OREGON COLLEGE *of* ORIENTAL MEDICINE

OCOM Clinics Policies and Procedures Handbook

2021-2022

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OCOM Clinics
Policies and Procedures Handbook 2020-2021

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Read this handbook carefully. The information in this handbook is essential for the well-being and safety of students, staff, and patients in the clinics of **Oregon College of Oriental Medicine (OCOM)**. All OCOM students and clinic supervisors will be held responsible for the information contained herein.

This document represents the consensus of the clinical faculty and administrators of the college. This document undergoes review and revision of its contents on a regular basis, using input from all clinical faculty and best available evidence.

This handbook is published for the purpose of providing students, applicants, and the public with information about Clinical Policies and Procedures at Oregon College of Oriental Medicine (OCOM). The college reserves the right to make changes to the regulations, rules, policies, and curriculum set forth in this handbook. As such this handbook is not to be regarded as a contract. When changes are made, OCOM will make every effort to communicate those changes with reasonable notice to interested parties.

The COVID-19 pandemic, in particular, has and will continue to impact clinic policies and procedures, as well as clinical offerings and their manner of delivery.

NOTE: Unless otherwise specified, references to "the clinic" shall mean treatment, practices, or procedures at either of OCOM's clinic facilities, and includes supervised treatment at off-campus locations.

1. Scope of Practice

All clinic supervisors and clinical students are required to follow the state of Oregon acupuncture scope of practice as laid out by the Oregon Medical Board (OMB). The clinic supervisors are responsible for all treatment care in the clinic. Clinical students must receive approval from their clinic supervisor to execute treatment.

1.1 Legal Scope of Practice for Acupuncturists in Oregon

The OCOM clinical program follows the rules and regulations established by the OMB regarding acupuncture clinic training. Students interested in sitting for the state licensing examinations in other states outside Oregon should consult with those states regarding their particular requirements before commencing clinical training at OCOM. The NCCAOM website provides resources on state acupuncture laws, regulations, and scope of practice: https://www.nccaom.org/state-licensure/. .

All students and faculty members must practice acupuncture and Chinese medicine according to scope of practice outlined by the "Oregon Medical Board Acupuncture Administrative Rules" Chapter 847, (Division 070, definitions 847-070-0005 through 847-070-0055). In part, the scope of practice is defined as follows:

1. "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the

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[*While regulatory language still uses the term "Oriental medicine," OCOM has been transitioning toward the use of "Chinese medicine," where appropriate, when referencing acupuncture and other medical practices of Asian origins.]

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insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

   a. The practice of acupuncture also includes the following modalities as authorized by the Oregon: An acupuncturist is licensed to provide health care using acupuncture and other forms of traditional Oriental medicine. Under Oregon law, the practice of acupuncture also includes traditional and modern techniques of Oriental diagnosis and evaluation; Oriental massage, exercise and related therapeutic methods; use of Oriental pharmacopoeia, vitamins, minerals, and dietary advice.

2. "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.
3. "Board" means the Oregon Medical Board for the State of Oregon.
4. "Committee" means the Acupuncture Advisory Committee.
5. "Physician" means an individual licensed to practice medicine pursuant to ORS Chapter 677.
6. "Clinical training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

NOTE: It is a felony to practice acupuncture without a license in the state of Oregon. OCOM clinical students can only insert needles in the presence of and under the direct supervision of an OMB-approved supervisor. Inserting needles in people or animals outside of the clinic constitutes grounds for expulsion and legal prosecution. Moreover, OCOM assumes that if the practice is not specifically outlined in the Oregon scope of practice, clinical faculty and students should not be practicing it.

1.2 Legal Responsibility of Clinic Supervisors in Patient Care

MAc, MACM, and DACM clinics

Clinic supervisors assume primary responsibility for patient care in the clinic under the scope of practice for acupuncturists outlined above. Clinical students are practicing under the supervision of their supervisor under the auspices of the college. Patients seen by the clinical students are under the direct care of clinic supervisors. Quality patient care should follow from this general rule. Clinical students may only make suggestions to patients regarding a diagnosis or treatment with prior approval from their supervisor. Clinical students must discuss their diagnosis and treatment plan in private with their supervisor before speaking with the patient. The supervisor must approve all treatments, including acupuncture, herbal treatments, massage, and patient recommendations. All treatments must be recorded in each patient's chart. It is also important that clinical students never contradict a supervisor in the presence of a patient. Instead, they should talk to the supervisor about their questions or reservations outside the treatment room.

At no time may a student intern commence patient treatment without the approval of their assigned supervisor. Incidents of such behavior may result in immediate removal from the clinic until the student intern is brought before the CAPP (Committee for Academic Progress and Professionalism). Further incidents may result in expulsion from the program for practicing acupuncture without a license.

DAOM clinic

In the DAOM clinic, students work in small and large groups to enhance peer learning. Students work together in the interview, diagnosis, and treatment planning and provide treatment including placement of needles, recommending herbal formulas, and providing patient education regarding qigong, nutrition, etc.

The main responsibility of supervisors in the DAOM program is to oversee student clinic work groups, and facilitate the discussion and input with each group, including assistance with advanced diagnostic and acupuncture techniques as well as herbal formulas. Supervisors are also responsible for being vigilant for emergency medical situations and referrals, for approving all diagnosis and treatment by students, and for signing off on the patient chart.

1.3 Professional Liability Insurance

All clinical students and clinical instructors (clinic supervisors and OCOM Herbal Medicinary supervisors) are covered by OCOM's professional liability insurance. This coverage is extended to all clinical activities in OCOM's clinics and at recognized off-campus treatment sites.

Doctoral program students: OCOM professional liability insurance does not cover practice outside of OCOM clinic sites such as private practice and other off-campus sites.

Coverage by the policy assumes that all activities are legal and within the scope of practice of an acupuncturist or a licensed massage therapist (according to which is appropriate).

Again, clinic supervisors (both on and off campus) are licensed acupuncturists and responsible for all diagnosis and treatment decisions. Clinical students must defer to these licensed professionals for all clinical decisions or risk expulsion from the program.

2. Patient Privacy Policies and HIPAA

2.1 Explanation

The college has specific patient confidentiality requirements. Staff (including clinic supervisors, interns, and observers) and visitors in patient treatment and consultation areas must conform to these policies that are designed to insure the privacy of individuals who come to OCOM as patients.

For a thorough explanation of OCOM's patient privacy policy, refer to the OCOM Patient Privacy Policy Training Manual.

3. Regular Patient Treatment Procedures

The following information pertains to regular treatment procedures for patient care in OCOM's clinics.

Note: Under no circumstances are interns to leave the building during a shift. If an intern must leave the clinic floor for any reason, they must do so only with the knowledge and approval of their supervisor to ensure patient oversight, safety, and standards of care. Reports of an intern leaving the building or clinic floor unexcused may result in immediate suspension from clinical internship.

3.1 New Patients

All new patients receive the following forms to complete remotely before their first treatment or in person when they arrive for their first treatment:

- **Arbitration Agreement: a read and sign form in Unified Practice**
- **Informed Consent and Patient Privacy Practices form** (also contains references to Financial Policies)
- **New Patient Contact Information and Health History:** a fillable form in Unified Practice

These forms must be completed by the patient before they can be seen. Clinical students should be familiar with the forms. The initial health history form can be found in the onboarding area of Unified Practice. Medications entered by the patient in this form will need to be transferred into the medications area of Unified Practice.

General Guidelines for Working with New Patients

Clinical students should follow these general guidelines when working with new patients:

Before Treatment:

- Greet the patient on time, in the waiting room. If clinical students anticipate a delay before they can see a patient, they must inform that patient.
- Escort the patient to the treatment room and ask the patient to wait in the treatment room while the new patient forms are reviewed with the supervisor. Tell them the number of the room they are in and inform them of the location of the nearest restroom and water fountain.

- Upon return, review clinic procedures and forms with the patient. Specifically, ensure that the following are signed. Please discuss and clarify the purpose of these forms with patient as necessary:
  - **Arbitration Agreement** (a read-and-sign form in Unified Practice).
  - **Informed Consent and Patient Privacy Practices Policy:** a read-and-sign form in Unified Practice
- All patients should have a primary medical provider and provide medical records if necessary for case management. Some patients may be required to establish a primary medical provider prior to commencing care — discuss this with your supervisor.
- We are a teaching clinic and may have students observing treatment.
- Group treatment, if available, will be administered in a room with other patients and privacy may be reduced. Inform patients of this when referring into Group treatment.
- Treatment risks arise with acupuncture, indirect moxibustion, direct moxibustion, electro-acupuncture, Chinese herbs, cupping, and acupressure-massage. Sometimes pain, discomfort, dizziness, or faintness may occur. In extremely rare cases, spontaneous miscarriage and/or lung puncture (pneumothorax) may result. Be sure to read this section to patients and ask them if they have any questions regarding a procedure.
- Information from charts may be anonymously used for research purposes unless a patient declines use of their private health information.
  - **Cancer/Seizure Disorder form:** As a condition of treatment, if a patient has a past or current diagnosis of cancer or seizure disorder, they must acknowledge that we are not providing substitution for Western medical interventions. (This form can be found in the file room.)

  NOTE: While a patient must sign an Informed Consent and Patient Privacy Practices form before they can be treated, they may decline to acknowledge OCOM's Privacy Practice agreement or portions thereof if a note to that effect is written on the form under the patient's signature.
- Pregnancy Letter: To continue care, patients who are past their first trimester of pregnancy must have an OBGYN or midwife. OCOM has a form letter that should be sent to the patient's OBGYN to provide continuity of care and bridge communication. This letter informs the patient's caregivers that they are seeking care at OCOM and allows the caregivers the opportunity to reach out to OCOM's clinics for more information regarding treatment.

Conduct a PARQ conference with the patient. PARQ conferencing is a method of informing and documenting discussions with patients about what type of treatment they will be receiving, the alternatives to the treatment, and risks that may be involved in the treatment. Ask the patient if they have any questions, allowing them the right to refuse treatment at any point along the way.

PARQ means "Procedures, Alternatives, Risks, and Questions"

Procedures: The health care provider must describe in general terms the proposed procedure and treatment, explain what is involved and what the anticipated outcome is.

Alternatives: The health care provider must describe any alternative procedures or methods of treatment. As a Chinese medicine practitioner, not doing a Chinese medical procedure is an alternative. Suggesting that the patient return to their primary care provider for other suggestions is also an alternative.

Risks: The health care provider must describe any risks associated with the treatment and explain them to the patient's satisfaction.

Questions: Finally, the health care practitioner must answer all questions the patient has regarding treatment.

When should a PARQ conference be held with a patient?

Initial Discussion:

The initial PARQ conference (see the "Information about Potential Risks or Side Effects" section on the form) is held when the practitioner reviews and signs the Informed Consent form with the patient. The initial discussion may be brief; however, if the patient would like a more detailed explanation, it must be provided unless the information would be detrimental in some way to the patient.

Circumstances for Subsequent PARQ Discussions:

– Whenever the practitioner introduces a new or higher risk modality of treatment (such as moxa) to a patient — even if it was described at the initial visit — it should be reviewed with them.

– The patient has already had a treatment modality, but it was not administered by the current provider to that specific patient. Again, the discussion may be brief, but the treatment should be explained.

