

ANALYSIS OF STANDARD OPERATING PROCEDURES (SOP) ON CUPPING THERAPY SERVICES IN DKI JAKARTA

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ABSTRACT

Traditional cupping therapy is an alternative therapy that is invasive in society. The Indonesian Cupping Association (PBI) has established a Standard Operating Procedure (SOP) as a guide for its practitioners in service. In this study, an analysis of the SOP items was evaluated on 30 cupping practitioners in the DKI Jakarta area. This study aims to obtain an overview of the SOP with easy, medium, and difficult categories that can be fulfilled by cupping practitioners and are expected to provide input to the Standard Cupping Operational Procedure module. Methods: This study was a *cross-sectional study*, conducted on 30 cupping practitioners in DKI Jakarta who met the inclusion and exclusion criteria. The data collection method was done by observing cupping practitioners three times each to avoid bias in their behavior. In addition, interviews were also conducted with 30 clients who use cupping services to assess SOP's impression. Data analysis explained descriptively. Results show that there were SOP activities in the Standard Cupping Operational Procedure module with an easy category of 64.5%, a moderate category of 14.5%, and a difficult category of 21%. There are easy categories that mean infrastructure, namely 72.7%, 13.6% moderate category, and difficult category of 13.6%. The conclusion contained in the SOP are included in the easy category. However, SOP items still need attention and supervision, especially SOP items with medium and difficult categories.

Key words : implementation, procedure, cupping.

1. Introduction

Cupping is a traditional technique used for generations, namely by placing a pressure plate for several minutes on the skin's surface to remove toxins from the client's blood. Cupping therapy has the effect of relieving pain and inflammation and increasing blood and energy flow in the body. The use of cupping therapy can improve health, well-being, and relaxation. There are two types of Cupping, namely wet Cupping (Al-Hijamah in Arabic) and dry Cupping, which are beneficial. Both culturally based and practiced in many countries are often undertaken to meet chronic patients' health care needs who do not benefit from conventional medicine. (1) Wet Cupping or what is commonly called Cupping is an invasive modality that has been felt by the community's benefits, but is also potentially dangerous in terms of disease transmission if it is done not according to standards in terms of practitioners, methods, and means. Research in Iran states that Cupping is a significant risk factor for transmission of blood-borne diseases such as HTLV-I and Hepatitis B and C, because this service is carried out by cupping practitioners who do not have adequate medical knowledge. (2)

As a guide for wet cupping practitioners, the Indonesian Cupping Association (PBI) has developed a Standard Operating Procedure (SOP). In this case, PBI is the only government-recognized cupping association institution. Although for the time being, recommended by the Ministry of Health is dry Cupping. The number of wet cupping practices carried out by the community is the responsibility of PBI as a government partner to publish an SOP guidebook to ensure safety for people who use wet cupping modalities. Of course, the SOP needs to monitor whether it has been appropriately implemented at the level of cupping practitioners, especially PBI members.

The principles of implementing SOP are consistency, commitment, continuous improvement, binding, and documented. An SOP is not always valid permanently because changes in the organizational environment always impact the existing SOP. Therefore, the SOP needs to be continuously evaluated so that the organization's procedures always refer to accountability and good performance. SOP evaluation is regularly carried out within 1 (one) year and can be incidentally carried out according to the organization's needs. (3) In evaluating the SOP, the involvement of other people outside the team who can conduct the evaluation will significantly assist the evaluation team in providing other views that may provide needed updates in the evaluation. (3)

In this study, observations were made of cupping practitioners to provide input on SOP module of Cupping in terms of items categorized into easy, medium, and difficult categories that can be fulfilled by cupping practitioners.

