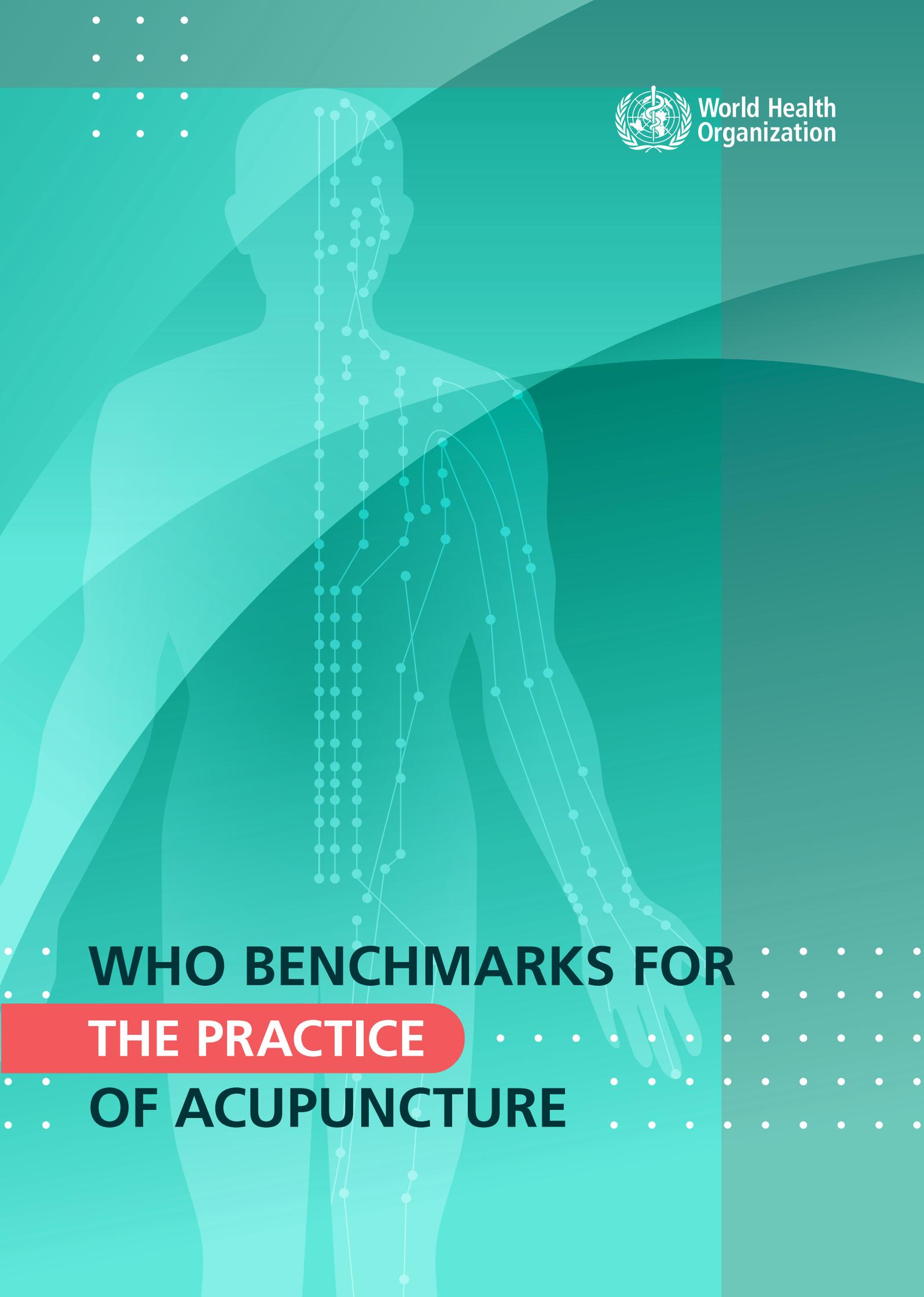




World Health  
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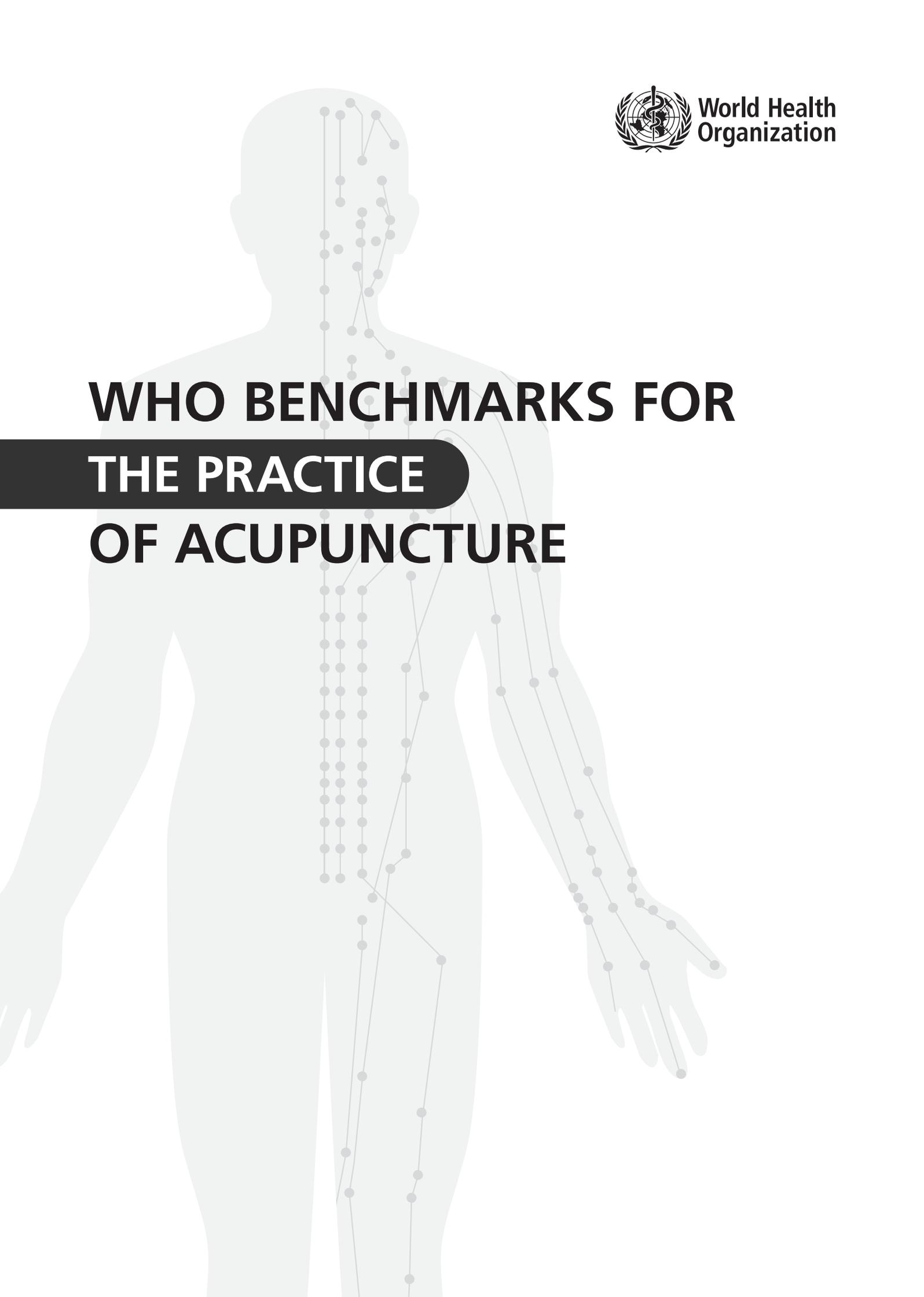
A stylized illustration of a human silhouette in shades of teal. Overlaid on the silhouette is a network of white lines and dots representing acupuncture meridians and points. The lines flow from the head down the spine and out to the arms and hands. The background is a gradient of teal with a pattern of white dots in the corners.

# WHO BENCHMARKS FOR THE PRACTICE OF ACUPUNCTURE





World Health  
Organization

A light gray silhouette of a human figure is overlaid with a network of thin gray lines and small gray dots, representing the meridians and acupoints of traditional Chinese medicine. The lines connect various points across the head, neck, torso, arms, and legs.

