

ACTCM Clinic Manual Policy and Procedures



AMERICAN COLLEGE
OF TRADITIONAL
CHINESE MEDICINE

ACTCM at California Institute of Integral Studies
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ACTCM Clinic Manual Policy and Procedures

ACTCM at CIIS

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1.0 Mission Statement

1.1 CIIS Mission and Vision Statement

Mission

California Institute of Integral Studies (CIIS) is an accredited university that embodies spirit, intellect, and wisdom in service to individuals, communities, and the Earth.

Vision Statement

CIIS expands the boundaries of traditional degree programs with transdisciplinary, cross-cultural, and applied studies utilizing face-to-face, hybrid, and online pedagogical approaches. Offering a personal learning environment and supportive community, CIIS provides an excellent multifaceted education for people committed to transforming themselves, others, and the world.

The Seven Commitments of CIIS

The following seven commitments reflect CIIS's goals in creating its educational programs and its university community. These commitments are aspirational statements intended to advance the mission of CIIS.

Practice integral approaches to learning and research

The University strives to facilitate the integration of body-mind-spirit. It values the intellectual, emotional, spiritual, imaginal, creative, somatic, and social dimensions of human potentiality. Committed to studies and practices that cross traditional disciplinary boundaries, CIIS emphasizes dynamic systems understanding and integrative learning.

Affirm spirituality

The University is committed to studies and practices of multiple spiritual and wisdom traditions and to their expression and embodiment throughout the university community. While no one tradition is shared by all, the importance of the spiritual dimension of life is affirmed.

Commit to inclusion and diversity

Promoting a dialogue of difference, the University is committed to reflecting the diversity of the world's peoples, cultures, and spiritual traditions. At CIIS, inclusion means consciously welcoming the contributions of all people to academic scholarship and multiple ways of knowing.

Foster multiple ways of learning and teaching

The University honors many learning modalities and ways of knowing, providing a rigorous and transformative education across all learning approaches. CIIS welcomes experiential, collaborative, embodied, artistic, participatory, and other modes of learning and knowing into the classroom, believing that they deepen and enrich the learning experience.

Advocate sustainability and social justice

CIIS is committed to exploring and promoting knowledge and practices that affirm human solidarity with the entire Earth community. Recognizing that business as usual threatens the integrity of life itself on a planetary scale and perpetuates structures of oppression on a large portion of the human population, CIIS strives to generate creative alternatives leading to a just and flourishing world. CIIS embraces intellectual, cultural, and spiritual traditions that further the effectiveness of emancipatory movements, such as feminism, social and political liberation, and the struggle against the oppression of poverty.

Support community

Community at CIIS is founded upon core values that affirm shared understandings and differences, scholarly efforts, and compassionate action. Such community is a vital part of the University's aspiration to provide an effective, visionary, and nurturing environment for integral education. CIIS is committed to providing a welcoming community for all people.

Strive for an integral and innovative governance

The University recognizes the significance of a mode of governance that would eliminate, or at least reduce,

the polarities and fragmentation that typically plague organizations. The commitment to integral governance aims to inspire holistic organizational interaction among all members of its community. This commitment stands among the seven as a constant challenge and encouragement to try new forms, procedures, criteria, and language that reflect a more progressive and collaborative decision-making process.

1.2 ACTCM at CIIS Mission and Vision

Mission

The mission of ACTCM is to provide exemplary professional education and quality patient care in acupuncture and Chinese medicine and related health-care fields.

Vision

ACTCM will be an international center of educational excellence that advances professional collaboration, research, and sustainability in Chinese medicine and health care.

Core Values

- Embracing the philosophy and spirit of Chinese medicine
- Integrity
- Intellectual freedom
- Diversity
- Respect
- Caring and compassion
- Harmony and balance

The primary goals of ACTCM are to:

- Provide exemplary educational programs in the art and science of acupuncture and Chinese medicine.
- Train students with an emphasis on the role of Chinese medicine in patient-centered integrative health care.
- Promote an institutional culture of leadership, collegiality, collaboration, creativity, scholarly activity, academic freedom, academic integrity, and honesty.
- Cultivate critical thinking and lifelong learning.
- Provide students and patients with an excellent clinical experience.
- Provide student services appropriate to the student population.
- Act as a resource for the health-care-professional community.
- Recruit an exceptional and diverse student body.
- Be a national leader in acupuncture and Chinese medical education.
- Serve the college community with an effective and efficient administrative environment.
- Provide professional development for alumni and the practitioner community; and
- Provide leadership for ecologically sustainable Chinese herbal medicine.

2.0 ACTCM Academic Programs

2.1 Brief History of CIIS and ACTCM at CIIS

In 1968, the California Institute of Asian Studies (CIAS) was founded as the educational center of the Cultural Integration Fellowship, a non-profit, non-sectarian, religious, cultural, and educational organization. In 1974, CIAS was incorporated separately as a private, non-profit, non-sectarian, graduate school. In 1980, the name was changed to California Institute of Integral Studies (CIIS). In 1993, the university introduced a bachelor's degree completion program. The American College of Traditional Chinese Medicine (ACTCM), founded in 1980 as a private, independent graduate school, merged within CIIS on July 1, 2015. ACTCM is now fully integrated with CIIS.

CIIS has always been a pioneer in integral teaching and learning. Its stated vision is to expand the boundaries of traditional degree programs with transdisciplinary, cross-cultural, and applied studies utilizing face-to-face, hybrid, and online pedagogical approaches. Offering a personal learning environment and supportive community, CIIS provides an excellent multifaceted education for people committed to transforming themselves, others, and the world.

The University's Seven Commitments are aspirational statements intended to advance the stated Mission and Vision. The Commitments reflect the university-wide values that derive from the Mission. CIIS has been continuously accredited by the WASC Senior Colleges and Universities Commission (WSCUC) since 1981.

Joining CIIS in 2015, the American College of Traditional Chinese Medicine (ACTCM) is one of four schools at CIIS, offering professional and postgraduate degrees in acupuncture and Chinese medicine. ACTCM has been at the forefront of acupuncture and Chinese medical education since it was founded in 1980. The graduate programs at ACTCM at CIIS provide truly exceptional professional education in the acupuncture and Chinese medicine field. The ACTCM Acupuncture and Herbal Clinic as well as acupuncture clinics affiliated with ACTCM provide high-quality clinical training for student clinicians, while also providing affordable healthcare in the San Francisco Bay Area. ACTCM has been honored for its leadership role in wildlife conservation and partnerships with the World Wildlife Fund (WWF) and the Save the Tiger Fund. Currently, many of our faculty and administrative staff members are involved in national leadership roles, in supporting and promoting the growth of acupuncture and Chinese medicine as a profession.

ACTCM at California Institute of Integral Studies is a graduate school for programs in acupuncture, Chinese medicine, and related fields. All programs at ACTCM are at the graduate level and include programs at both the master's and doctoral levels.

ACTCM enrolled its first cohort in 1981. In this same year, ACTCM opened its Acupuncture and Herbal Clinic, which provides affordable care using acupuncture and Chinese medicine to the residents of San Francisco and the greater Bay Area. In 1984, ACTCM developed a professional master's degree curriculum, the Master of Science in Traditional Chinese Medicine (MSTCM), in response to the changes in licensure standards by the California Acupuncture Board. In 1986, ACTCM became the first college in the country to award a Master of Science degree in Traditional Chinese Medicine (MSTCM). In 1991, ACTCM was granted accreditation by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), and reaccredited in 1996, 2001, 2007, and 2014.

ACTCM's postgraduate doctoral program, the Doctor of Acupuncture and Oriental Medicine (DAOM), started its first cohort in 2006. The DAOM program received candidacy status with ACAOM in 2010, was granted accreditation in 2012, and reaccredited in 2018. This doctoral program is a post-master's graduate degree that provides advanced education in Chinese medicine with an emphasis on integrative medicine, specialty training in women's health and pain management, and completion of a capstone thesis.

The Doctor of Acupuncture and Chinese Medicine (DACM) program was granted final approval by WSCUC in November 2014. The program started its first cohort in 2015 and was granted accreditation by ACAOM in 2018.

Approved by WSCUC as part of its approval of the DACM degree, ACTCM at CIIS started its first cohort of the transitional Doctorate of Acupuncture and Chinese Medicine program in September 2016. It is a transitional degree, providing training in advanced, professional doctoral competencies for students who have completed the MSTCM degree and wish to go on to complete doctoral training.

In a rigorous medical training program, the quality of the faculty is essential to the quality of the education. We have a dynamic mix of faculty members committed to educational excellence. Trained in China and in the United States, our seasoned faculty members are well versed in the healing arts, with many holding credentials in both Chinese medicine and Western medicine.

In 1987, ACTCM leased its present campus at 455 Arkansas Street in the Potrero Hill district of San Francisco. In addition to the leased Arkansas campus facilities, CIIS conducts its operations in university-owned facilities at 1453 Mission Street in the Mid-Market area of San Francisco, and five leased counseling centers throughout San Francisco, as well as a Clinic Without Walls, located in a housing authority complex in the Mission district. Acupuncture services are offered in the ACTCM Acupuncture and Herbal Clinic at Arkansas campus and ACTCM interns practice at four affiliated clinical sites located in San Francisco and Berkeley, as well as an auricular acupuncture clinic site in the CIIS Mission Street campus. Public Programs and Performances events and workshops are offered in various venues in the San Francisco Bay Area, as well as at the Mission Street campus.

The Master of Science of Traditional Chinese Medicine (MSTCM) is a long-standing professional master's degree recognized in 45 states and the District of Columbia. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredits this degree. ACAOM is the programmatic accreditation agency for the acupuncture profession recognized by the United States Department of Education (USDE). The MSTCM meets the standards required by the California Acupuncture Board.

The Doctor of Acupuncture and Chinese Medicine (DACM) is a professional doctoral degree, allowing graduates to enter the acupuncture profession at the doctoral level. Designed for new applicants and master's students in their first one to two years of training, the DACM degree is designed to meet the high standards of ACAOM, as well as meet the requirements for the California Acupuncture Board. The DACM is accredited by ACAOM. To ensure that graduates with a DACM degree will be eligible for licensure in all states, CIIS will confer both the DACM and MSTCM degrees upon graduation from the DACM program. Both the MSTCM and DACM degrees are currently residential degree programs, with all classes at the CIIS Arkansas and Mission Street campuses.

The transitional Doctorate of Acupuncture and Chinese Medicine (DACM) is a professional doctorate completion program, providing training in advanced professional doctoral competencies for students who have completed the professional master's degree in Chinese medicine/Oriental medicine and wish to go on to complete doctoral training. The transitional DACM program includes all professional doctoral-level competencies found in the DACM degree but can be taken after completion of a professional master's degree in acupuncture and Chinese/Oriental medicine. The transitional DACM program is designed for students who wish to pursue advanced training while maintaining a practice. Courses will include modular classes that are offered in weekend modules as well as online courses that can be completed at home.

The Doctorate of Acupuncture and Chinese Medicine Completion Program (DACMCP) is a professional doctorate completion program, providing training in advanced professional doctoral competencies for students who have completed the professional master's degree in Chinese medicine and wish to go on to complete doctoral training. The online DACMCP program includes all professional doctoral-level competencies found in the DACMCP degree but can be taken after completion of a professional master's degree in acupuncture and Chinese medicine. The online DACM Completion Program is designed for those graduates of master's-level education approved by ACAOM. This degree program is for those who want to advance their knowledge and skill sets in integrative, collaborative care while completing their doctoral degree from home.

2.2 Accreditation

CIIS

Since 1981, California Institute of Integral Studies has been accredited by the Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WSCUC). WSCUC's contact details are as follows: 985 Atlantic Avenue, Suite 100, Alameda, CA 94501; 510.748.9001.

ACTCM at CIIS

The Master of Science of Traditional Chinese Medicine (MSTCM), Doctor of Acupuncture and Chinese Medicine (DACM) and Doctor of Acupuncture and Oriental Medicine (DAOM) programs of ACTCM at CIIS are accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), 8941 Aztec Drive, Suite 2, Eden Prairie, MN 55347 (952.212.2434), which is the recognized accrediting agency for programs preparing acupuncture and Oriental medicine practitioners.

Licensure and Certification

Graduates of the MSTCM and DACM programs at ACTCM are eligible to take both the national certification exam modules offered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and the California Acupuncture Licensing Exam (CALE). The ability of an individual candidate to be licensed in a state is dependent on meeting the specific licensure requirements for that state. Graduation from an accredited acupuncture or Chinese medicine program does not guarantee licensure in a state. Please see specific licensure requirements for the state in which you intend to practice for more specific licensure information.

2.3 DACM Program

The Doctor of Acupuncture and Chinese Medicine (DACM) program is a comprehensive program carefully designed to lead beginning students to the level of knowledge and clinical proficiency necessary to become a successful independent acupuncture and Chinese medicine provider. A factor that distinguishes the DACM from the MSTCM is that the DACM will allow the successful candidate to enter the acupuncture profession at the doctoral level. The professional doctoral degree represents both basic and advanced training, with increased exposure to research literature and other scholarly work, and enhanced knowledge and skills in the area of systems-based medicine and integrative care. From the beginning of the program, DACM emphasizes hands-on clinical training in conjunction with the study of the theoretical basis of acupuncture and Chinese medicine, allowing students to gain an understanding and appreciation of the depth of the medicine. A significant part of the coursework of the DACM degree is designed to meet the mandates of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the California Acupuncture Board, qualifying graduates to take both the California Acupuncture Licensing Exam (CALE) and the exam modules administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

Students graduating at the doctoral level with a DACM or DAOM have the same scope of practice as those graduating with a MSTCM degree. Motivations for the advanced degree include gaining additional clinical skills, a higher level of research literacy, and the opportunity to enter the profession at the doctoral level. Students graduating with the DACM also receive the MSTCM at graduation. The educational objectives and competencies identified for the DACM program reflect emphasis on clinical skills and professional competencies in every course and clinical experience. Also emphasized are the development of critical thinking beyond the master's level, and use of a wide range of information sources, including scholarship in the field of Chinese medicine and biomedical research. The enhanced capacity for DACM graduates to access and evaluate research literature and to apply this information to improve clinical practice is emphasized in the classroom and clinic. While this is a clinical rather than a research doctorate, a number of elements move the degree beyond the master's level of professional degree.

The DACM program consists of 3,390 hours (192 semester credits), with 1,020 hours of clinical training and 2,370 hours of didactic training. The program also requires 120 hours (8 semester credits) of corequisites,

including general chemistry, general biology, general psychology, and general physics. The length of the program is 12 semesters. Students have a maximum of eight years from the time of their enrollment in which to complete the DACM program.

Level One

The first-level curriculum lays the foundation on which the rest of the program is based. Students learn about the theories of acupuncture and Chinese medicine, including zang fu theory, five element theory, the yin-yang relationship, the properties and medicinal uses of Chinese herbs, the various meridians and acupuncture points, tuina or shiatsu, acupuncture needling techniques, Chinese medicine diagnosis, qigong, and tai ji quan. First-level students also complete general science courses, begin a focused study of biomedicine, and learn skills in accessing and evaluating research literature. Students gain valuable clinical exposure as they begin observing patient-practitioner interactions and learning about the fundamentals of patient intake, clean needle technique, and treatment principles.

Level Two

During level two, students study Chinese herbal formulas, classical and advanced acupuncture techniques and theory, Chinese medicine and Western pathology, and nutrition. Students also begin study of Western clinical medicine and TCM internal medicine. Students strengthen their skills in a number of areas, including diagnosis and treatment of various diseases. During the second-level clinical experience, students exercise greater autonomy. Working under the direct supervision of clinical supervisors who are experienced acupuncturists, students at the trainee level perform health assessments, including pulse and tongue diagnosis, and begin to develop their own diagnosis and treatment strategies. They also recommend various Chinese herbal formulas and apply a range of Chinese medical techniques, including tuina or shiatsu.

Level Three

During level three, students focus on their clinical training while taking advanced and specialized courses in Chinese medicine and biomedicine. These courses enhance their skills as independent health-care providers and enable them to communicate effectively with biomedical practitioners. Students also study scientific research methodology, systems-based medicine and integrative patient-centered care, TCM classics, practice management, public health, TCM oncology, TCM orthopedics, and advanced syndrome-based herbal study, and have the opportunity to review case studies in depth. The third-level clinical experience student interns work under the close supervision of a clinical supervisor in order to strengthen their confidence and competence in diagnosing and implementing treatments. At this stage of training, student interns are given greater autonomy in patient intake, developing a treatment plan, and treating the patient, functioning essentially as independent clinicians in relation to their patients.

2.4 MSTCM Program

The Master of Science of Traditional Chinese Medicine (MSTCM) is a comprehensive program designed to lead beginning students to the level of knowledge and clinical proficiency necessary to become a successful independent health-care provider, whether as an individual practitioner or as part of a team of health-care providers. From the very beginning of the program, ACTCM emphasizes hands-on clinical training in conjunction with the study of theoretical material, allowing students to gain an understanding and appreciation of the depth of the medicine.

The MSTCM program consists of 3,120 hours (176 semester credits), with 960 hours of clinical training and 2,160 hours of didactic training. The length of program is 12 semesters. Students have a maximum of eight years from the time of their enrollment in which to complete the MSTCM program.

Level One

The first-level curriculum lays the foundation on which the rest of the program is based. Students learn about the theories of acupuncture and Chinese medicine, including zang fu theory, five element theory, the yin-yang relationship, the properties and medicinal uses of Chinese herbs, the various meridians and acupuncture points, tuina or shiatsu, acupuncture needling techniques, Chinese medicine diagnosis, qigong, and tai ji quan. First-level students also complete general science courses and begin a focused study of biomedicine. Students gain valuable

clinical exposure as they begin observing patient-practitioner interactions and learning about the fundamentals of patient intake, clean needle technique, and treatment principles.

Level Two

During level two, students study Chinese herbal formulas, classical and advanced acupuncture techniques and theory, Chinese medicine and Western pathology, and nutrition. Students also begin study of Western clinical medicine and TCM internal medicine. Students strengthen their skills in a number of areas, including diagnosis and treatment of various diseases. During the second-level clinical experience, students exercise greater autonomy. Working under the direct supervision of clinical supervisors who are experienced acupuncturists, students at the trainee level perform health assessments, including pulse and tongue diagnosis, and begin to develop their own diagnosis and treatment strategies. They also recommend various Chinese herbal formulas and apply a range of Chinese medical techniques, including tuina or shiatsu.

Level Three

During level three, students focus on their clinical training while taking advanced and specialized courses in Chinese medicine and biomedicine. These courses enhance their skills as independent health-care providers and enable them to communicate effectively with biomedical practitioners. Students also study scientific research methodology, TCM classics, practice management, and public health, and have the opportunity to review case studies in depth. In the third-level clinical experience, student interns work under the close supervision of a clinical supervisor in order to strengthen their confidence and competence in diagnosing and implementing treatments. At this stage of training, student interns are given greater autonomy in patient intake, developing a treatment plan, and treating the patient, functioning essentially as independent clinicians in relation to their patients.

2.5 DACMCP Program

The Doctorate of Acupuncture and Chinese Medicine Completion Program (DACC) is intended for graduates who have completed a professional master's degree in acupuncture and Chinese medicine or Oriental medicine and wish to enroll in a program leading to doctoral-level competencies in the DACMCP degree.

The transitional DACC program provides knowledge beyond the professional master's degree in acupuncture and Chinese medicine or Oriental medicine. Designed with a 43 percent online component and a four-day modular classroom format, the transitional DACC program allows students to complete their coursework while maintaining their practice and creating an environment in which students can immediately apply the knowledge and skills to patient care.

