



Clinic Manual

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Introduction

The Clinical Practice Program is the most important part of our curriculum, as this is where students learn to treat patients safely, skillfully and effectively ensuring that these future acupuncturists will offer safe and quality care to the public. AIMC Berkeley provides a total of 1005 hours of clinical practice courses. AIMC Berkeley takes great pains to provide patients for the student clinic program. AIMC Berkeley's philosophy is that every student should develop the skills for becoming a capable practitioner. With this objective in mind, AIMC Berkeley expects that this clinical practice training will be an invaluable experience for the future practitioner.

The most important point of this program is to protect the consumer (patient). To ensure this protection, the student must strictly follow the clinical instructor's directions in this program, as the student is not legally allowed to treat patients independently. The student can study and practice acupuncture treatment methods only under the supervision of a licensed instructor. This means that the student cannot treat patients outside of the college clinic without supervision.

Hygienic needling technique is absolutely required in this program. This policy not only protects the patient, but protects the student as well. The college recommends students use gloves while needling under specified conditions. The broad meaning of hygienic needling technique includes disinfecting the clinic room; including the table, shelves and cloth covers in the room. Moreover, used needles are to be properly disposed of in a specific container that will be destroyed by fire. When a student touches blood and/or body fluids, the part exposed to the blood or fluids should be thoroughly washed as soon as possible. If the situation suggests contamination, the student must report it to the instructor and the most appropriate medical care should be taken immediately.

Acupuncture needles that have fallen on the floor should not be picked up using the fingers directly. Those needles must be considered contaminated and should be retrieved using the forceps provided at the side of the needle disposal container located in each treatment room. (A more thorough discussion can be seen under "Biohazard Control Guidelines – pg. 37)

Each patient's symptoms should be examined carefully for the purpose of determining whether the patient's symptoms are appropriate to be treated with acupuncture or not. If necessary, the patient should be referred to a Western medical institution. The student must always consult with the clinic instructor about diagnoses and treatment plans.

Note: The college encourages students to have a Hepatitis B immunization prior to enrollment in the Clinical Practice Program.

Clinical Practice Program Course Descriptions

Clinical practice constitutes the core of the AIMC Berkeley educational program, where the student's education and training in Oriental Medicine serves the public through the AIMC Berkeley Community Clinic. Student interns progress from observation to highly supervised care of patients, and then progress with increased responsibilities and less direct supervision. Courses within the Clinical Practice Program series are taken in sequential order: Observation I-III; and Level I-III Internships.

CP 011–015 Clinic Observation I–III

Preliminary stage of the Clinical Practice Program. Emphasis on helping students acquire the knowledge and skills required to treat patients under supervision. Students observe the various aspects of clinical practice and patient treatment performed by both licensed instructors and advanced student interns.

CP 011 Observation I: Theater

(1 clinic unit; 2 hr sessions) Prerequisites: None.

Observation of various aspects as a senior practitioner treats patients in the classroom setting. Students gain an overall picture of patient reception, record keeping, examination, treatment methods, and herbal prescription.

CP 012–013 Observation II: Grand Rounds A, B

(1 clinic units each; 2 hr sessions)

Prerequisites: [CP 011](#).

"Watching and Following," students observe senior practitioners diagnosing and treating patients in the AIMC Berkeley Community Clinic. Case study in each session during "Grand Rounds" discusses various aspects related to the patient's care, including diagnosis, treatment principles, point selection, needling techniques and precautions, and herbal formulas.

CP 014 Observation III: Pre-Intern

(2 clinic units; 4 hr sessions)

Prerequisites: [CP 012–013](#).

During the last two trimesters of the Observation series, students apprentice with third year student interns and assist them with the treatment and care of the clinic's patients while preparing for the AIMC Berkeley Pre-Intern Competency Examination. Students also practice on each other doing intakes, making diagnoses, formulating treatment plans, and performing acupuncture under the guidance of a Clinic Supervisor.

CP 111–112 Internship Level I

(10 clinic units; 300 clinic hours)

Prerequisites: The first 5 trimesters of the full-time curriculum (except [IM 201](#) and [PE 200](#)); and passage of the AIMC Berkeley Pre-Intern Comprehensive Examination.

This course begins the clinical internship. Interns interview patients, develop diagnosis

and treatment plans, and administer treatment alongside a clinical supervisor. Emphasis on asepsis, proper examination, diagnosis, point location, and needling technique. Supervisor is present during all treatment phases, including needle insertion, stimulation, withdrawal, cupping and moxa. Interns also help prepare herbal prescriptions.

CP 211–212 Internship Level II

(10 clinic units; 300 clinic hours) This begins the intermediate stage of clinical internship. Interns assume more active role in diagnosis and treatment and have more responsibility. Supervisor is physically present during needling and assists interns with developing and refining techniques.

CP 311–312 Internship Level III

(6 clinic units; 180 clinic hours)

Prerequisites: Completion of all coursework for the first 8 trimesters of the full-time curriculum (except [PE 220](#), and [IM 220](#)).

This begins the advanced stage of clinical internship. Interns will have more independence and responsibility and will be expected to monitor the patient's progress, adjust treatment accordingly, and record information on the patient's chart accurately.

Clinical Practice Attendance Policies

General: The following policies apply to all AIMC Berkeley clinical practice courses, including all levels of Observation and Clinical Practice. The goal of clinic attendance policies is to ensure that all interns complete the required hours mandated by state guidelines and the college's curriculum, to ensure the smooth operation of the community clinic, and to allow for unforeseen circumstances that inevitably occur.

Attendance Requirement: Students must attend 100% of scheduled observational or clinical hours as delineated on the timetable for the trimester in which the course is offered in order to complete the course.

If a student is to miss a shift, he/she must inform the clinic manager at least 48 hours before his/her scheduled hours. The student must submit a Petition for Excused Absence, which must be approved by the Clinic Manager.

The student may make up missed clinic hours in the following ways:

Observation students must follow an intern in the clinic to make up hours. One cannot sit in on Observation Theater or Grand Rounds. Prior permission must be obtained from the front desk.

Interns may make up hours during the following intercession. There will be no additional charges for inter-session make-up hours. Make-ups during the same term will not be allowed.

Instructors for interns are assigned and provided according to the schedule as determined at the beginning of the trimester.

For all Observation students and Interns: At least 80% of clinic hours registered for must be completed by the end of the term to receive an Incomplete if hours are missed. If fewer hours are completed by the end of the term the intern will receive an F for the term and must re-register and redo all hours completed that term.

Banking Clinic Hours

Interns may schedule extra (banked) clinic hours only when receiving approval after submitting an appeal explaining the reason for the need. Charges for the hours will be applied before the banked hours are scheduled.

Banking an Entire Shift

Banking of a full 60 hour shift is discouraged and will only be permitted in extraordinary circumstances.

To obtain permission to bank a full shift, students must petition the Clinic Dean to bring the request to the ASC. The student must provide the expected schedule that will be used to fulfill the 15 required shifts.

Except in the most unusual situation, students may not take more than 38 weeks (two terms and two breaks plus the first four weeks of the subsequent term) to complete a fully banked shift.

If approved, the student will be required to register for a clinic shift in the term when the student begins to accrue the hours. The banked shift will be recorded on the student's enrollment at the start of the term. A grade of Incomplete will be assigned if the hours are not done in full by the end of the term. This incomplete will remain on the student's record until the final paperwork is submitted. If the student fails to complete the banked shift on the approved schedule, the hours, the treatment count, and the tuition will be lost, and the grade will convert to an "F".

System of Clinical Enforcement

Clinic rules are established to conform to health and safety regulations for the protection of patients and interns, including ACAOM and OSHA guidelines and HIPAA regulations. Rules are also necessary to insure compliance with state board and college requirements for hours spent in clinic. Rules also help maintain professionalism and consideration of others within the clinic environment. When rules are violated safety is compromised, professionalism diminished, standards of education unattained, and clinic morale lowered.