# WHO BENCHMARKS FOR THE PRACTICE OF ACUPUNCTURE

WHO benchmarks for the practice of acupuncture

ISBN 978-92-4-001688-0 (electronic version)

ISBN 978-92-4-001689-7 (print version)

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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Design and layout by Inis Communication

# Contents



<b>Foreword</b> .....	<b>iv</b>
<b>Preface</b> .....	<b>v</b>
<b>Acknowledgements</b> .....	<b>vi</b>
<b>Glossary</b> .....	<b>vii</b>
<b>Executive summary</b> .....	<b>viii</b>
<b>1. Introduction</b> .....	<b>1</b>
<b>2. Procedures</b> .....	<b>3</b>
2.1 Preparation.....	3
2.2 Techniques.....	3
2.3 Records.....	4
<b>3. Facilities</b> .....	<b>5</b>
3.1 Physical space.....	5
3.2 Equipment and devices.....	5
3.3 Waste management.....	5
<b>4. Safety</b> .....	<b>7</b>
4.1 Precautions.....	7
4.2 Contraindications.....	7
4.3 Infection prevention and control.....	7
4.4 Incident management.....	8
<b>References</b> .....	<b>9</b>
<b>Annex 1. Disinfection requirements during acupuncture treatment</b> .....	<b>11</b>
<b>Annex 2. Protocol for incident management during acupuncture treatment</b> .....	<b>12</b>
<b>Annex 3. First working group meeting</b> .....	<b>14</b>
<b>Annex 4. Second working group meeting</b> .....	<b>16</b>

# Foreword

The World Health Organization (WHO) is currently implementing its 13th General Programme of Work (GPW13) to support countries in reaching all health-related Sustainable Development Goals (SDGs). GPW13 is structured around three interconnected strategic priorities: achieving universal health coverage; addressing health emergencies; and promoting healthier populations. These strategic priorities are supported by three strategic shifts: stepping up leadership; driving public health impacts in every country; and focusing global public goods on impact.

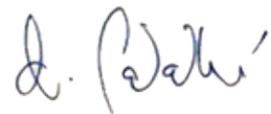
Traditional medicine has always had a role in this collective endeavour. The Declaration of Astana, renewed from the Declaration of Alma-Ata towards universal health coverage and the SDGs, reaffirms the role of traditional medicine in strengthening primary health care, a cornerstone of health systems, in pursuit of health for all. This has also been reflected in the *WHO global report on traditional and complementary medicine 2019*, in which 88% of WHO Member States acknowledge the use of traditional and complementary medicine in health care.

Taking note of the growing importance of traditional medicine in the provision of health care nationally and globally, WHO and its Member States have strived to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national or subnational health systems, as committed to in the Political Declaration of the High-level Meeting on Universal Health Coverage.

WHO aims to provide policy and technical guidance to Member States; promote the safe and effective use of traditional and complementary medicine through appropriate regulation of products, practices and practitioners; and support Member States in harnessing the contribution of traditional and complementary medicine to people-centred health care in implementing the *WHO Traditional Medicine Strategy 2014–2023*.

Setting norms and standards is a unique function of WHO. The normative work is driven by needs and could be translated into real impact in relevant countries through appropriate policy options. This series of benchmarks, covering various systems and interventions of traditional, complementary and integrative medicine, aims to provide a reference point to which actual practice and practitioners can be evaluated.

I am very pleased to introduce this series to policy-makers, health workers and the general public, and I firmly believe it will serve its purpose.



Zsuzsanna Jakab  
Deputy Director-General  
World Health Organization

# Preface

Integrated health services are essential for the World Health Organization (WHO) in the implementation of its 13th General Programme of Work, which aims to support countries in achieving universal health coverage and the health-related Sustainable Development Goals. The overarching mission for the Department of Integrated Health Services is to accelerate equitable access to quality health services that are integrated and people-centred, and that can be monitored and evaluated.

WHO is unique in its mandate to provide independent normative guidance. Its normative products encompass a wide range of global public health goods, including norms and standards. It is therefore the primary role of the Department of Integrated Health Services to generate and produce relevant global goods. Key to improving its work in this area is ensuring global public health goods are driven by country needs and can deliver tangible impacts at the country level.