The transitional DACC program consists of 315 hours (21 semester credits), designed to build on the competencies, knowledge, and skills in a professional master's program in acupuncture and Chinese medicine or Oriental medicine. The length of the transitional DACM program is two semesters. Students have a maximum of two years from the time of their enrollment in which to complete the transitional DACM program.

2.6 Study Abroad Program in China

Students who have successfully completed their second-level comprehensive examinations may participate in an advanced clinical study program at International Exchange Center for TCM at Zhejiang Provincial Hospital of TCM in Hangzhou, China. The two-week study-abroad program provides advanced clinical training in Chinese medical theory, and differential diagnosis and treatment skills. Students work in a hospital setting and concentrate on acupuncture, Chinese herbal medicine, and tuina. Because Chinese medicine is practiced in Chinese hospitals as a primary care medical system, students see a large volume of patients and a wide variety of conditions.

Henan University of TCM Scholarships

ACTCM students have an opportunity to apply to participate in a fully funded study period at Henan University of Traditional Chinese Medicine in China. Founded in 1958, Henan University of Traditional Chinese Medicine is located in Zhengzhou of Henan Province, a historically rich region of China that includes the original site where the oracle bones were discovered. This is a full scholarship including tuition and dormitory at Henan University of Chinese Medicine. These scholarships will be awarded by competitive application.

2.7 TECHNICAL STANDARDS FOR ADMISSION, PROMOTION AND GRADUATION

All professions aspire to excellence in practice. Institutions of higher learning shape the future of the profession. The time to shape the profession is before new candidates enter it. To this end, the technical standards provide structure for our students, and fulfill our commitment to our profession to promote high standards in practice through educational excellence.

The practice of acupuncture and Chinese medicine is intellectually, physically, and psychologically demanding. A practitioner assesses, diagnoses, and performs treatments, provides appropriate referral and collaborates with other health care providers. Students acquire the foundation of knowledge, attitudes, skills, and professional behaviors that are needed throughout the practitioner's professional career. These academic competencies are reflected in the technical standards that follow.

The curriculum leading to the ACTCM at CIIS entry-level degree programs requires students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential healthcare provider skills and functions. Combinations of cognitive, affective, psychomotor, physical and social abilities are required to satisfactorily perform these functions. The conditions in which these functions are performed may change without notice and may require performing under stressful and unpredictable situations. In addition to being essential requirements for the successful completion of degree programs, these functions are necessary to ensure the health and safety of patients, fellow students, faculty, staff and other health care providers. These skills and abilities that are required to perform the duties of an acupuncturist. For more information on the core job tasks and working environment, see the Occupational Information Network provided by the US Department of Labor/Employment and Training at <http://www.onetonline.org/link/details/29-1199.01>.

With reasonable accommodation as provided by law, candidates and students in the entry-level degree programs must be able to meet these minimum technical standards. These standards, in addition to the CIIS Code of Student Conduct set forth on page 67 of the *CIIS Student Handbook*, comprise the basis for all evaluation within the college and include but are not limited to the following abilities:

STANDARDS

Motor

A student must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. These skills require coordination of both gross and fine muscular movement, equilibrium, and the use of touch. A student must be able to make precisely coordinated movements of the fingers of one or both hands to:

- Provide routine and emergency care and treatment to patients
- provide safe, general, and therapeutic care including patient positioning, patient draping, insertion of needles and manipulation of other modalities such as cupping, moxibustion, plum blossom and guasha
- safely dispose of/or sterilize any materials that may contain bloodborne pathogens

Observation

Observation requires the functional use of sensory input. A student must be able to:

- receive instruction by lectures and practical demonstrations
- observe a patient accurately and appreciate non-verbal communications when performing an assessment, an intervention or administering a treatment
- perceive the signs of disease and infection as manifested through physical examination

Communication

Students must be able to communicate effectively and sensitively with students, faculty, staff, patients, family, and other professionals. Communication includes but is not limited to expressing information, listening, reading, and writing. A student must be able to:

- demonstrate a willingness and ability to give and receive feedback

- communicate with patients in order to elicit information regarding mood, activity, and posture and to perceive nonverbal communications
- Convey or exchange information to develop a health history, identify problems presented, explain alternative solutions, and give directions during and post treatment
- communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care
- express ideas and feelings constructively and clearly

Intellectual, Conceptual, Integrative and Quantitative Abilities

To effectively solve problems, students must be able to measure, calculate, reason, analyze, integrate, and synthesize information in a timely fashion. A student must be able to:

- engage in critical thinking,
- synthesize knowledge and integrate the relevant aspects of a patient's history, physical findings, and diagnostic studies
- develop a diagnosis and formulate treatment plans

Cognitive Behavioral and Psycho-Social Attributes

Students must possess the psychological ability and emotional health required for the full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the diagnosis and care of patients. Students must have the capacity for the development of mature, sensitive, appropriate, and effective relationships with patients. Students must be able to:

- tolerate physically and mentally taxing workloads and function effectively under stress
- experience empathy for the situations and circumstances of others and effectively communicate that empathy
- shift back and forth between two or more activities or sources of information (such as speech, sounds, touch, or other sources)
- demonstrate ability to concentrate on required tasks
- recognize that their values, attitudes, beliefs, emotions, and experiences affect their perceptions, interactions and relationships with others
- be willing and able to examine and change behavior to foster productive relationships

Professional Conduct

Students must demonstrate the ability for moral reasoning and practice health care in an ethical manner. Students must be able to:

- take direction from faculty, supervisors, staff and administration
- learn and abide by professional standards of practice
- possess attitudes that include compassion, empathy, altruism, integrity, honesty, responsibility, tolerance and acceptance
- engage in patient care delivery in various settings and be able to deliver care to diverse patient populations including but not limited to children, adolescents, adults, developmentally disabled persons, medically compromised patients and vulnerable adults.

CURRICULUM REQUIREMENTS

In addition to the standards specified above, students must be able to successfully demonstrate the ability to complete all required components of the curriculum, including the learning objectives in each class. Reasonable accommodation will be provided for qualified students.

Tests and Evaluations

In order to evaluate competence, the program employs periodic examinations, both written and practical, as an essential component of the curriculum. Reasonable accommodation will be provided for qualified students.

Clinical Assessments

Attainment of clinical competence is fundamental to the progression of the student. The participation in clinical experiences and assessment of student performance is an integral and essential component of the curriculum. Reasonable accommodation will be provided for qualified students.

Reasonable Accommodation

CIIS complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Accordingly, no otherwise qualified disabled student shall, solely by reason of their disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any academic, research, counseling, financial aid, or other post-secondary education program or activity that CIIS provides for all students. Students with disabilities must meet the requirements and levels of competency generally required of all students in the program. In order to assist students with disabilities in fulfilling these requirements of the program, every reasonable effort is made to accommodate special needs of such students. If you would like to request accommodations related to a disability, please contact osas@ciis.edu to register with CIIS Office of Student Accessibility Services.

3.0 Clinical Education

3.1 DACM and MSTCM Clinical Education

The DACM clinical program consists of 1,020 hours divided into seventeen 60-hour clinic shifts. The MSTCM clinical program consists of 960 hours divided into sixteen 60-hour clinic shifts. These shifts are staged, beginning with a clinic theater shift where observers watch a member of the clinic faculty perform treatments in a clinic theater setting and progressing to clinical observation shifts, working alongside clinic faculty on trainee shifts, and finally to intern shifts, where advanced clinical students have the opportunity to work with progressively greater independence as solo interns under faculty supervision. All clinic faculty members are required to interact with patients during all patient contacts to ensure safety and efficacy of treatments.

The clinic shift progression begins in the second semester. During the first semester students take a Clinical and Program Orientation course. As part of this course, clinic policies, safety, blood borne pathogens, HIPAA, and other clinic related subjects are introduced. The educational objectives of clinical training at ACTCM mirror the progression of the student through the three levels of the clinical program: observation, trainee, and intern level.

Observation Level

At the observer level, students are expected to:

- Learn, demonstrate understanding of, and comply with basic procedures and expectations of a functioning clinic.
- Have the ability to fill herbal prescriptions.
- Maintain the treatment rooms; and
- Act as an observer of elements of patient care and diagnosis.

Meeting these objectives implies that the student understands how the clinic operation works, and a practitioner's role within it, including: preparation of the rooms and facility for patient care; procedures for intake; the use and location of supplies; the basic duty to know and comply with applicable laws; and the personal responsibility to act and present oneself in a professional manner. Observers are also taught to fill herbal prescriptions through their assistance in the preparation of formulas, reinforcing the training they received in the herbal series of didactic courses, *TCM Materia Medica I-III*, through an emphasis on herb identification and recognition. Most importantly, observers are expected to thoughtfully and carefully observe the entire patient contact from start to finish, including: the patient interview; diagnosis of the patient's condition; and provision of treatment, including charting and other applicable paperwork; discussion of treatment options, and the determination of the best course of treatment, if any; and the interactions of interns with their peers and clinic supervisor. Through observation, the basic foundations for providing clinical care are absorbed, and the understanding of didactic course work learned prior to the observation phase is deepened through seeing how theory and skills are used in practice. Students strengthen what they have already learned in class, for example, by observing tongue and pulse diagnosis, and point location. Altogether, ACTCM students spend 180 hours in the observation phase.

Trainee Level

At the first trainee level, the educational objectives to be attained by the student include:

- The ability to establish a clean field and employ proper clean needle technique.
- The ability to safely and correctly apply acupuncture, massage, electric stimulation, cupping, and moxibustion.
- The ability to accurately locate all points; and
- The ability to correctly describe the basic qualities of tongue and pulse diagnosis.

While students are treating patients during the trainee level, the clinic supervisor is always present. Students at this point are introduced to their role as assistant practitioners, which is a limited role as the clinic supervisor still retains control and responsibility for all contact with the patient and is responsible for evaluating the trainee's attainment of the above objectives. Any treatment performed by the student must be under the clinic supervisor's direct supervision. During the trainee phase, students take an important step toward increasing the level of participation in treating patients and in building their confidence to assume more responsibility in the next phase of training. Interviewing and intake skills are further developed, as is the ability to properly diagnose and treat patients, including pulse, tongue, and differential diagnosis. The formulations of treatment options are discussed and verified by the clinic supervisor. Finally, under supervision, the student begins a participatory role in treatment by performing needling and needle techniques and preparing herbal formulas. The expectations for trainees parallel the level of didactic course work taken so far by the student. Level one of the trainee phase coincides with the completion of courses in acupuncture theory and acupuncture techniques, making the transition from an observer of needling to being an actual participant appropriate at this time in the program. In addition, trainee I students are typically in the midst of the series of formulary courses, making for a logical transition to actual herbal formula preparation.

During levels two and three of the trainee phases, the educational objectives from level one are reinforced. Additionally, the following set of educational objectives is to be attained by the student:

- The ability to independently assess the patient's condition.
- The ability to interview, diagnose, and prescribe treatment under the direct supervision of the practitioner; and
- The ability to accurately locate points.

As students' progress through these levels, they are allowed to assume more responsibility over the patient contact experience still under the direct supervision of the clinic supervisor. Although always present, the clinic supervisor allows the trainee to carry out the patient intake and interview, as well as to diagnose and then recommend an appropriate treatment plan, including the selection of acupuncture points, performing the acupuncture and/or moxibustion treatments, and/or recommending herbal prescriptions. These levels represent the culmination of the trainee experience, and their completion confirms a student's readiness to move onto the intern level, where student clinicians take a more independent role in the patient contact.

Clinical faculty evaluate trainees based on their ability to independently assess the patient, as well as to make and carry out appropriate treatment plans. At this point in the program, the students have received all the basic and advanced training required to allow them to move on to a more independent clinical experience. The students should be well grounded in acupuncture, having finished the theory and treatment plan series of courses. Their knowledge of TCM diagnosis and treatment has been solidified by TCM Internal Medicine courses, which in turn was reinforced in a clinical setting with the student working under the supervision of a clinic supervisor at the trainee level. The completion of the trainee level also coincides with completion of the herbal formula series of courses, as well as Western Clinical Medicine training that includes pathology and pathophysiology.

Intern Level

Upon completion of the trainee phase of training, students move on to becoming interns, providing care still under the close supervision of the clinic supervisor. As the students move through the intern progression, they are given progressively more responsibility for designing and conducting care. Faculty continue to meet each patient and make their own independent assessment throughout the intern period. The educational objective to be attained at

this phase of the training is to ensure that students have the ability to function, in essence, as the attending clinician under close, but not constant, supervision. This level is different from the trainee level, during which time the clinic supervisor is always present. While the clinic supervisor is frequently present during intern level, the clinic supervisor will not always be in the treatment room with the student interns. The interns greet patients, explain their role, and then skillfully perform the tasks expected of a competent practitioner, including intake; a reading of appropriate vital signs and conducting a physical exam; a development of a diagnosis; and, if necessary, a prescription for treatment. Such actions necessitate the selection and location of appropriate acupuncture points, correctly performing the treatment, and, if applicable, filling out the herbal formula. Each of these steps is first reviewed and approved by the clinic supervisor.

The educational objective to be attained at the final phase of intern level is to ensure that students have the ability to handle every aspect of the patient visit, including interview, diagnosis, needling, prescription, and case management. At the culmination of the clinical experience, the student begins to assume the role of an independent provider for patients in the clinic. Although all diagnoses and treatment plans are approved in advance by the clinic supervisor, the student otherwise acts independently in preparation for his/her entry into the field. Throughout the students' clinical training, they are exposed to a variety of patients and clinic supervisors, which is designed to enable them to handle as wide a range of ailments and conditions as possible, and to foster flexibility in their clinical approach. The ACTCM Acupuncture and Herbal Clinic attracts a very diverse patient population. Students also have the opportunity to intern at the ACTCM off-site clinics that emphasize different conditions and patient populations.

Interns who work independently during the final phase of training are evaluated for their ability to adequately come up with an appropriate treatment plan, explain it effectively to the patient, and carry out the treatment plan prescribed. In addition to demonstrating that they are knowledgeable and able students of acupuncture and Chinese medicine, they must also, when necessary, demonstrate an adherence to their responsibilities as "practitioners", which involves knowing when a condition is beyond their scope of practice, or when a patient would best be served by a referral to a medical doctor or another appropriate health care provider. Finally, they are evaluated for their ability to operate in a clinical setting, administratively as well as functionally, which includes an assessment of their ability: 1) to communicate effectively with patients; 2) to effectively manage their time; and 3) to market themselves. The final phase of the intern level includes a shift where clinical cases are expected to be researched, including assessing the complaint in the research literature.

The concurrent didactic curriculum for students in the final phases of their intern level experience is designed to meet the needs and interests of students who are at this advanced level. Courses like *TCM Gynecology*, *Western Gynecology*, *Pharmacology*, *Diet and Nutrition*, and *Drug and Herbal Interactions* provide useful advanced training in specific areas. Also, there are two required clinic case study courses, one of which covers case management, a component of ACTCM's educational objectives.

DACM and MSTCM Clinical Education

<i>Course Code</i>	<i>Course Title</i>	<i>Credits</i>	<i>Hours</i>	<i>Case Studies</i>
ACM5250	Clinic Observation I/Clinic Theater	2	60	1
ACM5351	Clinic Observation II	2	60	1
ACM5452	Clinic Observation II	2	60	1
ACM6151	Clinic Trainee I	2	60	1
ACM6152	Clinic Trainee I	2	60	
ACM6253	Clinic Trainee II	2	60	1
ACM6354	Clinic Trainee II	2	60	
ACM6455	Clinic Trainee III	2	60	1
ACM6551	Clinic Intern I	2	60	1
ACM6552	Clinic Intern I	2	60	
ACM7153	Clinic Intern II	2	60	1
ACM7154	Clinic Intern II	2	60	
ACM7255	Clinic Intern II	2	60	1
ACM7256	Clinic Intern II	2	60	
ACM7357	Clinic Intern III	2	60	1
ACM7358	Clinic Intern III	2	60	
ACM7359	*Clinic Intern IV	2	60	1
<i>* Clinic Intern IV only required for DACM program</i>		34	1020	11

3.2 Student Clinical Competency Assessment

Student clinicians are assessed on each clinic shift by clinic faculty for a set of competencies outlined in a clinic competency assessment form provided to both faculty and student clinicians. There are total of seven stages, beginning with clinic observation/clinic theater and ending with intern IV. The criteria are designed to assess the student's performance in light of the educational objectives of the curriculum. Each competency may be assessed as competence (demonstrated), competence partially demonstrated, and competence not demonstrated.

Demonstrating competence suggests that student clinicians are making adequate progress in the developing of the competence in question. Partial competence suggests that while the student is struggling, she or he is achieving competency part of the time. An assessment of competence not demonstrated indicates that the student clearly does not have the knowledge or skill needed to demonstrate that competency. Should a student clinician receive a grade of competency for all competencies, she or he is moved on to the next term without restrictions. When a student demonstrates one or more partial competencies, the supervisor with the assistance of the Director of Clinical Education develops a learning contract to further develop the competencies in question. Any partial competence must be remediated to achieve a level of competence by the end of the term following the term in which the partial competency was received. This competence may be demonstrated on the student's next shift, or by working with the faculty independently to improve clinic skills.

Clinical faculty verify for each clinic level that the student clinician has performed at an appropriate level of competency. If a student has not demonstrated competency, he or she will not receive a passing grade, and must repeat the course in order to move on to the next level of clinical instruction.

In order to successfully complete the DACM and MSTCM programs, the successful student clinician must complete all shifts with a grade of competence for all competencies, or where there are grades of partial competence, have successfully remediated all partial competencies. The student must document the completion of 1,020 clinic hours for DACM program and 960 clinic hours for MSTCM program, 180 of them as an observation. During the trainee and intern phases, student interns must complete at least 350 patient contacts. Student interns log their clinic hours and treatments; the logs are monitored by the Assistant Director of Clinical Education to assure that a minimum of 350 treatments are met.

Clinic observation I/Clinic Theater

Students observe patient care provided by a clinic supervisor who is a licensed acupuncturist. Students observe the interaction between patient and practitioner, including patient intake, differential diagnosis, points and herbal prescriptions, bedside manner, time management, and OSHA and HIPAA requirements. Topics to be covered are professional conduct, acupuncture regulations, history taking and charting, treatment include acupuncture and herbal medicine, and the role of the observer in the clinic.

Competencies

- Articulate to the faculty member the significance of specific patient findings to the patient's assessment.
- Articulate to the faculty member the significance of tongue and pulse findings to the case being observed.
- Articulate to faculty how the assessment and plan can be developed from the subjective and objective findings.
- Assist clinic faculty to fill a raw herb or powder herb prescription, as well as complete the charge slip.
- Be professional in all communication with patients, faculty and other students.
- Be professional with respect to grooming, timeliness and deportment at all times.
- Articulate the significance of clean needle techniques and universal precautions in clinic safety.

Clinic observation II

These two courses allow students to observe patient care in the college's clinic or a preceptor observation site. Students observe patient care and may have the opportunity to assess tongue and pulse. Students continue to observe the provider's greeting and intake, pulse palpation, tongue and face inspection, diagnosis and treatment, charting, and the clean needle technique procedures within the clinic setting. Students also have the opportunity to discuss cases and treatment strategies with the provider.

Competencies

- Demonstrates the ability to articulate the relationship between subjective findings, objective findings, patient assessment and plan.
- Demonstrates the ability to articulate tongue and pulse findings and relate them to the patient assessment and treatment plan.
- Articulate a treatment principle for each patient assessment.
- Describe how each acupuncture point contributes to the treatment plan.
- Demonstrates the ability assist clinic faculty to fill Chinese herbal prescriptions used in patient care.
- Articulate the role of adjunct modalities such as tuina, shiatsu, moxibustion and electro-stimulation in patient care.
- Be professional in communication with other faculty, other students, staff and patients at all times.
- Be professional with respect to grooming and hygiene at all times.
- Demonstrates professionalism regarding punctuality.
- Be consistent with respect to wearing a clean scrubs and appropriate ID badge at all times when on duty
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Articulate the importance of clean needle technique (CNT).
- Demonstrates the ability to complete a needle slip.

