days
Approximately ____ of those infected HBV have no signs or symptoms.

A. 60%
B. 30%

Among infants who acquire HBV infection from their mothers at birth, up to ____ become chronically infected.

A. 90%
B. 25-50%
C. 6-10%

_____ infection is the most common chronic bloodborne viral infection in the United States.

A. HBV
B. HCV
C. HIV

HCV is a virus containing

A. Single strand of RNA
B. Double strand of DNA

HCV is most effectively transmitted by

A. Percutaneous contact through injection drug use
B. Sexual contact

_____ of those infected with hepatitis C manifest acute disease symptoms.

A. Less than 30%
B. More than 60%

HCV is most efficiently transmitted by exposures that involve direct passage of blood via

A. Acupuncture needles
B. Hollow-bore needles

HBV is able to remain on any surface it comes into contact with for about ____

A. a week
B. a month
C. a year
About _____ of those infected HCV will develop chronic infection.

A. 15-25%
B. 75-85%

HDV, sometimes known as delta hepatitis, is a defective virus that requires concurrent _____ infection for development of disease.

A. HBV
B. HCV

In the U.S., most cases of hepatitis D occur in injection drug users and hemophiliacs.

Pregnant women with ____ infection have a mortality rate of 20%.

A. HAV
B. HBV
C. HEV

Hepatitis with insidious onset

A. HAV, HEV
B. HBV, HCV, HDV

Summary of Hepatitis Characteristics

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Summary of Hepatitis Characteristics

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<tbody>
<tr>
<td>A 15-50 days (28 days)</td>
<td>Fecal-oral</td>
<td>Abrupt</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B 45-160 days</td>
<td>Bloodborne</td>
<td>Insidious</td>
<td>Yes</td>
<td>6-10% (adults)</td>
</tr>
<tr>
<td>C 14-180 days</td>
<td>bloodborne</td>
<td>Insidious</td>
<td>No</td>
<td>75-85%</td>
</tr>
<tr>
<td>E 15-60 days (40 days)</td>
<td>Fecal-oral</td>
<td>Abrupt</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Two types of HIV have been identified: HIV-1 and HIV-2. Generally, ___ has a slower, somewhat milder course.

A. HIV-1  
B. HIV-2

___ is the more virulent virus and is more easily transmitted. It is the cause of the majority of HIV infections globally.

A. HIV-1  
B. HIV-2

When infected blood enters the bloodstream of an uninfected individual, the probability of infection is lowest with

A. HIV  
B. HCV  
C. HBV

Prospective studies of healthcare workers (HCWs) have estimated that the average risk for HIV transmission after a percutaneous exposure is approximately ____.

A. 0.3%  
B. 1.8%  
C. 6-30%

An average incubation period of HIV

A. 45-160 days  
B. 14-180 days  
C. 8-10 years

Treatment option for HIV

A. Antiretroviral therapy  
B. Immune globulin  
C. Vaccine
AIDS is assessed when the patient is HIV seropositive and has an absolute CD4 count of less than ______ cells per microliter.

A. 100  
B. 200  
C. 300

AIDS defining illnesses EXCEPT

A. Pneumocystis carinii pneumonia  
B. Cryptosporidiosis  
C. Kaposi’s sarcoma  
D. Crohn’s disease

The most common opportunistic infection and cause of death in AIDS patients

A. Pneumocystis carinii pneumonia  
B. Cryptosporidiosis  
C. Kaposi’s sarcoma

The number of drugs and the variety of HIV treatment approaches have grown since the approval of ____ in 1987.

A. AZT (zidovudine)  
B. EFV (efavirenz)  
C. RTV (ritonavir)

Tuberculosis (TB) is caused by the bacterium ____________.

A. Mycobacterium tuberculosis  
B. Mycobacterium leprae  
C. Mycobacterium avium complex (MAC)  
D. Mycobacterium abscessus

Mycobacterium tuberculosis has an incubation period of up to _____.

A. 12 weeks  
B. 8-10 years

• M. tuberculosis can survive for months on dry inanimate surfaces and can survive in soil for 4 weeks, and in the environment for more than 74 days. Exposure to light inactivates the bacterium.

TB test which is not impacted by prior BCG vaccination

A. Purified protein derivative (PPD) test  
B. QuantiFERON blood test

Individuals who were vaccinated for TB or have a history of a positive skin test should get a chest x-ray and an annual physical examination.

A. True  
B. False
The most common bacterial contaminants found on the skin
A. Staphylococcus epidermidis or Staphylococcus aureus
B. Streptococcus pneumoniae or Streptococcus pyogenes

accounts for more than half of the reported cases of acupuncture-related bacterial infections of the skin.
A. Staphylococcus epidermidis
B. Staphylococcus aureus

A significant source of antibiotic resistant infections.
A. MSSA
B. MRSA

What is MSSA? Methicillin-susceptible Staphylococcus aureus. A staph infection susceptible to penicillin antibiotics

What is MRSA? Methicillin-resistant Staphylococcus aureus. A staph infection resistant to penicillin drugs and thus requires use of alternative antibiotics

The majority of MRSA infections appear to be
A. Nosocomial
B. Community-acquired

Most studies suggest that MRSA can live up to ______ on inanimate objects and dry surfaces.
A. a week
B. 90 days

MRSA can survive longer on ______ surfaces than ______ surfaces but can be inactivated using appropriate EPA-approved disinfecting solutions
A. hard, soft
B. soft, hard

______ is a bacterium often found in the throat and on the skin.
A. Group A Streptococcus (GAS)
B. Group B Streptococcus (GBS)

______ may cause a skin infection such as impetigo.
A. Staphylococcus
B. Streptococcus A
C. A and B
Which of the following does not belong to *Mycobacterium* (MOT)?

