

Guidelines for the Safe Practice of Esoteric Chakra-puncture



PREAMBLE

Esoteric Chakra-puncture is a modality taught by Universal Medicine, and the Esoteric Practitioners Association Pty Ltd (EPA) is the internal incorporated recognising body for practitioners of the Universal Medicine Therapies.

The EPA guidelines for all EPA-approved modalities for which it recognises practitioners have been written in accordance with current United Kingdom and European Laws, Regulations and Codes of Practice (see Appendix B) in operation at the time of publication, and provide comprehensive guidance for the safety of Esoteric Chakra-puncture practitioners and their clients. These laws have been made to protect people from unscrupulous, uncaring or careless practitioners, and to protect staff and clients from employers or practitioners who place profit before the safety of others. As students of the innermost, EPA recognised practitioners have a demonstrated commitment to living and practicing with energetic integrity which, as a matter of course, includes practicing their esoteric craft with the utmost level of respect and care for the client, their hygiene, safety and overall wellbeing. Compliance with all applicable laws and regulations is a very important part of this.

The esoteric healing arts, of which Esoteric Chakra-puncture is a part, have a stated respect and appreciation for conventional medicine and the great benefit and assistance it has brought and continues to bring humanity. Practitioners of the esoteric healing arts work closely with practitioners of conventional medicine and see that it is in the combination of the two, that a holistic approach can be offered to the client or patient. Esoteric practitioners do not diagnose and nor do they or any esoteric modality offer a cure. What esoteric practitioners do offer, through the reflection of the way they live, is an opportunity for the client or patient to look underneath the symptoms to the way that they have been living and how this may have contributed to the symptoms they are experiencing. EPA recognised practitioners are able to offer the client the possibility of a different, gentler way of living, through the way that the practitioner themselves lives, which is clearly and comprehensively described in the EPA Code of Ethics and Conduct.

EPA recognised practitioners are committed to living with the utmost energetic integrity and have a deep understanding, which stems naturally from the way they live and practice, of the importance of complying with all UK and local laws, regulations, guidelines and other requirements. These requirements make up a part of what the practitioner undertakes to comply with, in applying for and receiving recognition from the EPA. The requirement to comply with all applicable laws and regulations is spelled out in the EPA Code of Ethics and Conduct, which all practitioners sign on to as a pre-condition to their membership.

All EPA recognised practitioners are responsible for ascertaining and complying in full with all relevant laws, regulations and guidelines that are in operation in their area of practice. The EPA provides guidance and a minimum standard of practice, based on legislation and regulatory requirements currently in force in the UK and Europe. However, as the EPA has members in many locations, it is the responsibility of the individual practitioner to ensure that they are complying strictly with all standards in operation in the area(s) in which they practice. There may be requirements that are additional to those contained in these guidelines. It is a condition of each practitioner's membership with the EPA that they comply with all such standards, laws and regulations.

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1. INTRODUCTION

These guidelines are in keeping with the qualities of energetic integrity and energetic responsibility that are the foundation of the Esoteric Practitioners Association. They are based on the principles and precepts laid down in the EPA Code of Ethics and Conduct.

The guidelines have been written in accordance with current UK and European laws and guidance in operation at the time of publication, and provide comprehensive guidance for the safety of Esoteric Chakra-puncture (Chakra-puncture) practitioners and their clients. It is the responsibility of all EPA members to ascertain and ensure full compliance with the laws and regulations applicable to them.

Chakra-puncture is a healing modality that involves the insertion of fine needles into points on the client's skin. The needles are 0.14 mm in diameter and needle penetration into the skin is very minimal (0.2-0.4 mm).

Any procedure that penetrates the skin has the risk of transmitting infection. These guidelines address that risk and it is a very important aspect of EPA accreditation that all practitioners observe closely the safety and hygienic requirements as outlined in these guidelines.