Clinic Trainee I

In these two clinical courses, students begin to transition from observing patients to treating them under the direct supervision of a clinical supervisor, who is physically present to observe all patient interactions. Students are responsible for greeting the patient, explaining their role, taking a history and formulating a diagnosis. They also propose to the supervisor a combination of acupuncture points, a specific herbal formula, and other adjunctive therapies that might be useful. After the clinical supervisor reviews the diagnosis and approves the treatment strategy, the student clinician treats the patient under direct supervision.

Competencies

- Demonstrates the ability to gather subjective findings for a new patient within 20 minutes with the assistance of clinic faculty.
- Demonstrates the ability to gather subjective findings for a returning patient within 15 minutes with the assistance of clinic faculty.
- Develop a TCM assessment under the guidance of clinical faculty.
- Articulate a treatment principle based on the TCM assessment in each case under the guidance of clinic faculty.
- Develop a treatment plan under the guidance of clinic faculty based on the treatment principle in each case.
- Accurately locate all acupuncture points indicated in the treatment plan for their patients with the assistance of clinic faculty.
- Use the appropriate needling technique for each case under the guidance of clinic faculty.
- Needle patients without causing the patient undue discomfort with the assistance of clinic faculty.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation under the guidance of clinic faculty.
- Complete the treatment under clinic faculty supervision in the allotted time.
- Demonstrate professionalism in communication with faculty, other students, staff and patients at all times.
- Demonstrate professionalism with respect to grooming and hygiene at all times.
- Demonstrate professionalism regarding punctuality.
- Consistently wear a clean scrubs and appropriate ID badge at all times when on duty
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Articulate appropriate responses to clinic emergencies such as syncope.
- Chart with direct supervision of clinic faculty clearly, succinctly, completely and using black ink.

Clinic Trainee II

In these two clinical courses, student clinicians develop a higher level of autonomy by assuming more responsibility for the clinical process. Under direct supervision of the clinical supervisor, students conduct the clinical intake, diagnosis, charting and treatment of patients. Trainee II student clinicians are expected to demonstrate a higher level of competency as they begin to independently develop an assessment and treatment plan. After the clinical supervisor reviews the diagnosis and approves the treatment strategy, the student clinician treats the patient under direct supervision.

Competencies

- Demonstrates the ability to gather subjective findings for a new patient within 20 minutes with the assistance of clinic faculty.
- Demonstrates the ability to gather subjective findings for a returning patient within 15 minutes with the assistance of clinic faculty.
- Demonstrates the ability to evaluate and interpret tongue and pulse data under the guidance of clinic faculty.
- Develop a TCM assessment under the guidance of clinical faculty.
- Articulate a treatment principle based on the TCM assessment in each case under the guidance of clinic faculty.
- Develop a treatment plan under the guidance of clinic faculty based on the treatment principle in each case.
- Accurately locate all acupuncture points indicated in the treatment plan for their patients with the assistance of clinic faculty.
- Use the appropriate needling technique for each case under the guidance of clinic faculty.

- Needle patients without causing the patient undue discomfort with the assistance of clinic faculty.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation under the guidance of clinic faculty.
- Complete the treatment under clinic faculty supervision in the allotted time.
- Demonstrate professionalism in communication with faculty, other students, staff and patients at all times.
- Demonstrate professionalism with respect to grooming and hygiene at all times.
- Demonstrates professionalism regarding punctuality.
- Consistently wear a clean scrubs and appropriate ID badge at all times when on duty
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Articulate appropriate responses to clinic emergencies such as syncope.
- Chart clearly, succinctly, completely and using black ink.

Clinic Trainee III

Student clinicians continue to develop and refine the skills practiced in the Trainee I and II levels and assume additional responsibilities at the discretion of the attending clinical supervisor. The clinical supervisor continues to be physically present in the treatment room during diagnosis and treatment of patients, approves the entire treatment, and provides guidance as needed. This phase of clinical studies is the preparation for the intern phase, when students function with greater autonomy in caring for patients. After the clinical supervisor reviews the diagnosis and approves the treatment strategy, the student clinician treats the patient under direct supervision.

Competencies

- Demonstrates the ability to gather subjective findings for a new patient within 20 minutes with the assistance of clinic faculty.
- Demonstrates the ability to gather subjective findings for a returning patient within 15 minutes with the assistance of clinic faculty.
- Demonstrates the ability to evaluate and interpret tongue and pulse data under the guidance of clinic faculty.
- Develop a TCM assessment under the guidance of clinical faculty.
- Articulate a treatment principle based on the TCM assessment in each case under the guidance of clinic faculty.
- Develop a treatment plan under the guidance of clinic faculty based on the treatment principle in each case.
- Accurately locate all acupuncture points indicated in the treatment plan for their patients with the assistance of clinic faculty.
- Use the appropriate needling technique for each case under the guidance of clinic faculty.
- Needle patients without causing the patient undue discomfort with the assistance of clinic faculty.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation under the guidance of clinic faculty.
- Complete the treatment under clinic faculty supervision in the allotted time.
- Demonstrate professionalism in communication with faculty, other students, staff and patients at all times.
- Demonstrate professionalism with respect to grooming and hygiene at all times.
- Demonstrate professionalism regarding punctuality.
- Consistently wear a clean scrubs and appropriate ID badge at all times when on
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Articulate appropriate responses to clinic emergencies such as syncope.

- Chart clearly, succinctly, completely and using black ink.

Clinic Intern I

During these two clinical courses, students' progress from working in trainee to assuming individual responsibility for patients. The student intern greets the patient, explains his or her role, takes a history, and proposes to the clinical supervisor a prescription of acupuncture points, an herbal remedy and/or other adjunct therapies such as cupping, moxibustion or tuina. The student is also responsible for discussing the treatment plan with the patient, administering the complete treatment, and filling the herbal formula. Before the student initiates the treatment, the clinical supervisor examines the patient, and reviews the diagnosis and treatment plan; he or she also observes the insertion of the acupuncture needles and other procedures as needed to ensure proper treatment.

Competencies

- Gather subjective findings for a new patient within 20 minutes.
- Gather subjective findings for a returning patient within 15 minutes.
- Evaluate and interpret tongue and pulse data.
- Assess pulse rate, blood pressure and body temperature.
- Develop a TCM assessment from subjective and objective data.
- Articulate a treatment principle based on their TCM assessment in each case.
- Develop a treatment plan under the guidance of clinic faculty based on the treatment plan in each case.
- Accurately locate all acupuncture points indicated in the treatment plan for their patients.
- Use the appropriate needling technique for each case.
- Needle patients without causing the patient undue discomfort.
- Suggest a possible herbal formula as appropriate in each case.
- Prepare herbal formulas according to the dispensary procedure.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation.
- Complete the treatment in the allotted time.
- Demonstrates professionalism in communication with faculty, other students, staff and patients at all times.
- Demonstrates professionalism with respect to grooming and hygiene at all times.
- Demonstrates professionalism regarding punctuality.
- Consistently wear a clean scrubs appropriate ID badge at all times when on duty
- Independently prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Chart clearly, succinctly, completely and accurately using black ink.

Clinic Intern II

These four clinical courses are designed to further increase the student intern's level of autonomy and confidence as he or she moves to the next level and assumes a greater range of clinical responsibilities. Students continue to treat patients individually and administer the complete treatment process under the supervision of clinical supervisors, who observe the insertion of the acupuncture needles and provide guidance for other procedures as necessary to ensure proper treatment.

Competencies

- Gather subjective findings for a new patient within 15 minutes.
- Gather subjective findings for a returning patient within 10 minutes.
- Articulate red flags or ominous signs and initiate the appropriate response in collaboration with clinic faculty.
- Independently evaluate and interpret tongue and pulse data.
- Assess pulse rate, blood pressure and body temperature.
- Independently develop a TCM assessment from subjective and objective findings.

- Articulate a treatment principle based on their TCM assessment in each case.
- Independently develop an appointment-specific treatment that includes a variety of appropriate modalities based on the treatment plan in each case.
- Accurately and efficiently locate all acupuncture points indicated in the treatment plan for their patients.
- Use the appropriate needling technique for each case.
- Needle patients without causing the patient undue discomfort.
- Articulate a base herbal formula.
- Prepare herbs prescribed according to dispensary procedure, and, where appropriate, guide observers helping to fill the formula.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation.
- Complete the treatment in the allotted time.
- Demonstrates professionalism in communication with faculty, other students, staff and patients at all times.
- Demonstrates professionalism with respect to grooming and hygiene at all times.
- Demonstrates professionalism regarding punctuality.
- Consistently wears a clean scrubs and appropriate ID badge at all times when on duty
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Chart clearly, succinctly, completely and accurately using black ink.

Clinic Intern III

These two clinical courses are designed to further increase the student intern's level of autonomy and confidence as he or she moves to the next level and assumes a greater range of clinical responsibilities. Students continue to treat patients individually and administer the complete treatment process under the supervision of clinical supervisors, who observe and provide guidance as necessary.

Competencies

- Gather subjective findings for a new patient within 15 minutes with minimal supervision.
- Gather subjective findings for a returning patient within 10 minutes with minimal supervision.
- Independently recognize red flags or ominous signs and initiate the appropriate response in collaboration with clinic faculty.
- Research and articulate the possible impact of patient medications where applicable.
- Demonstrates the ability to independently evaluate and interpret tongue and pulse data.
- Assess pulse rate, blood pressure and body temperature.
- Independently develop a TCM assessment from subjective and objective findings.
- Independently articulate a treatment principle based on the TCM assessment in each case in a majority of cases.
- Independently develop an appointment-specific treatment that includes a variety of appropriate modalities based on the treatment plan in each case.
- Accurately and efficiently locate all acupuncture points indicated in the treatment plan for their patients.
- Use the appropriate needling technique for each case.
- Needle patients without causing the patient undue discomfort.
- Articulate a base herbal formula and modify as appropriate in each case.
- Prepare herbs prescribed according to dispensary procedure, and, where appropriate, guide observers helping to fill the formula.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation.
- Complete the treatment in the scheduled time.
- Make and document appropriate referrals with prior clinic faculty approval.

- Make appropriate diet and lifestyle recommendations with prior clinic faculty approval.
- Articulate the patient's condition and treatment plan in biomedical terms.
- Discuss prognosis and treatment planning with the patient.
- Independently develop a follow up plan for patients who are not improving as planned.
- Demonstrates professionalism in communication with other faculty, other students, staff and patients at all times.
- Demonstrates professionalism with respect to grooming and hygiene at all times.
- Demonstrates professionalism regarding punctuality.
- Consistently wears a clean scrubs and appropriate ID badge at all times when on duty
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Chart clearly, succinctly, completely and accurately using black ink.

Clinic Intern IV

Clinic Intern IV is a doctoral clinical shift that provides advanced training to student clinicians in the DACM program. This shift helps students develop skills in accessing Chinese medical and biomedical research and scholarship in order to develop a care plan. Issues, integration of care, and cultural determinants of care are also explored. Students continue to treat patients individually and administer the complete treatment process under the supervision of clinical supervisors, who observe and provide guidance as necessary.

Competencies

- Gather subjective findings for a new patient within 15 minutes with minimal supervision.
- Gather subjective findings for a returning patient within 10 minutes with minimal supervision.
- Independently recognize red flags or ominous signs and initiate the appropriate response in collaboration with clinic faculty.
- Research and articulate the possible impact of patient medications where applicable.
- Demonstrates the ability to independently evaluate and interpret tongue and pulse data.
- Assess pulse rate, blood pressure and body temperature.
- Independently develop a TCM assessment from subjective and objective findings.
- Independently articulate a treatment principle based on the TCM assessment in each case in a majority of cases.
- Independently develop an appointment-specific treatment that includes a variety of appropriate modalities based on the treatment plan in each case.
- Accurately and efficiently locate all acupuncture points indicated in the treatment plan for their patients.
- Use the appropriate needling technique for each case.
- Needle patients without causing the patient undue discomfort.
- Articulate a base herbal formula and modify as appropriate in each case.
- Prepare herbs prescribed according to dispensary procedure, and, where appropriate, guide observers helping to fill the formula.
- Correctly apply the appropriate adjunct technique, such as tuina or shiatsu, moxibustion or electro-stimulation.
- Complete the treatment in the scheduled time.
- Make and document appropriate referrals with prior clinic faculty approval.
- Make appropriate diet and lifestyle recommendations with prior clinic faculty approval.
- Articulate the patient's condition and treatment plan in biomedical terms.
- Discuss prognosis and treatment planning with the patient.
- Independently develop a follow up plan for patients who are not improving as planned.
- Demonstrates professionalism in communication with other faculty, other students, staff and patients at all times.
- Demonstrates professionalism with respect to grooming and hygiene at all times.

- Demonstrates professionalism regarding punctuality.
- Consistently wears a clean scrubs and appropriate ID badge at all times when on duty.
- Prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.
- Execute an acupuncture treatment according to the standards of clean needle technique as articulated in the 7th edition of the *Clean Needle Technique Manual, Best Practice for Acupuncture and Needle Safety*.
- Chart clearly, succinctly, completely and accurately using black ink.
- Evaluate research literature pertaining to each patient's chief complaint and assess both peer-reviewed biomedical and Chinese medical research literature.
- Communicate the state of peer-reviewed research literature pertaining to the cases she or he is treating.
- Write a summary of a case that incorporates clinical findings and a review of the research literature for a clinic case.
- Articulate the role of integrative care for cases on this shift.
- Determine the most culturally appropriate care for patients on this shift.

3.3 Clinical Case Study

There are at least eleven (11) case studies required in the clinical education for the DACM program (ten in the MSTCM program). There are three case studies in clinic observer shifts; one in trainee I, one in trainee II, one in trainee III; one in intern I, two in intern II, one in intern III, and one in intern IV level. These case studies should be presented in the final shift of each level, i.e., ACM5250 Obs I, ACM5351 and ACM 5452 Obs II, ACM 6152 Train I, ACM6354 Train II, ACM6455 Train III, ACM6552 Intern I, ACM7255 and ACM 7256 Intern II, ACM7358 Intern III and ACM7359 Intern IV.

The case study/review must be based on the chart of a patient who has been seen by the student during the current semester and who has visited the ACTCM clinic or off-site clinic a minimum of two times. All case studies must contain the following:

- All cases must be typed and neatly presented
- The case study must use the required Case Review Form page, completed correctly, as a cover page
- The case study must include patient information (i.e., gender, age, health history, and any other pertinent information)
- The patient history should include chief complaint, current symptoms and signs, tongue, pulse and observation, any previous treatment received and its results, as well as any other pertinent information
- Diagnosis
- Treatment principles
- Treatment: acupuncture, herbs, tui na, moxa, electro-stim, other modalities, nutritional advice
- Detailed analysis: this is a presentation of the rationale or the conceptual basis for a chosen diagnosis, suggestions concerning other possible diagnoses, discussion of the acupuncture points selected and other points that might have been appropriate, discussion of the herbs discussed or prescribed, and the patient's response to treatment
- Results, recommendations, patient education, and further treatment

Academic Integrity

As an academic community dedicated to the application, dissemination, and creation of knowledge, CIIS is committed to fostering an intellectual and ethical environment based on the principles of academic integrity. Academic integrity is essential to the success of the University's mission. Violations of academic integrity constitute serious offenses against the entire academic community. This academic integrity policy is designed to guide students as they prepare assignments, take examinations, write papers and perform the work necessary to complete their degree requirements.

The principles of academic integrity require that a student:

- Properly acknowledge and cite all use of the ideas, results, or words of others.
- Properly acknowledge all contributors to a given piece of work.

- Make sure that all work submitted as the student's own work in a course or other academic activity is produced by the student without the aid of unsanctioned collaboration.
- Obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student's interpretation or conclusions or fabricating sources, citations, or data.
- Not submit essentially the same material in more than one course without prior authorization by the faculty member.
- Treat all other students in an ethical manner, respecting their integrity and right to pursue their educational goals without interference. This requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress.
- Uphold the canons of the ethical or professional code of the profession for which the student is preparing.

Failure to uphold these principles of academic integrity threatens both the reputation of CIIS and the value of the degrees awarded to its students. Every member of the community therefore bears a responsibility for ensuring that the highest standards of academic integrity are upheld.

3.4 On-site and Off-Site Clinics

ACTCM students receive extensive clinical training. In addition to the on-site acupuncture and herbal clinic, and auricular acupuncture clinic at the CIIS Mission Street campus, ACTCM maintains numerous partnerships with local hospitals and clinics. These alliances provide ACTCM student clinicians with opportunities to do clinical training in diverse integrative care settings. Sites include California Pacific Medical Center, Glide Compassionate Healthcare, Women's Resource Center, and LifeLong Medical Care Ashby Health Center. Off-site clinic experience may include a maximum of 20% of total clinic hours.

The ACTCM Acupuncture and Herbal Clinic

Located in the campus building on Arkansas Street, this clinic serves as the program's centerpiece. The clinic provides more than 12,000 visits a year. Serving a diverse client population, the clinic offers a variety of clinical opportunities for student clinicians and practitioners alike. Clinical services include acupuncture, moxibustion, cupping, shiatsu, tuina, qigong, nutritional counseling, and a full-service Chinese herbal dispensary that carries an extensive selection of high-quality raw, powdered, and patent herbs. The ACTCM Acupuncture and Herbal Clinic operates weekdays, evenings, and Saturdays, by appointment basis. The clinic is located at 450 Connecticut Street, San Francisco, CA.

ACTCM Ear Acupuncture Clinic

Established in 1994 as a donation-based community clinic, the ACTCM Ear Acupuncture Clinic's mission is to provide quality holistic health care in a safe and welcoming environment to members of the public who may not otherwise be able to afford such care. The clinic is located at CIIS Mission Street campus and operates on a drop-in, first-come, first-served basis. Treatment sessions typically last between 20 and 40 minutes and are performed in a group setting while patients relax in a chair. Student clinicians under the supervision of ACTCM clinic faculty utilize auricular acupuncture to treat a diverse group of 30–50 patients each day. The clinic is located at 1453 Mission Street, San Francisco, CA.

California Pacific Medical Center (CPMC)

CPMC David Campus Regional Rehabilitation Center offers student clinicians under the supervision of ACTCM clinic faculty the opportunity to treat, in a hospital setting, patients who are paralyzed or have limited mobility due to stroke or other injury to the brain or spine. Medical doctors refer patients for acupuncture to address issues surrounding pain management, rehabilitation, speech therapy, motor coordination, muscle tone and weakness, depression, and anxiety. Because of the nature of cerebral and spinal injuries, many patients are treated regularly for a number of weeks or months. The clinic is located at Castro @ Duboce Street, 322 CPMC Davies Campus North Tower, 1st floor Room 156, San Francisco, CA.

LifeLong Medical Care Ashby Health Center

LifeLong Medical Care Ashby Health Center is located in south Berkeley. LifeLong Medical Care Ashby Health Center is a part of a network of LifeLong Medical Care health centers in Northern California, primarily serving Alameda County. The mission of LifeLong Medical Care, which serves an often-uninsured, diverse population, is

to provide high-quality health and social services for individuals with limited incomes and for those who face significant barriers to good health. LifeLong advocates for conditions that sustain a healthy social and physical environment. ACTCM student clinicians under the supervision of ACTCM clinic faculty work alongside physicians, certified nurse, midwives, psychiatrists, clinical social workers, nurse practitioners, and other health specialists. We treat patients with multiple diagnoses and complex health histories using acupuncture and lifestyle education as primary modalities. The clinic is located at 3075 Adeline Street, Suite 280, Berkeley, CA.

