



針灸學院

NEW ZEALAND SCHOOL OF
ACUPUNCTURE
& TRADITIONAL CHINESE MEDICINE

Handbook of Clinical Policies & Procedures: Three-year Bachelors program

(Reviewed: February 2022 – Debra Betts)

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NZSATCM Teaching Clinic

The NZSATCM course is structured to include supervised practical experience within a teaching clinic.

Year 1 students in their second semester are able to observe consultations, diagnosis, treatments, and use these to complete written reports. They also become familiar with the practical aspects of running a clinic – assisting under supervision, maintaining basic supplies, booking appointments, and record keeping.

Years 2 and 3 students gain confidence and practical skills, ensuring that by the time they graduate they are competent in all aspects of practice.

Basic Conditions of Treatment

The NZSATCM teaching clinic is run during term time (refer to *semestral timetable*). An online booking system operates where the public can make direct bookings, but Student clinicians should note that they are also responsible for obtaining their own clients to treat. Qualified clinical supervisors supervise all treatments.

It is intended that students treat a variety of patients and conditions therefore clients are expected to be transferred to another student clinician after 9 -12 treatments.

A student assistant may be present during treatments.

The conditions of treatment are set out in the *Client Consent Form*. This includes that health information gathered can be discussed by students of NZSATCM for academic purposes provided personal details that would identify the patient are omitted.

Cost

Treatments costs are significantly cheaper than treatments offered by qualified acupuncturists. Discounted courses of treatments are also available and provide even greater savings. Details of costs and conditions are held at Administration/Reception.

Students of NZSATCM are encouraged to experience acupuncture, and maintain their own health, through using the clinic. They are offered special discount rates. See Administration/Reception for details.

Clinical Experience

Year 1 clinic assistant tasks

Year 1 students in their second semester have the task of observers and assistants in the clinic.

This observation allows students to enhance their understanding of the communication skills cultural safety and ethical behaviour required within a clinic environment.

Year 1 students submit a total of three reflective clinical reports for their Clinical Log reflective Journal.

Clinic assistants are not to take notes during consultations, but may make notes afterwards, and may refer to client records.

Through assisting they will:

- learn techniques to ensure safety of practitioner and clients
- with the client's permission, be invited to take the pulse and view the tongue
- learn clinical routines including booking, payments, personal hygiene and clinic cleaning

Year 2 and 3 student clinician tasks

- develop clinical skills through the treatment of patients in the student clinic
- there are three case histories due over Years 2 and 3; submissions are broken down as follows:
 - One in Year 2, Semester 1
 - One in Year 2, Semester 2
 - One in Year 3, Semester 1

Details of these assessment requirements are in the materials provided in your course outline and by NZSATCM supervisors.

Years 2 and 3 student clinicians **CANNOT REFUSE** clinic assistant(s) into their clinical rotation; mentoring clinic assistants is an intended learning outcome of the teaching clinic.

Additionally, Years 2 and 3 student clinicians must remember that the supervised clinics are headed by their respective supervisors; thus, they must always follow the latter's reasonable instructions.

Lastly, Years 2 and 3 students need to see themselves as responsible for participating in the recruitment of their own clients. Developing confidence recruiting and retaining clients is essential to student's future success as qualified acupuncturist. For this reason, the NZSATCM supports students with clinic facilities, a central location and supervision, but has an expectation that students will be actively involved in promoting themselves.

Current First Aid Certificate Requirement

Years 2 and 3 students must have a current First Aid Course Certificate as a requirement for practice in the supervised clinics. [Year 1 students can, however, undergo the Clinical Observation without a current certificate.]

Students can either take up a First Aid training course offered by the school or by other duly accredited First Aid training organizations.

Student Attendance

Student clinicians will be assigned at least 4 clinical client contact hours per week. With one hour allocated to clinical reflection with a supervisor, giving an allocated 5 hours.

Clinic assistants are asked to arrange their clinical observation to ensure they can meet the requirement for three reflections for their Clinical Log reflective Journal.

Attendance is mandatory for student clinicians and recorded as for all classes.

Students should be present at 'set-up time' (i.e. students are required to arrive early to set up in time to start their consultation at the time of appointment).

Lateness is unprofessional and is taken seriously. If a student clinician is unable to attend a clinic due to ill-health or other reason, they should notify the NZSATCM as soon as possible, and cancel their bookings.

If students report in and are **more than five (5) minutes late**, they are marked absent for one hour only.

Attendance in student clinic is required even if no patients are booked. This time can be used to discuss cases with the assistants, and other issues related to course work and the development of professional competence.

Clinical Hours

Clinical hours within The NZSATCM three years batchers programme have been structured to comply with the New Zealand Register of Acupuncturists, Inc. [NZRA]) requirements for 500 hours related to clinical education. Of these 300 are supervised clinical hours, with an additional 200 hours related to diagnostic classes.

- **300 hours** must be gained in actual treatments provided to clients.
 - Of these, those students in the general stream must achieve **a minimum of 180 hours in the NZSATCM Student Clinic** under direct supervision. While those students in the health professionals' stream must achieve a minimum of **108 hours** under direct supervision from a **NZSATCM supervisor**.
 - The requirement that a minimum number of hours be achieved by students under supervision by NZSATCM Clinical Supervisors enables the instruction of the student

to be completed, and student's skills to develop in a supervised environment. This complies with course curriculum, public safety and ethics issues.

- Further, it meets Acupuncture NZ requirements, by enabling a thorough assessment of student's skills to be made.
- The remainder of these clinical hours, may be achieved **through external clinic placements**– with supervision through approved practitioners or clinical environments.

Please note that these 300 hours are a minimum, once achieved, students are still expected to continue treating patients in their clinics and attend for the full scheduled time. The academic programme continues, with students continuing to extend their knowledge and practical skills, contributing in Diagnostics classes, and contributing to the ongoing learning of their assistants. All of these require the ongoing operation of the student clinics.

Use of Spare Clinics

Students are able to apply to Administration for permission to book patients in spare clinic times. The merits of each case will be decided, the clinical supervisor concerned will be consulted and permission given in writing. A charge may be incurred for use of spare clinics.

Students are reminded that their primary obligation is to fill their allocated clinic times; where a client is unable to attend their clinic on a regular basis, that client should be referred to a clinical student who has an allocated clinic at a time that does suit the client.

If a client is treated in spare clinic time without the prior approval of Administration, no treatment hours will be allocated for that treatment, and such action will be regarded as a serious breach of the School's rules relating to professional conduct and patient safety.

External Clinics

In addition to their School clinic, student clinicians can apply to work under supervision at external clinics. This application is made through Administration. A \$50 administrative fee is charged by the school to cover organising the necessary paperwork. Student clinicians cannot be paid for these treatments. The supervising clinician may wish to make their own financial arrangements with the student clinician. They may ask the student to pay for the use of their rooms and for supervision, or they may charge the client a full treatment fee and retain this to cover their costs.

Definition: External clinics refer to clinics undertaken by the NZSATCM third year clinical students for the general stream (appropriate second- and third-year students from the health professionals' stream) outside of the physical premises of the NZSATCM and under the direct supervision of professional acupuncture practitioners, who are members of a professional acupuncture body such as of the Acupuncture NZ. These practitioners sign a written agreement (*External Clinics Agreement*) with the school and the concerned student; this agreement stipulates the clinical guidelines and each party's working relationship with the other in relation to supervising NZSATCM clinical student(s).

Application Process: Those students who wish to use the external clinics pathway to gain clinical experience, may have this recorded in terms of external clinic hours, and can utilise the clients seen in these clinics for their required written case history assignments. They are however required to provide a reflective journal for each of the external clinical sessions undertaken.

The application forms for external clinics are available through administration. All relevant forms must be signed by the external supervisor, student clinician and officially approved by the clinical lead before any clinic placement commences.

Assessment for external clinics

Formative and Summative Practical Assessments:

All students shall be required to undergo formative and summative practical assessments with their respective school supervisors as per schedule in the *Semestral Timetable*. In addition, they are also required to complete their Clinical Log reflective Journal.

Penalties for Non-Compliance:

Non-compliance to any of the provisions of these external clinic policies, through no fault of the NZSATCM, may lead to forfeiture of the clinic hours earned through this pathway and/or non-crediting of any or all written case reports, which are based on the clients seen in the external clinics.

Penalties shall be decided by the concerned clinic committee.

Assessments

Student clinicians are assessed on their clinical skills each semester.

In consultation with their clinic supervisor-in-charge, they should set aside an hour for the following assessments:

Year 2, Semester 1

- Formal Formative Practical Assessment : Semestral Week 8-9
- Summative Practical Assessment : Semestral Week 15-17

Year 2, Semester 2

- Formal Formative Practical Assessment : Semestral Week 8-9
- Summative Practical Assessment : Semestral Week 15-17

Year 3, Semester 1

- Formal Formative Practical Assessment : Semestral Week 8-9
- Summative Practical Assessment : Semestral Week 15-17

Year 3, Semester 2

- Formal Formative Practical Assessment 2 : Semestral Week 8-9
- Summative Practical Assessment : Semestral Week 18

Additional assessment discussions may be required by the Clinical Supervisor, and the student clinician must be prepared to set aside clinic time as requested.

Formal Formative Practical Assessments are provided as venues for practice and feedback and as part of preparing the student clinician for the summative assessment.

Practical skills, as assessed in the Summative Practical Assessment, are marked as detailed in your course outline.

Summative Practical Assessment results with a fail are passed on to the Clinic Committee for evaluation and appropriate action.