These guidelines outline procedures for:

- Minimizing the risk of transmission of infection from client to client, practitioner to client, and client to practitioner;
- Safe handling, storage and disposal of needles used in Chakra-puncture; and
- Safety and cleanliness of the treatment room.

Chakra-puncture may appear to be very similar to acupuncture to the casual observer. It is, however, very different in its purpose and intent. The only similarity between Chakra-puncture and Acupuncture is that they both use needles. However, Chakra-puncture is not Acupuncture, and nor is it any form of Acupuncture. Chakra-puncturists do not hold themselves out to be Acupuncturists and it is clearly taught in Chakra-puncture courses, and recognised by practitioners of the modality, that Chakra-puncture is a completely different modality to Acupuncture. Chakra-puncturists do not work with meridians or any other of the main tenets of Acupuncture. Chakra-puncturists are not qualified or accredited (through their Chakra-puncture training) to practice Acupuncture.

Chakra-puncture works on the human body at physical, mental, emotional and energetic levels. The Chakra-puncture practitioner acknowledges that the client has a symptom that is causing them distress, such as a sore shoulder. The treatment, however, addresses the whole body from the understanding that the sore shoulder is the result of a way of living physically, mentally and emotionally. Chakra-puncture can help to allow the client to feel and connect to a gentler way of being, which can help provide an opportunity for them to make different choices in their daily life. Symptoms are then addressed by the client themselves as the client learns to make responsible and self-loving choices.

Specific standards and matters, which Chakra-puncture practitioners are required to comply with, are outlined in the remainder of these Guidelines, which are mandatory for all EPA recognised Chakra-puncture practitioners.

2. REGISTRATION OF PREMISES

- 2.1. Premises where Chakra-puncture is practiced must be registered with your local council. The council may charge a fee for this registration.
- 2.2. The legislation covering the licensing of premises in the UK is: Local Government Miscellaneous Provisions Act 1982 Part VIII, Acupuncture, Tattooing, Ear Piercing and Electrolysis

A list of web links to government guidelines and other useful resources is provided at Appendix B. Each local council will have its own set of principles and guidelines. Please ensure that you make yourself familiar with and adhere to their requirements, as doing so is a condition of your membership with the EPA.

3. PREMISES, SUPPLIES AND EQUIPMENT

As practitioners, we have a duty of care to ensure the safety and protection of our clients, their accompanying friends or caregivers and ourselves. In conjunction with these guidelines, practitioners are required to read and comply with the EPA Safety Guidelines. It is recommended that all practitioners are aware of *The Health and Safety at Work Act 1974*, the *European Employment and Social Policy* and the *Health & Social Care Act 2008 - Infection Control* (see Appendix B). These codes provide a consistent framework to secure the health and safety of all workers and workplaces. Potential hazards and risks in the clinic setting are to be identified and eliminated, or reduced to the full extent possible.

The following points are relevant and specific to the practice of Chakra-puncture, and must be complied with by all EPA recognised Chakra-puncture practitioners:

- 3.1. Ensure that the premises from which you work are clean and hygienic and that all equipment (heaters, storage shelves, stools, massage tables, towel-warming units, and any other equipment) are kept dry and in good working order. Ensure that all equipment conforms with current legislation.
- 3.2. Ensure that your treatment room is well lit. This is particularly important as Chakra-puncture needles are very fine and may be difficult to see when caught in towels and blankets or dropped on the floor.
- 3.3. Detergent wipes for the cleaning of surfaces and alcohol wipes for the disinfection of surfaces are to be readily available in the treatment room. They can be purchased from medical suppliers.
- 3.4. Alcohol based hand rub is to be available in the treatment room, and should be used before and after administration of needles. The hand rub should have a minimum alcohol content of 70% v/v (see *British Acupuncture Council - Code of Safe Practice October 2010.pdf*, Appendix B).
- 3.5. You must ensure that: the skin at the needle site is clean; any areas of the body where moisture or exudates may collect are swabbed clean with an alcohol swab before needling;

