

Acupuncturist Business

Definitions. –According to Section 328-G:2 I. "Acupuncture" means the insertion of needles primarily through the skin at certain points on the body, with or without the application of electric current and/or heat, for the purpose of promoting health and balance as defined by the principles of oriental medicine. II. "Acupuncturist" means a person licensed to practice acupuncture as defined in this chapter, and whose license is in good standing. Acupuncturists must use sterile, disposable, one-use needles and must use the CCAOM *Clean Needle Technique*.

Scope of Practice

Ac 601.03 The Scope of Practice of Licensed Acupuncturists. Pursuant to RSA328-G:10, I and II, the scope of practice of licensed acupuncturists shall include but is not to be limited to the following services:

- (a) Acupuncture and related techniques, including:
 - (1) Percutaneous techniques,
 - (2) Transcutaneous acupuncture techniques, such as:
 - Non-penetrating surface stimulation with needles or related surface stimulation devices, Surface stimulation with magnets, rhythmic tapping devices, pieces of metal, or seeds; and Cupping, the application of suction devices on the skin;
- (b) Moxibustion and other treatments using heat, light, color, sound, electromagnetism, and herbs
- (c) Electroacupuncture, with or without needles, for detection of acupuncture points, diagnosis of energetic imbalances, or treatment with devices.
- (d) Bodywork, including massage and oriental manipulation of skeletal and soft tissue for the correction of blockages of energy in the acupuncture channels and the surrounding tissue.
 - *Acupuncturists providing additional therapeutic bodywork and massage methods must adhere to the NH Reopening Guidelines for Massage and Bodywork.*
- (e) Diagnostic and physical examination procedures.
- (f) Therapeutic exercise, martial arts, and breathing techniques.
 - *Acupuncturists providing instructional classes must adhere to the NH Reopening Guidelines for Health and Fitness Centers*
- (g) Dietary counseling, including the therapeutic use of food and supplements.
- (h) The prescribing of herbs, oriental patent medicines, and homeopathically prepared substances.
- (i) Stress reduction through such methods as meditation and relaxation techniques.
- (j) Lifestyle counseling towards achieving physical, mental, emotional, and spiritual balance in daily life.

To include:

RSA 328-G:2, X, Acupuncture detoxification specialist (ADS) or (certificate holder) means an individual certified by the board to practice acupuncture detoxification in this state, under supervision provided by a New Hampshire licensed acupuncturist who shall be available by

phone or other electronic means during business hours and who conducts at least two site visits per year as defined in RSA 328-G:9-a, II(b).

Acupuncture detoxification specialist scope of practice shall include *and is limited* to the use of the five auricular acupuncture points known as shen men, sympathetic, kidney, liver, and lung: the treatment by means of the insertion of acupuncture needles in a combination of points on the ear using the standardized NADA ear protocol.

Safeguarding Guidance:

The Governor's Economic Re-Opening Task Force recommends protocols for safeguarding all New Hampshire businesses during the coronavirus disease 2019 (COVID-19) pandemic. This industry-specific guidance is based on what is currently known about COVID-19 and is intended to protect the public's health and allow New Hampshire to begin to open for business. These recommendations aim to reduce transmission of COVID-19 among practitioners and clients; support normal business operations, and maintain a healthy work environment. In addition to strict adherence to [U.S. Centers for Disease Control and Prevention \(CDC\)](#), [Equal Employment Opportunity Commission \(EEOC\)](#) and [Occupational Safety and Health Administration \(OSHA\)](#) guidance, and [US Food and Drug Administration \(FDA\)](#), [Council of Colleges of Acupuncture and Oriental Medicine \(CCAOM\) CCAOM Clinic Infection Control Advisory](#), CCAOM Clean Needle Technique (CNT) [7th Edition Manual Jan 2016 edits](#). The State of New Hampshire recommends policies and procedures to protect consumers and employees, including:

Effective immediately until further notice, a Two Phased Reopening Plan to follow, including Employee Protection, Consumer Protection, and Business Process Adaptations as detailed below.