2. Methods

This research is a *cross-sectional study*. Data collection for both the independent and dependent variables was carried out at one time. This research was conducted in DKI Jakarta. The population is the practitioners of cupping therapy that included members of Association Cupping Association of Indonesia (PBI) in Jakarta. The sample size was determined using the minimum sample size, namely 30 cupping practitioners in the DKI Jakarta area who met the inclusion and exclusion criteria and were selected purposively. The cupping area where the practitioner's work was chosen due to regional representation in DKI Jakarta. The inclusion and exclusion criteria for respondents were cupping practitioners who practice PBI members in the DKI Jakarta area. They have a permanent location of practice and precise address and has been practicing for at least one year. Sign the willingness form as research subjects. The exclusion criteria were practitioners only practicing based on house-to-house calls and were unwilling to participate in the study. In addition, interviews were also conducted with 30 clients who use cupping services to assess SOP impression. Data analysis was carried out descriptively. The clients interviewed were clients who had used cupping therapy services more than once at the cupping house or had visited more than once. This is intended to obtain data regarding past experiences using cupping therapy, for example, experiences of infection or fever or other discomforts which are a side effect of cupping therapy.

Data analysis was carried out descriptively and analytically. Before carrying out research, respondents who meet the requirements will explain the objectives and benefits of the research. When filling out a questionnaire or questionnaire, respondents are welcome to read the *informed* consent form, and if the respondent is willing to participate in the research, the respondent signs the consent form and the questionnaire. The research has been considering ethics of Health Research Ethics Commission on Health Research and Development Agency of the Ministry of Health No. LB.02 01/2 / KE 185/2018.

2. Results

SOP items (facility and activity items) are categorized into categories: difficult, medium, and easy. The ability of a cupping practitioner to fulfill the facilities and activity items of the SOP are grouped into easy category SOP items that can be done consistently by > 80% of practitioners); medium category SOP items that can be done consistently by 60-80% of practitioners); and SOP items in the difficult category SOP items that can be done consistently by <60% of practitioners).

Table 1. Categories of activity items required in the SOP

Category	total grain	Percentage
Easy	32	72.7
Moderate	6	13.6
Difficult	6	13.6
total	44	100

Table 2. Categories of infrastructure items which is required in the SOP

Category	total grain	Percent
Easy	40	64.5
Moderate	9	14.5
Difficult	13	21
total	62	100

The following are SOP items which are categorized into categories: difficult, medium and easy.

**Table 3. The existing infrastructure in the cupping house,
according to the SOP**

No.	a. Description of facilities, infrastructure, and related activities	Fulfilled %	Category
1	The waiting room *	100	Easy
2	Action Room *	100	Easy
3	Toilet	100	Easy
4	There is a window for air circulation	100	Easy
5	Gloves*	100	Easy
6	Apron *	100	Easy
7	Sterile gauze	100	Easy
8	Cupping toolset minimum five sets	100	Easy
9	Sterile lancet / lancing device / surgical blade *	100	Easy
10	Box for collecting infectious waste *	100	Easy
11	Special container for herbal oil	100	Easy
12	Stainless basin	100	Easy
13	Stainless tray	100	Easy
14	Disinfectant spray bottle	100	Easy
15	Chlorine / alcohol disinfectant *	100	Easy
16	UV Sterilizer *	100	Easy
17	Consultation Room	88.9	Easy
18	Sterilization room	88.9	Easy
19	Hand soap	88.9	Easy
20	Face mask *	88.9	Easy
21	Hand soap	88.9	Easy
22	Therapy beds and/or modified chairs for therapy settings	88.9	Easy
23	Push trolley/rack to place equipment tools	88.9	Easy
24	Shaver	88.9	Easy
25	Infectious plastic bag (yellow)	88.9	Easy
26	Chlorine immersion plastic container *	88.9	Easy
27	Shelf / special cupboard for draining cups	88.9	Easy
28	Heat sterilizer *	88.9	Easy
29	Tightly closed box for storing sterile equipment *	88.9	Easy
30	The dividing curtain between patients	77.8	Moderate
31	Blood pressure meter/tool, flashlight, etc., diagnostic aids (palms, tongue, iris, etc.)	77.8	Moderate
32	Hand-washing washbasin	55.6	Difficult
33	Temporary waste storage room	44.4	Difficult
34	Google glasses *	33.3	Difficult
35	Changing room	22.2	Difficult
36	UV lamp in action room *	22.2	Difficult