To help ensure compliance with clinic rules, the following system will be used. A violation of any rule without adequate reason, when substantiated by a clinic instructor, the clinic manager or clinic dean, will result in a written reprimand to be placed in the intern's record. Depending on the violation, there may be a suspension of clinic time of 1 or more clinic shifts. The offending intern's schedule will be suspended accordingly. The lost hours will be made up the following term, at additional cost, before advancing to the next level.

Violations of rules include, but are not limited to, the following:

- Dress policy violations, including but not limited to wearing open-toed shoes, not pinning long hair back, and not wearing a clean lab coat
- Arriving late or leaving early without permission
- Leaving the building at any time during clinic hours without permission
- Failure to properly clean and restock treatment area at end of shift
- Changing an approved treatment plan and then treating without prior re-approval
- Eating in the clinic
- Any OSHA Bloodborne Pathogen safety violation.
- No-showing to one's shift without proper notice
- A one-time violation of the following may in itself constitute grounds for immediate failure and further disciplinary action:
 - Treating patients without prior approval and sign-off from instructor
 - Treating anyone outside of clinic without permission and supervision from an instructor
- Falsifying attendance records

Recommended Intern Personal Supplies

- Needles
- Cupping Set/Body Oil
- Blood Pressure Monitor
- Point Markers
- Hemostat, tweezers
- Moxa Snuffer
- Lighters
- Electro-stim machine
- Thermometer
- Watch w/ second hand (or digital)
- Orthopedic supplies (goniometer, reflex hammer, pin wheels, etc.)

Guidelines for Observation

In order to facilitate professionalism, decorum, and the comfort of our patients, the following guidelines are to be followed during all levels of Observation:

- Students more than 10 minutes late are not to enter the treatment room until after the intake interview is complete. (If more than 15 minutes late, the student must make-up the time lost.)
- During the intake interview, only the instructor, the intern, or the student designated to conduct the interview speaks to the patient. If observation students have questions, they must hold them until the interviewer is finished and asks for additional questions. This ensures that the interview stays focused and on track, and is much less intimidating to the patient.
- All students must remain in the clinic during observation hours and not wander upstairs or outside. Students should stay within easy communication of the instructor or intern at all times.
- Banter and joking within earshot of the patient should be restricted.
- Discussion of diagnosis of the case should be reserved for the conference room unless the instructor or intern initiates it in front of the patient.
- No loud talking in clinic hallways.
- Observation students should not give any advice whatsoever to the patient before checking with the treating intern or instructor.
- Observation students following interns should ask questions of the consulting instructor only after discussion between the intern and instructor is complete.
- Be aware of patient sensibilities at all times, and help foster an atmosphere of caring that will reflect well on our students and practitioners.

Observation III

(Pre-Internship)

The third stage of Observation is a transition between strictly observing treatment and the first level of internship. As such, Observation students are more active during the process of patient treatment. Interns may utilize observation students in many important activities, including:

- preparing the treatment room before and between treatments. This would include replacing table paper, restocking supplies, etc.
- bringing the patient to the treatment room from the reception area.
- observing the pulse and tongue, and feeling pulses.

- using moxa during treatment.
- performing bodywork such as massage, tui-na.
- submitting the herbal prescription to the herb pharmacy.

Any of the above activities should be done only with the direction and assent of the intern.

With the assistance of the observation student, the intern can be free to spend more time on diagnosis, treatment planning, and needling.

For All Levels of Internship

At all levels the following guidelines must be followed:

- Interns will be assigned to a particular supervisor at each shift for the entire term. Supervisors will keep a notebook for the term, with entries regarding each assigned intern's progress. At the conclusion of the term, the supervisor will write an evaluation of each intern with a grade.
- At the beginning of the term, the supervisor, in conjunction with the intern, will formulate learning goals to be attained for the term, over and above the competencies required for that level.
- At the beginning of each shift, supervisors must collect the charts of their interns' scheduled patients to review before patients arrive. When appropriate the supervisor should discuss the incoming case with the intern(s).
- Clinic faculty must verify tongue and pulse, and any other pertinent examination findings, before signing off on diagnosis and treatment.
- An appropriate follow-up plan must be formulated in consultation with the clinic instructor and the intern must communicate the plan to the patient before the patient leaves the treatment room. Pink forms detailing when patients are to return are available in each treatment room and should be filled out and handed to every patient before leaving for the front desk to check out.

Outline of Procedures for Level I

“During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient.”

-Cal. Acupuncture Reg. 1399.434 (h)

To facilitate the smooth operation of the Level I, the following procedures and guidelines will be followed:

- Interns will be organized into groups of 3 or 4

- Within each group, each intern will have an assigned role to carry out (see below). These roles are not fixed and should rotate with every patient.
- Roles within each group should be assigned before each patient arrives.

The Clinic Supervisor must be present at all times during the intake interview, examination, and all treatment (including needling, needle stimulation, moxabustion, cupping, and needle withdrawal). Discussion of diagnosis and treatment planning should be held outside treatment area in the consultation room.

Order of Activity during Treatment (Level I):

One intern greets patient in reception area when chart is available and escorts to the treatment room.

Interview and examination of patient in presence of Clinic Supervisor

All interns and Clinic Supervisor retire to consider diagnosis and treatment plan.

After treatment plan is approved by Clinic Supervisor, points are located and checked with Supervisor assistance. Treatment is carried out under supervision.

Herbs are dispensed.

Patient is advised about further treatment and expected effects.

Assigned Roles:

Intern A: Will direct interview and ask initial questions. After Intern A is finished, others may question patient. Will also check point location.

Intern B: Will locate points to be treated and do needling under supervision. Point location will be checked by other interns and instructor.

Interns C and D: Will write out and submit the herbal prescription to the herb dispensary. Any non-needling treatment will be done by C or D intern.

Outline of Procedures for Level II

“For a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient”

-Cal. Acupuncture Reg. 1399.434 (h)

Level II interns will treat patients individually. The intern will conduct the patient interview and exam, develop a diagnosis and treatment plan, and then consult with the clinic supervisor. During the needling of the patient the clinic supervisor must be present in the treatment room to observe.

Outline of Procedures for Level III

Level III interns treat patients individually. The supervisor is present to consult after the intern conducts the patient interview and examination. The supervisor will confirm the results of the patient’s examination prior to approving the diagnosis and treatment plan presented by the intern. Treatment occurs when the supervisor is in close proximity within the clinic where he/she can be available when needed.

All:

All interns are responsible for cleaning up treatment area between patients and at end of the shift. The treatment area should also be restocked of supplies at the end of the shift.

Clinic Protocol

Daily Routine

- When students arrive in the morning, they should check the schedule on the bulletin board, sign up for an available treatment room, and record the desired room number on the schedule. The intern should then check the treatment room to be certain it is clean and well stocked.
- While waiting for their patients, interns should be near the reception area.
- Patient charts will be placed in clinic faculty wall holders in the supervisors' consultation room.
- Student should then retrieve the chart, assemble necessary intake forms, and begin intake with patient.

Clinic Appointment Schedule

- Schedule is posted on either bulletin board corresponding to each intern level. This board is also used to post notes from reception and clinic memos. Please note that this board is not for personal use, advertising, events, etc.
- Check the bulletin board frequently for phone messages. Patients call throughout the day with herb questions/herb refill requests.
- Patients often call for same-day appointments. Interns should check the schedule frequently throughout the day to see if patients have been added to the schedule, or have canceled appointments..
- If a patient is more than 20 minutes late (or 15 minutes late for a new patient), he or she will be asked to reschedule. (New patients with Level 1 interns have a ½ hour grace period) After 20 minutes, if a patient has not arrived, a student may join another student in treating a patient or treat another student. Interns with no patient must inform the supervisors and reception staff as to his/her location in such cases.