- 3.6. A hand basin with a single outlet is required. It need not be in the treatment room but should be close at hand. A hands-free tap is preferred. A water temperature of 40 degrees Celsius is required for hand washing.
- 3.7. You must: wash your hands thoroughly with liquid soap and warm water immediately before the acupuncture treatment takes place; and dry your hands with a clean disposable towel. Alcohol hand-rub gels or foam are not a substitute for hand washing at this stage of the treatment.
- 3.8. Liquid soap containers should be used until empty, then thoroughly washed and dried before refilling. This reduces the risk of contamination of the soap.
- 3.9. Disposable, single-use hand towels or an automatic hand dryer are required. Shared hand towels are not to be used.
- 3.10. A waste disposal bin with a pedal operated lid must be available in the treatment room. It should be lined with plastic and emptied at least daily (or as frequently as needed). This bin is strictly for the disposal of tissues, disposable paper goods and alcohol swabs. Under no circumstances are needles to be disposed of in general waste. This includes unused and unsheathed needles.
- 3.11. A sharps disposal bin that complies with BS 7320:1990 (non-reusable container for the collection of sharp medical items used in health care areas) must be available in the treatment room. It should be kept at least 120 cm from the ground so that children cannot reach it.
- 3.12. It is the practitioner's responsibility to ensure that all needles used in each treatment are safely disposed of in the sharps disposal bin after use. Needles may be used once only --- under no circumstances is multiple use ever permitted by the EPA. See sections 4.3.1, 4.3.4 and 4.3.7 below for further details.
- 3.13. Always ensure you have an adequate supply of needles at all times and ensure that your needles are within their use-by date. This date is stamped on the outer packaging.
- 3.14. Working surfaces should be smooth and made of impervious materials for easy cleaning. Avoid using surfaces that are porous (such as wood) or have grooves or cracks. These surfaces are impossible to keep clean and disinfected.
- 3.15. Do not allow any animals in the treatment room, at any time, other than guide dogs for hearing or sight impaired clients.

4. HYGIENE AND INFECTION CONTROL PROTOCOLS

4.1. Practitioner Hygiene

- 4.1.1. The NHS in the UK has created comprehensive guidelines for hand cleaning. (See *NHS Standard infection control precautions and the NHS Guidance - How to Wash Your Hands* Appendix B). The critical times when hand hygiene should be performed are clearly

described. It is recommended that all practitioners and student practitioners take time to study the information on the website and ensure they comply to the guidelines.

- 4.1.2. Hand washing with soap and water is recommended when the hands are visibly soiled, for example, when there is residual oil and cream. The proper technique for hand washing is described in detail on the *NHS Standard infection control precautions*. (See Appendix B).
- 4.1.3. The use of alcohol based hand rub is recommended for hands that are not visibly soiled. Detailed information on when and how to use alcohol based hand rub is available on the *NHS Standard infection control precautions*. (See Appendix B).
- 4.1.4. Hands are to be washed even when gloves are worn. Gloves are permeable, so transmission of micro-organisms from client to practitioner or practitioner to client is still possible.
- 4.1.5. Fingernails are to be kept short and clean.
- 4.1.6. Remove hand and wrist jewellery, such as rings and bracelets, prior to hand washing. Proper hand cleaning cannot be assured when wearing jewellery.
- 4.1.7. If you have an open skin wound on your hand, cover it with a waterproof dressing, even if you are wearing gloves.
- 4.1.8. You must wear well-fitting disposable surgical gloves if:
 - The patient is bleeding profusely
 - Blood or bodily fluid is spilled which must be cleaned up promptly with detergent and filled up by disinfectant solution
 - The patient has open lesions or is known to have a contagious disease
 - You have cuts or wounds on your hands which cannot be covered adequately by a waterproof dressing or have a skin infection
 - You are handling blood-soiled items, bodily fluids, excretions and secretions as well as surfaces, materials and objects exposed to them.
- 4.1.9. Hand care is also covered on the *NHS Standard infection control precautions* (see Appendix B). Our skin is a crucial barrier to infection, so care of our hands has an important part to play both in our protection and in the protection of our clients. Take care of the skin on your hands. Keep your hands well moisturised, avoid excessive washing with soap and water and do not put gloves on if your skin is wet.
- 4.1.10. Protective gowns are not required in Chakra-puncture because of the very small (0.2-0.4 mm) penetration of the needles.
- 4.1.11. It is recommended that practitioners wear closed in shoes with thick soles to protect themselves against injury from dropped needles.
- 4.1.12. Do not place needles in skin with open wounds, swelling or infection.