How should the PARQ conferences be documented?
Below are examples that should be written in the chart:

PARQ	Example	Where to Chart
PARQ Conference Electro-acupuncture	Electro-acupuncture	Acupuncture Rx area of Unified Practice (UP)
PARQ Conference Moxabustion	pole, stick on, warming needle, or any direct technique	External RX area of UP
PARQ Conference Cupping or Gua Sha	Sliding cupping, stationary cupping, flash cupping, gua sha with any type of tool	External RX area of UP
PARQ Herbal Medicine	Patent herbs, granules, bulk herbs, tinctures, liniments, plasters, herbal soaks	External RX area of UP

During Treatment
Clinical students must observe strict Clean Needle Technique (CNT) protocols at all times during patient treatments. All providers must refrain from performing any treatment procedure or technique for which they have not been specifically trained and that is outside of the scope of practice for acupuncturists in the state of Oregon. This is true even if you hold medical degrees that expand your own scope of practice beyond that of an acupuncturist in the state of Oregon.

After Treatment
Review with patients the following:

- The treatment plan (using an End of Visit Summary and chart note as appropriate), expectations, and future appointments
- This is also the time to explain to the patient how to prepare and take herbs.
- Escort patients back to the front desk to assist with rescheduling.
- Review, Complete, and Manage Patient Charts: Clinical students, along with their team members, are responsible for creating a complete chart for every patient they see, and submitting the chart to their supervisor for review in a timely manner.

3.2 Return Patients

Return patient treatment procedures are essentially the same as procedures pertaining to new patients, with the obvious exception that there is less paperwork to process.

Additionally, anytime a new procedure is performed the practitioner should always conduct a PARQ conference with the patient, even if they are an established patient. Finally, anytime a patient's treatment plan changes, the practitioner should fill out a new End of Visit Summary and Treatment Plan form.

Staff and Student Charts in the Clinic

OCOM's clinics also use the red flag area in UP charts to identify the charts of staff and students who come to our clinic as patients. Master's clinical students must respect the privacy of these individuals by:

- Avoid accessing these charts unless they are directly treating the patient
- Interns are asked to not present internal cases (OCOM students, staff, or faculty) at pre-shift meetings.
- Avoid discussing these cases with people not directly involved in the patient's care. This includes not using these cases for presentation in Case Management class.

(*In the DAOM program clinic, these discussions are not limited to those involved in direct patient care and master's program students and OCOM staff patient cases may be discussed more widely.)

3.3 Medical Records Management

See *Patient Privacy Policies*.

Clinical students should adhere to the following guidelines when working with patient charts: Check out iPads for charting in Unified Practice (UP) — OCOM's electronic health records system — from a patient service team member. Log on to WiFi, then onto the Unified Practice app using your login name and password. Review your patient chart thoroughly before you interview and treat the patient. Keep the iPad with you; do not leave it unattended in the conference or treatment rooms.

4. Preparation for Treatment

Note: this section has been modified to include PPE, cleaning and social distancing requirements necessitated by the COVID-19 global health emergency.

Step 1 – Once you have arrived in your treatment room: Wash your hands and put on gloves.

- Change from your outside clothes to your clinic clothes and place your outside clothes in a plastic bag and store in the cabinet in your treatment room. You will need to provide your own clean clinic clothes, or scrubs to wear. If you wear clean clinic clothing, please wear your lab coat too, and always wear your name tag.
- Close any open windows and turn on fan the room's to enable the HEPA filter to work

Step 2 – Cleaning the treatment room

- Glove
- Wipe down all surfaces with provided cleaning products
- Tray surface
- Treatment table including the head rest
- Door handles (inside and out)
- Light switch and climate control
- Sink, including handles

Step 3 – Treatment preparation

- Remove gloves, wash or sanitize hands, and put on fresh gloves
- Clean your iPad with alcohol wipes (Do not use CaviWipes on iPad or phone screens)
- Go to the lobby to retrieve your patient. (Patients must remain masked throughout their appointment.)
- Have the patient wash or sanitize their hands and be seated on the table.

- Remove gloves and wash or sanitize hands
- If Secondary or Adjunct interns are present, remain an appropriate distance away from the patient and Primary intern. They may have to exit the room when the supervisor enters.

Step 4 – Interviewing and treating patient

Don your face shield prior to taking tongue and pulse readings, or coming within six feet of a patient. The face shield is reusable, so you will clean, maintain it, and bring it to your clinic shifts. Writing your initials on it for identification purposes is recommended. Best practices are to wear the face shield prior to entering the room and leave it on the entire time you are in the treatment room with the patient.

The patient should be able to get up onto the treatment table easily and safely without lifting. If lifting is required, a caretaker must assist the patient and stay in the immediate area of the clinic floor in the event they are needed. Adjustable tables are available on an as-needed basis; the intern should speak with the shift supervisor who will arrange with the Patient Services Team an appropriate treatment room for the patient.

If the patient would like accompaniment in the room, someone should be assigned (if appropriate), or the patient may bring in their own chaperone.

(See *Draping the Patient* below)

- Patients in supine position should leave their face mask on; patients in prone position may adjust their face mask to facilitate breathing
- Wearing gloves while handling needles is not recommended procedure
- Wash hands thoroughly prior to palpation, and needle insertion
- Wash hands thoroughly immediately after treatment
- Remove needles and wash hands thoroughly
- Inform the patient of the treatment plan; e.g. further appointments, herbs, linaments
- Have patient wash their hands before exiting the treatment room
- Glove and bag linens. All utilized linens must be removed from treatment rooms at the end of the shift and taken to the Laundry Room

Step 5 – End of shift

- At the end of the shift, after you have done your final wipedown of surfaces and have had your UP charts approved by your supervisor, turn off and wipe down your iPad with alcohol and return it to the Patient Services Team so they can charge it for the next shift.
- Set the room thermostat to 72 degrees
- If you wear a lab coat, hang it up in the room assigned for UV light disinfection
- Change back into your outdoor clothes
- Wash your hands

Step 6 – At home

- Launder clinic clothing and washable masks in hot water prior to the next shift.
- Dry them in a clothes dryer for a minimum of 30 minutes

Draping the Patient

Clinic Draping Policy — The purpose of draping is to give appropriate respect and privacy to all patients and to protect them from environmental factors such as drafts. Providers do this by establishing clear communication through speech and touch and by developing an awareness of others' personal boundaries. Students must learn to develop professional protocols in draping patients.

General Protocols:

1. Providers must clearly explain to patients the reasons they need to disrobe an area of the body.
2. Providers will provide a gown and/or towel, as needed, which the patient can then change into. Specific directions on how to arrange the gown or towel and how/where they should wait (e.g. on the table, face

up or face down) should be given.

3. At the end of treatment, the provider should ask if the patient needs any assistance with changing back into street clothes.

Area Specific Protocols:

A. Chest – supine. The provider will explain the need for access to the chest and will ask the person to put on a gown in reverse and to remove the shirt or blouse. An additional towel draped over an exposed area may also be necessary to ensure patient comfort.

B. Upper Back – prone, ex. upper back Shu points, Jia Ji points, neck and shoulders. Here, the concern is to expose the upper back to drafts before and after treatment. The provider will explain the need for access to the upper back and will ask the patient to put on a gown open in the back and remove the shirt or blouse.

C. Abdomen – from pubic bone to sub-costal area. The provider will explain the need for access to the abdomen and will ask the patient to put on a gown or remove their shirt or blouse.

D. Groin and Upper Thighs. The provider will explain the need for access to the groin and upper thighs and will ask the patient to put on a gown and lower or remove pants. For all patients, an additional towel draped over the area may also be necessary to ensure their comfort.

E. Low Back, Buttocks. The provider will explain the need for access to the lower back and buttock areas and will ask the patient to put on a gown and may need to lower or remove pants. For all patients, an additional towel draped over the area may also be necessary to ensure their comfort.

In all situations, additional draping may be necessary. For example, cover all patients below the waist and above the knees when they are lying face down regardless of whether they request it or not.

Modesty suggests that patients should not be left gowned in a manner that exposes their undergarments, breasts, buttocks, or groin.

Providers should be careful to secure the towel drape under the torso or let it lay over the side and only to uncover the side of the body to palpate and treat using various modalities before treating the area.

4.1 Treatment

Traditional Chinese medical treatment includes acupuncture and its adjunctive therapies, Asian bodywork (massage), Chinese herbs, lifestyle recommendations, and referrals. The following pertains to the use of these therapies.

4.1.1 Acupuncture and Adjunctive Therapies and Equipment

Acupuncturists employ a variety of therapies, most of which are outlined below. Safety of the patient and provider are of paramount importance when employing these therapies. Much of these guidelines are outlined in the *Clean Needle Technique Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, 7th edition*, with which all clinical students and clinical faculty should be thoroughly familiar.

Basic elements of Clean Needle Technique (CNT) at OCOM

Hand washing – All providers must always wash hands or use hand sanitizer (at least 62 percent alcohol) between patients, both before and after needling. It is highly recommended that providers wash hands or use hand sanitizer immediately after entering the treatment room and just before leaving the room. Hands should always be washed or cleaned before inserting needles, before and after delivering care, and at any time during treatment when the hands have become unclean. Patients should be draped or their clothing arranged appropriately before needling to ensure cleanliness. Interns should tie back their hair and avoid wearing dangling jewelry such as bracelets and necklaces.

Sterile needles, tubes, and needle packaging – All acupuncture needles and instruments that may penetrate the skin must be sterile before insertion (e.g. acupuncture needles, plum-blossom, and seven-star needles). Disposable, sterile needles and guide tubes should be used at all OCOM sites. Only one needle may be

used with each guide tube. Detox packs with multiple needles per guide are not permissible at OCOM sites. Packaging of needles must be appropriate, easy to open, and maintain needle sterility. (Soft-sided needle packaging risks puncture by needles.) Needles must be removed from sterile packaging in such a way as to avoid contamination. Needles should be kept in the packaging until individual use. It is a violation of CNT to hold unpackaged, multiple needles in the hand during treatments or to place unpackaged needles in a tray prior to use.

Stainless steel trays and clean field – Instrument trays are in all OCOM treatment rooms. They should be cleaned with the available disinfectant product, before and after every patient encounter. A clean field should be established on the stainless steel trays in the treatment rooms by laying down a paper towel onto which acupuncture needles and treatment supplies such as cotton/alcohol wipes are placed. Acupuncture needles should always be kept in their packets on the clean field. A separate paper towel should be placed on the counter for cups or gua sha tools. Avoid placing treatment instruments, patient charts, or belongings directly on the patient, treatment table, or instrument tray. Do not place trays under sharps containers or by the sink.

Alcohol swabbing – OCOM requires that all points be swabbed with alcohol unless the patient specifically requests that it not be used (this should be charted). A single alcohol swab may be used for one area of the body (upper limbs, lower limbs, face/head, torso). Only the needle site should be swabbed. Care should be taken to assure that all body sites are clean from visible contaminants. It is recommended that if a patient is immuno-compromised, alcohol swabbing should be replaced with povidone-iodine to clean the area before needling. The povidone-iodine swabs are kept in the campus' Clinic Supply Rooms.

Touching the shaft of the needle – To maintain sterility of the instrument, avoid touching the shaft of the needle with the hand. If it is necessary to support the shaft of the needle during treatment, clean cotton should be placed between the needle and the practitioner's fingers so the needle is not contaminated. Sterile cotton or gauze is recommended.

Removing and disposing of needles – After the needle is removed, close the insertion site with a clean cotton ball and not with bare fingers. Used needles should always be isolated and disposed of immediately. It is highly recommended that needles be removed and disposed of one at a time and placed in the biohazard container individually to avoid self-needle sticks. Providers should never place needles in the palm of their hand or into another container prior to disposing of the needle in the biohazard sharps container. Only needles, lancets, disposable heads of 7-star/plum blossom instruments, and significantly blood soaked cotton balls should be placed in biohazard containers.