Other Clinic Issues

- If a student does not have a patient, he or she may pair up with another intern. However, interns must be easily located at all times during clinic practice hours.
- Rooms must be cleaned and stocked after at the end of each shift. Room maintenance is part of the criteria for clinical practice grades.
- Herb prescription forms must be turned in at least 30 minutes before the end of the appointment

- Upon completion of a treatment, the intern return patient chart to chart holder at the front desk.
- When a patient is ready to check out, a receptionist will take the herbal treatment form, total the fees, and collect payment.
- The reception desk officially closes at 5:00, except days when there is an evening clinic. It is the responsibility of the intern to complete treatment by the scheduled end of shift.
- Patient charts must be returned to the chart holder at the front desk upon completion of the treatment. Charts may not ever be left overnight in the herb room, conference room, in desks, etc.
- Patients' charts, or portions thereof, may not leave the premises under any circumstances.
- Students who are ill and will not be present for a clinical practice shift must notify the clinic manager as soon as possible so that arrangements can be made to accommodate patients.

Booking Appointments for Patients

- Receptionists will book appointments for patients. Students may not cancel, switch, or change appointments under any circumstances without prior approval of the Clinic Manager.
- When a patient makes an appointment, they will be asked if they have a preference for whom they would like to see. If the patient has no preference, the appointment will be marked open.
- The reception staff will make a note on the schedule on the bulletin board if a patient has canceled or will be late.

Intern Closing Duties

Every intern is responsible for insuring that before being signed out at the end of the shift the following duties are completed:

- Tables wiped down (w/ E-Z Kill)
- Table paper replaced
- Cotton refilled
- Dirty pillow cases replaced
- Sharps replaced as needed
- Clean field replaced as needed
- Alcohol containers closed/refilled as needed
- Dirty Gowns and Towels replaced as needed
- Damaged equipment reported to Clinic Manager
- Room cleaned and in working order for next shift
- Lights & equipment turned off and unplugged Staff notified of low supplies
- Alcohol, Clean Fields, Cotton Balls, Paper Pillow Cases, Towels, and Gowns are located in the Medical Supply Closet
- Replacement Sharps Containers & Biohazard Bags are in the Biohazard Closet

Clinic Forms

Communication Record

- Must be filled out any time a student speaks with a patient (pertaining to treatment) outside of scheduled appointment times. This includes phone calls, drop-ins, etc.
- Forms should be completed directly following communication with the patient, and must be signed by a supervisor immediately.
- Form should be put in the patient's chart when complete.

Clinical Incident Report

- This form ensures proper documentation of any incidents/problems associated with the clinic.
- The Report must be filled out by each and every student, staff, or faculty member involved or witness to the incident.
- Forms must be filled out entirely and thoroughly, and must include an attending instructor's signature.
- When complete, Reports must be submitted to either the Clinic Manager or to the Director of Administrative Services.
- It is imperative that Reports be completed and submitted the day of the incident.

Herb Cooking Instruction Sheet

- This form is used for patients receiving raw herbs to be prepared at home.
- Give the Instruction Sheet to all patients receiving herbs for the first time, or any patient who is unclear on herb preparation.
- Fill out # of bags of herbs given to patient, as well as any special instructions.
- Always mark the bags of herbs with patient's name and name of herbal formula.

Initial Visit Forms

When a new patient arrives, a receptionist will give him or her the following forms:

- Arbitration Agreement- patient may request a copy
- Informed Consent-consent to be treated at AIMC Berkeley Clinic
- Informed Consent to Moxibustion Treatment

- Questionnaire for New Patients-medical history form
- HIPAA Notice of Privacy Policy

These forms are collected and placed in the patient's chart, on the left-hand side. The intern should look these forms over before beginning treatment of a new patient to ensure that they are complete. The Arbitration Form and the Informed Consent Form absolutely must be signed prior to treatment.

Intake Forms

- Forms go on the right-hand side of the chart and should already be in the new patient's chart..
- These forms document the patient's reason for the visit, prior history, diagnosis and treatment. They must be filled out throughout the treatment, signed by an instructor, and completed before returning the chart to the reception desk or chart holder.

Attendance Files

- Attendance files are brown folders used to track the date, number of patients a particular intern treats, whether the patient is new or established, and the signature of the clinic instructor.
- These files must be filled out completely each day, and must be signed by the clinic instructor.
- Each box should contain the coded names of patients seen during that time slot. (The code consists of the first 3 letters of the last name followed by the first letter of the first name, e.g. John Smith would be SMIJ) Each box should have the coded names of all patients seen during that time slot (anywhere from 1 to 3 names).
- If a student is absent for a particular shift, the corresponding slots should be left blank . Use only the extra/make-up sheet to record made-up hours.
- Attendance files must be retrieved at the beginning of the shift from the file holder at the front desk. Each intern must initial the sign-out sheet at the front desk when checking in to confirm they have taken the attendance folder. At the end of the day, the intern must return the attendance folder to the file holder and initial the "in" box on the sign-in sheet. The files may not leave the premises under any circumstances.

Student Purchases

Herb Purchases

- Students may purchase herbs for personal use only. Students may not purchase herbs for family or friends.
- The herb discount for students is 30% off.
- Herb room personnel are responsible for assembling herbs, and recording the pre-discounted price. A receptionist will then subtract the discount and collect payment for the purchase.
- Students may pay for herbs or needles, etc. between 9 and 5 only, and not during busy times.

Instructions for Completing AIMC Berkeley Patient Intake Form

General Comments:

The Patient Intake Form consists of 2 pages in SOAP format. The form is the same for initial and established visits. The intern performing the intake interview must record all required information as completely as possible. Spaces that call for a clinic instructor's signature or initials must be completed before treatment commences and/or before herbs are dispensed to the patient.

Following is a discussion of how each part of the form needs to be completed:

Patient Information:

The first part of the form is self explanatory. Remember to record the Treatment number, which reflects how many treatments the patient has had since first coming to the intern clinic.

Subjective/ History:

For an initial intake the history and particulars of the chief complaint must be fully recorded. History includes date of onset, method of onset, previous treatment, and a thorough record of presenting symptoms. Map the affected areas on the figures at the left and mark the appropriate level of pain on the scale to the side. List any other complaints with appropriate history and detail.

For continuing patients detail the changes occurring since the previous treatment and any new complaints.

The prompts in the Subjective section should be filled in as needed.

Under " MD's/Other's Diagnosis" record any previous diagnosis by an MD or other health care provider as reported to you by the patient or reflected in copies of records provided.

Objective:

General impressions of the patient's health and bearing are detailed under the heading "Color, Sounds, Smells, Gait, Spirit". Be as specific as possible.

Under "Pulse Palpation" be sure to record the overall pulse quality along with the specific readings at each position. The specifics of tongue readings should be recorded in the appropriate spaces.

Under “Physical Exam” and “Neuro-Musculo-Skeletal” record the results of your examination, including Range of Motion measurements, special orthopedic tests, reflex and dermatome testing, heart and lung sounds, abdominal palpation, etc.

If there are results from any lab or imaging tests ordered by AIMC, record them here.

All vital signs must be taken and recorded in the appropriate spaces.

Assessment:

“OM Diagnosis” is the appropriate oriental medical diagnosis; for example, cough, or diarrhea. See Chapters 17 and 18 of CAM for reference. Under “OM Differential Diagnosis” record the appropriate pattern of imbalance underlying the OM diagnosis; for instance, phlegm-heat in the Lung, or Spleen qi deficiency. Always document the supporting signs and symptoms.

“Western ICD-10 Diagnosis” is the appropriate diagnosis as found in the International Classification of Diseases, which is posted in various locations in the clinic. Before diagnosing, be sure that all required exams, tests, and any other supporting documentation verifying the diagnosis are completed and charted. The Merck manual and/or Harrison detail what is required to substantiate a diagnosis for any particular disorder.