Client Attendance

Treatment Requirement/Limit

Clients attending the teaching clinic agree to attend for a series of treatments. At their first visit the terms and conditions of attendance must be explained thoroughly. These are set out on the *Client Consent Form*.

It is important that patients understand they may need to commit to a series of treatments. In general, acupuncture is not a one-off cure, but is a system of treatment based on assisting the body to heal itself. Clients will need a course of treatments to get the full benefit.

In addition, the Clinic is run as a learning institution, and the needs of the students must be met. Student clinicians are required to record supervised learning hours and present case reports on the clients seen. If client numbers are low or if they do not stay for the full course of treatment, it may affect the learning opportunities for students.

The incremental nature of acupuncture treatment will often mean that clients would benefit from a course of treatment longer than the 9-12 treatments with one student clinician. There is flexibility to provide up to 3 further treatments to complete the course of treatment. However, if the treatment is going to be ongoing, students are required to pass on their client to another student clinician. This is in order to ensure that student clinicians experience a wide variety of conditions and satisfy this aspect of their clinical requirements.

Student clinicians should explain the requirements to clients and discuss the possibility that their treatment may be continued with another student clinician. They may also benefit from multiple treatments in a week and can therefore co-share treatment with other student clinicians.

Additional Conditions

If a client's course of treatment is interrupted by an acute exterior condition, such as a cold, the student must revise the treatment plan for the original condition and plan a treatment that incorporates the acute problem.

If a client is treated for a condition, then during that course of treatment found to have additional conditions that require additional treatment, they should be passed on to another student clinician for this additional treatment after the first course of treatment is completed. Re-diagnosis or additional conditions are not grounds for retaining a client.

Clinic Administration

EZYBOOK Patient Booking System

Student clinicians must input all bookings in the Student Clinic EZYBOOK clinic booking system. As other students or Administration may make bookings for student clinicians, it is important that student clinicians check their bookings regularly and record any they make for themselves as soon as possible. This procedure prevents double-bookings. Bookings and double-bookings are the sole responsibility of the concerned student clinician.

Record first and last names, phone number, and email address. This ensures Administration can correctly identify the client and contact them if the booking needs to be changed.

Clients are agreeing to attend a course of treatment, encourage them to book these in advance, and record all forward bookings in the EZYBOOK booking system.

Remember that clients contact information are private professional records. In particular clients' names and phone numbers are confidential.

Clients changing or cancelling appointments can be minimised by student clinicians explaining the terms of attendance at the school clinic, and by reminding patients that this is a professional service. Clients failing to attend at short notice, deprive students of the ability to take a replacement booking, and wastes the time not only of the student clinician, but also their assistant and supervisor.

Payments

Student clinicians are responsible for ensuring their clients pay for treatments. They may choose to delegate this task to their clinic assistants. Clients are required for treatments on the day of treatment. Payments for a course of treatments are required by the second visit at the latest.

Payment Method

Clients may pay using cash, cheque or eftpos. Cash or cheques should be placed in the **cash box**, and change given as required.

Students will be shown how to use the eftpos machine by the Clinical Supervisor, the student clinician, or Administration staff.

Eftpos payments generate two (2) pieces of paper – the top, white, copy should be ripped off and given to the client. The lower, yellow, copy should be left hanging on the machine until the end of the session, when it is ripped off and clipped to the Clinic Record Sheet.

Students will be instructed in use of the eftpos machine by their Clinical Supervisor.

Pre-paid courses of treatment should still be given a receipt as a record of treatment and should be recorded in the 'Other' column of the Clinic Record Sheet.

Receipts

A receipt must be written for each treatment. The receipt book provides a cross-check for the Clinic Record Sheet, so it is important to record each treatment.

Write the date, the clients full name, the method of payment i.e.: cash, cheque, or eftpos and amount, and the student clinician's name.

When a client does not pay, mark the receipt 'invoice' and cross out the word 'receipt'.

When a client pays for several sessions in advance, note on subsequent receipts that it was previously paid e.g., 'treatment 2 of 6'.

Clinic Record Sheet

This reconciles treatments and payments, for each student clinician. It is used to **reconcile the daily takings**, and it is used for **verifying students' clinical hours**. As such it is a very important document. Take care when completing it!

Record the name of the student clinician in the box for the clinic room they work in. Record the clients name in the spaces provided beside their student clinician's name. Record the receipt number, eftpos transaction number and amount, or cash or cheque amount.

Take care to record the payment in the *correct column according to type of payment*, so that this sheet will balance with the cash box each session.

Record every client treated, if they have pre-paid, this is recorded in the 'Other' column. If a client is not recorded here as being treated, clinical hours cannot be given.

Cash Box

At the start of clinic, a student must come to Administration and take charge of the cash box, and a Clinic Record Sheet. It is their responsibility to keep the cash box under supervision for the whole clinic, and to return it to Administration at the end. Do not leave the box unattended, and do not share the responsibility – if errors occur, or if money is missing, we need to have one person accountable. This responsibility can be rotated between clinicians on a weekly basis.

At the close of the clinic, they must complete the totals on the Clinic Record Sheet and confirm the cash box amount. The Clinical Supervisor should then be asked to sign the Sheet – confirming the hours, and the payment totals. Once signed off, the student returns cash box, receipt book and Clinic Record Sheet to Administration.

In the event of irregularities, the student must take responsibility for confirming details, and reconciling appointments with payments. The student would be liable for any shortfall.

Clinic Rooms

Equipment

Rooms are equipped with the basic equipment required for treatment. Student Clinicians are responsible for checking the inventory at the start of their clinic and report any missing or damaged items. Failure to do so could result in that clinician being held responsible.

The first clinician each day should obtain a new daily checklist from the front desk, and the last clinician each day should return the completed sheet to the Clinic Supervisor.

Student's Clinical Supplies Box, Needles and Other Supplies

At the start of each year clinical stage students are issued with a box containing needles and moxa. This is for use within the clinic. It can be restocked as required by asking at Reception. Students' use of needles and moxa is recorded. At the end of the year the box must be returned to Reception.

Students needing to purchase needles or moxa for their own use in practical classes may do so at Reception. Students are reminded they are not permitted to practice their needling techniques on other people outside of class or treat other people without supervision.

Students are required to supply their own forceps, cups, sphygmomanometer and stethoscope.

Towels and Bed Linen

At the start of each clinic collect towels and a pillowcase from the storeroom. The first clinic each day should also take a clean sheet.

Clean towels are collected from the towel cabinet, three (3) towels for each client.

Cover the bed with a sheet; spread a towel over this, and a 2nd towel for the feet. Put a pillowcase on the pillow and place a paper towel over this. Have a 3rd towel available for draping.

Place spare towels in the cupboard.

Between each client change the towels and paper towels.

Used towels should be placed in the dirty laundry bag at the end of each clinic. At the end of the last clinic each day, the sheet should also be put in the laundry bag.

Note – depending upon the laundry service being used, the towels may need to go in a separate bag from the sheets and pillowcases. This will be indicated in the storeroom.

In summary: paper towels are changed for each client. Pillowcases and towels are changed each clinic or more often if soiled. Sheets are changed each day or more often if soiled.

Towels are supplied for the clinic only; they are not for use in practical classes. If students need towels in class, they must bring their own.

Rubbish

A rubbish bin and sharps bin are provided in each clinic room.

The rubbish bin is lined with a bin liner and should be positioned near the clinic cupboard. Do not put food or sharps in this bin. It is safe to place cotton wool balls with blood on them in this bin.

The sharps bin is provided to ensure safe disposal of used needles. Do not place other materials in this bin. This bin should be positioned where it cannot be knocked over. If children are present, ensure they do not touch it. A small bin could be placed on the windowsill, or in the clinic cupboard. A large bin should be placed in a safe place on the floor.

The sharps bin must be changed when contents reach the indicated level at the side of the container. Report this to the Clinic Supervisor.

Cleaning Routine

To ensure a clean and safe environment the following routines are to be followed:

At the end of each clinic:

Generally

- Wipe window ledges, tabletops and beds. Use the cloth and cleaning product provided in the cupboard in each clinic room. Replacements can be obtained from Administration as required.
- Pick up any obvious debris from the floor.
- Empty the rubbish bin if it is over half full. To do this, tie the top of the bin liner tightly, and place in the main rubbish bin next to the hand basin. Place a new bin liner in the bin. Rubbish bin liners are stored in the clinic cupboard.
- Check clinic room and waiting area for general tidiness, removing personal belongings, coffee cups etc.

Clinic cupboard

- Ensure that at the end of session all towels are removed.
- Check contents of shelves are clean and containers closed
- Wipe shelves

A cleaner is employed to vacuum floors and clean basins daily.

Blood Spills

A blood spill kit is kept in the clinic and contains disposable gloves, bleach, paper towels and rubbish bags.

Any blood spills, including a bleeding nose, must be cleaned up promptly using a freshly mixed solution of bleach. Place materials used in the clean-up in a rubbish bag and tie the top tightly before placing in the main rubbish bin.

After use, the student clinician or assistant should ensure the kit is restocked and returned to its storage place. Supplies for this can be obtained from Reception.

Blood spills on carpet should not be bleached. Ensure access to the affected area is prevented and advise the Clinical Supervisor. The Clinical Supervisor will assess the spill and organise suitable cleaning.

