

Southwest Acupuncture College



Clinic Manual

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Statement of Purpose	1
Mission	1
Program of Study	3
Clinical Education	4
Categories of Clinical Experience.....	5
Clinical Observation: 100 level	5
Clinical Internship: Phase 1, Phase 2, and Phase 3.....	7
Practicum Coursework.....	8
Chinese Herbal Medicine Curriculum	8
Clinical Ethics	12
Policies	12
Non-Discrimination.....	12
Attendance Policy	12
Dress.....	15
Patient Conduct.....	16
Children in Clinic.....	16
Treatment Side Effects.....	16
Needle Stick.....	16
Reporting Problems in Clinic.....	17
CPR	17
Business Solicitation.....	17
Clinic Supplies	18
Clinic Drop Policy.....	18
Clinic Training Meetings	18
Unsupervised Needling	18
Policy for In-class Needling.....	19
Procedures	22
Hours	22
Booking Appointments.....	22
Fees	23
Record Keeping.....	23
Clinical Assignments and Communication.....	25
Clinic Library.....	25
Patient Services.....	25
Treatment and Special Clinical Procedures.....	26
Clinical Behavior.....	29
Dispensary Standard Operating Procedures	31
Protocols	34
Moxibustion Protocols.....	34
Needle Shock and Managing Accidents	36
Clean Needle Protocol for Two-Handed Needling and Multi-Use Insertion Tubes	38
Protocol for Disinfection of Non-Insertive Instruments.....	40
Protocol for Disinfection of Japanese-style Non-Insertive Tools.....	41
Bloodletting Jing Well Points.....	42
Bloodletting Vascular Spider Veins with Cups.....	44
Blood Pressure	46
Job Descriptions	49

Observer Responsibilities	49
Intern Responsibilities	51
Clinical Supervisor Responsibilities	54
Clinic Director Responsibilities	56
APPENDIX	58
Protocol for Prohibition of Unlicensed Practice	58

Southwest Acupuncture College

Clinic Manual

STATEMENT OF PURPOSE

Southwest Acupuncture College is a classical school of Oriental medicine offering an accredited professional degree program leading to a Master of Acupuncture (MAc) or a Master of Acupuncture with a Chinese Herbal Medicine Specialization (MAc/CHMS). This Clinic Manual contains information about the clinical program, its operations, and policies. A student must also meet the criteria outlined in the *Policy & Procedure Manual*.

MISSION

With the primary responsibility of educating students to become independent healthcare providers, our foremost goal is to provide excellence in the education of those prospective practitioners. A concomitant goal of the college, to cultivate service to the community in this emerging field of effective medical care, is fostered in the curriculum and the educational format as well as the life of the college community through our on-site low-cost public clinic and numerous off campus extern clinics that offer free services. In order to accomplish the goals of sustaining the highest quality of education and promoting the greatest caliber and realization of professional performance, the staff and faculty are continually re-evaluating the program and supporting areas of institutional activity, seeking ways to enhance and maintain the college's standard of excellence.

Our educational philosophy guides the program and makes us unique. This philosophy maintains that learning is best accomplished by doing. Therefore, the preponderance of the curriculum is centered around a hands-on clinical approach where students locate points, practice techniques, develop diagnoses and treatment plans, prepare herbal formulas in the MAc with a Chinese Herbal Medicine Specialization program, and observe and treat patients. Through an active teaching clinic, Southwest Acupuncture College creates an integrative environment in which classroom learning can be practically applied in an actual healthcare setting. The curriculum is designed to couple knowledge with experience, reinforcing information learned in the classroom so that it becomes a working body of knowledge that is used and applied. The skills based educational format strives to develop professionals capable of independent thinking, collaborative learning, analytical ability, self-evaluation, and self-education: skills that the students can cultivate

and use throughout their professional lives. Class size is limited to ensure optimal student-teacher ratios, as a step towards the personalized education needed to develop outstanding healthcare providers.

PROGRAM OF STUDY

The programs of study at Southwest Acupuncture College are well-rounded professional degree programs designed to gradually expose the emerging practitioner to the uses of Oriental and Western medical models of the human body, as well as the underlying philosophy, theory, and clinical application of acupuncture in the Master of Acupuncture program with the addition of Chinese herbal medicine in the Master of Acupuncture with a Chinese Herbal Medicine Specialization program. As a classical school of Chinese ~~Oriental~~ medicine, the program provides a broad yet deep historical base of diagnostic approaches. These paradigms range from Yin/Yang, Five Elements, Three Treasures, Four Levels, Six Stages, and Qi and Blood, to Essential Substances, Zang Fu, and Eight Principles, versus a limited concentration in any one approach. A subspecialty in traditional and modern Japanese acupuncture is carefully woven into the program and advanced studies in this rich lineage may be taken as electives. A wide spectrum of relevant Western sciences complements the Oriental medicine infrastructure.

The Master of Acupuncture with a Chinese Herbal Medicine Specialization program at Southwest Acupuncture College consists of 3092.5 hours of training in the five branches of classical Oriental medicine: acupuncture, herbal medicine, physical therapy, nutrition, and exercise/breathing therapy. The greatest number of hours is devoted to the study and practice of acupuncture and herbal medicine, with the balance of the hours completing the students' education in graduate level studies in ~~Oriental~~ Chinese medicine and Western science. Upon graduation, the college confers the Master of Acupuncture with a Chinese Herbal Medicine Specialization (MAc with a Chinese Herbal Medicine Specialization) degree.

The Master of Acupuncture program of Southwest Acupuncture College consists of 2525.5 hours of training in the four branches of classical ~~Oriental~~ Chinese medicine: acupuncture, physical therapy, nutrition, and exercise/breathing therapy. The greatest number of hours is devoted to the study and practice of acupuncture, with the balance of the hours in Western science. Upon graduation, the college confers the Master of Acupuncture (MAC) degree. The Master of Acupuncture program does not include competency in the use of Chinese herbology.

The identical program is taught at both campuses. Both campuses operate on a yearly schedule of three fifteen-week semesters. With the exception of electives, classes are held only in the daytime. Clinic is held both in the day and the evening. While course times are set, the college clinic runs many shifts from which the students may select so that reasonable flexibility is built into the program to accommodate individual student needs.

CLINICAL EDUCATION

In contrast to many colleges, Southwest Acupuncture College initiates the student into the clinical experience beginning with the second term of the first year. This process exposes the student to the actual clinical practice of medicine as early as possible thereby enhancing the educational process by learning in context, providing opportunity to self-assess their knowledge of the medicine, maximizing patient contact, and demonstrating its compassionate practice. The clinical training culminates in 857.5 hours of combined observation and actual practice in the MAc with a Chinese Herbal Medicine Specialization program and 682.5 hours of combined observation and actual practice in the MAc program.

The clinical phase of the student's education at Southwest Acupuncture College is the practical counterpart to the theoretical and technical skills acquired in the classroom. It is the heart of the medicine and the curriculum. Each phase of the clinical education is carefully coordinated with the didactic coursework to provide immediate utilization of knowledge gained and to promote synthesis of subject matters acquired in separate classes. The student matures as an independent practitioner of acupuncture and Chinese herbal medicine in this setting.

The entire clinical education is directly supervised by expert practitioners, all of whom have a minimum of five years experience. The majority of the faculty have between 15 and 20 years experience. Clinical instruction is competency based. Therefore, the student must successfully demonstrate the clinical skills outlined for that level before moving to a subsequent level. Students are evaluated in clinic according to a number of parameters including attendance, diagnostic, technical, communication, social, business, and various other clinical skills.

The price of the clinical component of the program is included in the cost of the tuition and fees. The clinics are extremely successful in terms of treatment results and are generally booked to capacity two to four weeks in advance. There is no shortage of patients either in terms of volume or the variety of disorders seen.

The primary purpose of the college clinic is twofold. First, it serves as the forum in which students learn to be healthcare professionals; and second, it fulfills the commitment of the college to provide the community with a low cost, effective healthcare choice. The student clinic is open Monday through Friday. The cost for treatment by students ranges from \$10 for herbal consultations to \$35 dollars for a full treatment. Reduced rates are available for eligible patients such as seniors and veterans. Treatments can include services such as acupuncture, manual therapies, herbal medicine, exercise, and nutritional counseling. All of

which help keep the clinics well-booked and a first choice for many community members for affordable, quality healthcare.

Categories of Clinical Experience

The clinical education at Southwest Acupuncture College is divided into three major categories: clinical observation, clinical internship, and practicum coursework. This experience is discussed below.

Clinical Observation: 100 level

In addition to classroom work, the students enrolled at Southwest Acupuncture College begin clinical observation their first year. Observation consists of three successive semesters in which students spend 3.5 hours per week (one shift) in clinic. The observational period is varied in settings as well as experience. In all three observational settings, students begin cultivating professional and medical skills as well as note taking and record keeping proficiency.

The observational phase consists of three varieties of clinics. If scheduling permits, ideally students observe a variety of clinics with a minimum of two professional clinics.

- a. Professional Clinic: In this setting, the student observes a skilled faculty member practice. Small groups of observers follow the supervisor on their rounds, and they have the opportunity to discuss the cases in-depth with the attending supervisor. Students must spend a minimum of two terms observing Professional clinic.
- b. Student Clinic: In this setting, the student observes advanced second year and/or third year student interns performing treatments on patients in the college's low-cost public clinic or externships. They assist interns with the management of the clinic treatment room; sit in on patient interviews, case history discussions, treatment plans; and observe the administration of the treatment by the intern and supervisor. Students must spend a ~~minimum of~~ one term observing Student Clinic.
- c. Specialty Clinic: These clinics offer an opportunity for students to observe treatments focused on specific modalities, specific traditions, or case management styles. There are several clinical specialties available to students from which they may select, to complement the strong internal and physical medicine skills observed in student and professional clinic. Specialty clinics may change from term to term based upon supervisor availability, student interest, community opportunities, and other variables. They likewise may vary from campus to campus for the same reasons. Specialty clinics

are announced every term. Descriptions of specific, specialty clinics can be found in the SWAC Catalog and will be listed in the Schedule of Classes each semester. Students must spend a minimum of one term observing in a specialty clinic.

Clinical Internship: Phase 1, Phase 2, and Phase 3

The clinical internship portion of the curriculum begins after completion of three semesters of clinical observation at the 100 level. Students proceed through the balance of their clinical program training in a system of phased clinical competencies. The *Clinic Evaluation Handbook* details these phased competencies and relevant evaluation rubrics expected as students advance through the clinical program.