4.2. Safe Needle Protocols and Practices

- 4.2.1. Only pre-sterilized, single-use, sheathed, disposable needles are to be used for Chakra-puncture.
- 4.2.2. Do not remove needles from their sterile packaging until you are ready to commence treatment.
- 4.2.3. Avoid touching the needles with your bare skin.
- 4.2.4. Dispose of used needles immediately at the completion of the treatment session. Needles are to be discarded in the sharps disposal bin as described in 3.12. Do this with care for yourself, to reduce the risk of needle-stick injury.
- 4.2.5. Create a way of working that minimizes the contact of needles with areas in the treatment room. Dispense needles directly from their sterile packaging, and apply them immediately to the clients skin. Dispensing needles directly from the packaging eliminates the risk of cross-contamination and simplifies the cleaning up process. The 'zone of contamination' (see the Glossary of terms at the end of the document) is kept completely within the bounds of the treatment table.
- 4.2.6. Under no circumstances should needles be inserted through clothing, due to the risk of contamination from fibres or dirt. Needles are to be placed directly onto the client's prepared skin.
- 4.2.7. Do not re-use needles under any circumstances. Immediately discard needles that have been dropped, contaminated or have the client's blood or any other fluid on them.
- 4.2.8. Do not dispense needles from sterile packaging prior to treatment sessions. No matter how clean the container, sterility of pre-dispensed needles cannot be assured.
- 4.2.9. Take time at the conclusion of the session to check for needles that may have been caught in towelling and blankets used to cover the client and check for needles that have been dropped on the floor. Use a fresh pair of gloves and take care when handling these needles, for your own protection.
- 4.2.10. Ensure that your flow of clients allows time for this cleaning up process, the changing of towels or other table-coverings and the disinfection of surfaces. Needle-stick injuries and missing steps are more likely when rushing.
- 4.2.11. Do not overfill your sharps bin or force needles into the container. All sharps bins have a clearly marked fill line.
- 4.2.12. When your sharps bin is full, seal it immediately. It should be stored safely prior to its correct disposal. All sharps bins must be disposed of in accordance with the requirements in force in the area in which you practice. In many cases, this means disposal at a hospital or other

approved sharps-waste receiving institution. See *section 11 Waste Disposal* below for further details.

4.3. Safe Handling of Accessories used in Chakra-puncture

- 4.3.1. Warm eye pillows are used during Chakra-puncture to support the client. The warmth provides a deep sense of relaxation, allowing the client to let go of tension and gain profound benefits from their session. They are to be handled with clean, glove-free hands to reduce the risk of cross contamination.
- 4.3.2. The eye pillow placed over the eyes is to be wrapped in a tissue. Do not place an eye pillow on the client's eyes when they have an eye infection, such as conjunctivitis, cysts, weeping from the eye, or any other infectious condition.
- 4.3.3. It is recommended that eye pillows are warmed in a towel warming oven with a thermostat to regulated the temperature. It should have a UV light, operated by a separate switch. UV light will reduce the build up of micro-organisms on the pillows, however they cannot be completely eliminated. The pillows cannot be regarded sterile. Do not over load the oven with eye pillows as this renders the UV light ineffective. Do not open the door and place your hand in the oven when the UV light is in operation.
- 4.3.4. Warm eye pillows on the client's body are to be placed on top of a towel draped over the client, never directly on the needles. Direct contact of the warm eye pillow on a needle may cause it to heat up and burn the client's skin. Ensure that the eye pillows are at a comfortable temperature to protect the client from burns. To check if an eye-pillow is too warm hold it on your own wrist for five seconds. If it is too warm to place on the client wait until the eye pillow cools to a suitable temperature before placement on the client.