Personal Appearance, Clinic Decorum, and Bedside Manners

Clinic Dress Code

Student clinicians and clinic assistants should be dressed cleanly and appropriately for a professional clinical setting. The guidelines below must be strictly followed:

- A clean and ironed school-prescribed scrub shirt must be worn over the students' clothes for the whole duration of the clinics
- A proper identification card must be worn at all times
- Wearing of necklaces, dangling earrings, bracelets, and/or large rings is prohibited
- If a dress or skirt is to be worn then, the hem should be at knee level or below; and
- Footwear must always be clean and tidy. Open-toe shoes, e.g jandals and sandals are **not allowed to be worn in student clinics.**

Additionally,

- Years 2 and 3 clinical students should wear the school-prescribed **blue** scrub shirt [**mid-blue colour**] [as prescribed by the college]; and
- Year 1 clinic assistants are required to wear a proper identification at all times

The school recommends that these smocks be purchased online or in store at NZ UNIFORMS:

URL links:

<https://www.nzuniforms.com/product/unisex-classic-scrubs-top-2289409.htm> [Unisex]

<https://www.nzuniforms.com/product/ladies-classic-scrubs-top-1900540.htm> [Ladies classic scrub top]

Personal Appearance and Personal Hygiene

Student clinicians and clinic assistants should ensure that they are clean and well groomed. The rules are outlined below:

- They must ensure that they don't have offensive body or breath odours
- They must not wear strong perfumes
- Hair must be off the face and long hair must be held back and
- Nails (including manicured nails) should be cut short.

Handwashing

Handwashing remains to be the most effective way of breaking the transmission of infectious diseases. It also protects healthcare workers from acquiring patients' infectious agents. Strict hand-washing guidelines must be strictly followed.

The student clinician must ensure that they have washed their hands thoroughly and for, at least, **20 seconds**, using soap and water, liquid soap or antiseptic solution before contact with the client, before inserting needles, and after the conclusion of treatment. Picking anything from the floor or obvious soiling of the hands should always mean contaminated hands and should be immediately followed by handwashing.

Clinic assistants must also wash their hands thoroughly and, for, at least **20 seconds**. They should do this most especially when the clinic opens, when asked to assist (involving handling of equipment and/or contact with the clients), before taking the pulse or touching the client, before handling any equipment (including and especially acupuncture needles), after picking anything from the floor, and/or at the conclusion of treatment (where there was contact with client and/or handling of towels, drapes, and/or equipment).

Correct technique for use of Soap and water/liquid soap requires the following steps:

- *wet hands under tepid running water and apply the recommended amount of liquid soap.*
- *rub hands together for a minimum of 20 seconds so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.*
- *rinse hands thoroughly under running water, then pat dry with single-use towels to ensure dry hands.*

Correct technique for use of alcohol-based hand rub requires the following steps:

- *apply the amount of alcohol-based hand rub recommended by the manufacturer onto dry hands*
- *rub hands together so that the solution comes into contact with all surfaces of the hand, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers*
- *continue rubbing until the solution has evaporated and the hands are dry*
- *when used, no tasks will be attempted until the hands are completely dry, including for procedures that involve exposure to a naked flame such as moxibustion or cupping. If practical, use of soap and water should be considered where there is a fire safety risk.*

Please Note: Cuts and abrasions reduce the effectiveness of hand hygiene practices and breaks or lesions of the skin are possible sources of entry for infectious agents and may also

be a source of infection for others. Therefore, student clinicians are expected to cover any cuts and abrasions on their hands with waterproof dressings, to reduce the risk of cross-transmission of infectious agents

Australian best practice guidelines¹ advise that finger rings can also interfere with the technique used to perform hand hygiene, resulting in higher total bacterial counts. Hand contamination with infectious agents is increased with ring wearing. The recommendation is to strongly discourage the wearing of watches, rings or other jewellery during health care; however, if jewellery must be worn in clinical areas it should be limited to a plain band (e.g. wedding ring) and this should be moved about on the finger during hand hygiene practices.

These guidelines also advise that the type and length of fingernails can have an impact on the effectiveness of hand hygiene with artificial or false nails associated with higher levels of infectious agents. Studies have also demonstrated that chipped nail polish may support the growth of organisms on the fingernails. It is therefore good practice to not wear nail polish, particularly as chipped nail polish may support the growth of organisms on the fingernail

After handwashing, student clinicians and clinic assistants should minimize hand contamination by using the elbow to switch off the water tap or to push down the door handle (dry [NOT WET]) disposable paper towel may be used over the hand instead] and/or by asking for the assistance of a year one clinical assistant.

Clinic Decorum and Bedside Manners

Student clinicians and clinic assistants must display courtesy, respect, and politeness to all clients and their support people, visitors, peers, clinic assistants, seniors, clinic supervisors, and administration staff. Client privacy and confidentiality of information must be strictly observed. The guidelines below must be followed at all times:

1. Always be punctual. Remember that you must report to your clinic to allow for set-up time. Give notice of your inability to attend clinics at the soonest possible time so that appropriate measures can be undertaken.
2. All student clinicians and clinical assistants are required to be physically present in the clinic premises during their assigned clinic duties – with or without clients. Leaving the clinic premises early without securing the permission of the clinical supervisor shall be prohibited. The absence of patient(s) shall, in no instance, be a valid ground for securing the permission of the supervisor.
3. In no instance should any clinician or any clinic assistant attend clinics in an intoxicated state.
4. Refrain from making any unnecessary noise in the clinical premises.
5. In the clinic workplace, diligently perform your tasks with an attitude and spirit of being part of a team.
6. When answering the telephone, say: “Good morning/afternoon, NZ School of Acupuncture, this is (your name) speaking, how can we help you?”
7. Always offer assistance to any member of the visiting public, clients, and their support people if they appear to need it. For example: Ask if anyone is attending to them; offering to direct them to the clinic; checking that the student clinician is aware they are waiting.

¹ Chinese Medicine Board. Guidelines on infection prevention and control for acupuncture and related practices 2022

8. Student clinicians must ensure that the clinic room is prepared prior to the client being taken into that room.
9. Student clinicians must answer their patient's questions honestly and to the best of their ability. If any difficulty pertaining to this should arise, the clinical supervisor must be consulted for advice.
10. Take time to explain the clinical procedures to be performed.
11. Be sensitive to the client's needs.
12. Give assurance and comfort to the clients.
13. When a client is required to disrobe, ensure that only the minimum clothing is removed and privacy respected.
14. When client is required to disrobe, hand over the gown and/or towels, clearly give instructions, vacate the room, close the door behind you, knock at the door after several minutes and ask if the client is ready before re-entering the room.
15. Drape client properly ensuring that a minimum of skin is exposed.
16. Position the client properly and comfortably prior to needling; please do not position the client awkwardly.
17. ***To protect themselves and their clients***, students must be sensitive to clients' needs for privacy and respect when conducting physical examinations, and when treating. Students must ensure that they explain fully what they are about to do, and why, and ask permission to touch clients.
18. When planning to puncture points located in delicate parts of the patient's body (e.g., face, hypogastric area, buttocks, etc.), inform the clients about your procedure, explain the necessity of performing this, and ask for permission.
19. When treating a client belonging to the opposite sex, it is strongly recommended that a third party (preferably a clinic assistant) should be also present in the clinic room.
20. When examining and/or when in front of the client, one must display an expressionless face. Giggling, whispering, making faces, or doing or commenting anything that may be misinterpreted, and therefore, are potentially or actually offensive to the client, are strictly prohibited.
21. When clients ask about the details of their clinical condition, clinical assistants should refer said clients to the student clinician-in-charge and/or to the clinical supervisor.
22. If and when a separate discussion/reference room becomes available, student clinicians and clinic assistants shall not be allowed to access their textbooks and/or notes in front of clients.
23. Do not discuss the client's condition in front of and/or within the hearing distance of the client or any third parties, who are not professionally involved in the clinical case.
24. In discussing a clinical case in a classroom or tutorial setting, in absolutely no instance should the concerned client's identity be revealed. Student clinicians and clinical assistants should be reminded that this is a very serious breach to client privacy and confidentiality of information.
25. Confidentiality of client's records must be observed at all times (Please refer to "Clinical Record Keeping" for details).
26. Do not argue with anybody in front and/or within hearing distance of the clients and their support people, the visiting public, and/or any unconcerned third party.
27. Student clinicians and clinic assistants must strive to learn. They must realize that central to learning is the processing of information, which can only be done by themselves alone

– and by nobody else. Effective information processing only occurs if one studies the clinical case(s) and consults pertinent reference books and notes – and these are primarily done outside of – and NOT during clinic hours.

28. Clinic assistants should assist student clinicians. Both have obligations to each other.
 - Clinic assistants must respect student clinicians at all times and must always obey the reasonable instructions of the latter.
 - Student clinicians, on the other hand, must be polite and courteous to their clinic assistants at all times and should foster a mentor relationship to the latter.
 - Clinical assistants, depending on their demonstrated attitude and performance, may be allowed by their respective student clinicians to perform certain procedures, such as, moxibustion, removal of cup, swabbing, and withdrawal and/or disposable of acupuncture needles. However, this shall require the permission of the clinical supervisor.
 - Clinical assistants can only examine the client only after securing the permission of the patient and the student clinician and/or clinic supervisor.
 - Student clinicians must remember that it is the right of their clinical assistants to be physically present within the clinic room – unless requested otherwise by the client concerned.
 - Problems involving the student clinician-clinical assistant relationship must be brought to the attention of the clinical supervisor for resolution at the soonest possible time.
29. Clinical assistants should position themselves in the clinic room in such a way that they are not interfering in the interview, examination, and/or treatment procedures.
30. Student clinicians, in close cooperation with their respective clinical assistants, must ensure that their assigned clinic rooms are clean and tidy, at all times.
31. Refrain from engaging in any activity that brings into disrepute the reputation of your peers, juniors, seniors, and clinical supervisor.
32. Student clinicians and clinical assistants must remember that the person-in-command of the clinics is the clinical supervisor. Patient safety demands that his/her reasonable instructions should be followed at all times. Insubordination shall not be tolerated.
33. Student clinicians and clinical assistants should not express disagreement with the clinical supervisor in front of a client.
34. Wait for your turn to talk and listen attentively as the clinical supervisor explains some highlights of a clinical case or clinical problem.
35. English is the language of instruction in the school. When student clinicians communicate with patients in another language, in addition to ensuring that they communicate clearly with their clinical supervisor, they must translate what has been said into English for the benefit of their clinic assistant during the consultation and ensure that the official case notes are recorded in English.