A. *Mycobacterium tuberculosis*
B. *Mycobacterium abscessus*
C. *Mycobacterium fortuitum*
D. *Mycobacterium haemophilum*

Healthcare-associated ________ can cause infections of the skin and the soft tissues under the skin.

A. Group B *Streptococcus*
B. *Mycobacterium abscessus*

Herpes simplex virus (HSV) which causes recurrent genital herpes infections

A. HSV-1
B. HSV-2

At which of the following stages is the virus infectious?

A. Initial infection stage
B. Quiescence stage
C. Prodromal stage

The HSV 1 and HSV 2 virus can survive for _______ on work surfaces, such as treatment tables and countertops.

A. Several hours
B. Several day
C. Several months
D. Several years

Influenza viruses can survive in the environment for up to _______.

A. 24 hours
B. average 28 days
C. average 40 days

Contaminated through the fecal-oral route, EXCEPT

A. HAV
B. HEV
C. Norovirus
D. Influenza

The norovirus is relatively stable in the environment and can persist for _______ on hard surfaces.

A. Hours
B. Days
C. Weeks
Healthcare workers who have symptoms consistent with norovirus should be excluded from work for at least ______ after symptoms resolve.

A. 1 day  
B. 3 days  
C. 7 days

A common cause of antibiotic-associated diarrhea (AAD)

A. Clostridium difficile  
B. Escherichia coli  
C. Campylobacter

The two primary agents used to treat CDAD (Clostridium difficile associated disease) are

A. Clindamycin, Fluoroquinolones  
B. Metronidazole, Oral Vancomycin

Clostridium difficile spores resist killing by usual hospital disinfectants and may survive on surfaces for up to ___________.

A. 5 days  
B. 5 months

- Hypochlorite-based disinfectants may be most effective in preventing Clostridium difficile transmission.

Hand hygiene to prevent Clostridium difficile infection

A. Alcohol-based hand sanitizer  
B. Soap and water  
C. A or B

Basic critical principles prevention of disease transmission in acupuncture practice

A. Use only single-use sterile filiform needles  
B. Proper autoclave technique to sterile filiform needles  
C. A and B

Part V: Personnel Health, Cleanliness and Safety Practices

It is strongly recommended that acupuncturists always wash their hands:

A. Immediately before acupuncture or other clinical procedures.
B. After contact with blood or body fluids or obvious environmental contaminants.
C. At the end of a treatment.
D. All of the above
E. A and B

- A History of Handwashing for Healthcare Workers (HCWs):
  - 1860s: Louis Pasteur
  - Mid 1800: Ignaz Semmelweis & Oliver Wendell Holmes
  - 1980s: National hand hygiene guidelines
  - 1995-1996: CDC/HICPAC

---

**Hand Hygiene**

CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) in the U.S. recommended that either soap and water or a waterless antiseptic agent be used for cleansing hands upon leaving the rooms of patients.

A. 1860
B. 1980
C. 1995

_________ is the most important procedure for preventing nosocomial infections.

A. Handwashing
B. Wearing gloves

- The hands of healthcare workers (HCWs) are the main source of hospital infection

---

The resident flora of the skin consists of microorganisms residing under the superficial cells of the __________ and can also be found on the surface of the skin.

A. Stratum corneum
B. Stratum lucidum
C. Stratum basale

_______ is the dominant species of resident hand flora.

A. Staphylococcus epidermidis
B. Staphylococcus hominis
C. Coryneform bacteria

---

Which of the following is “Recommended” rather than “Critical” in regards to Handwashing?

A. Wash hands between every patient visit.
B. Wash hands immediately prior to inserting acupuncture needles or performing other procedures that break the skin.
C. Wash hands after entering the clinic and before starting any patient care.
D. Wash hands after removing gloves.
E. Wash hands after decontaminating reusable equipment.

**Critical > Strongly Recommended > Recommended**
Skin preparation with alcohol prior to injection is not absolutely necessary.

A. True  
B. False  

Options for cleaning the skin before acupuncture

A. Disinfecting solution containing chlorhexidine gluconate  
B. Wash with soap and water  
C. 70% alcohol  
D. Bacitracin or polymyxin B antibiotic ointment  
E. A, B, and C  
F. All of the above

It is recommended that healthcare professionals, including acupuncturists, have a yearly physical that includes testing for tuberculosis.

A. True  
B. False  

- TSTs (tuberculin skin tests / PPD (purified protein derivative))

That acupuncturists cancel patient care until at least ________ after they no longer have a fever for any acute infection.

A. 24 hours  
B. 48 hours  
C. 72 hours

The CDC suggests that practitioners who work in high TB incidence inner city clinics, or those who work with AIDS patients or drug addicts, obtain a baseline TB test, either 2-step TST or a chest radiograph on hire.