4.4. Disinfection of Equipment and linen used in Esoteric Chakra-puncture

- 4.4.1. You must cover surfaces with fresh paper couch roll disposed of after treating each patient, or if covering with towels or sheets alone, only use those which are fresh for each patient and boiled or machine-washed on the 40-60 degrees setting before being reused.
- 4.4.2. Disposable, single-use table covers or couch roll are recommended. They are to be removed and discarded after every client.
- 4.4.3. Face pillows, used to support the client's head when they are facing down, must be covered. Disposable, single-use covers or couch roll are preferred. They are to be discarded at the conclusion of the treatment session. Fabric covers may be used, but must be laundered after every usage according to the directions given in point 4.5.1 above.
- 4.4.4. When the session is complete and the client has left the room, the massage table face hole is to be wiped with an alcohol wipe as this area is potentially exposed to saliva, tears or mucous secretions and the surface on which needles were dispensed. Visibly soiled areas should first be cleaned with a detergent wipe, dried, then wiped with an alcohol wipe.

5. CLIENT CARE AND PRACTITIONER PROFESSIONALISM

Esoteric Chakra-puncture involves placement of needles on exposed skin of the client's body. Head, torso, arms and legs are gently needled according to the needs of the client. In most instances, clothing is lifted and replaced in the placement of the needle. There are certain patterns that require exposure of the upper leg area, for example in provision of the Esoteric Chakra-puncture detox program. The client should be informed that this is the case, and asked to bring or wear shorts under their outer garments for these sessions.

Clients are honoured and respected at all times. Strict avoidance of the breast area in women and the genital area of both men and women is to be observed.

There is no occasion on which the practitioner should touch the breast or genital area of the client, and strict accordance with the EPA Code of Ethics and Conduct is to be observed and followed throughout all sessions.

At all times, the strictest of professionalism and integrity is required, as is the case with all Universal Medicine Therapies, and as required under the EPA Code of Ethics and Conduct. Contravention of these requirements is taken very seriously by the EPA, and is grounds for revocation of practitioner recognition, dismissal from the EPA, or both.

- 5.1. Be aware that clients become deeply relaxed during Esoteric Chakra-puncture and may need your support to roll over safely, if changing sides during treatment. Give them time and space to roll over as needed, and show them through your presence that you are there to assist, without in any way engaging them, as they often will have gone into a very deep state of relaxation.
- 5.2. Be prepared to assist the client when they are ready to get up at the conclusion of the session. Some people may need assistance to get off the table. Give them plenty of time to get off the table and prepare to leave the treatment room.

6. CONTRA-INDICATIONS TO CHAKRA-PUNCTURE

Chakra-puncture should not be performed on clients with certain medical conditions. These conditions are known as contra-indications. Some of these conditions are short term in nature and Chakra-puncture can be performed when complete healing has taken place.

Other conditions are chronic and long term in nature and Chakra-puncture is not appropriate for clients with these conditions at any time. Consultation with the client's general medical practitioner is recommended. Make sure you are aware of these conditions, the potential risks they pose, and ask your client about them when taking their medical history.

Clients with cancer who are currently being treated by their medical professional or who are under the care of a medical professional, may be given Chakra-puncture. The medical professional must be informed.

6.1. Short Term Contra-indications

- 6.1.1. Do not apply needles to skin that is bruised, grazed or burnt, or to skin that has open wounds or swelling.

- 6.1.2. If you have any doubt about a client's skin condition, do not apply needles to the affected area and refer your client to their medical doctor for diagnosis and treatment of the problem.