Phase 1: Clinic Internships I -III 250-252

In Phase 1, students have completed the first year of their didactic program and their clinical observation. At this level of clinical internship, students are phased out of the observational role, complete a clinical competency exam and now are guided in assuming patient care and treatment under supervision. In this phase, students conduct the patient interview, participate in the diagnosis, and administer the treatment under the direct supervision of the attending supervisor. The supervisor approves of the final diagnosis and authorizes the treatment plan as the student learns these skills. It provides ample time for qualitative case history analysis. As students gain experience, the competencies expected of them increase. Students typically begin with one clinic shift per week and advance to spending two or three clinic shifts per week in this phase of clinic.

Phase 2: Clinic Internships IV-VI 253-255

In Phase 2, students continue to assume patient care and treatment under supervision. The attending supervisor confirms the diagnosis and the execution of the procedure. Added technical responsibilities are expected of the student as well as practice management skills. New skills gained in didactic and practicum classes continue to be introduced, and the concentration of supervisor guidance is on new rather than basic skills. Skills that were basic in Phase 1 become more advanced, and the level of supervisor guidance is to increase the depth and complexity of comprehension and application. While a student at this level is expected to need supervision, the student should never need to be prompted to keep their patients safe, to communicate appropriately or to maintain professional ethics in conducting their competencies.

Phase 3: Master of Acupuncture (MAc) program: Clinic Internships VII-X 256-293 Master of Acupuncture with Chinese Herbal Medicine Specialization (MAc+CHMS): Clinic Internships VII-XI 351-372 + Herbal clinics 312 & 362

In Phase 3, senior students assume the role of independent health care provider under the supervision of licensed practitioners. Students are given responsibility for direct diagnosis and treatment of the patient in consultation with the clinical supervisor and use the supervisor as a consultant. The student continues to increase his/her responsibilities in terms of integrating advanced skills from didactic and practicum classes. In the final clinic of this phase, direct supervision is provided, and supervisor approval is required. However, a student should act at the collaborative level, with infrequent redirection needed from their supervisor. The clinical competencies in Chinese Herbology are placed in the final year of integrated acupuncture and Chinese herbal clinics in Master of Acupuncture with Chinese Herbal Medicine Specialization

(MAc+CHMS) program. While the acupuncture competencies in these clinics are at Phase 3 level, there will be a progression through phased clinical competency in Chinese herbology skills through these clinics. The *Clinic Evaluation Handbook* details the phased competencies and relevant evaluation rubrics in both acupuncture and herbal medicine for interns in Phase 3.

Practicum Coursework

Practical courses are classes in which clinical skills, such as needle technique or Asian bodywork skills are cultivated. Portions of the hours of these courses involve supervised practice of technique on peers and volunteer patients. They are described in the course description section of this catalog.

CHINESE HERBAL MEDICINE CURRICULUM

The Chinese Herbal Medicine portion of the Master of Acupuncture with a Chinese Herbal Medicine Specialization curriculum is an integral part of the program that provides didactic, clinical, and hands-on experience enabling students to utilize Chinese herbs proficiently. It contains a full complement of strictly herbal classes in addition to all of the theory classes which are needed to appropriately understand and prescribe herbs. The classes listed below are didactic herbal classes.

- ❖ **The Pharmacopoeia:** A three semester course studying over 300 individual herbs' physical identification, categories, Chinese, Latin and pharmaceutical names, medicinal properties, and uses;

Chinese Herbal Materia Medica I 162	(45.0 hrs.)
Chinese Herbal Materia Medica II 204	(45.0 hrs.)
Chinese Herbal Materia Medica III 322	(45.0 hrs.)

- ❖ **The Formulas:** First, a two-semester course addressing a minimum of 150 classical formulas, differentiation, functions, the methods of dispensing them, and their contraindications followed by a one-semester review of these two courses. Then, another two-semester course applying the formulas from a Zang-fu pathology perspective.

Traditional Herbal Prescriptions I 262	(45.0 hrs.)
Traditional Herbal Prescriptions II 311	(45.0 hrs.)
Herb Review 410	(45.0 hrs.)
Internal Medicine 420	(45.0 hrs.)
Internal Medicine 421	(45.0 hrs.)

- ❖ **The Patents:** The use of premade, “over the counter” preparations available for internal and external conditions.
Chinese Herbal Patent Medicines 261 (45.0 hrs.)
- ❖ **The Classics:** The study of how herbal formulas were used historically along with their contemporary applications.
Classical Herbal Theory 392 (45.0 hrs.)
- ❖ **Nutrition:** A practicum on how to use foods and condiments therapeutically.
Oriental Nutrition 111 (45.0 hrs.)
- ❖ **Chinese Pharmacology:** An adjunct to Pharmacology 291, this course discusses the information pertaining to herb-drug interactions.
Chinese Pharmacology 430 (30.0 hrs.)
- ❖ **The Pharmacy:** A small group tutelage of students who work with an experienced herbalist to refine skills in choosing classical herbal formulas, making modifications and substitutions in order to tailor the formula to individual patients, prescribing, preparing, and dispensing these formulas. (This is clinic and should be in the clinic part)
Intermediate Clinical Herbal Prescribing 312 (52.5 hrs.)
Advanced Clinical Herbal Prescribing 362 (52.5 hrs.)

❖ Phase 3 Clinics: **Chinese Herbal Competencies**

The clinical competencies in Chinese Herbology are placed in the final year of integrated acupuncture and Chinese herbal clinics in the Master of Acupuncture with Chinese Herbal Medicine Specialization (MAc+CHMS) program. During an interns Phase 3 clinical training, there will be a progression through expected Chinese herbology skills. In order to clearly describe the competencies, the term “Level 1” Level 2” and “Level 3” describes the progression through herbal skills. The *Clinic Evaluation Handbook* details these phased competencies and relevant evaluation rubrics expected as students advance through the clinical program.

Level 1 Chinese Herbal Competencies

**Master of Acupuncture with Chinese Herbal Medicine Specialization (MAc+CHMS) program:
Clinic Internships VII-VIII 351-352**

In Level 1 of the Chinese herbology competencies, students have entered the final year of their program. The Chinese herbology tasks that students are expected to complete in the first two clinical shifts are accomplished with prompting and guidance from their supervisor. The student is engaging in integrated care through providing acupuncture, and therefore the acupuncture

skills, along with patient safety, communication and professional ethics are expected to be at the terminal competency level.

Level 2 Chinese Herbal Competencies

Master of Acupuncture with Chinese Herbal Medicine Specialization (MAc+CHMS) program:
Clinic Internships IX-X 361-371, Herb Clinic I 312

In Level 2 of the Chinese herbology competencies, students continue to assume treatment planning for Chinese herbology under supervision. The Chinese herbology tasks that students are expected to complete in these three clinical shifts are accomplished with less prompting and guidance. Skills that were basic in Level 1 become more advanced, and the level of supervisor guidance is to increase the depth and complexity of comprehension and application. The student is continuing in integrated care through providing acupuncture, and therefore acupuncture skills, along with patient safety, communication and professional ethics are expected to be at the terminal competency level.

Level 3 Chinese Herbal Competencies

Master of Acupuncture with Chinese Herbal Medicine Specialization (MAc+CHMS) program:
Clinic Internships XI 372, Herb Clinic 2 362

In Level 3, senior students assume the role of independent health care provider under the supervision of licensed practitioners. Students are given responsibility for direct diagnosis and treatment of the patient ~~in consultation with the clinical supervisor~~ and use the supervisor as a consultant. Students are working in a fully integrated terminal acupuncture and Chinese herbal or herbology specialty clinic internship. The areas of patient safety, communication and ethics are now expected to be performed with no prompting or guidance, but only infrequent clarification and consultation needed from their supervisor. In the final clinic of this level and phase, direct supervision is provided, and supervisor approval is required. However, a student should act at the with infrequent redirection needed from their supervisor.

Herbal Competencies Documentation

To demonstrate clinical competency for the prescription of Chinese herbs, interns are required to document that their Supervisors verify they have prescribed or discussed an herbal formula or described modifications to a formula or single herb ~~usage~~ in depth. The minimum number required in Phase 3, Level 1 (351, 352) is twelve (12), in Phase 3, Level 2 (312, 361, 371) is fifteen (15) and in Phase 3, Level 3 (362, 372) is seventeen (17) per shift. In addition, students must meet a 90% benchmark of documenting 100 patient encounters in which a patient is taking herbs by the end of their Phase 3 clinical rotation.

Clinic Internship VII-XI

(262.5 hrs.)

Total herbal didactic hours – 525

Total herbal clinical hours – 367.5

CLINICAL ETHICS

For students, clinic is a privilege. For the clinical faculty, it is a profound responsibility, a serious commitment, and the mechanism through which the most valuable aspect of the students' education will be achieved. For patients, it is the vehicle through which their optimum health care should be realized.

The clinic at Southwest Acupuncture College is a teaching clinic. By keeping costs as low as possible we hope to perform community service and patient education that is accessible yet still of high quality. We want the clinical experience at Southwest Acupuncture College to be smooth, rewarding, and meaningful to students and their patients. Any suggestions on how to structure clinic and better utilize clinical time are appreciated and should be directed to the Clinic Director. Towards this end the following clinical procedures have been implemented:

Students are entitled to treat/observe patients in the clinic if and only if the following policies and procedures are followed. Persistent individualism, that is not following the guidelines presented in this manual, may result in suspension of clinical privileges. A copy of these procedures is available on the website as a reminder of what student responsibilities are.

POLICIES

Non-Discrimination

Southwest Acupuncture College is a private medical facility and does not discriminate on the basis of race, color, religion, political beliefs and affiliations, marital status, national origin, ethnic background, physical or mental handicap, sex, sexual orientation, gender identity or within the limits imposed by law, age or citizenship. However, Southwest Acupuncture College reserves the right to refuse service to any person demonstrating inappropriate behavior.

Attendance Policy

Attendance at all clinics is required. Extenuating circumstances (beyond one's control) may exempt one from a scheduled shift in the clinic. Extenuating circumstances must be given to the Administrative staff. This chart is designed to help interpret this policy. This policy is primary for all absences incurred in the clinic.