A. True  
B. False

Which TB test is more specific and sensitive?

A. Tuberculin skin test (TST)  
B. QuantiFERON testing

In the event that the practitioner has been vaccinated with BCG (Bacillus Calmette-Guerin), he or she should have a baseline ________ and an annual physical from a qualified provider.

A. Chest X-ray  
B. Chest CT scan

There are rapid HIV tests that can provide results within 20 minutes of testing. A positive test should be confirmed with a ________ or IFA (immunofluorescent assay) test.

A. Southern blot  
B. Northern blot  
C. Western blot
Acupuncture is not considered an exposure-prone invasive procedure for HIV.
A. True
B. False

Mandatory testing of healthcare workers for HIV antibodies, HBsAg, or HBeAg is recommended.
A. True
B. False

Gloves generally need to be used to insert an acupuncture needle.
A. True
B. False

Points that do require glove use
A. REN 1, DU 1, DU 27, DU 28, Jinjin, Yuye
B. REN 1, DU 1
C. DU 27, DU 28, Jinjin, Yuye

The risk of bleeding during most acupuncture needle removal is less than _____.
A. 40%
B. 4%

Removing needles from points located in or near mucous membranes does require the use of gloves.
A. True
B. False

If you experience a needlestick or sharps injury or are exposed to the blood or OPIM of a patient, follow these steps, EXCEPT
A. Wash needlestick locations and cuts with soap and water.
B. Flush splashes to the nose, mouth, or skin with water.
C. Irrigate eyes with clean water, saline, or sterile irrigants.
D. Seek medical advice from a licensed physician as soon as possible.
E. Must be evaluated within the first 2 hours after such an incident.
Part VI: Cleaning and Pathogen Reduction Techniques in Healthcare and AOM Practice Locations

_____ towels should be used to dry the hand.
A. Single-use, disposable
B. Clean reusable cloth
C. A or B

Covering on a chair, seat, couch, or treatment table, and any towel, cloth, sheet, gown, or other article that contacts the patient’s skin
A. Disposable single-use only
B. Can be re-used after laundered

The treatment room table tops, shelves and other working surfaces should have a smooth, impervious surface, be in good repair, and be cleaned with a suitable disinfectant _____________.
A. between each patient visit
B. at least once a day
C. at least once a week

Hepatitis B virus can survive on surfaces for at least one week at room temperature.

Treatment tables and chairs used for treatments need to be disinfected _____________.
A. between each patient visit
B. at least once a day
C. at least once a week

______ disinfectants are recommended for office surfaces and equipment.
A. EPA-registered
B. OSHA-registered
C. FDA-registered
D. CDC-registered

* In the United States, chemical germicides formulated as sanitizers, disinfectants, or sterilants are regulated in interstate commerce by the Antimicrobials Division, Office of Pesticides Program, EPA, under the authority of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) of 1947.

Upon CDC classification, Critical objects
A. Touch intact skin
B. Touch mucus membranes and non-intact skin
C. Enter the vascular system or any sterile internal part of the body
Indications for Sterilization, High-Level Disinfection, and Low-Level Disinfection

According to the CDC:

- Sterilization is required for instruments that enter normally sterile tissue or the vascular system.
- High-level disinfection is required for equipment that touches either mucous membranes or nonintact skin. After high-level disinfection, rinse all items. Use sterile water, distilled or filtered water. After rinsing, dry and store in a manner that prevents recontamination.
- Low-level disinfection is required for noncritical patient-care surfaces (treatment tables, equipment trays) and equipment (e.g., blood pressure cuff) that touch intact skin.

Ensure that, at a minimum, noncritical patient care surfaces are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily depending on the type of surface and the frequency of use).

<table>
<thead>
<tr>
<th>DEVICE CLASSIFICATION</th>
<th>LEVEL OF DISINFECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Sterilization</td>
</tr>
<tr>
<td>SEMI-CRITICAL (mucous membrane)</td>
<td>High-level disinfection</td>
</tr>
<tr>
<td>NON-CRITICAL (touch skin)</td>
<td>Low-level disinfection</td>
</tr>
</tbody>
</table>

The CDC classification system establishes three categories of items requiring sterilization and disinfection: critical, semi-critical, and non-critical.

<table>
<thead>
<tr>
<th>LEVEL OF DISINFECTION</th>
<th>DEVICE CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>STERILIZATION</td>
<td>CRITICAL (enters sterile tissue or vascular system)</td>
</tr>
<tr>
<td>HIGH-LEVEL DISINFECTION</td>
<td>SEMI-CRITICAL (touch mucous membrane)</td>
</tr>
<tr>
<td>INTERMEDIATE-LEVEL DISINFECTION</td>
<td>NON-CRITICAL (touch intact skin)</td>
</tr>
</tbody>
</table>

Touch mucus membranes and non-intact skin

A. Critical items
B. Semi-critical items
C. Non-critical items

“Sanitizers” (EPA) correspond to the CDC’s

A. High-level disinfectants (CDC)
B. Intermediate-level disinfectants (CDC)
C. Low-level disinfectants (CDC)

Sporicide

A. Sanitizer
B. Disinfectant
C. Sterilant
The most prevalent chlorine products in the United States are aqueous solutions of __________ sodium hypochlorite.  