As of 2018, when 88% of WHO Member States acknowledged the use of traditional and complementary medicine, WHO's support in evaluating the safety, quality and effectiveness of traditional and complementary medicine has continuously ranked in the top areas of need, according to the *WHO global report on traditional and complementary medicine 2019*.

WHO prioritizes normative products based on an assessment of demands. To address increasing needs and to drive impact in countries, this series of benchmarks captures the main systems and interventions of traditional, complementary and integrative medicine by setting up required norms and standards on training and practice.

WHO's guiding principles and quality assurance procedures have been strictly followed in designing and formulating these benchmarks. WHO will not only assess the quality of these normative products but also streamline systems and plans for monitoring and evaluation.

I am pleased to present this series of benchmarks and invite you to join us in measuring and documenting their impact.



Edward Kelley

Director  
Department of Integrated Health Services  
World Health Organization

# Acknowledgements

The World Health Organization (WHO) acknowledges the financial support of the National Administration of Traditional Chinese Medicine, China, without which the production of this document would not have been possible.

Thanks are due to the China Association of Acupuncture-Moxibustion and Guangzhou University of Chinese Medicine, China, which kindly provided logistic support to the WHO working group meetings on this document.

Special thanks go to Baoyan Liu, Jia Liu and Nicola Robinson, who have actively and diligently contributed to the drafting and editing of this document. WHO is indebted to all experts who have provided their inputs to the WHO working group meetings and the peer review process.

Qi Zhang and Qin Liu undertook revision work under the guidance of Edward Kelley. Colleagues within the WHO headquarters team for traditional, complementary and integrative medicine provided secretarial support.

# Glossary

## **Acupuncture manipulation**

Movement of the needle applied after insertion to increase the effectiveness of acupuncture, basically including thrusting, lifting, twirling and rotating manipulations.

## **Pressing hand**

The acupuncture practitioner's hand that presses the puncturing site to facilitate needle insertion.

## **Puncturing hand**

The acupuncture practitioner's hand that holds and inserts the needle.

## **Reinforcing and reducing manipulation**

The therapeutic goal achieved by acupuncture manipulation. Reinforcing aims to replenish Qi and restore the body from a decreased functional state. Reducing aims to expel pathogenic factors and restore the body from a hyperactive functional state.

# Executive summary

## Why this benchmark?

In 1999, the World Health Organization (WHO) published the *Guidelines on basic training and safety in acupuncture*. This presented what professional experts and health regulators considered to be appropriate training programmes for acupuncture practitioners.<sup>1</sup>

A standardized protocol for acupuncture treatment, against which actual practice can be compared and evaluated, has been lacking. With the increasing use of acupuncture in clinical settings worldwide, there is an urgent need to develop benchmarks for the practice of acupuncture to ensure its safety, quality and effectiveness.

This document will join the updated benchmarks for the training of acupuncture to form an integral part of the serial benchmarks, targeting key modalities of traditional medicine intervention and contributing to the establishment of a reference toolkit for countries.

## How was this benchmark prepared?

Four drafts were prepared during the development of this benchmark document, with intensive technical support from an expert group based in China. Two WHO working group meetings and an extended peer review were organized to facilitate the production of these drafts. This process has involved hundreds of experts in relevant areas worldwide.

In line with WHO established principles and processes for benchmark development, the WHO Secretariat made the planning proposal and clarified the scope of work. The first draft was prepared by selected leading experts based on the framework provided by WHO. This draft was presented to the working group meeting for discussion.

Twenty-three experts from 14 countries across the WHO regions joined the first working group meeting. After three days of intensive discussion on the scope, structure and content of the draft document, the meeting was concluded with consensus and advice on further improvement, which guided production of the second draft. This draft was then ready for extended peer review.

A total of 196 experts from 59 countries covering all six WHO regions were consulted in the external peer review process. They represented a wide range of expertise needed in developing these benchmarks. Eventually, 571 concrete suggestions encompassing every aspect of the document, from overall structural arrangement to a specialized technical issue, were received. This valuable feedback strongly informed the production of the third draft, which was then ready for further review at the second working group meeting.