Cleaning the treatment table – Treatment tables are to be cleaned before each patient with the available disinfectant solution. With contagious disease patients, particular attention should be paid to cleaning the treatment table/face cradle immediately prior to and after treatment.

Cups and gua sha spoons – All instruments must be washed with detergent to remove grease/oils and sprayed with the available disinfectant solution to provide intermediate sterilization between patients if no visible blood occurred during a procedure. If blood is visible, instruments must be autoclaved prior to use to protect patients from the risk of transmissible diseases.

Some, but not all devices and equipment are acceptable in OCOM's clinics. Check with your supervisor and the Dean of Clinical Education if you have questions.

Acupuncture Needling

Acupuncture needling includes the use of acupuncture needles, cutaneous needles, and bleeding lancets. All of these needles may come into contact with body fluids, so it is important that all practitioners follow all safety guidelines, including Clean Needle Technique (CNT), universal precautions, and bloodborne pathogen safety procedures.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines to Prevent Bruising, Bleeding, and Vascular Injury," "Safety Guidelines to Prevent Needle Site Pain," "Safety Guidelines to Prevent Fainting," "Safety Guidelines to Avoid and/or Respond to Stuck Needle," "Safety Guidelines for Needle Removal," "Safety Guidelines for

Aggravation of Symptoms," "Safety Guidelines to Avoid Pneumothorax," "Safety Guidelines to Avoid Organ and Central Nervous System Injury," "Safety Guidelines to Avoid Traumatic Tissue Injury," "Safety Guidelines to Prevent Infection," and "Safety Guidelines to Prevent Broken Needles."

Types of OCOM-approved Acupuncture Needles
Regular acupuncture needles of any brand may be used providing they meet the following guidelines and are FDA approved:

Packaging
Clinical students must use single-packaged needles each with their own guide tubes. Clinical students should use needles that are packaged in plastic that is of the "hard-type" and not of soft plastics that can be punctured by needles. Packets of needles with multiple needles (Detox Packs) are prohibited because needle sterilization can no longer be guaranteed once the packet is open.

Needle and guide tube use
Use a guide tube with only one patient. Do not employ "used" guide tubes with your patients. This will eliminate cross-infection from unclean tubes.

Be certain that a new guide tube is used whenever you are working in different areas of the patient's body. For example, never use the same tube on a patient's feet and face.

In the master's clinic, free-hand techniques are performed under the direct observation of your clinic supervisor.

Plum-blossom needles
Clinical students must use disposable plum-blossom needles or stainless steel plum-blossom needles which are autoclaved after every use. Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for Plum Blossom (Seven Star) Therapy."

Lancets and three-edged needles
Three-edged needles are prohibited in the master's clinics; clinical students must use single-use disposable lancets. After a single use, lancets should not be used to bleed multiple sites.

Students should always wear gloves as a universal precaution during this procedure. (Note: only DAOM students may use three-edged needles, after training). Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for Acupuncture Bleeding Therapy."

Intradermal needles
Because of increased risk of infection, intradermal needles such as press tacks are for clinic use only and must be removed at the end of patient treatment. Similarly, acupuncture needles are never to be intentionally retained in a patient). Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for the Use of Press Tacks or Intradermal Needling."

Electro-acupuncture
The following guidelines regarding the use of electro-acupuncture apply at OCOM's clinics.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for Preventing EA Adverse Events," "Safety Guidelines for Preventing Excessive Muscle Contraction During EA," "Safety Guidelines for Preventing Electrical Injury During EA," and "Safety Guidelines for Preventing Interference with a Cardiac Pacemaker During EA."

Pantheon machines are the most frequently used in the OCOM Clinic. OCOM has a direct contact with the manufacturer of the Pantheon machine who has assured us that design changes incorporate measures that make shocking a patient highly unlikely. Another approved electro acupuncture machine is the Electrostim AWQ-104L Digital Meter, which is also a safe, and easy to use machine.

Patients with pacemakers or a history of seizures should not be treated with electro-acupuncture. Clinic

supervisors should use their discretion with other heart conditions.

Follow PARQ conference guidelines when working with patients. Document these discussions in the chart. (See Patient Consent form for written wording.)

Inform patients that they may refuse electro-acupuncture treatment — always note the PARQ conference.

The first time a clinical student uses an electro-acupuncture machine on a patient in the clinic, they must have a clinic supervisor present to supervise and instruct.

Ion Pumping Cords
All master's clinical students must have classroom instruction in Advanced Acupuncture before using ion pumping cords due to the possibility of adverse reactions in some patients. Ion pumping cords used should be directly observed by your supervisor in the Fall quarter. In the Winter, Spring, and Summer quarters they may be used with the supervisor's permission if the clinical student has had training in the Advanced Acupuncture class of Japanese techniques. Doctoral students should have prior training with ion pumping cords before using them.

Cutaneous Stimulation
Methods of cutaneous stimulation include such therapies as cupping, gua sha, ear seeds and pellets. While these therapies rarely come into contact with blood, all re-useable equipment must be chemically disinfected or autoclaved before next use (See below).

Cupping and Gua sha
Approved equipment must be "auto-clavable," such as glass or ceramic and silicone. Materials that cannot be autoclaved may not be used (e.g. bamboo, plastic, horn)

Cups and gua sha tools must be free of salves and oils prior to being turned in for autoclaving after each use. Intermediate sterilization (acceptable only when no visible bleeding has occurred) may be achieved by cleaning the instrument with the available disinfectant solution and allowing it to stand for five minutes prior to rinsing with soap solution. All used instruments should be autoclaved after use. Interns should have a sufficient number of cups and/or gua sha tools to treat three patients per shift.

Stationary cups should be removed after five minutes. Longer retention risks the formation of blisters.

Note: Boiling instruments in water, sending them through a dishwashing cycle, or soaking them in soap solution or alcohol will not sterilize them. Soaking instruments in bleach is also an unacceptable alternative as it will destroy equipment. Instruments must be autoclaved for 30 minutes at 250 degrees F, 15 pounds of pressure to break down the cell walls of resistant spores and kill viruses.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Cleaning and Disinfecting Cups and Safety Guidelines for Cup Disinfection" and "Disinfection of Gua Sha Devices and Safety Guidelines for Disinfection of Gua Sha Tools."

Other precautions
Interns must have and chart a PARQ conference with patients prior to these therapies and counsel them on possible bruising. It is best practice to avoid use of these treatment modalities on patients that are on blood thinning medications and/or steroids.

Be highly discretionary when using these therapies on children as bruising may be mistaken for abuse.

Bleeding cup techniques are prohibited in OCOM's clinics due to the probability of blood spills.

Ear Seeds/Pellets
A variety of ear seeds and metal pellets may be used on the ear and other parts of the body.

Patients should be instructed on hygiene and proper use when utilizing ear seeds or metal pellets.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for the Use of Ear Seeds."

In general, if the patient has any discomfort they should remove the device and clean the area to prevent infection. Clinical students should follow up with patients during their next visit to ensure that all seeds have

been removed and there is no inflammation. Patient should also be cautioned to refrain from keeping these on one spot on the body for more than three days; after three days they should be removed.

Due to the risk of inflammation or imbedding, a PARQ conference should be held and charted when utilizing seeds or pellets.

Moxibustion

Moxibustion therapy includes indirect moxa (pole, stick-on, ginger-moxa, moxa on a needle, etc.) and direct moxa. PARQ conferences must be held and charted whenever moxa techniques are utilized.

Clinic policy on moxa and other flammable items:

- Only smokeless moxa sticks may be used at the clinic.
- With a warming needle, be sure to shield patients with a cardboard shield and/or aluminum foil.
- When using stick-on moxa, it is preferred that students use smokeless stick-on moxa, but if they use smoky stick-on moxa, they should do so in moderation.
- Moxa boxes: the use of moxa boxes is prohibited.
- Direct moxa: Due to the heightened risk of burns, students are required to have a PARQ conference with their patients prior to using the technique of direct moxa for the first time. PARQ conferences should be held and charted every time the technique is used thereafter. A supervisor should be present to assure proper care is delivered during this treatment technique and a glass of water should be kept nearby for wetting fingers prior to moxa removal.
- Pole moxa is prohibited at OCOM Hollywood Clinic due to lack of ventilation.
- Moxibustion in the Treatment Rooms: Exhaust fans should be turned on for good ventilation (to prevent carbon monoxide accumulation). Treatment room doors should be closed. Treatment rooms should not be ventilated into the hallway.
- Burnt Materials: Never deposit burnt materials (moxa sticks, ashes, burnt matches, burnt cotton balls, etc.) directly in the trash receptacle. Each room has a ceramic cup filled with sand for extinguishing moxa. These ceramic cups are to be emptied in an ash can in the Storage Room.

  Aluminum foil for shielding patients and the treatment table from burns is stored in the cabinets of each clinic treatment room.

  Follow PARQ conference guidelines when working with patients. Document these discussions in the chart. (See Patient Consent form for written wording.)

Inform patients that they may refuse moxibustion treatment.

Accidents with moxa: Manage accidents or burns and report them to clinic supervisors immediately. A full Incident Report must be filled out and turned into the Associate Dean of Clinical Education for malpractice report purposes.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines to Prevent Moxa Burns," "Safety Guidelines to Prevent Secondary Infection from Moxa Burns," and "Safety Guidelines to Prevent Adverse Reactions to Moxa Smoke."

Tiger Warmers

Supervisors must directly observe the use of tiger warmers in the Fall quarter. All students must receive training on the use of tiger warmers before using them in the clinic to reduce the risk of burns.

Refer to: CCAOM, Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition, "Safety Guidelines for Heat Therapies Other than Moxa."

Items Specifically Prohibited in OCOM's clinics

Any items not specifically listed above as approved are prohibited from use. Below are items that students commonly inquire about that are not approved for use in OCOM's clinics:

- Moxa boxes
- Smokey moxa
- Micro-knives/three-edged needles

- Apart from the use of lancets for bleeding Jing-Well points, any bleeding technique
- Needle packets with multiple needles (Detox Packs)
- Injections
- Electro-acupuncture machines that have not been approved for use

4.1.2 Asian Bodywork Clinics

Massage Treatment

The following guidelines regarding acupressure/massage (tuina and shiatsu) apply to OCOM's clinics.

Also refer to: CCAOM, *Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition*, "Preventing Tuina Adverse Events" and "Safety Guidelines for Tuina."

Follow PARQ conference guidelines when working with patients. Document these discussions in the chart. (See Patient Consent form for written wording.)

Clinical students must be sure to inform patients that they may refuse bodywork treatment before or at any time during the session and that the patient may remain fully clothed if they wish during treatment.

In "regular" acupuncture clinic, patients sometimes request to receive only massage or herbs. In these circumstances, patients should be referred to Asian Bodywork Clinic or Herbal Internship. While patients should expect to receive some acupuncture on a "regular" acupuncture clinic shift, discuss the most appropriate treatment modalities for each patient with your supervisor as there may be times when non-needling techniques are more appropriate.

Occasionally, designated shifts are explicitly advertised as massage therapy (tuina) combined with acupuncture. Patients should expect to receive both modalities on these shifts. Any patient wanting only massage should be referred to Asian Bodywork Clinic; any patient wanting only acupuncture should be referred to a "regular" clinic shift.