Phase 1 Guidelines

Employee Protection:

In addition to NH [STAY AT HOME 2.0](#), and CDC [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#) Acupuncturists and office staff will follow:

1. Facemasks
 - a. Wear a surgical face mask at all times in the clinic. Ideally, a single face mask would be used per patient encounter.
 - i. If supplies need to be conserved, a surgical mask can be used for an entire day in the clinic. Using a single mask for multiple days may be considered if supplies are not otherwise available. The CDC has allowed for extended use of a disposable surgical face mask under the following conditions:
 - a. The facemask must be removed and discarded if soiled or damaged. The acupuncturist may not touch the face mask. If the face mask is touched, immediate hand hygiene is performed.
 - b. The acupuncturist should leave the patient area to remove their face mask. If the mask is to be stored, the mask is folded with the

outer surface folded inward (to reduce contact of the outer surface), and the mask can be placed inside a clean, sealable paper bag.

- b. To don a mask, the practitioner performs hand hygiene, visually inspects the mask for soil or defect, then applies the mask, taking care not to touch the inner surface.
 - c. To doff a mask, first, hand hygiene is performed. The mask is removed, taking care not to touch the inside of the mask. The mask is stored or discarded, and hand hygiene is repeated.
2. Gloves

Because acupuncture as a procedure does not typically involve exposure to mucous membranes, blood, or body fluids, the routine use of gloves is not required of acupuncturists. During the COVID-19 outbreak, gloves become an essential PPE to prevent exposure to potential contamination.

 - a. Upon entry into the patient treatment room, perform hand hygiene, and put on a single pair of nonsterile gloves.
 - b. Remove and discard gloves when leaving the treatment room. Immediately perform hand hygiene after discarding gloves.
 - c. Wear gloves to remove used laundry after the patient treatment
 - d. Wear gloves during cleaning and disinfecting.
 2. Lab Coats
 - a. Lab coats must be worn only when there is the expectation of contamination by contact with body fluids. Lab coats are not required for safer-at-home patient care in typical acupuncture offices.
 - b. The use of a lab coat should be restricted to treatment areas only.
 - c. If a lab coat is used, hands are washed, the lab coat is donned, then gloves are donned. (Assumes face mask already in use.)
 - d. Lab coats should be laundered with clinic laundry daily.
 3. Personal Clothing
 - a. Acupuncturists should wear clean clothes into the clinic. Scrubs are an acceptable option.
 - b. Remove jewelry, and avoid clothing accessories such as ties and scarves.
 - c. Clinic clothing should be immediately removed upon returning home from the clinic and laundered.
 4. Exposure Plan
 - a. If there is suspected or known exposure follow the CDC guidelines for the management of potential exposure to COVID19 in a healthcare setting [Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#), and follow CDC return to work criteria [Return-to-Work Criteria for Healthcare Workers](#).

Consumer Protection

1. All Patients must wear a face mask at all times while in the facility. If the client does not have a mask, the practitioner will provide one for them.
 - a. Patients may use cloth faces masks. Multiple layers of fabric such as cotton-silk, cotton-flannel, and cotton-chiffon provide significantly more particulate filtration.
 - b. The patient must sanitize hands before donning the facemask, wear the mask over mouth and nose, and not remove the facemask while in the clinic unless the patient is positioned face down (prone).
 - c. When the patient is face down in a headrest, a ready-made face-cradle cover must be used. The cover must create a sizable hammock-type pocket underneath the mouth and nose to both allow the patient to breathe and could catch client aerosols.
2. Provision of tissues and non-touch waste disposal for cough etiquette.
3. Table, pillow coverings and linens will be entirely changed for each patient.
4. Minimize physical, social, and face to face interaction.
5. Social Distancing Procedures
 - a. Stagger patient appointment times to allow for adequate time for cleaning and disinfecting.
 - b. Patients need to isolate themselves in a car or by social distancing and wait for a phone notification that a staff member will meet them at the entry to provide screening and escort them directly to the treatment room.
 - c. Use Telehealth as much as possible to limit time patient is physically in the clinic.
 - d. Mark floors wherever patients have to form a queue to ensure 6-foot distance.
 - e. If treating in a shared room, place patients at a minimum 6-foot distance, and consider constructing barriers between treatment areas.
 - f. Eliminate time spent in check out. Services should preferably be paid for electronically before arrival at the establishment. If electronic or card payment is unable to be submitted, clients should come with an exact cash payment or check.
 - i. If remote check out is unavoidable, consider a plexiglass shield to limit contact for staff.
 - g. When possible, use a curbside pickup or direct mail delivery for herbs, supplements, and products.
 - h. No more than ten people are allowed in a facility at one time. All social distancing rules apply at all times.
 - i. The waiting area must be closed unless 6 feet distancing can be accomplished.
6. Pre-Entrance Screening Procedures
 - a. Clients must receive pre-visit telephone consultation within 24 hours of their appointment to screen for symptoms consistent with COVID-19, recent travel, and exposure to people with suspected or confirmed COVID-19.
 - b. Instruct patients which presenting symptoms will lead to an immediate referral for biomedical care and inform them they will be screened upon arrival.