6.2. Absolute Contra-indications

- 6.2.1. Do not provide Chakra-puncture to clients with untreated medical conditions, such as high blood pressure or diabetes. These clients require medical attention first and foremost. Once medical attention has been sought and treatment commenced, Chakra-puncture may be provided as an additional support. The role of Chakra-puncture (and all esoteric healing modalities) is to support and be complementary to conventional medicine and never to replace it.
- 6.2.2. Do not treat clients with a diagnosed or suspected mental illness. All practitioners are required to be aware of and adhere to the EPA Mental Health Policy and Guidelines and to consult a member of the EPA Mental Health Advisory team about any new or existing client with such a condition. In the event of an incident involving a client with a diagnosed or suspected mental illness, follow the Mental Health Policy and Guidelines including completing the Mental Health Critical Incident Report form should this be required.
- 6.2.3. Pregnant clients should not be given Chakra-puncture.
- 6.2.4. Chakra-puncture should not be given to children under the age of 6 years old. Children between the ages of 6 and 16 years may only be given Chakra-puncture with the consent of their parent or guardian (see EPA Information Pack 1: General).
- 6.2.5. Do not place needles directly over prominent blood vessels. Needles may only be applied on the skin near (but not on) such blood vessels.

7. PRACTITIONER SAFETY, SELF CARE AND MANAGEMENT OF NEEDLE STICK INJURIES

As a practitioner of the Esoteric healing arts, it is essential that the practitioner look after their health and well being in the provision of sessions of Esoteric Chakra-puncture.

It is important that practitioners be familiar with the management of needle-stick injury, defined as an injury that follows accidental penetration of the skin with a contaminated needle, in other words a needle that has been inserted into the skin of another person.

In Chakra-puncture the needle penetration is very shallow (0.2-0.4 mm) and the incidence of bleeding is extremely low. Chakra-puncture needles are not hollow, hence they do not draw up blood or tissue fluids that harbour potential infectious organisms. As a result, the risk of infection following needle-stick injury in Chakra-puncture is extremely low. Nevertheless, practitioners need to be aware of safe practices to avoid

infection and recognise that it is self-regarding to take care when handling needles after they have been used on clients.

- 7.1. All practitioners should familiarise themselves with the Acupuncture and Hepatitis B Immunisation -AACP - 2006.pdf (see Appendix B).
- 7.2. It is recommended that practices/clinics have a needle-stick accident policy. This should follow the guidelines set out by the Guidance Needle Stick Injury - AACP. These guidelines are covered in the web links listed in Appendix B.
- 7.3. Vaccination against Hepatitis B and tetanus is available. There are no vaccines to protect against Hepatitis C or HIV. It is recommended by the EPA that practitioners vaccinate for Hepatitis B, but ultimately it is the practitioner's choice to vaccinate or not.
- 7.4. If a practitioner or client sustains a needle-stick injury from a needle that has been inserted into another person's skin, then gentle pressure should be applied around the edges of the affected area to squeeze blood out. The area should then be gently washed with warm soapy water. It should not be scrubbed or sucked. If the depth of penetration has not been sufficient to cause bleeding, then do not force it to bleed. Wash the affected area with warm soapy water. Document the incident as described in point 7.2.
- 7.5. Ensure that needle disposal is kept at a very high standard to ensure that clients are not at risk of needle-stick injury from a needle used on another client. At the end of a session all used needles should be disposed of immediately into a sharps container. There should be no non-sheathed needles on the floor, treatment table or caught up in blankets when a new client enters the treatment room.
- 7.6. If a needle-stick injury has occurred, it is essential that you review your procedures for handling needles and make adjustments to procedures as required.
- 7.7. Practitioners should always wear thick soled, closed in shoes to protect themselves against injury from dropped needles.
- 7.8. Ensure that your body is comfortably positioned at all times when treating. Esoteric Chakra-puncture supports the client to let go of tension and stress, and to feel that a gentler way is possible. Practitioners offer this as a possibility to their clients through the tender and gentle way in which they give the treatment, which is a reflection of the way they live and move themselves. In other words, it is the quality of the life lived by the practitioner (in and outside of the treatment room), and the practitioner's level of self care, that determines the quality of the session offered to the client. Further details are given in the EPA Code of Ethics and Conduct.