Manipulations and Adjustments

Intentional manipulation/adjustments of joints are outside of the scope of practice of acupuncturists in the state of Oregon and are prohibited. This includes any type of forceful or rapid manipulation/adjustments of the spine and other joints. Stretches without forceful manipulation are acceptable and occasionally may result in a spontaneous and unintended "pop," "click," or "crack." The operative word here is "unintended." In other words, an acupuncturist in Oregon may not intentionally manipulate a joint causing it to pop, click, or crack.

Massage stretches should be directed toward soft tissue and not joints. Stretches should be within normal ranges of motion.

With massage stretches, forceful and quick maneuvers should be avoided at all times.

Intentional manipulation/adjustments can be forceful and quick or they can also be slow and gentle. The intention and range of motion are of more importance in evaluating whether a maneuver is a manipulation or an adjustment. Intentional manipulation/adjustments are prohibited.

All diagnosis, treatment, and/or referral with any patient should be documented in chart notes. Patients are individuals whom a practitioner diagnoses or treats, whether they pay or not.

To ensure that the patient understands a procedure such as "stretching" and has an opportunity to ask questions, the practitioner should have a conversation with the patient and chart it in the patient's file. An example of proper notation is: "PARQ Conference RE Tuina" (PARQ – Discussion about Procedures/ Alternatives/Risks/Questions). At all times, if a patient declines treatment, respect their wishes.

Performing intentional spinal and joint manipulations/adjustments are prohibited in the OCOM's clinics and will result in serious disciplinary consequences.

4.1.3 Chinese Herbs

Medical providers in OCOM's clinics may recommend bulk herb formulas, granule herb formulas, and Chinese patent medicines either for internal or external use.

OCOM's clinics dispense a variety of herbal products in various forms. With supervisor approval, clinical students may recommend these for patient use. A few of these products include:

- Bulk substances: dried plant, animal, and mineral substances for use in decoction, poultices, washes, and pill making
- Concentrated granules: medicinal substances that are in granular form (convenient for patients)
- Chinese and domestic patent/prepared medicines: These include a wide variety of prepared herbal formulas in pill, liquid concentrate, capsule, and liniment forms (also convenient for patients); many are modifications of important classical Chinese formulas
- Herbal tinctures: Chinese herbal formulas in an alcohol base. Alcohol based products should not be dispensed to patients with a history of alcohol abuse
- Endangered Species: OCOM Herbal Medicinary does not knowingly carry or dispense any endangered species. The medicinary has received written statements from vendors to this effect.

  Clinical students and clinical faculty may enter the OCOM Herbal Medicinary, but must follow the directions of the Director of Medicinary Operations and the policies and procedures of the medicinary.

  All products to patients must pass through the front desk for payment at the OCOM Hollywood Clinic. On campus, herbs are ordered through Endao, paid for in the OCOM Herbal Medicinary, and distributed by medicinary personnel.

  For more information regarding OCOM Herbal Medicinary policies and procedures, please consult the OCOM Herbal Medicinary Manual.

Cautionary Guidelines

As a teaching clinic, we want to be able to provide our patients with the best and safest herbal care. For this reason, providers are asked to only dispense herbal products sold at OCOM. Moreover, patients frequently come into our clinic taking a variety of prescribed medications, over-the-counter (OTC) medications, supplements, and herbs. In the interest of better understanding our patients and their health complaints, of avoiding possible herb/drug interactions, and of helping the patient to monitor their complaints, it is very important that we have a full and detailed accounting of the patient's medications.

The following guidelines are designed to help in this process:

Documentation of medicinals: All prescribed medications, over-the-counter (OTC) medications, supplements, and herbs should be documented in Unified Practice under "medications," which appears as a red dot with a white cross at the top of the patient's chart.

Discontinuation of medications: Patients should refrain from discontinuing medications without the prescribing physician's knowledge and permission. Some patients may be taking medication on an "as needed basis," and may already have permission from their doctor to discontinue its use. This should be discussed with the patient. Under no circumstances should a provider other than the prescribing physician recommend that a patient stop prescription medications as it is out of the scope of acupuncture practice. All medication-related discussions should be charted. Patients, wishing to gradually taper down on and eventually discontinue medication, should discuss this with their physician before taking action.

Multiple medications: If a patient is on multiple medications or has a serious illness, the patient should discuss herbal care with their physician before initiating care.

Herb/Drug Interaction: Students must have an understanding of all patient medications and investigate possible herb-drug interactions, cautions, and contraindications when considering an herbal formula. It may be necessary to increase or decrease herb doses, separate herbs from the medication dose time, or monitor the effectiveness of the medication when combined with herbs. Online resources such as **https://www.webmd.com/interaction-checker/default.htm and https://www.drugs.com/drug_interactions.html** can be helpful in these investigations.

Blood Thinners and Anti-coagulants: OCOM Clinic policy is to refrain from administering herbs and herbal formulas to patients on blood thinners (e.g., Coumadin-Warfarin), because certain herbs may potentiate the actions of these medications and place the patient at risk of hemorrhage. In some circumstances, a clinic supervisor may suggest that herbal therapy would be helpful to a patient on blood thinners or anti-coagulants. Communicating with the patient's primary care physician (PCP) is helpful in these situations for continuity of patient care.

Pregnancy: Blood moving herbs are prohibited during pregnancy. Qi-moving herbs are to be dispensed with caution.

Handling Problems Possibly Resulting From Herbs

If a patient should have any problem possibly attributable to herbs dispensed in our clinic, immediately do the following:

- When interacting with a patient: Ask the patient to discontinue the herbs if they feel the herbs are a problem.
- Ask a clinic supervisor for assistance, if one is available. If not, ask an herbal medicinary supervisor or the Director of Medicinary Operations.
- Find out from the patient when they started taking the herbal formula and when they started noticing a problem.
- Consult the patient's chart to see the prescribed formula, so you can look at the herbs and what is being treated before advising them further.
- Ask the patient if there is anything else they have changed in their daily routine that might be related to the problem.
- Document the issue in the patient's chart as an "adverse herbal reaction." Document the patient's description of the event and all recommendations and referrals made.

Incident Reports

If it is a significant issue, report it by completing an Incident Report. Incident reports must be signed and placed in the Associate Dean of Clinical Education's file room mailbox. Those involved in the report will not receive copies. Incident Reports should never be placed in patient files.

4.1.4 Patient Recommendations

Any recommendations made by clinical students to patients must be discussed and approved by the supervisor before being presented to the patient. These recommendations include:

- Referrals to other health care and mental health providers or alcohol and drug services
- Herbal and supplement recommendations
- Dietary and nutritional recommendations – any suggestion a student makes about how or what a patient should ingest
- Exercise recommendations
- Any type of patient self-care

NOTE: Recommendations regarding marijuana or related products are strictly prohibited, including the use of CBD products.

In general, when interviewing the patient, students must be sure to collect information before then formulating their ideas about recommendations with the supervisors. All recommendations must be charted. Patients should only be referred out for Chinese herbs to another vendor if the OCOM Herbal Medicinary cannot provide the specific herb or product and then only with the approval of the supervisor.

Selling Products to Patients

Clinical students and clinical faculty are prohibited from selling products directly to patients. This includes professional products and multi-level marketing products. Recommendations of products are acceptable if such suggestions are approved by the clinic supervisor and appropriate according to the above guidelines.

Naturopathic Products, Supplements, Vitamins
Clinical students are prohibited from prescribing and dispensing naturopathic supplements, megadoses of vitamins, or Western herbs, as they are not trained in their use. As a teaching institution, we only practice that which we teach. Furthermore, few of the clinic supervisors who work in the clinic on a regular basis have sufficient expertise in the use of naturopathic products or Western herbs.

As stated previously, patients should only be referred out for Chinese herbs to another vendor if the OCOM Herbal Medicinary cannot provide the specific herb or product and then only with the approval of the supervisor.

At times, patients ask questions about continuing with products or regimens recommended to them by preceding clinical students and clinic supervisors. Such requests require re-evaluation to determine whether the product/regimen is still appropriate for the patient.

4.2 Treatment Rooms

Treatment Set-up and Clean-up
Before the beginning of each shift, students should check their treatment rooms to ensure that the following items are fully stocked:

- Six large towels
- Roll of table paper
- One vinyl covered pillow
- Laundry baskets
- Other essential items like alcohol swabs, cotton balls, iodine swabs, Simple Green or 70% alcohol solution (in spray bottles) or Caviwipes, mugs with ash (to be used for extinguishing moxa sticks [OCOM Clinic only]), are usually stocked by a work-study student. However, if missing, students should retrieve items from the supply room and restock them.
- Biohazard/sharps containers should be inspected before the start of each shift to determine if they need to be replaced. Full sharps containers should be closed and locked and placed in the large, black biohazard bin in the storage rooms at each clinic should be utilized for disposal. Replacement sharps containers can be found in the supply rooms.
- Every room should have one rolling instrument tray for use as a clean field. If one is not present, this should be reported to the Clinic Manager who can assist in locating a replacement.

Students should not remove standard items from treatment rooms unless they have received permission from their supervisor or the Clinic Manager to do so. With such permission, any items removed should be returned as soon as they are finished with them. Clinical students should properly stock their treatment rooms at the end of their shifts out of consideration for the next clinical student.

Students should spray or wipe down the counter, treatment table, and stainless steel tray with the available disinfectant solution prior to shift and between every patient encounter. The treatment room should always be cleaned after each patient leaves and the floor checked for dropped needles to prepare for the next patient. The table/headrest and instrument trays should be wiped down. Observers should facilitate this process whenever possible. In the event that a room has not been cleaned by the previous team, the room should be cleaned and the Clinic Manager notified.

Avoiding Needle Sticks in the Treatment Rooms
To avoid needle sticks, the following precautions must be followed at all times:

- Drop the needles into the mouth of the sharps containers. Never put fingers inside the lid.
- Shake out the table paper before crumpling it for disposal.
- Do not check for needles with hands. If a needle drops and rolls under a patient or into the patient's hair during treatment, tell the patient where the needle is. At the end of the treatment when all needles have been removed, have the patient carefully sit up so the needle can be safely picked up and disposed of.
- Interns should count and chart the number of needles they insert and ensure that the same number

of needles is removed from each patient at the end of the treatment. Check off "Needles removed" in Unified Practice.

- Interns, especially those on Group Clinic shifts or where clinic treatments take place in a classroom setting, should use the magnetic sweepers at the end of each shift to pick up any needles that may have fallen to the floor. Any needles should be disposed of in the sharps container. In the campus clinic, the magnetic sweeper is found in the clean linens room.
- Swap out any full sharps containers that are full by locking the lid and placing the container in the large black biohazard container in the Supply Room. New containers are found in the storage rooms.

Laundry

Dirty laundry from patients should immediately be deposited into receptacles provided under the treatment room sinks in each room. In the campus' OCOM Clinic, these receptacles of dirty laundry should be emptied into the laundry bags in the storage closet on the clinic's west side. Receptacles of dirty laundry at OCOM Hollywood Clinic should be emptied into laundry bags in the supply room.

Clean laundry (patient gowns and towels) is stocked in the south supply room. (In the main supply room cabinet at OCOM Hollywood Clinic.) Any worn or threadbare gowns or towels should be removed from circulation and given to the front desk for disposal.

At both clinic locations, contaminated laundry (blood, urine, etc.) should be placed in a plastic bag and put in the black hazardous waste bin in the supply rooms.

4.3 Referral

As a teaching clinic, we want to be able to provide our patients with the best possible care. At times it will be necessary to refer patients to primary care providers, at other times we will want to refer patients to alternative therapies. The following guidelines are designed to help in this referral process.

