
1. Clean needle technique procedure remains essentially the same (wash hands, set up a clean field, use only single-use disposable filiform needles, immediately isolate used needles and other sharps, follow Standard Precautions).
   a. NEW: In concert with the CCAOM position paper on skin preparation,¹ the patient’s skin needs to be clean, but does not necessarily need to be cleaned by the practitioner immediately prior to performing needling and related procedures.
   b. NEW: Specific guidelines are provided for performing CNT in a variety of settings (e.g., office, house calls/travel, community acupuncture or NADA setting, and public health settings).

2. Related procedures: Best practices are recommended for many related clinical procedures, including moxibustion, heat lamps/TDP lamps, cupping, bleeding, gua sha, plum blossom, ear seeds, press tacks/intradermal needles, tuina, and injection techniques. It is recommended that clinics create their own best practice guidelines in order to meet the specific needs and uses of the clinic.

3. Disinfection of reusable AOM equipment:
   a. NEW: Solutions of household bleach and water are no longer acceptable as disinfectant solutions.
   b. NEW: All gua sha and cupping equipment must be cleaned with soap and water, then disinfected using a commercially prepared FDA-approved intermediate-to high-level disinfectant solution following package directions.

c. NEW: The guidelines include reminders that stethoscopes, blood pressure cuffs, and e-stim clips need to be disinfected between uses.
d. NEW: The guidelines remind practitioners that the treatment tables (or chairs) need to be disinfected after every patient visit and that table paper and sheets used to cover the treatment tables must be changed for each new patient.

4. Infectious agents: Information about blood borne viruses is updated. Expanded information is available about other health care associated infections including *Staphylococcus, Streptococcus, Mycobacteria tuberculosis, Mycobacteria abscessus*, HSV, norovirus, influenza, and *Clostridium difficile*.
   a. NEW: Specific information about any known association between these diseases and acupuncture is included.
   b. NEW: Length of time that bacteria or viruses remain viable is included.

5. Federal standards and guidelines: The sections on CDC, OSHA, HIPAA, and consent and charting requirements have been expanded with links to standard forms and further information.

6. A significant review of the literature is provided in Part I of the Manual.

7. Appendices provide internet links to further information, responses to frequently asked questions, and other helpful information for clinics and practitioners.
Clinic Check List for CNT (7th Edition of CNT Manual)

1. Clean needle technique:
   a. Wash hands before utilizing any procedures
   b. Set up clean field
   c. Use only single-use disposable sterile tools that break the skin
   d. Use only properly cleaned and disinfected re-usable tools
   e. Immediately isolate used sharps - isolation should be carried out safely, but there is NO requirement to isolate EACH needle individually
   f. Follow Standard Precautions
   g. PPE must be available in the clinic setting

2. Clinic Cleanliness:
   a. Change table coverings (e.g., table paper and sheets) between every patient visit
   b. Disinfect treatment tables and treatment chairs between every patient visit using an EPA-approved disinfectant solution
   c. Disinfect common surfaces daily using an EPA-approved disinfectant solution

3. Disinfection of reusable equipment and tools:
   a. Equipment used on intact skin only – low level FDA-approved disinfectant between uses (BP cuffs, stethoscope heads, e-stim clips)
   b. Cups and gua sha devices that are used exclusively on intact skin must be cleaned with soap and water, then disinfected with a commercial FDA-approved intermediate-level disinfectant solution between uses (household bleach no longer acceptable)
   c. Any tools used after the skin is broken via acupuncture/lancet/plum blossom, and those used on skin with lesions or other breaks must be single-use or cleaned with soap and water, then disinfected with a commercial FDA-approved high-level disinfectant solution and stored in a closed container between uses

4. Charting practices – charts contain all of the following:
   a. Patient information (intake form)
   b. Past medical history
   c. Allergies and adverse reactions
   d. Family history
   e. Dated and signed records of every visit (both sides of every page have the patient’s full name and date of visit; a full signature on the last page and signatures or initials on all pages – front and back)
   f. Flow sheets for organization of health maintenance, chronic conditions, well-care visits, etc.
   g. Narrative notes describing conversations with patients regarding treatments (accepted and refused) and preventative testing
   h. Standard chart information (SOAP notes)
i. Consent documentation

5. Minimum requirements for biohazard equipment and supplies:
   a. Low level disinfectant solution
   b. Intermediate level disinfectant solution
   c. Sharps containers
   d. Biohazard bags
   e. Biohazard storage space (locked)
   f. Biohazard waste pickup and disposal documentation

6. Documentation:
   a. OSHA Exposure Control Plan:
      i. Blood borne Pathogens standard
      ii. Hazardous Communication (chemical), including MSDS’s
      iii. Hepatitis B vaccination documentation
      iv. Incident reporting documentation
   b. Other safety procedures
   c. Clinical practice procedures
   d. HIPAA:
      i. Plan
      ii. NOPP
      iii. Business associate agreement
      iv. Confidentiality form
   e. Training documentation (employees – faculty and staff, not students)
      i. OSHA (annual – past 5 years)
      ii. HIPAA (annual – past 5 years)
      iii. Documentation of training for any outside contractors (cleaning companies)
   f. Consent forms for all procedures performed in the teaching clinic