Absence	Policy	Form
Arriving Late/Leaving Early	May be considered a missed clinic (absence) to be decided by the Clinic Supervisor. If considered an absence an Incomplete is given and must be made up according to the make-up policy.	<i>Absence Report for Clinic generated by Clinic Supervisor and communicated to clinic administration</i>
Missed Clinic	<p>Absence is determined by the Campus Director or Clinic Director as excused (extenuating circumstances) or unexcused. Unexcused absence constitutes Patient Abandonment for all observers and interns (see below).</p> <p>1st and 2nd absence – Incomplete, must make up clinic 3rd absence: Fail clinic.</p> <p>All incompletes must be made up before start of new term or revert to Fail unless there are extenuating circumstances determined by Campus Director or Clinic Director.</p>	<p>1. <i>Absence Report for Clinic generated by clinic reception staff and verified by the Clinic Supervisor, approved by the Clinic Director and the Campus Director and reviewed by the Academic Dean</i></p> <p>2. <i>The student obtains a Make- Up Clinic Form from clinic reception when they are present to complete their make-up shift. The form is initialed by the make-up supervisor and forwarded to the Clinic Director for routing.</i></p>
Procedure	Student must notify Clinic Manager or Clinic Receptionist on duty by 8:00 a.m. on the day of the clinic shift. If the student becomes ill during the day, he/she must notify the Clinic Manager or Clinic Receptionist on duty who will notify the Clinic Supervisor. Absences called in after 8:00 am need to get approval from Campus Director.	
Orientation and Summary	In addition to the missed clinic policies above, the first and last week of clinic are required for orientation and evaluation of the clinic. Unexcused absences are subject to make-up fees of \$50 per hour.	<i>1. Absence Report for Clinic generated by clinic reception staff and verified by the Clinic Supervisor, approved by the Clinic Director and Academic</i>

		<p><i>Dean and reviewed by the Campus Director.</i></p> <p><i>2. The student obtains a Make- Up Clinic Form from clinic reception when they are present to complete their make-up shift. The form is initialed by the make-up supervisor and forwarded to the Clinic Director for routing.</i></p>
Patient Abandonment	<p>Patient Abandonment applies to all observers and interns. These are the actions that will be determined as Patient Abandonment:</p> <ul style="list-style-type: none"> • Unexcused absence; • Second and subsequent Dress Code Violation Warnings • Failure to provide provision of qualified substitute intern pre-approved by the Clinical Supervisor in writing (exceptions may be made for extenuating circumstances) (Interns Only); • Failure to provide adequate notice to the Clinic Manager or Clinic Receptionist on duty for timely rescheduling for excused absence (exceptions may be made for extenuating circumstances). <p>Each clinical session within a particular clinic shift missed under this policy constitutes a single Notice of Patient Abandonment. A second Notice of Patient Abandonment, in the same semester, will result in a grade of "F" for the clinic, and no refund of any clinic or tuition fees. The entire clinic must be repeated at the student's expense.</p> <p>If a student is determined to have engaged in Patient Abandonment three separate times, then the student will be dismissed from the College.</p>	<p><i>1. Absence Report for Clinic generated by clinic reception staff and verified by the Clinic Supervisor, approved by the Clinic Director and Academic Dean and reviewed by the Campus Director.</i></p> <p><i>2. The student obtains a Make- Up Clinic Form from clinic reception when they are present to complete their make-up shift. The form is initialed by the make-up supervisor and forwarded to the Clinic Director for routing. Bookkeeping will add associated fees.</i></p> <p><i>3. Student Clinic Evaluation Form will note Patient Abandonment under Professional Conduct</i></p> <p><i>4. (Patient Abandonment is when a sub is not provided by an intern so this is not necessary here.)</i></p>
Absence from all Classes and Clinics	<ul style="list-style-type: none"> • Unexcused absence from all classes and clinics for 10 consecutive calendar days will result in immediate dismissal from the program. (Exceptions may be made for extenuating circumstances). 	<p><i>1. Absence Report for Class recorded on Populi</i></p> <p><i>2. Absence Report for Clinic generated by clinic reception staff and verified</i></p>

		<p><i>by the Clinic Supervisor, approved by the Clinic Director and Academic Dean and reviewed by the Campus Director.</i></p> <p><i>3. Dismissal Form generated by the Academic Dean and approved by the Campus Director</i></p> <p><i>4. Administrative Withdrawal Form generated by the Academic Dean and approved by the Campus Director</i></p>
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Dress

In clinic students must at all times wear clean surgical scrubs and name tag which identifies their name and Southwest Acupuncture College. Preferably, scrubs should be solid colors. If patterned, the patterns should be abstract and not display any licensed logos, images, characters, be recognizable as a camouflage pattern, or contain discernable messages. Excellent personal hygiene and professional, presentable appearance is expected, i.e., neat and clean, clean hands and nails. Outer wear boots for inclement weather are not to be worn into clinic. Hats or scarves on head or neck are not permitted with the exception of specific medical, religious, or cultural requirements. To avoid triggering patient allergies we observe a fragrance-free policy on campus. The use of colognes, and perfumes are prohibited, and lotions, cosmetics, and deodorants must be fragrance-free. Hair longer than shoulder length must be tied back neatly to avoid interfering with patient care and work. In practical classes, students are not required to wear scrubs, but should adhere to appropriate dress as outlined in the *Student Policy & Procedure Manual* with the additional requirement of closed toed shoes to prevent injury.

The clinical supervisor, instructor, or Clinic Director reserve the right to dismiss anyone from clinic or practical classes that is not dressed appropriately. Students must make up all clinic shifts from which they are dismissed for improper dress. Improper dress is reflected in the student's grade. The dress code must be adhered to all year long. If a second warning is received, the student will be sent home to conform with the dress code. This will be marked as a clinic absence, will be considered patient abandonment and will need to be made up.

Supervisors in clinic may wear scrubs or may opt to wear full length, pressed, white, lab coats over modest professional dress. Neither students nor supervisors are allowed blue jeans, torn clothing, shorts, short skirts, t-shirts, tank tops, muscle shirts, sandals, open toed shoes, or boots over the knee in clinic.

Clinic coats and scrubs should be washed separately from other laundry. Students and practitioners should not eat food while wearing the clinic coat or scrubs, and coats should not be worn into the student lounge where food is eaten or into the bathroom.

Patient Conduct

All patients need to sign a *Student Clinic Policy* form that goes into their file. If a student feels that a patient is behaving in an inappropriate manner, the student should be encouraged to confide this information to their supervisor for that clinic shift. The supervisor is then responsible for ascertaining if the patient's behavior is inappropriate. If so, they may ask the patient to leave the premises. An incident report needs to be filled out and routed to the Clinic Director and Campus Director.

Children in Clinic

It is not possible for us to baby-sit or otherwise care for children or dependents while their parent or guardian is being treated. Clinic staff need to tell patients over the phone that they need to arrange care ahead of time. If patients come with small children, they will be asked to reschedule for a better time.

Treatment Side Effects

Patients may call the clinic complaining of side effects/illnesses stemming from herbal prescriptions given to them during Herb or Student clinic. They may not have been advised of the possible side effects of their prescribed herbs and take their bodily reactions as illness or adverse effects. Remember to advise the patients of any possible side effects that herbs may cause. The purpose of this is manifold: this information will ease the patient's mind, decrease the number of phone calls to the clinic from frightened patients who do not know that what they are experiencing may be the correct reaction to their prescribed herbal formula, and helps to ingrain knowledge from the classroom in a practical setting.

Needle Stick

Students who experience a needle stick during clinic should refer to and follow the "Self Needle Stick Protocol" contained in the *Bloodborne Pathogen Exposure Control Handbook*. Every accidental needle stick requires the student and supervisor to immediately fill out an *Incident Report Form* which should be routed to the Clinic Director.

Reporting Problems in Clinic

“Chain-of-Command” when there are questions or problems in clinic:

Students should go to their immediate supervisor, whether the problem is with a difficult patient, an issue with another student, or any other problem that arises in clinic. If, after attempting to deal with the issue, and it is not resolved satisfactorily, the student or the supervisor then should take the issue up with the Clinic Director. The Clinic Director will take over and finalize the issue. At any point, faculty or the Clinic Director are always welcome to discuss the situation with the Campus Director or Executive Director beforehand to get advice on how to proceed, but ultimately, the supervisor or Clinic Director, will resolve the issue.

CPR

The college offers combined Cardiopulmonary Resuscitation/Basic Life Support for Healthcare Providers and First Aid (CPR/BLS and First Aid) trainings at both campuses at least twice a year when possible. All students enrolled in our program must be certified in CPR/BLS and First Aid beginning on the date of the first training offered at the student's campus following his or her enrollment. Students taking CPR/BLS and First Aid training or re-training/re-certification at the college are charged a fee to cover the cost of the training. Certification is typically good for two years.

All clinic faculty and clinic staff members must also have current and approved certification. All other faculty and staff members are encouraged to take and maintain the same certification. To encourage this, the college pays for all faculty and staff members who take CPR/BLS and First Aid trainings offered by the college when possible. Students, faculty and staff are welcome to take CPR/BLS and First Aid trainings at any certified training course instead of the training at the college at their own expense.

Be aware that both CPR/BLS and First Aid certifications are required. Often these are not contained in the same course when offered outside of SWAC. These courses must also include a hands-on, practical component. Credentialed courses are available from the American Red Cross or the American Heart Association. Check with the Academic Dean first to ensure that on-line CPR/BLS or First Aid will be accepted. If a student, staff member, or faculty member wishes to obtain CPR/BLS and/or First Aid certification from an outside source, a CPR/BLS for Healthcare Providers card and a First Aid card that is current through the end of the semester must both be presented on the first day of the semester.

Business Solicitation

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

Clinic Supplies

Disposable acupuncture needles and some basic supplies are supplied by the school. Needles are kept in containers and dispensed by supervisors. Special preference needles such as Seirin, long needles, or tacks must be provided by each student intern. (Above) All other supplies necessary to carry out treatment must be supplied by the student and maintained in their kit.

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

Clinic Drop Policy

Selection of clinic at the clinic selection meetings is considered registration and beginning of the term for clinic. Clinic selection meetings are generally held 3 to 5 weeks prior to the start of clinic to facilitate student scheduling of their classes and other commitments. Likewise, clinic selection meetings allow the school to confirm or cancel clinics with supervisors, set up the clinic appointment books, and begin booking patients.

When students drop clinics, it may result in an insufficient number of students in certain clinics to feasibly run the clinic. Canceling the clinic at this point creates a hardship to the supervisors, patients, student interns, and student observers who have committed to the published schedule.

All students shall have 3 working days from the time of clinic selection to drop the clinics and receive a 100% refund. A student who drops a clinic after 3 working days will be charged a Clinic Drop Fee of \$50.00 per week for each week since the start of the clinic term (date of clinic selection). Tuition will be refunded according to the Standard Refund Policy.