4.3.1 All Referrals

Clinical students may only make referrals and suggestions after conferring with and receiving approval from their clinical supervisor. They should never make referrals or suggestions on their own without first conferring with their supervisor as they provide treatment under their supervisor's license. Should a patient require primary medical care or diagnosis, the patient should return to their primary care provider. As a member of the Coalition of Community Health Clinics (CCHC), OCOM may refer patients to a number of low-cost or free health care clinics for the uninsured and underinsured across the Portland area. A list of CCHC Clinics is contained in the Resource and Referral handbook in every clinic conference room.

Should it appear that a patient may need the medical services of a specialist, it is generally necessary for a primary care provider to make the referral and follow through on the care. All referrals should be documented in the patient's chart. After a clinical student makes a referral, they should recommend that a patient return to an OCOM clinic, if it is appropriate. With patient authorization, it is encouraged that clinical students contact the medical provider to whom the patient was referred to request records.

4.3.2 Patient Referral Process

Ethically, clinical students should not refer patients to their personal practices for care. We also ask that — rather than refer patients to friends, to personal medical care providers, or an acquaintance in the medical community — clinical students and their supervisors should refer according to the guidelines outlined below. Furthermore, clinical students should not refer patients to the practices of their spouses or other immediate family members.

Referrals for chiropractic care, naturopathic care, massage, acupuncture, or herbal medicine, are to be approved by clinic supervisors prior to discussion with patients.

Close to graduation, master's clinical students should refer OCOM Clinic patients to a Trainee III student who will be entering internship the following quarter (see transitioning procedure) and in the doctoral program graduating students should refer patients to a continuing doctoral student. It is appropriate for clinical

students to inform patients of their impending graduation and future plans; however, graduating clinical students must refrain from actively soliciting patients from OCOM's clinics.

OCOM Medical Referral Process

Per OCOM policy, when a patient is in need of medical referral, a patient's care should transfer to other local teaching institutions, affiliated clinics such as aforementioned CCHC members, or medical offices listed under "Referral Resources" in the *OCOM Clinic Policies and Procedures Handbook*. To assist with this process, the handbook provides a full range of services and contact numbers to aid supervisors and students in helping patients gain access to necessary treatment, whether it is Chinese medicine, chiropractic, naturopathic, or allopathic care.

Procedure:

If a referral is necessary, consult with the shift supervisor to determine the patient's immediate needs and where it would be best to send them for care. Discuss your recommendation with the patient and explain why you are making the referral. In some instances, it may be deemed appropriate to completely transfer care. In other instances, you may recommend adjunct treatment. In certain cases, it may be necessary for the patient to be evaluated by another provider before they may continue care at an OCOM clinic. In any event, supervisors must approve all referral decisions.

The following describes formal and informal referral methods:

Informal Referral

1. Contact the clinic or institution and ask them if they are accepting new patients. They may ask if the patient has health care insurance, so know what kind of coverage the patient carries, if any. For example, if the patient is on the Oregon Health Plan, only certain institutions are designated to accept OHP reimbursement and treat those patients.
2. Depending on the reason for referral, the clinic or institution may indicate that the patient may self-refer to access care. Take written information including the name, address, and phone number of the office for the patient. It is important to inquire about fees for service if the patient does not have health insurance, as there will be "out-of-pocket" expenses. If the patient does have insurance, have the name of their insurance carrier and policy number ready and ask about co-pay charges. Request that the patient contact the clinic or institution within a specified amount of time to make an appointment and be prepared to follow up with the patient at the next visit.
3. In Unified Practice, under the field "Advice Rx," include a chart note indicating the date and why the patient is being referred, which clinic they are being referred to, and whether or not the referral is urgent. If there are special conditions (such as uncontrolled diabetes), those should be listed as well.

Formal Referral

1. Contact the clinic or institution and ask them if they are accepting new patients. They may ask if the patient has health care insurance, so know what kind of coverage the patient carries, if any. For example, if the patient is on the Oregon Health Plan, only certain institutions are designated to accept OHP reimbursement and treat those patients.

   Formal referral consists of a provider (generally an OCOM supervisor) contacting the institution, inquiring about the referral process, and giving patient medical information with patient approval unless it is an emergency. For this reason, the provider must first obtain a signed Authorization to Use / Disclose Health Information to the Patient or a Medical Provider form from the patient. The health care information to be disclosed must be accurate to assure proper referral. The patient appointment is then made through the intern or supervisor.
2. Be prepared to give a brief case description. Also, if there are special circumstances such as the need for PCP referral, an interpreter, or a wheelchair, it should be discussed at this time. Again, this conversation must be done with patient consent if their name is used. If the clinic or institution requests Referring Provider information, a student must identify themselves as a student intern. Depending on the office to which the referral is being made, it may be necessary for the clinic supervisor to provide their license

number information to facilitate the referral. Referring interns or supervisors should give their names, the college name and address, and a phone number (preferably the clinic front desk or extension) at which they can easily be reached. Private phone numbers should never be used for this purpose.

3. Take written information including the name, address, and phone number of the office and the date and time of the appointment for the patient. It is important to inquire about fees for service if the patient does not have health insurance as there will be "out-of-pocket" expenses. If the patient does have insurance, have the name of their insurance carrier and policy number ready and ask about co-pay charges. Request that the patient contact the clinic or institution within a specified amount of time to confirm the appointment and be prepared to follow up with the patient at the next visit.
4. In Unified Practice, in the "Advice Rx" field, make a chart note indicating the date and reason the patient is being referred, which clinic they are being referred to, and whether or not the referral is urgent. If there are special conditions such as uncontrolled diabetes, those should be listed as well.
5. Depending on the urgency of the case, inform the patient that the provider at the referral site may send for medical records. Conversely, the patient may make a written request for their records and submit it to the clinic front desk so they can take their records to their appointment. The request will be posted in the patient's file and records will generally be ready in 5-10 working days. Every effort will be made to expedite records requests, if necessary.

4.3.3 Referral Resources

A patient requiring primary medical care or diagnosis should return to their primary care provider. If the patient does not have a primary care provider and has cost considerations or is underinsured, they should be referred according to the guidelines below. OCOM is a member of the Coalition of Community Health Clinics.

Coalition of Community Health Clinics

The Coalition of Community Health Clinics (CCHC) is made up of community sponsored clinics, and federally qualified health centers in the Portland area. These clinics are dedicated to providing care to marginalized members of our community, especially those with low income and without health insurance. The clinics offer a broad range of care, from Western medicine and Chinese medicine, to naturopathic and chiropractic.

Clinics can be searched on the website via clinic name or neighborhood location. They also provide a list of other free or low-cost clinics in the Portland metropolitan area. Refer to the Informal Referral section above. https://coalitionclinics.org

For Western biomedical medical care, refer patients without a current physician to:

- Coalition of Community Health Clinics at: coalitionclinics.org or 503-546-4991
- County Health Services and Clinics – 503-988-3333 (for all county clinics)

Western medical providers at these clinic will be able to make referrals to medical specialists as needed.

For emergent, urgent, or critical care Western biomedical care:

- Dial 911 if it is an emergency
- Portland Adventist Medical Center – 503-251-6155 • OHSU – 503-494-7551
- Legacy Emanuel – 503-413-2200
- Mt. Hood – 503-674-1122
- Good Samaritan ("Good Sam") – 503-413-7711
- Providence NE – 503-215-6000
- St. Vincent – 503-216-2361

For CAM therapies and acupuncture care:
If a patient needs additional care such as chiropractic care, massage, nutritional evaluation, homeopathy, etc., and does not have a care provider, refer them to:

- OCOM Clinic's Asian Bodywork Clinic (503-445-0951)
  Tuina and shiatsu massage
- OCOM Hollywood Clinic (503-281-1917)
- University of Western States Clinic (503-255-6771)
  Primary medical care in the evaluation of musculoskeletal problems and chiropractic care.
- National University of Naturopathic Medicine (503-255-7355)
  Primary medical care in the evaluation of all diseases and conditions; general naturopathic care including: primary care, nutritional counseling, homeopathic care, hydrotherapy, Western herbal care, etc.
- Mercy & Wisdom Healing Center (503-227-1222)
  Primary medical care in the evaluation of all diseases and conditions; general naturopathic care and acupuncture.

For specialized CAM/acupuncture care and/or lower fees, upon consultation with clinic supervisor, refer to:

- Outside-In (503-224-8862)
  Low-cost primary care, out-patient chemical dependency program focused on, but not limited to, people 30 years of age and younger.
- Multnomah County Southeast Health Center (503-988-3674)
  Primary care, immunizations.
- Old Town Clinic (503-228-4533)
  Primary care, mental health, out-patient chemical dependency
- Hooper Center (503-294-1681)
  Short-term in-patient chemical dependency
- Immune Enhancement Project, or IEP (503-233-4907)
  HIV/AIDS
- Quest Center (503-238-5203)
  Out-patient chemical dependency program, HIV/AIDS, mental health, cancer/cancer survivors, and integrative medicine
- Returning Veteran Project (http://www.returningveterans.org)
  Free counseling and general/alternative health services for veterans and their families

For urgent dental care:

- Russell St. Dental Clinic (503-494-6822) – sliding scale fee
- NW Medical teams' Dental Van (503-226-3021 or 503-893-6550)
  Free. For appointments, call specific locations:
  - St. Francis Dining Hall (503-234-2028)
  - William Temple House (503-226-3021)
  - Salvation Army (NE) (503-239-1226)
  - Christ Community Ministries (503-282-7683)

4.3.4 Referrals for Specific Medical Conditions or Situations

Refer to Section 5 for more information on the following conditions:

- Mental Health Patients
- Suicide Crisis
- Alcohol and Drug Abuse Patients
- Infectious Disease Patients Physical Abuse
- High Blood Pressure Pregnant Patients

4.3.5 Writing letters to other medical providers

When writing letters to other medical providers, clinical students must receive approval from clinic supervisors and then have them edit and sign the letter. Copies of letters should be placed in the patient's chart.

4.4 Management of Different Types of Services in OCOM's Clinics

4.4.1 Group Treatment

When offered, patients are treated in a group setting; interns see one patient every 45 minutes. Each intern is assigned two chairs.

Interns accompany patients to and from the treatment area to assist the patient, if necessary, and help with rescheduling. All patients who enter the Group Treatment Clinic must have a New Patient/Initial Intake in the Intern Clinic prior to treatment due to time constraints in the group setting. If time permits, herbal formulas may be composed or refilled.

Please be attentive to patient confidentiality in this setting.

4.4.2 Herbal Internship

Interns see one new patient or one returning patient every hour in Herbal Internship. In Herbal Internship, the intake, diagnosis, and treatment plan will focus solely on the use of Chinese herbal medicine. A brief explanation of the Herbal Internship should be given to all new patients. One intern is primarily responsible for each patient and must escort them to and from the clinic lobby, document the visit and treatment, explain the herbs, and answer patient questions. Secondary interns should practice recording patient information as they observe the patient interview and contribute to the writing of formulas. Herbal observation students may be in attendance on these shifts.

After the interview and exam, the patient should be escorted to the lobby to wait for instructions from the primary intern and/or the Herbal Internship supervisor. At this time, the approximate cost of the herbal formula should be discussed with the patient and confirmed once the group decides on the exact formula to give the patient.

While the patient waits, interns and the supervisor develop a formula and enter it into the Endao system, OCOM's proprietary herbal medicinary software. After this is done, the primary intern and/or the supervisor provide a thorough explanation of how to prepare and take the formula and confirm the exact price as provided by the Endao system. The patient pays for and picks up their herbal formula in the OCOM Herbal Medicinary.