Treatment:

Under “Current Treatment Plan” record which visit the present one is under the current treatment plan. Frequency must also be recorded.

Under “Treatment Plan Goal” record your best estimate, after consulting your instructor, of what level of improvement is sought for the present complaint. A measurable parameter must be used; for instance, 75% improvement in shoulder abduction, or 100% reduction in headache pain.

Under “OM Treatment Principles” clearly record the treatment principles that will be used during the present treatment.

Record all points and modalities used for the present treatment with the reasoning used for their selection. The intern doing the needling must initial at “Treatment by _____”.

The same must be done for the herbal prescription. Dosage, frequency and means of administration (pills, powder or raw herb decoction) must be recorded. The intern filling the prescription must initial the chart, and before the prescription is dispensed to patient it must be inspected and signed off by the clinic instructor.

Any instructions given to the patient for home treatment, exercises, nutritional advice or any other lifestyle recommendations should be recorded.

Under “Lab/Imaging Orders”, detail any tests ordered by AIMC for the patient. (The results of these tests are to be recorded in the Objective section)

CPT (Current Procedural Terminology) codes are to be recorded in the spaces provided. These codes are posted at various locations in the clinic.

Referrals to outsider healthcare providers must be recorded in the appropriate space on the bottom of page 1.

The clinic instructor's signature must be obtained before starting any treatment. To not do so is illegal.

Clinic Assessment

Assessment of students' progress is ongoing throughout the clinical experience. At each stage the clinic instructor has tools to determine if the student has achieved the appropriate skills to advance to the next level and finally to graduate as a safe and effective practitioner.

Pre-clinical practical exam

Before entering Level I internship, students must pass the pre-clinical practical exam. This consists of demonstrating safe technique for needling, moxibustion and cupping. A written question on safety protocol must also be answered. If the student does not pass this exam, he or she is advised of the deficiency by the examiner. The student then has the opportunity to re-test after practicing the proper technique as coached by the instructor. If the student cannot pass the re-test, entry into Level I internship is deferred for one term.

Point location exams

During each term, all interns are required to demonstrate the ability to accurately locate a list of selected points. As interns progress from one level to the next, the pool of potential points selected increases. A passing score of 70% is required. These exams enable interns to keep point locations fresh when there is a tendency to forget points not regularly used after completing point location classes.

End of term grading

At the end of each term, clinic instructors grade interns on the clinical application of their knowledge of OM theory, OM diagnosis, acupuncture, herbs, and Western pathology. Points are assigned to each level of a rubric (Proficient, Competent, Needs Improvement, Unsatisfactory) which when added together forms the basis of the clinic grade for that term. The number of points required to pass runs from fewer in Level 1 to highest in Level 3, reflecting the increasing level of knowledge and skills necessary as an intern progresses in the clinic program.

Assessment of Clinical Competencies

The assessment of student interns' clinical competencies takes place over the 3 levels of the clinical internship: Level 1, Level 2, and Level 3. At each level skills are observed and evaluated to assess clinical competency. Interns are evaluated only in those skills that have been introduced and taught up to that level of the curriculum. The competency checklist for each level reflects the progression of skills, from the simpler to the more complex, for which interns need to demonstrate competence.

Each competency will be observed when the intern feels ready to be assessed by a clinic instructor. The competency will be observed during the normal course of patient treatment.

An intern must pass all competencies for their current level before proceeding to the next level. If an intern is having difficulty attaining competency for one or more of their level's skills, clinic instructors must work more intensively with that intern to ensure that those skills can be competently performed.

Definitions of Competencies:

When observing each competency, the clinic instructor will be looking to see that each one is performed within the following minimum guidelines.

Level I

Charting

Charting is complete, legible, well organized with all relevant information recorded. "Instructions for Completing Clinic Intake Form" are followed. All necessary signatures and initialing are obtained.

Unsatisfactory – Entries are left blank (more than 50%). Supervisor signatures not present. Vitals not recorded. Legibility is minimal.

Needs Improvement – Most entries completed (at least 75%). Important omissions remain, such as vitals, number of needles inserted and withdrawn, and current treatment plan.

Competent – All entries completed, signatures obtained.

Proficient – All entries completed, signatures obtained, fully legible, treatment principle and plan follows logically from diagnosis.

Patient Interviewing

Questioning of patient follows a logical, efficient line that elicits the most pertinent information. Intern is able to direct the line of questioning with ease and avoid tangential discussions without being abrupt or discourteous. Intern can establish a rapport with patient that promotes communication. Intern can complete the initial interview within 40 minutes and follow-up interviews within 20 minutes.

Unsatisfactory – Important questions are not asked. There is no logical direction to the questioning. Inability to keep questioning on point. Inability to respond appropriately to patient's statements. Time inefficiency.

Needs Improvement – Asks all relevant questions, but cannot keep conversation on track. Time efficiency needs improvement.

Competent – Asks all relevant questions, keeps conversation on track, answers patient's questions well, completes interview within appropriate timeframe.

Proficient – Asks all relevant questions, directs line of questioning with ease, actively listens, able to establish comfortable rapport, time efficient.

Basic Tongue

Intern can accurately identify tongue body color, coating color and thickness, and moisture quality.

Unsatisfactory – Unable to accurately identify 3 out of four qualities listed above.

Needs Improvement – Unable to accurately identify 2 out of 4 qualities listed above.

Competent – Able to identify all tongue qualities listed above.

Proficient – Able to identify all tongue qualities and also gradations and combinations of color in the same or different regions of the tongue.

Basic Pulse Taking

Intern can accurately identify the different pulse positions. Can distinguish and identify excess, deficient, rapid, slow, superficial, and deep pulses.

Unsatisfactory – Cannot accurately palpate the pulse positions. Cannot accurately determine pulse rate, depth, or strength.

Needs Improvement – Can identify at least 2 but not all qualities listed above.

Competent – Can identify all pulse qualities listed above.

Proficient – Can identify all pulse qualities listed, and is able to differentiate different qualities in separate positions.

Blood Pressure

Can accurately take a blood pressure reading with a manual cuff and stethoscope.

Unsatisfactory – Cannot properly place cuff. Improperly places stethoscope head. Cannot hear or accurately determine pressure readings.

Needs Improvement – Has trouble placing cuff and accurately measuring pressure, but does so after repeated attempts.

Competent – Accurately places cuff and measures pressure, may take more than one reading to do so.

Proficient – Accurately places cuff and measures pressure, quickly and efficiently.

Respiration

Can accurately determine patient's respiration rate of breaths per minute.

Explaining Treatment

Can clearly explain to new patients what to expect during the course of treatment, including probable needle sensations and likely generalized reactions during and post treatment. Can explain in layman's terms the rationale behind the diagnosis and treatment.

Unsatisfactory – Cannot clearly explain or leaves out important information about what to expect during and after treatment, and/or cannot describe the rationale behind the diagnosis and treatment plan.

Needs Improvement – Is able to discuss aspects of treatment, but is incomplete in describing expectations that then inhibits a patient’s understanding of the treatment process.

Competent – Is able to describe and explain most aspects of treatment and its rationale, but may have difficulty avoiding TCM jargon without explanation.

Proficient – Is able to clearly and concisely explain what to expect during and after treatment, and explain the rationale behind diagnosis and treatment in layman’s terms.

Needle Insertion

After locating and swabbing the designated point, uses proper technique to insert the correct length and gauge needle to the appropriate depth. Is able to minimize patient discomfort with sensitive technique. Does not touch shaft of needle. Avoids bending of needle. Uses an unused needle for each insertion; does not reinsert a needle for any reason.

Unsatisfactory – Seriously violates clean needle technique. Does not use proper length or gauge of needle for point being needled. Insertion technique causes undue pain and discomfort.