A. 5.25% - 6.15%  
B. 15% - 20%

---

Aqueous solutions of 5.25%–6.15% sodium hypochlorite  
A. broad spectrum of antimicrobial activity  
B. Do not leave toxic residues  
C. unaffected by water hardness  
D. inexpensive and fast acting  
E. have a low incidence of serious toxicity  
F. All of the above  
G. A, C, D

---

Sodium hypochlorite at the concentration used in household bleach (5.25-6.15%) can produce  
A. ocular irritation  
B. oropharyngeal, esophageal burns  
C. gastric burns  
D. All of the above

---

Commercial, EPA-approved dilutions of sodium hypochlorite should be prepared according to manufacturer instructions but may need to be used within ____ hours of preparation.  

A. 3  
B. 24  
C. 72

---

The CDC no longer accepts household bleach as a suitable instrument disinfecting solution in the health care setting.  
A. True  
B. False

- 1.5 cups of bleach in a gallon of water → 1:10 dilution (6,000 ppm)  
- 0.25 cup of bleach in a gallon of water → 1:100 dilution (600 ppm)

---

Hypochlorite concentrations are required to kill M. tuberculosis, Clostridium difficile spores, and other HAI.  
A. Higher  
B. Intermediate  
C. Lower

---

_________ is a saturated dialdehyde that has gained wide acceptance as a high-level disinfectant and chemical.  
A. Glutaraldehyde  
B. Hydrogen peroxide  
C. Iodophors  
D. Phenol
Aqueous solutions of glutaraldehyde are acidic and generally in this state are not sporicidal. Only when the solution is "activated" (made alkaline) by use of alkalinizing agents to pH ________ does the solution become sporicidal.

A. 5.5‐6.5  
B. 7.5–8.5  
C. 11-13

Once activated, these solutions have a shelf-life of minimally 14 days.

Glutaraldehyde is used most commonly as a _____‐level disinfectant for medical equipment such as endoscopes, dialyzers, transducers, anesthesia and respiratory therapy equipment, and other medical devices that enter the body.

A. High  
B. Intermediate  
C. Low

Glutaraldehyde should not be used for cleaning noncritical surfaces because they are too toxic and expensive.

Stabilized hydrogen peroxide in ____ to 25% concentrations is also capable of high‐level disinfection.

A. 3%  
B. 6%

Trade name: Betadine, Pyodine, Wokadine

A. Glutaraldehyde  
B. Hydrogen peroxide  
C. Iodophors  
D. Phenol

Anti-septic: For living tissue  
Disinfectants: For non‐living objects

Used both as antiseptics and disinfectants

A. Sodium hypochlorite  
B. Glutaraldehyde  
C. Iodophors  
D. Phenol

Iodophor (povidone-iodine) = solubilizing agent (such as povidone) + iodine

FDA has not cleared any liquid chemical high‐level disinfectants with iodophors as the main active ingredient.

Disinfectants: chemical agents kill or inhibit the growth of microorganisms on _______ objects

A. Animate objects  
B. Inanimate objects

Chemical agents that kill or inhibit the growth of microorganisms on animate objects (living tissue)

A. Antiseptics  
B. Disinfectants
Many phenolic germicides are EPA-registered as ____-level disinfectants for use on environmental surfaces (e.g., bedside tables, bedrails, and laboratory surfaces) and noncritical medical devices.

A. high  
B. intermediate  
C. low

Antiseptic & Disinfectant

A. Sodium hypochlorite, Glutaraldehyde  
B. Sodium hypochlorite, Phenol  
C. Glutaraldehyde, Phenol  
D. Hydrogen peroxide, Iodophors

BP cuff, Stethoscope, e-stim clips

A. Non-critical  
B. Semi-critical  
C. Reusable Critical  
D. Sterility Critical (Non-reusable)

Cups or Gua Sha tools used over intact skin

A. Low level disinfecting agents acceptable  
B. Intermediate level disinfecting agents required  
C. High level disinfecting agents required

Safety Guidelines for Disinfecting Reusable Medical Equipment

- NON-CRITICAL: touches intact skin
- SEMI-CRITICAL: touches non-intact skin (mucous membrane)
- CRITICAL: enters sterile tissue or vascular system

<table>
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<tr>
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<th>Disinfectant Level Required</th>
<th>Disinfecting Procedures</th>
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<tbody>
<tr>
<td>Non-Critical</td>
<td>- BP cuff, Stethoscope, e-stim clips</td>
<td>- Low or intermediate disinfecting agents</td>
</tr>
<tr>
<td></td>
<td>- Cups or Gua Sha tools used over intact skin</td>
<td>- Intermediate disinfecting agents</td>
</tr>
<tr>
<td>Semi-Critical</td>
<td>- All cups used for wet cupping</td>
<td>- Sterilize before reuse; or high level disinfectant</td>
</tr>
<tr>
<td>Reusable Critical</td>
<td>- Equipment that breaks the skin or enters the vascular system</td>
<td>- Must be sterilized</td>
</tr>
<tr>
<td>Sterility Critical</td>
<td>- Needles, 7-8mm hammers, lancets, press tacks, ear seeds</td>
<td>- Cannot be reused</td>
</tr>
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</table>