Please note:

The clinical supervisor-in-charge and/or the clinic coordinator may require the student clinician(s) and/or clinic assistant(s), who is (are) not in their school prescribed clinic uniform/attire, wearing open-toe shoes, in an intoxicated state, not adhering to personal hygiene guidelines, and/or exhibiting unruly, threatening, or unacceptable behaviour to leave the school clinics. This (these) student clinician(s) and/or clinic assistant(s) will be marked absent for the whole clinic session. Their behaviour will be recorded in the clinic feedback sheet/form and will be considered in the final evaluation of their clinical performance.

Client Feedback Form

Towards the end of a treatment series the student clinician must prompt the supervisor-in-charge to hand-over and explain to the patient the *Client Feedback Form*.

The client completes and signs the form and returns this to the supervisor-in-charge. After reading through the completed form, the latter affixes his/her signature and forwards this to the student-in-charge.

The supervisor-in-charge uses the form as a tool for monitoring client feedback, the student-clinician's performance, as well as the over-all performance of the supervised clinics prior to discharging the client.

Student Clinic Feedback Form

To capture further feedback from patients, which may need more immediate attention and action, the *Student Clinic Feedback Form* has been introduced. Copies of this form shall be left in the clinic reception area and can be filled up at any time by the patient and deposited in a feedback box positioned beside these forms.

Accident, Injury, and Other Incidents

Accidents, injuries or other incidents related to client safety or safe clinical practice must be reported and handled so as to prevent repetition.

For accidents and injuries refer to the Clinical Supervisor for guidance and assistance. This may include treatment on the premises by a qualified first aid person, or referral to a doctor or hospital. A written report using the Accident/ Injury/ Incident form should also be completed and given to Administration as soon as possible thereafter.

Clinical student(s) involved in an accident or incident causing injury **should make a follow-up call to the client(s)** concerned to ascertain the latter's condition and to offer assistance, if needed. A **second follow-up** call should be made about a week after the first. The supervisor-in-charge should be regularly updated regarding the condition of the client(s).

Incidents include failure to observe clinic protocols. Student clinicians and assistants work as a team and should bear in mind that all students are still learning. Take joint responsibility for protocols, drawing attention to errors or omissions in a pleasant and supportive manner.

Concerns about more serious incidents, or ongoing minor breaches, can be drawn to the attention of the Clinic Supervisor who has discretion to deal with these in an appropriate manner.

Serious incidents should also be recorded on the Accident/Injury/Incident form and given to Administration as soon as possible.

Blood Spills

Care must be taken in cleaning up blood. See above in cleaning section.

Emergency Procedure

In the event of a fire or civil defence emergency follow emergency procedures as set out in the Policy and Procedures Manual. The student clinician is responsible for directing their client in safety procedures. If evacuating the building, remove needles, drape the client in a towel/robe if necessary, and assist them to leave the building.

Procedure in Appointments

Student clinicians and assistants should be on time or early for their clinic, so they can prepare the clinical environment, complete the equipment checklist, and prepare themselves for their clients.

Throughout the treatment be aware of the time, so that appointments draw to a close in an appropriate manner, and finish on time, without the client feeling rushed, or the next client being kept waiting.

At the first appointment the student clinician must go over the terms of treatment with the client as outlined in the **Client Consent Form**. The client must then sign this before treatment can be given.

A full case history is then taken; physical examinations carried out and recorded in the format set out.

A diagnosis is then made, the treatment principles and methods determined, and points selected. The student clinician then excuses themselves and leaves to consult with the clinical supervisor. The clinical supervisor will ensure proposed treatments are safe. The clinical supervisor will not make a diagnosis. They may ask you to support your diagnosis and may direct you to further reference material as needed.

Clinical supervisors will initially supervise students closely. As students gain clinical competency, clinical supervisors will exercise their discretion as to the level of supervision required.

Upon completion of treatment the student clinician, or assistant, must take the client to Reception, follow payment procedures, confirm the next appointment and farewell the client appropriately.

Appointments must be kept to a maximum of ONE hour. It is the student's responsibility to ensure that there is enough time within the allocated appointment to deliver a treatment and if this is not possible to seek out a solution with their supervisor. Time management is a crucial skill for professional practice.

Combined Treatments

To allow students studying different TCM modalities to gain practical experience in combining modalities, combined treatments are allowed provided that the following guidelines are strictly observed:

- In order to assess results of acupuncture treatments effectively a minimum of **four (4)** acupuncture treatments are required prior to combining acupuncture with herbal medicine or tuina.
- Chinese herbal medicine and/or tuina students need to obtain permission from their supervisor prior to combining TCM modalities. For acupuncture clients to be administered Chinese herbal medicine, the following conditions must be strictly complied with:
 - Approval must be written on the clinic data sheet and signed by the supervisor or herbal teacher
 - Approving supervisor must have formal training in Chinese herbal medicine/tuina; and
 - Student Clinician must discuss the prescribed herbal remedies with their supervisor or herbal teacher prior to administering them to patients in clinic.
- A maximum of 10 minutes may be allocated for tuina when combining it with acupuncture.

Fostering Student Independence in Student Clinics

Independence is encouraged as students become more mature in clinic; at the latest, during the last semester of student clinics.

In line with the above, the following policies are implemented:

- For both Years 2 and 3 clinical students, verbal permission for independence in follow-up treatments must be obtained from the supervisor; this verbal permission can be withdrawn at any time.
- Permission for independence in diagnosing and treating clients for the first time (with one-hour or half hour time limit applying) can be granted depending on the student's performance. This permission must be in written form and can be withdrawn at any time. Withdrawal of permission must also be in written form.
- Student clinicians who are allowed to treat independently still need to have a brief check with the concerned supervisor. In this way supervisors will be available as a resource to discuss and check treatments rather than as an authority.

Use of Language Other Than English

English is the language of instruction in the school.

When student clinicians communicate with clients in another language, in addition to ensuring that they communicate clearly with their clinical supervisor, they must translate what has been said into English for the benefit of their student assistant during the consultation and ensure **that the official case notes are recorded in English.**

Clinical Record Keeping

A clinical record or report should be:

- accurate, brief and complete
- legible
- objective
- dated, signed and the name printed by the practitioner
- accidents, or any unusual incidents should be noted
- do not use any uncommon abbreviations

All client information is strictly confidential and must not be discussed outside the clinic area, except for legitimate purposes of study.

If client information is to be used in a case study or diagnostic presentation, there must be no reference made to any personal details that might identify the patient. Record on the front (green) sheet of the clinical records that you have used the case for a case report, record case number, print your name clearly, and the date. This will be used to confirm the case report is valid and original.

Students may make notes based on the clinical records to take home for study, or to use for writing up case reports. These notes must not identify the client, other than by code.

The original clinical records must remain in the clinic area at all times, and when not in use must be stored in the school's Clinic Client Files, a secure filing cabinet.

Any violation of the above protocol may trigger disciplinary procedures as stipulated in the NZSATCM Student Undergraduate Handbook.

Clinical records are legal documents and must be treated as such.

RAW NOTES: Are taken down on an A4 tablet of lined paper. You should gather information on this tablet and then transfer pertinent information to the appropriate forms.

GREEN PATIENT FORM- this is the permanent record of the client and must stay in clinic to satisfy privacy act protocols. You must record the session findings on this form. This form

contains client names, personal details, complaint, diagnosis, treatment principle(s), and treatment methods.

WHITE PATIENT FORM- Similar to the green form but does not contain client names and personal details. Transfer information from the green form to this white form. You may take this form out of the clinic.

WHITE TREATMENT SCHEDULE FORM- Record follow-up, dates, pulse, tongue, comments, results, points, rationale on lined A4 tablet then transfer to this form. This must be done sometime before leaving clinic that day. It is part of the permanent record and must stay in clinic.

PULSE AND BLOOD PRESSURE- Record initial information on lined paper then transfer to treatment schedule form. Record pulse information for each visit. Pulse rate and blood pressure information are taken and recorded only during the initial visit except in cardiovascular cases (including hypertension) – where these vital signs are taken and documented at every visit.

TONGUE INFORMATION- Record initial information on lined paper then transfer to treatment schedule form. Record this information for each visit.

Taking Notes

This is how you can organise your lined paper tablets to take raw notes. The notes can be done on one sheet of paper or each part of the process can be on separate sheets of paper.

-Main client complaint area-

Enter major complaint and its duration only.

Example: Dribbling urination for 3 months.

-Complaint History-

Record in client own words-

How long have you had condition?

What circumstances make it worse?

What circumstances relieve the condition?