Needs Improvement – Generally follows clean needle technique but there may be one or two errors. Insertion technique may need refining to enhance patient comfort.

Competent – Able to correctly follow clean needle technique. Uses appropriate needle length and gauge for point being needled. May need to work on time efficiency.

Proficient – Is able to insert needles with facility and minimizes patient discomfort. Adheres at all times to clean needle technique. Is able to complete needling within a reasonable time frame.

Stimulation Technique

Once the needle is inserted, proper technique is used to effect tonification or sedation at proper intervals during the course of the treatment. Intern solicits feedback from the patient to confirm the appropriate response to stimulation.

Unsatisfactory – Cannot demonstrate and does not know different stimulation techniques after needle insertion.

Needs Improvement – Can demonstrate only one stimulation technique, either tonification or sedation, but cannot properly demonstrate both.

Competent – Able to accurately demonstrate at least one tonification and one sedation technique.

Proficient – Able to accurately demonstrate one tonification and sedation technique, and when questioned, can describe alternative techniques.

Needle Withdrawal

Needle is withdrawn with 2 or 3 cotton balls in hand in case of bleeding. After withdrawal each needle is immediately placed in the sharps container before withdrawing the next needle. If bleeding occurs the point is pressed with cotton until bleeding stops. All needles are withdrawn and the patient is double-checked to ensure none are left.

Unsatisfactory – Forgets to have cotton balls in hand. Withdraws more than one needle before placing them in sharps container. Does not check number of needles withdrawn with number inserted.

Needs Improvement – Uses cotton, immediately places each withdrawn needle in sharps container, but does not check that all needles are withdrawn or does not check that the number withdrawn equals the number inserted.

Competent/Proficient – Uses cotton, immediately places each withdrawn needle in sharps container, checks that all needles have been removed and counts needles removed to insure it equals needles inserted.

Indirect Moxa

Stick moxa is properly lit. When heating a point or area, the intern either solicits feedback from the patient to insure no overheating or puts his/her finger next the point/area to monitor the heat intensity. Proper technique is used in holding and moving the moxa stick while heating. The stick is properly and safely snuffed using a moxa snuffer or a bottle partially filled with sand.

Unsatisfactory – Cannot light moxa properly. Does not explain to patient what to expect during treatment and does not solicit feedback. Cannot demonstrate proper technique of holding moxa at proper distance from skin. Does not properly and safely snuff moxa after use.

Needs Improvement – Lights moxa properly and uses proper technique of holding moxa at safe but effective distance from skin. Does not, however, explain to patient what to expect during treatment or solicit feedback from patient.

Competent – Demonstrates proper lighting and treatment techniques, solicits feedback from the patient and properly snuffs the moxa stick when treatment is completed.

Proficient - Demonstrates proper lighting and treatment techniques, explains to patient what to expect during treatment and solicits feedback from the patient. Holds fingers near stick to monitor appropriate level of heat. Properly snuffs moxa stick when treatment is complete.

Cupping

If 7-star needling is done prior to use of cups, the intern dons gloves and mask to prepare for the increased risk of bleeding. Appropriate size cups are used for body area

being treated. Heating of glass suction cups is done safely using alcohol soaked cotton and a hemostat or a long barreled lighter. Flame is not positioned over patient's body. Sufficient suction is obtained. Cups are left in place for the appropriate length of time. Cups are removed and set aside for disinfecting before being used again.

Unsatisfactory – Flame is held over patient's body. Insufficient suction is obtained after 2 attempts.

Needs Improvement – Sufficient suction is obtained only after 2 attempts. Does not hold flame over patient's body. Cannot explain how cups are to be disinfected after use.

Competent – Does not hold flame over patient's body. Able to obtain sufficient suction at 1 or 2 attempts. Able to explain how cups are disinfected after use.

Proficient – Selects the appropriate size cup for the area being treated. Does not hold the flame over the patient's body. Able to obtain sufficient suction with one attempt. Able to explain how cups are disinfected after use.

7 Star Needling

Area to be needled is properly swabbed prior to treatment. Proper technique is used where hammer is not swung too hard, but sufficient to get adequate stimulation. After treatment, disposable needle head is properly removed with a cotton ball to prevent sticking and immediately placed in a sharps container. The cotton ball is placed in the regular trash.

Unsatisfactory – Forgets to swab area to be treated. Cannot properly apply appropriate hammer technique. Does not properly dispose of needle head after treatment.

Needs Improvement – Swabs area to be treated. Appropriately disposes of needle head. Has difficulty applying even, consistent hammer technique.

Competent /Proficient - Swabs area to be treated. Uses proper technique where hammer is not swung too hard, but sufficient to get adequate stimulation. Appropriately disposes of needle head.

Herbal Treatment Explanation

Can explain to the patient the rationale behind the prescribed herbal formula in layman's terms. Can explain the method of preparation of raw formulas, and indicates the dosage and frequency of any formula.

Unsatisfactory – Cannot adequately explain the rationale of herbal prescription and/or the method of preparation, dosage and frequency.

Needs Improvement – Has difficulty explaining rationale of herb prescription in terms the patient can understand. Has difficulty answering patient questions regarding the prescription.

Competent – Able to adequately explain rationale of herb prescription in layman's terms and preparation, dosage, and frequency.

Proficient - Able to easily explain rationale of herb prescription in layman's terms and preparation, dosage, and frequency. Can easily answer questions and concerns posed by patient.

Post Treatment Conversation

Can communicate to the patient expectations for follow-up treatment, and provides the patient with a follow-up form (pink) that the patient uses to reschedule at the front desk. Can explain possible reactions to treatment.

Unsatisfactory – Does not explain follow-up treatment when necessary or provide the follow-up form for the patient to facilitate rescheduling.

Needs Improvement – Provides follow-up information but neglects to give patient follow-up form.

Competent – Provides follow-up information and follow-up form to patient.

Proficient – Is able to discuss expectations for future treatment and any advised home care. Provides follow-up form. Is able to answer all patient questions and concerns.

Biohazard Procedures

Can demonstrate knowledge of biohazard control procedures, including sharps disposal guidelines, non-sharps biohazard disposal guidelines, disinfection procedures, and use of personal protective equipment.

Unsatisfactory – Cannot demonstrate knowledge of at least 50% biohazard procedures of listed above.

Needs Improvement – Can demonstrate knowledge of 50-75% of biohazard procedures listed above.

Competent/Proficient - - Can demonstrate knowledge of 100% of biohazard procedures listed above.

Level II

Charting

Charting is complete, legible, well organized with all relevant information recorded. "Instructions for Completing Clinic Intake Form" are followed. All necessary signatures and initialing are obtained.

Patient Interviewing

Questioning of patient follows a logical, efficient line that elicits the most pertinent information. Intern is able to direct the line of questioning with ease and avoid tangential discussions without being abrupt or discourteous. Intern can establish a rapport with patient that promotes communication. Intern can complete the interview within 30 minutes.

Tongue Diagnosis

Intern can accurately identify tongue body color, coating color and thickness, and moisture quality. Can identify degree of stagnation by observing veins on ventral surface of tongue.

Intermediate Pulse Taking

Intern can accurately identify the different pulse positions. Can distinguish and identify excess, deficient, rapid, slow, superficial, deep, wiry, rolling, and tense pulses.

Physical Exam Technique

Besides determining vital signs, intern can listen to and assess heart and lung sounds. Can do an abdominal exam to determine size of liver and spleen. Can use abdominal palpation to measure level of appendix inflammation.

Ortho/Neuro Exam

Can determine Range of Motion for low back and shoulders. Is able to perform orthopedic tests for lumbar nerve root and hip joint problems. Can test lumbar and sacral nerve deep reflexes. Can test dermatome sensitivities for lumbar and sacral nerve roots.

