

Dry Needling Physiotherapy Group Safety Protocol



This document is written in order to give substance to the request from the National Assembly of the South African Society of Physiotherapists for a formal protocol governing the performance of the dry needling technique. It is based on a consensus drawn from published studies, professional opinion/ position papers, and from the deliberations of a working group drawn from stakeholders in needling therapies who work within the physiotherapy discipline. This is the Dry Needling Physiotherapy Group's official position paper.

Scope of practice

The practice of dry needling is regarded as being within the scope of physiotherapy in terms of Government Gazette R2301 of 3 December, 1976. Dry needling is not specifically listed as an accepted procedure per se, but is covered under subsection 1

*“The scientific use of movement techniques based upon physiologic principles, supplemented where necessary by massage, manipulation, electrotherapy and **other physical and supportive measures** including advice to and education of the patient for the prevention and treatment of injury, disease and disorders, and **the facilitation of normal physiological processes and functional activities**”*

The Board of Healthcare Funders have recognized this situation by allocating a tariff code to dry needling, and it is officially recognized as falling within the scope of physiotherapy by the South African Society of Physiotherapy. The Dry Needling Physiotherapy Group (DNPG) is the body responsible for the regulation of dry needling amongst physiotherapists. This document details the *basic minimum standards* for the safe use of dry needling in South Africa.

1. The basic working environment

- a. The premises where the technique is performed should comply with regulations as set out in the Government Gazette No. 15907 of 12 August 1994. Of special reference here are section 20 (Consulting rooms), 28 and Annexure 1 which pertains to this section (Performance of Professional acts). The premises must conform to the professional guidelines for the practice of Physiotherapy as these pertain to either hospital or rooms treatments. Such premises must include a hygienic hand washing facility.
- b. Home visits: The standards here should adhere as closely as possible to the clean technique described below, with the proviso that no treatment should expose the patient to harm. All related waste should be removed from the site.

2. Ethical considerations:

- a. No therapist may practice any technique for which he/she has not been adequately trained. It is the responsibility of each practitioner to ensure they have this training.

- b. The therapist is required to obtain written informed consent from the patient before treatment. Such consent must include informing the patient of the exact technique to be employed, the potential risks of the technique and likelihood of a measure of discomfort. Of particular concern is the risk of causing a pneumothorax. This must be clearly explained in a written document. See Appendix 1 “Dry Needling Information”
- 3. The treatment area should comply with the “Clean working environment” principle:**

“The treatment room should be free from dirt and dust, and should have a special working area such as a table covered with a sterile towel, on which sterile equipment should be placed. This equipment (incl. containers of needles, cotton wool balls, and 70% alcohol or similar disinfectant eg. Dermabac) should be sealed or covered with a sterile towel until needed for use. Adequate light and ventilation should be provided throughout the treatment rooms” In all circumstances, there must be sufficient space for a “clean field” of equipment, with adequate lighting
- 4. The Practitioner should have clean hands:**

Practitioners should always wash their hands before treating a patient. Washing the hands again immediately before the needling procedure is particularly important in preventing infection, and should include thorough lathering with soap, scrubbing the hands and fingernails, rinsing under running water for 15 seconds, and careful drying on a clean paper towel. Thereafter, a dermoprotective gel (Dermabac, Steritec etc) should be applied to the therapist’s hands and be allowed to air dry(The use of gloves and alcohol swabs for protection of both therapist and patient is recommended if a dermoprotective gel is not used
- 5. Preparation of needling site:**
 - a. The needling sites need to be clean, free from cuts, wounds or infections. The area to be treated should be covered with a dermoprotective gel (Dermabac, Steritec etc) and be allowed to air dry. If such a gel is not used, then the area to be needled should be swabbed with 70% ethyl or isopropyl alcohol from the centre to the surrounding area using a rotator scrubbing motion, and the alcohol allowed to dry.
 - b. The patient should be treated in a well supported position. This is most commonly prone, supine or side lying. Where seated position is used, the patient must be supported such that the risk of falling as a result of fainting is avoided.
- 6. Sterile needles and equipment:**
 - a. Only single use, pre-sterilised, disposable solid needles, with or without a guide tube may be used. Where a guide tube is used, this must be pre-packed with the needle. Re-usable needles are not acceptable. The needles should be opened in front of the patients.
 - b. The needle should be made of stainless steel and may have a copper, plastic or rubber handle. The use of other metals shows no additional clinical benefit.
 - c. Clean cotton wool, either sterile or unsterile must be used upon withdrawal of the needle. The wad is to be pressed against the skin and the shaft of the needle as it is withdrawn to limit any fluid leakages. Pressure should be maintained for 5 seconds per needle. Additional pressure for up to 3 minutes should be applied if

the would leaks or if a haematoma arises. Haemophiliacs should not be treated using needles without written consent from the patient's doctor.

- d. A disinfectant must be used on both the therapist's hands and the treatment area immediately prior to treatment. Therapists must use either 70% isopropyl alcohol swabs or a residual disinfectant (Dermabac, Steritec etc) to achieve this. Single use sterile gloves should be used if no residual disinfectant is used.
- e. All needles should be disposed of in a clearly marked yellow "sharps" bin. The bin must clearly state "Danger-Contaminated needles". This bin should be disposed of when three quarters full by a medical waste company in an appropriate fashion. This is to avoid the risk of needles accidentally "bouncing" out when attempting to force the needle into an overly full container.
- f. All swabs should be disposed of in red biohazard bin. This must then be disposed of by a medical waste company in an appropriate fashion.
- g. Guide tubes and the plastic inserts that accompany them are to be disposed of as domestic/non-clinical waste.

7. Aseptic technique

- a. A "No touch technique" should be followed with respect to the shaft of the needle. Where touching is necessary, use a sterile cotton wool swab as means of contact.
- b. On withdrawing the needle, a sterile cotton wool ball should be used to press the skin at the insertion site. The swab must then be disposed of in a hazardous waste container.

8. Safe management and disposal of needles and swabs

- a. All needles should be disposed of in a yellow "sharps bin" immediately after treatment. Once full, this container must be disposed of by incineration by a medical waste disposal company

9. In case of a needle stick injury, the therapist should do as follows:

- Encourage free bleeding from the area,
- Wash thoroughly with disinfectant.
- Follow the approved local needle stick protocol, or where this does not exist, consult their GP or Casualty department as soon as possible

Note that the therapist is encouraged to know his/her own status independent of any exposure to risk

References:

1. British Acupuncture Council Code of Safe practice
2. WHO guidelines on acupuncture safety