Glide Compassionate Healthcare

Glide is a full service center in the Tenderloin area of San Francisco that provides a variety of services to low-income residents of the region. ACTCM student clinicians under the supervision of ACTCM clinic faculty provide auricular acupuncture each week to those individuals who could not otherwise afford acupuncture services, treating a variety of conditions that include addiction/recovery, virally mediated disease, pain, and stress-related disorders. The clinic is located at 330 Ellis Street, San Francisco, CA.

Women's Resource Center (WRC)

The Women's Resource Center (WRC) is operated by the San Francisco Sheriff's Department and provides women who have a history of criminal justice involvement with the services necessary to achieve and maintain safe and healthy lifestyles. Restorative justice principles are woven into all of the center's practices. The approach is guided by the belief that crime hurts everyone; victim, offender, families, and communities; and creates an obligation to make things right. The WRC is primarily a day treatment center for women released from the San Francisco County Jail. WRC provides referrals for housing, substance abuse programs, employment, medical and mental health programs, and legal issues. Five Keys Charter School provides educational opportunities, as well as intensive case management services. WRC also provides a free clothing closet, computer lab, and numerous personal development classes. ACTCM student clinicians under the supervision of ACTCM clinic faculty provide auricular acupuncture in a group setting to support women participating in WRC programs. The clinic is located at 930 Bryant Street, San Francisco, CA.

Stanford Pain Management Center

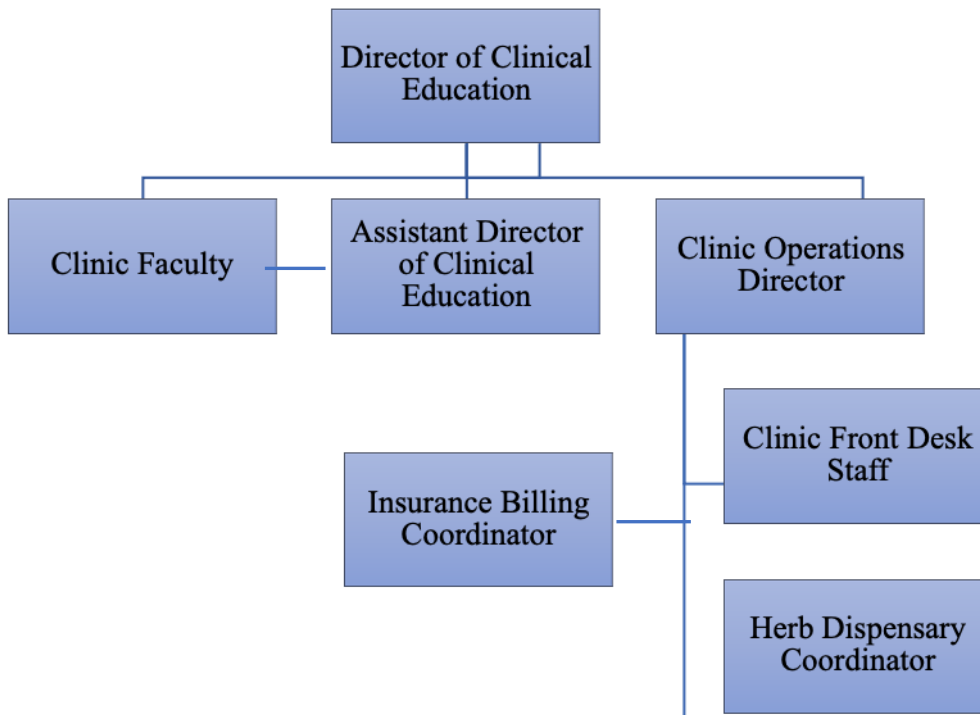
The Pain Management Center at Stanford Health Care offers a comprehensive range of services for patients with acute or chronic pain. The Center offers ACTCM clinic observers the opportunity to observe acupuncture treatments in outpatient clinic setting under the supervision of ACTCM clinic faculty who works with multidisciplinary team of pain specialists in a supportive and compassionate environment. The Center is located at 450 Broadway Street, Redwood City, CA.

Preceptorship

Students have the option of completing one of their Clinic Observation II courses by participating in the ACTCM Preceptorship Program. Students who choose this option will complete all aspects of the Clinic Observation II course under the supervision of a California licensed acupuncture practitioner who has been approved by the administration as an ACTCM preceptor. Students may request licensed acupuncture practitioners who meet the minimum requirements to apply for participation in the program. These preceptors may work in various clinics and settings in California. Students must complete the sixty (60) hours of coursework and submit the appropriate documentation verifying their participation by the end of the second week of the subsequent semester in which they are registered for the Clinic Observation II course.

4.0 Clinic Policies and Procedure

4.1 ACTCM Clinic Flow Chart



4.2 Responsibilities of Clinic Faculty

Clinic instruction includes the advisement and supervision of assigned student clinicians in the clinical setting. Student advisement includes the imparting of specific practitioner skills and knowledge as described in approved clinic course syllabi. Evaluation of student clinician's acquired skills and knowledge shall be implemented and documented as described by the ACTCM Clinic Manual.

Clinical shifts are four hours in length. During these hours, ACTCM clinic faculty are required to devote their time to the treatment of patients and to the training of interns, trainees, and observers. There are two distinct job functions. With observers and trainees, clinic faculty function as practitioner. With interns, clinic faculty function as supervisors. In both cases clinic faculty must sign all charts and are ultimately responsible for all patient treatments as well as the training and development of students.

In the event that a patient is not scheduled during any time of the shift, the clinic faculty is required to utilize this time instructing the student clinicians regarding some aspect of clinical training. Suggestions include review of point locations, case review, pulse diagnosis, charting protocols, herbal review, treatment of the student clinicians, review of treatment protocols for diseases, review of needle techniques.

During the clinical shift, the clinic faculty must remain either in the clinic faculty room, consultation rooms or in a treatment room with a patient and/or student clinician(s).

Clinic faculty are required to monitor the student clinician's clinical performance. The following clinical skills must be directly supervised at appropriate times during the semester for each student clinician: patient intake, tongue and pulse diagnosis, needling technique, point location, and preparation of herbal formulas. Levels of observation must be commensurate with requirements for student clinician level, i.e. observer, trainee, or interns.

Clinic faculty with observers and trainees will spend the entire time each shift teaching clinical diagnosis and techniques to student clinicians. California Acupuncture Board regulations require that clinic faculty be physically present for interns at level I or II during the insertion of needles for each patient.

Clinic faculty are required to include direct trainee participation in clinical treatments. Clinic faculty with student clinicians who are in their last semester of trainee III are required to allow the student clinicians independence under direct supervision as a preparation for internship.

Clinic faculty are responsible for the accurate and completeness of all charts, including charting by student clinicians. All charts must clearly delineate a chief complaint; charts must be properly signed; herbal formulas prepared by students must be checked; needle slips must be complete.

Clinic faculty are required to set aside time for and facilitate the reviewing of forms for student course evaluations at the end of the semester and follow the guidelines and standards established by the Institute for the improvement of the quality of instruction.

Clinic faculty are responsible to set aside time during each shift or immediately after to meet with student clinicians who wish to consult with them. Clinic faculty may not leave the clinic until all of their assigned patients have checked out at the front desk. Clinic faculty are required to be punctual and to attend faculty meetings each semester and in services.

Credentialing

All clinic faculty as licensed acupuncturists on staff must have the following current credentials. It is the responsibility of the Director of Clinical Education to obtain copies of these credentials from clinic faculty.

- Copy of current California acupuncture license issued by the California Acupuncture Board
- Curriculum vitae (including previous practice experience)
- Health self-assessment form, including screenings for TB and Hepatitis B vaccinations
- Current CPR certification

4.3 Use of Acupuncture Needles

All students, faculty, and clinic supervisors must abide by ACTCM at CIIS policies and California state laws and regulations regarding the use of acupuncture needles:

- All students in the MSTCM and DACM program, and students in the DAOM and transitional DACM programs who are not California licensed acupuncturists, may not needle any other person except during the following two circumstances: (1) when under the direct supervision of a California licensed acupuncturist who is an ACTCM faculty member in an ACTCM class that includes needling, or (2) when under the direct supervision of an ACTCM clinic supervisor in an ACTCM clinic or at off-site clinics. Students who are not California licensed acupuncturists must limit their unsupervised needling practice both on and off-campus to non-live subjects (e.g., oranges, bars of soap). Violation of this policy will result in disciplinary action. Such action may include suspension or expulsion from ACTCM.
- All ACTCM students, faculty members, and clinic supervisors must follow clean needle technique protocols as articulated in the *Clean Needle Handbook*, 7th edition, published by the CCAOM, and OSHA standards concerning blood-borne pathogens any time care is provided, including needling in an ACTCM classroom or clinic. For safety reasons, students and clinic patients must not leave the needling classroom or clinic treatment room with needles still inserted. If any loose needle is found at ACTCM, the needle is to be disposed of immediately and safely into a biohazard container. An incident report must then be filed with the director of clinical education.

4.4 Malpractice Coverage

A required fee paid with tuition each semester covers all student clinicians working in the ACTCM Clinic or at off-site locations under the school's malpractice liability insurance policies. It is the policy at ACTCM at CIIS that all individuals practicing acupuncture and related techniques must be covered by malpractice insurance. All faculty, whether clinic faculty or faculty teaching practical classes such as tuina/shiatsu and acupuncture techniques, as well as students in acupuncture technique and tuina/shiatsu classes, and all student clinicians, in clinic theater, grand round, observation, trainee, or internship, must be covered by CIIS's professional liability carrier.

4.5 Clinic Dress Code

The ACTCM Clinic is a professional acupuncture and Chinese medicine facility. Clinic faculty and student clinicians are required to present a professional appearance and demeanor.

- **DRESS:** Scrubs are required for clinic shifts. Students
- **Minimum Dress Code:** Clean shoes.
- **Items that are not permitted:** Jeans, shorts, tank tops, thongs, miniskirt, T-shirts, Tai Chi attire, sweat suits, political propaganda, flip flops, athletic shoes, worn-out shoes; excessive make-up, perfume/ cologne, long fingernails.

Student clinicians who arrive at the clinic inappropriately attired will be able to wear scrubs provided by the clinic or will be asked to leave by their clinic faculty or the Director of Clinical Education until appropriate adjustments are made.

4.6 Attendance Clinic Shift Policy

Student clinicians are expected to attend all clinic shifts at their assigned day and time, arriving punctually for each shift. Planned absences during the semester are discouraged due to issues with consistency for patients. If a student needs to plan an absence during the semester they must ask for approval from the Director of Clinical Education. They are encouraged to find a substitute for their shift. Only one planned absence will be allowed per semester to allow for unplanned absences for the remainder of the semester. Exceptions will be made on a case-by-case basis.

Students are assigned an F (Failure) grade if they are absent from more than three shifts from one assigned clinic shift. This maximum includes both excused and unexcused absences. Three instances of tardiness or leaving early are considered equivalent to one absence. Instructors may permit a student to deviate from this rule on the grounds of illness necessitating confinement for 24 hours or more, a death in the family, or other extreme emergencies. The instructor may request verification of these circumstances by a letter from a medical professional, the Dean of Students, or the Provost as appropriate.

Please refer the Class Attendance Policy and Incompletes Policy at the link of <https://www.ciis.edu/academics/policies-and-procedures>

4.7 Handwashing Policy

It is critical for all clinic faculty and student clinicians to comply with the handwashing policy at ACTCM at CIIS. This policy protects patients, students and faculty from exposure to infectious disease while studying and seeing patients. Hand washing has been shown to be a critical way to reduce exposure to potential infection. Hand washing reduces the risk of infection, (<https://www.cdc.gov/handwashing/>), including exposure to MRSA (<https://www.cdc.gov/mrsa/healthcare/clinicians/precautions.html>). Appropriate hand hygiene is institution policy as well as required by our policy of complying with the *Clean Needle Technique Manual: Best Practices for Acupuncture Needle Safety and Related Procedures*, 7th edition, <http://www.ccaom.org/downloads/7thEditionManualEnglishPDFVersion.pdf>.

All clinic faculty and student clinicians must wash your hands:

- Between patients
- Before and after needling and removing needles
- Before and after doing bodywork such as tuina and shiatsu
- Before dispensing Chinese herbs
- After using the restroom

Handwashing should be completed with soap and water whenever possible, for a minimum of 20 seconds at a time. If handwashing with soap and water is not possible, use an approved hand sanitizer. Always wash hands with soap and water at the end of your clinic shift even if you have been using hand sanitizer.

Hand washing is the single most important safety procedure we have. It prevents infection for everyone, reducing infectious disease exposure.

The treatment tables and kidney basins used to receive waste during needling are to be swabbed with a peroxide based wipe (1.4% H₂O₂ solution) at the end of each clinic shift or practical class session. The currently used peroxide wipes, Clorox Healthcare Hydrogen Peroxide Cleaner Disinfection Wipes, will kill Escherichia coli in 30 seconds, and will kill MRSA, HIV-1, HBV and Avian influenza A and rhinovirus in 60 seconds.

4.8 Clinic Blood Pressure Referral Guidelines

The purpose of this guideline is to ensure the safety and well-being of patients who present at the ACTCM Acupuncture and Herbal Clinic on a teaching shift. This guideline covers patients who present on a teaching shift and are found to be hypertensive based on duplicate readings with a sphygmomanometer, including a second reading on a manual sphygmomanometer. For the purpose of this guideline, the definition of hypertension follows the standard of the American Heart Association, found at <https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings>. It is imperative that patients with very high blood pressures be seen by a primary care physician in a timely manner as severe untreated hypertension may lead to heart attack, stroke, kidney failure and eye problems.

Blood pressure differentiation based on systolic and diastolic pressures from the American Heart Association

<i>Blood Pressure Category</i>	<i>Systolic mmHg</i>		<i>Diastolic mmHg</i>
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
High Blood Pressure (Hypertension Stage 1)	130-139	or	80-89
High Blood Pressure (Hypertension Stage 2)	140 or higher	or	90 or higher
Hypertensive Crisis (Consult Your Doctor Immediately)	Higher than 180	And/Or	Higher than 120

General Safety Guideline

- All patients must be provided care only if it can be done safely.
- All appropriate referrals must be made and deemed necessary by the attending clinical faculty member.
- Where emergency conditions are found, 911 must be called and emergency medical services requested.
- A patient may be allowed to transport him or herself, or be transported by other than emergency services only when this can be done safely and in a timely manner.
- If a patient is found to have a systolic blood pressure of greater than 129 mm Hg or a diastolic blood pressure of greater than 80 mm Hg a second blood pressure with a manual sphygmomanometer must be taken. For patients with blood pressures above 140 /90 mm Hg see the policy regarding hypertension below.
- All actions taken by clinic faculty, including referral without treatment or calling 911 must be charted at the time those actions were taken.

Blood Pressure Assessment Guideline

- A blood pressure reading must be made for all patients at each patient contact unless they decline vital signs. This is pursuant to clinic policy and is mandated by the California Acupuncture Board.
 - Recommendations for accurate blood pressure in office setting
 - Patient seated in chair for 5 mins
 - Back supported and feet on the ground
 - No caffeine, exercise or smoking for 30 mins (make sure to ask if high)
 - No talking by patient or practitioner
 - No clothing under cuff
 - Support arm horizontally at level of heart
 - Use correct cuff size or use **large** cuff most of the time (sizing indicated on cuff)
- Too small cuff gives too high
-Too large does NOT give false low

- Repeated measurements with results averaged or record lowest reading if not feasible to average
- If blood pressure is high; repeat, record lowest number
 - Repeating measurement often decreases BP by up to 30mmHg**
- If in her or his professional judgment a clinic faculty member believes a blood pressure measurement is necessary for the safe management of a patient and the patient declines, the clinic faculty member should decline treatment and has the authority to end the treatment contact without charge to the patient. This contact and outcome must be charted.
- No patient may be treated at an ACTCM clinic program, including off-site clinics, if any one of the conditions below exists.
 - The patient's blood pressure is greater than or equal to 180 mm Hg (systolic) or 120 mm (diastolic) on two measurements. The second measurement must be a manual sphygmomanometer.
 - The patient has any signs or symptoms suggesting a possible clinical emergency, regardless of the patient's blood pressure;
 - Symptoms associated with **STROKE**;
THINK FAST;
 - **FACE DROOPING**
 - **ARM WEAKNESS**
 - **SPEECH DIFFICULTY**
 - **TIME TO CALL 911**
 - Other Symptoms associated with **STROKE**;
 - Sudden **NUMBNESS** or weakness of face, arm, or leg, especially on one side of the body
 - Sudden **CONFUSION**, trouble speaking or understanding speech
 - Sudden **TROUBLE SEEING** in one or both eyes
 - Sudden **TROUBLE WALKING**, dizziness, loss of balance or coordination
 - Sudden **SEVERE HEADACHE** with no known cause
 - Symptoms indicating a possible **HEART ATTACK** include;
 - Discomfort in chest, arm, or below the breastbone; lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
 - Pain or discomfort radiating to the back, jaw, throat or arm, including a fullness, indigestion, or choking feeling (may feel like heartburn)
 - Shortness of breath with or without chest discomfort.
 - Other Signs may include breaking out in a cold sweat, nausea or lightheadedness.
 - The most common sign of a **heart attack** in women (or persons born female) is still **discomfort in chest, arm, or below the breastbone**
 - It is important to remember women (or persons born female) are **MORE** likely to experience the other symptoms; particularly **shortness of breath, nausea/vomiting, and back or jaw pain**
 - In the judgment of the clinic faculty member there is any other reason that treatment at that time is contraindicated.

4.9 Clinic/Classroom Kidney Basin Policy

In order to reduce the risk of contamination to clinicians, patients and clinic surfaces, all kidney basins are used only to receive needle packaging and used guide tubes. Kidney basins are not to be used for used cotton balls or

used needles. Used needles are directly disposed in the sharp containers. Used cotton balls must be disposed in trash cans. Cotton balls contaminated by any amount of blood should be directly disposed in a red biohazard bag, not in the sharp containers.

All kidney basins must be swabbed with a peroxide-based wipe (1.4% H₂O₂ solution) at the end of each clinic shift or the class session in which the kidney basin has been used to receive waste during needling. Below are important considerations for this process.

- To ensure proper disinfecting, wipe the inside of each kidney basin with a peroxide-based wipe and allow it to dry 60 seconds before stacking with other basins. This is the time period recommended by the manufacturer to allow disinfection to take place. The currently used peroxide wipes, Clorox Healthcare Hydrogen Peroxide Cleaner Disinfection Wipes, will kill *Escherichia coli* 0157:H7 in 30 seconds, and will kill methicillin resistant *Staphylococcus aureus* (MRSA), HIV-1, HBV and Avian influenza A and rhinovirus in 60 seconds.
- Use one wipe for each kidney basin.

4.10 CPR Certification and TB Test

CPR Certification

All student clinicians working in the student clinic including off-site clinic shifts, must maintain current Cardiopulmonary Resuscitation (CPR) certification for healthcare providers through a CPR provider whose training includes hand-on practice and in-person skills assessment. If you are the first time to get certification, you will need to have CPR and First-aid certification. Online-only certification is not acceptable.

TB Test

Evidence of a tuberculin test (e.g., a TB blood test or a TB skin test) performed not more than 12 months prior to the first clinic shift must be submitted from student clinicians. Students with a positive TB test result must receive a symptom evaluation and submit a written report of a negative chest x-ray to rule out TB disease. A positive chest x-ray requires physician determination of non-infectiousness prior to work in clinic. Failure to comply with this policy will result in the individual being removed from his/her clinic schedule until the required test is completed.