No.	b. Description of activities related to infrastructure	Fulfilled %	Category
37	Keeping the cupping room clean (per day)	100	Easy
38	Mop floors with a mop dipped in disinfectant / Lysol / carbol	100	Easy
39	Cupping waste made of metal such as lancet needles and bisturi knives is stored in a container to be deposited with the toxic and hazardous waste organizer periodically. *	88.9	Easy
40	In cooperation with toxic and hazardous material waste management companies, hospitals or Puskesmas*	77.8	Moderate
41	Do not burn medical waste	77.8	Moderate
42	Open windows for air circulation	66.7	Moderate
43	Sterilize the cupping room with a UV lamp within 1 hour *	22.2	Difficult

*) primary facility item: namely facility item which, if not fulfilled, can directly affect client safety

Table 4. Item of activity in SOP Cupping

Code	SPO Item Description	Consistent done (%)	Category
A	History		
A1	Practitioner inquires about the main complaint and the accompanying complaint *	96.7	Easy
A2	Practitioners asked about things that aggravated and alleviated the complaints.	53.3	Difficult
A3	Practitioners ask about past medical history. *	70	Moderate
A4	The practitioner asked if the client was taking the doctor's medicine.	50	Difficult
A5	The practitioner asked if the client was taking herbs.	50	Difficult
A6	Practitioners take blood pressure measurements.	20	Difficult
A7	The practitioner performs the diagnosis on the tongue / palm / iris / other means.	53.3	Difficult
B	Data administration		
B1	Recording name, age of cupping client *	86.7	Easy
B2	Recording the date of therapy *	73.3	Moderate
B3	Record of illness or illness that the client complains of. *	76.7	Moderate
B4	Recording client examination results. *	63.3	Moderate

B5	Recording the location of the applied cupping point.	56.7	Difficult
B6	A record of the recommendations given to clients.	30	Difficult
C	Preparation		
C1	Wash your hands in a hand wash basin. *	70	Moderate
C2	Perform ablution before clamping *	100	Easy
C3	Prepare / ensure that all tools are readily available in the cupping room	100	Easy
C4	Use gloves. *	100	Easy
C5	Using a head covering / skullcap / hijab	80	Easy
C6	Using the apron (apron)	90	Easy
C7	Wear protective glasses	33.3	Difficult
C8	Olive oil is placed in a special container not straight from the bottle. *	90	Easy
C9	Using a sterile needle / surgical blade. *	100	Easy
C10	Attaching the needle to the lancing device	100	Easy
D	Action		
D1	Prepare the client to lie down or sit down	100	Easy
D2	Relaxing the client's back (massage, cup slide, etc. for relaxation)	93.3	Easy
D3	Changing new gloves (gloves for relaxation are not the same as gloves for action)	66.7	Moderate
D4	Applying olive oil / herbal oil to the area to be clamped (pay attention to the left / right hand used) *	100	Easy
D5	Copying the area that has been treated with olive oil by asking the client according to convenience.	96.7	Easy
D6	Copying until the wound is carried out for no more than 5 minutes. *	93.3	Easy
D7	Open the header and place it on a special tray in an oblique position (not prone).	80	Easy
D8	Perform injuries to the area that has been in the header with attention to client comfort. (clients don't suffer)	93.3	Easy
D9	Lancing devices that have been used are placed in a different place from the place where the header is on.	56.7	Difficult
D10	Copy the area that has been injured for 3 to 5 minutes.	86.7	Easy
D11	Remove the bleeding cupping area carefully and use gauze to clean the blood.	93.3	Easy
D12	The blood is collected in the Cupping and absorbed with gauze without scattering.	83.3	Easy