Electroacupuncture

Can set up and monitor electrostimulation of acupuncture needles. Uses appropriate length and gauge of needles for electroacupuncture. Ensures that patient does not wear a pacemaker before using electrostim. Does not run current across the spinal column. Uses appropriate frequencies of stimulation and sets intensity level to tolerance of the patient. Periodically adjusts intensity as patient adapts.

Moving Cupping

Area to be cupped is prepared with appropriate topical lubricant to ensure ease of moving cups. Heating of glass suction cups is done safely using alcohol soaked cotton and a hemostat or a long barreled lighter. Sufficient suction is obtained. Cups are moved without breaking suction and without discomfort to the patient. Cups are removed and set aside for disinfecting before being used again.

Rice Grain or Cone Moxa

Loose moxa is formed into rice grain or cone size. An ashtray or small container of water is prepared and placed close to moxa site. After placing moxa it is lit with burning incense. Patient's reaction is closely monitored and the moxa is immediately removed when patient indicates "hot". The still burning moxa is placed in the ashtray or container of water.

Auricular Needling

Needling site is appropriately prepared/swabbed. Intern tests for reactive point with blunt probe or electric point finder. Uses ½ " needle without guide tube and inserts needle to sufficient depth to allow needle to stand securely upright. When needles are withdrawn, 2 or 3 cotton balls are held in a gloved hand to staunch any bleeding that might occur when the other hand removes the needle.

Needling Chest/Abdomen

After proper location of point, needling with appropriate angle and depth of insertion is done to ensure adequate stimulation of point without danger of organ puncture.

Needling Back Points

After proper location of point, needling with appropriate angle and depth of insertion is done to ensure adequate stimulation of point without danger of organ puncture.

Time Efficiency

Intern is able to complete all aspects of treatment including intake, diagnosis and treatment planning, instructor consultation, treatment, herb dispensing, and patient advice within the allotted time frame (75 minutes).

Level III

Charting

Charting is complete, legible, well organized with all relevant information recorded. "Instructions for Completing Clinic Intake Form" are followed. Information is provided under all headings on the form or N/A is written in when appropriate. All necessary signatures and initialing are obtained.

Patient Rapport/Professionalism

The intern is able to establish a comfortable rapport with the patient and keeps all interactions on a professional level.

Tongue Diagnosis

Intern can accurately identify tongue body color, coating color and thickness, and moisture quality. Is able to localize areas of the tongue that represent different body areas or jiaos and identify imbalances in those areas. Can identify degree of stagnation by observing veins on ventral surface of tongue.

Advanced Pulse Taking

Intern can accurately identify the different pulse positions. Can distinguish and identify excess, deficient, rapid, slow, superficial, deep, wiry, rolling, and tense pulses. Can also identify soft, abrupt, knotted and regularly intermittent pulses.

Body Palpation

Intern can demonstrate the ability to use abdominal, shu/mu point, and channel palpation to detect energetic imbalances. Can also use palpation techniques to assess musculo-skeletal problems.

Ortho/Neuro Exam

Can determine Range of Motion for neck, hip and knee. Is able to perform orthopedic tests for cervical nerve root and knee problems. Can test cervical nerve deep reflexes. Can test dermatome sensitivities for cervical nerve roots.

Scalp Acupuncture

Can determine when scalp acupuncture is indicated. Can accurately locate scalp treatment lines (according the Shanghai text). Uses appropriate needling and stimulation techniques. Always has cotton swabs in hand when withdrawing needles.

Ear Seeds/Tacks

Properly prepares auricular surface by swabbing with alcohol. Accurately locates points to receive seeds or tacks and places them accordingly. Instructs patient how and when to stimulate seeds or tacks. Instructs patient on what to do if signs of irritation or infection occur. Schedules an appointment to remove tacks after no more than 5 days.

Nutritional Counseling

Is able to provide patient with appropriate information on dietary adjustments that can be made to facilitate the healing process. Can explain in terms of both Western and Eastern approaches. Can offer information in a straightforward, non-judgmental way that facilitates compliance rather than resistance.

Time Management

Intern is able to complete all aspects of treatment including intake, diagnosis and treatment planning, instructor consultation, treatment, herb dispensing, and patient advice within the allotted time frame (75 minutes).

Biohazard Control Guidelines

In order to reduce the risk of exposure to potentially infectious pathogens in the clinic, the following guidelines have been developed and must be followed:

- When a practitioner at AIMC anticipates pricking an acupuncture point to express blood, universal precautions dictate that he/she treat the blood as if known to be infected. Before beginning the procedure, the practitioner must don latex or other surgical gloves which are provided by AIMC. The gloves must be worn throughout the procedure, from the initial pricking, expressing of blood drops, to the final swabbing of the point with cotton. Since this method of bleeding does not anticipate blood spraying or spattering, use of mask, goggles or protective gowns is not required.
- When needling the auricle, bleeding is usually not encountered until the withdrawal of needles. At least 3 clean cotton balls must be in hand to immediately absorb any blood that issues upon needle withdrawal. Since only a few drops of blood commonly emerge and there is no risk of blood spraying or spattering, gloves, masks, goggles, and protective gowns are not required.
- With regular acupuncture of common body points, bleeding is a minor but occasional risk when withdrawing needles. In such instances the bleeding is usually light, with one or two drops most likely. Acupuncture standards of practice and state law do not require that acupuncturists routinely don surgical gloves when needling. Consequently, AIMC does not require gloving when normally needling regular acupuncture points. When withdrawing needles, however, enough cotton swabs must be in hand to absorb any bleeding that does occur.
- Vacuum cupping may under certain conditions cause bleeding or the expressing of other body fluids. Such conditions can be reasonably anticipated. When cupping after seven-star needling, the risk of bleeding with cupping is substantially increased. Therefore, when combining cupping with seven-star needling, the practitioner must don latex or other surgical gloves before starting the procedure. Since spraying or spattering of blood might occur when the vacuum seal is broken, if blood is visible a mask or goggles is required when cups are removed.
- Each treatment room/area at AIMC has a portable wall-mounted sharps container that can be easily accessed by the practitioner. A contaminated acupuncture needle, after withdrawal, must immediately be placed in the sharps container before the next needle is withdrawn. The portable sharps container may be placed on or near the treatment table to facilitate immediate and safe disposal.
- Disposal of blood contaminated cotton balls must be in a waste container marked BIOHAZARD if the amount absorbed is sufficient to be able to squeeze droplets

of blood from the cotton or if, when dry, blood flakes may shed. Otherwise, cotton balls contaminated with less blood may be disposed of in a non-biohazard waste receptacle.

- When disposing of 7-star needle heads, the used needle head must be removed from the handle with a cotton ball to prevent sticking the practitioner's fingers. The head must then be immediately placed in the sharps container. The cotton ball should be disposed in the regular trash.

Prohibited Practices

AIMC prohibits the following actions and practices:

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in an area where there is a reasonable likelihood of exposure.
- Reusing disposable sharps.
- Picking up contaminated broken glassware by hand. Instead, mechanical means (dustpan and brush, tongs, or forceps) are required for cleanup activities.
- Reinsertion of acupuncture needles after one use.
- Disposal of used cotton balls or any other non-sharps material into sharps containers.

Disposal of Sharps

Sharps containers in each treatment area are inspected to insure no prohibited non-sharps waste, such as cotton, has been put into the containers, or that they have not been overfilled.

Containers for contaminated sharps, once filled, are immediately closed to prevent spillage or protrusion of contents and moved from their areas of use to the Biohazard Storage Closet in the clinic. There they are placed in the large plastic drum, a secondary container, and stored until picked up for transport by the hazardous waste disposal company. The company retrieves hazardous waste every quarter or until called to do so. New containers are used to replace old ones.