4.4.3 Asian Bodywork Clinics

Clinical students see one patient per hour in both the tuina and shiatsu clinic settings. Both massage therapies are complementary to acupuncture and are often recommended for stress or musculoskeletal complaints. Interns should consult with clinic supervisors about which style of massage is most case appropriate before referrals are made. Patients should be escorted to and from the clinic.

4.5 Professional Boundaries

In any health care situation, the relationship between patient and provider can become very challenging. One aspect of this is interactions, communications, and boundaries between the patient and their provider. Refer to the OCOM Professionalism Guidelines for more information.

Any behavior deemed threatening or inappropriate should be immediately reported to the shift supervisor and the clinic administration. Under no circumstances are interns obligated to provide care for a patient if appropriate professional/personal boundaries are being crossed. Supervisors should be consulted immediately if such issues arise so there is timely and appropriate intervention. Depending upon the circumstances, patients may be referred to another intern, another clinic, or released from care. See the Clinical Studies Handbook – Patient Referrals for procedure information.

4.6 Billing, Charging, and Coding Procedures

Please use the appropriate CPT codes in Unified Practice.

97810: Intern Acupuncture first 15 minutes
97124: Bodywork Clinic
97811: Acupuncture Additional 15 minutes
97140: Bodywork with Acupuncture
97813: E-stim Acupuncture first 15 minutes
97814: E-stim Acupuncture each additional 15 minutes
99215: Herbal Consultation

In addition, 1-2 appropriate ICD-10 codes should be entered into UP when a patient has been treated. Every patient seen at OCOM must receive an ICD-10 code for their treatment. Follow the directions below to select ICD-10 codes appropriately.

1. Conditions acupuncturists can bill for (primarily pain conditions):

- When the patient has a verified, pre-existing biomedical diagnosis: Note the Western and Chinese medicine diagnosis in the patient's chart. Write in the non-specific code as the "primary" diagnostic code and the biomedical code as the "secondary" diagnosis in Unified Practice (e.g., patient has records confirming a biomedical diagnosis of bursitis in the right shoulder. Write in the primary code of: Pain in Right Shoulder, M25.11 and the secondary code of: Bursitis in Right Shoulder M75.51.)
- When the patient does not have a verified, pre-existing biomedical diagnosis: Note only the Chinese medicine diagnosis in the patient's chart and write in the non-specific code that corresponds to the patient's chief complaint (e.g., Pain in Right Shoulder, M25.11).

2. Conditions acupuncturists cannot bill for:

- When the patient has a verified, pre-existing biomedical diagnosis: Note the Western and Chinese medicine diagnosis in the patient's chart. Enter the biomedical diagnosis in Unified Practice and write in the non-specific code that it corresponds to (e.g., patient has records confirming a biomedical diagnosis of "asthma" in their chart. Write in the ICD-10 code that most closely corresponds to the main symptom of the patient's asthma. For example, if wheezing is the primary symptom, write in R06.2 and add the code for the type of asthma that has been diagnosed as the secondary code).
- When the patient does not have a verified, pre-existing biomedical diagnosis: Note only the Chinese medicine diagnosis in the patient's chart. Write in the non-specific code that corresponds to the patient's chief complaint. For example, if wheezing is the primary symptom and the patient has not been diagnosed for their respiratory symptom, simply write in R06.2.

While we as acupuncturists may not be able to bill insurance for such a case, at OCOM, every case we treat must be coded. Coding in this manner avoids the risk of giving any impression that we might be practicing outside our scope of practice. Of course, patients in such a situation should get referred out for evaluation to determine if, indeed, the patient has asthma or some other serious respiratory condition.

This could be documented in the assessment as follows: "Suspicion of asthma."

3. For every complaint or condition being treated, regardless of whether the patient has a verified, pre-existing diagnosis or not, you must include a non-specific ICD-10 symptom code.

NOTE: For the most part, when submitting claims to insurance, acupuncturists can only get reimbursed for treating pain conditions and can only diagnose non-specific pain conditions. In clinical practice, it is appropriate to include an ICD-10 code for a verified, pre-existing biomedical pain diagnosis if you include a non-specific ICD-10 pain code as your primary diagnosis code.

Clinical students are responsible for charting the appropriate Evaluation and Management and Procedure codes.

Clinical students are responsible for counseling patients on the cost, formula preparation (bulk, granule, prepared), and appropriate dose.

Endao calculates all herbal prescription weights and herbal charges and are paid for and dispensed in the OCOM Herbal Medicinary.

All herbal formulas must be authorized by a clinic supervisor or they will not be dispensed. The clinic front desk manages charges for acupuncture and massage clinics only.

Clinical students may not sell herbs or other products directly to patients, nor should they accept "tips" for treatment rendered.

Scheduling Patients

Patients can reach a Patient Services Team Member at OCOM Clinic at 503-445-0951 during regular business hours, Monday through Saturday. Each caller will be asked the name of the clinical student who referred them and will be given the option of being treated by this referring clinical student. When recruiting patients, clinical students should inform them that we may request that they sign a release form for medical records from any ND, MD, DO or DC they have seen in the past year, if deemed necessary by the attending clinic supervisor. Patients are encouraged to fill out their new patient forms online before they arrive for treatment. They may also arrive 30 minutes early to their first visit to fill out these forms on a clinic iPad. They should be informed that the initial visit will consist of an intake and, if time permits, an introductory treatment; return visits last 1.25 hours.

DAOM Clinic: Doctoral students should discuss with the clinical supervisor the plan for continuing care of each patient. Patients may be rescheduled for the next doctoral clinic and/or rescheduled in the Intern Clinic or faculty practices. Students should assist their patients with rescheduling at the front desk.

Referring Patients to Another Clinical Student

For various reasons, clinical students occasionally wish to release a patient from their care and refer them to another clinical student. Students must first respectfully discuss this with the patient, their shift supervisor, and the intern to whom they refer the patient. It is highly recommended that the new intern be introduced to the patient before assuming their care. In any event, an intern may elect to accept the patient, or decline to do so. Work with the Patient Services Team to access intern availability and for help with scheduling patients.

Charging Patients

Patients are responsible for paying for all services at the time of the visit. The college will provide a "super-bill" as a receipt that patients may use to obtain insurance reimbursement.

OCOM's clinics periodically have special programs for patients in financial need. Interested patients should inquire at the front desk.

Patients must give 24 hours notice if they need to cancel an appointment, or they will be charged in full for the visit. This policy is posted in the clinic.

5. Patient Treatment and Referral of Specific Complaints

5.1 Mental Health Patients

Diagnosing and treating patients with mental health complaints like depression, anxiety, bipolar disease, and psychotic disorders can be extremely difficult and challenging. As licensed acupuncturists, it is outside of our scope of practice to diagnose Western biomedical diseases, including mental health disorders. Proper and appropriate referral and good supportive care for these patients is essential for their safety and/or maintenance.

Charting

One area of particular challenge with mental health complaints is in the area of charting. Therefore, anytime a patient reports feelings of depression or anxiety, for example, this should be charted in quotation marks on the chief complaint line and elsewhere on the chart note as follows: "Patient complains of 'depression' and/or 'anxiety'." This indicates that this is a subjective complaint made by the patient and not a specific diagnosis, if they should need to have their files released.

Students and supervisors should refrain from using vague terminology such as "emotional balancing" and instead use phrases such as "depressive" feelings, "anxious" feelings, or "angry" feelings. These descriptive terms allow for a correct Chinese medicine diagnosis and treatment plan. Therefore, there is improved continuity of care between different students and supervisors.

Release of Medical Information

If there is a need for mental health records, the patient must sign next to the "Mental Health Treatment Information" line at the bottom of the Authorization for OCOM Clinic to Receive Health Information form.

If the patient gives the student information (such as on-going suicidal ideation or the manifestation of frank signs of mental illness) and asks that it not be included in the chart, the student should inform the patient that certain information may not be omitted from files. Medical records must be complete and the supervisor fully informed of the patient's status.

If a patient with a history of treatment for mental health conditions refuses to sign a medical release, so that a copy of their health records can be obtained, first explain the purpose of these records to the patient; i.e., 'the more information we have, the better we can focus our treatment.' If the patient still does not wish to sign the release, treatment may only be initiated with supervisor's approval. The situation should be documented on the form and the Associate Dean of Clinical Education should be notified of the case.

Referrals

As a teaching clinic, we want to be able to provide our patients with the best possible care. At times, it will be necessary to refer patients to counseling or psychological services. The following guidelines are designed to help in this referral process.

Should a patient require or need counseling or psychological services or a diagnosis, we want the patient to return to their primary care provider. Should the patient not have a primary care provider, we should refer according to the guidelines below.

For counseling or psychological services:

Refer patients without a current therapist or physician to one of the resources in the OCOM Resources and Referrals Guide in clinic conference rooms, or:

- A searchable database for behavioral health educational resources, treatment options, and recovery organizations can be found at https://www.oregon.gov/OHA/HSD/AMH/Pages/Client-Services.aspx
- A directory of services specifically targeted at substance use disorders can be found at https://www.oregon.gov/OHA/HSD/AMH/publications/provider-directory.pdf

For crises and referral hotlines:

- Dial 911 if there are immediate concerns for personal or patient safety

Crisis and Help Lines

Multnomah County Crisis Line	503-988-4888
Clackamas County Crisis Line	503-655-8585
Washington County Crisis Line	503-291-9111
Clark County Crisis Line	360-696-9560
National Suicide Prevention Lifeline	1-800-273-8255
Veterans Suicide Prevention Hotline	1-800-273-8255, Press 1
LGBTQ Suicide Prevention Hotline	1-866-488-7386
Trans Lifeline	877-565-8860
Teen Suicide Prevention Hotline	1-800-USA-KIDS (872-5437)
Military Helpline	888-457-4838 or Text MIL1 to 839863
Alcohol and Substance Helpline	800-923-4357 or Text RecoveryNow to 839863

Walk-in Clinics

Multnomah County Walk-in Clinic at Cascadia Behavioral Health Care
7 days/week, 7:00 AM-10:30 PM
4212 SE Division, Suite 100, Portland, OR 97206
503-963-2575

Clackamas County – Urgent Mental Health Walk-in Clinic
6 days/week (M-F, 9:00 AM-7:00 PM and Saturday, 10:00 AM-7:00 PM)
11211 SE 82nd Ave, Suite O, Happy Valley, OR 97086
503-742-5335

Washington County Hawthorn Walk-in Center
7 days/week (9:00 AM-8:30 PM)
5240 NE Elam Young Parkway, Suite 100 Hillsboro, Oregon 97124
503-291-9111

Psychiatric 24/7 Unity Center for Behavioral Health Emergency Room
24 hours/day
1225 NE 2nd Ave, Portland 503-944-800

When to Deny Treatment

Patients with severe mental health problems, who refuse to take prescribed medications, want prescription medications (such as lithium, xanax, or prozac) replaced with herbs, refuse appropriate medical care, and/or report high-risk behaviors are to be referred out to an appropriate care provider before initiation of any treatment in OCOM's clinics. NOTE: Even the use of ear seeds in such a patient is inappropriate, as it implies a therapeutic relationship has been established.

Patients that suddenly stop prescriptive medications may have the symptoms of their disorder worsen and become dangerous to themselves or even others. Examples of cases that could potentially put patients at risk include those with prior suicidal attempts, uncontrolled schizophrenia, bipolar disorder, major depressive episodes, post-traumatic stress disorder, and severe eating disorders.