Was the onset sudden or gradual?

Is it getting better or worse, when, how?

Is there some pattern to it that you have discovered?

What others have you seen for this, when?

What has been done about it before now?

4 examinations / 8 principle syndrome information

Diagnostic name

Enter diagnostic name here; ensure it is a 'valid' name as identified on the list of allowable diagnostic names.

Treatment principles

Enter treatment principle(s) here, discuss rationale.

(Reinforce, regulate, reduce, nurture, strengthen, resolve, transform, calm, clear, dispel, warm, etc.)

Treatment methods

Acumoxa; Tuina; Herbs; Cupping; Spooning; etc.

Holistic strategy using Grid system:

Above-below; left-right; Front-back; Local-distal; Inside-outside.

Point groupings and their rationale

CASE NOTE TAKING

You will have an easier time developing clinical reasoning by taking and organising your notes in the following manner.

1.	2.	3.	4.
<p>Record Client:</p> <p>name</p> <p>address</p> <p>phone</p> <p>age</p> <p>date of birth</p> <p>occupation</p>	<p>Major Complaint: What the client is concerned about, in their words.</p> <p>Complaint history of:</p> <p>duration,</p> <p>onset,</p> <p>aggravation,</p> <p>relief,</p> <p>progression,</p> <p>past history- if any, is also included here after</p> <p>current history is taken.</p>	<p><u>4 exams</u></p> <p>The clinical findings in list form.</p>	<p><u>8-principle</u></p> <p><u>syndromes</u></p> <p>Group the 4 examination findings according to the 8-PS categories</p>

5.	6.	7.
<p>DIFFERENTIAL DIAGNOSIS</p>	<p>TREATMENT PRINCIPLE</p>	<p>TREATMENT METHODS</p>
<p>Arrive at a diagnostic conclusion. Usually choose it based on the complaint, if there are other valid conclusions treat them by including them in the treatment principles; do not have more than one diagnosis.</p> <p>Ensure it is a 'valid' name, as identified on the list of allowable diagnostic names.</p>	<p>Select the treatment principle(s) based on the diagnostic findings.</p>	<p>1. Select treatment method strategy(s):</p> <p>Reinforce; regulate; reduce</p> <p>Above-below</p> <p>Left-right</p> <p>Front-back</p> <p>Local-distal</p> <p>Root-branch</p> <p>2. Select acupuncture points suitable to treatment method.</p>

CASE:

Complaint that person is concerned about, and the clinical findings of the four examinations.

Do this first, Then, do this next

DX: EXTERIOR REPLETION COLD

The clinical findings listed in vertical manner.

Group findings according to 8 principal syndrome categories

TREATMENT
PRINCIPLE(S)

METHOD 1
NAME METHOD,
REASONS FOR USE

METHOD 3
NAME METHOD,
REASONS FOR USE

METHOD 2
NAME METHOD,
REASONS FOR USE.

METHOD 4
NAME METHOD,
REASONS FOR USE.

REMEMBER:

- 1 Clinical records are legal documents and must be treated as such.
- 2 They must be locked in the secure filing cabinet when not in use.
- 3 Clinical records are not to be taken out of the clinic area.
- 4 Clinical records must not be taken home.

Tongue Examination Protocol

Examination of the tongue begins with inspection of either the tongue coating, or tongue body. This form starts with the coating.

First, note whether or not a coating is present.

- If present, determine its colour, thickness or thinness, whether or not it is rooted, then note whether it appears beancurd-like or slimy.
- Next, observe the colour of the coating, then determine whether it is moist or dry.

The second part of the examination is the inspection of the tongue body.

- First, examine the tongue body's colour, and then record the presence of any spots, speckles or mottles.
- Note the size of the tongue body, that is, whether it is too enlarged or too shrunken.
- Next, record whether it is tender-looking or tough.

Finally, carefully observe the tongue's movements. The examination of both the coating and the body progresses from the tip of the tongue to its root.

Coating	coating?	colour	thickness	rooted?	beancurd?	moist?
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Body	colour	marks	size	movements
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Section	tip (1st section)	middle (2nd section)	root (3rd section)
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Pulse Examination Protocol

NZSATCM uses the 8-principal syndrome method of pulse examination, which involves these considerations:

DEPTH SPEED WIDTH-STRENGTH LENGTH RHYTHM

Depth is first, as the depth of where the pulse is found can determine if the condition is from an external pathogenic factor or derived from internal disharmony patterns. Pathogens from exterior sources that remain on the surface produce floating pulses. Pathogens that interiorise or internal disharmony syndromes produce sinking (deep) pulses.

Speed of the pulse is considered next. A fast or slow pulse gives the indication of the necessary treatment methods of heating or cooling the body. That is the thermal nature of the disease dictates that if there is heat we must cool and the reverse.

Width indicates the volume of qi and blood. A broad pulse is one of replete qi and blood while a thin pulse is indicative of depleted qi and blood.

Strength is about forcefulness or forcelessness when the vessel is pressed. A forceful pulse pushes back up when the vessel is pressed and indicates abundant yang qi. A forceless pulse is one that gives way under pressure and is more difficult to feel than a forceful pulse.

Pulse	Season?	Depth	Speed	Width	Strength	Quality?
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Acupuncture Points

These are the minimum required points you must:

- Be very familiar with and have gained experience in inserting acupuncture needle(s)
- Know their group functions
- Know their individual indications
- WHO and Pinyin names

WHO Standard Acupuncture Nomenclature – WHO Codes for Acupuncture Channels			
Lung Channel	LU		Kidney Channel
Large Intestine Channel	LI		Pericardium Channel
Stomach Channel	ST		San Jiao (Triple Energizer) Channel
Spleen Channel	SP		Gall Bladder Channel
Heart Channel	HT		Liver Channel
Small Intestine Channel	SI		Governor Vessel
Urinary Bladder (Bladder) Channel	BL		Conception Vessel

Special point groups

- Five Shu-Transporting points
- Back-Shu points
- Front-Mu points
- Yuan-Source points
- Luo-Connecting points
- Xi-Cleft points
- Lower He-Sea points
- Hui-Meeting points
- Master-couple points
- Four Seas points
- Sky Window points
- Entry-Exit points
- Command points

Clinical treatment policy and procedures

These guidelines are used in the operation of NZSATCM acupuncture clinics, guiding clinical staff and training clinical students. The general reader should note that some directions, such as 'contact the clinic supervisor or manager' refer to the School's clinic rather than to private clinics and may not be suitable for private practitioners.

It should also be understood that Skin Penetration regulations vary from country to country and are certainly not universal in a global sense. Clinical regulations may be updated from time to time. It is the responsibility of clinical staff and students to be familiar with the latest standards.

Skin penetration regulations of the New Zealand Ministry of Health must be observed.

Protocol for Clean Needle Procedure

- Student clinicians must read and understand: the national skin penetration guidelines; HIV/AIDS information for health professionals
- Use band-aids to dress any open wounds on your hands, you must not have open wounds on hands.

Practical Aspects of the Protocol

Step 1: Washing up.

Wash hands and nails thoroughly with soap, water and brush (at least, 20 seconds). Hands dried on clean paper towelling. Refrain from touching any contaminated area after washing.

Important!

- *The use of gloves should not substitute for proper hand washing.*
- *Use gloves if there are cuts or breaks in the skin of your hands or in circumstances where there is potential for transfer of blood or body fluids; the use of gloves in these conditions is in addition to proper hand washing.*

Step 2: Preparing the insertion site.

Acupuncture is a clean needle technique. Guidelines from Acupuncture NZ,² the NZ Physiotherapy Acupuncture Association,³ and Hospital District Health Boards⁴ do not require the routine use of alcohol swabbing, as for clients with intact immune systems skin preparation with antiseptics is unnecessary.³

However, if the skin is visibly soiled, for clients with compromised immune systems or if points directly over joints are being needled, each acupuncture point **must** be cleaned with an alcohol swab as below. In addition, Ear points also need to be cleaned prior with an alcohol swab.

Important!

- *If the skin is visibly soiled (e.g., with dirt, grime, oil, etc.), wash the area with soap and water and dry with a clean dry paper towel before wiping with alcohol swab*
- *After locating the point, clean the site with an alcohol swab rubbing in an outward spiral.*
- *Allow the area that has been swabbed to dry.*
- *A clean alcohol swab must be used for each acupuncture point.*
- *The point must not be contaminated with further point location once the alcohol swab is used*
- *Wash hands with Steri-Gel prior to needling.*

² Acupuncture NZ – Clinical Procedures and Practice February (2016)

³ Guidelines for Safe Acupuncture and Dry Needling Practice (2014) Physiotherapy Acupuncture Association New Zealand Inc. (PAANZ)

⁴ Capital & Coast District Health Board (CCDHB), Hutt Valley District Health Board (HVDHB) and Wairarapa District Health Board (WDHB) Acupuncture and Dry needling Guideline (2016)

Step 3: Opening the needle packaging.

Only open the needle packaging immediately before use.

Important!

- *Needles in damaged or previously opened packaging are not deemed to be sterile; immediately dispose these needles into the Sharps container (YELLOW BIN)*

Step 4: Inspecting the needle.

- Check expiry date on packaging of pre-sterilised disposable needles and dispose those, which are past their expiry dates
- Check the packaging itself and discard needles from damaged packaging
- Open the packaging and inspect the needle for damage, cleanliness and blemishes, the point, body and handle for straightness; safely discard damaged needles

Step 5: Cleanly manipulate (technique) the needle.