- c. Instruct patients and anyone accompanying them to stay home rather than seek your treatment if they exhibit any symptoms of respiratory infection (fever, cough, and shortness of breath/difficulty breathing).
 - d. Instruct patients to follow CDC guidelines for self-quarantine and refer to biomedical care providers. [What to Do If You Are Sick](#)
 7. Entrance Screening Procedures
 - a. All staff and patients must be screened upon entry into your clinic space; those with the symptoms or combination of symptoms will result in immediate referral to biomedical care.
 - b. Screen for temperature. Non-contact thermometers are preferred and should be disinfected between uses according to manufacturer's instructions (often with an alcohol wipe).
 - c. Screen for COVID-19 symptoms:
 - New cough*
 - New shortness of breath*
 - New fever, or feel feverish
 - New chills, or repeated shaking with chills
 - New fatigue*
 - New sore throat*
 - New loss of taste or smell
 - New nasal congestion*
 - New muscle aches that are not caused by specific activity such as exercise*
 - New diarrhea*

*cannot be attributed to another health condition
1. Provide hand sanitation at entry; all persons must sanitize hands. The CDC prefers hand sanitizer in a medical setting.
2. Source Control Procedures:
 - a. Notify patients that persons accompanying them to their appointment must wait outside of the clinic, such as in a personal vehicle or practice social distancing outside. Personal care assistants must remain with the patient in the treatment room/space.
 - b. Include verbal alerts to stay home/contact clinic by phone on outgoing voicemail, and during appointment reminder calls
 - c. Create visual alerts in multiple languages on your website, emails, written appointment reminders, texts, posted at your clinic entrance, displayed at the reception, informational flyers.
 - d. Reduce or eliminate cancellation fees.
 - e. Consider alternate means (biomedical care referral, Telehealth, virtual consultations) for Telehealth treatment and relevant intake for scheduled treatments.
 - f. Notify patients that they must wear a cloth facemask upon arrival and during treatment.

- g. Educate patients on the proper use of facemask.
- h. Develop strategies to eliminate the need for patients to use a waiting room. For example, patients may wait in their car until they can come through screening and directly into your treatment room. Escort patients as needed into your clinic, ensuring social distancing and appropriate infection safeguards while using elevators, depending on your office setting.
- i. Provide/post hand hygiene instructions/flyers
- j. Provide / post cough etiquette instruction/flyers
- k. Provide / post wellness instruction/flyers
- l. Provide updated communications to patients to enhance infection control.
- m. Avoid shaking hands with clients or hugging.
- n. Remove all testers and samples.
- o. No walk-in appointments.