The second working group meeting aimed to conclude the consulting process by inviting selected experts to finalize the document. Seventeen experts from nine countries across the WHO regions joined the consultation and contributed to the development of the fourth draft, which became the last technical version of the benchmark before formatting and printing.

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1 See: [https://apps.who.int/iris/bitstream/handle/10665/66007/WHO\\_EDM\\_TRM\\_991.pdf](https://apps.who.int/iris/bitstream/handle/10665/66007/WHO_EDM_TRM_991.pdf)

## What does this benchmark cover?

This document is structured in four parts:

- Introduction: gives a short briefing on the background and objectives of the document.
- Procedures: presents stepwise guidance for the administration of acupuncture treatment.
- Facilities: provides the minimum infrastructure requirements for delivering an acupuncture service.
- Safety: emphasizes the key elements for the safe practice of acupuncture.

These four parts constitute a complete set of benchmarks for the practice of acupuncture.

## Who is this benchmark for?

By setting norms and standards, this document helps to address the gap between the increased demands and the uncertified delivery of acupuncture services. It offers a useful reference point to evaluate acupuncture practice which will benefit policy-makers, health workers, education providers and the public in general.

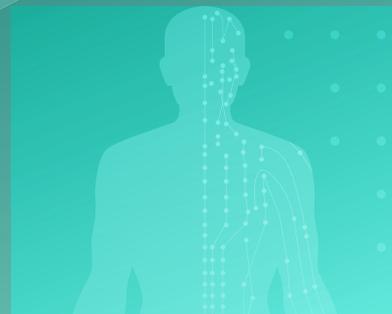


Qi Zhang

Head  
Unit of Traditional, Complementary and Integrative Medicine  
Department of Integrated Health Services  
World Health Organization



# 1 Introduction



Acupuncture remains the most common form of traditional medicine practice, with its use acknowledged by 113 Member States in the *WHO global report on traditional and complementary medicine 2019* (1).

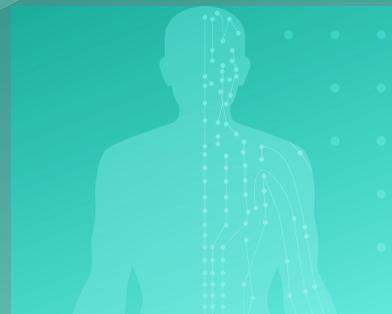
In 1999, the World Health Organization (WHO) published the *Guidelines on basic training and safety in acupuncture* (2). These guidelines presented what professional experts and health regulators considered to be appropriate training programmes for acupuncture practitioners.

There has, however, been a lack of standardized protocols for acupuncture treatment by which the practice can be compared and evaluated. By setting up benchmarked requirements for the practice of acupuncture, this document tries to reduce the gaps and ensure the safety, quality and effectiveness of acupuncture services.

In addition to the introduction, this document incorporates three essential components – procedures, facilities and safety – to constitute a set of benchmarks for the practice of acupuncture.



# 2 Procedures



## 2.1 Preparation

### 2.1.1 Acupuncture needles

- Selecting: the practitioner should select acupuncture needles according to the patient's age, physical constitution and state of illness, and the location of the selected acupoint (3).
- Examining: the practitioner should check the acupuncture needles carefully before each treatment and discard any imperfect needles (4).

### 2.1.2 Acupoints

- Locating: the practitioner should select the most appropriate methods to locate the acupoints to be needed (5,6).
- Disinfecting: the practitioner should prepare the needling site correctly according to local infection control guidelines.

### 2.1.3 Body positions

- Lying:
  - supine position is suggested for acupuncture treatment to the chest and abdomen;
  - prone position is suggested for acupuncture treatment to the back and waist;
  - lateral position is suggested for acupuncture treatment to the side of the body.
- Sitting:
  - backward-sitting position is suggested for acupuncture treatment to the forehead, face, neck, upper limbs and chest;
  - forward-sitting position is suggested for acupuncture treatment to the vertex, occiput, shoulders and back.

Other positions can be decided by the practitioner and patient for the convenience of providing treatment.

### 2.1.4 Other preparations

- The practitioner should maintain a professional attitude and personal hygiene.
- The patient should dress appropriately for the convenience of the treatment.