Re-usable critical = No AOM equipment falls in this category

All cups used for wet cupping

A. Low level disinfecting agents acceptable  
B. Intermediate level disinfecting agents required  
C. High level disinfecting agents required

Cups and Gua Sha tools used on non-intact skin

A. Low level disinfecting agents acceptable  
B. Intermediate level disinfecting agents required  
C. High level disinfecting agents required

- Scars  
- Surgical incisions  
- Skin tears  
- Sialai ulcers – arterial and venous (example—diabetic foot ulcer). Described as partial thickness, full thickness
**Equipment that breaks the skin or enters the vascular system**

A. High-level disinfectant required  
B. Must be sterilized  

- No ADM equipment falls in “Reusable Critical” category

**Needles, 7-star hammers, lancets, press tacks, ear seeds**

A. High-level disinfectant required  
B. Must be sterilized before reuse  
C. Cannot be reused  
D. B or C

**Step 1 disinfecting procedure for Cups used over intact skin**

A. Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) from objects using soap and water.  
B. Soak in appropriate FDA-cleared disinfectant for the time indicated for reusable equipment. Follow label directions for use as an intermediate disinfecting agent.

**Step 2 options for Cups used for wet cupping**

A. Autoclave  
B. Soak in high-level disinfectant as per product label instructions  
C. A or B

**Clean housekeeping surfaces (e.g., floors, tabletops) on a regular basis (e.g., daily, or at least _____ times per week), when spills occur, and when these surfaces are visibly soiled. (CNT 7th Ed. p.196)**

A. 2  
B. 3  
C. 4  
D. 5

**Cleaning accidental spills of blood or body fluid (or OPIM) requires**

A. Using rubber gloves, pick up the visible matter with disposable absorbent material.  
B. Clean the area with a detergent soap and water.  
C. Clean the area of the spill with an approved disinfecting solution appropriate to the type of surface being disinfected.  
D. All of the above

**If an acupuncture needle drop on floor**

A. Pick it up with hemostats  
B. Pick it up with gloved hands  
C. A or B
Acupuncture practice locations that use a high volume of linens may want to consider the use of a commercial laundry facility for washing towels and linens. Commercial laundry facilities often use water temperatures of at least ______ and 50-150 ppm of chlorine bleach to remove significant quantities of microorganisms from grossly contaminated linen.

- In the home, normal washing and drying cycles, including hot or cold cycles, are adequate to ensure patient safety.

Sharps containers must either be labeled with the universal biohazard symbol and the word "________" or be color-coded red.

- Needles
- Biohazard

The Bloodborne Pathogens Standard uses the term "________" which require special handling

- Regulated waste
- Bloodborne waste

A sink with hot and cold running water must be located ______ the treatment rooms.

- in
- near
- in or near

________-level disinfectants should be used for cleaning office surfaces, not just detergents.

- Low
- Intermediate
- High

Part VII: Office Procedures for Risk Reduction

A. FDA
B. CDC
C. OSHA
D. EPA

Hands should be washed after removing gloves.
A. True
B. False

The ______ of 2000 gives practitioners and employees in healthcare facilities the power to participate in selecting and evaluating devices that would be most effective for their own and their patients' safety.
A. NSPA
B. ECP

• NSPA = Needlestick Safety and Prevention Act

Employers of healthcare workers are encouraged to participate in the task of controlling risks in the workplace, including the spread of blood-borne pathogens such as HBV/HIV, by disseminating preventive information in the workplace through a detailed ______.
A. NSPA
B. ECP

• ECP = Exposure Control Plan

Standard Precautions include:
A. Hand hygiene
B. Use of personal protective equipment (e.g., gloves, gowns, masks)
C. Safe injection practices
D. Safe handling of potentially contaminated equipment or surfaces in the patient environment
E. Respiratory hygiene/cough etiquette
F. All of the above

ECP (exposure control plan) for BBP (bloodborne pathogens) consists of:
1. Written policies
2. Program administration
3. Employee exposure determination
4. Methods of implementation and control
5. Regulated waste
6. Hepatitis B vaccination
7. Post-exposure evaluation and follow-up
8. Employee communication
9. Employee training
10. Recordkeeping
11. Hepatitis B vaccine declination statement/policy

Every AOM office must have a written bloodborne pathogens exposure control plan.
10. RECORDKEEPING
   a. Employee training: maintain for at least 3 years after the duration of employment.
   b. Medical records of those exposed: maintain for the duration of employment PLUS 30 years.
   c. OSHA Recordkeeping, including maintaining contracts and receipts for biohazardous waste disposal: maintain for a minimum of 5 years.
   d. Sharps Injury Log: log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered.