Cleaning and Decontamination

AIMC's policy requires all instruments and work surfaces to be cleaned and decontaminated as soon as possible after contact with blood or other potentially infective material. To perform the cleaning and decontamination, use appropriate disinfectants including:

- Disinfectant wipes. These are used to clean treatment table surfaces, sinks and countertops, and instrument carts located in treatment rooms. Gloves must be worn when using the wipes.
- Cavacide, a disinfectant used to decontaminate glass vacuum cups after used for treatment.

Cleaning schedule

The following schedule should be followed for cleaning workplace surfaces:

Area Cleaned	Frequency of Cleaning	Person Responsible
Treatment tables	At the end of each work day	Practitioner using it
Treatment room sinks	At the end of each work day	Practitioner using it
Annex sinks and countertops	Weekly	Practitioner as designated by clinic manager

Bloodborne Incident Protocols

THE FOLLOWING STEPS SHOULD BE TAKEN WHEN EXPOSED TO BLOODBORNE PATHOGENS BY A NEEDLESTICK OR OTHER ACCIDENT

Needlestick Protocol

1. Immediately clean the needle stick wound with soap and water. There is no evidence that expressing fluid from the wound reduces risk of transmission. The use of bleach, antiseptics or disinfectants is not recommended.
2. Report the exposure immediately to the clinic instructor on duty and the Clinic Dean
3. The clinic instructor will request details of the exposure incident to determine the level of exposure. This will be recorded in an Exposure Incident Report , a form found at the front of this notebook.
4. Go immediately to US Healthworks, or physician of choice, for evaluation and possible treatment (Postexposure prophylaxis, or PEP)

US Healthworks
2850 Seventh St., Suite 100
Berkeley CA 94710
510-845-5170

Note: Several studies indicate PEP should be started within 2 hours if the level of exposure warrants. As soon as possible after exposure (within 24 hours) baseline tests for HIV, HBV, and HCV should be conducted. Periodic follow-up testing is recommended.

The CDC provides an HIV PEP treatment hotline if questions about treatment or advice are needed. Call 888-448-4911, if desired.

Non-sharps exposure protocol

Immediately flush the exposed area with water. An emergency eyewash station is at the sink in Annex B if needed.

Report the exposure immediately to the clinic instructor on duty and the Clinic Dean.

The clinic instructor will request details of the exposure incident to determine the level of exposure. This will be recorded in an Exposure Incident Report, a form to be found at the front of this notebook.

Go immediately to US Healthworks, or physician of choice, for evaluation and possible treatment. See location information above

Note: Interns must obtain medical evaluation and testing for the above exposures at their own expense.

Other Clinic Safety Issues

Evacuation Procedures

During an emergency evacuation, the intern is responsible for insuring that all needles are removed from the patient and that the patient is led to the evacuation area. The door should be closed upon exiting the treatment room.

Earthquakes

In the event of an earthquake, the following guidelines should be followed:

- REMAIN CALM
- Sit down or get under a desk, table or doorway. Move away from all glass objects.
- Do NOT leave the building while the active earthquake is in progress
- Assist injured individuals in immediate need of attention
- Remove needles from patients as quickly and safely as possible
- Help patients get to safe place
- Do NOT Smoke, light fires or use electrical equipment

- Do NOT drink any water as it may be contaminated
- After the quake, exit to the evacuation area if safe to do so.

Burns

First Degree Burns

First degree burns damage the outer layer of skin.

Signs

1. Redness
2. Mild pain
3. Swelling

Treatment

1. Plunge the burned area into cold water, or hold it under a cold running tap for 10 minutes or until the pain stops or lessens.
2. Cover with a clean gauze dressing for protection.

Second Degree Burns

Second degree burns go through to the second layer of skin.

Signs

1. Blisters
2. Rough, red skin
3. Swelling
4. Extreme pain

Treatment

1. Remove all clothing, jewelry and watches from the burned area unless it is sticking to the skin.
2. Pour copious amounts of cold water over the affected area for at least 10 minutes.
3. Gently blot area dry. Do not rub. Rubbing may break the blisters, opening it to infection.
4. Lightly cover the entire burned area with a clean, dry dressing (sterile if possible). If fluid soaks through, cover with another layer. An arm or leg can be protected inside a clean plastic bag.
5. Raise a burned arm or leg to reduce swelling, but be careful not to burst any blisters.
6. Call a doctor immediately.

Third Degree Burns

Third degree burns are less painful than second degree burns because the nerve cells in the affected tissue are actually destroyed, but the damage is greater. The burn goes through to the third layer of skin.

Characteristics

1. Whitish or charred appearance

Treatment

1. Do not remove any clothing near or at the site of the burn.
2. Do not apply cold water or medication to the burn.
3. Place clean, dry cloths (strips of a clean sheet) over the damaged area.
4. If burns are on arms or legs, raise the arm or leg to reduce swelling.
5. If victim has burns on face, check frequently to make sure he is not having difficulty breathing.
6. Get victim to a hospital immediately.

Acupuncture Hygiene

General Disinfectant Terms

The activity of microorganisms is greatly influenced by cold, radiation and chemical agents. Basically there are two major degrees of influencing activity, suppressive and germicidal.

Suppressive: An influence that inhibits/suppresses the growth of metabolism of an organism, but when the influence is removed, the microorganisms will resume growth.

Germicidal (Bactericidal/virucidal/fungicide/microbicide): the cells of microorganisms are destroyed, such that they cannot resume their original states; the change is irreversible. In medical microbiology, sterilization and disinfection are the primary concepts applied to the destruction of microorganisms.

Sterilization: Methods/process by which all pathogenic and non-pathogenic microorganisms are destroyed or eliminated. Sterilization may be accomplished with physical methods, i.e. dry or moist heat; chemical agents, i.e. ethylene oxide, formaldehyde; radiation, i.e. ultraviolet; or mechanical methods such as filtration.

Disinfection: Strictly speaking disinfection is the destruction of pathogenic organisms alone. Some definitions say that disinfection implies the destruction of pathogens but does not include the destruction of spores of microorganisms.

The meaning of disinfection can be found in its word origin, i.e. disinfection, i.e. 'the removal of infection. In everyday life disinfection is to inactivate, remove, or dilute pathogenic microorganisms so that they no longer disturb our personal environment. In a broad sense, sterilization might also be included in the meaning of disinfection.

Antiseptic: Is a substance that will inhibit the growth and development of microorganisms without necessarily destroying them. A second definition is any procedure/agent that reduces the microbial flora of skin or mucous membranes to a significant degree. Commonly the term "antiseptic" is used to mean a disinfectant which is used on the skin, versus one which is used on inanimate objects. When comparing the various agents used for disinfecting animate or inanimate objects, the distinction is often omitted. When reading the CNT Manual you will notice that they refer to agents which disinfect the skin as "antiseptics".

Disinfecting the Hands

1. The hands must be washed after treating the previous patient and before touching the new patient. The hands must be clean before performing acupuncture treatment.
2. Rings and watches are difficult to disinfect. If possible, it is best to remove them.

3. Hands must be checked for cuts, open sores, or any other openings in the skin and covered. Nails must be smooth and short, but not too short causing a break in the cuticle areas.
4. Wash from the elbow down.
5. Ordinary soap is said to be sufficient; however, anti-microbial agents would be strongly recommended, i.e. Hibiclean
6. Use a brush to remove any germs adhering in the cuticles or in the horny layer of the skin and wash vigorously followed by rinsing with water.
7. Ultimately, if a cloth or gauze towels are used to wipe the hands, they should be sterile. CNT guidelines indicate a clean paper towel is sufficient.
8. When turning off a faucet, do not touch the handles with your bare hands: a clean paper towel would pose a smaller risk of contamination. Basins with foot pedal operation are the best.