Do not repeat testing unless there are new risk factors since the last negative test. Health care personnel should be considered at increased risk for TB if any of the following statements are marked “yes”:

(<https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf>)

- Temporary or permanent residence of ≥ 1 month in a country with a high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe).
- Current or planned immunosuppression, including HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist, steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication.
- Close contact with someone who has had infectious TB disease since the last TB test.

If you are working on a clinic shift in a hospital setting, such as CMPC and Stanford Pain Management Center off-site clinics, there is more specific TB test and other immunization requirements. Please contact the Assistant Director of Clinical Education for more details.

Resources

- CPR/first aid training: www.cprcpr.com; BLS classroom course for re-certification; CPR and First-aid general public course for first time certification; please see the link at <http://www.cprcpr.com/discounts> for directions to get ACTCM student discount.
- Tuberculin test: any urgent care and most healthcare centers.

4.11 Notification of Clinic Absence and Make-up Shifts

If a student clinician cannot make a clinic shift for any reason, they must notify the clinic front desk immediately. The clinic phone numbers are (415) 282-9603, (415) 229-9750, and (415) 229-9751. If possible, the student clinician should try to find a substitute and please communicate with the clinic front desk staff. If there is prior

awareness of more than a day that a shift or shifts will be missed, students are also responsible for contacting their clinic supervisor to inform them. Emails are preferable with the clinic front desk (actmclinic@ciis.edu) cc'd on it. The ACTCM Clinic reception desk will do what they can to relay information and accommodate schedule changes, but it is ultimately the responsibility of students to inform all effected parties (clinic supervisor and staff) of their absence(s).

Students must request approval for preplanned missed shifts to ensure continuity of care for patients. Student clinicians may make up the missing clinic shift(s) during the semester or during the term break clinic shifts. All make-up shifts must be completed by the end of the semester break or the student should take an incomplete and make up the hours the following semester.

Observers and Trainees:

- Must notify their clinic supervisor(s) and the clinic front desk via email of the absence; planned or otherwise.
- Should then use the Add/Drop file in Sharepoint (link in Canvas).
- The Add/Drop file would also be used to locate available make-up shifts.
- Once a suitable make-up shift has been found and signed up for, the student should then email the clinic supervisor of the shift to inform them that they have added a shift with them on a given day.

Interns:

- Must notify their clinic supervisor(s) and the clinic front desk via email of the absence; planned or otherwise. The clinic front desk staff will then remove intern's name from the schedule book.
- Should try to find another intern to cover the missed shift.
- If another intern cannot be found to cover the shift, the intern must list the available shift in the Add/Drop file in Sharepoint (link in Canvas).
- For interns that are looking for a replacement, make-up shift in the Add/Drop binder; once one has been found, they must notify the clinic front desk that they've signed up for the shift. A member of the front desk staff will then initial the added shift and enter their name on the schedule as the substitute intern.
- Regardless of whether the original intern has informed their standing patients of their absence, the front desk staff will inform the patients already scheduled for that shift of the change in clinician.

4.12 Herbal Dispensary

Herb Drawers for Raw Herbs

The herb drawers are numbered; the individual herbs are not. The information that follows will explain the guidelines used to determine where to find each herb.

All herbs in an herb category are stored together (i.e., contiguously). The flow of the herbs follows the drawer numbers, from the bottom of one column to the top of the next column. So, all the spicy warm herbs are together, the spicy cools, etc. The order of the categories basically follows the order of presentation in *Chinese Herbal Medicine: Materia Medica*, ed. Dan Bensky et al, with only a couple of minor variations done for practical considerations.

In herbal dispensary room there is a raw herb list cross reference in alphabetical herb name listing with drawer numbers for convenience.

Patent Herbs

The herbal dispensary stocks many patents and patches. According to current information and legal regulations the herbal dispensary does not stock or dispense patents with known or known dangerous levels of toxic substances and/or western pharmaceuticals, or with endangered species.

Granular Herb Dispensary Guidelines

There are two brands of the granular herb products that we provide in the ACTM herbal dispensary, KPC herbs and TCMZone herbs, to increase student clinician exposure to Chinese herbal products. Please note that these two brands of granular herbs have different densities, so in turn have different volumes. TCMZone granules are

denser, hence its volume is reduced. While the volume may differ, the effect of 3 grams of granular herbs is still 3 grams for each of the brand of the granular herb products.

Following are important guidelines to dispense the granular herbs:

- When dispensing a formula, use either KPC or TCMZone granular herbs in one formula. For example, when dispensing Liu wei di huang wan (*Six Ingredient Pill with Rehmannia*) 30g plus Huang bai (*Cortex Phellodendri*) 3g and Zhi mu (*Rhizoma Anemarrhenae*) 3g, you can select either to use KPC or TCMZone granular line for each of the herbs.
- If you must mix two lines of the granular herbs, then keep 90% or more of the total dose of the formula in one line of granular herbs, use either KPC or TCMZone granular herbs as the central formula.
- Check either KPC granules or TCMZone granules on the forms of Herbal Price Sheet and Herbal Formula Form in order for clinic staff to give the correct spoon to match the line of herbs that the formula dispensed when giving the granular herbs to the patient. One level spoonful granular herb equals 1 gram of herb respectively in each line of granular herbs. TCMZone spoons are smaller; substituting a KPC spoon for a TCMZone granular herbs increases the dose by 50%.

We appreciate everyone observing the complexities of maintaining a sophisticated herbal dispensary. Thorough attention to details in prescribing and dispensing herbal formulas is always required for patient safety and quality education.

Herbal Dispensary Procedures

Student clinicians fill herbal prescriptions on their clinic shift. The clinic faculty must always check the herbs and sign the herbal formula form.

Student clinicians fill out the Price Sheet to calculate the total price of herbs. The herbs and price sheet are then submitted to clinic front desk, where they are paid for and dispensed to the patient.

Student clinicians and clinic faculty should wash their hands before preparing herbs for patient care. You must wear gloves when handling raw herbs and granular herbs.

Students filling herbal formulas for themselves must fill out an herbal formula form, obtain approval from the clinic faculty, and submit the form to the front desk. The front desk will ask the student clinicians or clinic faculty to prepare the herbal formula (raw, patent, or granular herbs).

Please talk to the patients about the herb price prior to filling the herbal prescription. Some herbs are more expensive, check in advance. All herbs are non-refundable!

Obtain the patient's permission before prescribing an herbal formula with animal products.

4.13 Heat Lamps Protocol

From Clean Needle Technique Manual, Best Practice for Acupuncture Needle Safety and Related Procedures, 7th Edition, Published by the Council of College of Acupuncture and Oriental Medicine, 2017 at https://www.ccaom.org/images/ccaom/Documents/7th_Edition_Manual_English_June_2017.pdf

Best Practice Protocols for Heat Lamps

- Heat lamps are designed for use in applications specifically requiring a short-wave infrared radiation source. Infrared radiation from this lamp causes surfaces to be heated.
- For most of the commonly used commercial heat lamps (such as TDP lamps), lamps should never be placed closer than 12 inches to any person or surface.
- Some heating lamps are designed for much lower temperatures and may be brought closer to the patient's skin surface if that can be accomplished safely and according to the manufacturer's manuals.

Method of Using Heat Lamps

- Check lamp for any defects. [critical]

- Check the area to be treated for skin lesions. [strongly recommended]
- Make sure all clothing and combustible materials are moved sufficiently out of the area to be heated. [strongly recommended]
- Plug lamp into the wall socket.
- Position lamp head at least 12 inches from the area to be heated. [strongly recommended]
- Turn on the heat lamp then set time for no more than 10-15 minutes. [recommended]
- Because the heat of the lamp may cause the head of the unit to drop toward the patient, never leave the immediate area of a patient being treated with a heat lamp. [strongly recommended]
- Check the area being heated at least once every 5 minutes to be sure that the skin does not become too hot or that the lamp arm position has not changed. [strongly recommended]
- Unplug the lamp once the heating period has ended. [recommended]

Safety Considerations of Using Heat Lamps

- Critical: Heat therapies must be closely monitored by practitioners.
- Critical: Heat lamps should not be used on infants, children, incapacitated, sleeping, or unconscious persons.
- Critical: When heat lamps are used on patients who have a reduced response to heat, the use of heat must be monitored at all times.
- Critical: Prevent water, moisture, liquids or metal objects from coming in contact with the lamp. Do not use a heat lamp in wet or moist environments.
- Critical: Do not use if any part of the lamp is cracked. Do not allow any part of the lamp to touch accessory equipment.
- Strongly Recommended: Heat lamps should not be used unless the patient and practitioner can communicate about the level of heat present during the entire duration of use.
- Strongly Recommended: Do not use over-sensitive skin or persons having poor blood circulation. Sufficient temperatures are generated that may cause burns.
- Strongly Recommended: Take a careful patient history to identify diabetes, neuropathies, or other conditions that might limit a patient's response to pain or the ability to sense heat.
- Strongly Recommended: Do not use this heat source in close proximity to combustible materials (litter, paper, etc.) or to materials adversely affected by heat or drying.
- Recommended: When treating patients with neuropathies, the practitioner should monitor the patient's skin temperature and the amount of heat generated by a heat lamp and not rely solely on patient feedback about heat sensations.
- Recommended: When a patient's information is unclear, request an opinion from a physician before using a heat lamp on the limbs of a patient with diabetic or other neuropathies.

Documentation: document the following in the patient chart

- Include discussion of material risks, benefits and alternatives to treatment, opportunity for patient to ask questions, and patient's stated desire to proceed
- The area the heat lamp placed on
- Length of the heat lamp placed on
- The distance of the heat lamp placed on

4.14 Disinfecting Cupping Cups and Gua Sha Tools Procedure

Cleaning Cups and Gua Sha Tools

Step 1-Cleaning

- Whenever possible, retain and use the gloves used in the cupping procedure during the first step of the cleaning procedure.
- Soak cups. When finished using, bring the cups to one of the wash basins located in the

west hallway. Place one of the bins located underneath into the basin. Submerge your cups, along with the metal wire basket in warm soapy dish detergent water. Let them soak until you are ready to clean them. This will help keep the lubricants (oils, lotions, creams) and other particles from sticking to the cups.

- Clean cups with dish detergent soap, sponge or soft scrubbing device • Rinse cups after you pour the dirty, soapy water out of the plastic bin.
- Dry cups well with a paper towel. It is recommended to dry your cups completely before Disinfecting them.

Step 2-High Level Disinfection

- Carry your dry cups in the metal wire basket to Room 12 (designated supply room) and discard latex gloves.
- Apply Rubber Gloves & Industrial Apron (hung behind the door if cleaner even if you're wearing an isolation gown) prior to opening the tub containing high-level disinfectant
- **DO NOT DILUTE DISINFECTANT WITH WATER**
- Place cups in tub GENTLY and set basket aside in the lower basket of the white metal drying rack • Soak for 30 Minutes in Sporox II for High Level Disinfection
- Remove the Cups and place in red plastic basket with handle to bring over to wash basin to rinse cups thoroughly.
- Carefully drain out excess water from basket and return to FILE ROOM • Dry with towel (paper or microfiber) or place on rack to air dry • Cups will be transferred by staff from drying rack to the closed dry containers in the back hallway on the blue bookcase

4.15 Clinic Cleaning Products Usage and Procedures

Cleaning Products	Location(s) of Item	Surface to Clean
Best Sanitizers: Smart-san Hand Sanitizer Spray, 550ml	Front desk, treatment rooms, herbal dispensary room, student conference room, faculty room	Hands
Envirox Fresh Concentrate 118; Sanitizer/Virucide Cleaner	Spray bottles in each treatment rooms, janitorial closets	Treatment rooms (treatment tabletops, head rests, doorknobs, light switch); faculty and student conference rooms (desktops, doorknobs, light switch); water cooler (receptacle, dispenser buttons, nozzles); hand railings, kitchen tables, front desk countertops; Step 1 process of disinfecting cupping cups
Symmetry Non-alcohol Foaming Hand Sanitizer	At every sink on campus	Signs posted to remind all personnel to wash hand often and for at least 20 seconds at a time
Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes (155 counts per canister)	Clinic medical supply stock room, every treatment room, behind the front desk	Treatment rooms (treatment tabletops, head rests, doorknobs, light switch); faculty and student conference rooms (desktops, doorknobs, light switch); water cooler (receptacle, dispenser buttons, nozzles); hand railings, kitchen tables, front desk countertops
Sporox II; Sterilizing and disinfecting solution	File room next to treatment room 12	Used solely as Step 2 for cleaning process of cupping cups

70% alcohol based hand sanitizer	Free Standing Hand Sanitizer Dispensers-one upstairs and one downstairs by entrances	Hands
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4.16 Clinic Charts and Records

In Fall 2020 the ACTCM@ CIIS clinic switched to using electronic medical records (EMR) through the program Jane. The following are the designations for access per Jane;

Role Descriptions

- Practitioner (Limited): Can only see their own schedule and can only view Patient with profiles with whom they have had an appointment
- Practitioner/ Front Desk: Can view and edit all Patient records, view staff profiles, create appointments for all staff, but can view and edit their own billing records.
- Practitioner/ Front Desk (All Locations): Same permissions as Practitioner/ Front Desk with the additional ability to view schedules and book appointments for any staff member at all locations.
- Front Desk: Can schedule appointments, view and edit all Patient records, and access the transaction report
- Administrator/ All Billing: Can view and edit all Patient and staff records and access all billing and reporting.
- Full Access: Full access including all settings and preferences.
- Each clinic supervisor has their own access which allows them Practitioner/Front Desk access.
- Interns have their own logins that allows them Practitioner (limited) access.
- Front Desk Staff and Student works have Practitioner/Front Desk Access.
- The Dean of ACTCM, the Director of Clinical Education and the Clinic Operations Manager have Full Access.
- Access is terminated by the Director of Clinical Education upon completion of a student's last shift, or employment termination.
- The confidentiality agreement signed by all clinic faculty, staff and students has been updated to include the following wording regarding the use of EMR.
 - I understand that my access to all ACTCM electronic information systems and EMR are subject to audit (via an Activity Log) in accordance with good faith efforts to access such information only in a private space away from any passersby and in the scope of the task at hand (chart review and case study).
 - I agree not to share my Login or User ID and/or password with anyone and any access to ACTCM electronic information systems made using my Login or User ID is my responsibility. If I believe someone else has used my Login or User ID and /or password, I will immediately report the use to the Clinic Director or Clinic Operations Director and request a new password."
- Use reports are generated and review periodically by the Clinical Operations Manager.

Clinic faculty are responsible for the completeness and accuracy of the clinic records. Charts must clearly delineate a chief complaint, charts must be properly signed, herbal formulas prepared by students must be checked and approved, and needle slips noting all acupuncture points used must be completely filled out. Charts may also have the patient's biomedical records. There should be no section of the EMR that is left blank. All faculty and students must be trained on how to properly use Jane and complete charts before their first clinic shift. The Clinic Operations Director periodically spot-checks the patient charts to ensure they are complete every semester. The Director of Clinical Education periodically reviews charts for completeness.

All charts on patients who have not been seen in the last three years at the clinic are placed in storage (DataSafe). These charts are boxed and stored with a secure clinic chart storage company that will deliver a requested chart within two working days.

All patients are expected to fill out *ACTCM Clinic Patient Information Form (July 2020)* in Jane before their first visit. If patients are returning patients; the last 3 chart notes, their patient information and their medication list will be scanned and uploaded to Jane, where available.

ACTCM Clinic Patient Information Form (July 2020)

The patient on the first visit will fill out the *ACTCM Clinic Patient Information Form (July 2020)* before their first appointment. It is the responsibility of the clinic faculty to make sure the forms are filled out completely. This includes verifying that the patient has signed the form and has given the name of their primary care physician. Any blank spaces should be asked about by the clinic faculty and filled in if an appropriate response is given, if not then the clinic faculty should label it as N/A (not applicable). The *ACTCM Clinic Patient Information Form (July 2020)* also includes the Informed consent to treatment; Consent to use and publication of clinical data and contents of patient records for statistical purposes, research and publication; Notice of privacy practices; Cancellation Policy, Telehealth informed consent, Insurance Responsibility Statement and Acknowledgment, Patient's consent for the purposes of treatment, payment, and healthcare operations, and Consent to receive bi-annual or annual Patient Satisfaction Surveys

Patient Intake Form (Initial or Returning; In-person or Telehealth)

It is the clinic faculty's responsibility to make sure the completeness and accuracy of the clinic records. Remember that if you sign the form you are responsible for the contents.

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.

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.

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.

Lab results: if any lab values are reported by the patient they should be recorded as such with the date for which they were taken. You must clearly distinguish verbally reported values from values that are reported in written form and become part of the chart. For example: Patient reports that their T-cell count is 150, and was last taken on 2/10/92. This is an example of a verbally reported lab value.

Pain assessment: Please assess pain scale, pain severity, pain frequency and record any orthopedic findings.

TCM Assessment: 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.

Biomedical Assessment: The practitioner must correlate the TCM diagnosis with a biomedical diagnosis and chart accordingly. Always chart an ICD-10 code for research and insurance billing purposes.

Acupuncture Points: All acupuncture points used must be clearly written down in the chart. All ashi points that are needled 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.

Herb Formula: 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.

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.

A clinic faculty or student clinician 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?"

"Do you have any questions about the traditional Chinese diagnosis or treatment that you are about to receive?"

Referral: This is the space to be used if you refer the patient to another health care provider. For instance, "patient referred to Dr. Smith, (572-9876), to have dental work done" or "patient referred to UCSF clinic, (940-4474), to have pelvic exam". When you refer the patient you should include the name of the person or place where you sent the patient and the telephone number.

Prognosis and Treatment Plan: Case management is essential. 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 chronic fatigue. After your evaluation you determine that a weekly treatment for six weeks will probably help the patient feel less fatigued. What you should tell the patient is: "I feel that a weekly treatment for six weeks could help your chronic fatigue. At the sixth week I would like to re-evaluate your condition and see how you feel. At that time we can determine how acupuncture and herbs have affected your condition. Is this agreeable with you?" The treatment plan must be re-evaluated after every six to ten treatments. Chronic conditions need to be evaluated on a regular basis as well.

Enforcement standards for required signatures

Each clinic shift before the clinic faculty leaves, it is their responsibility to make sure the completeness and accuracy of the clinic records. It is clinic faculty's responsibility to sign and check all EMR.

Clinic front desk staff will check the forms before the chart closed for the day. If a signature is missing, the faculty/intern will be informed.

4.17 Student Conduct Within the Clinic

Food and beverage

Food and beverages are not permitted in any area of the clinic where patients may be found. Food and beverages may be prepared and consumed in the kitchen; snacks and beverages may be consumed in the student lounge.

Punctuality

Punctuality is required for all clinic faculty and student clinicians:

- Late for two shifts per semester: a written warning will be given to student clinicians or clinic faculty.
- Late for an additional shift per semester (3 total): Director of Clinical Education will evaluate student clinician or clinic faculty for clinic probation.

Clinic Supplies

- Please check the buzzer or pager before each shift to make sure it is operable.
- Moxa boxes are located under the sink. Used moxa boxes should be returned under the sink and placed in the sandbox.
- Glass cups for cupping are available in the back of the clinic. Used cups should be placed under the sink.
- 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.
- Please remember to clean the stethoscope with alcohol before each use.
- When the sharps container is full, ask the front desk for a new receptacle and replace in the appropriate room.
- A portable otoscope is available in the front desk. You must sign out with the front desk staff and sign back in when you are done.
- Heat Lamp
 - Please make certain that heat lamps are directed, carefully and not too close to the patient.
 - Please turn off the heat lamp immediately after each treatment.
 - Be aware that the heat lamp will burn the walls causing a fire hazard.
- 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.