D13	Reopen the header and clean the area that has been covered with gauze.	93.3	Easy
D14	Apply olive / herbal oil to the affected area *	100	Easy
D15	Do not use alcohol to cover wounds. *	100	Easy
D16	Use a different hand between the hand used to apply olive oil and the hand used to clean the blood. (except using a gauze clamp tool when cleaning blood)	43.3	Difficult
D17	Use only the same hand to clean the blood.	86.7	Easy
D18	Do not use the hands used to clean the blood to take other tools such as pump heads etc.	23.3	Difficult
E	Sterilization		
E1	Cupping tools that have been used are cleaned of blood stains. *	96.7	Easy
E2	Spraying used cupping tools with alcohol and soaking with chlorine solution for at least 15 minutes. *	96.7	Easy
E3	All parts of the cup are immersed during immersion in chlorine solution. *	100	Easy
E4	The soaked Cupping is washed using antiseptic soap (detergent) in running water. *	96.7	Easy
E5	Using a special sink for cleaning cupping utensils *	90	Easy
E6	Drain the washed utensils on the drain by spraying alcohol on the header.	83.3	Easy
E7	Wipe dry the head with a drain.	80	Easy
E8	Put the header in the sterilizer cup for 15 minutes.	100	Easy
E9	Storing headers that have been disinfected in a closed dry container.	96.7	Easy
E10	The final result is clean (check the result for any remaining blood stains on the bottom of the header)	100	Easy
E11	Wash the lancing with running water and antiseptic soap until the blood impurities are gone. *	86.7	Easy
E12	The washed fishing line is drained and dried.	86.7	Easy
E13	Spraying the drained lancing with 70% alcohol *	90	Easy
E14	Drying the lancing that has been sprayed with alcohol.	93.3	Easy
E15	Storing clean lancing in a special place.	93.3	Easy
E16	Clean studs (check the studs for blood stains on the tip)	100	Easy
E17	Washing and sterilizing all other metal utensils is the same as sterilizing lancing, then put it in a hot sterilizer	60	Moderate

E18	Spraying the cupping bed / couch / chair with alcohol	63.3	Moderate
E19	Wipe the cupping bed / couch / chair with a clean cloth until dry.	63.3	Moderate
E20	Spraying the cupping apron with alcohol	50	Difficult
	Wipe the apron with a clean cloth to dry.	43.3	Difficult

***) Items of primary activities** : the grain activity if not done langsu ng may affect the safety of the client

Table 5. Clients' impressions of the use of cupping therapy

Client Motivation	Frequency	Percent
Motivation to use cupping therapy services		
- maintain health	18	60.0
- maintain health and medication	3	10.0
- treatment	3	10.0
- medication and others	1	3,3
- maintain health and others	5	16.7
Total	30	100
Get information about this cupping house		
- friend / relative	25	83.3
- others	5	16.7
Total	30	100
Motivation for choosing this cupping house		
- sterile / clean	8	26.7
- sterile and near home	4	13.3
- close to home	13	43.3
- others	5	16.7
Total	30	100
Side effects after cupping		
- don't feel side effects	30	100.0
- feel the side effects	0	0
Total	30	100
Feel the infection after cupping		
- don't feel the infection	30	100.0
- feel the infection	0	0
Total	30	100

4. Discussion

In Permenpan RB no 35 th 2012, which referred to the Standard Operating Procedures (SOP), guides contain detailed steps or how to do the job or step detail the implementation of activities. In this study, observations were made on the implementation of traditional cupping health service SOP. The SOP used in this study was the SOP issued by the Indonesian Cupping Association (PBI) in 2017, due to the absence of an SOP issued by the Yankestrad Directorate, Ministry of Health. PBI itself is an association that houses around 7000 members who are cupping practitioners. To ensure that the SOP is running well, it is necessary to carry out a monitoring process. This process is intended to compare and ascertain whether the implementer's performance is by the aims and objectives stated in the SOP. Thus it can be done to identify the problems that may arise and determine how to improve results. The method can be in the form of supervisory observation, interviews with executors, interviews with customers, etc. (3)

In general, the activities and facilities contained in the SOP are included in the easy category for practitioners to do. However, there are still items of activities and facilities in the SOP in the moderate category and are difficult for practitioners to do (Tables 1 and 2). In discussing the results of this study, the author refers more to PMK No. 15 of 2018 concerning Traditional Complimentary Health Services and does not use PMK 61 of 2016 concerning empirical Traditional Health Services . This is considered more likely because Cupping is an invasive modality that is expected to enter the Traditional Complimentary Health Services . In this case, Cupping is wet Cupping which is still done by traditional healers (Hattra) which should be included in the Empirical Traditional Health Services, but Hattra is prohibited from engaging in invasive actions as stated in article 27 PP 103/2014 concerning Traditional Health Services.