Acupuncture Hygiene Routine

1. Wash Hands according to instructions given previously.
2. Establish Clean Field and equipment needed, i.e. needles, guide tubes, tweezers, and cotton or alcohol. Be sure if using an alcohol dispenser that you position the dispenser and the lid so that it can be used with a minimum of handling. If using alcohol swabs packets, open the packets and set them on your Clean Field, being sure that the swabs themselves do not contact the Clean Field.
3. Arrange the patient's clothing so that areas to be needled can be easily reached. Since the clothing is not "clean", one will need to wash the hands again or swab them with alcohol before actual needle insertion.
4. Palpate and search for the points to be needled. The hands should be washed again or at least the fingertips should be swabbed with an antiseptic/disinfectant solution.
[Palpate points, then do final swabbing of one's fingertips and patient's treatment area]
5. Swab the areas to be needled starting from the proximal area of the body and working towards the extremities. The extremities are considered to be dirtier than the more proximal areas of the body, i.e. the trunk. According to the CNT manual separate cotton balls are recommended for the torso to fingertips and for the torso to the toes.
Direction of swabbing: Swabbing should be done in one direction; do not go back and forth over the same place as this might prevent the physical removal of pathogens or allow the area to be contaminated. The CNT Manual recommends a circular swabbing motion starting from the center and

working towards the peripheral. This method may leave the center spot contaminated so it is thought that one should use another cotton swab to remove possible contamination in the center spot. Let the alcohol dry to reduce the possibility of any contaminants in the alcohol getting- into the body during needle insertion. Furthermore, alcohol may result in stinging pain during the insertion.

6. Needle insertion: If you support the shaft of the needle with your hand be sure to use dry cotton or gauze. One may not contact the shaft of the needle with the bare hand because any part' of an object that pierces the skin must be sterile.
7. If you use the "close the hole technique", do not place your finger over the hole, as invisible body fluids or blood may contaminate your finger. Use clean dry cotton. Alcohol should not be used because it may absorb some of the serous fluid or blood and contaminate your finger.
8. If there is subcutaneous bleeding or if a bit of blood oozes out, press the point with cotton for a few seconds. Do not use a rubbing motion as this may increase bleeding.
9. Dispose of cotton balls and alcohol swabs in the regular garbage bag/container. Do not leave them on counter tops, treatment beds, or on the floor.
10. Disposable needles should be disposed of after use or after opening the packages in contaminated sharps container.
11. If needles or used cotton balls or alcohol swabs have fallen on the floor do not pick them up with the bare hands. According to the CNT Manual, this is one of the most common causes of infection in a practitioner. Gloves or a hemostat should be used when picking up items contaminated with body fluids.
12. Care and suggestions for after treatment: Before your patient leaves, be sure to see that he/she is feeling all right. If your patient feels lighthearted, disoriented, or nauseous follow the appropriate protocols, i.e., raising the legs above the head level and specific Oriental methods for dealing with these problems, i.e. moxibustion methods or needling on DU 26 Ren Zhong. Suggest that he/she rest a few minutes in the lobby. Ask your patient to pay special attention when driving, especially if it is your patient's first visit.

Dress Policy

The AIMC Berkeley enjoys an excellent reputation among the community of Berkeley. While there are many reasons for this reputation, one of the ways to help maintain it is for all interns and observation students to present a professional image to the public. In addition, fostering habits of appropriate dress increases the ability of our graduates to develop successful practices. Therefore, to help present our professionalism, foster public confidence, and address issues of safety, interns and observers must dress appropriately for clinic shifts.

Guidelines

Interns and observers will wear clean and well-maintained professional attire.

White lab coats are required and should be cleaned and pressed.

Closed-toed and closed heeled shoes are required and must also be well maintained.

Good grooming is required.

Hair that is shoulder-length or longer shall be pinned up away from the face and shoulders.

In compliance with this policy, the following are examples of unacceptable attire:

- torn, patched/faded clothing
- halter tops
- tube tops
- tank tops and t-shirts
- muscle shirts
- strapless sun dresses
- shorts
- shirts with slogans or large-letter advertising
- sweatsuits/warm-up suits; sweat pants
- any open toed shoes or sandals
- denim (jeans)
- low cut tops
- athletic shoes
- leggings with mini-dresses

Externship Sites

AIMC Berkeley has a number externship sites available for clinic interns. The purposes of these externships are as follows:

- 1) To serve as a community resource, enabling populations ordinarily unable to access the services of the college clinic to experience the benefits of oriental medicine.
- 2) To broaden the patient base of our interns, allowing them the opportunity to treat a wider range of conditions.
- 3) To enhance the college's ability to accommodate increased enrollment in the clinical program.

When considering externship sites please take into consideration the following:

- According to state regulations, there is a 25% maximum of total clinic hours that can be done at extern sites (or about 240 hours).
- Level III interns have priority at these sites, but Level II interns may be considered. Level I interns may only be considered during the 2nd term of that level.
- One must register for at least one extern site shift sometime during one's internship.
- See Clinic Schedule for all times of externships

AIMC Rules and Regulations of Herbal Dispensary Management

- 1) Pharmacy articles include: raw herbs, herbal pills, herbal powders, external application oil, herbal plasters, moxa rolls, smokeless moxa rolls, stick moxa, acupuncture needles, seven star needles, ear seeds, EKG pads, herbal pots, herbal powder spoons, herbal bags(paper and plastic).
- 2) The Clinic Manager is in charge of scheduling the interns for herbal pharmacy shifts.
- 3) During clinic hours, nobody may enter the pharmacy to take any article before obtaining the permission of the intern on duty.
- 4) During non-clinic hours, nobody may enter the pharmacy to take any article before obtaining the permission of the front desk.
- 5) When an intern treats a patient, s/he shall write the prescription after obtaining permission from the clinic instructor. The intern on herb duty can then make the herbal formula according to the prescription (including raw herb, herbal pills, herbal powder, etc) and calculate the price. An instructor must check any completed raw herb formula and sign it off; any available instructor can sign off. The completed prescription/formula is placed by the front window where a front desk person will retrieve it to charge and dispense it to the patient. The intern shall not dispense the formula to the patient.
- 6) When licensed practitioners treat patients, s/he shall first write a prescription. The intern on duty will fill the prescription (including raw herb, herbal pills, herbal powder, etc) and calculate the price. The licensed practitioner then checks the prescription and signs the prescription form. The completed prescription/formula is placed by the front window where a front desk person will retrieve it to charge and dispense it to the patient. The intern shall not dispense the formula to the patient.
- 7) Any student, faculty or staff person who wants to purchase herbs (including raw herbs, herbal pills, herbal powder, etc) for him/herself, needs to get a prescription from an instructor who is on duty that day. The intern on duty in the dispensary will then assemble the herbal formula (including raw herbs, herbal pills, herbal powders, etc) and calculate the price. The completed prescription/formula is placed by the front window where a front desk person will retrieve it to charge and dispense it to the patient.

Dispensary Precautions at AIMC Berkeley.

We do not manufacture or compound any products in our dispensary. We fill herbal prescriptions by placing un-reprocessed herbs, that is, as they are received from our distributors (although we crush or otherwise appropriately dispense certain herbs), in a bag to give to patients. Otherwise, we give our patients products that are manufactured by professional herbal or supplement companies.

In order to insure and protect the safety of our patients, we have instituted food handling standards in the dispensary (since herbs are classified as food by the FDA). We have obtained appropriate signage and posted it in the dispensary.

FDA requirements that we have implemented are:

- Handwashing before the handling of raw herbs
- The wearing of vinyl gloves on at least the hand that will be touching the herbs
- The wearing of a protective barrier (usually a labcoat)
- The wearing of a hat or protective hair covering
- Cleaning and disinfecting of utensils used to directly process the herbs, such as scales, spoons, mortar and pestle, grinders, slicers, etc. according to food handling standards.

Herbs are received and identified as authentic by the dispensary manager who is an L.Ac. and a highly trained herbalist. We have signage on the walls that picture and/or display commonly misidentified herbs.

Each formula is submitted to the clinic instructor on duty for approval to insure accuracy of ingredients before it is dispensed to a patient.



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