4.18 Consensual Touch Procedure for Clinical Setting

Before beginning procedural touch, explain what you will do and what the patient can expect. Silence is not consent. While you may have done this exam five times that day, your patient may not know what lies ahead. Make sure they are clearly informed, and be certain they understand before beginning the treatment. Always ask if the patient is comfortable with what you have described, and then ask permission to proceed.

For example: In a situation when the practitioner or student needs access to the body surface below the waist, the patient should be queried. *“I need to fold down the waist band of your pants to reach the acupuncture points for this treatment. Is it OK with you?”*

If a patient does not say “yes” or “OK” repeat the question: *“Are you comfortable with me folding your waist band down?”*

You can also ask the patient to move their clothing so you can access points.

It is important to obtain verbal consent before moving forward with the treatment. If the patient will not, or cannot, give consent, do not move forward with treatment. Ask if they have questions about the treatment or procedure. Find out what they may need to know in order for you to provide treatment.

During procedural touch, continue to augment with a verbal explanation of what you are doing and why, especially if your exam involves sensitive areas of the body. By sharing your knowledge, you can increase a patient's comfort level and enhance their trust in your expertise. It is important to be modeling this practice for students and supervising their use of the CTP with patients.

Use social touch cautiously. While touch is part of the human experience, patients can feel particularly vulnerable in the exam room and easily misinterpret your best intentions.

Separate social and procedural touch in the visit. While it may be appropriate to reassuringly touch the upper arm before an exam, doing so during the exam may lead to some confusion or make the patient uncomfortable. Apply the procedural touch needed to complete your exam, saving social touch for a more appropriate time.

4.19 Disability Services

CIIS complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Accordingly, no otherwise qualified disabled student shall, solely by reason of their disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any academic, research, counseling, financial aid, or other post-secondary education program or activity that CIIS provides for all students. Students with disabilities must meet the requirements and levels of competency generally required of all students in the program. In order to assist students with disabilities in fulfilling these requirements of the program, every reasonable effort is made to accommodate special needs of such students. If you would like to request accommodations related to a disability, please contact osas@ciis.edu to register with CIIS Office of Student Accessibility Services.

4.20 Animal Policy for Persons with Disabilities

The following information is provided to help define the role and the place of animals at ACTCM at CIIS in promoting the safety, dignity, and independence of persons with disabilities. Please see detail policy in the CIIS Student Handbook at the link of <https://www.ciis.edu/student-resources/student-affairs>.

Service Animals are "...any . . . animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals who are hearing impaired to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."

A service animal is one which is specifically trained to perform tasks that are related to the disability of the person.

Approval Authority: Faculty and staff with a disability who will use a service animal must request in Human Resources to seek approval. Students and others who wish to utilize a service animal must request the Office of the Dean of Students to seek approval.

4.21 Fragrance Free

All ACTCM clinic sites are fragrance free. The ingredients in many fragrances and scented oils are known to irritate the respiratory track, nervous system and eyes; and trigger allergies and other health reactions, such as migraines. ACTCM supports sustaining healthy indoor air quality. In the interest of promoting the health and safety of students, faculty, patients and staff, the ACTCM clinic is expected to maintain a fragrance-free environment. Please refrain from using scented personal care, laundry, cleaning products.

5.0 Patient Care and Management

5.1 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 clinic receptionist. Payment is due the day service is rendered.

First time patients are oriented by the clinic receptionist to the operation of the clinic. Patients are advised that this is a teaching clinic and therefore student clinicians 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 found in Jane. Link emailed to patient before first visit:

- Complete personal and family medical history
- Checklist of presenting symptoms
- Data waiver for research purposes
- Agreement to clinic policies and services; including the clinic Cancellation policy
- Informed Consent Form
- Patient Consent for purpose of treatment, payment, and healthcare operations
- Acknowledgement of Receipt of Notice of Privacy Practices
- Telehealth informed consent
- Insurance Responsibility Statement and Acknowledgment
- Consent to receive bi-annual or annual Patient Satisfaction Surveys

Student clinicians or clinic faculty inform their patients of the scope of acupuncture and Chinese medicine in treating the patient's health presentation. A treatment and case management plan will be developed by the clinic faculty and student clinicians with the patient. The clinic faculty and student clinicians 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.

The ACTCM acupuncture and herbal clinic provides three areas of clinical service to the patients.

- Consultation and acupuncture Chinese medicine diagnosis
- Acupuncture, moxibustion, and Asian bodywork
- Dispensing of herbs from the on-site herbal dispensary

Missed appointments (no shows) are documented in the patient's electronic account. Patients are required to give 24-hour notice of cancellation or rescheduling of appointments. If a patient gives less than 24-hour notice or fails to show up for the appointment, a late cancel or no show fee of \$20 will be charged.

Emergency care

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 acupuncture needles are inserted the first step is to immediately remove them. The clinic faculty, student clinicians and Director of Clinical Education are trained in CPR.

Referral

Referrals are made for patients requiring specialty care outside the scope of or in support of the clinical protocols of acupuncture and Chinese medicine. A record of referral must be entered into the patient record, including name and address of provider and reason.

ACTCM clinic faculty and student 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.

Patients presenting with symptoms and signs of potentially life-threatening diseases and other conditions should be assessed by a primary care physician. Following are some examples:

- Asthma: frequent shortness of breath episodes, dyspnea, airway swelling
- Congestive heart failure: shortness of breath, orthopnea, ankle swelling, dyspnea
- Diabetes mellitus: fatigue, polyuria, polydypsia, polyphagia
- Ischemic heart disease: episodes of chest pain.
- Abdominal mass, or any tumors or growths
- Unusual bleeding or discharge
- Fever with complications
- Headache of unknown origin
- Unexplained weight loss
- Obvious change in a wart or mole
- Nagging cough or hoarseness
- Other indications as appropriate

5.2 Case Management

After an adequate diagnostic process has been completed, the clinician and patient face the most challenging part of the medical process: clinical management.

If the patient has a transient, self-limited, or readily curable acute condition, health may be restored quite quickly. Therapies and course of treatment are discussed and agreed upon with the patient. Although evaluation of therapy occurs each visit, a general timeframe for a re-evaluation should be agreed upon.

Appropriate treatment for chronic illness is much more difficult, and the patient may not be quickly restored to health.

A condition is considered acute if it lasts for less than two months, and if, after it has been cured or resolves on its own, the patient sustains no ill effects. A condition is considered chronic if it lasts for more than six months.

Some patients come to clinic for health maintenance, prevention, or for a “tune-up”. Assessment may uncover any problems that exist. As with any patient, a diagnosis is made and goals of treatment are established.

Harmony of mind, body, and spirit is the essence of health. Acupuncture and Chinese medicine treats the imbalances that are perceived through looking, listening/smelling, asking, and palpating. Treatment may undergo phases, such as getting the “branch” symptoms under control, and then addressing underlying “root” imbalance.

The acupuncture and Chinese medicine practitioners look at the chief complaint and interprets its relationships to the rest of the person in order to understand that individual’s pattern of imbalance. Treatment then attempts to restore harmony to the patient and thereby alleviates the symptom. The extent, to which a person is able to or ready to commit to treatment for deeper levels of imbalance, and make changes in diet, exercise, and lifestyle, will vary from patient to patient.

Chronic Illness

Although the prevalence of chronic disease clearly increases as people age, chronic disease also affects the young. Certain types of renal failure, cystic fibrosis, Crohn’s disease, asthma, and anorexia nervosa are all fairly common chronic diseases that usually present during childhood or in the teenage years. Certain chronic illnesses can run in families, such as heart disease, diabetes mellitus, and breast cancer. Others have environmental factors that increase their prevalence such as cigarette smoking, which increases the prevalence of chronic obstructive pulmonary disease, arteriosclerotic heart disease, and peptic ulcer disease.

Chronic illnesses can develop either acutely or gradually. Strokes have sudden onset whereas rheumatoid arthritis develops slowly. Acute-onset illness will require much more readjustment on the part of the patient.

Chronic illness may be progressive, constant, or relapsing. Progressive is symptomatic, increasing in severity (cancer, arthritis, diabetes). Constant usually has stabilization after an initial event (stroke, spinal cord injury). Relapsing illness is characterized by occasional or frequent recurrence of symptoms (asthma, peptic ulcer, migraine headaches).

Some chronic diseases may possibly be fatal, including cancer, HIV/AIDS, cystic fibrosis, heart disease, diabetes mellitus, and COPD. These should be treated and followed by a primary care physician as well as an acupuncture and Chinese medicine practitioner.

Patients with chronic illness may go through the phases of denial, anger, bargaining, depression, and acceptance as they adapt. Family members and loved ones may also experience phases. The clinician must consider the emotional well-being and support network of the patient.

Systems Assessment

Systems assessment is that phase of the clinical management process in which the clinician determines the current illness status and what events have taken place since the last patient visit. How have the measurable symptoms changed? How do the symptoms impair the daily activity of the patient? How do the symptoms affect the emotional state of the patient? The clinician must assess improvement or deterioration of the patient's condition. Is the change the same as what the clinician expected? Is the diagnosis correct? Are there other factors that have changed? Are there complications? Is the patient compliant with herbs, diet, exercise, lifestyle changes, stress management, etc.? The clinician must spend time with the patient to ensure that both agree as to the nature of the problem. If there are multiple problems, agree on treatment priorities to optimize the patient's health.

Goal Setting

Ask the patient what his/her treatment goals are. Discuss these. Be flexible and creative as possible to maximize patient care, but not so flexible so as to violate your sense of ethics or medical values. Always identify the needs and desires of the patient. Never promise to "cure" anything. Never coerce the patient into a therapy the patient states he/she does not want.

An understanding or contract should be formed explicitly stating the responsibilities of the clinician and the responsibilities of the patient. Acknowledge and respect the perceptions and emotions of the patient. Consider what is realistic to expect from the patient and always explain what your goals are and specifically how you plan to accomplish them.

Patient Compliance

To minimize misunderstandings and maximize patient motivation, always discuss the diagnosis in lay terms and what the treatment is designed to accomplish.

Instructions should be given based on the following:

- Instructions delivered first are best remembered.
- Instructions mentioned two or three times are best recalled.
- The fewer instructions that are given, the more are remembered.
- Complex instructions should be written or the patient should be asked to relay their understanding.

Compliance increases if the patient is satisfied with his/her visit and decreases if the visit is perceived as impersonal or rushed. Clear and direct communication increases compliance whereas a power struggle between patient and clinician decreases compliance. Ask the patient his/her opinion about the success or results of their treatment plan.

Management Failure

If difficulties continue, student clinicians should obtain a consultation from clinic faculty. If disagreements cannot be resolved and the practitioner-patient relationship is harmed beyond repair, transfer of care may be considered. This should never be considered lightly and a strict process should be followed to ensure the patient receives quality care from another clinician.

5.3 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 the 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.

Refusal of Care

Occasionally, a patient does not wish to follow the treatment plan that has been developed. Such a patient must be dealt with in a caring, educated manner. Although it is the patient's right to refuse treatment, the risks of refusing treatment should be explained to the patient. The chart should clearly show that the care was offered, explained and declined.

5.4 Informed Consent

Informed consent to treatment of the patient must be obtained prior to any treatment. An informed consent to treatment document must be signed by the patient (or patient's representative if the patient is a minor or is physically or legally incapacitated) and clinic faculty prior to treatment.

The purpose of obtaining informed consent is to clarify the patient's understanding of the proposed treatment, to decrease the likelihood of an adverse event, and to maintain a standard of care.

The information to be communicated to the patient should include the patient's diagnosis, the nature of treatment, the risks of treatment, the alternatives to treatment, the benefits of treatment, the course of treatment, and the prognosis, including the prognosis for refusal of care. The information should be communicated to the patient in language which the patient can be reasonably expected to understand or, if necessary, should be translated into the patient's primary language. If the patient is not competent or a minor, the consent should be signed by patient's representative or power of attorney for health care.

Verbal consent of the patient must always be obtained prior to treatment. Components of verbal informed consent include:

- Practitioner gives the patient information about the nature of the proposed treatment (body areas to be treated, type of treatment, normal side effects) and duration of the treatment.
- Practitioner gives the reasoning or rationale for the proposed treatment.
- The practitioner and patient create and understand a shared objective for the outcome of the treatment.
- The patient feels able to accept or reject the proposed treatment or parts of it, either before, during or after the treatment begins.

5.5 HIPAA and Confidentiality

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law which, in part, protects the privacy of individually identifiable patient information, provides for the electronic and physical security of health and patient medical information, and simplifies billing and other electronic transactions and code sets. HIPAA privacy and security standards were updated in 2009 by the Health Information Technology for Economic and Clinic Health (HITECH) Act and in 2013 by the HIPAA Final Omnibus Rule.

Protected Health Information (PHI) is information that is created or received by ACTCM Clinic and relates to the past, present, or future health condition of a patient; the provision of health care to patient; or the past, present or future payment for the provision of health care to a patient; and that identifies the patient or for which there is reasonable basis to believe the information can be used to identify the participant. PHI includes information of persons living or deceased.

Protected Health Information (PHI): the 18 HIPAA identifiers

- Names
- Geographic subdivisions smaller than a state (address, city, county, zip)
- All elements of DATES (except year) including DOB, admission, discharge, death, ages over 89, dates indicative of age
- Telephone numbers
- Fax numbers
- Social security numbers
- Vehicle identifiers and serial numbers (VIN), license plate numbers
- Medical record number
- Account number
- Health plan beneficiary numbers
- Certificate/license numbers
- Email address
- Internet protocol (IP) address
- Web universal resource locators (URLs)
- Biometric identifiers, including finger and voice prints
- Device identifiers and serial numbers
- Full face photographic and comparable images
- Any other unique identifying number, characteristic, or code

The ACTCM Clinic is a covered entity and is thus required to comply with the regulation specified by HIPAA. Please refer to *ACTCM Clinic HIPAA Policies and Procedures Manual* to ensure HIPAA compliance.

ACTCM Confidentiality Protocols

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:
 - To communicate with other health care providers using the same chart to treat a particular patient.
 - As a reference for treatment of future illness.
 - As a training tool for student clinicians.
 - To evaluate the quality of patient care through review and analysis.
 - As a research tool for both educational and treatment development purposes. Evolution of new treatment protocols is important here.
 - For documentation to conform to government regulations.
 - For follow-up care of patients with long-term illnesses and assessment of the efficiency of the care given.
- Administrative personnel use EMR for the following reasons:
 - To check for completeness of entries such as signatures and dates.
 - To attach new forms for provider's use and to attach any additional information such as patient correspondence and lab result reports.
 - To release information when appropriately requested by the patient.
- Student clinicians may access EMR in the following ways:
 - To perform patient intake.
 - To prepare herbal prescriptions from clinic faculty's orders.
 - To obtain information for educational purposes, such as chart review or case studies. For such purposes the student should inform the Clinic Operations Manager.

The clinic faculty, student clinician and clinical staff have a responsibility to the patient to maintain the patient's case as well as the patient's presence in the clinic in strict confidence.

The confidentiality mandates that all information relating to a patient derived from the clinical setting is to be used solely for the purpose of developing diagnoses, treatments, and teaching experiences for students. Such information is not to be discussed lightly in conversation in or out of the clinical setting. Furthermore, neither opinions of practitioners nor ACTCM policies may be discussed in front of waiting patients.

No patient information derived from the clinical setting can be transmitted to another agency without the expressed written consent of the patient. This includes insurance companies, agencies seeking patient mailing lists and interested students seeking by phone to know the names of patients scheduled for a particular clinician. These examples indicate that the very presence of the patient in the clinic is to be held in confidence. Custodianship of patient records is the responsibility of the Director of Clinical Education.

Confidentiality of medical records, both oral, written, and electronic, is mandated by medical ethics and by law. Violation of patient confidentiality must be considered a serious breach of trust resulting in dismissal of the employee or student found to be responsible. The vulnerability of the institution and the individual clinicians to litigation is paramount in the area of patient confidentiality. It must be understood that each clinic faculty and

each student clinician in the clinical setting has the full responsibility of a practitioner with respect to medical ethics and the law.

Xeroxing, taking pictures of, or downloading of patient charts for personal reasons is against the law and is grounds for expulsion.

Lists of patient names to indicate a special category of conditions are not to be kept. Confidential lists of patients for research purposes can be generated by using their chart number such that no individual can be identified except by the authorized researcher.

Rules for Protecting Information

- HIPAA privacy rule is not intended to prohibit providers from talking to each other and to their patients.
- Faculty, staff and students are free to communicate as required for quick, effective, and high-quality health care.
- The privacy rule also recognizes that overheard communications in these settings may be unavoidable and allows for these incidental disclosures.
- Keep this information confidential.
- Access or use this information only as required to perform your job.
- Provide the minimum necessary information when responding to information requests.
- Do not discuss this information with others unless it is administratively or clinically necessary to do so.
- Avoid conversations involving PHI in public or common areas such as hallways or elevators.
- Keep documents containing PHI in locked cabinets or locked rooms when not in use.
- During work hours, place written materials in secure areas that are not in view or easily accessed by unauthorized persons.
- Do not leave materials containing PHI on desks or counters, in conference rooms, on fax machines/printers, or in public areas.
- Do not remove PHI in any form from the designated work site unless authorized to do so by management.
- Never take unauthorized photographs in patient care areas including audio and video recording of patients and/or procedures.
- Prevent visitors from viewing documents or computer screens containing confidential information.
- Before mailing any documents, double check to make sure the envelope is properly addressed and only the intended documents are included in the envelope.
- Confirm the fax number before sending. Confirm that the recipient's fax machine is in a secure location.
- Avoid sending email containing confidential information. This includes an email that contains just the client's name and no other identifying information.
- When responding to emails, always check the contents of the email string and attachments for confidential information before sending.
- Do not allow unauthorized persons into restricted areas where access to PHI could occur.
- Arrange computer screens so they are not visible to unauthorized persons and/or patients; use security screens in areas accessible to public.
- Log in with password, log off prior to leaving work area, and do not leave computer unattended.
- Close files/computer when not in use containing PHI.
- Do not duplicate, transmit, or store PHI without appropriate authorization.
- Storage of PHI on unencrypted removable devices (Disk/CD/DVD/Thumb Drives) is prohibited without prior authorization.
- Use of personal computers or other personal electronic equipment is discouraged. Computers for students and faculty to access EMR are available.
- Use of unencrypted text messaging of any protected health information is strongly discouraged. Email sent over the internet is unencrypted and not secure. You can make hard copies of patient's health records and place them in their clinic chart. Or patients can fax their health records to our clinic secure fax number at 415-282-9037.
- No PHI is permitted to leave facility in any format without prior approval.

5.6 Policy for the Protection of Students from Sexual Misconduct

CIIS is committed to maintaining its campus and programs free from all forms of sexual misconduct. By this policy, all forms of sexual misconduct, including sexual and gender-related: violence, assault, harassment, domestic violence, dating violence, and stalking are prohibited and will be promptly responded to with disciplinary or other corrective action measures that are appropriate.

Please see detail policy in the CIIS Student Handbook at the link of <https://www.ciis.edu/student-resources/student-affairs>.

Special policy that protects students (no close personal relationships with teachers, mentors or supervisors). Faculty and other employees of CIIS are not allowed to participate in a close personal relationship with a student for whom that employee provides -- or might (by virtue of CIIS assigned position of functions) in the future provide -- teaching, mentoring or supervision.