## 2.2 Techniques

### 2.2.1 Holding

- The practitioner should pay strict attention to appropriate disinfection of their hands before administering acupuncture.
- The practitioner should hold the handle or the body of the acupuncture needle appropriately with two or three fingers.

### **2.2.2 Inserting**

- The practitioner should decide the most appropriate insertion method according to the location of the acupoint and the selection of needles.
- The practitioner should insert the needle by using the puncturing hand and the pressing hand in an appropriate manner.
- The practitioner should insert the needle at the appropriate angle and depth according to the acupoint location, purpose of treatment and physical condition of the patient, to ensure safe and effective practice.

### **2.2.3 Manipulating**

- The practitioner should perform appropriate thrusting, lifting, twirling and rotating manipulations to obtain the needling sensation and treatment effectiveness (7).
- The practitioner could perform pressing manipulation along the meridian with the fingers to enhance the needling sensation.

### **2.2.4 Retaining**

- The practitioner should determine the duration of time required for needle retention according to the patient's situation.
- The practitioner could perform needle retention with or without intermittent needling manipulation as appropriate.

### **2.2.5 Withdrawing**

- The practitioner should lift the needle slightly until the release of a tight sensation around the shaft and then withdraw the needle.
- The practitioner should hold a clean swab to assist withdrawing and may press the acupuncture site immediately after withdrawing.

## **2.3 Records**

### **2.3.1 Information to be recorded**

- chief complaint and medical history;
- physical examination;
- pattern differentiation and therapeutic principle;
- acupuncture prescription and patient's consent;
- needling details and patient's response;
- treatment outcomes and any incidents (8);
- further advice, including follow-up, if needed.

### **2.3.2 Maintenance of records**

The practitioner should keep complete patient records in the correct manner, as specified by local laws and regulations.

# 3 Facilities



## 3.1 Physical space

- The working environment and surrounding area should be clean and tidy.
- The treatment area should be well lit, be of an appropriate temperature, and have adequate ventilation.
- The treatment area should comply with the local requirements for patient privacy and protection.
- The storage environment for acupuncture needles and related devices should be kept dry and ventilated.
- The physical space should be appropriate for disabled access.

## 3.2 Equipment and devices

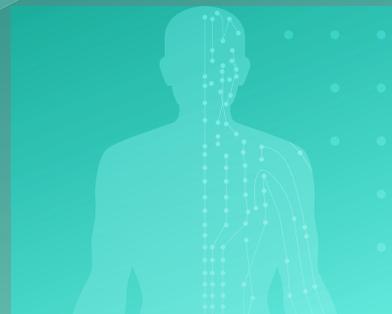
- bed and stool for the treatment;
- screen and towel for patient privacy and protection;
- acupuncture needles of different specifications;
- related devices to enhance acupuncture treatment;
- related devices for adjunctive treatment;
- equipment and devices for the hygiene requirements;
- emergency equipment for first aid.

## 3.3 Waste management

- After use, disposable needles should be placed and stored in a sharps container and disposed of in the appropriate manner.
- Infectious waste should be handled appropriately according to local infection control guidelines.
- Non-infectious waste should be disposed of properly in a timely manner.



# 4 Safety



## 4.1 Precautions

### 4.1.1 Before treatment

- The patient should be informed of the possible benefits and potential risks associated with the treatment.
- The practitioner should obtain informed consent from the patient before treatment, either orally or in writing.

### 4.1.2 During treatment

- The force of manipulation, including the depth of thrusting, length of lifting, and angle, frequency and duration of twirling and rotating, should be decided based on the patient's health condition and response and the main objectives of the treatment.
- Attention should be directed to withdrawing the acupuncture needle from body regions with a tendency to bleed. Pressing with a clean swab is required in this case to avoid bleeding.

### 4.1.3 After treatment

- The practitioner should ensure all acupuncture needles have been removed from the patient.
- The practitioner should document the patient's records pertaining to the treatment.
- The practitioner should provide the patient with further advice after the treatment, as needed.

## 4.2 Contraindications

### 4.2.1 By disease and syndrome

- Acupuncture treatment should not be administered to people with a disturbance of blood coagulation.
- Acupuncture treatment should not be administered to people with unstable epilepsy.