8. FIRST AID

- 1.1. Have a first aid kit on hand, in or near your treatment room. It can include an eye-bath, individually wrapped sterile dressings, scissors, normal saline, adhesive tape, sterile wound dressings, emergency phone numbers and addresses. Esoteric Chakra-puncture has a very low risk of causing injury to our clients but accidents, such as tripping, are possible in the treatment room. To avoid incidents, ensure that the floor of the room is clear of power cords, that the edges of mats do not represent a trip hazard, that walkways are clear at all times, and that there is a clear path of access to and from the treatment table.
- 1.2. Ensure that you and your staff are trained in first aid procedures and update this training annually. (*see Appendix B Work Health and Safety Regulations*).

9. RECORD KEEPING

Client records are to be kept, as described in the EPA Code of Ethics and Conduct, Appendix 4, the EPA Client Consent Form and the EPA Client Consultation Record Form.

- 9.1. Ensure that you obtain the client's consent for the treatment on their first visit, prior to the treatment commencing. If the client has previously signed a consent form with another practitioner at the same clinic ensure that the consent includes Esoteric Chakra-puncture and covers all subsequent treatments at the clinic (as is the case with the EPA initial client consent form). Consent is further described in the EPA Client Consent Form guidance notes.
- 9.2. Ensure that you use the Client Consent form mentioned above to take a thorough medical history for each client. The written history must include questions about the presence of blood-borne infections that pose a risk of transmission. These conditions include HIV, and Hepatitis B and C.
- 9.3. Medical history should also include a question on known allergies. Esoteric Chakra-puncture is unlikely to provoke an allergic reaction, but it is wise nevertheless to be aware of allergies to cleaning products, alcohol wipes, incense etc.
- 9.4. Update each client's medical history at least annually. Make a note of the dates on which updates have been made.
- 9.5. Keep thorough and comprehensive notes for each treatment session with your clients. This includes the date, the nature of the treatment given and relevant discussions with the client. If you do not have your own recording system, it is recommended that you use the EPA Client Consultation Record.
- 9.6. Keep a record book for incidents and accidents relevant to occupational health and safety. The EPA has an incident report form to be filled out in the event of accidents and injury. Document any needle-stick (or any other) injuries with the following:

- Date and time of the incident
 - Name of the client you were treating
 - How the incident occurred
 - Treatment received
 - Any follow up by a general medical practitioner (GP)
- 9.7. Keep a record of hazardous waste disposal for a period of three years. These records should be kept on your business premises. Include records of the purchase of sharps disposal equipment, where the equipment is kept, and the date of collection by the hazardous waste disposal company.

10. GENERAL DATA PROTECTION REGULATIONS

- 10.1. It is a statutory requirement to ensure you handle your client's data responsibly and implement a Data Protection Policy as laid out in the EPA General Data Protection Regulations Policy and Procedures Template
- 10.2. UK based Practitioners obtain a Data Protection Fee with the ICO ([Information Commissioner's office](#)) if you are storing client personal information and European Practitioners consult the [European Commission](#) for further information.

11. WASTE DISPOSAL

- 11.1. Sharps bins are to be disposed of in a manner that complies with local government requirements. Do not over fill your sharps bin (refer to point 4.3.11). It is the practitioner's responsibility to dispose of their sharps bins in a safe and appropriate manner (refer to point 4.3.12).
- 11.2. No sharps should ever be discarded in regular waste. This includes unused and unsheathed needles. It is illegal to do so.

12. REQUIREMENTS FOR MOBILE OPERATORS

- 12.1. All of the safety and infection control requirements set out in these Guidelines apply equally to practitioners working from home or a clinic, as well as to those providing services outside of regular treatment premises.
- 12.2. Permission from the local council must be obtained before providing skin penetration services in their area.