Close personal relationships include dating, sexual and similar close personal relationships that are or are not consensually undertaken by the supervisor and the student. Such relationships do not include the usual and customary socializing at CIIS of teacher-student; mentor-mentee; supervisor-employee; faculty member-graduate student; coworkers; and supervisor-student employee. A person provides supervision when s/he oversees, directs or evaluates the work of others.

Legal Definitions of Sexual Misconduct

Sexual Assault: Having or attempting to have sexual intercourse with another person:

- By force or threat of force;
- Without effective consent; or
- Where the person is incapacitated.

Sexual assault includes, but is not limited to: rape, forced sodomy, forced oral copulation, rape by a foreign object, sexual battery, or the threat of any of these.

Nonconsensual Sexual Contact (or attempts to commit the same): Having or attempting to have sexual contact with another person:

- By force or threat of force;
- Without effective consent; or
- Where the person is incapacitated.

Sexual contact includes intentional contact with the intimate parts of another, causing another to touch one's intimate parts, or disrobing or exposure of another without permission. Intimate parts may include the breasts, genitals, buttocks, groin, mouth or any other part of the body that is touched in a sexual manner.

Sexual Exploitation: Occurs when one person takes nonconsensual or abusive sexual advantage of another person for one's own advantage of benefit, or to the benefit or advantage of another person. Examples of sexual exploitation include:

- Causing or attempting to cause another person to become drunk, drugged or otherwise incapacitated with the intent of engaging in a sexual behavior;
- Recording, photographing or transmitting images of sexual activity and/or the intimate body parts (groin, genitalia, breasts or buttocks) of another person without their consent;
- Allowing third parties to observe sexual acts and voyeurism (spying on people who are engaging in sexual acts or who are doing other intimate activities such as undressing, showering, etc.);
- Exposing one's genitals in nonconsensual circumstances or inducing someone to expose their genitals;
- Knowingly transmitting a sexually transmitted disease or virus to another person without his or her knowledge; or
- Sexually based stalking and/or bullying.

Domestic Violence: Violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated

with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship.
 - The type of relationship.
 - The frequency of interaction between the persons involved in the relationship.

Stalking: A course of physical or verbal contact directed at another person that would cause a reasonable person to:

- Fear for his or her safety or the safety of others; or
- Suffer substantial emotional distress.

Retaliation: Action which is taken against a person or group of persons because of the person's or group of persons participation in a complaint or investigation of sexual misconduct, including but not limited to, Complainants, Respondents, witnesses, or others involved in the complaint, investigation and/or resolution of the alleged sexual misconduct. Retaliation can take many forms, including threats, intimidation, pressuring, continued abuse, violence or other forms of harm to others.

Sexual Harassment or Gender-Based Harassment is unwelcome, sexual or gender-based verbal or physical conduct that is sufficiently severe, persistent or pervasive to interfere with, deny or limit a person's ability to participate in or benefit from CIIS's education program and/or activities. Sexual harassment has many forms. Sexual harassment is harmful regardless of gender of the perpetrator or the victim.

One form is quid pro quo or "this for that." Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitutes sexual harassment when it is implicitly or explicitly suggested that submission to or rejection of the conduct results in adverse educational or employment action. An example is an academic advisor asking a student to have sex in exchange for keeping quiet about a student's violation of the plagiarism policy.

Another form of sexual harassment involves hostile environment. It is sexual harassment when an individual receives unwelcome sexual advances, unwanted verbal, physical, or visual behavior of a sexual nature, or is made to feel uncomfortable because of their gender, gender identity or sexual orientation. Conduct that may constitute sexual or gender-based harassment may include one or more of the following:

- Physical conduct: unwanted touching, blocking normal movement, or interfering with studies or work;
- Verbal conduct: epithets, derogatory comments, slurs, or humor of a sexual nature;
- Visual conduct: leering, making sexual gestures, displaying suggestive objects or pictures, cartoon posters in a public space or forum;
- Written conduct: letters, notes, or electronic communications containing comments, words or images as described above.

Getting Help

CIIS encourages all members of the CIIS community who believe they have been victims of sexual misconduct to report these incidents to local law enforcement authorities and to seek medical attention as needed.

- For emergencies call 911
- City of San Francisco Police Department: emergency: 415-553-8090
- San Francisco Women Against Rape 24-hour helpline: 415-647-RAPE (7273)
- San Francisco General Hospital and Trauma Center: 24-hour Rape Treatment Center: 1001 Potrero Avenue, San Francisco; 415-206-8000

- Bay Area Women Against Rape 24-hour hotline: 510-845-7273
- National Domestic Violence hotline: 800-799-SAFE (7233)
- La Casa de La Madres: 24-hour crisis support hotline: for adults: 877-503-1850; for teens: 877-923-0700
- A Safe Place, Inc.: 24-hour crisis hotline: 510-536-7233 (SAFE)

If you are a student who believes that you or another student has experienced an incident of possible sexual misconduct at the “hands” of another student, faculty member, administrator, or in any other situation that is detrimentally affecting your experience as a student, please contact Student Affairs Office right away.

As to faculty and employees of CIIS who may have experienced sexual misconduct, or who may wish to report an incident of possible sexual misconduct against another person, prompt reporting is also very important. Please consult the faculty or employee handbooks for the relevant reporting policies and procedures that apply; and also contact the Title IX Coordinator and/or the Human Resources Office for assistance.

Ethical Behavior and Sexual Boundaries

This policy is not intended to inhibit or discourage appropriate physical contact with the patient. Palpation for diagnostic purposes or point location, and therapeutic massage are important elements of acupuncture and Chinese medicine diagnosis and treatment. However, when performing these activities, it is important to obtain the patient's permission to touch, palpate, or massage, especially near sexually sensitive, or intimate areas.

No sexual or romantic contact between practitioner and patient during the course of treatment and as long as a professional relationship exists.

The practitioner is responsible for maintaining appropriate boundaries even if the patient is perceived as being seductive.

- Patient has a clear choice as to whether she/he is nude or wears underwear. If so, she/he must be draped with a sheet during treatment. Patient dresses and undresses in private.
- Practitioner never works on the genitals, anus or nipples of patient.
- Practitioner uses only the hands to palpate and only the hands and arms to perform massage. Practitioner uses only the knee or lateral aspect of the hip or leg for bracing (i.e., never the front of the pelvis).
- The practitioner will obtain verbal consent before undraping the breasts, genitals, buttocks, or abdomen.
- The practitioner uses appropriate clinical terminology when speaking about body parts or functions, except when vernacular is needed for comprehension by the patient.
- The practitioners will not make verbal, manual, or physical suggestions or inferences of a sexual nature.
- The practitioner will not probe unnecessarily into the patient's sexual history beyond what is needed for a frank discussion of sexual risk behavior and modification. The practitioner will never offer value judgments of the patient's behavior, even when asked.
- The practitioner will remain within his/her scope of practice when dealing with issues of possible sexual abuse.

5.7 Mandatory Reporting

All licensed health care professional, including student clinicians, are legally mandated reports for domestic and elder abuse, and child abuse. Legally mandated reporters can be criminally liable for failing to report suspected abuse.

If student clinicians suspect a patient is either a perpetrator or victim of abuse, they must immediately inform their clinic faculty. They must provide rational evidence for their suspicious and document those findings. The clinic faculty and student clinicians will then determine the correct course of action with respect to reporting this evidence to the appropriate authorities and notify the event to the Director of Clinical Education.

Domestic Abuse and Elder Abuse

Domestic violence and elder abuse are patterns of assaultive and coercive behaviors (physical, sexual, and psychological) used by persons against their intimate partners or family members. Patients often access the health

care system for injuries and illnesses resulting from the physical and emotional trauma. Without intervention, the violence usually escalates in frequency and severity.

Screen all patients for domestic and elder abuse, one approach is to say: “Because violence is so common in many people’s lives, and results in serious health problems, I ask all my patients about it. Can you tell me, did someone cause the injuries/illness you’re being treated for today? Are you in a relationship with a person who physically hurts or threatens you?”

Child Abuse and Neglect

The following situations are reportable conditions:

- Physical abuse of children
- Sexual abuse of children
- Child exploitation, child pornography, child prostitution
- Neglect of children
- Extreme corporal punishment resulting in injury
- Willful cruelty or unjustifiable punishment

A telephone report must be made immediately when the reporter observes a child in his/her professional capacity where there is reasonable suspicion of abuse. A written report must be sent within 36 hours after the telephone report has been made.

The health care practitioner has a choice of reporting to the local Police or Sheriff’s Department or to the local Child Protective Services. The mandated reporter’s name is kept confidential unless a court orders the information disclosed.

6.0 Risk Management

6.1 Introduction

The purpose of the risk management is fourfold:

- The risk management is intended to reduce the risk of injury in the work environment at ACTCM. The faculty, staff, and patients at ACTCM have a right to a safe work environment, free of preventable risk.
- The risk management is designed to implement a proactive ongoing effort to administer risk management and hazard abatement. Such a hazard abatement program will enable the administration of ACTCM to monitor the activities and work conditions at the institution and correct any new problems as they arise.
- The risk management explicitly defines all responsibilities and risk management procedures, so that all employees understand the role they play in the risk management. While no risk management will function without the ongoing good judgement on the part of those employed at the institution, such a program will enable the employees of ACTCM complete the work of the institution with a minimum of risk.
- The risk management serves as the compliance program of ACTCM pursuant to Title 8 of the California Code of Regulations, Section 3203. The risk management will be available to all employees in the administrative offices of: ACTCM at CIIS, 450 Connecticut Street, San Francisco, CA 94107

The goal of the risk management is to reduce the risk to employees at ACTCM to the lowest possible level. It is a fundamental principle of the risk management that no risk is an acceptable part of the work environment. It is the policy of ACTCM and the guiding principle of the risk management that safety is the first and primary consideration in all policies and procedures. No policy or procedure will be considered without considering safety first. Whenever there is a conflict between a policy or procedure and safety, the safety aspect of any decision will be given first priority.

It is the policy of ACTCM that no employee is to perform a task that is inherently unsafe, unless a safe method of completing a task can be found. Any employee that is asked to perform an unsafe task has the right and the responsibility to point out that the task in question is unsafe under the conditions at hand. An employee has the right to request assistance with making modifications in the task to make its completion in as safe a manner as possible.

A guiding principle of the risk assessment is that the risk management can only reduce the probability of an unintended outcome, not the extent or nature of the unintended outcome itself. The administration of ACTCM is dedicated to the goal of reducing the probability of an unintended outcome that is an accident in the workplace.

The Director of Clinical Education administers the risk management. In this capacity, the Director of Clinical Education has the responsibility for the following:

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

All employees, including administrators and faculty of ACTCM are required to comply with all regulations of the risk management. Compliance includes but is not limited to:

- Compliance with all the rules and regulations of the risk management;
- Reporting to the Director of Clinical Education any incident or injury that occurs while in the employment of the institution;

- Responding fully to any ongoing accident investigation by the Director of Clinical Education or the director's designate;
- In an emergency or with respect to a safety related issue, comply with the instructions of the Director of Clinical Education or appropriate emergency personnel, such as police, emergency medical personnel, fire personnel, at the site of the emergency on behalf of the institution.

In the event that an employee violates any provision of the risk management the Director of Clinical Education 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.

In the event of a repeat of the problem, a second written warning will go into the individual personnel file. The Director of Clinical Education will again review the problem with the individual. The individual's immediate supervisor will be notified.

A third violation results in probationary status for the employee. A fourth violation may at the discretion of the Director of Clinical Education and the Dean of ACTCM result in termination.

The Director of Clinical Education has the responsibility for training all employees, including clinical administrative personnel and faculty, regarding the policies and procedures of the risk management. Communication may take the form of but is not limited to the following:

Each new employee will receive as part of their new employee training an orientation to the policies and procedures of the risk management. This training program will cover safety procedures, emergency procedures, accident and incident reporting procedures, and disciplinary policies. As part of each employee's orientation, they receive a copy of the risk management. Both the Director of Clinical Education and the individual employee sign an orientation documentation form.

Part of any successful risk management is the collective assessment of risk involving the participation of all employees. Each and every member of the ACTCM community will be encouraged to contribute to the safety program without the risk of reprisal. This includes criticism of existing policy where an individual feels that the current policy is not in the best interest of the safety in the work place.

The Director of Clinical Education schedules and conducts regular safety meetings and documents the completion of and results from these meetings.

The Director of Clinical Education conducts a review of the risk management annually or when change in policy warrants such a review.

The Director of Clinical Education is responsible to make sure that all required employee information is posted in the workplace in a timely manner. This reporting must meet all requirements as described in Title 8 of the California Code of Regulations, Section 3203.

The Director of Clinical Education will complete and post the log and summary of occupational injuries and illnesses. The completed log is filed with the U.S. Department of Labor.

Employees have the right to all medical records, including records of exposure to any toxic substances at the institution.

6.2 Hazard Assessment and Training

In order to ensure that the workplace environment is as safe as possible, a clinic wide inspection will be made at least every six months. The inspection will be made under the supervision of the Director of Clinical Education and will be done to determine if there are any unacceptable working conditions in the institution. These inspections will be documented.

The inspections will take place at no more than six-month intervals. The Director of Clinical Education for the following reasons can schedule inspections:

- Upon the initiation of new procedures or conditions that potentially increase workplace hazards;
- Upon recognition of a new hazard by any employee;
- When an accident or incident occurs;
- Whenever workplace conditions warrant an inspection not cited above.

Areas of hazard include but are not limited to:

- Fire hazard
- Toxic chemical
- Lifting hazard
- Earthquake damage hazard
- Falling materials hazards
- Electrical hazard
- Traffic flow hazards, including slips and falls
- Video display terminals (VDT) hazard
- Biohazard
- Workplace hazards other than the above.

Inspections are to be documented on the Hazard Assessment and Correction Record.

In the event of an accident or hazardous exposure, the Director of Clinical Education is responsible to:

- Complete any emergency procedures needed;
- Complete an accident investigation;
- Take any agreed upon corrective actions;
- Complete all relevant paperwork needed.

The accident or hazard exposure investigation must be initiated for any of the following reasons:

- Any unintended incident in the workplace that results in injury to employees, faculty or loss of institutional property;
- Any incident that results in an increase in hazard to employees, faculty or institutional property;
- Any incident that results in injury to a patient or student;
- Any incident that results in an increased hazard to patients or students.

Training and Instruction

All employees shall in the course of their employment receive training with respect to occupational hazards. This training will be made available at the following times:

- When the worker does work for the institution, even if the worker does not have permanent status, unless a contractor employs the worker that provides own training;
- When the employee first joins the institution;
- When the employee starts a new position that changes the risks that the employee is exposed to;
- Whenever new hazards or exposures are introduced into the workplace, even if the employees have been previously trained at the position;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- When the employee is promoted and now supervises an area with hazards other than when the individual was last trained.

This training includes but is not limited to:

- Implementation and maintenance of the risk management;
- Emergency and fire prevention procedures;
- Provisions for medical services and first aid, including emergency procedures;
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills;

- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels;
- Proper reporting of a hazard or accident to the Director of Clinical Education;
- Hazard communication, including worker awareness of potential chemical hazards and proper labeling of containers;
- Proper storage and handling of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can become contaminated by chemicals or biological contamination.

Hazard Communication

As part of the risk management, ACTCM communicates the chemical hazards in the workplace at the college, clinic and all relevant sites, including storage sites. This information is provided to all employees exposed to any hazardous chemicals and consists of this program and Material Safety Data Sheets (MSDS) provided from the manufacture of any chemical covered by this section of the risk management. The following will be covered as part of the hazard communication:

- Container labeling
- Material safety data sheets
- Employee information and training
- Inventory of hazardous substances
- Hazardous non-routine tasks
- Relations with contractors performing work at ACTCM

The Director of Clinical Education must ensure that all applications involving a specific substance is consistent with the safe handling of a substance as outlined in the relevant Material Safety Data Sheet.

As part of the hazard communication, each employee will receive the following information:

- An overview of the requirements contained in the hazard communication regulation.
- The identity and location of any hazardous chemicals in each employee's environment.
- The location and availability of the hazard communication, including any Material Safety Data Sheets.
- The physical and health effects of all hazardous substances.
- Proper handling of all hazardous substances.
- Emergency procedures for unplanned spills of any hazardous substances.
- Exposure prevention methodologies.
- Emergency and first aid procedures for exposure to any hazardous substances.
- How to read safety labels and Material Safety Data Sheets.

Training and orientations are conducted at the intervals indicated above by the Director of Clinical Education or designate.

The hazardous chemical used at ACTCM is 2-propanol, 70% (isopropanol)

Stability: the material is stable.

Conditions to avoid: heat and flame.

Incompatibilities: store away from oxidizers.

Precautions to be taken in handling and storage: store at room temperature.

Routes of entry

Inhalation: yes

Skin: yes

Ingestion: yes

Health hazards (acute and chronic): slightly toxic. Ingestion may cause drowsiness and loss of consciousness. Stomach cramps, pain, vomiting and diarrhea may also occur. Widespread and prolonged exposure may result in absorption of harmful amounts, particularly in infants. Inhalation of low concentrations may cause mild irritation of nose and throat. Concentrations above the TLV may cause local redness, dryness and cracking of the skin.

Carcinogenicity: no
NTP: no
IAEC monographs: no
OSHA regulated: yes

Signs and symptoms of exposure: symptoms of overexposure include CNS disturbance, dizziness, photophobia, headache, coma and death. Isopropanol is a good de-fating agent and prolonged exposure to the skin will cause redness, drying and irritation.

Medical conditions generally aggravated by exposure: impaired kidney and liver function may be aggravated by exposure to alcohols. Pre-existing eye, skin and respiratory conditions may also be aggravated.

Emergency and first aid procedures: In case of eye contact, flush with water and get medical attention if irritation persists. In case of skin contact, remove contaminated clothing and flush with water. Get medical attention if irritation persists. In case of ingestion do not induce vomiting if patient is unconscious or extremely drowsy. Otherwise administer two glasses of water and induce vomiting. Get immediate medical attention even if symptoms improve.

Precautions for Safe Handling and Use

Steps to be taken in case of spill or release: remove all sources of ignition, absorb with a suitable absorbent (such as paper towels) and dispose.

Waste disposal method: the preferred disposal method is incineration. Many localities restrict the amount of 2-propanol that may be flushed down the drain. Insure compliance with all government regulations.

Control Measures

Respiratory protection: generally not needed.

Ventilation: ordinary mechanical ventilation is usually sufficient.

Protective gloves: usually not required.

Eye protection: not required by laboratory safety goggles or similar products are recommended as part of good laboratory practice.

Other protective clothing or equipment: usually not required.

Work/hygienic practices: wash well after handling, especially before eating or smoking.

Informing Contractors

Any outside contractor performing work at ACTCM must be informed of any hazardous chemicals they may be exposed to at the job site.

The contractor in question must be informed of any safety precautions needed when working around any hazardous chemical at the work site.

The Director of Clinical Education shall inform any contractor on site of the above two points. In the event that a contractor has questions regarding hazards at ACTCM, all questions are to be directed to the Director of Clinical Education.

Record Keeping

In order to comply with Title 8 of the California Code of Regulations, Section 3203, the following records are kept at the administrative offices for one year.

- Records of hazard assessment inspections;
- Documentation of safety and health training for each worker.

For those employees who are employed less than one year, copies of training documentation are provided to the employee on termination of employment at the request of the employee.

Biohazard training records are to be kept three years pursuant to section 5193 of the California Code of Regulations, Title 8.

A copy of this report is on file at: ACTCM, 450 Connecticut Street, San Francisco, CA 94107

6.3 Bloodborne Pathogens and Safety Guidelines

It is essential that clinic faculty, student clinicians and staff understand the mechanisms of infectious disease transmission, particularly bloodborne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV); skin infections from staphylococcus, streptococcus and methicillin-resistant staphylococcus aureus (MRSA); and other common healthcare associated infections. Knowledge of the mechanisms and characteristics of common healthcare associated infections and adherence to Clean Needle Technique will reduce the risk of the spread of bloodborne and surface pathogens.