11. HEPATITIS B VACCINE DECLINATION STATEMENT/POLICY (maintain for the duration of employment PLUS 5 years)

---

**A Hazardous Communication Plan consists of:**

1. Company Policies regarding chemical exposures – written records
2. Container Labeling – Lists of labels and plans for labeling of chemicals after being put in new containers or changes
3. Chemical List – List of all hazardous chemicals found at the practice location. This will include cleaning solutions, alcohol for swabbing, and hand cleaning solutions
4. Material Safety Data Sheets (MSDSs)
5. Employee Training and Information
6. Hazardous Non-Routine Tasks (list)
7. Policies regarding Informing Other Employers/Contractors who may enter the premises (e.g., outside cleaning agencies)
8. How the employer has trained and made this policy and program available to employees

---

**Record keeping of ECP (exposure control plan)**

- Employee training: maintain for at least 5 years after the duration of employment.
- Medical records of those exposed: maintain for the duration of employment PLUS 30 years.
- OSHA Recordkeeping, including maintaining contracts and receipts for biohazardous waste disposal: maintain for a minimum of 5 years.
- Sharps Injury Log: log is reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered.
- Hepatitis B vaccine declination statement/policy: maintain for the duration of employment PLUS 5 years

---

Practitioners should contact their local health department to obtain further information regarding OSHA training and state- or town-specific requirements for healthcare offices. Note that once you have identified the existing and potential hazards in your treatment location, your state OSHA Consultation Program can help you implement the systems that prevent or control those hazards. Usually, you will have **30** days after receiving a report from your state consultation to create a plan to address all deficiencies.

- A. 15
- B. 30
- C. 60
- D. 90

**OSHA Consultation Program**

- No cost, confidential assistance
- On-site assistance with safety, health, ergonomics
- Serious hazard obligation?
- Sometimes there is a backlog
- Focused compliance assistance or comprehensive assistance

- The state consultation program is free for all employers and having the state inspect your practice setting will not result in a fine, even if all standards have not been met. Utilizing this service is a great way to prevent problems in the future.
OSHA refers to biohazardous waste as “_____________."

A. regulated waste  
B. controlled waste

Biohazardous waste generator

A. Hospitals or medical offices  
B. Veterinary clinics  
C. Funeral homes  
D. Licensed acupuncturists  
E. All of the above

What should patients do with press tacks or other imbedded devices that they need to remove at home?

A. FDA/CDC allows simple trash disposal of biohazard sharps at home (including lancets for diabetics).
B. Have the patient with the intradermal needles and press tacks still imbedded return to the practitioner for proper removal and disposal.
C. The patient can be given a sharps container to take home, use it for intradermal needles when removed at home, and then the sharps container would need to be returned to the practitioner for proper disposal.
D. B or C

There are nine critical parts of any chart.

1. Patient information
2. Past medical history
3. Allergies and adverse reactions
4. Family history
5. Dated and signed records of every visit
6. Flow sheets for organization of health maintenance, chronic conditions, wellcare visits, etc.
7. Narrative notes describing conversations with patients regarding treatments (accepted and refused) and preventative testing
8. Consent documentation
9. Flow sheets or narratives indicating that unresolved problems from previous office visits are addressed in subsequent visits

_______ non-erasable ink should be used on handwritten records. *(CNT 7th Ed. p.216)*

A. Black
B. Blue or black
C. Any color

Documentation errors and corrections should be noted clearly, i.e., by drawing ___ line through the error and noting the presence of an error, and then initialing the area.

A. one
B. Two
C. three
**SOAP notes**

<table>
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<tr>
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<th>information reported by the patient</th>
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<tbody>
<tr>
<td>Objective</td>
<td>information gathered by the practitioner, i.e., tongue, pulse, palpation</td>
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<tr>
<td>Assessment</td>
<td>of the patient’s condition and treatment progress</td>
</tr>
<tr>
<td>Plan</td>
<td>treatment record for the day, including points, herbs, dietary and lifestyle recommendations, new diagnosis and referral, if any</td>
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</tbody>
</table>

**Collection of health history data including some or all of the “10 questions”**

A. Subjective
B. Objective
C. Assessment
D. Plan

**Example:**
BP 110/76, P 68, R 12. Tongue long, wide, red with a thin white coat and distended sublingual veins. Pulse: regular rate and rhythm, full, thin and wiry. Shoulder ROM decreased in abduction to 110 degrees on the right; 175 degrees on the left. Specific point tenderness noted at GB 21, SJ 14, 15 on the right only.

**Example:** Qi and Blood stagnation in the GB and SJ channels. Shoulder pain previously diagnosed as a rotator cuff strain/sprain (ICD 9 840.4). Improvement from a combination of acupuncture/moxibustion and cupping likely after 4-6 treatments.
Example: Relieve stagnation of qi in the GB and SJ channels of the right shoulder. Needle and indirect pole moxa on GB 21, 34; electrical stimulation SJ 14-15 (bilaterally). CPT Codes: 99212, 97813.

A. Subjective
B. Objective
C. Assessment
D. Plan
E. Implementation

Example: Treatment to be repeated weekly for 4 weeks then reassess and reevaluate progress before additional treatments offered.

A. Subjective
B. Objective
C. Assessment
D. Plan
E. Implementation

Implementation: Review and implement the AOM plan with the patient. Modify the plan as necessary and obtain written consent. Confirm the plan for continuing care.

Practitioners should be aware that as a general rule they may not release information regarding a patient, either verbally or in writing, without the patient’s consent. In addition to state confidentially statutes, most acupuncturists must now comply with

A. HIPAA (Health Insurance Portability and Accountability Act)
B. PHI (Protected Health Information)
C. NOPP (Notice of Privacy Practices)

State laws vary with regard to requirements for healthcare providers to report known or suspected communicable diseases, or child or elder abuse.

A. True
B. False

Every adult has a right to determine what is to be done with his or her own body.