Clinic Training Meetings

Attendance at all clinic meetings is mandatory. A make-up fee of \$50.00 per person is imposed for all missed mandatory meetings. Additionally, the student cannot attend clinic until the missed meeting has been made up. This fee is imposed to cover the cost of holding another meeting.

Unsupervised Needling

Practicing acupuncture in New Mexico or Colorado without a license is a felony that can result in legal prosecution. It also violates school policy. Needling outside of the student clinic or classes, on animals or humans, constitute grounds for expulsion from the school as well as possible legal prosecution. No treatments may be administered in the building outside of supervision during practical classes or normal clinical hours and operations (i.e.

students treating each other at lunch, after school, etc. in classrooms or clinic rooms, that is, treatments can only be administered in clinic.)

No treatment can take place if an instructor is not present in the scheduled clinic. In the case of unexpected absence of the instructor, students will notify the front desk that they cannot start treatment. The clinic receptionist will notify the Clinic Director and/or Campus Director who will make a determination about providing supervision to continue the clinic.

Policy for In-class Needling

A committee of faculty members, the Clinic Director and Campus Director have implemented guidelines in an effort for students to learn and to improve patient safety. To this end we will be adopting a policy and publishing guidelines for supervisors, teaching assistants, and students. For the purposes of these guidelines, a practitioner is considered to be any student practicing in a classroom or a student intern in clinic, and classmates who are receiving acupuncture during classroom practice are considered patients.

The adopted policy is:

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

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

1. Accidental pneumothorax is a risk of acupuncture over the lung field. This can occur when needling front mu points, Chest points on the ST, SP, LR and KI channels, LU 1, & 2, GB 21, and back shu points, both inner and outer shu, and needling for trigger points in the levator scapula, rhomboids, or needling the subscapularis with the patient in a prone position. Needling over the upper inner and outer shu points is the most common location reported to cause pneumothorax.
2. **Symptoms of pneumothorax include: tight chest, difficulty breathing, esp. with inhaling, chest pain, pain radiating to back or arm and cyanosis. In case of a suspected pneumothorax, a patient or student must be immediately referred to urgent care, or call an ambulance.**
3. There may be no distinct needle sensation felt on the part of the practitioner in entering a lung field. Symptoms of dyspnea and chest pain can develop that night and become marked the following day. Needle depth and angle along with consideration of the patient's history and their local anatomy are the only considerations that can ensure safe needle depth.

4. A practitioner must be aware that a weakness in the lining of the lung can occur to cause a small air blister, or bleb, that may extend outward from the normal lung field. The lungs of a patient with emphysema or chronic bronchitis should be assumed to be closer to the surface than in a patient without these lung conditions. History of smoking, and lower body mass index may also increase risk of pneumothorax.
5. Even when we needle to an appropriate depth, respiration can draw needles in deeper. The practitioner must also consider the fact that a patient will be breathing and that needles can move while in place.
6. Safety is relative. Practitioners must always reframe and reassess for every patient's history and physique. For a person with a small frame, even regulation depths over the upper back shu points may present increased risk.
7. A practitioner must be diligent in assessing how far a needle is inserted when using total length of the needle as a guide. Needles that are commonly thought to be 1 inch in length are not one inch. A 25mm needle is one inch (MAC needles) but a 30mm needle (Seirin od DBC) is 1.25 inches in length. A practitioner who assumes that half the needle length is half an inch may insert certain needles deeper than intended.
8. Our textbooks have conflicting information about proper needle depth and insertion over back shu points. Standard insertion depth at the inner shu depth is .5-1 inch, inserted at an oblique medial angle on an average stature person with a clear pulmonary history. Perpendicular insertion, or oblique lateral or oblique inferior insertions are not standard. On outer shu points, needle depth should be shallower: .3-.5 inch oblique medial insertion is the standard depth in CAM.
9. If performing needle-top moxa on back shu points, the depth of insertion is the depth to tap in the needle plus a third to half of the tapping depth. Needles used for this technique must be of sufficient length to hold the moxa off the skin, but not so long that they fall flat. IT IS NOT ADVISABLE TO INSERT A LONG NEEDLE DEEP ENOUGH THAT IT REMAINS COMPLETELY UPRIGHT. Placement of moxa on the needle also requires diligence. The moxa punk should have a hole pre-drilled in it, rather than using the handle of an inserted needle to create a hole. The inserted needle is firmly held just above the shaft and some upward pressure is applied to equalize the downward pressure of placing the moxa on the needle so that the needle tip is not advanced. Eyes must focus on where the needle meets the skin to ensure that the needle is not inserted deeper as the moxa is placed on the shaft.
10. Diligence in reaching the decision to perform needle top moxa on the outer shu on the upper back must be employed. While not specifically prohibited, there should be a compelling reason, with consideration of history and physique, before this technique is utilized.

11. Location of back shu points is very important. The practitioner must be aware that the correct location is over the intercostal space. For very broad people, or an overweight patient, the medial border of the scapula is at 4 cun, not 3 cun width, so discretion must be used in proportional measures. The inner shu should be placed at the apex of the paraspinal muscles. On a broad person, half the distance from the medial border of the scapula to the midline of the spine may be lateral to the apex of the muscle, and therefore the needle would be placed in less muscle tissue.
12. Finally, a little knowledge can lead to false security. Students may want to practice a technique that they hear described but have not seen demonstrated. Students must be diligent in the extreme to make sure that they learn techniques and practice them properly. Because you hear a technique described or obtain notes about a technique does not mean that you have been given extensive enough instruction to practice a technique. Instructors should allow for a variety of techniques to be practiced, but should not allow practice of a technique with which they are not familiar. Each instructor has the absolute discretion to not allow a student to practice a technique with which she or he is unfamiliar or they feel is ill advised.
13. Students have the right to refuse to allow a technique to be practiced on them.

PROCEDURES

Hours

1. Student clinic runs all year round at all campuses. The hours, days and supervisors are announced at the beginning of each term and are posted for students on the term schedule and for patients on the clinical hours brochure.
2. Students are expected to arrive at least 15 minutes before the start of each clinic shift to confer with the Clinical Supervisor on the day's shift, to stock and set up the treatment room and clean
3. Clinic begins and ends promptly according to the posted hours.
4. New patients are asked to arrive 15 minutes early so they can locate the clinic and to fill out the patient intake forms if they have not done this at home. The office will notify patients of this when appointments are booked on the phone.

Booking Appointments

1. All treatments are by appointment only. Walk-ins and emergencies may be treated on a space available basis and supervisors and students are encouraged to try and accommodate all patients in need.
2. Each term the Clinic staff set up the clinic schedule. Only clinic personnel may book appointments. Students may not book themselves or their patients for a treatment.
3. During the first shift of the semester, clinic supervisors meet with their observers and/or interns. The first appointment slot is unscheduled to give the supervisor the opportunity to orient the students, discuss evaluation systems, etc. The last appointment of the last clinic shift for the semester is also unscheduled. This time is used for a personal, written and oral, clinical evaluation of each student by the supervisor.
4. When the patient leaves, they are given a clinic appointment card filled out with the date and time of their next appointment. (We are now doing scheduling by phone to move people through quickly but this may just be during COVID)
5. When setting up an appointment, patients are reminded that if they can't make their scheduled appointment to please call and cancel within 24 hours so we can give that opening to someone else.

6. If a patient does not show up for a scheduled appointment, he/she is recorded in the clinic schedule as "No Show".
7. Appointments are given on a first come/first serve basis. Students are also expected to cancel within 24 hours so that we can schedule other patients.

Fees

1. Clinic charges are payable at the time of service.
2. Patients must pay for herbs. A student prescribing herbs, must confirm with their patient that they can pay for them before dispensing.

Record Keeping

1. PATIENT FILES ARE THE PROPERTY OF THE COLLEGE AND UNDER NO CIRCUMSTANCES MAY LEAVE THE BUILDING. All files are accessed and approved for use by the Clinic staff and are never to be removed from the clinic. Students may request a copy of certain parts of a patient file with all identifiers redacted, for use for a case study. They need to make a request on the appropriate form and allow 24 hours for the request to be processed. Students are not allowed in the file cabinets. Misplacing patient files is a disservice to the patient and your fellow student clinicians and supervisors who may follow up on the patient. Misplacing patient files is so critical to the continuity of patient care that it may result in immediate suspension from the clinic if a file has been removed from the college campus. All HIPAA standards are to be maintained.
2. In each patient file is a *Patient Record of Treatment* form. Each time a patient is treated the following information needs to be filled out: **Date-Student Clinician-Supervisor**. The purpose of this sheet is to give us an easily accessible record of patient care.
3. Near the front of each patient file, there is a *Medication/Lab/Herb Log Form* for the patient. Please use this medication log to record western as well as Chinese medications that the patient is taking. Remember to include dosages.
4. The *Medical History Form* must be included in every patient's file. The patient needs to fill it out on the first visit and the clinical supervisor must initial it after it has been reviewed.

5. All other forms in the patient file need to be initialed by the clinic supervisor and signed by the appropriate people.
6. After the treatment, a receipt is made out for each patient when they leave the clinic.
7. Please place all paperwork in the patient's file. Placing this paperwork in the correct file is as important as not taking files home. At the end of the shift do not file your patient folders. Your files are handed in by your supervisor. The clinic personnel will check them and re-file them.
8. If the patient came to the clinic anytime in the last year, the file should be in the file cabinet in the clinic office. Inactive patient files will be relocated to a secure area by clinic personnel. If a file cannot be located, new intakes must be done for the patient's benefit.
9. First year students are required to keep accurate records of their clinical experience in the approved notebook while maintaining HIPAA by not writing in patient names. These records are for the students to keep as documentation of the quantity and quality of their clinical experience. They are graded at the end of each term by the immediate clinical supervisor.
10. Interns are required to record all patients seen on a phase appropriate Record of Treatment Form. Supervisors are to initial these forms weekly. Record of Treatment forms must be turned in at the end of the semester to each clinical supervisor. Failure to turn this in may result in a failed grade for that clinic.
11. Patient records must be kept on the forms provided. A record of any and all techniques, points and herbs used by the students must be recorded on the appropriate diagnosis forms. Clear legible medico-legal records must be maintained. All patient information is confidential and should be maintained according to HIPAA requirements.
12. The Clinic Director, and the administration reserve the right to add further procedures in the form of memos and to dismiss anyone from clinic who violates any of the above procedures. See your mailbox or email for any additional procedures that may be added during the school year.
13. Patient statistics are gathered by the clinic personnel. It is vital that accurate reporting of the chief complaint be carried out by the student and supervisor so that these

statistics accurately represent treatments in our clinic. Data is summarized yearly and published in June.