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 precautions. Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens. Universal precautions, defined by CDC, include the use of gloves, masks, gowns, goggles and prevention techniques appropriate to the particular health care setting. All personnel involved in the use of acupuncture needles are required to handle acupuncture needles as described in the acupuncture needle safety section below.

Universal Precautions

- Wash hands before and after all patient or specimen contact.
- Handle the blood or other body fluids of all patients as potentially infectious.
- Wear gloves for potential contact with blood and body fluids.
- Place used needles immediately in nearby impermeable container; do not recap or manipulate needle in any way.
- Wear protective eyewear and mask if splatter with blood or body fluids is possible.
- Wear gowns when splash with blood or body fluids is anticipated.
- Handle all linen soiled with blood and/or body secretions as potentially infectious.
- Process all laboratory specimens as potentially infectious.
- Wear mask for TB and other respiratory organisms. HIV is not airborne.
- Place emergency equipment where emergencies are likely to occur.

Acupuncture Needle Safety

- Use only approved pre-sterilized, disposable acupuncture needles.
- Use a new needle for each insertion. Do not reuse needles.
- Use the appropriate needle length for the planned procedure.
- Do not place used acupuncture needles in trays at the treatment table. Place all used needles directly and immediately into the sharps container.
- Do not hand used acupuncture needles to another student.
- Do not insert an acupuncture needle into the patient up to the needle handle. Always leave some needle length between the skin and the handle.
- Do not exceed needle insertion depths or angles.
- Do not needle at an angle or depth where the patient's lungs or any other organ can be injured.
- Be sure that the patient is stable and comfortable before beginning needle insertion.
- Be sure that the patient has had food within a few hours of being needled.

- Be sure that the patient is relaxed prior to needling. Reassure the patient about the procedure before beginning to needle the patient.
- Wear gloves during the needle insertion at your discretion. The gloves may protect you from a needle stick accident but may make handling the needles more difficult. Gloves are only necessary when there is the risk of exposure to blood or body fluids.

If you choose to wear gloves while treating a known HIV seropositive patient, you must wear gloves while treating all patients. The only difference between a patient who states she or he is HIV seropositive and one who does not, is that the seropositive patient is sure of her or his status.

Contaminated needles that are used, and have come in contact with blood or potentially infected body fluids are to be considered contaminated needles and are to be placed directly and immediately in the appropriate sharps containers. No biohazard materials are to be placed in any temporary container, on any surface, or handed to other personnel in the clinic. Once in the biohazard container the material must remain in the container and not be transferred to any other container by clinic personnel.

Sharps containers must be commercially made hard-sided plastic containers approved for use as a biohazard container by the Director of Clinical Education. They must be leak proof, puncture resistant, and easily accessible to personnel that use acupuncture needles and other sources of medical waste generated at the institution. Labels and containers should be red or predominantly red, and have the international biohazard symbol below on each container. All such containers must be clearly labeled as containing bio-hazardous materials. Each container must have a tight sealing closure that is placed on the container after it is full. Full containers must be filled to no more than the indicated fill line on the containers. Contaminated materials may not be left on top of the container or sticking out of the top of the container where it can come in contact with clinic personnel. Once the containers are filled to capacity the container is sealed and picked up by the appropriate biohazard pick up service.

Used laundry that is not heavily contaminated by a significant amount of infectious material such as blood is to be placed by clinic personnel into the correct dirty laundry containers in the linen storage areas. Blood stained linens are to be double bagged in tightly sealed plastic bags that are clearly labeled as infectious and given directly to the laundry service. Do not place blood stained linens in the laundry containers.

All personnel handling materials other than acupuncture needles that are contaminated by blood or body fluids must wear single use disposable examination gloves. Should such a glove become damaged in the course of use, a new glove must immediately replace it. No single use glove is to be washed and reused. Always wash your hands with an antiseptic soap before and after performing a procedure that involves working with potentially infectious materials.

Used acupuncture needles handled in the course of routine use need not be handled with gloves as long as properly trained personnel handle them in a manner commensurate with routine use.

All containers containing infectious material are to be labeled with the biohazard legend.

The clinic area has a sink area with antiseptic soap, an iodine solution such as Betadyne and paper towels adequate for all personnel working in the area. There is to be a bottle of a ten percent bleach solution to be used to disinfect hazardous spills.

All employees who work in areas at risk for exposure to medical waste must receive training in the proper handling of biohazard materials as part of their training program. All employees who are eligible to receive biohazard training must receive training within one year as part of their retraining program. All biohazard training must be documented as outlined in the record keeping sections of this program. Biohazard training records must be kept for three years.

6.4 Accidental Needle Stick Procedure

Although the risk of transmission of bloodborne pathogens through accidental acupuncture needle stick is arguably relatively low, ACTCM takes every needle stick incident seriously. Each student exposed to a needle stick is entitled to timely post exposure medical evaluation. ACTCM will finance the cost for evaluation, but the college will not take responsibility for the cost of any treatment should it be deemed necessary.

In the event of an accidental needle stick accident, the following procedure is used.

- Wash the site of the needle stick immediately and disinfect with Betadine or povadyne solution.
- Report to clinic faculty immediately and fill out an incident report form. The incident report form is available at the clinic front desk.
- Make an appointment as soon as possible with Assistant Director of Clinical Education and Clinic Operations Director to fill out authorization assessment forms.
- Once you have filled out the proper forms from Assistant Director of Clinical Education, you can go and receive appropriate blood work evaluation at:
 - Concentra, Potrero Hill, 2 Connecticut St., San Francisco, CA 94107; (415) 621-5055
- An incident report must be completed and submitted to the Director of Clinical Education.

For more detail information of procedure safety, bloodborne pathogens, and risk reduction concerning acupuncture and other adjunctive therapies in the teaching clinics, please refer to the *Clean Needle Technique Manual: Best Practices for Acupuncture Needle Safety and Related Procedures*; 7th Edition, published by the Council of Colleges of Acupuncture and Oriental Medicine, 2017.

6.5 Procedures for Handling Sharps, Sharps Containers and Bio-waste

The ACTCM Clinic uses only single use sterilized acupuncture needles. Each clinic treatment room is supplied with at least two wall mounted Cal-OSHA compliant red sharps container and biohazard waste bags supported by a wire frame. These bags are located on top of the steel supplies bookcase. Also on top of the bookcases are plastic tubs marked for recycling the packaging of the needles.

The compliance with the policies and procedures listed below are important to the safety of all parties on the premises of the ACTCM Clinic and apply to staff, faculty and student clinicians. Any deviation from which may result in a greater probability of needle sticks, cross contaminations, and ultimately disciplinary actions.

All acupuncture needles used in treatment spaces established by the ACTCM Clinic are to be only disposed of in a sharps container.

Cotton balls containing blood may not be placed in sharps contains and should only be disposed of in red biohazard bags.

The handling of sharps containers shall be done by authorized personnel only. These authorized personnel consist of ACTCM Clinic supervisors, ACTCM staff and faculty; all of whom have had blood borne pathogen training. ACTCM student clinicians may move sharps containers in a given treatment space to accommodate spatial needs and easy accessibility.

Once a sharps container is filled to the threshold line and is ready to be sealed shut, an ACTCM faculty may have a student clinician shut the container if they cannot immediately do it themselves. Both are responsible for informing the clinic front desk staff when sharps containers and biohazard waste bags are full, so they may be replaced.

The removal and transport of securely shut sharps container and biohazard waste bags from the current treatment area, not the ACTCM Clinic, must be in a hardcase/hardshell vessel marked "Biohazard" or "Biohazardous Materials." These items are to be brought to the clinic front desk where they will then place it in the temporary biohazard waste holding bin from which contents are picked up monthly by Stericycle or an equivalent authorized disposal company of regulated waste.

6.6 Medical and First Aid

Employees must have emergency and medical assistance available to them in a timely manner in the event of an emergency. In the event of an emergency, the Director of Clinical Education shall be informed immediately. First aid must be available to employees at all times. It is the responsibility of the Director of Clinical Education to ensure that all qualified first aid personnel are on staff during all shifts. All managers and supervisors are to have an updated list of first aid providers.

In the event that an emergency exists that requires attention beyond first aid, the injured employee should be referred to San Francisco General Hospital emergency room. 911 should be called and city emergency personnel be directed to the location of the injured employee.

All accidents, including those involving injury or death of a college employee must be immediately reported to the Director of Clinical Education.

The Director of Clinical Education is responsible to make sure that a well stocked first aid kit is on site at all times.

6.7 Essential Emergency Procedures

Basic Protocols

Emergency situations are always stressful. Therefore it is imperative that everyone must try to follow, to the best of their abilities, these basic protocols when responding or reacting to any emergency situation.

- Remain calm
- Be decisive
- Know the CIIS emergency procedures
- Use common sense
- Don't put yourself or others in peril
- Gather the facts; be prepared to make a detailed report
- Communicate calmly, clearly and thoroughly
- Call for help

Reporting Emergencies

- Call 911 immediately for all life-threatening emergencies or any emergency that you feel could quickly become life-threatening. Notify the lobby reception staff (Mission campus) of the emergency whenever a 911 call has been placed. They will assist in coordinating the emergency response provided by both external responders and Safety and Emergency Response Team (SERT).
- For indications of a fire, you can also activate the Pull-Station located in adjacent to each emergency exit stairwell.
- For any emergency or serious incident/situation, follow the procedures contained in the *CIIS Emergency Response Plan Manual*.
- Call the Institute main telephone number to report all emergencies or issues that are not life-threatening, such as reporting an injury or suspicious but non-violent person. The receptionist on the line will contact the most appropriate member of SERT as well as 911, if necessary.
- The Institute's Human Resources Department must be notified as soon as possible anytime an employee, student or visitor is injured.
- The Institute senior administration, the President and the applicable vice president(s), must also be notified of any emergency or other serious situation-incident. The President, or designated representative, in consultation with the Emergency and Business Continuity Manager(s), is solely responsible for making the decision to cancel classes and/or to close any of the Institute's facilities.

General Evacuation Procedures

In many emergency situations, evacuation will be necessary. If evacuation is necessary, the following should be noted:

- Building occupants will be notified of the evacuation by the sound of the building fire alarm, by verbal instruction from building emergency staff, and/or by self-evident hazardous conditions.
- All occupants must leave the building immediately if the fire alarm is activated, or if directed to do so by building emergency staff or self-evident hazardous conditions.
- Building emergency staff will guide and assist the evacuation to the extent possible.
- All occupants should exit the building through the nearest safe exit or exit stairwell.
- Elevators should never be used in an emergency evacuation.
- If the nearest exit or exit stairwell is obstructed by smoke, fire or other hazards, proceed to an alternate exit or exit stairwell.
- During stairwell evacuation, remove high heels, and hold on to the handrail. Allow enough room for others to enter the flow of traffic in the stairwell.
- Once outdoors all occupants should move to safe location away from the building and assemble together.
- Building emergency staff will also inform arriving emergency personnel of information about the emergency in the building, including location of hazards and any problems known.
- Building occupants should not re-enter the building until cleared by emergency personnel.

Violence in the Workplace

Follow this procedure if you observe a person, or group of people, who pose a threat to your safety or to your property:

- Close and lock all doors. Close windows, blinds and curtains.
- Call for assistance.
 - Call 911
 - On campus, call the switchboard operator by dialing “0” and report the situation.
 - At all other CIIS locations, you should call “911” directly. And, as time permits, call the switchboard operator at 415-575-6100. She/he will notify the Safety and Emergency Response Team (SERT).
 - Be prepared to report any injuries, along with any unusual activities, people or anything of a suspicious nature.
- Secure your area and take cover if you remain in the area. Move into a closet or other room, or as far as possible away from the disturbance.
- Do not do anything to provoke or otherwise escalate the threat.
- Remain at your location until advised otherwise by the SERT.
- Attempt to escape only if you feel your safety is in immediate jeopardy. You will have to make an immediate on-the-spot decision and use the most secure escape route you can find.
- If you elect to escape, contact the switchboard and advise them of your action, or call “911” and explain the situation and your plan to the operator. NOTE: Law enforcement personnel may be in the area and any unidentified or unknown person may be considered armed and dangerous until they can determine otherwise. Therefore use extreme caution when moving about.
- Await further instructions from the responding emergency personnel.

For more detail information, please refer to the *CIIS Emergency Response Plan Manual*.

6.8 Exposure Control Plan

Instructions for Completing the Exposure Control Plan

The following pages are designed for compliance with the OSHA Regulations that require each facility to prepare an exposure control plan.

This plan needs to be updated:

- Annually.
- When new tasks and 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.

The ACTCM Acupuncture and Herbal Clinic:

- Must be in compliance with every item checked or dated in this plan.
- Is held accountable for the procedures and equipment covered in this plan, and may be fined by OSHA for incorrectly indicating compliance.

EXPOSURE CONTROL PLAN

ACTCM Acupuncture and Herbal Clinic
450 Connecticut Street
San Francisco, CA 94107

Exposure Determination List

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

- Acupuncturist
- Student clinicians
- 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:

- Pricking bleeding
- Seven-star needle technique
- Needle cupping
- Care of wounds
- Dressing changes

Schedule and Methods for Implementation of the Regulations

Work Practice Controls

The following Work Practice Controls are in place in Clinic and employees have been trained in these procedures.

- 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.
- 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.
- Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in clinic in work areas where there is any risk of occupational exposure.
- 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 benchtops.
- 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.

Engineering Controls

The following Engineering Controls are placed in clinic:

- Hand washing facilities are available for staff use in the clinic.
- Where/when hand washing facilities are not available, antiseptic hand cleanser and clean towels or towelettes are available for staff use in the clinic.
- Leak-proof, puncture resistant sharps containers, with appropriate labels or color-coding, are available in each treatment room.
- 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.
- 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.

The Engineering Controls outlined above are inspected and maintained on a regular basis.

Personal Protective Equipment

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.
- Utility gloves are available for all housekeeping and other staff at the clinic. They are checked for cracks before each use and replaced as necessary.
- Face protection is not required in clinic.

Housekeeping

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 a contracted cleaning company 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 new or reassigned staff, compliance is required within 10 days. At-risk employees have been offered the hepatitis B vaccine free of charge.

- A written opinion submitted by the 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.

Any employee for whom hepatitis vaccination is recommended because of a hepatitis exposure in the course of work at ACTCM and who refuses such a vaccination must sign the Vaccination Refusal statement.

Postexposure Evaluation and Follow-up

In the event of an exposure incident, the following procedures are to be followed:

- Disinfect the area with Betadine or other povadyne solution.
- Report to clinic faculty or supervisor immediately and fill out an incident report form. The incident report form is available at the clinic front desk.
- Make an appointment ASAP with Assistant Director of Clinical Education to fill out authorization evaluation forms.

Labels and Signs

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

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 Clinical Administration.

Training Records

- 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 clinical administration.

6.9 Incident Reporting

Definition and General Recommendations

This facility defines an incident as an occurrence not consistent with the mandated operation of the clinic or the care of the patient. The primary consideration in generating incident reporting information is to promote the quality assurance process and the risk management activities at the clinic. The incident reporting form is the recommended form for such clinic reporting.

Any clinic staff, faculty or student clinician observing, discovering or involved in an incident should initiate an incident report. The incident 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 bloodborne OSHA variance must be reported and maintained for a period of thirty (30) years.

In general, an incident report must be filed for any of the following circumstances:

- A disturbance occurs that does or may disrupt clinic functions or which may affect the community standing of the health care facility.
- A significant violation of established policy and procedure.
- An event which is not a natural consequence of a patient's disease or procedure.
- An unusual event which does or may result in personal and/or bodily injury.
- Threat or announcement of intent to file suit or actual commencement of legal action relating to treatment provided by health care facility.
- 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:

- 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.
- Observed or alleged physical abuse of a patient by any clinic staff, faculty or student clinician.
- Any alleged sexual, personal and/or financial business relationship between a clinic staff, faculty or student clinician and a patient and their families who are currently being treated in the clinic or within one year of the patient's discharge.
- 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 clinic staff, faculty or student clinician leaves the clinic after completing a clinic shift.

Any incident involving voiced hostility by a patient, visitor or family member requires immediate verbal communication to the Director of Clinical Education in addition to completion of an incident report.

Responsibility for completing an incident report rests with any clinic staff, faculty or student clinician who witnesses, discovers or has direct knowledge of an incident. Any additional clinic staff, faculty or student clinician 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 Incident Reports

WHO		DOES WHAT
Faculty, student clinician, clinic staff or patient	1	Report incident or concern to the Safety Officer
Clinic faculty	2	Provide care or referral as per scope of license
	3	Call 911 as needed
	4	Complete page 1 of Incident Report Form
Clinic Operations Director	5	Inform Director of Clinical Education of the nature of the incident by phone or email as appropriate to the immediacy of the incident
	6	Complete page 1 of Incident Report Form

Director of Clinical Education	7	Review Incident Report Form
	8	Interview those involved in the incident
	9	Consult with the Director of ACTCM as needed
	10	Complete page 2 of the Incident Report Form
	11	Follow up on any medical or emergency referral
	12	File Clinic Incident Report when concluded
Director of ACTCM	13	Make changes in operations, academic policies and procedures, as needed
Clinic Operation Director and Director of HR of CIIS	14	Process workers compensation or GL claims as needed
Provost of CIIS	15	Consult with institution as needed

The Clinic Incident Report Form is available at the Clinic Conference Room, Faculty Room and front desk. The form could also be download at the link; <https://ciis.instructure.com/courses/14961>

General Recommendations:

- The incident report should be completed as thoroughly as possible.
- The report contents should be legibly written or typed (preferred) Printing of all information is preferred.
- More than one block of ten is applicable in a given Section. Read each section completely and check all applicable boxes. Use your best judgement as to which block(s) are most descriptive of the incident.
- Be objective (description of facts, behavior and statements only) and not accusatory. Do not record opinions or judgments. Identify persons by name and title.
- Additional sheets may be attached for narratives or information provided by other witnesses if needed.
- Information contained in addendum should be factual only.
- The name and complete address of all witnesses (including clinic personnel) should be recorded.
- Narratives and signatures must be legible and reports correctly dated.
- Completed incident reports and attachments are confidential and should be retained in the Director of Clinical Education’s office and uploaded to the incident report file in Sharepoint, 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 Director of Clinical Education or designated persons for review. Because incident reports are confidential documents and are subject to the Evidence Code 1157, State of California, the documents 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 an incident report has been initiated. No mention of the incident report

should be noted in the medical record and this includes the practitioners' order sheet. It is essential that all information pertaining to the medical treatment given and the facts of the incident 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 Incident Reports

All incident reports should be forwarded to the Director of Clinical Education for review and determination.

- No incident reports will become part of the personnel record
- No copies will be made of any incident report
- Injury does not have to occur to justify an incident report

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, Norcal, promptly, if indicated

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

Any incident that is reported resulting in a greater than minor injury will be investigated immediately. The investigation should be initiated by the Director of Clinical Education. The investigative process must be held in the strictest of confidence.

At the minimum, the following will be accomplished:

- Interview any involved persons
- Audit the medical record for 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 (Norcal), if indicated

7.0 Acknowledgement of Receipt of ACTCM Clinic Manual

I acknowledge receipt of the ACTCM Clinic Manual Policy and Procedures.

I recognize that it is my responsibility to review and govern myself according to the policies and procedures written herein.

Name: _____

Signature: _____ Date: _____

Please return this signed form to the Assistant Director of Clinical Education.