To be classified as a traditional health workes that has the competence to carry out invasive actions, the wet cupping practitioner must undergo Past Learning Recognition (RPL) at least 5 (five) levels of the Indonesian National Qualifications Framework (KKNI) or pass a minimum education of 3 (three) diplomas accordingly according to transitional provisions, according to Article 44 PMK 61 of 2016. However, until now, the equalization of education has not been implemented. The polemic about Hattra's taking on invasive actions such as wet Cupping is still happening today. On the other hand, wet Cupping is an Traditional health services with invasive modality that is of great interest to the public. It is necessary to carry out guidance and supervision of the implementation of SOP in the field to ensure the quality and safety of Traditional health services that is accepted by the community.

This discussion highlights two things, namely in terms of items and infrastructure related to SOP (Table 3) and in terms of activities in SOP (Table 4). In terms of items and infrastructure, in general, all cupping houses that are the samples of this study have met the building requirements as stated in PMK No. 15 of 2018 concerning traditional complementary health services Article 4: Building and room requirements as referred to in paragraph (1) for Griya Sehat at most a little consists of: a. registration room/waiting room; b. administration room; c. consultation room; d. traditional medicine room; e. shower room / WC; and f. other rooms according to service needs. (5) The registration room/waiting room as referred to in paragraph (3) letter a and paragraph (4) letter a, as well as the administration room as referred to in paragraph (3) letter b and paragraph (4) letter b can be combined, but there must be a separation. clear between functions. (6) The consultation room as referred to in paragraph (4) letter c and the traditional treatment room as referred to in paragraph (4) letter d can be combined, but there must be a clear separation between functions. (4) However, in the case of providing a special room for changing clothes, as required in the SOP of PBI cupping, it is difficult for the cupping house to fulfill this. This may be due to room efficiency and practicality of activities. The client immediately changes clothes in the action room. However, the changing room is not included in the primary infrastructure, which absolutely must be fulfilled. There are still cupping houses that do not have windows/*exhaust fans* to keep air circulating, and some cupping houses implement air-conditioned rooms without windows. Opening windows for air circulation is necessary to ensure good blood flow in a room where there is an activity using chlorox (bleach), thereby reducing irritation to the respiratory tract. (5)

Sterilize the cupping room with a UV lamp within 1 hour of the activities related facilities, including the category challenging to meet (only done by 22, 2 % of homes bruise), and it is related to the availability of UV light in the room of action. Ultraviolet C (UVC) radiation has been used widely in disinfecting hospital materials and equipment. UVC exposure to microbial DNA inhibits cellular replication, damages cells by photohydration, photodimerization. (6) In terms of waste disposal, there are still houses Cupping that has not done in cooperation with toxic and hazardous materials waste management company, hospital or health center (in cooperation with a third party can only be met by 77, 8 % of the houses Cupping, another practitioner destroy garbage by burning). No bruise has left the house waste bruise made of metal (lancet needles and knives bisturi) at the public health service/organizer toxic and hazardous materials periodically. Types of waste in the cupping house are tissue, gloves, gauze, blood and lancet needles or bisturi knives. According to WHO

guidelines, medical waste can be classified into (1) waste that is suspected of containing pathogens, such as tissue (swabs), materials or equipment in direct contact with an infected patient, and feces. (2) Pathological waste, namely human tissue or fluids thereof, such as blood and other body fluids. (3) Sharps waste; lancet needle or bisturi knife. Likewise, the temporary waste storage room is difficult to fulfill by the cupping house due to limited space. Thus, medical waste is only placed in containers after being put in a large plastic bag that is tightly closed and placed in front of the house while waiting for pick-up by a third party, which is done once every two days.