14. The clinic staff will check files for completeness of information. Details such as unsigned charts, incomplete diagnosis and herbal formulas are noted. This information is sent to the Campus Director, Executive Director, Clinical Supervisors who may be involved, and students as appropriate.
15. Any phone conversations of supervisors with patients need to be documented on the *Patient Phone Conversation Record Form* and placed in the patient file. These are available in the clinic reception office.

Clinical Assignments and Communication

The Clinic Director is in charge of implementing the clinical procedures created by the Executive Director and the academic and clinical faculty. All problems, concerns etc. should be reported as soon as they come up so we may address them. All clinical rotations are determined through lottery or clinic selection process conducted by the administration at each campus.

Clinic Library

A special library of commonly used reference books, denoted *Clinic Reference Library* is available for check-out for use in the clinic during clinic hours only. At the end of the clinical shifts, books must be returned to the Clinic Library.

Patient Services

1. Herbal prescription pads are available so you can write out prescriptions or instructions for taking herbs. Please do not use the prescription pads as scrap paper. Cut up paper is available to be used as scrap paper. *Instructions for Cooking Herbs* and other forms are also available to clearly communicate to your patient how to take their formulas. All forms are available from the Clinic staff and should be used. Patients should not be expected to remember herbal and/or dietary recommendations.
2. Patients' watches and jewelry often get left behind after treatment. Please take the time to see that your patients get their personal belongings back. If personal items have been left behind, bring them to the Clinic staff with the patient's name for safekeeping and the office will phone your patient about what they've left behind.

Treatment and Special Clinical Procedures

1. Treatment tables must be disinfected before the start of each clinical shift. Clean fields are expected to be set up for every treatment. Cotton balls wet with alcohol must be used to swab points. Hands need to be washed between patients and before and after inserting needles and after any contamination according to CNT best practices.
2. A new sheet must be used for each treatment. When patient gowns are used, they should always be clean. Please put used patient gowns and cloth linens in the designated laundry basket and dispose of used paper sheets in the designated trash containers. Please do not put used paper sheets in the clinic room trashcans as they fill up very quickly. Please always consider the comfort of the patient, drape any private areas, and keep patients warm and protected from drafts, air conditioning, etc.
3. Lights must be on when your patient enters the room and kept on for tongue diagnosis, patient intake, needling and palpation. You may turn them off after asking the permission of the patient, while the needles are in. Small desk lights or corner lights should be left on at all times during clinic shifts when you leave the room. Overhead lights must be turned on to carry out any additional procedures (such as moxa or cupping) and must be on for removal of needles. Lights being on create a sense of safety for the patient. Students who do not use overhead lights may be asked to leave their clinic shift.
4. Student practitioners may wish to use a modality for which they need more instruction. Clinic is an opportunity to learn from your supervisor. Ask for their help when you are not sure of a procedure or if you would like to learn one. They are there for you and the patient. Give them the chance to teach you what they know. However, only modalities taught in the curriculum are allowed.
5. Homeopathy/cranio-sacral therapy, chiropractic manipulations, crystals, tuning forks, and any other treatments that do not fall within the scope of training of the college may not be used in clinic regardless of the student's previous training or occupation.
6. Students should exercise caution in providing care to pregnant women. The Clinical Supervisor must make this decision, not the student. The treatment notes must include the name of the OBGYN M.D. who is caring for the pregnancy. We do not treat the pregnancy itself (meaning we do not turn breaches, or induce labor, etc.) Women after the 16th-20th week of pregnancy should not be placed supine on a treatment table but treated in a side-lying position.

7. The Clinical Supervisor must approve patent medicines, granular herbs, or bulk herbs prescribed by students and must show this approval by signing or initialing all required forms. The following forms are available to instruct patients in preparing and taking their herbs: Herbal Prescription Pad Forms, labels for each bag or prescription bottle, various appropriate instruction forms. The patient file must also include: "yes" checked after "Was an herbal formula prescribed?" on the Patient Treatment Form, An Herbal Prescribing Form must be fully completed for each prescription, and each prescription must be documented on the Herb/Med Log.
8. Students will assemble the formulas, if bulk herbs they put each herb in a separate pile on a clean piece of paper. If granular herbs, students should lay out all bottles and have them checked before weighing each ingredient.
9. When the piles of herbal ingredients have been assembled, supervisors are required to come in and check the formula before it is mixed to confirm proper herbal identification which could be fatal if incorrect.
10. Under no circumstances may a formula be dispensed without the supervisor's visual check, signature on the herbal prescription form, and initials on the label.
11. All herbs leaving the pharmacy must have lot numbers recorded in the patient file. This pertains to Patents as well as all individual herbs whether bulk or granule.
12. Standard precautions are used for all patients, regardless of known status of blood borne diseases.
 - The practitioner should have a clean cotton ball available to absorb any blood drawn on removal of needles.
 - Gloves should be worn where there is expectation of exposure such as during bleeding cupping or bloodletting procedures.
 - For your convenience, small, medium and large sized gloves are available. Gloves should be immediately available to the practitioner ~~when removing needles.~~(Gloves not needed for removing needles)
 - If a patient has a cough or active respiratory infection, the patient is required to wear a mask to prevent the spread of infection.
 - See the Task Determination Chart for proper handling of various procedures.
 - See your *Clinic Bloodborne Pathogen Exposure Control Manual* for more on Precautions.
13. 70% alcohol should be used to swab points because it is best for disinfecting. The higher water content helps kill rather than preserve pathogens. 91% alcohol should be used for cupping because it creates better suction.
14. Clean Needle Technique (CNT) is to be followed at all times in the clinic. Students are familiarized with these procedures as well as the state laws regarding sanitation,

sterilization, and hygiene in the required CCAOM Clean Needle Technique (CNT) Program and in-house trainings.

15. To prevent the spread of infectious diseases, needles must be placed immediately in the Sharps containers upon removal. Needles should, under no circumstances, ever be placed anywhere else i.e., on the treatment table, in ashtray, etc. This procedure is so critical to the prevention of the spread of infectious diseases that the student may be immediately expelled from the college if these instructions are not followed completely. Never put the Sharps container on an unstable surface such as the treatment table.
16. Disposable needles may only be disposed of in Sharps containers. **THEY MAY NOT BE THROWN AWAY IN THE GARBAGE!!!** Please close the lids of Sharps containers at the end of each clinic shift. Do not lock them until full.
17. To prevent fire, moxa sticks must be placed in moxa extinguishers and moxa boxes cooled with water in the clinic sink. Do not put moxa boxes on the rugs, tables or any other area, which may ignite. Put out the tiger thermie moxa in ashtrays. Please empty and clean your ashtray at the end of your shift.
18. Exercise great care when using all forms of moxa. Dispose of ashes frequently into an ashtray. Please do not blow on moxa or flick ashes onto the floor, sheets, clothing, or treatment table. Exercise caution with thin, young, very old, or delicate skin, the skin of diabetics, and those with neurological injury. Better to under-do moxa than to cause a burn. Under no circumstances should moxa (or needling) be done through clothing. In recognition of the risks involved with moxibustion treatment; including but not limited to a risk of burn and/or scarring and the risk of infection if burning occurs, the following procedure is to be followed when applying moxibustion:
 - All patients must be informed of the risks, benefits, and alternatives to moxibustion, prior to treatment. All interns must go over the *Informed Consent for Moxibustion Treatment* form with each patient, prior to treatment.
 - All patients must understand and sign the *Informed Consent for Moxibustion Treatment* form prior to treatment.
 - All moxibustion in clinic is to be performed by the student intern or supervisor.
 - The only exception to the above rule follows: The patient may perform moxibustion on him/herself under the intern's direct line-of-sight supervision, as part the process of teaching the patient the procedure for home self-application.
19. According to the latest research from the Center for Disease Control in Atlanta, a small amount of blood-tinged waste (on a cotton ball) may be thrown away in the

garbage and should not be put in the Sharps containers. Cotton balls in the Sharps containers may present a danger when later placing needles into the container and also require more frequent disposal of biohazard waste.

20. Hard sided Sharps containers are for needles only. Cotton balls, needle packaging, or other refuse must be disposed of in the garbage, not in Sharps containers.
21. Students must report any accidents to the clinical supervisor at once, i.e., hurting the patient while performing a given technique, the patient feeling dizzy, nauseous, bleeding, weak, pain upon removal of needles, feelings of coldness, etc. Students must be adept at dealing with "acupuncture accidents" and recognizing when not to administer treatment (intoxication, suicidal, over-hungry, tired, etc.)
22. In order to avert accidents, liniments, oils and moxa should not be passed over a patient's head and eye area during treatment.
23. Students treating under supervision are required to bring their own supplies with them when they treat, i.e., special needles, moxa, cups, liniments, lighters, plum blossom needles, electrical stimulation machines, etc. Supplies must also be maintained and cared for in the manner prescribed in the current edition of the *Clean Needle Technique Manual*. The school provides basic needles, sheets, patient gowns, alcohol, cotton balls, gloves, and Sharps containers for disposable needles used in clinic.
24. The healthcare workers (observer/intern/supervisor), clinic staff, cleaners and others who enter the clinic are at risk for exposure to HIV and Hepatitis with the viral infection of Hepatitis B presenting the greatest danger. To protect against these risks:
 - All personnel must undergo OSHA training and refresher courses provided by the college once a year.
 - All personnel are notified of such risks.
 - Students and supervisors must sign a Hepatitis B vaccine waiver if they choose not to receive this vaccine. This form is available at OSHA trainings.
 - Students and supervisors must follow the Modified Task Determination Chart provided.

Clinical Behavior

1. Students should not enter the treatment room if the clinic door is closed without knocking and being told that they could enter.