A. Autonomy
B. Beneficence
C. Non-maleficence
D. Justice

A practitioner should act in the best interest of the patient.

A. Autonomy
B. Beneficence
C. Non-maleficence
D. Justice

Required Elements for Informed Consent

There are five basic elements that must be disclosed to patients in language that a lay individual reasonably can be expected to understand:

1. The diagnosis, including the disclosure of any reservations the provider has concerning the diagnosis.
2. The nature and purpose of the proposed procedure or treatment.
3. The probable risks and consequences of the proposed procedure or treatment. This includes only those risks and consequences of which the provider has, or reasonably should have, knowledge. It is not necessary to disclose every potential minor risk or side effect. Usually, it is appropriate to disclose those risks which occur more than 1% of the time for a given procedure.
4. Reasonable treatment alternatives. This includes other treatment modalities that are considered to be appropriate for the situation, even though they may not be the personal preference of the disclosing provider.
5. Prognosis without treatment. The patient must be informed of the potential consequences, if he or she elects not to have the recommended procedure.

Basic elements of Informed Consent

A. diagnosis, nature of treatment, risks and consequences, prognosis without treatment
B. diagnosis, nature of treatment, risks and consequences, alternative treatments
C. diagnosis, nature of treatment, risks and consequences, alternative treatments, prognosis with treatment
D. diagnosis, nature of treatment, risks and consequences, alternative treatments, prognosis without treatment

In the informed consent, it is necessary to disclose every potential minor risk or side effect.

A. True
B. False

• It is appropriate to disclose those risks which occur more than 1% of the time for a given procedure.

Written consent provides material proof of consent

• A valid, written consent must include the following elements:
  1. It must be signed.
  2. It must show that the procedure was the one consented to.
  3. It must address the nature of the procedure, alternatives, the risks involved, the probable consequences, and demonstrate that the patient understood these concerns.
  4. The patient must fill in the date on which the form was signed.

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<td>procedure</td>
<td>nature &amp; alternative risks &amp; consequences</td>
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Informed consent is particularly important when using techniques that might be interpreted as causing damage to the body; this includes acupuncture as well as direct moxibustion, and cupping or gua sha, which may leave petechiae/bruises.

Oral consent, if proven, is just as binding as written consent.

A. True
B. False

EXPRESSED CONSENT

• It may be oral or in writing.
• Though both these categories of consents are of equal value, written consent can be considered as superior because of its evidential value.

According to OSHA: “__________ constitute the majority of general industry accidents. They cause 15% of all accidental deaths, and are second only to _________ as a cause of fatalities.

A. Slips, trips, and falls / Motor vehicle accident
B. Motor vehicle accident / Slips, trips, and falls

For a spill of a significant amount of blood or OPIM, use the following guidelines:

Don __ set(s) of utility gloves.
Dispose of absorbent material in hazard waste trash (______ bag).

A. 1, single
B. 2, single
C. 1, double
D. 2, double

If a patient threatens harm against him or herself, there can be ethical and legal justification for disclosing that information to a third party (e.g., a spouse or parent) if that disclosure will help prevent that harm.

A. True
B. False
Part VIII: Appendices

Contraindicated points during pregnancy

- There is no consistent comprehensive list of points that may be contraindicated for acupuncture, moxa or other techniques during pregnancy.

- Traditionally, students have been cautioned to avoid utilizing points that can be used to stimulate labor (e.g., SP 6, LI 4), points on the sacrum which may stimulate nerves that also innervate the uterus (e.g., BL 31, 32, 33), or points on the foot that may have a reflex action on the uterus (e.g., BL 67).

- Based upon animal research, some researchers have questioned whether points that are often identified as being contraindicated in pregnancy by traditional texts or oral traditions really need to be avoided in modern practice.

Categories of Points

A. Due to anatomical considerations, limit needling of point for critical circumstances when other options are not available; or when point function outweighs the risks.

B. Due to anatomical considerations or according to historical texts, limit use of moxibustion techniques for limited circumstances when function outweighs the risks.

C. Direct, scarring moxibustion should be avoided; the risks of damage outweigh the benefits (e.g., on the face).

D. Apply E-Stim only with special care or for limited circumstances.

E. Point is at or over a major vessel; use care when needling.

F. Point has been associated with pneumothorax by WHO or other authority; limit depth and consider proper angle for needling.
Due to anatomical considerations or according to historical texts, limit use of moxibustion techniques for limited circumstances when function/use outweighs the risks.

- LU3
- LU10-11
- LI15
- SP7
- SI10
- BL51
- BL62
- REN8
- DU4* male under 21 only (historical reference)
- DU6
- DU27-28

Direct, scarring moxibustion should be avoided; the risks of damage outweigh the benefits (e.g., on the face).

- LI19-20
- ST1-7, ST17
- SI18
- BL1-10
- SJ16-23
- GB1-19
- DU16-25

Apply E-Stim only with special care or for limited circumstances.

- ST8-ST9, ST12
- UB2-10
- REN14-15, REN17-18
- DU15-25

Point is at or over a major vessel; use care when needling.

- LU9
- ST9
- ST12-ST13
- SP11
- HT1
- LR12
Point has been associated with pneumothorax by WHO or other authority; limit depth and consider proper angle for needling.