Whatever manipulation techniques you may use, whether rotating, thrusting and withdrawing, etc., do so without touching the shaft or site with anything unsterile. Locate the correct point, angle, and insert to correct depth. If the needle shaft needs to be supported after removing the tube, hold it with a clean cotton swab.

Step 6: Cleanly withdraw the needle.

Withdraw the needle without touching the shaft or hole with your hands. If you wish to “close the hole,” do so by applying pressure with clean cotton wool.

Step 7: Cleanly conclude the treatment.

Dispose used needles into the Sharps container (**YELLOW BIN**). Dispose used cotton or alcohol wipe(s) in a waste container or similar receptacle (**WHITE BIN**), which should be lined with plastic. After disposing of all contaminated materials, once again, *wash your hands thoroughly*.

Note: *Do not compromise the cleanliness of hands, needles, or point locations on the patient. However, if contamination occurs, do the following: dispose of needle if it is touched on shaft or tip **before insertion** and replace with a clean needle. Depending on the level of contamination, you may wash your hands with soap and water or with Steri-gel.*

Needle Manipulation and Handling

A clean needle technique must be maintained at all times during needle manipulation and handling. This requires:

Use safe insertion techniques

- Wash hands for at least **20 seconds** using soap, before and after treating a patient.
- Only open the needle packaging immediately before use.
- Remove the needle from the packaging by grasping only the head of the needle and avoid

touching the shaft of the needle - which is to be inserted into the client's skin.

- Check client's skin over all points to be acupunctured to ensure areas are intact and free from any obvious dirt/contamination. Clean if required as in Step 2 of acupuncture needling protocol above.
- Insert the needle swiftly and painlessly.

Use safe removal techniques

- After completing treatment, remove the needle and place it into a Sharps container (**YELLOW BIN**) immediately - avoid double handling.
- Adopt universal precautions if there are signs of bleeding after removal of the needle. This requires:
 - washing the hands before and after the procedure.
 - barrier protection in the form of eye protection and a gown if there is a risk of splashing.
 - wearing disposable gloves if in contact with blood and body fluids.
 - place all contaminated bloodstained material in a container for contaminated waste.
 - seal, label and dispose of through the usual procedures relating to contaminated waste disposal.
- In case of needle stick injury:
 - Squeeze the area to promote bleeding.
 - If splashed by body fluids to the eye or mucosal area, irrigate the area with copious water.
 - Report the incident immediately to your supervisor.
 - Seek medical care, such as undergoing a HIV/Hep B/C antibody test; immediately inform the concerned patient of the needle stick injury and the patient must undergo similar antibody tests after obtaining consent.

*The needles must be counted upon insertion and again, **at least twice**, on removal to ensure the required number has been removed and that no needles have been lost, misplaced or, worse, still inserted in the needling site.*

Use safe needle disposal techniques

- Used needle(s) should be dropped into the Sharps container, not forced.
- The Sharps container must be in the immediate vicinity of the client when removing the acupuncture needles, thereby decreasing the handling of the used needle.
- The Sharps containers should be filled only to the recommended level and disposed of when that level has been reached.
- When the Sharps containers are being moved the lids should be firmly in place.

Precautions during needling

- Gentle needling techniques should be exercised especially in sensitive clients: avoid jerky (or 'hesitant') insertions and/or needle twisting insertion methods.
- Adopt techniques, which can mask the 'pain' of needle insertion, such as, pressing an adjacent area or surrounding areas, diverting the attention of the client, gentle firm insertion, etc.
- Carefully inspect and assess the area(s) to be needled and to defer needling of those areas, which most probably result in pain

Contraindications to needling

Acupuncture should not be carried out under the following conditions:

- If the client is drunk/intoxicated, over-anxious/over-nervous, over-hungry, or suffering from severe psychosis
- On Infected area

Precautions to needling

For pregnant women, caution is required when using points on the abdomen, lumbar or sacral region and the acupuncture points GB21, LI4, SP6, BL31, BL32, BL33, BL60, and BL 67. These points may be used with specific rationales in pregnancy as outlined in the text in the school library: *The essential guide to Acupuncture in Pregnancy & Childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.

Precautions also apply to the following:

- Over fatigued patients
- Frail and weak patients

Guidelines for the use of moxibustion

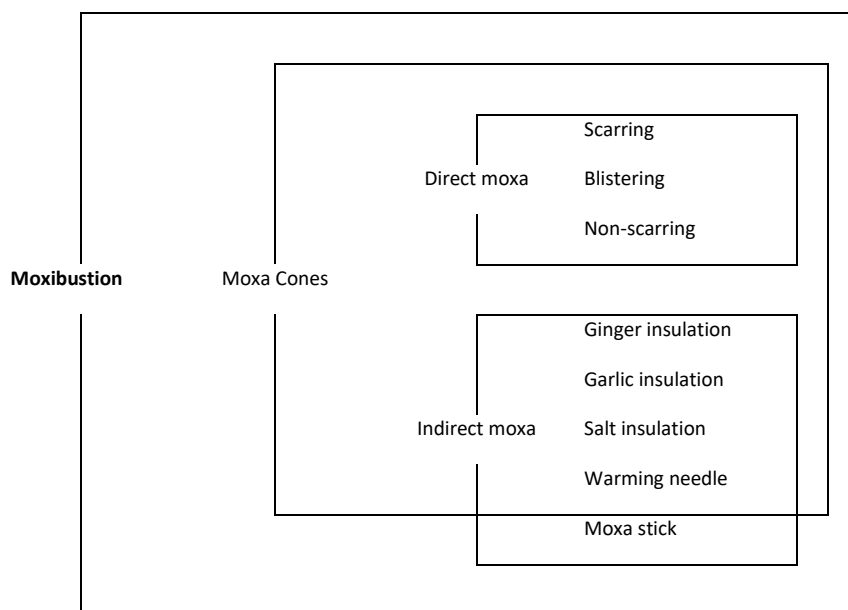
Moxibustion is a therapeutic method which treats and prevents disease by applying the stimulation of warmth and heat to the acupoints and channels of the body. The following sums it up:

“when a disease fails to respond to herbal medicine and acupuncture, moxibustion is suggested”

It is strongly recommended that all moxa techniques be indirect to avoid burning clients.

Applicable techniques are: Moxa stick; Moxa on a needle, with a foil guard at the bottom of the needle to protect the skin; Moxa on salt, garlic or ginger.

Contraindications to treatment with moxa should be checked and cleared. In instances where sensory deficit(s) is (are) suspected, ascertain skin sensitivity by using a hot/cold test. To carry out the test the operator asks the patient to close their eyes and describe the sensations they feel. Apply a test tube filled with cold water to the area to be treated, and then a test tube filled with hot water. If the client reports either no sensation or pain and marked discomfort during the test, moxibustion should not be applied.



Precautions before applying moxibustion

- State to the client that the sensation felt should be of a mild warmth.
- Warn the client that there is a danger of a burn and to notify the operator if the sensation of

heat is too strong.

- Question the client to ascertain that they have understood the warning.
- Monitor the heat sensation by placing two fingers in the vicinity of the acupoint being treated.
- If a burn occurs, the operator should immediately immerse the affected part in cold water and institute the necessary steps depending on the extent and severity of the burn (this may include referring the patient to medical care as quickly as possible (for details, please refer to: “Management of Moxibustion and Cupping Accidents: Thermal Burns”).

Contraindications for moxibustion

- High fever
- For pregnant women, caution is required when using moxibustion on the abdomen, lumbar or sacral region. This may be used with specific rationales in pregnancy as outlined in the text in the school library: *The essential guide to acupuncture in pregnancy & childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.
- Acupoints and areas contraindicated for moxibustion (see point location manual)
- Impaired skin sensation
- Clients undertaking analgesic medication
- Infections and open wounds
- After using a liniment

Guidelines for cupping

Cupping refers to an ancient Chinese practice in which a cup is applied to the skin and the pressure in the cup is reduced (by using change in heat or by suctioning out air), so that the skin and superficial muscle layer is drawn into and held in the cup. In some cases, the cup may be moved while the suction is active, causing a regional pulling of the skin and muscle (the technique is called gliding cupping).

This treatment has some relation to certain massage techniques, such as the rapid skin pinching along the back that is an important aspect of *tuina*. Cupping is applied by acupuncturists to certain acupuncture points, as well as to regions of the body that are affected by pain (where the pain is deeper than the tissues to be pulled). A certain amount of skin discoloration is expected cupping, but this should not involve bruising, which is where small broken blood vessels result in pain.

Traditional cupping, with use of heated cups, also has some similarity to moxa therapy. Heating of the cups was the method used to obtain suction: the hot air in the cups has a low density and, as the cups cool with the opening sealed by the skin, the pressure within the cup declines, sucking the skin into it. In this case, the cups are hot and have a stimulating effect something like that of burning moxa wool.

Suction causes congestion of qi and blood in the local area. Once the suction is released, the body responds by clearing the local congestion and brings fresh qi and blood rich in nutritional value to the area, thereby removing qi and blood stagnation.

Precautions before application of cups:

- Inform the client of the sensation that is felt during cupping and ask them to tell the operator if the sensation is unpleasant or uncomfortable.
- Warn the patient of the possibility of skin discoloration
- After use, follow the disinfection procedure below:
 - Wear a pair of gloves.
 - Wash the used cups with liquid detergent in hot water (to remove the oil).
 - Rinse these cups well.
 - Fully soak these cups in 10% Janola (bleach) in a plastic bucket for, at least, 15 minutes.