2. Students should not question the supervisor or student practitioner or openly challenge or disagree with the supervisor in the presence of the patient. If a student has a difference of opinion from the supervisor regarding the patient's condition, the student should discuss it in the consultation room with the supervisor, not with the patient. Questions are encouraged and vital to understanding but should only occur after the patient has left the clinic, in the consultation room, or during grand rounds.
3. Minimal dialogue is allowed in the clinic room between patients and student observers. Observers are to remember that the primary relationship is between the patient, student practitioner and supervisor. Loud talking, laughing and boisterous behavior should be avoided while clinic is going on inside the clinic room and in the clinic hallway, particularly outside of the clinic room windows and in the consultation room and lounge.
4. Student interns must ask potentially sensitive questions (such as mental health status, abuse history) appropriately. Interns treating for the first time should consult with their supervisor concerning the best practices in asking these questions. For more on mental health see the *Mental Health Protocols Manual*.
5. Any information that a patient may give to students regarding their health that was not recorded in the patient intake (i.e., patients frequently reveal information casually on the table) should be communicated to the supervisor as soon as possible and recorded in the patient chart.
6. **PATIENT CONFIDENTIALITY IS TO BE STRICTLY OBSERVED.** Information regarding a patient should not be discussed outside the clinic without the permission of the patient and the supervising instructor. This includes any students, faculty or administrative personnel who are patients.
7. Because we are a teaching clinic, patients do not have the right to request that students not observe treatments. Students and supervisors who receive such a request should try to accommodate the request for that patient encounter if possible. They should report any such request to the Clinic Director for follow up with the patient.
8. Students are not allowed to bring personal items such as handbags, teacups, coats, etc. into the treatment room, only their kits, clinic notebook or reference books. Personal items may be left only in the designated areas during clinic hours.
9. The entrance near the reception desk is the waiting room entrance for patients. There is to be no loitering in the patient waiting room, halls, or clinic rooms at any time.

Dispensary Standard Operating Procedures

1. Procedures for the dispensing of all herbal products.

- All products sold from the Southwest Acupuncture College herbal pharmacy are prepared and/or distributed by manufacturers who are in compliance with cGMP standards as set forth by the FDA, effective June 2009.
- Student interns and clinical supervisors are the only individuals allowed to prepare formulas and dispense other herbal products.
- Clinical supervisors are responsible for overseeing the preparation of formulas dispensed by student interns to their patients.
- Clinical supervisors will oversee the completion of all prescriptive paperwork and that the proper forms are given to the Clinic staff as well as entered into the patient file.
- Clinical supervisors and student interns will be responsible for communicating clear instructions about preparation, usage, dosage, and possible side effects of herbs and what to do in the event of an adverse reaction, to the patient. Instruction sheets will also be provided to the patient. Products are labeled with instructions for usage, dosage, and procedures in the event of an adverse reaction on the label.
- In the event of an adverse reaction, the Clinic staff and ultimately the Clinic Director is responsible for filling out an Adverse Herbal Event form and making contact with and documenting all pertinent information from the patient experiencing the adverse event.
- All patent formulas and granular formulas dispensed at this pharmacy contain an expiration date and lot number for referencing. Our loose herbs have a lot number and are dated by the herb ordering staff as they come in.
- Some manufacturers are now putting the manufacture date on herbs instead of the expiration date. We will be using the recommendation of 4 years from the manufacture date as the expiration date.
- Herb ordering staff, and Clinic Manager and Clinic Director, are responsible for the ordering and reordering of herbal products. (Clinic Director in Boulder has never been involved with herb ordering)
- Herb ordering staff and the Clinic Staff and Clinic Director are responsible for the overseeing of quality control in the event of receiving any substandard materials, and any goods that have exceeded their dates of expiration.
- The Clinic Staff and Clinic Director maintain a binder of all invoices for patents, granular and loose herbs that come in. These invoices contain the dates and lot numbers of all goods. (At Boulder campus this goes to the Assistant Campus Director)
- That binder also contains Certificates of Analysis and/or a cGMP compliance letter from the manufacturer/distributor.
- Student interns and ultimately Clinic Supervisors are responsible for the recording of

lot numbers of the individual herbal ingredients or patents onto the herb form that goes into the patient's chart.

- Student interns and Clinic Supervisors are responsible for making sure that all refills of any herbal products are recorded into the patient's chart along with lot numbers for patents and all granular and loose herb ingredients.
- Loose herbs will be stored individually in plastic bags with the name of the herb and lot number recorded clearly on the bag in the loose herb section of the pharmacy. Bags must be changed every time an herb needs to be refilled and labeled with the herb name and new lot number.
- The overall monitoring of operations of the dispensary is the responsibility of the Clinic Staff, Clinic Director, Campus Director, and Executive Director, and is considered to be an ongoing process.

2.Procedures for the preparation of all herbal formulas.

- A hand washing facility is provided in the herbal pharmacy. Hands are to be washed prior to and after the completion of your herbal preparation procedures.
- Proper attire is to be worn in the dispensary area. This constitutes a lab coat, scrubs or other appropriate outer garment.
- Long hair must be restrained by effective means to keep hair from contacting herbs; filling granular or loose herbal prescriptions falls under the food category.
- Gloves are to be worn when coming into contact with loose herbs or when preparing granular formulas.
- Masks should be worn when there is a risk of spreading airborne microorganisms.
- All surfaces, equipment, containers, and utensils are to be cleaned prior to and upon completion of your preparation procedures.
- All herbs and herbal products used for preparation are to be put back in the same place that they were taken from, and in the same position for easy viewing.
- All scales are to be wiped clean and turned off or recalibrated to zero after use.

3.A list of all materials available in or near the herbal pharmacy.

- Gloves and masks.
- First aid kit.
- Hand washing station.
- Material Safety Data Sheet binders.
- Herbal reference books.
- Product availability and locator guidebook in English to Pinyin and Pinyin to English.
- Adhesive information labels are to be placed on all granular and loose formula bags and the appropriate information written in and initialed by the clinical supervisor on

duty.

- A prescription pad for use in the sale of patent formulas.
- A rack of instruction sheets for use of the products sold in the pharmacy.
- Vita-Mix/herb grinder.
- Various clean baggies, brown bags or other supplies for packaging herbs.
- Individually wrapped plastic spoons for granular products.
- Stainless steel mixing bowls, funnels, and spoons.
- Clean white paper sheets to present and view loose herb formulas.
- Office equipment such as, pens, stapler, scissors, calculator.
- 4 scales. 2 battery operated and 2 triple beam scales.
- Mortar and pestle.

4. Herbal Dispensary records and references

- The CFO records and reference receipts for the herbal pharmacy sales. (This is the Assistant Campus Director in Boulder) All invoices are kept no less than two years.
- All records of sales are maintained in computer records of the Clinic staff and ultimately balanced by the assistant bookkeeper.
- Any complaints, problems, or adverse herbal reactions are the responsibility of the Clinic Director. An Adverse Herbal Event form is filled in by all parties involved and all Adverse Herbal Event reports are maintained in the file cabinet of the Clinic Director.
- Overseeing that clean and current standards are maintained in the pharmacy is the responsibility of the Clinic (Staff) and Clinic Director. Any discrepancy that cannot be managed by these supervisors becomes the responsibility of the Campus Director.

PROTOCOLS

Moxibustion Protocols

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

- *An Informed Consent for Moxibustion Treatment Form* must be signed.
- **Indirect Moxa:** All indirect moxa is to be applied only until the patient's skin becomes red and warm to the touch, sufficient to achieve the desired level of therapeutic action. The attending practitioner will continually monitor the temperature of the patient's skin to insure against inadvertent burning.
- **Moxa Poles** are to be to be closely monitored and held a minimum of 1 inch from the skin at all times. The attending practitioner must continually monitor the temperature of the patient's skin, in order to adjust or remove the moxa pole as necessary.
- **Moxa on Needle** is to be closely monitored. Line-of sight is not sufficient. The attending practitioner must be within close proximity, to remove the moxa if the patient is in danger of being burned, by the moxa getting too hot, falling off the needle, or any other mishap.
- **Moxa on Salt, Ginger, or Aconite** is to be closely monitored. Line-of sight is not sufficient. The attending practitioner must be within close proximity, to remove the moxa if the patient is in danger of being burned, by the moxa getting too hot, falling off the medium, or any other mishap.
- **Moxa Instruments** are to be closely monitored during application. The attending practitioner must continually monitor the temperature of the patient's skin and the moxa instrument, in order to remove it if the patient is in danger of being burned.
- **Moxa Boxes** are to be closely monitored during application. The attending practitioner must continually monitor the temperature of the patient's skin and the moxa box, in order to remove it if the patient is in danger of being burned.
- **Direct Moxa:** After informing the patient of the procedure, the attending practitioner must apply the direct moxa, as is medically necessary, while closely monitoring the patient and the procedure. Burns are to be cared for as described below.
- **Small moxa burns** are to be kept clean and covered with a sterile dressing. Patients are to be advised of the signs of infection, and instructed to seek emergency medical care, should any signs of infection develop.

- **Any moxa burns that are large or severe** are to be treated with standard first aid treatment. Patients with such burns are to be immediately referred to a qualified Western medical professional (i.e., M.D., D.O., C.N.P., N.P.) for prompt treatment.

Needle Shock and Managing Accidents

by Dr. Skya Abbate

The best way to manage needle shock and acupuncture accidents such as fainting or lightheadedness is to avoid them in the first place through proper needling and attention to the patient's condition. However, if they do occur you need to have an appropriate first response. For clinician convenience that information is summarized below.

I. Prevention

1. Do not treat patients who are too weak, too tired, or too hungry.
2. Do not treat patients who have eaten too much, appear intoxicated, or on mind altering drugs.
3. Correctly position the patient for needling.
4. Do not needle too forcefully, too deeply, for too long, or with too many needles.

II. Signs of acupuncture sickness include the following:

1. Pallor
2. Shallow or rapid breathing
3. Unconsciousness or fainting
4. Sweaty hands, face, chest, or feet
5. Lightheadedness
6. Increased or decreased body temperature.

III. If signs of needle shock/acupuncture sickness develop:

1. Stay calm
2. Withdraw all needles
3. Elevate the feet
4. Cover the torso with a blanket
5. Press on resuscitation points
 - GV-26 (Renzhong) – GV-26 will bring the energy up to the head if the patient is dizzy or lightheaded.
 - KI-1 (Yongquan) will bring the energy down if the person is nervous or needs to be grounded.
 - In severe cases, in addition to the above management, press hard with the fingernail or needle PC9, GV25, PC6 or ST36 or CV4. Generally, the patient will respond, but if not, other emergency measures should be taken, see below
6. Administer a **warm** drink if conscious.
7. If you know the person is diabetic, hypoglycemic or hungry, and they are weak after they have recovered, offer juice, sweetened drinks, crackers or a small carbohydrate (cookies, candy).

8. Notify your supervisor immediately.

Unconsciousness

If patient is unconscious, which may not be a symptom of acupuncture sickness, check airway and breathing, call 911, administer CPR if needed, and then perform the aforementioned procedures.

Clean Needle Protocol for Two-Handed Needling and Multi-Use Insertion Tubes

Two-Handed Needling.