In terms of tool sterilization, there are cupping houses that do not yet have chlorine immersion plastic containers, some use metal containers. For heat-resistant materials and surfaces that cannot be sterilized by boiling, they are sterilized by chemical disinfection methods. Chemicals used for disinfection, such as sodium hypochlorite (bleach, etc.), are disinfectants that effectively kill bacteria, viruses, and are cheap and widely available. However, this material has two important disadvantages, namely, it is corrosive (for this reason, metal containers are not allowed) and a perishable solution for it must be made immediately before use. Available chlorine required 0.1% (1 g / liter, 1,000 ppm) for clean conditions (e.g. cleaned medical equipment) and 0.5% (5 g / liter, 5,000 ppm) for dirty conditions (e.g. blood spills, equipment dirty). The dilution is: sodium hypochlorite solution (5% available chlorine) 20 ml / liter for clean conditions and 100 ml / liter for dirty conditions. (7)

Next is the evaluation in terms of the activity items in the SOP. In terms of anamnesis of clients, things that are still difficult for practitioners to do are: digging information from clients about things that aggravate and relieve complaints, doctor's drugs being consumed by the client, whether the client is taking herbs, measuring blood pressure, making a diagnosis tongue/palm / iris / other means. In PMK No. 15 of 2018 concerning traditional complementary health services Article 5 paragraph 4, it is stated that the procedure for examining Complementary Traditional Health Services is based on the ability to interview, see, hear, smell, and feel and can be assisted by tools and technology that work in accordance with traditional health concepts. (4) It is important to note that practitioners need special education in order to have standard skills in terms of diagnosis. As a traditional complementary health services modality according to article 5 PMK No.15 2018, apart from having a distinctive feature in the concept of cultural-based Traditional Health Services, Cupping must have a culture-based procedure for determining individual health conditions (diagnostic procedures), in this case, the East Middle (Thibun Nabawy).

However, in this case, cupping practitioners mostly use *Traditional Chinese Medicine* (TCM) diagnosis methods such as the tongue, palm, pulse, and Iridology (Hungary) diagnosis, rather than using Thibun Nabawi (Middle East) diagnosis. This is possible because there is little literature on Thibun Nabawi in Indonesian that is practical to learn in Indonesian. In terms of measuring blood pressure, practitioners want to measure blood pressure before taking action with a digital tensimeter, but because practitioners are not yet a traditional health worker (Nakestrad), it is feared that this will violate their competence.

Many things have not been done well in evaluating the items of anamnesis activity carried out by practitioners to clients. While anamnesis is an initial screening, practitioners need to do it before cupping is done. The practitioner can determine whether the client deserves cupping or not by carrying out the initial screening properly and based on knowledge or science. For example, if the practitioner has a client whose face, conjunctiva, and palms look pale. This indicates that the client is anemic. If the client's condition is supported by a hemoglobin test of less than 8 g / dL, it indicates that the client is in severe anemia. In severe cases of anemia, cupping with blood can worsen the anemia. So that cupping is not recommended for clients with anemia. Another condition that cupping does not allow is blood clotting disorders (hemophilia). Clients with a hemophilia history should not be clamped to prevent continuous bleeding that cannot be stopped. To find out a history of hemophilia can be asked at the time of history, whether the patient has a history of bleeding that does not stop on its own. (8)

Evaluation in terms of the administration of practitioner activities that still needs attention is recording the illness or illness that the client complained about (76, 7 %). The recording of the illness or illness that the client complains about indirectly protects the practitioner from the risk of disease that can be transmitted by the client. Infectious diseases such as HIV and hepatitis can be transmitted through blood. If this is not recorded, it is very risky to practitioners' safety, especially if the cupping facilities and hygiene management cannot guarantee practitioners' safety. Other items that is on recording the results of clients (63,3 %), recording the location of the bruise was applied (56.7%), recording the advice given to clients (30%) are still not well-documented. Whereas the purpose of the recording was to determine the stages and procedures of cupping and evaluate the progress of cupping therapy for clients, and to identify side effects of cupping therapy that had been given previously. (8) Overall, the recording action was still low, and it was not uncommon for clients who had routine cupping. The practitioner immediately took action while interviewing the

client when preparing for the action, without taking notes. If the client has routinely done cupping, recording of the initial screening stage still has to be done. This is important to evaluate the progress of cupping therapy in clients. Besides that, it can also be a way to identify the side effects of previous cupping therapy. (8) According to PMK 15 2018, Article 41 states that client records as referred to in paragraph (1) at least include: a. identity; b. new visits and old visits; c. health problems; d. Complementary Traditional Health Service measures/types of therapy; and e. information including advice or advice. (4)

Evaluation in terms of preparation for activities that still need attention is using google glasses, which is difficult for practitioners to fulfill. This is related to the unavailability of google glasses in the cupping house infrastructure. Special glasses (*google safety*) are protective equipment that serves to protect the eyes from exposure to hazardous chemicals, splashes of blood and body fluids, hot steam, UV rays and broken glass (scrub) (9); The use of Personal Protective Equipment (PPE) is an effort to protect themselves for health workers or cupping practitioners. Wash basins are still difficult for most cupping houses to fill. Some practitioners do not wash their hands in a particular sink before putting on gloves. This is due to the unavailability of a handwashing sink in the action room. By applying *Hand Hygiene*, it can prevent infection from invasive action. (10) *Hand hygiene* must be done before carrying out the following actions: Before handling the patient; Before performing clean/aseptic action; After the risk of exposure to the patient's body fluids; After holding the patient. (5) Washing hands with soap and water is the easiest strategy for hand hygiene recommended by the *Centers for Disease Control*. In the observation of cupping training participants for medical professionals in Saudi Arabia, it was concluded that in general, the level of compliance of health care workers with hand hygiene procedures was low, namely around 40%. Some of the reasons behind the low adherence to hand washing are hand washing materials causing irritation and dryness, uncomfortable sinks, lack of soap and paper towels, time constraints, lack of human resources or overcrowding, and patient priorities. In addition, lack of professional knowledge of protocols and evidence-based information regarding *Complimentary Alternative Medicine* (CAM), forgetfulness, and disagreement with recommendations. (1)

Evaluation in terms of actions that still need attention is in terms of changing new gloves (gloves for relaxation are not the same as gloves for action) 66.7% ", do not put the lancing device that has been used in the same place as the place to put it (56.7%), using different hands between the hands used to apply olive oil and the hands

used to clean the blood (except using a gauze clamp aid when cleaning the blood) 43.3%. do not use the hands used to clean the blood to take other tools such as pump heads, etc. (23.3%). At this stage, if the action does not pay attention to the principles of asepsis or sterilization properly, then there is a risk of causing complications of cupping in the form of infection in the local skin (wet wounds that do not heal with or without pus) as well as systemic body infections that occur due to successful pathogenic microorganisms. enters the body through the exposed skin tissue at the time of the injury. (8)

Evaluation in medical terms of sterilization that still needs attention is in terms of washing and sterilizing all other metal utensils as well as sterilizing lancin. Put it in a hot sterilizer (60%), spraying the bed/couch/cupping chair with alcohol (63, 3%), wiping the bed/couch/chair with a clean cloth until dry (63.3%), spraying the cupping apron with alcohol (50%), wiping the apron with a clean cloth to dry (43.3%). Ethanol (ethyl alcohol) and 2-propanol (isopropyl alcohol) have similar disinfectant properties. It is germicidal to vegetative form bacteria, mycobacteria, fungi, and viruses after a few minutes of contact. not effective against bacterial spores. For the highest effectiveness, the compound should be used to concentrate about 70% (70% alcohol, 30% water); both lower and higher concentrations become less effective. (7) As part of the final process of cupping, sterilizing or disinfecting equipment and handling medical waste is an action to prevent infection transmission. Therefore, the stages of disinfection after cupping must be carried out and possible to prevent the infection process from occurring. (11)

