College of
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Practice Guidance - Preventing Injuries in Cupping & Moxibustion Practices

Both fire cupping and moxibustion practices are fire hazards that pose the risk of burns, blistering and scarring to patients who receive these therapies. As stated in General Principles 3, 4, and 5 of the College's Practice Standard for Consent to Treatment, risks of treatment must be communicated to patients via informed consent, prior to treatment taking place, and the patient must be provided with the option to refuse or withdraw their consent at any time.

General Principles

1. The practitioner is aware of, and in compliance with, all of the requirements in the Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA) and the Infants Act.

2. Consent to health care can be given or refused in three ways: written, verbal, or implied.

3. The practitioner obtains a valid consent before a treatment is provided. That consent is specific and must not be assumed based on consents given either previously or broadly.

4. The patient has the right to refuse or withdraw treatment consent, and the practitioner respects the patient's decision to choose what to consent to and what to refuse.

5. As part of ongoing communication with a patient, the practitioner checks with the patient to reconfirm consent when there are any signs that the patient's understanding of or wish to receive a treatment has changed. The practitioner adjusts the communication approach for each patient to ensure that the information and explanations are clearly understood by the patient.

In addition to consent to treatment, in order to ensure proper ongoing care and treatment, registrants are expected follow the College's Standard for Clinical Record Keeping by maintaining accurate, legible and up-to-date records for each of their patients. Documentation of a patient's identified health concerns as well as current and past health conditions, the courses of diagnosis and treatment being followed as well as evidence of a patient's informed consent are mandatory requirements for professional practice. Accurate, clear, and concise documentation facilitates follow-up treatment and supports patient centered care.

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Fire Cupping

Fire cupping is a fire hazard that may also result in burns, blisters and scarring to patients. Burns may result from placing the flame too close to the lip of the fire cup so that the edge becomes very hot, or from dropping the burning material into the fire cup, and then placing the cup on the skin with the hot material inside the cup.[1] Blisters and peeling of the skin may result from burns to the skin, and/or from cups that have been left on for too long, or have suction that is too strong. Scarring may subsequently result from burns, blisters and/or skin peeling. Registrants who perform fire-cupping as therapy should have awareness about the use of fire extinguishers and emergency procedures in their clinics or practice environments.

Registrants are expected to mitigate risk to patients by ensuring they:

1. Are competent to perform fire cupping by obtaining the appropriate education and skills necessary to safely perform the technique and,
2. Have obtained a patient's informed consent.

As appropriate, it is highly recommended that treatment rooms have a wireless call button or alert button to notify the registrant or staff of any situations that require swift response (patient discomfort, fallen glass cups, burns and/or the development of blistering from burns or cups left on for too long, etc.). If call buttons are not available, registrants should consider staying in the treatment room or to regularly check on the patient at frequent intervals.

Reprocessing of cups

Proper cleaning, disinfection and/or sterilization of cups (section 2.5.3 Cleaning Instruments and Equipment and 2.5.4 Sterilizing, Disinfecting in the Safety Handbook) must be performed after each treatment. Registrants are expected to understand the differences between cleaning, disinfection, and sterilization, how to perform proper cleaning and sanitization of treatment tools and equipment, and in which circumstances each method applies to their practice.

Page 24 of the Safety Handbook contains a diagram describing the difference in circumstances when cupping devices need to be cleaned and disinfected vs. when they need to be cleaned, disinfected, and sterilized.

Practice Note: In cases where cupping follows needling or other bloodletting practices, bloodletting occurs with cupping, or any other time the cups may have come into contact with bodily fluids (such as when blistering and/or skin peeling may have occurred), the cups need to be cleaned, disinfected, AND

[1] https://www.ctcma.bc.ca/resources/newsletters/summer-2022/

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sterilized. **Cups made of material that cannot be properly sterilized, and that have come into contact with blood and/or body fluid, should be discarded according to non-anatomical biohazardous waste protocols and not reprocessed for use**. Registrants who perform wet-cupping or other bloodletting practices and do not have the proper facilities to sterilize their cups for reuse, should consider the use single-use disposable cups and dispose of these cups after each use in a biohazardous waste receptacle provided by a waste disposal company.

What should be included in the informed consent for cupping practices?

As mentioned above, the College Standard for Consent to Treatment outlines the expectations for registrants when obtaining informed consent. Registrants should be very clear and explicit with patients by stating that in addition to some of the usual or common effects related to cupping therapy, such as local skin discoloration, the possibility of tenderness, allergic reactions to lotions and/or cleaning agent residues, etc., the risk of burns from heat and/or fire **must** be included. To ensure that informed consent is valid, a registrant must engage in a consent discussion with the patient that explains in plain language each part of the patient Consent to Treatment form prior to its signature by the patient. It is not enough to simply allow the patient to read and sign the Consent to Treatment form. Each of the sections contained within the form must be reviewed and explained by the registrant to the patient.[2]

Practical Applications & Scenarios

Scenario

A registrant proposes as part of their treatment plan for a patient, fire-cupping which requires the burning of material inside the cup to create negative pressure to provide suction. Performing this method of treatment carries the risk of burns, blistering, skin peeling and possible scarring to the patient either from placing the flame too close to the lip of the fire cup so that the edge becomes very hot, from dropping the burning material into the fire cup, and then placing the cup on the skin with the hot material inside the cup, cups being left on for too long, or suction of the cups being too strong. The registrant should proceed by ensuring that their consent to treatment form clearly identifies the risks of burns, blistering, skin peeling and scarring as a result of this treatment method **and** provide opportunity for the patient to ask questions about the treatment by including it as part of their consent discussion with the patient.