In some cases, it may be necessary to communicate with the patient's Emergency Contact listed on the Patient Health History form. If a student is unclear as to how to proceed with such cases, consult with supervisors on shift and contact the Dean of Graduate Studies or the Associate Dean of Clinical Education. Once the patient is stabilized and, if appropriate, they may again be considered for adjunct support with Chinese medicine.

5.2 Suicide Crisis

If a patient makes references to 'killing/doing harm' to oneself, the intern and clinic supervisor should have a discussion with the patient to assess the suicidal intent of the individual and report the case immediately to the clinical supervisor and Associate Dean of Clinical Education or the Dean of Graduate Studies.

HIPAA makes provisions to allow the disclosure of protected health information if there is cause to believe that a disclosure is necessary to prevent a serious threat to the health and/or safety of a patient, public, or other person.

How to Assess Suicide Risk in Patients in Clinic

The number one cause of suicide is untreated depression. Any patient presenting to an OCOM clinic complaining of depression needs to be assessed for their suicide risk. Apart from determining whether the patient is currently seeing a mental health professional for depression, OCOM clinicians must ask the patient the following questions to assess the patient's suicide risk:

1. Are you currently thinking about suicide or have you thought about suicide in the past few months? If no, skip to the Assessment Scale below.
   (Determines if patient has current or recent suicidal ideation/thoughts)
2. Do you have a plan for killing yourself?
   (Determines if patient has a specific plan to carry out the act)
3. Do you intend to act on this plan? Do you have access to firearms, medication, or drugs? Have you ever attempted suicide in the past? If so, when? By what means?*
   (Determines the level of suicidal intent/resolve to carry out the plan, whether patient has access to the means to carry out the plan, and any history of past attempts)

Suicide Assessment Scale

Low to Moderate Risk: The person expresses no history of suicidal ideation, or expresses suicidal ideation but has no definite plan.

High Risk: The person expresses suicidal ideation, has a specific plan and strong intention or has access to means to carry it out the plan. This person is in immediate danger — Be concerned for their safety.

**The more recent a suicide attempt and the more violent the method usually indicates a higher risk. If the patient has a history of a suicide attempt within the last year, they may be considered High Risk even without current suicidal ideation.*

The above information may be needed by the hospital ER.

Refer to the OCOM Resources and Referrals Guide in clinic conference rooms for area counseling centers.

Also, Refer to: CCAOM, *Clean Needle Technique CNT Manual: Best Practices for Acupuncture Needle Safety and Related Procedures, Seventh Edition,* "Mental Health Issues/Suicide."

http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx
http://www.uic.edu/depts/mcam/ethics/confidentiality.htm
http://www.who.int/mental_health/media/en/59.pdf

How to Manage Patients at Risk of Suicide at OCOM's Clinics

General Directives in Managing a Suicidal Patient

The decision to commit suicide is not a rational decision, so don't expect to have a rational discussion in which you talk a person out of it. Be supportive by letting the person know you care. Listen to them with respect for their profound despair. Do not make moral judgments.

Clinical students are not to assume the role of 'contact' for suicidal patients, nor are they to develop a 'suicide contract' with individuals. Doing either of these suggests that the student is available 24 hours a day, seven days a week, is trained to triage patients, or is trained in crisis management. While this may be well intentioned, this places patients at a high level of dependence on the student and possibly at further risk for harming themselves.

For LOW-TO-MODERATE RISK Patients

Crisis and Help Lines

Multnomah County Crisis Line	503-988-4888
Clackamas County Crisis Line	503-655-8585
Washington County Crisis Line	503-291-9111
Clark County Crisis Line	360-696-9560
National Suicide Prevention Lifeline	1-800-273-8255
Veterans Suicide Prevention Hotline	1-800-273-8255, Press 1
LGBTQ Suicide Prevention Hotline	1-866-488-7386
Trans Lifeline	877-565-8860
Teen Suicide Prevention Hotline	1-800-USA-KIDS (872-5437)
Military Helpline	888-457-4838 or Text MIL1 to 839863
Alcohol and Substance Helpline	800-923-4357 or Text RecoveryNow to 839863

Project Respond is a mobile mental health crisis response team that provides an array of crisis, specialized, and culturally aware services. Project Respond focuses on helping an individual and/or family regain a sense of control over thoughts, feelings, and events. Individual strengths and preferences are considered during all support interventions. Contact Project Respond via the Multnomah County Call Center 503-988-4888.

Walk-in Clinics

Multnomah County Walk-in Clinic at Cascadia Behavioral Health Care
7 days/week, 7:00 AM-10:30 PM
4212 SE Division, Suite 100, Portland, OR 97206
503-963-2575

Clackamas County – Urgent Mental Health Walk-in Clinic
6 days/week (M-F, 9:00 AM-7:00 PM and Saturday, 10:00 AM-7:00 PM)
11211 SE 82nd Ave, Suite O, Happy Valley, OR 97086
503-742-5335

Washington County Hawthorn Walk-in Center
7 days/week (9:00 AM-8:30 PM)
5240 NE Elam Young Parkway, Suite 100 Hillsboro, Oregon 97124
503-291-9111

Psychiatric 24/7 Unity Center for Behavioral Health Emergency Room
24 hours/day, 1225 NE 2nd Ave, Portland 503-944-800

If the patient is at Low-to-Moderate Risk and does not want to call at that time, ask them to seek help if the suicidal impulses continue or increase. Encourage the patient to call their support system, maintain daily activities, and structure their day. Encourage the patient to continue with their present treatment (counseling, Western medical care, and Chinese medicine). If needed, provide the mental health referral list (found in the *Suicide Crisis Resource and Referral Handbook* in all clinic conference rooms) in addition to the crisis line phone numbers. If necessary, call the emergency contact in the patient chart, and explain the nature of the call.

For HIGH RISK Patients:

High risk patients are in immediate danger and need transport to a hospital emergency room (ER) for evaluation. Discuss your concerns with the patient and the importance that they go to the hospital.

If the patient agrees to go to the hospital:
They must not go alone. Inform them that we can contact their emergency contact to transport them. Patient privacy policies permit unauthorized discussions regarding patient information to take place. If the patient

should leave the clinic before their emergency contact arrives, contact 911 with the patient's full scope of information.

911 personnel/first responders take the patient to the nearest Emergency Department (ED) or one that has available space. Emergency contacts should be instructed to go to the nearest ED.

Refer the patient to Unity Center for Behavioral Health:

Unity Psychiatric Emergency Room provides immediate psychiatric care and a path to recovery for people experiencing a mental health crisis.

Unity provides 24-hour mental and behavioral health emergency services for adults and longer-term inpatient mental health care for both adults and adolescents. Founded on the values of hospitality, hope, and recovery, the center is a joint effort between four major health organizations, and the first collaborative medical initiative of its kind in Oregon and Southwest Washington.

Unity Center for Behavioral Health is based in the greater Portland area. Located on the Legacy Holladay Park campus at 1225 NE 2nd Ave, Portland, surrounded by facilities that can provide ongoing or additional care 24-hours a day, seven days a week.

(If you have questions about accessing Unity Center, you may contact the Access Information and Referral Team at 503-944-8009.)

Unity Center for Behavioral Health	503-944-8000 Fax: 503-944-8011
Multnomah County Crisis Line	503-988-4888
Clackamas County Crisis Line	503-655-8585
Washington County Crisis Line	503-291-9111
Clark County Crisis Line	360-696-9560; 800-686-8137

If the patient does not have anyone to accompany them to the hospital:
If the patient is calm, recognizes the need for care, and does not have someone to contact, call 911 or the police for assistance with the patient's safe transport.

If the patient refuses to go to the hospital, or the emergency contact individual refuses to or cannot transport the patient:
Call 911 or the police and explain that the patient is in immediate danger of committing suicide. Tell the operator that you will attempt to keep the patient at the clinic, give details of the suicide plan (if any), and the patient's phone number and address should the patient leave before the police arrive. Do not leave the patient alone until they are accompanied out of the clinic by paramedics.

To ensure the safety of all individuals, OCOM staff/students must not transport patients at any time.

If you are uncertain as to how to proceed in any situation, discuss the situation with your supervisor, other supervisors on the shift, the Associate Dean of Clinical Education, or the Dean of Graduate Studies. If no one else is available, you and your clinic supervisor need to contact 911.

How to Document Cases Involving Suicide Risk in OCOM's Clinics
Always document everything that you say and do with a patient in such an interaction, along with the actions and agreements of the patient.

Document the situation on an Incident Report form. Have it signed by the intern and the clinic supervisor. A full accounting of the conversation between the patient, clinical student, and supervisor must be made on the form and submitted to the Associate Dean of Clinical Education. Do not place the Incident Report in the patient's chart.

Notation of the incident should be made on the Red Flag in UP so all providers are aware of the patient's state of mind.

Examples of how to chart patient reports of suicidal ideation include:

> "Patient states they had suicidal ideation on 5-3-20. They have no history of attempts and report no definite plans to harm themselves."
>
> "Patient explained a specific plan of harming himself on 5-3-20. He had a recent (within six months) history of attempt and access to firearms. 911 was called to transport the patient to the hospital (OHSU) and a full Incident Report form was filled out and given to the Associate Dean of Clinical Education."

When to Deny Treatment
See the directives and procedures under "Mental Health Patients."

5.3 Alcohol and Drug Abuse Patients

A number of patients come to OCOM's clinics looking for treatment for alcohol and drug abuse. They may have been mandated by a court or in other cases they have come on their own or at the behest of a family member, relative, or friend. Multiple studies support the fact that acupuncture and Chinese medicine alone is not effective in treating the disease of substance abuse. These individuals need a full spectrum of intensive support of counseling, group therapy, and other interventions such as Western medical care in addition to Chinese medicine.

For instance, alcohol withdrawal is dangerous and frequently needs medically supervised detoxification to control erratic shifts in blood pressure and to prevent seizures.

A patient who lists alcohol and/or drug abuse as a reason for treatment or mentions substance abuse at any time during their treatment must be referred to an appropriate program for concurrent treatment if they are not already under care — they may then resume treatment at an OCOM clinic. A directory of services specifically targeted at substance use disorders can be found at

> https://www.oregon.gov/OHA/HSD/AMH/publications/provider-directory.pdf

They should also be made aware of the following information:

The college is not, and cannot act as, a state or federally authorized drug and alcohol agency. That is to say that OCOM is not a treatment center for those individuals who have been court mandated to treatment services, must attend a program due to risk of losing their job, child custody, or have health/behavior considerations associated with abuse or dependence.

If a patient with substance abuse problems wishes to receive acupuncture at OCOM, they should first be referred to a substance abuse treatment program for proper evaluation. See Section 8, "Substance Abuse" in the Resource and Referral Guide, which is in every clinic conference room. Note that AA, NA, and other support groups are not treatment programs.

After treatment has been established, the patient may return to OCOM for concurrent acupuncture only if they are willing to sign a release of information for OCOM to communicate directly with the treatment program counselors on an ongoing basis and complete the program.

Students and attending supervisors are responsible for tracking such cases by obtaining the name of the program counselor who interfaces with the patient and confirming that the patient is participating in treatment. If the patient stops attending the program prior to completion, they should be released from care at OCOM until they resume. Alternately, patients may be referred to care at one of OCOM's affiliates (Quest, Old Town Clinic) to receive acupuncture at the same site as their treatment.

Charting
Occasionally, patients will present with a primary complaint of drug addiction. This permits the immediate opportunity to refer the patient to a program center prior to the commencement of treatment. However, the report of substance abuse often occurs well after treatment has been initiated. If the OCOM policy and procedure is clearly stated and referral is timely, it permits the opportunity for the patient to receive the comprehensive help they need to fully recover.