- ST12
- BL13
- GB21
- REN14-15
- REN22

### Clean Needle Technique 7th Ed. FAQ

**Point:**

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ILITY 7th Ed. p.238

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Should pressure be applied before and during needle removal?

- No.
- Because applying pressure next to a needle that is being removed increases the risk for inadvertent needlestick injuries, best practice techniques would be to apply pressure to an acupuncture point only after the needle has been completely removed from the site.

Should warm water or water with sugar be given to patients who have fainted during acupuncture?

- Variable.
- If the patient just feels faint, some water, tea or other liquids may be helpful. If the patient has fainted, then do not force liquids into the mouth until the patient regains consciousness and clarity of thought.

Must a different guide tube be used for different areas on the patient’s body?

- No.
- Guide tubes must be sterile at the start of a treatment but a guide tube may be used for multiple needle insertions at various areas of the patient’s body.

Is the best way to clean skin prior to needle or lancet insertion to use 70% alcohol?

- Unclear.
- The literature is clear about the skin being clean but there have been no comparison studies of soap and water vs. alcohol vs. other products, such as those containing chlorhexidine.

If I use table paper over a sheet or other cloth to cover the treatment surface, can I change the paper only for each patient and change the sheet at the end of the day?

- No.
- Table paper does not completely cover the area that a patient may touch. All treatment surfaces must be cleaned between each patient visit. If using sheets or other cloth coverings, these must be changed for each and every patient visit. Note that the incidence of mycobacterium outbreaks in some cases may have been associated with practices of reusing towels and sheets.

Can practitioners’ hands be sterilized?

- No.
- Sterilization is defined as “the complete destruction of all living tissue.” Since practitioners are living, breathing individuals, their hands can be clean but not sterile.

How do I use an alcohol swab to clean the skin – one direction only or back and forth “cleaning”?

- Unclear.
- The alcohol is being used to be sure the skin is clean. Since the needles do not enter the vascular tree, specific directionality of swabbing has not been studied.

Can I use reusable needles for treatments?

- No.
- The standard of care for U.S. CCAOM CNT course graduates is to use single-use sterile disposable needles only. Reusing needles is not permitted legally in many states. The cost saved by autoclaving needles is negligible when compared to the cost of even one patient contracting a disease from needle reuse.
When cleaning a cup or gua sha device, do I disinfect first, then clean the cup or device?

• No.
• You must remove all biological material for the disinfectant to work properly. Clean the device with soap and water first, then disinfect, then rinse the device (if it is desired to remove any remaining disinfectant) before using on the next patient.

Specifically what fluids are considered potentially infectious?

• Blood and OPIM. OPIM include: synovial fluid, amniotic fluid, cerebrospinal fluid, pleural fluid, semen and vaginal secretions, peritoneal fluid, pericardial fluid, saliva (in dental procedures only), any fluids visibly contaminated with blood, stool, and all body fluids where it may be difficult to differentiate between contaminated and non-contaminated fluids.

What bodily fluids are known to be a source for HIV infections?

• Blood, any body fluid contaminated with blood, semen, vaginal secretions, synovial fluid, amniotic fluid, cerebrospinal fluid, and breast milk. Sweat and urine are not sources for HIV infections.

What are the standard procedures to follow after an exposure incident such as a needlestick?

1. Treat the exposure site as soon as possible after the exposure incident.
2. Use soap and water to wash and clean areas exposed to blood or OPIM as soon as possible after exposure occurs. DO NOT “milk” a puncture site to draw out some blood first.
3. Flush exposed mucus membranes with water.
4. Flush eyes with running water or saline solution.
5. Do not inject antiseptics or disinfectants into the wound.
6. ... Note the incident in the incident log.
7. Utilize follow-up procedures as specified in the clinic’s BBP manual.

Why are the techniques described in the manual called “clean technique” rather than “sterile techniques?”

• While the needles and lancets used as described in this manual are sterile before use, other devices are clean but not sterile and the entire field being prepared for patient treatments is clean, not sterile. Clean technique is a better designation than sterile technique which would require surgical-level cleanliness and sterility.

Why is there no reference to “needle retention time” even though the CNT Manual references “cupping retention time?”

• No available research on needle retention time suggests any adverse effects of longer retention. This is not the same issue as cupping as cupping compresses the skin and has proven adverse effects from excessive retention.

The Manual permits removal of multiple needles at same time, but not clear if needles can be placed in intermediate container for counting purposes before being put in sharps container.

• If a practitioner wishes to take out needles near each other before those 2 or 3 needles are put in the sharps container, and can remove them without the sharp end of any needle coming back in contact with the patient’s skin, then that is permissible. But needles cannot be put in a secondary container/receptacle between removal from a body and disposal in the sharps container. All needles need to go immediately into a sharps container after removal.

Why is there inconsistency in the Manual as to whether sweat and tears are sources of infection?

• Sweat and tears are not sources of bloodborne pathogens. Sweat can carry skin bacteria so can be a source of contamination and cross infection of skin infections between patients, or patients and practitioner. Tears are normally not a source of infection except when a person has a current conjunctival disease. So this is about context. We don’t expect that normal handshakes and hugs or touching face-to-face will spread bloodborne pathogens. However, people with conjunctivitis or impetigo or HSV may spread those illness through sweat or tears.