Business Process Adaptations:

1. A home-based acupuncture business must allow a separate entrance and a designated bathroom.
2. If you work in a hospital or medical office, follow guidelines issued by the facility.
3. Acupuncturists must provide to patients an additional Consent to Treat form to sign. The Consent to Treat must inform patients that despite adherence to these enhanced guidelines, as in all social and physical interactions, there is a potential risk of exposure to COVID 19.
4. Cover any cloth or fabric items with nonpermeable barriers that may come in client contact and need to be entirely cleaned for each client.
5. Pre-scheduled appointments are required to ensure time for proper cleaning.
6. Disinfection Procedures:
 - a. Apply EPA-registered hospital-grade disinfectant for the appropriate contact time indicated on the product label. Ensure products remain for wet "contact" or "dwell" time. Ensure antiseptic "wipes" meet these criteria.
 - b. Written enhanced disinfection procedures should be implemented, including but not limited to:
 - i. Before and After Every Patient Visit:
 1. Clean and disinfect treatment table, instrument tray, electrical implements, countertop, chairs/stools, door handle, sink, faucets, light switches, hand sanitizer pump handle, as well as any other identified high-touch surface.
 - i. Daily:
 1. Clean and disinfect high contact surfaces throughout the office.
 2. Clean and disinfect treatment room floors (hard surface).
 3. If the floor is carpeted, consider if removal of carpet is practical. If not feasible, ensure that any visible contamination is removed and carpet is cleaned with EPA-approved products for these surfaces. Repeat and maintain cleaning regularly.

i Weekly:

1. Clean and disinfect staff area floors.
2. For each treatment room, create a checklist for disinfecting procedures to be carried out after each treatment, and daily disinfecting systems; initial and date for each instance of disinfection. Keep the completed checklists for your record.

7. Laundry Procedures

- a. Wear gloves when handling used laundry. These gloves may be reusable rubber gloves. After use, disinfect gloves according to the manufacturer's instructions. Always wash hands before and after removing gloves.
- b. Clean laundry should be stored in a closed cabinet or sealed container.
- c. Sheets, pillowcases, patient coverings, cloth heating pads, mattress pads, cloth pulse pillows, or blankets cannot be re-used without laundering.
- d. Roll used laundry so that areas in direct contact with patients are inside. Don't carry used linens against the body.
- e. All laundry used during a patient visit should be isolated into a closed leak-proof hamper after treatment. Use a disposable bag or reusable laundry bag that is cleaned with laundry. Hampers should be disinfected daily.
- f. Commercial processing of clinic laundry is preferred. If you are processing laundry, it must be handled separately from personal items. Do not shake out laundry before washing.
- g. Follow best practices for laundering soiled linens. Use hot water (70–80°C X 10 min) [158–176°F]) and approved laundry detergent. Disinfectant is generally not needed. Dry linens completely in a commercial dryer.

8. Declutter Procedures

- a. Remove decorative items, books, office supplies, or infrequently used items should be removed from treatment rooms.
- b. Remove toys, magazines, clipboards, pens, or other shared items.

9. Written exposure plan

- a. Each clinic should have written an Exposure Control Plan in compliance with OSHA standard 29 CFR 1910.1030, even if you are a sole proprietor.
- b. A written plan must be reviewed and updated annually. If you already have an updated policy, you should review and revise your protocols for the prevention of the SARS-CoV-19 virus. These must be written and documented. Check with local public health agencies concerning any mandatory requirements for timeliness of review and revision of written safety protocols.
- c. Reduce scope of in-person evaluation and management to exclude prolonged bodywork (Tuina, Shiatsu, Acupressure, Amma, Gua sha, Jin shin Jitsu, Jin shin do, Polarity therapy, Reiki, Therapeutic touch, Zero Balancing; and Craniosacral therapy) and follow the massage therapy guidelines for bodywork, until approval to do so by the NH Department of public health.

Phase 2 Guidelines:

- Re-establish full scope of practice per state licensing.
- Continue Telehealth as an option.
- Maintain PSA both visual and auditory to instruct patients and staff on hand and cough hygiene.
- Utilize waiting rooms.
- Allow books, decorative items, books, office supplies in treatment rooms.
- Maintain cleaning standards and care of laundry.
- Revert to Best Practices for Acupuncture Needle Safety and Related Procedures. [7th Edition Manual Jan 2016 edits](#)
- Continue with a Written Exposure Plan and review annually.