Examples of how a registrant might mitigate risk to patients is acceptable, however they should not be used to infer that the risk to a patient is zero or, as a way to convince the patient to consent to the proposed treatment.

[2] https://www.ctcma.bc.ca/wp-content/uploads/2023/03/media/1636/clinical-record-keeping_en_20230217.pdf

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Moxibustion

Moxibustion techniques vary, but all moxibustion practice is a fire hazard that may also result in burns, blisters and scarring to patients. Burns may result from placing moxa directly on the skin without an adequate skin barrier or other protective method, burning moxa too closely to the skin for too long, and as a result of falling ash and/or other burning debris from other techniques including heated needle techniques. Scarring may subsequently result from burns, blisters and/or skin peeling. Registrants who perform this therapy should have awareness about the use of fire extinguishers and emergency procedures in their clinics or practice environments.

Registrants are expected to mitigate risk to patients by ensuring they:

1. Are competent to perform a specific technique by obtaining the appropriate education and skills necessary to safely perform the technique.
2. Are using safety measures such as heat shields and/or other skin protective methods relevant to the technique when necessary and,
3. Have obtained a patient's informed consent.

Section 4.11.2 of the Safety Handbook on Moxibustion practices, states that:

> Accidents may occur using moxibustion. Practitioners must be fully trained and competent in the procedure and must consider the precautions/considerations.
>
> The patient should never be left unattended at any point during a procedure involving the use of any form of moxibustion.

Practice Note: In the event of moxibustion accidents which may include patient burns and/or practice environment fires, registrants must act swiftly. Patients should never be left unattended at any point during a procedure involving the use of any form of moxibustion.

Practical Applications & Scenarios

Registrants using moxibustion (particularly direct moxibustion and heated needle methods) are encouraged to be very clear and explicit with patients during their consent discussions about the risks to treatment and that their consent to treatment forms identify the possible risks of the procedure.

Scenario:

A registrant proposes as part of their treatment plan for a patient, a heated needle method requiring the burning of moxa. Performing this method of treatment carries the risk of burns and possible scarring to the patient from falling ash or other burning material. The registrant should proceed by ensuring that their consent to treatment form clearly identifies the risks of burns and scarring as a result of this

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treatment method **and** provide opportunity for the patient to ask questions about the treatment by including it as part of their consent discussion with the patient.

Examples of how a registrant might mitigate risk to patients (i.e., the use of disposable heat shields, additional barrier methods and the patient not being left unattended during treatment) is acceptable, however they should not be used to infer that the risk to the patient is zero or, as a way to convince the patient to consent to the proposed treatment.

What should be included in the informed consent?

The College's Standard for Consent to Treatment outlines the expectations for registrants when obtaining informed consent. Registrants should be very clear and explicit with patients by stating which type of moxibustion will be performed as well as the fact that moxibustion practice carries the risk of blisters and 2nd degree burns, infection, and, in some cases, scarring. To ensure that informed consent is valid, a registrant must engage in a consent discussion with the patient that explains in plain language each part of the patient Consent to Treatment form prior to its signature by the patient. It is not enough to simply allow the patient to read and sign the Consent to Treatment form. Each of the sections contained within the form must be reviewed and explained by the registrant to the patient.[3]

What should I do when something goes wrong?

According to the Standard of Practice on Ethical Practice and Professional Accountability and Professional Duty of Candour, registrants have the professional responsibility and accountability to safeguard the quality of care their patients receive. Registrants are expected to take preventive as well as corrective action to protect patients from unsafe, incompetent, or unethical care.

In the event of an accident, registrants must assume responsibility and act professionally to manage the situation in the best interest of the patient, and to properly document the incident.[4]

The professional duty of candour requires the registrant to:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong;
- explain in clear and comprehensive terms to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long term effects of what has happened;
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family) for the problem; and

[3] https://www.ctcma.bc.ca/wp-content/uploads/2023/03/media/1636/clinical-record-keeping_en_20230217.pdf
[4] https://www.ctcma.bc.ca/resources/newsletters/summer-2022/

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• offer an appropriate remedy or support to address the problem and remedy it to the extent possible, including making the appropriate referrals to other health care specialists.

Useful links and resources

https://www.ctcma.bc.ca/wp-content/uploads/2024/04/Consent-to-Treatment.pdf

https://www.ctcma.bc.ca/wp-content/uploads/2024/04/Clinical-Record-Keeping.pdf

Safety Program for Traditional Chinese Medicine Practitioners and Acupuncturists (ctcma.bc.ca)

https://www.ctcma.bc.ca/wp-content/uploads/2024/01/Practice-Standard-on-Ethical-Practice-and-Professional-Accountability.pdf

https://www.ctcma.bc.ca/wp-content/uploads/2024/04/Professional-Duty-of-Candour.pdf