### 4.2.2 By condition

- Acupuncture treatment should not be administered to infants on the fontanelle before it has closed.
- Acupuncture treatment should not be administered to the lower abdomen or lumbosacral region in women who are pregnant, to avoid contraction of the uterus.

### 4.2.3 By treatment region

- Acupuncture treatment should not be administered to body regions where there are ulcers, sores or scars.
- The depth of needle insertion should be strictly controlled for acupoints located close to vital blood vessels, nerve trunks and vital organs.

## 4.3 Infection prevention and control

Annex 1 gives detailed information on the requirements of disinfection. Key elements for infection prevention and control during acupuncture treatment are:

- sterilization of reusable acupuncture needles;
- disinfection of other apparatus;
- hygiene of the practitioner's hands (9);
- hygiene of the acupoint sites;
- disinfection of the materials;
- disinfection of the treatment area.

## 4.4 Incident management

Annex 2 gives detailed information on managing incidents that may be encountered during acupuncture treatment (10). Examples of such incidents include:

- fainting;
- excessive pain during needling;
- stuck needle;
- bent needle;
- broken needle;
- pneumothorax;
- nerve injury;
- vascular injury;
- organ injury.

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# Annex 1. Disinfection requirements during acupuncture treatment

Disinfection required during acupuncture provision should be conducted according to local infection control guidelines by considering the following principles:

- Sterilization of reusable acupuncture needles: reusable acupuncture needles should be sterilized. Disposable single-use sterile needles are strongly recommended and shouldn't be reused.
- Disinfection of other apparatus: apparatus in direct contact with acupuncture needles should be properly disinfected before each application.
- Hygiene of the practitioner's hands: the practitioner should clean and disinfect their hands and fingers before and after providing acupuncture treatment.
- Hygiene of the acupoint sites: acupoints and the surrounding areas should be disinfected before acupuncture treatment is given.
- Disinfection of the materials: materials in direct contact with the patient, including but not limited to sheets and towels, should be disinfected or disposable. Materials without direct contact, including but not limited to mattress and pillow, should be hygienically maintained for each use.
- Disinfection of the treatment area: the treatment room, equipment and devices should be kept clean and tidy.

# Annex 2. Protocol for incident management during acupuncture treatment

## A2.1 Fainting

- Stop needling immediately.
- Withdraw all needles from the patient.
- Have the patient lie down and rest in a comfortable position.
- Assess and refer as appropriate.

## A2.2 Excessive pain during needling

- Stop needling immediately.
- Remove the needle from the patient.
- Reassure the patient.
- Have the patient rest in a comfortable position.

## A2.3 Stuck needle

- Stop immediately if manipulating.
- Reassure the patient.
- Ask the patient to revert to the original position if applicable.
- Rotate the needle in reverse in case of excessive twisting in one direction.
- Tap local area to relieve spasm.

## A2.4 Bent needle

- Stop immediately if manipulating.
- Reassure the patient.
- Ask the patient to revert to original position if applicable.
- Withdraw the needle gently in the direction of bending.

## A2.5 Broken needle

- Stop needling immediately.
- Reassure the patient.
- Ask the patient to maintain current body position.
- Hold and withdraw the exposed fragment of the needle with a sterile tweezer.
- Refer for surgery if the broken fragment is submerged under the skin.

## **A2.6 Pneumothorax**

- Stop needling immediately.
- Withdraw all needles from the patient.
- Reassure the patient.
- Have the patient rest in a suitable position.
- Assess and refer to other health-care professionals as appropriate.

## **A2.7 Nerve injury**

- Stop needling immediately.
- Remove the needle from the patient.
- Reassure the patient.
- Apply a cold compress.
- Assess and refer to other health-care professionals as appropriate.

## **A2.8 Vascular injury**

- Stop needling immediately.
- Remove the needle from the patient.
- Reassure the patient.
- Press with a dry sterile swab for slight bleeding.
- Use a cold compress for moderate hematoma.
- Apply compression bandaging for continuous bleeding.
- Assess and refer to other health-care professionals as appropriate.

## **A2.9 Organ injury**

- Stop needling immediately.
- Withdraw all needles from the patient.
- Assess and refer to other health-care professionals as appropriate.

# Annex 3. First working group meeting

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