13. ADVERTISING

- 13.1. Advertising Standards in the UK are self-regulated. The Advertising Standards Authority (ASA) states it is the UK's independent advertising regulator that enforces the Codes of Advertising Practice. Whilst holding no legal power, the ASA maintains a public blacklist of practitioners who do not comply, such cases include online public claims about the benefits a treatment without scientific evidence based research. For repeated offences or refusal to comply, the ASA can refer the case to the National Trading Standards, who are able to pursue criminal prosecution if warranted. Non-compliance risks public blacklisting and potential prosecution.
- 13.2. For a fee, UK based Practitioners, Clinics and Professional Associations can apply to the GRCCT ([General Regulatory Council for Complementary Therapies](#)) to have their website and online advertising assessed. The GRCCT Unique Certification Mark means your advertising meets stringent industry and legal requirements of the profession. Certification is valid for a period of one year and is subject to random audit.
- 13.3. European members can refer to the [European Advertising Standards Alliance](#) for Self Regulatory Advertising and the [International Chamber of Commerce](#) for more information.

14. USEFUL TIPS

- Contact your Local Authority – for the most up-to date local regulatory requirements.
- Ensure you are up to date with the current news and developments in your industry and area of practice.
- Contact the EPA – to connect with a member who has experience setting up in your region.
- Visit [UK Health & Safety Tool Kit](#) for more information on Health & Safety in the Workplace.
- Visit [EU Minimum Health & Safety Requirements](#) for European Health & Safety standards.

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APPENDIX A: Definition of Terms

Definition of Terms

Alcohol Based Hand Rub. An alcohol based liquid, foam or gel used to reduce the number of viable micro-organisms on the hands of the practitioner.

Alcohol Wipes. A disposable wipe that holds alcohol, used to clean non-soiled surfaces between client sessions.

Body Fluids. Any substance secreted by the body. It includes blood, tears, respiratory secretions, gastric secretions, vomit, urine and faeces.

Cleaning. The removal of debris or soiling from a surface or an object with detergent. This reduces the number of micro-organisms, but does not eliminate them.

Contamination. The act or process of an instrument or surface being exposed to potentially harmful agents, rendering that instrument or surface unclean. For example, once a needle has penetrated the skin, it is regarded as contaminated.

Contaminated Waste. (a) waste that has been in contact with any body fluid, and (b) a needle used to penetrate the skin.

Contra-indication. A factor, symptom or condition that makes a particular treatment inadvisable.

Cross-contamination. The act or process by which potentially harmful agents are transferred from a contaminated object to a clean or sterile surface or object.

Detergent. A substance that enhances the cleaning action of water or another liquid.

Detergent Wipes. A disposable detergent-containing wipe for the cleaning of lightly soiled shared patient equipment.

Disinfectant. An agent intended to destroy or remove pathogenic organisms. It does not usually destroy bacterial spores.

Disinfection. The inactivation of non-spore forming micro-organisms using thermal (i.e. heat) or chemical means.

Micro-organism. A single celled organism, including bacteria, viruses and fungi. They live on all surfaces and are capable of invading and growing within other organisms.

Pathogen. Any micro-organism capable of causing illness or disease.

Practitioner. The person who carries out Chakra-puncture for a client, not necessarily for gain or reward.

Sharps. Any item used to cut, pierce or puncture the skin, mucous membrane or conjunctiva of the eye. Note: Chakra-puncture does not involve mucous membranes or the conjunctiva.

Sharps Container. A clearly labelled, puncture resistant container that conforms with UK Standard BS 7320:1990 'non reusable containers for the collection of sharp medical items used in health care areas'.

Sterilization. Complete destruction of all micro-organisms including spores.

Zone of Contamination. A designated area for the placement of items used in patient treatment.

APPENDIX B: Links to UK & EU Legislation and Other Resources

UK Links

Working Safely during Coronavirus (COVID-19) - <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Health & Social Care Act 2008 - Infection Control - www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf