

Vitality University Clinic Handbook

2022-2023



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A. Overview of UHM

UHM is approved by BPPE of California in November 2016; and approved by California Acupuncture Board in August ? 2017. It started to receive student in January 2018. The BPPE approved three majors to the school: Master Science of Traditional Chinese Medicine, Master of Herbal Dietary Therapy, and Certificates of TCM Tui Na. Due to the compliance of ACCOM, the UMM keeps the program of MSTCM, and removes the other two to a new school: Institute of Oriental Medicine. Based on it, UHM is on the way to apply an accreditation from ACCOM.

1. History of UHM

1. UHM was approved by BPPE on Nov. 2016.
2. UHM's MSTCM was approved by California Acupuncture Board on August 2017.
3. IJMM started to receive students on Jan. 2018
4. UHM changed its program of Master of Herbal Dietary Therapy to certificate in order to compliance with the rule of ACCOM.
5. UHM removed two programs of certificate to compliance with the rule of ACCOM March 2020.
6. UHM is on the way of applying an accreditation of ACCOM.

UHM Main Campus is located at 2499 Industrial PKWY West, Hayward, CA 94545 and

IHM Satellite Campus is located at 2304 S. El Camino Real, San Mateo, CA 94403.

UHM president is Dr. Jeffrey Zhongxue Mah

UHM vice president is Dr. Lixin Zhang

2. Mission

UHM provides the highest quality education in Chinese medicine. All students must be good at acupuncture, herbal medicine, and herbal dietary therapy.

3.Objectives/Goals

UHM provides an extraordinary ability to understand a comprehensive curriculum in TCM. The ability includes:

1. Perception: be the best understanding of Chinese Medicine
2. Memory: be the best remember of key knowledge of Chinese medicine
3. Clinical ability: be the best to use not only acupuncture, but also herbal medicine and herbal dietary therapy.
4. Medical ethics: be the best to understand and follow medical ethics.

4. Methods

1. Two Basics with One Dragon

UHM teaches students to master both Chinese medicine theory and Western medicine back theory that is two basics. Based on it, students focus on clinical ability that is one dragon.

2. UHM trains students to maintain a key memory based on perception of TCM. Students are required not only understanding of Chinese medicine, but also keep a good memory.
3. UHM trains students to have ability to present. Through it, students can enhance the knowledge of Chinese medicine, and can educate Chinese medicine in community in the future.

5. Faculty

UHM maintains a diverse, multi-cultural academic team. Every faculty member should have ability to convey both a deep appreciation for traditional Chinese medicine and an understanding of the problems that affect patients in today's world. All of our instructors share passion and enthusiasm for teaching.

6. Students

UHM students come from a wide variety of backgrounds and represent several generations. While UHM attracts individuals with healthcare backgrounds, we also have students from many different professional backgrounds who have no prior training in the healing arts. For some of our students, acupuncture is a second or even a third career. Our students are typically busy people who juggle school with work and family life.

7. Clinical Requirement

UHM initiates the student into the clinical experience beginning with the first term of the third year. Students need finish 900 hours of clinical practice. This process exposes students to the actual clinical practice of medicine, thereby enhancing the educational process by learning in context, providing opportunity to self-assess their knowledge of the medicine, maximizing patient contact, and demonstrating compassionate practice and care.

8. Categories of Clinical Experience

The clinical education at UHM is divided into three major categories: clinical observation, clinical internship, and case analysis. Professors teach students how to analyze actual clinical cases, how to treat patients and operate a clinic.

9. CLINICAL CAMPUS

Location One: 2304 S. El Camino Real, San Mateo, CA 94403

Phone: (650) 350-1863

Location Two: 2499 Industrial PKWY West, Hayward, CA 94545

Phone: (650) 350-1863

B. Clinical Policies

1. Non-Discrimination

UHM's clinic is a private medical facility and does not discriminate on the basis of race, color, religion, political beliefs and affiliations, marital status, national origin, ethnic background, physical or mental handicap, sex, sexual orientation, age, citizenship or within the limits imposed by law. University of

Herbal Medicine reserves the right to refuse service to any person demonstrating inappropriate behavior.

2. Attendance Policy

Attendance at all clinics is required. Extenuating circumstances (beyond one's control) may exempt one from clinic. Extenuating circumstances must be given to the supervisor. Supervisors make initial determination with subject to review and approval by the Academic Dean as set forth herein.

3. Arriving Late/Leaving Early

Arriving late or leaving early may be considered a missed clinic (absence) as decided by the Instructor. If considered an absence, an incomplete grade is given and must be made up according to the make-up policy.

4. Missed Clinic

Absence is determined by Clinic Supervisor as excused (extenuating circumstances) or unexcused. Unexcused absence constitutes Patient Abandonment for all observers and interns (see below).

All absences of any kind must be made up. The 1st and 2nd absence are considered incomplete and must be made up. The student with three absences fails the clinic.

5. Procedure

Student must notify Clinic Manager or clinic receptionist on duty by 8:30 a.m. on the day of the clinic shift or as soon as is practicably feasible. If the student becomes ill during the day, he/she must first have absence approved by Campus Director and then notify the Clinic Manager or clinic receptionist on duty who will notify the Clinic Supervisor.

6. Absence Form

1. Clinic Absence Form generated by Clinic Supervisor, approved by the Academic Dean and reviewed by the Campus Director
2. Make-Up Clinic Form generated by Clinic Supervisor
3. Missed Orientation/Summary Form generated by Clinic Supervisor
4. Student Clinic Evaluation Form will note Patient Abandonment under Professional Conduct
5. Notice of Patient Abandonment generated by Clinic Supervisor, approved by the Academic Dean and reviewed by the Campus Director

7. Unexcused absence

Unexcused absence from all classes and clinics for 10 consecutive calendar days will result in immediate dismissal from the program.

8. UHM Clinic handbook policies and procedures Manual Maintenances

Official copies of this manual shall be maintained by the Dean of Clinics. Reference copies of this manual shall be maintained in the following locations:

1. Office of the Dean of Clinics (master copy)
2. Clinic front desk
3. Faculty study

4. Student study, Library, University of Herbal Medicine

The changes to this manual must be approved by the Dean of Clinics within the context of the goals and policies set by the President and the Board of Directors. Revisions must show the date of approval and be distributed to all reference copies of the manual and to active staff and students. The policies and procedures outlined in this manual will update when needed.

9. MEDICAL RECORD

Please follow the information below:

1. Only information specific to a patient occurrence will be documented in the patient medical record.
2. Do not chart opinions, assumptions, derogatory or inflammatory remarks.
3. Do not chart that a variance report has been completed.
4. Do document if the physician was notified. This will include time of notification and the time of any examination/treatment.
5. DO keep comments factual and brief.
6. Progress notes should demonstrate on-going assessment when a patient injury is noted.

Sign your name and title.
Incident Reporting Log

10.EMPLOYEE INCIDENT

Briefly describe the occurrence in the narrative section. The following are to be included in the information base:

- A. Job or Task being performed at the time of the incident.
 - B. Name of the Employee/ job site/department
 - C. Indicate whether medical treatment was obtained or declined by employee
 - D. Identify who provided emergency care/treatment
 - E. Obtain name and telephone number of the employee's physician.
- Report any on the job injury to your supervisor.

Any OSHA report for Bloodborne Precautions must be maintained at the clinic for thirty (30) years.

11. VARIANCE REPORT PROCEDURE OBJECTIVE:

To document all incidents occurring to patients, visitors or employees

To assign administration in the identification of concern or incident-prone areas

To provide an index for possible compensatory events

To provide trending information to UHM for the purpose of identifying risk concerns

C. Administration and Faculty

1. Administration Team

Chief Executive Officer ,The President,Dean of Clinical Education

Jeffrey ZhongxueMah

Chief Operations Officer

Yanhong Liang

Chief Academic Officer

Jeffrey ZhongxueMah

Vice President

Lixin Zhang

Admission and Student Services Coordinator/ Deputy Executive Officer

YaWen Chen

Clinic Dean's Assistant

Ka Man Li

2. Faculty

Jeffrey Mah, Ph.D., M.S., M.D.* (China), L.Ac.

Lixin Zhang, M.D.* (China), M.S., Ph.D.

Wang, Yougeng, M.D. (China)*, L.Ac.

Dawson, William M.S., L.Ac.

Qinhong Zhang PHD (China)LAc

Wei Lou, BA, LAc

Guanglin, MD & PhD(Japan)

**Traditional Chinese Medicine is a recognized health profession in China. The Bachelor of Medicine (B. Med.) Program requires five to six years of study beyond completion of secondary education in China. The Bachelor of Medicine, major in Traditional Chinese Medicine is the academic qualification for practicing Traditional Chinese Medicine in China.*

3. Dean of Clinical Education

The Dean of Clinical Education is responsible for clinic affairs. The Dean is responsible for the administration and coordination of the UHM's clinic to maintain a safe, effective and professional operation of the clinic. The Dean works closely with university staff, professor, students, patients, and clinic reception. Policies concerning the mission, goals and objectives of the Clinic are developed by the Dean of Clinic Education. Long-range plans are developed by the Dean, the President, Vice President, and faculty in the Board of Directors meetings.

4. Dean of Clinical Education is responsible for the following Duties:

Fiscal management of the Clinic is governed by the Dean of Clinical Education, Chief Operations Officer, and Deputy Executive Officer, to check in all expend expenditures and maintenance of supplies.

The Dean is assigned the position of patient advocate when admitting a new patient or when dealing with a patient grievance. The Dean may advise the patient of his/her rights and responsibilities as a patient in the clinic.

The Dean reviews and authorizes clinical appointments and administrative responsibilities, including final authority for the curtailment of clinical privileges.

Other responsibilities of the Dean include:

Hire, retain, and promote front office staff.

Manage student and employee health, medical malpractice insurance, infection control, compliance with OSHA regulations, and policies and procedures.

Maintain records of staff/ student compliance of TB, CPR, and licensing requirements.

Supervise medical billing receptionist and insurance billing for Worker's Compensation, medical and private insurance.

Supervise medical billing receptionist and insurance billing for Worker's Compensation, medical and private insurance.

5. Assistant Clinic Dean Responsibility:

- Attends the regular school meeting
- Scheduling of Clinic shifts for students and faculty
- Collect faculty resumes for new Clinic faculty and distributes to department chairs
- Oversee interviewing, hiring, training, and teaching schedule of Clinic faculty
- Prepare clinic contracts during quarter break and make file
- Collect clinic faculty Evaluations each quarter
- Collect clinic faculty and student CPR and First Aid training records
- Prepare faculty meeting agenda
- Distribute mid-term evaluations form to Clinic faculty
- Establish and implement policies, procedures, schedules, and fees

6. Chief Academic and Clinical Advisor

The Chief Academic and Clinical Advisor is an advisor and resource to the clinic Dean and the Dean of Clinical Education.

7. The Chief Academic and Clinical Advisor shall:

- ◆ Ensure that any changes in policies or procedures are in compliance with the CA Acupuncture Board guidelines and/or any other appropriate body.
- ◆ Make suggestion that helps to upgrade clinical education.
- ◆ Serve in absence of either the MSTCM Dean or Dean of Clinical Education.

8. Clinic Administrator's Responsibility:

(1) Front Desk

1. Supervises front desk and its daily operation
2. Arranges the front desk schedule for each quarter and quarter break
3. Presents weekly report to Dean of Clinical Education about the front desk
4. Communicates between the front desk staff and Dean of Clinical Education and College
5. Resolves conflicts with patients

6. Resolves any conflicts between front desk staff
7. Provides adequate support to the front desk staff and training
8. Purchases front desk related equipment and software
9. Asks faculty members to write the patient progress report as needed

(2) Students

1. Report to the Dean of Clinical Education regarding clinic incident and assists Dean to resolve issues, provide immediate remedy, and take appropriate actions
2. Monitor clinic students 'punctuality
3. Notify clinic students about clinic supply
4. Assists Dean for quarterly clinic lottery

(3) Faculty

1. Monitor faculty's punctuality and turn in a report to the Dean of Clinical Education regularly.
2. Arrange substitutes for clinic faculty and arrange clinic faculty schedule
3. Supervise the faculty members to complete the missing required signatures
4. Act as a mediator between clinic faculty and front desk personnel
5. Host and arranges topics of discussion for clinic faculty meetings

(4) Clinic Area

- 1. Monitor the janitorial issues in the clinic**
- 2. Monitor the remodeling of the clinic treatment room**

(5) Community

Make presentation to non-profit organizations, e.g. senior centers and students in community colleges to inform and introduce them to the UHM clinic.

(7)CLINIC POLICIES AND PROCEDURES

(1) Punctuality

(2) Faculty Check in Log

According to the AC State regulations, the clinic faculty must be present for all portions of patient treatment, including intake. They must be present all four hours of their shift. No intake and treatment can begin without them. Punctuality is required. The front desk will keep a daily sign in log for all Clinic Faculty to check in as they arrive in the clinic.

(3)Student Check in Log

We will keep a daily sign in log for all student clinicians at the front desk. Please check in when you arrive at the clinic before you start your shift. You must be present all 4 hours of your shift. Punctuality is required.

(4) Standard for Punctuality

is required for all Clinic Faculty/Student Clinicians: 1. Late for two shifts per quarter: a written warning will be given to student interns or clinic faculty. 2. Late for an additional shift per quarter (3 total): Clinic Dean will evaluate Intern for clinic probation. Also performance review of clinical faculty will be negatively affected on annual clinic review. Poor performance may impede clinic hiring or merit raises in salary.

(5) Enforcement standards for required signatures

1. Each shift before the supervisor leaves, it is their responsibility to make sure that the following signatures are present. • Patient Consent form: required for malpractice insurance. • Treatment: signature required before treatment • Herb: Required before the herb is dispensed to the patient. (Sign & Check) • Case management forms: Must be current. 2. It is supervisor's responsibility to sign and check all charting. 3. Complete Needle Slips. 4. Front desk will check the forms before the chart is filed back to the file cabinet. 5. If a signature is missing, it will be recorded at the unsigned chart log. If at the end of the quarter if there are still uncompleted charts, that particular practitioner will not be able to participate the clinical experience. You must complete all required signatures and record the date you corrected your errors at the unsigned chart log. The above procedure is mandatory.

(6) Absent Clinic Shift

If a student cannot make a clinic shift for any reason, they must notify the Front desk immediately. The Clinic phone number is 650-350-1863. If possible, try to find a substitute and please communicate with the Front Desk Staff.

(7) Clinic Drop Policy

Selection of clinic at the clinic selection meetings is considered registration and the beginning of the term for clinic. Clinic selection meetings are 4 weeks prior to the start of clinic to facilitate student scheduling of their classes, work, and other commitments. Likewise, clinic selection meetings allow us to confirm or cancel clinics with supervisors, set up the clinic appointment books, and begin booking patients.

When students drop clinics one month later or after school has commenced, it often results in an insufficient number of students in certain clinics to feasibly run the clinic. To cancel the clinic at this point is unfair to the externship commitments, supervisors, patients, student interns, and student observers who have committed to the published schedule.

Hours

1. Student clinic runs all year round. The hours, days and supervisors are announced at the beginning of each term and are posted for students on the term schedule and for patients on the clinical hours brochure.

2. Students are expected to arrive at least 15 minutes before the start of each clinic shift to confer with the Clinical Supervisor on the day's shift, to stock and set up the treatment room and clean fields and to consult the Clinic Bulletin Board for any recent memos pertaining to the clinic.

3. Clinic begins and ends promptly according to the posted hours.

4. New patients are asked to arrive 15 minutes early so they can locate the clinic and to fill out the patient intake forms. The office will notify patients of this when appointments are booked on the phone.

(8) Clinic Supplies

1. Please check the buzzer before each shift to make sure it is operable.
2. Moxa boxes are located under the sink.
3. Used moxa boxes should be returned under the sink and placed in the sandbox.

(9) Clinic Supplies Role

1. Please check the buzzer before each shift to make sure it is operable.
2. Moxa boxes are located under the sink. Used moxa boxes should be returned under the sink and placed in the sandbox.
3. Glass cups for cupping are available in the back of the clinic. Used cups should be placed under the sink.
4. Clean sheets are available in the back of the clinic. Used sheets should be put in the laundry bin also located in the back of the clinic.
5. When the sharps container is full, ask the front desk for a new receptacle and replace in the appropriate room.
6. Heat Lamp a. Please make sure that heat lamps are directed, carefully and not too close to the patient. Please turn off the heat lamp immediately after each treatment. c. Be aware that the heat lamp will burn the walls causing a fire hazard. Please be careful. You are responsible for any consequences of mismanaged heat lamp usage.
7. Check all moxibustion carefully before lighting. Check moxa extinguishers. If they are not clean, the moxa will break. It is mandatory to minimize moxa burns by checking the moxa stick before lighting. The front desk staff must also check the moxa extinguishers.

D. Student

(1) Student Clinical Behavior

1. Students should not enter the treatment room if the door is closed without knocking and being told that they could enter.
2. Students should not question the supervisor or student practitioner or openly challenge or disagree with the supervisor in the presence of the patient. If a student has a difference of opinion from the supervisor regarding the patient's condition, the student should discuss it in the consultation room with the supervisor, not with the patient. Questions are encouraged and vital to understanding but should only occur after the patient has left the clinic, or in the consultation room or during grand rounds.
3. Minimal dialogue is allowed in the clinic room between patients and student observers. Observers are to remember that the primary relationship is between the patient, student practitioner and supervisor. Loud talking, laughing and boisterous behavior should be avoided while clinic is going on inside the clinic room and in the clinic hallway, particularly outside of the clinic room windows and in the consultation room and lounge.

4. Student interns must ask potentially sensitive questions (such as mental health status, abuse history) appropriately. Interns treating for the first time should consult with their supervisor concerning the best practices in asking these questions.

5. Any information that a patient may give to students regarding their health that was not recorded in the patient intake (i.e. patients frequently reveal information casually on the table) should be communicated to the supervisor as soon as possible and recorded in the patient chart.

6. PATIENT CONFIDENTIALITY IS TO BE STRICTLY OBSERVED. Information regarding a patient should not be discussed outside the clinic without the permission of the patient and the supervising instructor. This includes any students, faculty or administrative personnel who are patients.

7. Students are not allowed to bring personal items such as handbags, teacups, coats, etc. into the treatment room, only their kits, clinic notebook or reference books. Personal items may be left only in the designated areas during clinic hours.

(2) Dress

In clinic students must at all times wear either a full length, clean, pressed, white lab coat or clean surgical scrubs and name tag which identifies their name and University of Herbal Medicine.

Excellent personal hygiene and professional, presentable appearance is expected, i.e. neat and clean, clean hands and nails. We do not allow blue jeans, torn clothing, shorts, t-shirts, tank tops, muscle shirts, sandals, open toed shoes, or boots over the knee. Outer wear boots for inclement weather are not to be worn into clinic.

Men not opting for scrubs must wear shirts with collars.

Women not opting for scrubs must adhere to modest dress. Skirts or dresses should be no shorter than 2 inches above the knee. Women do not need to wear stockings if they are wearing full-length pants, or mid-calf length pants or skirts. Shorter skirts or dresses must be worn with leggings or stockings. No see-through clothing is allowed.

We do not allow low cut blouses, spaghetti strap blouses, tank tops, strapless shirts, halter-tops midriff tops, hoodies, or scarves on head or neck. Excessive make up is prohibited.

To avoid triggering patient allergies, use of personal essential oils, colognes, and perfumes are prohibited. cosmetics, and deodorants must be fragrance-free.

Hair longer than shoulder length must be tied back neatly to avoid interference with patient care and work.

2. Case Record

(1) Chief Complaint

Review of Health History Form. If negative then the negative box should be checked. This must be done for each category. Any box that is checked on the "Current Conditions" (page three) must be asked about by the practitioner and the response by the patient must be written on the appropriate line.

(2) Pertinent Psycho-Social History

Any major life changes that the patient informs you about. Especially, Employment: new job, loss of job; Domestic life: new partners, new child, loss of loved one, single parent, disability. Basically, note psychological, social, or economic issues that may be relevant.

(3) Pertinent Risk Behavior :

Infection screening section of current condition chart must be reviewed and filled out if appropriate or labeled N/A (not applicable).

(4) Pulse:

TCM pulse must be clearly written down and described. Please also include pulse rate per minute. This is done by counting for 15 seconds and multiplying by four. It is written like this: 80/min.

(5) Blood Pressure:

Blood pressure must be taken for every new patient with the patient in a reclining position. If the reading is high allow the patient to rest 10-15 minutes and retake. Assess the pressure on the other arm. Chart all readings and label which arm it was taken from. If the blood pressure is high, it should be repeated at the next visit and at regular intervals. If the blood pressure is abnormally high, the patient must be referred. The normal range for an adult, 18 years or older, is 100-140/60-90 mm Hg. Temperature: Temperature must be taken for every new patient, and when a patient complains of any symptoms or shows any signs that a temperature reading may be of importance. This includes but is not limited to; patient feeling hot, acute abdominal pain, sore throat, swollen lymph glands, and any infection. Temperature must be taken and recorded next visit until a normal reading is taken.

(6) Weight:

Weight must be taken for every new patient, and when a patient complains of any symptoms or shows any signs that a measurement of weight would be of importance. Especially patients with recent unexplained weight loss.

(7) Palpate and note areas of tenderness or distention pain

It is important that the models are used appropriately. If any mark is put on the model it must be labeled correctly. ex.: x =pain, or x = numbness.

(8) Problem List:

The problem list must include the presenting complaints, any underlining conditions, for which we want to treat the patient, and any other psychosocial conditions that may affect patient care.

(9)Biomedical Diagnosis:

The practitioner must correlate the TCM diagnosis with a biomedical diagnosis and chart accordingly. ALWAYS chart an ICD-9 code for research and insurance billing purposes.

(10)Acupuncture Points:

All acupuncture points used must be clearly written down in the chart. All ashi points that are needed should have an anatomical location given. If electricity is used it should be charted with the points that were used. If moxa was used it should be charted with the points that were used, and whether direct or indirect.

(11)Herbs/Dietary Recommendations:

All herbs written down should have amount and number of bags given. An herbal prescription and price form must also be completed and submitted to the front desk.

3. Case management

Case management is very important . Prognosis and course of treatment must be discussed. It is very important that the patient has a clear idea of how many treatments are needed for their condition(s) , although NEVER GUARANTEE THAT YOU CAN CURE THEM. For example: a patient comes to see you complaining of fatigue back pain. After your evaluation you determine that a weekly treatment for six weeks will probably help the patient feel less fatigued as well. Give the patient recommendation of treatment plan. Help the patient to set up a follow up treatment appointment .

4.Clinic Pharmacy

UHM have Chinese Herbal pharmacy; provide service to patients and for the education of our students.

HERB DRAWER INFORMATION:

The herb drawers are numbered with individual herbs. As students become familiar with this organization, filling formulas will become easier and quicker. The information that follows will explain the guidelines used to determine where to find each herb.

A practitioner or student may state to the patient: "I need to talk to you about the possible effects of acupuncture. Acupuncture in general is very safe but I want you to be aware of the possible side effects and risks of acupuncture. Some possible side effects of acupuncture are bruising, numbness or tingling that may last a few days, heavy sensation, and dizziness or a light-headed feeling. Organ puncture is a risk associated with improper treatment, unusual anatomy or enlarged organs, when needling over these sites. Infection is another possible risk, although our clinic uses disposable needles and maintains strict standards for needle insertion. Do you have any questions?

Herbs (herbal and other nutritional substances) that we recommend are in general very safe, although some may be toxic in large doses. Some herbs may be inappropriate during pregnancy. It is essential that you inform us if you are pregnant, or might be pregnant. I want you to be aware of the possible side effects in taking herbs. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea. In addition, rashes, hives, difficulty breathing, and swelling or tingling of

the tongue may occur as allergic reactions to herbs. If any of those symptoms occur or you experience any condition that you feel may be related to the herbs, please stop taking the herbs immediately and call the clinic. I or another practitioner will answer any questions or concerns you might have. Do you have any questions?

E. Patient

(1) Patient Care

◆ The delivery of patient care depends upon the interaction of an individual patient with an individual clinician and is supported by the clinic staff.

◆ In general, patients arrive at the clinic by appointment only and are received by the receptionist. Payment is due the day service is rendered. Payment options are discussed in 3.7.

◆ First time patients are oriented by the receptionist to the operation of the clinic. Patients are advised that this is a teaching clinic and therefore students may be participating in the intake, diagnosis, and treatment of the patient. Patients are assured of confidentiality in their care. The new patient is asked to complete the following intake forms: 1. Complete personal and family medical history 2. Checklist of presenting symptoms 3. Data waiver for research purposes 4. Agreement to clinic policies and services 5. Informed Consent Form 6. Patient Consent for purpose of treatment, payment, and healthcare operations 7. Acknowledgement of Receipt of Notice of Privacy Practices

◆ Clinicians or interns inform their patients of the scope of traditional Chinese medicine in treating the patient's health presentation. A treatment and case management plan will be developed by the clinician with the patient. The clinician or intern will advise the patient of the risks and benefits of treatment and the patient's consent must be obtained before treatment may proceed. An informed consent document must be signed by the patient or patient's guardian or agent.

◆ Emergencies: The clinicians, students and Dean of Clinical Education are trained in CPR. If a patient arrives presenting with signs of a medical emergency, 911 will be called. The clinic staff will stabilize the patient while waiting for paramedic transport to a hospital. The same actions will be taken for a patient who becomes unstable while undergoing treatment at the clinic; if needles are inserted the first step is to immediately remove them.

◆ Referrals are made for patients requiring specialty care outside the scope of or in support of the clinical protocols of traditional Chinese medicine. Referral is automatic for one of the following reasons: a. Abdominal mass b. Any tumors or growths. c. Emergency condition. d. Fever with complications. e. Cardiovascular problems. f. Headache of unknown origin. g. Hemorrhage without known reason. h. Unexplained weight loss. i. Other indications as appropriate. A record of referral must be entered into the patient record, including name and address of provider and reason.

◆ The clinic provides 3 areas of clinical service to the patient. 1. Consultation and diagnosis. 2. Acupuncture, moxibustion, and massage. 3. Dispensing of herbs from the on-site pharmacy.

◆ Missed appointments (no shows) are documented in the patient's ledger card. Patients are required to give 24 hours notice of cancellation or rescheduling of appointments. If a patient gives less than 24 hours notice or fails to show up for the appointment, a late cancel or no show fee of \$10 will be charged.

◆ TCM clinicians follow prenatal, perinatal and postnatal patients on a secondary, supportive basis. Such patients are advised to see a primary care OB/GYN physician outside of this clinic setting.

(2) Patient Abandonment

Patient Abandonment applies to all observers and interns. These are the actions that will be determined as Patient Abandonment: • Unexcused absence; • Second and subsequent Warnings • Failure to provide provision of qualified substitute intern approved by the Clinical Supervisor in writing (exceptions may be made for extenuating circumstances); • Failure to provide adequate notice to the Clinic Manager or clinic receptionist on duty for timely rescheduling.

Each clinical session within a particular clinic shift missed under this policy constitutes a single Notice of Patient Abandonment. A second Notice of Patient Abandonment will result in failure of the clinic, a grade of "F" for the clinic, and no refund of any clinic or tuition fees. The entire clinic must be repeated at the student's expense. If a student is determined to have engaged in Patient Abandonment three separate times, then the student will be dismissed from the College.

(3) Patient Conduct

If a student feels that a patient is behaving in an inappropriate manner, the student should be encouraged to confide this information to their supervisor for that clinic shift. The supervisor is then responsible for ascertaining if the patient's behavior is inappropriate. If so, they may ask the patient to leave the premises. An incident report needs to be filled out and circulated accordingly.

(5) Patient Rights and Responsibilities

THE PATIENT IS ENTITLED TO:

- Be given information about their rights and responsibilities for receiving health care services.
- Receive a timely appointment in response to a request for health care services.
- Be given information about Clinic policies and procedures and charges for services, including eligibility for third party reimbursements.
- Be given information about available non-emergency medical services.
- Choose his/her health care provider.
- Appropriate and professional health care services without discrimination against race, creed, color, religion, sex, national origin, sexual preference, handicap or age.
- Be treated with courtesy, respect, consideration, and dignity by all who provide services.
- Be free from physical, sexual and mental abuse and/or neglect.
- Be given proper identification by name and title of everyone who provides health care services.
- Necessary information so that he/she will be able to give informed consent for treatment prior to the start of any treatment.

- Complete and current information concerning his/her diagnosis, treatment, alternatives, risks and prognosis as required by his/her practitioner's legal duty to disclose, in terms and language he/she can reasonably be expected to understand.
- A treatment plan developed to meet his/her unique health care needs.
- Participate in the development of his/her treatment plan.
- An assessment and update of the treatment plan as necessary.
- Privacy and confidentiality, such that no individual or agency outside of the Clinic may obtain any information without written consent.
- Review his/her clinical record upon request or obtain copies of medical records by completing a Release of Medical Records form and submitting the appropriate fee.
- Be given information regarding transfer of care to another provider or termination of clinic services.
- Voice grievance with and/or suggest changes in clinic services without being threatened or discriminated against.
- Refuse treatment within the confines of the law.
- Refuse to participate in experimental research.
- Be given information concerning the consequences of refusing treatment or not complying with therapy.
- Make payment based upon a sliding scale if payment is received on the day service is rendered.

THE PATIENT HAS THE RESPONSIBILITY TO:

- Arrange for appointments and arrive on time for scheduled appointments.
- Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, and other pertinent information.
- Assist in maintaining a safe environment.
- Inform the clinic at least 24 hours in advance when unable to keep a scheduled appointment.
- UHM RECOGNITION OF PATIENT RIGHTS
- A. Each patient shall be assured of confidential treatment of disclosures and records.
- All patient medical records are the property of the Clinic and are to be used to serve the patient, the health care provider and the Center in accordance with legal and regulatory agency requirements. All information contained in the health record belongs to the patient, and the patient is entitled to the protected rights of information.
- Patient records may never be used voluntarily by the Clinic in a way which jeopardizes the interests of the patient except when necessary when the Center must defend itself or its agents.
- Persons authorized to use medical information within the Clinic and for what purpose.
- Health care providers use information for the following reasons:

(1) To communicate with other health care providers using the same chart to treat a particular patient. (2) As a reference for treatment of future illness. (3) As a training tool for student trainees. (4) To evaluate the quality of patient care through review and analysis. (5) As a research tool for both educational and treatment development purposes. Evolution of new treatment protocols is important

here. (6) For documentation to conform to government regulations. (7) For follow-up care of patients with long-term illnesses and assessment of the efficiency of the care given.

b. Administrative personnel handle the charts for the following reasons.

(1) To check for completeness

(2) To attach new forms for provider's use and to attach any additional information such as patient correspondence and lab reports.

(3) To release information when appropriately requested by the patient. (4) To file records and retrieve records when needed.

c. Student trainees may handle charts in the following ways: (1) To perform patient intake. (2) To prepare herbal prescriptions from clinician' orders. (3) To obtain information for educational purposes, a student may sit with a chart in the Records Review Room and copy information provided he or she refrain from attaching the patient's name to any such notes as may be taken nor in any way indicating in their notes to whom specifically this information may relate. For such purposes the student must sign out charts from the records file clerk who is responsible for the whereabouts of all charts.

B. Each patient must be afforded the opportunity to approve or refuse the release of information consistent with applicable state and/or federal laws.

C. Each patient must be provided with all known information regarding his or her diagnosis, treatment and prognosis.

D. When concern for the patient's health prevents the clinician from providing medical information directly to the patient, the information will be given to the person designated by the patient as legally authorized to receive such information. An exception to this would be a minor who is being treated without parental knowledge. The minor would be the only one who could sign a release form.

E. All requests for information must be documented in the patient's file by including a copy of the patient release form.

F. All clinicians, staff employees and clinical trainees must read the ACTCM confidentiality protocols and carefully follow all recommendations therein.

G. Any patient's verbal or written complaint will be cause to fill out a "Clinic Incident Report".

6. Patient Education

Any advice given to the patient by the practitioner must be written. This includes but is not limited to dietary suggestions, exercise, and avoidance of an activity. It also includes having informed the patient of the possible risks of acupuncture, herbs, and nutritional supplements.

7. Treatment Side Effects

Remember to advise the patients of any possible side effects that therapies may cause. The purpose of this is manifold: this information will ease the patients mind, lessen the amount of phone calls to the clinic from frightened patients who do not know that what they are experiencing may be the correct reaction to those therapies, and helps to ingrain knowledge from the classroom in a practical setting.

8. INJURY DOES NOT HAVE TO OCCUR TO JUSTIFY A VARIANCE REPORT

The clinic staff will direct variance reports to the Clinic Administration and the review will be determined by the government body.

Practitioner variance should be forwarded to the government body, and will be utilized as part of the credentialing process.

THE REVIEW PROCESS

The review process should be:

- Accomplished by a designated person
- Containing factual information
- Completed in a timely fashion
- Routed to specific departments, if necessary
- Analyzed to facilitate corrective action, if indicated
- Maintained in the strictest of confidence
- NEVER DUPLICATED
- Logged into a reference log
- Systematically reviewed for trend analysis
- Readily retrievable
- Forwarded to the Third Party Administrator, promptly .

INVESTIGATION PROCESS SPECIFIC

The investigation of a variance should be considered a priority assignment. The reason to investigate a defined/identified variance will decrease the opportunity for opinion versus factual information gathering. Any variance should be reported on the first working day or within twenty-four hours.

Any variance that is reported resulting in a greater than minor injury will be investigated immediately. The investigation should be initiated by the Clinic Dean.

At the minimum, the following will be accomplished: Interview any involved persons , Audit thefor content , Securing of any named equipment ,Evaluation of the environmental site , Inspection of the physical plant , Obtaining photographs, if indicated , Collecting a copy of the policy/procedure , Third party administration contact.

ALL INFORMATION WILL BE UTILIZED TO INTERFACE WITH THE QUALITY ASSURANCE ACTIVITIES IN THE FACILITY.

F. Treatment and safety

1. Unsupervised Needling

Practicing acupuncture in California without a license is a felony that can result in legal prosecution. It also violates school policy. Needling outside of the student clinic, on animals or humans, constitute grounds for expulsion from the school as well as possible legal prosecution. No treatments may be administered in the building outside of the normal clinical hours and operations (i.e. students treating each other at lunch, after school, etc. in classrooms or clinic rooms, that is, treatments can only be administered in clinic.)

Policy for In-class Needling A practitioner is considered to be any student practicing in a classroom or a student intern in clinic, and classmates who are receiving acupuncture during classroom practice are considered patients.

The adopted policy is : Whenever a technique is practiced in class or clinic that was not demonstrated in that class, students must obtain explicit prior approval from the instructor of the class before practicing the technique. Teaching assistants should refer all such approvals to the instructor.

The following guidelines are meant for instructional purposes. Each instructor has the discretion on how to apply these guidelines in their practical class and clinic.

1. Accidental pneumothorax is a risk of acupuncture over the lung field. This can occur when needling front mu points, Chest points on the ST, SP, LR and KI channels, LU 1, & 2, GB 21, and back shu points, both inner and outer shu, and needling for trigger points in the levator scapula, rhomboids, or needling the subscapularis with the patient in a prone position. Needling over the upper inner and outer shu points is the most common location reported to cause pneumothorax.

2. Symptoms of pneumothorax include: tight chest, difficulty breathing, esp. with inhaling, chest pain, pain radiating to back or arm and cyanosis. In case of a suspected pneumothorax, a patient or student must be immediately referred to urgent care, or call an ambulance.

3. There may be no distinct needle sensation felt on the part of the practitioner in entering a lung field. Symptoms of dyspnea and chest pain can develop that night and become marked the following day. Needle depth and angle along with consideration of the patient's history and their local anatomy are the only considerations that can ensure safe needle depth.

4. A practitioner must be aware that a weakness in the lining of the lung can occur to cause a small air blister, or bleb, that may extend outward from the normal lung field. The lungs of a patient with emphysema or chronic bronchitis should be assumed to be closer to the surface than in a patient without these lung conditions. History of smoking, and lower body mass index may also increase risk of pneumothorax.

5. Even when we needle to an appropriate depth, respiration can draw needles in deeper. The practitioner must also consider the fact that a patient will be breathing and that needles can move while in place.

6. Safety is relative. Practitioners must always reframe and reassess for every patient's history and physique. For a person with a small frame, even regulation depths over the upper back points may present increased risk.

7. A practitioner must be diligent in assessing how far a needle is inserted when using total length of the needle as a guide. Needles that are commonly thought to be 1 inch in length are not one inch. A 25mm needle is one inch (MAC needles) but a 30mm needle (Seirin od DBC) is 1.25 inches in length. A practitioner who assumes that half the needle length is half an inch may insert certain needles deeper than intended.

8. If performing needle-top moxa on back shu points, the depth of insertion is the depth to tap in the needle plus a third to half of the tapping depth. Needles used for this technique must be of sufficient length to hold the moxa off the skin, but not so long that they fall flat. IT IS NOT ADVISABLE TO INSERT A LONG NEEDLE DEEP ENOUGH THAT IT REMAINS COMPLETELY UPRIGHT. Placement of moxa on the needle also requires diligence. The moxa punk should have a hole pre-drilled in it, rather than using the handle of an inserted needle to create a hole. The inserted needle is firmly held just above the shaft and some upward pressure is applied to equalize the downward pressure of placing the moxa on the needle so that the needle tip is not advanced. Eyes must focus on where the needle meets the skin to ensure that the needle is not inserted deeper as the moxa is placed on the shaft.

9. Diligence in reaching the decision to perform needle top moxa on the outer shu on the upper back must be employed. While not specifically prohibited, there should be a compelling reason, with consideration of history and physique, before this technique is utilized.

10. Location of back shu points is very important. The practitioner must be aware that the correct location is over the intercostal space. For very broad people, or an overweight patient, the medial border of the scapula is at 4 cun, not 3 cun width, so discretion must be used in proportional measures. The inner shu should be placed at the apex of the paraspinal muscles. On a broad person, half the distance from the medial border of the scapula to the midline of the spine may be lateral to the apex of the muscle, and therefore the needle would be placed in less muscle tissue.

11. Finally, a little knowledge can lead to false security. Students may want to practice a technique that they hear described but have not seen demonstrated. Students must be diligent in the extreme to make sure that they learn techniques and practice them properly. Because you hear a technique described or obtain notes about a technique does not mean that you have been given extensive enough instruction to practice a technique. Instructors should allow for a variety of techniques to be practiced, but should not allow practice of a technique with which they are not familiar. Each instructor has the absolute discretion to not allow a student to practice a technique with which she or he is unfamiliar or they feel is ill advised.

12. Students have the right to refuse to allow a technique to be practiced on them.

2. Treatment and Special Clinical Procedures

1. Treatment tables must be disinfected before the start of each clinical shift. Clean fields are expected to be set up for every treatment requiring clean fields. Cotton balls wet with alcohol must be used to swab points. Hands need to be washed between patients and before inserting needles into each patient.

2. A new sheet must be used for each treatment. When patient gowns are used, they should always be clean. Please put used patient gowns in the designated laundry basket and dispose of used sheets in the designated trash containers. Please do not put used sheets in the clinic room trashcans as they fill up very quickly. Please always consider the comfort of the patient, drape any private areas, and keep patients warm and protected from drafts, air conditioning, etc.

3. Lights must be on when your patient enters the room and kept on for tongue diagnosis, patient intake, needling and palpation. You may turn them off after asking the permission of the patient, while the needles are in. Small desk lights should be left on during evening clinic shifts when you leave the room. Overhead lights must be turned on to carry out any additional procedure (such as moxa or cupping) and must be turned on for removal of needles. Lights being on create a sense of safety for the patient. Students who do not use overhead lights may be asked to leave their clinic shift.

4) The Clinical Supervisor must approve patent medicines or bulk herbs prescribed by students. Forms are available to instruct patients in preparing and taking their herbs. A label for each raw or granular formula is also provided. An Herbal Prescription Form is also provided which must be filled out in each patient file when a formula is given. If a patent medicine is prescribed it needs to be recorded on the patient intake form and the Medication Log for the patient's safety and for accurate medical records. In any clinic where herbs are dispensed, the following procedure must be followed:

5) Students will assemble the formulas, putting each herb in a separate pile on a clean piece of paper. When the piles of herbal ingredients have been assembled, supervisors are required to come in and check the formula before it is mixed to confirm proper herbal identification which could be fatal if incorrect. Under no circumstances may a formula be dispensed without the supervisor's visual check, signature on the herbal prescription form, and initials on the label. All herbs leaving the pharmacy must have lot numbers recorded in the patient file. This pertains to Patents as well as all individual herbs whether bulk or granule.

6) Universal precautions are used for all patients, regardless of known status of blood borne diseases. The practitioner should have a clean cotton ball available to absorb any blood drawn on removal of needles.

7) Gloves should be worn where there is expectation of exposure such as during bleeding cupping or bloodletting procedures. For your convenience, small, medium and large sized gloves are available in dispensers located on each clinic wall. Gloves should be immediately available to the practitioner when removing needles. If a patient has a cough or active respiratory infection, the patient should be required to wear a mask to prevent the spread of infection. See the Task Determination Chart for proper handling of various procedures.

8) 91% alcohol is only used for cupping, as it is more ignitable. Due to its higher alcohol content, it does not stay on the skin long i.e. it evaporates; hence it is not effective as a disinfectant. It is weaker than 70%, not stronger. 70% isopropyl alcohol should be used on the patient's body.

9) Clean Needle Technique is to be followed at all times in the clinic. Students are familiarized with these procedures as well as the state laws regarding sanitation, sterilization and hygiene in the Clean Needle Technique Course and other in-house meetings.

10) To prevent the spread of infectious diseases, needles must be placed immediately in proper containers at all times. Upon removal, needles should go from the patient to the Biohazard Unit immediately. Needles should under no circumstances ever be placed anywhere else i.e. on the treatment table, in ashtray, etc. This procedure is so critical to the prevention of the spread of infectious diseases that the student may be immediately expelled from the college if these instructions are not followed completely. Do not carry the Biohazard Unit from its location to the treatment table.

11. Disposable needles may only be disposed of in Biohazard Units. **THEY MAY NOT BE THROWN AWAY IN THE GARBAGE!!!** Please close the lids of Biohazard Units at the end of each clinic shift if they are the closable type. Do not lock them until full.

12. To prevent fire, moxa sticks must be placed in moxa extinguishers and moxa boxes cooled with water in the clinic sink. Do not put moxa boxes on the rugs, tables or any other area, which may ignite. Put out the tiger thermie moxa in ashtrays. Please empty and clean your ashtray at the end of your shift.

13. Exercise great care when using all forms of moxa. Dispose of ashes frequently into an ashtray. Please do not blow on moxa or flick ashes onto the floor, sheets, clothing, or treatment table. Exercise caution with thin, young, very old, or delicate skin, the skin of diabetics, and those with neurological injury. Better to under-do moxa than to cause a burn. Under no circumstances should moxa (or needling) be done through clothing. In recognition of the risks involved with moxibustion treatment; including but not limited to a risk of burn and/or scarring and the risk of infection if burning occurs, the following procedure is to be followed when applying moxibustion: All patients must be informed of the risks, benefits, and alternatives to moxibustion, prior to treatment. All interns must go over the Informed Consent for Moxibustion Treatment form with each patient, prior to treatment.

14. According to the latest research from the Center for Disease Control in Atlanta, a small amount of blood-tinged waste (on a cotton ball) may be thrown away in the garbage and should not be put in the Biohazard Units. Cotton balls in the biohazard unit may present a danger when later placing needles into the container. Please use the Biohazard Units only for used needles.

15. Students must report any accidents to the clinical supervisor at once, i.e., hurting the patient while performing a given technique, the patient feeling dizzy, nauseous, bleeding, weak, pain upon removal of needles, feelings of coldness, etc. Students must be adept at dealing with "acupuncture accidents" and recognizing when not to administer treatment (intoxication, suicidal, over-hungry, tired, etc.)

16. In order to avert accidents, liniments, oils and moxa should not be passed over a patient's head and eye area during treatment.

17. Students treating under supervision are required to bring their own acupuncture supplies with them when they treat, i.e. special needles, moxa, liniments, matches, plum blossom needles, electrical stimulation machines, etc. Supplies must also be maintained and cared for in the manner prescribed in the current edition of the Clean Needle Technique Manual. The school provides basic needles, sheets, patient gowns, alcohol, cotton balls, gloves, and contamination receptacles for disposable needles and acupuncture needles for use in clinic.

18. Students may use the school's autoclaving facilities for free. Students are not allowed to use the autoclave until they have been instructed to do so by an appropriate authority. The college cannot provide autoclaving services to the community or graduates.

19. The healthcare workers (observer/intern/supervisor), cleaners and others who enter the clinic are at risk for exposure to HIV and Hepatitis with the viral infection of Hepatitis B presenting the greatest danger. To protect against these risks:

All personnel must undergo OSHA training and refresher courses provided by the college.

All personnel are notified of such risks.

Students and supervisors must sign a Hepatitis B vaccine waiver if they choose not to receive this vaccine. This form is available at clinical meetings.

Students and supervisors must follow the Modified Task Determination Chart provided in each treatment room.

3. Dispensary Standard Operating Procedures

- Student interns and clinical supervisors are the only individuals allowed to prepare formulas and dispense other herbal products.
- Clinical supervisors are responsible for overseeing the preparation of formulas dispensed by student interns to their patients.
- Clinical supervisors will oversee the completion of all prescriptive paper work and that the proper forms are given to the Clinic Manager as well as entered into the patient file.
- Clinical supervisors and student interns will be responsible for communicating clear instructions about preparation, usage, dosage, and possible side effects of herbs and what to do in the event of an adverse reaction, to the patient. Instruction sheets will also be provided to the patient. Products are labeled with instructions for usage, dosage, and procedures in the event of an adverse reaction on the label.

4. Dispensary Standard Operating

Procedures for the dispensing of all herbal products.

Student interns and clinical supervisors are the only individuals allowed to prepare formulas and dispense other herbal products.

Clinical supervisors are responsible for overseeing the preparation of formulas dispensed by student interns to their patients.

- Clinical supervisors will oversee the completion of all prescriptive paper work and that the proper forms are given to the Clinic Manager as well as entered into the patient file.
- Clinical supervisors and student interns will be responsible for communicating clear instructions about preparation, usage, dosage, and possible side effects of herbs and what to do in the event of an adverse reaction, to the patient. Instruction sheets will also be provided to the patient. Products are labeled with instructions for usage, dosage, and procedures in the event of an adverse reaction on the label.
- In the event of an adverse reaction, the Clinic Manager and ultimately the Clinic Director is responsible for filling out an Adverse Herbal Event form and making contact with and documenting all pertinent information from the patient experiencing the adverse event.
- All patent formulas and granular formulas dispensed at this pharmacy contain an expiration date and lot number for referencing. Our loose herbs have a lot number and are dated by the herb ordering staff as they come in.
 - Some manufacturers are now putting the manufacture date on herbs instead of the expiration date. We will be using the recommendation of 3 years from the manufacture date as the expiration date.
 - Herb ordering staff, and Clinic Manager, are responsible for the ordering and reordering of herbal products.
 - Herb ordering staff and the Clinic Manager are responsible for the overseeing of quality control in the event of receiving any substandard materials, and any goods that have exceeded their dates of expiration.
- The Clinic Manager maintains a binder of all invoices for patents, granular and loose herbs that come in. These invoices contain the dates and lot numbers of all goods.
- That binder also contains Certificates of Analysis and/or a compliance letter from the manufacture/distributor.
- Student interns and ultimately Clinic Supervisors are responsible for the recording of lot numbers of the individual herbal ingredients or patents onto the herb form that goes into the patient's chart.
- Student interns and Clinic Supervisors are responsible for making sure that all refills of any herbal products are recorded into the patient's chart along with lot numbers for patents and all granular and loose herb ingredients.
 - Loose herbs will be stored individually in plastic bags with the name of the herb and lot number recorded clearly on the bag in the loose herb section of the pharmacy. Bags must be changed every time an herb needs to be refilled and labeled with the herb name and new lot number.

5.Procedures for the preparation of all herbal formulas

- A hand washing facility is provided in the herbal pharmacy. Hands are to be washed prior to and after the completion of your herbal preparation procedures.
 - Proper attire is to be worn in the dispensary area. This constitutes a lab coat, scrubs or other appropriate outer garment.
 - Long hair must be restrained by effective means to keep hair from contacting herbs; filling granular or loose herbal prescriptions falls under the food category.

- Gloves are to be worn when coming into contact with loose herbs or when preparing granular formulas.
- Masks should be worn when there is a risk of spreading airborne microorganisms.
- All surfaces, equipment, containers, and utensils are to be cleaned prior to and upon completion of your preparation procedures.
- All herbs and herbal products used for preparation are to be put back in the same place that they were taken from, and in the same position for easy viewing.
- All scales are to be wiped clean and turned off or recalibrated to zero after use.

6. Herbal Dispensary Records And References

- The Fiscal Officer maintains all records and reference for the herbal pharmacy sales. All invoices are kept no less than two years.
- All records of sales are maintained in computer records of the Clinic Manager and ultimately balanced by the assistant bookkeeper.
- Any complaints, problems, or adverse herbal reactions are the responsibility of the Clinic Director. An Adverse Herbal Event form is filled in by all parties involved and all Adverse Herbal Event reports are maintained in the file cabinet of the Clinic Director.
- Overseeing that clean and current standards are maintained in the pharmacy is the responsibility of the Clinic Manager and Clinic Director.

7. Protocols Moxibustion

Protocols Interns and supervisors must adhere to the following protocols whenever moxa is used.

- An Informed Consent for Moxibustion Treatment Form must be signed.
- Indirect Moxa: All indirect moxa is to be applied only until the patient's skin becomes red and warm to the touch, sufficient to achieve the desired level of therapeutic action. The attending practitioner will continually monitor the temperature of the patient's skin to ensure against inadvertent burning.
- Moxa Poles are to be closely monitored and held a minimum of 1 inch from the skin at all times. The attending practitioner must continually monitor the temperature of the patient's skin, in order to adjust or remove the moxa pole as necessary.
- Moxa on Needle is to be closely monitored. Line-of-sight is not sufficient. The attending practitioner must be within close proximity, to remove the moxa if the patient is in danger of being burned, by the moxa getting too hot, falling off the needle, or any other mishap.
- Moxa on Salt, Ginger, or Aconite is to be closely monitored. Line-of-sight is not sufficient. The attending practitioner must be within close proximity, to remove the moxa if the patient is in danger of being burned, by the moxa getting too hot, falling off the medium, or any other mishap.
- Moxa Instruments are to be closely monitored during application. The attending practitioner must continually monitor the temperature of the patient's skin and the moxa instrument, in order to remove it if the patient is in danger of being burned.

- Moxa Boxes are to be closely monitored during application. The attending practitioner must continually monitor the temperature of the patient's skin and the moxa box, in order to remove it if the patient is in danger of being burned.
- Direct Moxa: After informing the patient of the procedure, the attending practitioner must apply the direct moxa, as is medically necessary, while closely monitoring the patient and the procedure. Burns are to be cared for as described below.
- Small moxa burns are to be kept clean and covered with a sterile dressing. Patients are to be advised of the signs of infection, and instructed to seek emergency medical care, should any signs of infection develop.
- Any moxa burns that are large or severe are to be treated with standard first aid treatment. Patients with such burns are to be immediately referred to a qualified Western medical professional (i.e. M.D., D.O., C.N.P., N.P.) for prompt treatment. If necessary, the attending practitioner should accompany, and escort the patient to a qualified practitioner for appropriate care..

8. Clean Needle Protocol

All needles supplied by UHM are in single-use packaging.

Two-Handed Needling. In the event that a long needle is inserted, care must be taken not to touch the shaft of the needle. Needle insertion and manipulation must be performed without the practitioner's bare hands coming into contact with the shaft of the needle.

If the needle shaft is supported, a sterile gauze pad or sterile cotton ball must be used to touch the shaft. Clean gauze rather than sterile is not acceptable. Clean fingers, even right after washing, or fingers wiped with alcohol still may shed viruses or other microorganisms that could be pathogenic." Any sterile material must be provided in packaging that is opened immediately before use. Unused gauze or cotton must be discarded. Since cotton balls are not packaged in single use sterile packets, individually wrapped sterile cotton gauze is required in our clinics. Therefore, students who perform needling while touching the shaft, regardless of the length of the needle, must supply and use pre-packaged sterile gauze. Sterile gauze should be added to your treatment kits.

Multi-use Insertion Tubes The CNT Manual states: "All objects that normally touch sterile tissue must be sterile. While insertion tubes do not themselves break the skin, they touch the needle shaft, which does break the skin. Technically, the guide tube loses its sterility after it has touched the patient's skin and the practitioner's finger. But since both these contact points have been wiped with alcohol immediately before the contact, and since so little of the needle shaft actually touches the tube, it is considered acceptable to use the tube repeatedly on the same patient, but must be re-sterilized before use on another patient...If a guide tube is used [repeatedly], dropping the needle into the tube handle first should reduce the risk of contaminating the point of the needle." Of course, only one needle may be inserted and used one time for each point due to the risk of spreading autogenously infection by introducing microorganisms from one part of the body to another. Plastic guide tubes should only be used for one patient and then discarded.

9 Needle stick and other exposure to blood borne pathogens

Students, who have been exposed to needle sticks, or potentially hazardous blood or blood products, are obligated to report such incidents and follow all procedures indicated in the Blood-Borne Pathogen Exposure Incident Protocol for Students at UHM. Following such exposures, the university will assist the student in accessing the appropriate medical facilities for the immediate evaluation and treatment that is clinically indicated. In such circumstances, the university will reimburse the student up to \$500.00 for any out-of-pocket medical expenses. All other additional costs incurred as a result of needle sticks or other related exposures that require long-term follow-up and/or care are the responsibility of the student. For this reason, the university strongly encourages students to have health insurance coverage adequate to cover such health care needs.

10. Professional Liability Coverage

Students are covered by the University's malpractice insurance while enrolled as students in the clinic or pre-clinic curriculum of the University. Malpractice insurance only covers activities performed in connection with instruction or training in university classes, labs, and clinics while rendering professional services to a patient and under the supervision of a licensed faculty member. The activity must be within the course and scope of a student's training for the malpractice coverage to apply.

11. Record Keeping

PATIENT FILES ARE THE PROPERTY OF THE SCHOOL AND UNDER NO CIRCUMSTANCES MAY LEAVE THE CLINIC. All files are accessed and approved for check out by the Clinic Director by requesting release of a file by filling out the appropriate file release form. Students are not allowed in the file cabinets. Misplacing patient files is a disservice to the patient and your fellow student clinicians and supervisors who may follow up on the patient. Misplacing patient files is so critical to the continuity of patient care that it may result in immediate suspension from the clinic if a file has been removed from the clinical campus.

Currently the UHM uses electrical format for patients' files. All paperwork must be saved in the files.

12. CPR

All students enrolled in our program must be certified in Adult and Infant CPR for Health Care Providers and First Aid, beginning on the date of the first CPR training offered at the student's campus following his or her enrollment.

13. Reporting Problems in Clinic "Chain-of-Command" when there are questions or problems in clinic

Students should go to their immediate supervisor, whether the problem is with a difficult patient, an issue with another student, or any other problem that arises in clinic. If, after attempting to deal with the issue, and it is not resolved satisfactorily, the student or the supervisor then should take the issue up. The clinic will take over and finalize the issue.

Business Solicitation

At no time are students, graduates, or supervisors allowed to solicit patients for their private practices.

13 Infection control

Universal Infection Precautions

1. Wash hands before and after all patient or specimen contact.
2. Handle the blood of all patients as potentially infectious.
3. Wear gloves for potential contact with blood and body fluids.
4. Place used needles immediately in nearby impermeable container; do NOT recap or manipulate needle in any way.
5. Wear protective eyewear and mask if splatter with blood or body fluids is possible.
6. Wear gowns when splash with blood or body fluids is anticipated.
7. Handle all linen soiled with blood and/or body secretions as potentially infectious.
8. Process all laboratory specimens as potentially infectious.
9. Wear mask for TB and other respiratory organisms. HIV is not airborne.

14 Clinic Supplies

Disposable acupuncture needles are supplied by the school. They are kept in the containers and dispensed by supervisors. Special preference needles (Seirin, long needles, tacks) must be brought in by each student clinician. If you need needles, see your supervisor, who will dispense them. All other supplies necessary to carry out treatment must be supplied by the student.

The school provides a supply kit for professional clinic with a limited number of items, such as moxa and disposable plum blossom needles, for use by the professional practitioner.

15. Protocol For Disinfection

1. Immediately after use, wash instruments thoroughly with soap and water in Autoclave Room. Do not bring Cidex into Treatment Rooms. Wear goggles, lab coat and rubber gloves when working with Cidex.
2. Submerge washed instruments in Cidex Plus solution in blue Cidex containers on Autoclave Room counter. All equipment and supplies should be available in Autoclave Room. Make sure lids are on containers at all times.
3. Put your Name, Date and Time of soak on a Post-It note on the container. Post-It notes and pens should be available in Workroom.
4. Soak instruments for 20 minutes.
5. When done, while wearing all protective gear, remove and rinse instruments thoroughly and set on drying tray, or dry with paper towels and return instruments to proper place.
6. Do not leave the premises until disinfection is complete.

After 28 Days or when Cidex solution is visibly dirty, the Clinic Director will neutralize the solution by adding 25g of Glycine powder to 1 gallon of solution and letting it sit for 1 hour before safely disposing of Cidex down the drain. Drain should then be rinsed with copious amounts of water. Clinic Director should keep a logbook on wall above Cidex containers showing that proper disposal has occurred. Cidex Plus is a 28day 3.4% glutaraldehyde solution. It is a high-level disinfectant that destroys 99.8% of Mycobacterium tuberculosis in 20 minutes at 25 degrees Celsius or 77 degrees Fahrenheit.

16. Protocol for Disinfection of Japanese-style Non-Insertive Tools (Teishin, Enshin, Zanshin, Shonishin) and ear probes

1. Wipe the instruments with a Clorox Bleach Wipe. 2. Wash it with soap and running water.

Non-insertive needles must be stored in kits in a container such as a clean ziplock bag and in a separate holder or on the clean field for treatment. Needles must be cleaned prior to and after each use.

17. Bloodletting Jing Well Points

1. It is important to have plenty of everything you will need within easy reach of where you are working.

2. Wash hands and establish a clean field with: ● paper towels ● dry cotton balls ● wet cotton balls or alcohol ● lancets (after examining the area to be treated, have the number of lancets you intend to use lined up uncapped with some capped extras).

3. Have within reach: ● open sharps container ● biohazard trash receptacle ● extra gloves ● goggle/ facemask combo

4. Put on gloves and face mask.

5. Use one lancet per point.

6. Immediately dispose of lancet in sharps container after bleeding.

7. Squeeze digit to express the desired amount of blood.

8. Wipe with alcohol dampened cotton ball between drops to keep the flow going.

9. Stop blood flow with cotton ball held firmly in place when desired amount of blood has been expressed.

10. Dispose of used gloves and cotton in lidded biohazard trash as soon as you are done with them.

11. If there is a lot of blood on cotton ball, place it in gloved hand and peel off glove to encase it, then place that glove in other hand and peel off other glove, thus double wrapping it safely for disposal.

12. Wash hands after procedure.

Bloodletting Vascular Spider Veins with Cups It is important to have plenty of everything you will need within easy reach of where you are working. Bloodletting with cups is a procedure that involves many little steps. Be sure you are comfortable with the sequence of steps and have everything you need before beginning. If you are working with a partner, they may help in getting things set up, but once the procedure has begun, they should stand back and out of the way. If something unexpected happens (e.g.: you contaminate the cotton jar with a bloody glove), make sure to inform your teacher and follow up appropriately (e.g.: dispose of cotton, disinfect jar).

1. Wash hands and establish a clean field with: paper towels, dry cotton balls, alcohol, lancets (after examining the area to be treated, have the number of lancets you intend to use lined up uncapped, with some capped extras).

2. Have within reach: cupping set, open sharps container, biohazard trash container, extra gloves, goggle/ facemask combo

3. Test suction cup valves prior to use.

4. Put on mask and gloves (or double glove if desired).

5. Wipe patient's skin with alcohol on cotton ball, spread skin, prick to bleed. Use one lancet per point. Immediately dispose of lancet in sharps container after use. May bleed 2-5 spider veins within one cup area.

6. Position cup and apply vacuum, check pressure with patient—shouldn't be painful. May release pressure by releasing valve. Check curvature of skin within cup to make sure vacuum is intact.

7) When blood flow has stopped, or when you have bloodlet as much as needed:

- position folded paper towels around the downward slope of cup
- release vacuum by raising valve
- slowly tilt cup towards towels, wiping up excess off skin at the same time (to avoid blood in valve area, never turn cup upside down)
- insert towels into cup to soak up blood
- dispose of bloody paper towels into lidded biohazard trash use more towels as needed to remove visible blood
- wipe out cup with cotton ball with alcohol
- follow the procedure for disinfection of non-insertive instruments
- wipe up residual blood from patient's skin
- if completely done with procedure, place pump in solution, pulling handle to draw some into it
- dispose of gloves into biohazard trash
- wash hands when through
- wearing utility gloves, clean treatment cart and table with disinfectant

18. Blood Pressure

Blood Pressure. Take on every patient. If you find a patient's blood pressure in the high range please let your supervisor know so they can come in to question the patient as to what may account for this. The supervisor will then make a decision as to appropriate treatment and/or the need for referral. If blood pressure is at or above 180/110, do not treat patient. Refer them immediately to their doctor or urgent care center. The ear is a great way to treat High Blood Pressure – see Acupuncture, A Comprehensive Text or use the Japanese Blood pressure protocol you may have been taught.

Blood pressure is a peripheral measurement of cardiovascular function. 60 million Americans have elevated blood pressure. It is taken with a stethoscope and an aneroid or mercury sphygmomanometer. Electronic sphygmomanometers, which do not require the use of a stethoscope, are also available. The appropriate cuff size should have a width of about 40% of the upper arm circumference.

Technique:

a. Ideally, before the blood pressure is recorded, the patient should avoid exercising, smoking or ingesting caffeine for 30 minutes and should rest for at least five minutes. The patient's arm should be slightly flexed and comfortably supported on a table (the standard is in the seated position). Position the arm so that the brachial artery (at the antecubital crease) is at heart level. Be sure that the arm is free of clothing.

b. Center the cuff over the brachial artery, with the lower edge 2-3cm (1 inch) above the antecubital crease. Secure the cuff snugly, because a loose cuff will give an inaccurate lower measurement.

c. Palpable systolic blood pressure: checking it first will help you avoid being misled by an auscultatory gap (a silent interval that may be present between the systolic diastolic pressure) when you listen with the stethoscope. As you feel the radial artery with the fingers, rapidly inflate the cuff until the radial pulse disappears. Read this pressure on the manometer and add 30 mm Hg to it. Deflate the cuff slowly at a rate of 2-3 mm Hg per second until you again feel at least two beats of the pulse. This point is the palpable systolic blood pressure. Immediately deflate the cuff completely and wait 15-30 seconds.

d. Now place the bell of the stethoscope over the brachial artery, because the sounds produced by the turbulence of blood flow in the artery (Korotkoff sounds) are relatively low in pitch. They are heard more clearly with the bell. Inflate the cuff until it is 30 mm Hg above the palpable systolic blood pressure and deflate it slowly at a rate of 2-3 mm Hg per second, listening for the following sounds:

1. Phase 1: onset of clear, faint tapping, with intensity that increases to a thud or louder tap
2. Phase 2: tapping that changes to a soft, swishing sound

3. Phase 3: return of clear, crisp tapping sound
4. Phase 4: (first diastolic sound) sound becomes muffled and takes on a blowing quality
5. Phase 5: (second diastolic sound) sound disappears

Avoid slow or repetitive inflations of the cuff, because the resulting venous congestion can cause false readings (low systolic and high diastolic pressure). If repeated measurements are needed, wait at least 15-30 seconds between readings, with cuff fully deflated. You can also remove the cuff and elevate the arm for 1-2 minutes.

Systolic pressure: note the level at which you hear the sound of at least two consecutive beats. This is the systolic pressure.

Diastolic pressure: continue to lower the pressure slowly until the sounds become muffled and then disappear. To confirm the disappearance of sounds, listen as the pressure falls another 10-20 mm Hg. Then deflate the cuff rapidly to zero. The disappearance point, which is usually only a few mm Hg below the muffling point, enables the best estimate of true diastolic pressure in adults. Read both the systolic and diastolic levels to the nearest 2-mm Hg.

Pulse pressure: The difference between the systolic and diastolic pressures. It is usually measured in the arm and should be measured in both arms at least once. Normally, there may be a difference in pressure of 5-10 mm Hg. Pressure difference of more than 10-15 mm Hg suggests arterial compression or obstruction on the side with the lower pressure.

19. Blood pressure classification in different stage:

Hypertension

- Severe: (stage 3): >180 are Systolic and >110 are Diastolic .
- Moderate: (stage 2): 160-179 are Systolic and 100-109 are Diastolic.

- Mild (Stage 1): 140-159 are Systolic and 85-89 are Diastolic.
- High Normal: <120-139 are Systolic and <80-89 are Diastolic.
- Normal: <120 are Systolic and <80 are Diastolic.

Risk Management

UHM makes sure will reduce the risk of injury in the work environment. The faculty, staff, and patients have a right to a safe work environment, free of preventable risk.

UHM engages proactive ongoing effort to administer Risk Management and hazard abatement program. Such a hazard abatement program will enable the administration to monitor the activities and work conditions at the institution and correct any new problems as they arise.

UHM's risk management explicitly defines all responsibilities and risk management procedures, so that all employees understand the role they play in the risk management program.

Emergency care

In the event of a medical emergency, when a patient loses consciousness or any other serious cardiovascular incident: 1. Pull all the needles immediately. 2. One person stays in the treatment room with the patient. Remain calm and try to soothe the patient (speak kindly to the patient even if you think the patient cannot hear you) 3. A second person is to call 911 immediately.

Responsibility

The Dean of Clinics administers the Risk Management program. The Clinic Dean has the responsibility for the following:

1. Implement all parts of the risk management program;
2. Complete hazard assessments and accident reports as required by the program;
3. Complete the log and summary of occupational injuries and illness as mandated by the U.S. Department of Labor;
4. Update this program and develop new programs as dictated by changes in statute or working conditions of this institution.
5. Complete all training programs mandated by the program;
6. Evaluate safety performance of all workers;
7. Develop and implement programs recognizing ongoing safety performance,
8. Perform disciplinary and enforcement functions outlined in the program.

All employees, including administrators and faculty, are required to comply with all regulations of the risk management program.

1. Compliance with all the rules and regulations of the program;
2. Reporting to the Dean of Clinics any incident or injury that occurs while in the employment of the institution;
3. Responding fully to any ongoing accident investigation by the Dean of Clinics or the Dean's designate;

4. In an emergency or with respect to a safety related issue, comply with the instructions of the Dean or appropriate emergency personnel, such as police, emergency medical personnel, fire personnel, at the site of the emergency on behalf of the institution.

Disciplinary Measures

1. In the event that an employee violates any provision of this Risk Management Program the Dean of Clinics shall review the nature of the violation with the individual involved and provide a written record of the session to the Risk Management records and the personnel files of the individual involved.
2. In the event of a repeat of the problem, a second written warning will go into the individual personnel file. The Dean of Clinics will again review the problem with the individual. The individual's immediate supervisor will be notified.

Bio-hazardous materials consist:

1. Contaminated acupuncture needles
2. Contaminated cotton used in the course of acupuncture treatments
3. Any laundry contaminated by potentially infectious fluids.

For the purpose of the Risk Management Program any materials that have been exposed to blood or other body fluids is to be considered infectious.

All personnel that come in contact with patients or any of the above infectious materials are required to observe all appropriate universal infection precautions. Universal infection precautions are listed below. All personnel involved in the use of acupuncture needles are required to handle acupuncture needles as described in the acupuncture needle safety section below.

INCIDENT REPORTING DEFINITION AND GENERAL RECOMMENDATIONS

This facility defines a incident as an occurrence not consistent with the mandated operation of the clinic or the care of the patient. The primary consideration in generating variance reporting information is to promote the Quality Assurance process and the Risk Management activities at the clinic. The variance reporting form is the recommended form for such clinic reporting.

Any staff member or student observing, discovering or involved in an incident should initiate a variance report. The variance reporting system exists to respond to the needs of the visitor, patient, or employee. It should be noted that any employee injury should be processed on the report form that is required by the Worker's Compensation carrier. Further, any Blood borne OSHA variance must be reported and maintained for a period of thirty (30) years.

In general, a variance report must be filed for any of the following circumstances:

1. A disturbance occurs that does or may disrupt clinic functions or which may affect the community standing of the health care facility.
2. A significant violation of established policy and procedure.
3. An event which is not a natural consequence of a patient's disease or procedure.
4. An unusual event which does or may result in personal and/or bodily injury.

5. Threat or announcement of intent to file suit or actual commencement of legal action relating to treatment provided by health care facility.
6. Any threat of personal harm or injury voiced by a patient, visitor or family member, which requires precautionary actions to be taken.

The above includes but is not limited to:

1. Failure to obtain proper consent for admission, consent for treatment, or release of confidential information in violation of unit procedures, State Mental Health Code or Federal Confidentiality Act.
2. Observed or alleged physical abuse of a patient by any staff member.
3. Any alleged sexual, personal and/or financial business relationship between a staff member and a patient and their families who are currently being treated in the clinic or within one year of the patient's discharge.
4. The following patient behavioral situations: self-inflicted injury, homicide or suicide attempt, patient injures an employee and/or patient injures another patient, or threats to do any of the above.

The incident report should be completed immediately, before the staff member leaves the clinic after completing a shift.

Any incident involving voiced hostility by a patient, visitor or family member requires immediate verbal communication to the Clinic Dean in addition to completion of an incident

Responsibility for completing a variance report rests with any clinic staff member who witnesses, discovers or has direct knowledge of an incident. Any additional staff members who witness, discover or have direct knowledge of the incident are required to submit a supplemental incident report and/or narrative statement of the facts. PROCEDURES FOR COMPLETION OF VARIANCE REPORTS General Recommendations:

- A. The variance report should be completed as thoroughly as possible.
- B. The report contents should be legibly written. Printing of all information is preferred.
- C. More than one block of ten is applicable in a given Section. Read each Section completely and check all applicable boxes. Use your best judgment as to which block(s) is most descriptive of the incident.
- D. Be objective (description of facts, behavior and statements only), and not accusatory. Do not record opinions or judgments. Identify persons by NAME and TITLE.
- E. Additional sheets may be attached for narratives or information provided by other witnesses if needed. Information contained in addendum should be factual only!
- F. The name and complete address of all witnesses (including clinic personnel and medical staff) should be recorded.
- G. Narratives and signatures must be legible, and reports correctly dated.
- H. Because any communications with the clinic are confidential, completed incident reports and attachments should be retained in the Dean of Clinics' office, and apart from the patient's chart. Do not place the original or copies of the incident report in the patient's medical records.

LEGAL CONSIDERATIONS

A report defining any unusual occurrence should be completed and submitted to the QA/RM designated persons for review. Because variance reports are confidential documents and are subject to the Evidence Code 1157, State of California, the documents and are subject to the legal immunity, IF

HANDLED APPROPRIATELY. Clinics in other states are able to have immunity via legislation specific to protection of confidential business papers.

The legal document that does respond to subpoena is the medical record describing the patient care delivered. The medical record should never indicate that a variance report has been initiated. No mention of the variance report should be noted in the medical record and this includes the physicians' order sheet. It is essential that all information pertaining to the medical treatment given and the facts of the variance be evident in the permanent medical record. Any information generated by investigation of the occurrence should never become a part of the medical record.

REPORTING MECHANISM FOR VARIANCE REPORTS

All variance reports should be forwarded to the Clinic Dean for review and determination.

- NO VARIANCE REPORTS WILL BECOME PART OF THE PERSONNEL RECORD
- NO COPIES WILL BE MADE OF ANY INCIDENT REPORT

Workplace Security

Fire Protection Portable Fire Extinguishers:

UHM maintain portable fire extinguishers in proper working order and location. UHM inspect the fire extinguishers at least once each year and after every use to determine that the extinguisher is in proper working order.

UHM have written records of maintenance each fire extinguisher.

Employee Alarm Systems and Action Plan:

All employees are trained with respect to fire emergency procedures and escape routes at the time of hire.

Escape routes and the location of fire extinguishers are posted in all the work areas and the location of these postings are provide to the new employees during orientation training.

In the event of a fire emergency employees shall call 911 and report the time, extent and location of a fire. If she or he can safely do so, an employee may attempt to control the fire by taking the nearest fire extinguisher that can be approached safely, aim the fire extinguisher at the base of the fire and operate the fire extinguisher. In any event, the primary responsibility is to remove herself or himself from danger, closing all doors after all personnel have left each area.

In the clinic, it is the responsibility of clinic personnel to make sure all patients have been removed from the clinic area. Where a patient is in a room during a fire, qualified personnel should remove all needles and assist the patient out of the clinic. In an emergency situation where there are no qualified personnel available, the nearest clinic employee should remove the needles from the patient and assist the patient in leaving the clinic.

The goals of the security program

UHM ensures the committed to the safety and security of our employees and the security of the means of livelihood at the institution. The below policy has been implemented to meet these goals. Part of this recognition is the awareness of the important role that all personnel play in workplace security.

1. Ensure that the employees are free of threats to their safety and livelihood.
2. Communicate the components of the security program to all employees of the institution.
3. At the initiation of this program evaluate the security precautions of the institution.
4. At no longer than one year intervals inspect and reevaluate the security of the institution.
5. Recognize workers who's practices promote security at the institution.
6. Discipline workers who fail to comply with the security aspects of this Risk Management Program.

Meetings regarding the security of the institution will be conducted at the inception of the Risk Management Program and at least annually after the first meeting, whenever there is a security breach or incident, and whenever there is a change in the policies or procedures that affect the institution.

JOB DESCRIPTIONS

Observer Responsibilities

Proper room set up at beginning and breaks down at end of each shift: Assist intern in the following:

1. Room set up:

- Disinfect treatment table at start of each shift using spray, wipe, spray technique
- Disinfect needle table, Put disposable sheet on table for each new patient, and put new pillowcase on pillow for each shift with disposable face sheet
- Flip pillow over between patients, Make sure the following are stocked: cotton balls, alcohol and glove dispenser.

2. Room Break down:

- Interns are to dispose of used sheets and gowns, observers may participate in all other break down activities
 - Pick up guide tubes and any trash from floor ☹️ Return unused sheets, towels and patient gowns to the clinic cabinet
 - Return any clinic supplies, including needles, to where they belong ☹️ Close biohazard lids but don't lock them
 - Turn off heaters if used and return them to appropriate consultation room
 - Close and lock windows
 - Fold and stack blankets and pillows on the bottom shelf of the stainless steel cart
 - Arrange chairs neatly in the room
 - Turn off lights

3. In Clinic:

- Record required information in the Clinic Observation Notebook.
- Observe treatments, ask questions during grand rounds. Do not ask questions of patient in the treatment room or engage patient during interview.

- Observe tongue and pulse when invited by intern or supervisor to do so.
- Fill out Record of Observation Form and file in workroom at the end of each shift .

5. Herb Room:

- Return any herbs to their proper location
- Clean and return scales and other equipment to their proper location
- Clean and straighten herb preparation table

Intern Responsibilities

1. Check clinic bulletin board for any notices or memos. See rotation list for your assigned room. Pick up your patient files from the designated location.

2. Prepare your clinic treatment room at start of each shift:

- Disinfect treatment table at the start of each shift using spray, wipe, spray technique.
- Disinfect needle table
- Put disposable sheet on table for each new patient
 - Put new pillowcase on pillow for each shift with disposable face sheet, flip pillow over between patients
- Make sure the following are stocked: cotton balls, alcohol, and glove dispenser

3. Greet your patients as they arrive. Make them feel welcome.

4. In Clinic:

- Record information required on the Record of Treatment Form. Store at end of each shift in filing cabinet in workroom
- Ask questions during grand rounds
- Treatment Procedure: Students should complete their initial assessment or work-up within 30 minutes. Supervisors should be present for part of the interview. When the student reports back to the supervisor he/she should be able to summarize the patient interview that includes:
 - Major complaint and accompanying symptoms
 - Physical diagnosis (pulse, tongue, palpation, observation data)
 - Changes in condition ● Differentiation ● Treatment Plan ● Point selection, rationale, and method
 - Herbal formula

Completely fill out or check required paperwork which include:

- Medical History: for new patients – patient’s signature
- Disclosure Form: for new patients- patient’s signature
- HIPAA Form: for new patients- patient’s signature
- Student Clinic Policy Form: for new patients- patient’s signature
- Patient Intake- Initial Interview: for new patients

Patient Diagnostic Intake: use every time you see a patient. Always include progress notes, BP, ICD9.

- Note: supervisor’s and your signatures required
- Patient Record of Treatment: date, your name, your supervisor’s name; if patient is a no show, please write the date and “no show”.

- Medication Log: date, herbs prescribed, refills or Western medications being taken
- Herbal Forms: include lot numbers for all herbs and patents. Fill out all relevant information.
- Moxibustion Consent Form: if doing moxibustion- patient, intern and supervisor signatures If the above paperwork is not completed as required, the clinic staff will distribute slips to the supervisors. These slips will designate what paperwork needs to be completed.
- At the beginning of each clinic shift the clinic supervisors will pick up any outstanding slips and give them to the intern to make corrections. Return the slip with the completed patient file to the clinic staff.
- Interns will walk patients to the front office at end of treatment. The clinic staff will help them set up their appointments and pay their bill.
- Put your files in the designated location at end of shift.
- Maintain orderliness in the clinic. a. Proper room breakdown at end of each shift: ● Put used sheets in designated bins and used patient gowns and pillowcases in laundry basket or laundry bag. Interns must clear used sheets and gowns. ● Pick up guide tubes or other trash from floor ● Return unused sheets, towels and patient gowns to where they are stored ● Return any clinic supplies, including needles, to their proper place ● Close biohazard lids but do not lock them ● Turn off heaters and return them to their designated places ● Close and lock windows ● Fold and stack blankets and pillows, arrange chairs neatly in the room ● Turn off lights .
- Straighten chairs, Return all books to reference, Close and lock windows, remove personal items.
- Return any herbs to their proper location, Clean and return scales and other equipment to their proper location. Clean and straighten herb preparation table.
Check that rooms have been taken down properly
- Fill out your Record of Treatment Form and file in designated location. This is the only easily accessible record of the patients you have treated, and this information is necessary for your clinical grade.

UHM 's Clinic Form

Exposure Control Plan

Exposure Control Plan completed on_____.

UHM will update this plan annually. When will have the following information need to update:

Whenever we have new tasks or procedures are added which affect occupational exposure.

When tasks and procedures that affect occupational exposure are changed or modified.

When new employee positions with occupational exposure are added.

When employee positions are changed to include occupational exposure.

Plan prepared by _____.

Date: _____.

Date Reviewed for Update:_____.

Exposure Determination List

The following job classifications may have contact with blood or other potentially infectious materials:

- Acupuncturist
- Housekeeper

In the following job classifications, some employees may occasionally have contact with blood or other potentially infectious materials:

- Medical clerk
- Housekeeping staff

In the following procedures performed in Clinic, occupational exposures can occur:

- Blood letting
- Star needle technique
- Needle cupping
- Care of wounds
- Dressing changes

UHM 's Clinic Forms

Work Practice Controls

Fill in dates of compliance for each procedure/item.

The following Work Practice Controls are in place in Clinic:

_____ Hand washing is required in Clinic, and employees have been instructed in this procedure, and know where facilities are located.

_____ Recapping of sharps and bending and breaking of needles is prohibited in Clinic. Employees have been trained in these procedures.

_____ Disposal of sharps: After use, all sharps are placed immediately into appropriate sharps receptacles for reprocessing or disposal. The containers meet the requirements as outlined in the OSHA Regulations for Engineering Controls. Employees have been trained in these procedures, and have been instructed not to overfill containers. Blood and other potentially infectious materials are handled with care in Clinic. Employees have been trained in these procedures.

_____ Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in Clinic in work areas where there is any risk of occupational exposure. Employees have been informed of this rule.

_____ Storage of food and drink is prohibited in places where other potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops and bench tops. Employees have been informed of this rule.

_____ Equipment that may become contaminated is inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary. If it cannot be decontaminated before repair or shipment, staff has been instructed to label the site(s) of contamination clearly.

_____ Sharps containers in Clinic are puncture-proof and leak-proof. Staff has been instructed to close the containers when they are moved to prevent spillage.

_____ Closable, leak-proof containers with the appropriate color-coding or labeling are available for all other regulated waste such as disposable gloves or bloodied bandages.

UHM 's Clinic Form

Engineering Controls

Compliance required by _____. Fill in dates of compliance for each procedure/item.

The following Engineering Controls are placed in Clinic:

_____ Hand washing facilities are available for staff use in the following locations:

_____ Where/when hand washing facilities are not available, antiseptic hand cleanser and clean towels or towelettes are available for staff use in the following locations:

_____ Leak-proof, puncture resistant sharps containers, with appropriate labels or color coding, are available at the following sites: _____

Type of container(s) used: _____

_____ When packages that contain blood or other potentially infectious materials are shipped, a biohazard label is affixed to the outside of the package.

_____ Other regulated waste in clinic includes used gloves, soiled laundry, bandages/gauze.

Other _____

_____ Above waste is kept in closed containers that can hold all contents without leakage during handling, storage, and transport, and is color-coded or labeled. It is disposed of in the following manner: _____

Type of container(s) used: _____

_____ The Engineering Controls outlined above are inspected and maintained on a regular basis, according to the following schedule: _____

UHM 's Clinic Form

Personal Protective Equipment

Compliance required by _____. Fill in dates of compliance for each procedure/item.

The following Personal Protective Equipment are available in Clinic:

_____ Disposable gloves, in appropriate sizes, are available for all workers-at-risk of exposure, for use at their discretion. Disposable gloves can be found in all treatment rooms and should be worn whenever contact with an open wound or with blood is expected.

_____ Hypoallergenic or glove liners are available to workers allergic to regular gloves, at the following locations: _____

_____ Utility gloves are available for all housekeeping and other staff at the following locations: _____. They are checked for cracks before each use and replaced as necessary. Utility gloves are used for _____.

Face protection is not required in Clinic.

UHM 's Clinic Form

Housekeeping Controls

Compliance is required by _____. Fill in dates of compliance for each procedure/item.

The following housekeeping procedures are in place in Clinic:

_____ A written schedule for cleaning and decontaminating work sites is attached, filed or posted.

_____ Employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs.

_____ Employees are responsible for leaving treatment rooms clean after the work shift. Clean paper should cover the table, the floor should be clean of debris, alcohol and cotton ball containers

should be closed, used cups should be placed in receptacles under sinks in hallways, surfaces should be clean.

_____ Broken glass: Staff has been instructed to never pick up by hand any broken glassware that may be contaminated. A brush, dust pan, forceps and/or tongs is available for picking up broken glassware that may be contaminated. These implements are then cleaned and decontaminated.

_____ Sharps containers in Clinic are closable and puncture- and leak-proof. ● Staff has been instructed not to overfill the containers. ● Staff has been instructed to close the container when they are moved to prevent spillage. ● Closable, leak-proof containers with the appropriate color-coding or labeling are available in the event that the sharps containers appear to be leaking. ● Closable, leak-proof containers with the appropriate color-coding or labeling are available for all other regulated waste such as disposable gloves or bloodied bandages.

_____ Laundry is shipped to _____ for cleaning. The containers used for shipping are appropriately labeled or color-coded.

_____ Contaminated laundry which is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container is stored and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

_____ Protective gloves are used by all workers who have contact with contaminated laundry; other protective equipment is available as required.

Hepatitis B Vaccine

For current employees, compliance is required by _____. For new or reassigned staff, compliance is required within 10 days.

_____ Attached is a list of at-risk employees who have been offered the hepatitis B vaccine free of charge.

Fill in the date of compliance and the required information in the spaces provided:

On _____ an evaluation of the exempt status of workers was made by _____, a licensed health care professional.

_____ A written opinion submitted by the above evaluators is included in the confidential medical records for each employee.

_____ A copy was provided to the employee within 15 days of the evaluation.

_____ At-risk employees who declined the hepatitis B vaccine have signed a copy of the OSHA's hepatitis B vaccine declination. A copy is included in their confidential medical file.

UHM 's Clinic Form Hep B Vaccination for UHM Clinical Faculty

I _____, an UHM Clinic Faculty, have decided to obtain the hepatitis B vaccination series offered by my employer.

A. If I have private medical insurance, I will inquire with my physician as to the out of pocket cost of the series, if any, including the fees for office visits. I will return this form to Clinic Dean for preauthorization.

Amount of Out of Pocket Fees for Hepatitis B Vaccination _____.

Name of Physician _____

Date: _____

Approved by Jeffrey Z. Mah, Dean of Clinic: _____ Date: _____

B. For those employees without private insurance, the Hep B Vaccination for UHM Clinical Faculty, Please ask the clinic supervisor to find out the information.

Approved by Jeffrey Z. Mah, Dean of Clinic: _____ Date: _____

* Please bring the receipt to get your reimbursement

UHM 's Clinic Form
Hepatitis B Vaccine Declination Form (Mandatory)
The OSHA Bloodborne Pathogens Standard

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date: _____

Signature: _____

UHM 's Clinic Form

Postexposure Evaluation and Follow-up

Compliance required by _____. Fill in dates of compliance for each procedure/item. In the event of an exposure incident, the following procedures are to be followed:

1. Inform the Supervisor and Dean of Clinics of the incident.
2. Disinfect the area with Betadine or other povadyne solution.

Labels and Signs

Compliance required by _____. Fill in dates of compliance for each procedure/item.

_____ The Clinic uses red color-coding or biohazard labels to mark all hazardous items.

Hazardous items include sharps containers and containers of other regulated waste.

Recordkeeping

Compliance required by _____. Fill in dates of compliance for each procedure/item. Medical Records

_____ Confidential medical records are kept for all employees with occupational exposure. They include: § Employee's name and social security number. § Hepatitis B vaccination or immune status. § All information given to evaluating health care profession in the event of an exposure incident.

_____ The confidential medical records are kept for at least 30 years after the person leaves employment.

_____ Written permission from the employee is required for access to these medical records.

_____ Employee medical records are available upon request to the Assistant Secretary and the Director.

_____ If this Clinic closes, it is understood that the employer must inform the Director at least three months before disposing of the records.

_____ The confidential medical records are kept in the following location:

Records of the training of all workers at risk of exposure are kept in Clinic. These records include: Dates of training sessions, Material covered, Names and qualifications of trainers, Names and job titles of trainees.

_____ The records are kept for three years from the date of the training sessions.

_____ These records are available upon request to all employees or their representatives.

_____ Employee training records are available upon request to the Assistant Secretary and the Director.

_____ If this Clinic closes, it is understood that the employer must inform the Director at least three months before disposing of the records.