- Rinse the cups very well.
- Put these cups on the strainer and let the water drain.
- Wipe the cups dry with paper towels.
- Wipe the rims of the cups with alcohol swab(s) before use.
- **CAUTION** ensure that the alcohol has dried before use (to prevent the rims from being lit up upon application and burning the client).

Contraindications for cupping

- Clients with bleeding disorders or tendencies
- Clients under anticoagulant medications
- Areas over skin ulcers, allergies and tumours
- Oedema
- An area overlying a large blood vessel
- High fever and convulsions
- For pregnant women, caution is required when using cupping on the abdomen. Cupping may be used with specific rationales in pregnancy as outlined in the text in the school library: *The essential guide to Acupuncture in Pregnancy & Childbirth* (Betts 2016) or **AND** following assessment and discussion with your clinical supervisor.
- Weak or old patients

Guidelines for the use of electrical stimulators

The operator must ensure that the apparatus has been serviced and checked by the appropriate technician within the past year to ensure operational safety. All leads must be checked for any damage or breakage. Faulty equipment is to be reported to the clinical supervisor immediately. Contraindications to electrical stimulation should be checked and cleared. Ascertain the skin sensitivity by using a blunt/sharp test. To carry out the test the operator asks the client to close their eyes and describe the sensations they feel when the skin is touched with the sharp end and then the blunt end of a safety pin. If the client reports either no sensation, or pain and marked discomfort during the test, electro-acupuncture should not be applied.

Before administering electro-acupuncture:

- Inform the client of the sensation to be felt
- Warn the client that there is a danger of a skin reaction and to inform the operator if the sensation is too strong.
- Question the client to ascertain that they have understood the warning.
- Double check that all switches or dials controlling intensity are set at “zero” (“0”) prior to use [Note: as a precautionary measure, make it a habit to always turn all dials to “zero” (“0”) after use]
- As much as possible, connect the paired electrodes to the same side of the body; minimize crossing over to the opposite side
- Constantly monitor the client during the treatment.

Contraindications for the use of electrical stimulation

Electrical acupuncture is contraindicated in the following situations:

- Lack of skin sensitivity
- Clients with a cardiac pacemaker
- Arterial disease and deep venous thrombosis
- Infections

- Fever
- Skin conditions
- History of convulsions or fits

Guidelines for the use of laser

The operator must make sure that the apparatus has been serviced and checked by the appropriate technician within the past year to ensure operational safety. Check for contraindications of use. Minimise reflective surfaces in the treatment area. Clean the laser probe with an alcohol swab to minimise the possibility of cross infection. Supply a pair of protective glasses to the patient to wear during the treatment. Operator and patient to wear protective glasses during the treatment time.

Before application of laser:

- Warn the client not to look into the beam produced by the laser probe as it can damage eyes.
- Ascertain that they understood the warning.

Contraindications for laser therapy

Laser therapy is contraindicated in the following situations:

- Direct irradiation of the eyes
- Infection in the area
- Severe arterial disease
- Deep venous thrombosis
- Over endocrine glands
- Fever
- Epilepsy

Guidelines for blood letting

Bloodletting as a treatment technique should only be carried out if it is in the best interest of the patient and universal precautions concerning contact with blood and body fluids should be adopted (see needle stick procedure). Check for contraindications to the therapy. Use a disposable lancet.

Precautions before use:

- Warn the client that they may experience pain.
- Ascertain that the client understood the warning.
- Swab the area before and after treatment.
- **The clinician must always wear disposable gloves**

Contraindications to blood letting

Bloodletting therapy is contraindicated for:

- those with a weak constitution
- those with susceptibility to bleeding (bleeding disorders; those taking anticoagulants)

Guidelines for the use of a dermal hammer

Non-invasive dermal hammer techniques are strongly recommended rather than the traditional methods of skin puncturing and consequently bleeding. If bleeding should occur universal precautions for contact with blood and body fluids should be adopted. See needle stick procedure. Only disposable dermal hammers are to be used.

As a precautionary measure, gloves should always be worn when applying dermal harmer.

Recommended techniques are:

- Magnetic Hammer
- Roller
- Bristle brush
- Wipe the contact area of the device with an alcohol swab to minimise the risk of cross infection.

Precautions before dermal hammering

- Warn the client of the sensation to be experienced and ask them to inform the operator if it is uncomfortable.
- Ascertain that the patient understood the warning.

Contraindications to dermal hammer

Dermal hammer therapy is contraindicated for:

- the lower back and lower abdomen of pregnant women
- acupuncture points contra-indicated for pregnant women
- susceptibility to bleeding
- local trauma or ulcers

Guidelines for the use of auricular press needles/ear seeds

Pre sterilised ear press needles or non-invasive devices (e.g., magnetic balls, seeds, etc) can be used.

Main concern for the use of auricular press needles is infection

Remember that the ear is comprised only of skin and cartilage. In the cartilage, there are no blood vessels and therefore, there is no way that that the body can send immune cells to fight off any microbes that may invade as a result of needling. **Thus, the ear is very prone to infection which, if not treated promptly, may result in permanent ear deformity.** It is important, therefore, that the procedures and precautions listed below are strictly followed.

This procedure requires:

- Washing hands before and after treatment
- Using disinfected forceps for handling the press needle
- Swabbing the area with an alcohol swab thoroughly before insertion
- Ensuring the needle is held securely in place by using quality ear press needles/seeds
- Warning the patient that if they experience heat, pain, swelling or discomfort around the area of insertion, to remove the ear press needles /seeds immediately.
- That press needle/seeds can be left in for several days but no longer than five days and should be removed if itchy, uncomfortable or sore.

Contraindications for auricular press needles

Auricular Press needles are contraindicated in purulent infected areas. They are not recommended for immunocompromised patients (e.g., patients under immunosuppressive therapy, patients with immunodeficiency diseases, etc.).

Management of needle accidents

Needle accidents are rare when proper precautions are taken. Students and practitioners should however, be prepared to handle clinical emergencies should they occur. All practitioners and acupuncture interns should hold a current first aid certificate.

Fainting during needle insertion or manipulation

- If a client faints, withdraw any needles already in place
- Ensure that the client is lying down and, in a position, to recover safely
- Check airways, breathing and circulation
- Finger pressure may be applied to appropriate points such as GV-26 shuigou, PC-9 zhangchong, LI-4 Hegu, or KD-1 Yongquan
- If the client is not responding call for an ambulance and follow appropriate First Aid precautions

Stuck needle

- Leave needle in place for a few minutes (it may loosen by itself)
- Tap or massage around the point
- Administer a second needle close to the needle that cannot be removed
- Gentle moxa may be applied to the area around the needle

Bent needle

- If the patient has moved causing the needle to bend, very slowly remove the bent needle following the angle of the bend
- Avoid the use of force when removing a bent needle

Broken needle

- If broken above the skin (between handle and shaft), use tweezers to pull the needle out immediately
- If broken at skin level gently push down surrounding skin and remove with tweezers
- If broken deep in the tissue mark a circle around point of insertion, immobilise the body part and transfer the patient to hospital

Bruising and bleeding

- It is relatively common for slight bruising or bleeding to occur when an acupuncture needle is removed
- Apply direct pressure with a clean swab or cotton ball until the bleeding has stopped

Seizures

- If the patient is unconscious, remove any needles and manage in accordance with current First Aid procedures
- Finger pressure may be applied to points such as Du26 Shuigou, LI4 Hegu or KD1 Yongchuan
- Refer the patient to their GP or the nearest hospital

Pneumothorax

- If a pneumothorax is suspected (signs may include chest pain, tightness, dry cough, shortness of breath on exertion), remove needles immediately and call 111 for an ambulance
- Symptoms of a pneumothorax may not become apparent until sometime after an acupuncture treatment, so if a patient calls with any of the above symptoms advise them to immediately go to the Emergency Department of their nearest hospital
- Complete an Incident Report and forward to Acupuncture NZ
- Contact the patient later that day or the following day to check on their condition

Needle stick injury to practitioner

- Remove the needle immediately
- Apply pressure around the area to promote bleeding
- Swab the area with alcohol; if alcohol not available wash thoroughly with soap and warm water
- Ensure the incident is documented, including date, time and the name of the patient who had been needled
- Seek medical care, such as undergoing an HIV and hepatitis antibody test

Infection

All open wounds will be contaminated by germs which either come from the cause of the injury, from the air, or from the breath or fingers of people who come into close contact with the person. Normal first aid treatment for wounds includes prevention of infection. However, any wound which has not begun to heal properly after 48 hours may be infected because dirt, dead tissue, foreign bodies and / or bacteria may still be present.

Prevention

- Signs of infection may include redness, swelling, pain, tenderness, fever, and/or abscess formation. Infection can be divided into two types: local and systemic.
- Local infection is characterized by local changes in the area of needling (e.g., redness, swelling, etc.) while systemic infection is usually accompanied by fever plus other signs and symptoms depending on the nature and severity of the infection.
- Systemic infection requires a medical referral.
- Local and minor infections may require daily washing with soap and water and application of sterile medicated creams.
- If you are in doubt as to the severity of the infection, refer the patient to a biomedical practitioner for evaluation and management.
- Remember that clinical manifestations associated with infection may not always occur immediately or within a few days after needling. Hepatitis B, for example, becomes clinically overt several months post-impregnation with HB virus.