In the event that a long needle is inserted, care must be taken not to touch the shaft of the needle. The CNT manual states: "Needle insertion and manipulation must be performed without the practitioner's bare hands coming into contact with the shaft of the needle...If the needle shaft is supported, a sterile gauze pad or sterile cotton ball must be used to touch the shaft. Clean gauze rather than sterile is not acceptable. Clean fingers, even right after washing, or fingers wiped with alcohol still may shed viruses or other microorganisms that could be pathogenic." Any sterile material must be provided in packaging that is opened immediately before use. Unused gauze or cotton must be discarded. Since cotton balls are not packaged in single use sterile packets, individually wrapped sterile cotton gauze is required in our clinics. Therefore, students who perform needling while touching the shaft, regardless of the length of the needle, must supply and use pre-packaged sterile gauze. Sterile gauze should be added to your treatment kits.

Multi-use Insertion Tubes

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

All needles supplied by the college are in single-needle packaging. Students occasionally prefer to supply for themselves needles in bulk packaging, or other types of re-usable guide tubes. Any re-usable guide tube must be sterile when treatment is being initiated on a patient and must be discarded or re-sterilized before being used on the next patient. A guide tube may not be re-inserted into a bulk packaging of sterile needles once it has been removed from the package. Further, once a package of bulk sterile needles is opened, the sterility of the package is compromised. Therefore, any needles not used within a single treatment on a single patient must be discarded.

Protocol for Disinfection of Non-Insertive Instruments Cups (Plastic/Glass) and Gua Sha tools

1. Immediately after use, wash instruments thoroughly with soap and water. Do not bring Benefect Botanical Disinfectant (Benefact is already in treatment rooms so this is confusing) or Sporox II into Treatment Rooms. Wear appropriate PPE, goggles, and rubber utility gloves when working with Sporox II.
2. Submerge washed instruments in Benefect Botanical Disinfectant or Sporox II solution in the blue containers at the disinfecting station. All equipment and supplies should be available. Make sure lids are on the blue containers at all times.
3. Put your Name, Item, Date, and Time of soak on Cup Disinfection log. Pens and Cup Disinfection log should be available close by.
4. Soak the instruments for the posted amount of time.
5. When done, while wearing PPE, remove and rinse instruments thoroughly and set on the drying tray, or dry with paper towels and return instruments to their proper place.
6. Do not leave the premises until disinfection is complete.

After 21 Days, or when Sporox II solution is visibly dirty, the Clinic Staff will neutralize the solution in water and pour down the drain. The Clinic Staff should keep a logbook on the wall above the Sporox II containers showing that proper disposal has occurred. Sporox II is a 21-day 7.5% Hydrogen Peroxide and 0.85% Phosphoric Acid solution. It is a high-level disinfectant that destroys 99.8% of Mycobacterium tuberculosis in 20 minutes at 20 degrees Celsius or 68 degrees Fahrenheit.

*** Will tarnish silver, safe for copper and brass.**

After 30 days, or when the Benefect Disinfectant solution is dirty, the Clinic Staff will pour the used solution down the drain. The Clinic Staff should keep a logbook near the disinfecting stations showing that the proper disposal has occurred. Benefect Botanical Disinfectant is a Thymol based high-level disinfectant that is 99.99% virucidal, bactericidal, fungicidal, and tuberculocidal that kills Mycobacterium tuberculosis in 5 minutes. It is

registered under the EPA as having the lowest toxicity rating and does not require PPE for human safety. It is non-corrosive to metals, rubber, or silicon but may discolor.

Autoclave (Boulder)

If an Autoclave is available, instruments may also be sterilized using this option. All items should be washed in soap and water and placed with the opening down on the autoclave tray. Autoclave should be filled only with distilled water and run in the Unwrapped setting. All instructions are clearly printed on the white board above the Autoclave Station but be sure you have received proper training before using the Autoclave for the first time. Training is given in Techniques of Acupuncture and Moxibustion 112 and discussed in Clinic Trainings.

Please record all usage in the Autoclave Logbook to the right of the machine, noting the date, name and what items were sterilized.

Caution: Do not attempt to open Autoclave while it is in use due to risk of severe burn.

The Autoclave is cleaned once per month by the Clinic Staff.

The Boulder Clinic Director will conduct appropriate training to staff and students regarding use of the Autoclave as needed.

The Boulder Clinic Director will conduct Biological Monitoring monthly to ensure the Autoclave is in working order.

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

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

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

☺

Bloodletting Jing Well Points

1. It is important to have plenty of everything you will need within easy reach of where you are working.
2. Wash hands and establish a clean field with:
 - paper towels
 - dry cotton balls
 - wet cotton balls or alcohol
 - lancets (after examining the area to be treated, have the number of lancets you intend to use lined up uncapped with some capped extras).
3. Have within reach:
 - open Sharps container
 - biohazard bag
 - extra gloves
 - face mask (~~level 3 preferred~~)
 - eye protection
4. Put on gloves and face mask.
5. Use one lancet per point.
6. Immediately dispose of lancet in Sharps container after bleeding.
7. Squeeze digit to express the desired amount of blood.
8. Wipe with alcohol dampened cotton ball between drops to keep the flow going.
9. Stop blood flow with cotton ball held firmly in place when desired amount of blood has been expressed.
10. If there is a significant amount of blood, dispose of used gloves and cotton in a red biohazard bag, seal it, and place it in the proper biohazard disposal unit, not the Sharps container, as soon as you are done. If there is a very small amount of blood, gloves and soiled cotton balls may be disposed of in the normal trash can.

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

Bloodletting Vascular Spider Veins with Cups

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

1. Wash hands and establish a clean field with:
 - paper towels
 - dry cotton balls
 - alcohol
 - lancets (after examining the area to be treated, have the number of lancets you intend to use lined up uncapped, with some capped extras).
2. Have within reach:
 - cupping set
 - open Sharps container
 - biohazard trash container
 - extra gloves
 - goggle/face mask combo
3. Test suction cup valves prior to use.
4. Put on mask and gloves (or double glove if desired).
5. Wipe patient's skin with alcohol on cotton-ball, spread skin, prick to bleed. Use one lancet per point. Immediately dispose of lancet in sharps container after use. May bleed 2-5 spider veins within one cup area.
6. Position cup and apply vacuum
 - check pressure with patient-shouldn't be painful. May release pressure by releasing valve.
 - check curvature of skin within cup to make sure vacuum is intact.
7. When blood flow has stopped, or when you have blood-let as much as needed:
 - position folded paper towels around the downward slope of cup

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

Blood Pressure

Take blood pressure on every patient. If you find a patient's blood pressure in the higher ranges, let your supervisor know so they can come in to question the patient as to what may account for this. The supervisor will then make a decision as to appropriate treatment and/or the need for referral. Typically, we do not treat people with a consistent blood pressure in the stage 2 level without a note from their doctor.

If a patient's blood pressure is at or above 180/110, do not treat that patient. Refer them immediately to their doctor or urgent care center.

The ear is a great way to treat High Blood Pressure – see *Acupuncture, A Comprehensive Text* or use the Japanese Blood pressure protocol you may have been taught.

Blood pressure is a peripheral measurement of cardiovascular function. Over 108 million Americans have elevated blood pressure. It is taken with a stethoscope and an aneroid or mercury sphygmomanometer. Electronic sphygmomanometers, which do not require the use of a stethoscope, are also available. The appropriate cuff size should have a width of about 40% of the upper arm circumference.

Technique:

- a. Ideally, before the blood pressure is recorded, the patient should avoid exercising, smoking or ingesting caffeine for 30 minutes and should rest for at least five minutes. The patient's arm should be slightly flexed and comfortably supported on a table (the standard is in the seated position). Position the arm so that the brachial artery (at the antecubital crease) is at heart level. Be sure that the arm is free of clothing.
- b. Center the cuff over the brachial artery, with the lower edge 2-3cm (1 inch) above the antecubital crease. Secure the cuff snugly, because a loose cuff will give an inaccurate lower measurement.
- c. Palpable systolic blood pressure: checking it first will help you avoid being misled by an auscultatory gap (a silent interval that may be present between the systolic diastolic pressure) when you listen with the stethoscope. As you feel the radial artery with the fingers, rapidly inflate the cuff until the radial pulse disappears. Read this pressure on the manometer and add 30 mm Hg to it. Deflate the cuff slowly at a rate of 2-3 mm Hg per second until you again feel at least two beats of the pulse. This point is the palpable systolic blood pressure. Immediately deflate the cuff completely and wait 15-30 seconds.

- d. Now place the bell of the stethoscope over the brachial artery, because the sounds produced by the turbulence of blood flow in the artery (Korotkoff sounds) are relatively low in pitch. They are heard more clearly with the bell. Inflate the cuff until it is 30 mm Hg above the palpable systolic blood pressure and deflate it slowly at a rate of 2-3 mm Hg per second, listening for the following sounds:
1. Phase 1: onset of clear, faint tapping, with intensity that increases to a thud or louder tap
 2. Phase 2: tapping that changes to a soft, swishing sound
 3. Phase 3: return of clear, crisp tapping sound
 4. Phase 4: (first diastolic sound) sound becomes muffled and takes on a blowing quality
 5. Phase 5: (second diastolic sound) sound disappears

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

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

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

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

Current guidelines from the American Heart Association

Category	Systolic		Diastolic
Normal	less than 120	and	less than 80

Elevated	120-129	and	less than 80
Hypertension stage 1	130-139	or	80-89
Hypertension stage 2	140 or higher	or	90 or higher
Crisis	above 180	and/or	above 120

JOB DESCRIPTIONS

Observer Responsibilities

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

1. Room Set up:

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

2. Room Break down:

- Interns are to handle used sheets and gowns, observers may participate in all other break down activities
- Pick up guide tubes and any trash from floor
- Return unused sheets, towels and patient gowns to the clinic cabinet
- Return any clinic supplies, including needles, to where they belong
- Close biohazard lids but don't lock them
- Turn off heaters if used
- Close and lock windows
- Stack pillows on the bottom shelf of the stainless-steel cart
- Arrange chairs neatly in the room
- Turn off lights
- Unplug everything (I don't have them unplug everything, just turn off everything. Don't want the clocks getting unplugged by accident)

3. In Clinic:

- Record required information in the Clinic Observation Notebook.
- Observe treatments, ask questions during grand rounds. Do not ask questions of patient in the treatment room or engage patient during interview.
- Observe tongue and pulse when invited by intern or supervisor to do so.
- Fill out *Record of Observation Form*, obtain supervisor initials, and file in workroom at the end of each shift