To find out the application of SOP from the side felt by the clients (users) of cupping services, interviews were conducted with 30 people who used cupping services in each cupping house (Table 5). Of the 30 respondents interviewed, all said they had never experienced side effects and had never felt an infection during cupping therapy. This indicates that cupping therapy performed by respondents who are members of PBI can be applied to clients relatively safely with side effects that are almost tolerable to all respondents. In addition, 40 % of clients also consider that their choice of cupping house is a cupping house that provides sterile / clean services. This indicates that its members have implemented the association's SOP. According to a study that reviewed several articles related to cupping therapy's safety, side effects of cupping therapy were rarely reported. Among the side effects reported were in the category of mild to moderate. Most of the side effects of cupping therapy can be prevented by following general infection control guidelines, hygienic techniques, safety protocols (SOP), and rigorous training of cupping therapy practitioners. Overall,

cupping therapy is a relatively safe traditional therapy with a well-tolerated side effect profile generally used by clients with various chronic diseases. (12)

With this evaluation, the association (PBI) can be suggested to develop SOP cupping as a practice guide. It can provide supervision to its members to ensure the correct implementation of SOPs. In the field to guarantee the quality, benefit, and safety of this invasive traditional health service modality for clients and society. For SOP item which is still difficult for practitioners to do, then evaluation must be carried out. If PBI intends to maintain these points, then guidance and supervision are needed, emphasizing the implementation of the related points. Standardization test is carried out on practitioners and should also be carried out at the facility where the practice is related to the standardization of facilities. It is necessary to review the activities of practitioners who carry out *home visit* services to clients. This concern is related to sterilization activities with non-standard facilities and infrastructure.

5. Conclusion

In general, the SOP items are included in the easy category for practitioners to do. However, SOP items still need attention and supervision, especially SOP items with medium and difficult categories. There needs to be intensive communication between PBI and the Ministry of Health so that the SOP compiled by PBI can be recognized by the Ministry of Health as an SOP that can be used to coach and supervise members.

6. References

1. El-olemy AT, Al-surgeon AM, El-olemy MA, Hussein AA, Khalil M, Aboushanab TS, et al. Cupping Therapy (Al-Hijamah): Healthcare Professionals' Controversial Beliefs Before and After Training Program, Kingdom of Saudi Arabia. J Complement Altern Med Res. 2017; 3 (July): 1–13.
2. Kordafshari G, Reza M, Ardakani S, Keshavarz M, Esfahani MM. Cupping therapy can improve the quality of life of healthy people in Tehran. J Tradit Chinese Med [Internet]. 2017; 37 (4): 558–62. Available from: [http://dx.doi.org/10.1016/S0254-6272\(17\)30164-4](http://dx.doi.org/10.1016/S0254-6272(17)30164-4)
3. Kemenpan RB RI. Regulation of the Minister of Administrative and Bureaucratic Reform of the Republic of Indonesia number 35 of 2012. Guidelines for the preparation of standard operating procedures for government administration. 2012;
4. Ministry of Health. Minister of Health Regulation No.15 of 2018 concerning Implementation of Complementary Traditional Health Services. 2018;

5. Boards Management_Office, Ministry_Of_Health, Brunai_Darussalam. Guidelines on infection control related to additional and complementary medicine practices traditional & complementary medicine. 2017; 0–17.
6. Quind G. Disinfectant Activity of A Portable Ultraviolet C Equipment. *Int J Environ Res Public Heal* 2019 ., 2019; 16 (4747).
7. Depnakertrans., RI. Joint ILO / WHO Guidelines on Health Services and HIV / AIDS. 2005.
8. Ratna Sari F, Salim MA, Ekayanti F SI. Cupping as a Prophetic Medicine in the Overview of Hadith, History and Evidence-Based Medicine. Depok: Rajawali Press; 2018.
9. Kemenkes_RI. Regulation of the Minister of Health of the Republic of Indonesia number 52 of 2018 concerning Occupational Safety and Health in Health Service Facilities. 2018;
10. Gagola F. Implementation of Hand Hygiene with Incidence of Invasive Actions in the Surgical Ward at the Talaud District Hospital. (Ii): 111–4.
11. Manela C. The risk of transmitting infection in the autopsy room and the application of universal precautions. *Maj Kedokt Andalas*. 2015; 38 (3): 228.
12. Al-Surgical AM, Shaban T, Suhaibani A. Safety of Cupping Therapy in Studies Conducted in Twenty One Century: A Review of Literature. 2016; 15 (8): 1–12.