Haematoma (bleeding)

- If possible wash your hands before dealing with the wound.
- Temporarily protect the wound with a sterile swab. Carefully clean the surrounding skin with water and soap if available. Gently wipe away from the wound using each swab once only and taking care not to wipe off any blood clots. Dab gently to dry.
- If bleeding persists apply direct pressure.
- For all incidents of bleeding, give appropriate haematoma advice to clients.
- If there is any doubt about the injury, seek medical aid.

Haematoma Advice:

- *Apply cold compress for about 15-20 minutes every 1-1.5 hours (as necessary and depending on severity) during waking hours for the first 24-48 hours*
- *On the 2nd or 3rd day and onwards, apply warm compress for about 15-20 minutes every 1-1.5 hours (as necessary and depending on severity) during waking hours only*
- *Immobilize the area only if necessary*

Fitting

- If unconscious do nothing except:
 - check that the person's breathing is unobstructed, that they have a pulse, and loosen tight clothing.
 - protect the person from any dangers
 - position the head towards the right or left side or place the patient in the recovery position to prevent aspiration in case the latter vomits (note: during the convulsive stage, the patient may have been anoxic - irritating the vomiting centre in the medulla; this irritation gradually eases as the patient's breathing and oxygen level normalises)
 - keep other people away
 - stay with the person until you are certain they have recovered and can go home [do not allow the patient to drive a vehicle; contact a family member or friend or arrange for a taxi to drive the patient home]
 - Advise the person to see a medical practitioner
- If fitting and muscular spasms are occurring, DO NOT:
 - move or lift the person unless in danger
 - forcibly restrain the person
 - put anything in the persons mouth or try to open it
- When the convulsions cease, place the person in the Recovery Position to aid breathing and to prevent the aspiration of vomitus (if the patient throws up)
- Do not give the person anything to drink until you are sure of full alertness.
- Even when a full, quick recovery has occurred, advise the person to inform their doctor about the latest attack.
- Do not send for an ambulance unless the person has several fits, has been injured during the fit or takes longer than fifteen minutes to regain consciousness. Their card may tell you how long they normally take to wake up.
- place person in the recovery position

Injury to organs

- **Lung**
 - **Signs and Symptoms** (may not occur immediately): pain and/or fullness of chest, cyanosis (lips, fingernails), shock symptoms, dyspnoea, hypotension, epileptic fit
 - **Prevention:** Correct angle and insertion according to recommended texts, Avoid or use extreme caution in using electro-acupuncture in the thoracic area – as the weight of the electrical connector, as well as, the movement induced by the electrical pulses may change the needle direction and depth, Do not use lift and thrust manipulation technique in the thoracic region
 - **Management**
 - 1) Stop needling
 - 2) Put patient in Fowler's position (head and thorax higher than the lower part of the body) – if possible
 - 3) Reassure the client
 - 4) Call 111 immediately
 - 5) If possible, monitor the clients vital signs (blood pressure, pulse rate, and respiratory rate)
- **Heart**
 - **Signs and Symptoms:** hypotension, dizziness, constriction of abdominal muscles, shock, pale face/nails, bruising pain radiating towards the back, shallow breathing
 - **Prevention:** Correct angle and insertion according to recommended texts
 - **Management:**
 - 1) Reassure the client

- 2) Call 111 immediately
- 3) If possible, monitor the client's vital signs (blood pressure, pulse rate, and respiratory rate)
- **Kidney**
 - **Signs and Symptoms:** local back pain, pain when urinating, blood in urine
 - **Prevention:** Correct angle and insertion according to recommended texts
 - **Management:**
 - 4) Reassure the client
 - 5) Call 111 immediately
 - 6) If possible, monitor the client's vital signs (blood pressure, pulse rate, and respiratory rate)

Hypotension shock

- Apply first Aid
- Call 111 immediately

Management of moxibustion and cupping accidents

Thermal burns

Thermal burns may occur as a result of applying moxibustion and/or cupping. Though in other countries, a thermal burn may be acceptable as part of a therapeutic procedure (i.e., scarring moxibustion), this is avoided in New Zealand, as well as, in most Western countries. Therefore, measures to prevent the occurrence of thermal burns are strictly observed.

In terms of depth, there are three (3) types of burns:

Types	Injured Tissues	Common Clinical Manifestations	Healing
First degree burns	Epidermis only	Burned skin is red and painful (as in sunburn)	Heals within 2-3 days without special attention
Second degree burns	Epidermis and superficial region of the dermis	Burned skin is red, painful; blister formation	Skin regeneration within 3-4 weeks with little or no scarring if infection is prevented
Third degree burns	Entire thickness of the skin and may involve underlying tissues – such as subcutaneous tissues and muscles	Burned skin maybe cherry-red or blackened; pain may be absent; depending on depth, underlying tissues maybe visible	Skin grafting is usually necessary; needs to be referred to biomedicine for management

If thermal burns occur in moxibustion and/or cupping, they are usually first and second degree burns.

Prevention

- Moxibustion:
 - Test for skin sensitivity to heat and cold (hot/cold test) – especially on patients with neurologic deficits, those taking analgesic-sedative/hypnotic medications, and those with diabetes mellitus
 - Exclude the possibility of recently applied local anaesthetic on the area to be treated
 - Explain the procedure to the patient to gain the latter's cooperation

- As much as possible, use indirect moxibustion
- Put your fingers around the area or near the area being heated
- Observe carefully for skin colour changes
- Do not over-tap the moxa stick; this may loosen the ignited end and cause the ember(s) to fall on the skin
- Do not allow ash to accumulate on the lighted end of the moxa stick; this may disengage (together with small bits of burning fragments) and fall on the skin
- When using the warming needle technique (that is, with moxa wool or a segment of a moxa stick) wrapped around the head of the acupuncture needle, ensure that the needle is strong enough to hold the weight of the moxa and there is a non-flammable barrier (e.g., two layers of aluminium foil) (do not use paper or cardboard) wrapped around that part of the needle adjacent to the skin (cut a square; make a cut from one side all the way to the middle of the square; you can now insert the needle through this cut)
- Cupping:
 - Ensure that the rim of the cup has not been made too hot by the burning cotton wool or has retained alcohol from cleaning the cup
 - Do not drench the cotton wool with too much alcohol; the burning alcohol may drip directly onto the skin or may drip into the cup or rim
 - Remember that an alcohol flame is bluish in colour and barely visible to the naked eye; extra attention and care are needed while performing the procedure of cupping
 - As much as possible, do not extinguish the flame of the burning cotton wool by blowing onto it; extinguish the flame by using a snuffer

Management

- Treatment of thermal burns in moxibustion and cupping are geared towards the prevention of further tissue damage, immediate relief of pain, and prevention of infection.
- Stop the procedure (this aims to minimize further tissue damage)
- Ensure that there are no embers on the skin; if there are, extinguish them or remove them immediately from the skin (e.g., putting a towel over them) (to minimize further tissue damage)
- Put tap or cold water (or wet towel) over the burned area (this procedure aims to relieve pain)
- Practitioner must put on disposable gloves as early as circumstances permit (this aims to ensure protection or minimization of body fluid transfer)
- Wash the area with soap and water (cold or tap); then dry the area completely – by tapping the area with a clean, dry, disposable paper towel (do not rub – this will only lead to blister formation) (washing with soap and water ensures that debris, which are possible foci for microbial growth, are washed away; tapping the area completely dry deprives microbes of a medium for growth and multiplication)
- Burn ointment and dressing may or may not be applied depending on the location and severity of the burn
- Remember that most burns will heal by themselves for as long as infection does not set in. Infection will not develop if the injured area is kept clean and dry at all times.

Scars

Scars can result from traumatic injury due to the application of cups with rough, jagged edges at the rim. Scar may also be a result of a burn (second or third degree).

Therefore, to prevent the occurrence of scars:

- Inspect the cups for jagged edges; ensure the rim of the cup is even and smooth (i.e., no cracks or blemishes)
- Institute measures to prevent or minimize the occurrence of thermal burns (see above)

Induced wheezing

Cause

This is due to the inhalation of fumes from a burning moxa stick or wool.

Prevention

- When performing moxibustion, ensure that the room is well ventilated
- Check if the client has a history of asthma and/or adverse reaction to fumes or odours
- Use smokeless moxa stick if needed

Management

- Stop moxibustion and extinguish the moxa stick or cone
- Open the windows and/or door to ventilate the room or move the patient to another room without smoke
- Put the client in Fowler's position
- Loosen the client's clothing
- Let the client use an inhaler (if the patient has been prescribed such and carries one in his/her person)
- Call 111 if dyspnoea persists and/or gets serious despite of the measures undertaken

Discharge of Patients

- All patients are only to be discharged by the clinical supervisor-in-charge – and **NOT BY THE STUDENT CLINICIAN.**

References:

World Health Organization. *Standard Acupuncture Nomenclature*. Manila: World Health Organization; 1993.

Zhu H. *Running a Safe and Successful Acupuncture Clinic*. Edinburgh: Elsevier Churchill Livingstone; 2006.

FINAL INTERPRETATION OF ANY PROVISION(S) OF THIS HANDBOOK

Every effort has been made to make the provisions of this handbook as clear and as unambiguous as possible. However, the possibility of vagueness in certain areas, as well as, the occurrence of unforeseen events or situations still exist. It is with these in mind that the following provisions are added:

- Final interpretation rests with the Clinical Coordinators in agreement;
- The Clinical Coordinators, in agreement and after reasonable consultations with the clinic committees, reserve the right to formulate additional policies to respond to the unforeseen events or situations; and
- Aforementioned interpretation and new guidelines shall be subjected to moderation, as provided for by the NZSATCM.