4. Consultation Room:

- Straighten chairs
- Return books to reference library
- Close and lock windows, remove personal items from consultation room

5. Herb Room:

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

Intern Responsibilities

1. Check clinic bulletin board for any notices or memos. (We don't use a bulletin board, this is all by email now)
See rotation list of calendars for your assigned room.
Pick up your patient files from the designated location.
2. Prepare your clinic treatment room at start of each shift:
 - Disinfect treatment table at the start of each shift using spray, wipe, spray technique.
 - Disinfect needle cart
 - Put sheet on table for each new patient
 - Put new pillowcase on pillow for each patient, flip pillow over between patients
 - Make sure the following are stocked: cotton balls, alcohol, paper towels, face cradle covers, sheets and glove dispenser
 - Greet your patients as they arrive. Make them feel welcome.
3. In Clinic:
 - Record information required on the *Record of Treatment Form*.
 - Ask questions during grand rounds
 - Treatment Procedure:
Students should complete their initial assessment or work-up within 30 minutes. Supervisors should be present for part of the interview. When the student reports back to the supervisor he/she should be able to summarize the patient interview that includes:
 - Major complaint and accompanying symptoms
 - Physical diagnosis (pulse, tongue, palpation, observation data)
 - Changes in condition
 - Differentiation
 - Treatment Plan
 - Point selection, rationale, and method
 - Herbal formula (300 Level)
1. Completely fill out or check required paperwork which include:
 - *Medical History*: for new patients – patient's signature
 - *Disclosure Form*: for new patients- patient's signature
 - *HIPAA Form*: for new patients- patient's signature
 - *Student Clinic Policy Form*: for new patients- patient's signature

- COVID waiver: for all patients who have not already completed one (??We have been asked not to put things in the Manual that are COVID specific, as we only edit the manuals every 3-5 years.)
- Patient Intake- Initial Interview: for new patients
- Patient Record of Treatment: date, your name, your supervisor's name; if patient is a no show, please write the date and "no show".
- Medication Log: date, herbs prescribed, refills or Western medications being taken
- Herbal Forms: include lot numbers for all herbs and patents. Fill out all relevant information.
- Moxibustion Consent Form: Should be signed at the first visit and checked when doing moxibustion.
- All forms require supervisor initials or signature.

If the above paperwork is not completed as required, the clinic staff will distribute slips to the supervisors. These slips will designate what paperwork needs to be completed.

At the beginning of each clinic shift the clinic supervisors will pick up any outstanding slips and give them to the intern to make corrections. Return the slip with the completed patient file to the clinic staff.

2. Interns will walk patients to the front office at end of treatment. The clinic staff will help them set up their appointments and pay their bill.
3. Give the clinic staff herbs and/or patents with a RX and/or ~~Herb cost~~ (This goes on the Superbill) form with the patients' name completed so the clinic staff will know to whom it belongs.
4. Give files to supervisor at end of shift.
5. Maintain order in the clinic.
 - a. Proper room breakdown at end of each shift:
 - Put used sheets in designated bins and used patient gowns and pillowcases in laundry basket or laundry bag. Interns must clear used sheets and gowns.
 - Pick up guide tubes or other trash from floor
 - Return unused sheets, towels and patient gowns to where they are stored
 - Return any clinic supplies, including needles, to their proper place
 - Close biohazard lids but do not lock them
 - Turn off heaters
 - Close and lock windows
 - Fold and stack blankets and pillows, arrange chairs neatly in the room
 - Turn off lights

b. Consultation Room:

- Straighten chairs
- Return books to reference library
- Close and lock windows, remove personal items from consultation room

c. Herb Room:

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

6. Fill out your *Record of Treatment Form* and file in designated location. This is the only easily accessible record of the patients you have treated, and this information is necessary for your clinical grade.

Clinical Supervisor Responsibilities

1. Be familiar with and responsible for implementing and following all of the policies and procedures pertaining to clinic outlined in the current Clinic Manual that applies to the level of clinic you are supervising.
2. Be familiar with the level of clinic each of your students is working at during a semester (listed on your roster in Populi) and review the Rubric in the *Clinic Evaluation Handbook* for each level to know what the expectations are for each individual student intern.
3. Complete the Mid-semester Evaluation forms as instructed and return them to the Clinic Director by the end of week 8.
4. At the end of the term, compile a summary of the student's performance by completing the *Semester Clinical Evaluation of Student Form* and turn it in to the Clinic Director in the final week of the semester.
5. Communicate with the Clinic Director as soon as possible on problems with students, patients, policies, or procedures.
6. Clinic Supervisors should have a group meeting 10-15 minutes prior to start of each clinic shift before the first patient. During this meeting:
 - a. Review patient files
 - b. Clarify any treatment procedures to the students at each pre-clinic meeting.
7. Supervisors should have made initial rounds and be available in consultation room within 20- 25 minutes of the start of clinic shift.
8. Supervisors are not permitted to schedule private patients during student clinic or do work unrelated to their duties.
9. Keep accurate records of clinic attendance in Populi.
10. During the course of the semester, use the student's individual Record of Treatment forms to record accurately when you observe a student intern using adjunct modalities

so you can encourage use of them and be able to grade them appropriately at the end of the term. Turn these in at end of term.

11. Treatment procedure:

a. Students should complete their initial assessment or work-up within 30 minutes. Supervisors should be present for part of the interview. When the student reports back to the supervisor he/she should be able to summarize the patient interview that includes:

1. Major complaint and accompanying symptoms
2. Physical diagnosis (pulse, tongue, palpation, observation data)
3. Changes in condition
4. Differentiation
5. Treatment Plan
6. Point selection, rationale, and method
7. Herbal formula

12. The Supervisor should confirm tongue and pulse for the students to provide valuable pieces of diagnostic information and aid the students in their clinical ability.

13. The student proceeds with the treatment. Students should complete first to last needle within 10 minutes. The supervisor should check and correct point location and appropriate needle technique or other modalities.

14. It is the student's responsibility to treat within the time allotted for treatment, and to remove the needles at the appropriate time. It is the supervisor's responsibility to start and end clinic on time. No compensation can be provided for going over hours. Supervisors may not leave while a treatment is in progress.

15. Check charts for mandatory items and signatures before the patient leaves the clinic.

16. The clinic supervisor must use the last 30 minutes of the clinic shift for grand rounds. It is never appropriate for students to determine whether or not they stay based on any questions they might have.

Clinic Director Responsibilities

As the primary clinical administrator, the Clinic Director along with the Campus Director, Academic Dean, and the Executive Director, is the coordinator of the clinical internship program at Southwest Acupuncture College. In this capacity, the Clinic Director is responsible for:

- Supervising all clinical supervisors and assistants and training them to evaluate each student's performance in the clinic;
- Planning and implementing the growth of the clinical program along with the Campus Director, Academic Dean, and the Executive Director;
- Working to develop protocols to measure the outcome of clinical work along with the Campus Director, Academic Dean, and Executive Director;
- Working with the President, Executive Director, Campus Director and Academic Dean in the development of curriculum as it affects the clinical internship program; and
- Recommending marketing strategies for the recruitment of patients for the student clinic and coordinating on-site and off-site clinical/classroom externship opportunities and programs.

Specifically, the Clinic Director:

- Trains all Clinical Supervisors in:
 - Clean Needle Technique;
 - OSHA and HIPAA Standards;
 - School clinical policies and procedures;
 - Record keeping; and
 - Clinic educational objectives;
- Trains each class of students in clinic orientation each time they enter a new phase of clinic;
- Formulates procedures for acupuncture emergencies;
- Designs relevant clinical in-take forms and prognosis forms to be used in all clinics;
- Issues memos to students and staff in regard to clinic for existing policies that need attention;
- Issues memos to students and staff with regard to new clinic policies after approval of Campus Director and/or Executive Director;
- It is the responsibility of the Clinic Director to resolve problems concerning students or patients. If the Clinic Director cannot resolve a situation, it is then referred to the Campus Director or Executive Director.
- Conducts Clinical Supervisor meetings;
- Evaluates Clinical Supervisors in the fulfillment of their responsibilities;

- Inspect clinic and treatment rooms for cleanliness on weekly basis and inform the staff of any improvements needed;
- Reviews the clinical progress of each student by reading the *Student Clinical Evaluation Form* at the end of each term;
- Oversees entry of student tracking data on the Student Clinical Evaluation Form;
- May conduct clinic lotteries;
- May attend health fairs and other promotional/recruitment events with the Campus Director;
- Participates in the revising of the Clinical Manual every three years;
- Ensures that the college is in compliance with OSHA standards and conducts annual trainings;
- Conducts CNT evaluation of a minimum of 1/3 clinics and clinical classes each semester;
- Conducts a monthly chart review of 10% of previous month's patient charts and notifies instructors and students of charts that need correction.

APPENDIX

Southwest Acupuncture College's Protocol for Prohibition of Unlicensed Practice

Unlicensed students may not give any medical treatment to any person, unless he or she is directly supervised by a licensed Clinical Supervisor in a Southwest Acupuncture College approved facility, which are limited to the college student clinics and extern clinics. The use of skills learned in our program outside of supervised clinic constitutes the practice of acupuncture and Oriental medicine without a license, a violation of state law. **In New Mexico this is a felony offense; in Colorado it is a misdemeanor.**

This includes:

- Treating your family
- Treating your partner
- Treating your roommate
- Treating another student in the program
- Treating your friends
- Treating any animals
- Prescribing herbs
- Any treatment

You may not treat anyone:

- At home
- In another state
- In a classroom at the college or the clinic outside of practical classes when one is learning skills or outside of the clinic in which you are an intern without faculty supervision.

Acceptance of payment in any form or the non-acceptance of payment in any form has no bearing on

whether or not the student has engaged in unlicensed practice.

As it states in your Intern Agreement, signed upon entering 200 level clinics:

“Upon discovering that a student is engaging in practice of acupuncture outside of supervised clinic, that student **will be expelled.**”

In addition, any student expelled for unlicensed practice will be reported to both the state acupuncture board and the NCCAOM.

I (PRINT STUDENT'S NAME) _____ have read and understand the above information and agree to abide by the prohibition against unsupervised treatment. I understand that my failure to do so will result in disciplinary action. Violations will be reported to licensing agencies and may result in an inability to ever attain a license due to unlicensed practice of acupuncture.

Student's Signature: _____ Date: _____

Protocol for Prohibition of Unlicensed Practice
Share/clinic director/current organization/OSAH/forms
1/21/21