When charting substance abuse (whether or not it is a primary complaint), students should chart carefully

and thoroughly. As an example, chart the date and "Patient reports concerns regarding alcohol consumption" along with the amount consumed. Students should also ask about all substances currently being used, including marijuana. For each substance reported, students should inquire and chart how much, how often, the duration, and by what method the substances are used as the standard for charting this report.

Associated symptoms (behavioral, cognitive, and physiological concerns) related to the use of the particular substance(s) are an important inquiry as they should be charted as well. If the patient permits release of this information, it gives the provider team important working information about how to best continue care when the patient enters into a program and remains at OCOM concurrently.

Students should chart "Patient referred to [name of referral site] for [name of substance] abuse evaluation and treatment." A copy of written program referrals should be included in the Advice RX area of the chart.

Release of Medical Information
Students must remember that OCOM cannot exchange information with a substance abuse program without the patient specifically signing the "Drug/Alcohol diagnosis, treatment or referral information" section (located at the bottom of the Authorization for OCOM Clinic to Use/Disclose Health Information form). This is because federal regulations require specific patient/client permission before any information regarding drug and alcohol treatment is disclosed. It is of the utmost importance that no one — even family members — receive access to treatment information unless the patient expressly authorizes it. If the patient wishes to return to OCOM after establishing treatment, the form will then be sent to the treatment program center.

Refer to the Resources and Referrals folder in clinic conference rooms for area treatment centers.

Infectious Disease Precautions
It is important that universal precautions be observed. Individuals who have abused drugs and alcohol are in the high risk category for infectious diseases, especially TB and Hepatitis B and C.

5.4 Infectious Disease Patients

Patients may have communicable diseases. In some cases, we may want to restrict specific patients from our clinic because of their diseases to ensure the safety and well-being of other patients.

Airborne Communicable Diseases
Because of their ease of transmission and communicability and due to the possible severity of the disease, patients with known or suspected infectious diseases (measles, mumps, chicken pox, and rubella) or tuberculosis (TB) should not be treated in OCOM's clinics.

COVID-19
Likewise, patients with known or suspected COVID-19 should not be treated in the OCOM clinics. People with COVID-19 have had a wide range of reported symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If a patient reports that they have trouble breathing or feel very ill, have them go home, contact their health care provider or, in case of emergency, have the Patient Services Team call 911. If it is not an emergency, but they feel sick enough to need a medical appointment, ask them to go home and call their doctor's office. If

they don't have a doctor, direct them to call 211 for a list of clinics near them. If necessary, they may visit their local urgent care center.

Remind them to call ahead before they go to their PCP, an emergency room, or urgent care. If they have flu-like symptoms or have reason to think they might have COVID-19, they need to inform their health care provider before they visit . This will help avoid exposing anyone else at the provider's facilities.

Bloodborne Diseases

Patients with bloodborne pathogens may be treated in OCOM's clinics. All patients should be treated with "Universal Precautions," meaning that all patients should be treated as if they might have bloodborne pathogens, because it is impossible to know with complete certainty what diseases a patient does or does not have.

Of course, all medical providers should take the necessary "Universal Precautions" to protect themselves from bloodborne pathogens and use gloves when necessary to reduce the risk of exposure.

Where can a patient go to get tested?

First, have them contact their primary health care provider or a clinic. Their provider can determine whether they need testing. Though hospitals may request lab testing for some high-risk patients, emergency rooms should not be considered a primary source for patient-requested testing. If the patient does not have a doctor, check the Coalition for Community Health Clinics website or 211 for nearby clinics providing testing. A patient who feels like they may have been exposed but does not have symptoms may still be a carrier. Ask them to go home, monitor their symptoms, and attempt to acquire a test. A patient who feels like they have been exposed may be a risk to others in the building and should not be receiving care in OCOM's clinics.

What if they feel like they've been exposed and don't want to go to a doctor?

If a patient thinks they've been exposed to COVID-19, but does not want to go to a doctor, they should return home and self quarantine for 14 days. Request that they consult their doctor or a clinic via phone for instructions if they do start having symptoms.

The CDC guidelines, as of August 2020, advise that a person who has tested positive for COVID-19 can return to work after 72 hours without a fever without medication, improved symptoms, and at least seven days since the onset of symptoms. OCOM recommends that individuals returning to clinic or campus who have previously tested positive for COVID-19 may return after 10 days of improved symptoms, with no fever or cough. At that point they will no longer be contagious, so returning to the clinic or campus should be considered safe for others.

HIV/AIDS

All patients reporting HIV/AIDS should have a request for medical records sent out immediately to their primary care provider.

Any individual reporting suspected exposure — even within 24 hours — should be referred to their primary care provider for immediate baseline tests (with follow-ups to be determined by the physician). If the patient does not have a primary care physician, Cascade AIDS Project (503-223-5907) or Multnomah County Westside Health Clinic (503-988-5020) can be used as a referral source for testing and follow-ups.

Release of Medical Information

Have the patient sign on the line specifically for "HIV/AIDS records" (located at the bottom of the Authorization for OCOM Clinic to Receive Health Information form). This is because federal regulations require specific patient/client permission before any information pertaining to HIV/AIDS may be disclosed. Send the medical records request to the patient's primary care physician.

All symptomatic complaints related to HIV/AIDS (such as nausea, diarrhea, fatigue, etc.) should be listed in the order of severity on the intake form as the chief complaints, and treated as such.

As always, it is important that universal precautions be followed. Persons with HIV/AIDS may be particularly susceptible to opportunistic infections.

Hepatitis B and C

All patients reporting Hepatitis B/C should have a request for medical records sent out immediately to their primary care provider so their health status is known to the intern and supervisor.

Any individual reporting suspected exposure (even within the last 24 hours) should be referred to their primary care provider for immediate baseline tests (with follow-ups to be determined by the physician). If the patient does not have a primary care physician, Multnomah County Community Immunization Clinic (503-988-3406) may be used as a referral source for testing and follow-ups.

Universal Precautions are implemented with all patients since one never knows what diseases a patient may have. So, for both HIV/AIDS and Hepatitis B and C, it is not necessary to wear gloves unless there is likelihood that exposure to body fluids will occur, such as bleeding points or skin conditions that are open.

As is the case with all treatments, you are reminded that post-treatment, all counters and treatment beds should be wiped with the available disinfectant solution. Some strains of HIV survive for up to half an hour, and Hepatitis B and C viruses survive for several days or more on hard surfaces.

5.5 Physical Abuse

As of January 1, 2013, employees of higher education institutions are considered mandatory reporters of child and elder abuse. As part of the treatment team, it is the legal and ethical responsibility of faculty and clinical students to report the physical, mental, or sexual abuse of children and elders so law enforcement or the Department of Human Services are properly informed.

Child and Elder Abuse

If a clinical student has reason to suspect that physical, mental, or sexual abuse of a child (18 or younger) or elder (60 or older) that is being seen at an OCOM clinic is occurring, they must report it to their shift supervisor immediately.

If child abuse or neglect seems likely, such as unexplained and persistent traumas, the Associate Dean of Clinical Education must be notified by both the clinical student and the supervisor immediately. If there is supporting evidence, the Department of Human Services (DHS) or law enforcement will be contacted by the Associate Dean of Clinical Education. Reporting abuse is not an accusation and will not automatically result in legal action by authorities, but may result in an investigation.

Documentation: All suspicions, discussions, decisions, and phone calls should be documented on an Incident Report form, which will be filed separately from the patient's chart (in the Associate Dean of Clinical Education's office in a locked filing cabinet). This information is highly confidential material and should not be placed in the patient's chart, nor discussed with others inside or outside of the clinic who are not involved with the client.

Adult Abuse

Some adults (19-59) may also find themselves in a situation of abuse even though they seemingly have complete control over their life situation. If clinical students have reason to suspect physical, mental, or sexual abuse of a patient that is being seen at an OCOM clinic, they should report it to their shift supervisor immediately. If the patient would like support information, we can provide them with a handout sheet of information (in the Resource and Referral Handbook). Alternately, it may be appropriate to contact DHS to discuss the patient's circumstances.

Documentation: Again, all suspicions, discussions, decisions, and phone calls should be documented on an Incident Report form kept separately from the patient's chart. This information is confidential material and should not be discussed with others inside or outside of the clinic who are not involved with the client.

Referrals

For additional help there are two Information and Referral Hotlines:

- Dial 211 – for info in the Portland/Vancouver area
- Multnomah and Washington Counties 503-222-5555
- Clackamas County 503-655-8861
- Clark County 360-694-8899
- Oregon SafeNet statewide 1-800-SAFENET; 503-988-5858 (Portland)

5.6 High Blood Pressure/Hypertension

High Blood Pressure or Hypertension (HTN) is generally diagnosed by a primary care medical provider (PCP) when a patient has two or more readings of 130/80 or higher.

Some people state they experience high blood pressure only when they visit a doctor's office or clinic. This is often called "white coat hypertension." These patients must be evaluated by a PCP to establish the exact cause of this reaction and whether the rise in HTN can truly be attributed to nervousness.

The patient's blood pressure (BP) should be taken at the beginning of each appointment. Patient compliance with their PCP's evaluation must be tracked and charted.

All patients with hypertension must have a PCP. If they do not, they must get one before we can continue treatment in an OCOM clinic. Patients have up to three months to obtain a PCP. If they do not do this within three months, they will be discharged as a patient.

Blood Pressure Levels

Blood Pressure Categories	**Systolic mm Hg** (upper number)		**Diastolic mm Hg** (lower number)	**Action**
Normal	Less than 120	and	Less than 80	none
Elevated	120-129	and	Less than 80	Continue to monitor every treatment
High Blood Pressure	130-139	or	80-89	Refer to PCP for assessment after treatment in our clinic. The patient may be treated.
High Blood Pressure (Hypertension) stage 2	140 or higher	or	90 or higher	Discuss with the patient the need to speak with their PCP or doctor immediately. Have them ask to be evaluated even if there are no obvious signs of cardiac distress. The patient may be treated if there are no signs of cardiac distress*
Hypertensive crisis (consult doctor immediately)	Higher than 180	and/or	Higher than 120	Inform your supervisor, call 911, and contact the PCP's office immediately. Inform the patient that they are going to the emergency room; do not leave the patient alone. No treatment is given until there has been a PCP evaluation and records are in the patient's chart.

*Signs of cardiac distress: Chest pain or discomfort, pain in arm(s), back, neck, or jaw, stomach pain, shortness of breath, nausea, or lightheadedness, sweating, fatigue. Inform your supervisor immediately. Call 911. Record everything on the patient's chart.

If/when systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. Example: 160/80mm Hg is considered High Blood Pressure, Stage 2.

If the patient is on blood pressure medication and is taking the medication as prescribed, but still has dangerously high blood pressure and records from the patient's primary care physician are in their chart, the patient's case will be evaluated individually to determine if treatment can be safely given. Bring all such cases to the attention of the Associate Dean of Clinical Education for evaluation.

Patients who are on blood pressure medication and want to get off of it, must consult their physician about tapering down and may be required to release related medical records.

5.7 Pregnant Patients

Pregnant patients are of particular concern to all medical providers, including acupuncturists. Although acupuncturists are not licensed to do obstetric work, they may assist other medical providers, such as medical doctors, nurse midwives, and midwives, with the delivery of babies. They may also take part in the prenatal care of pregnant women.

Because of the sensitive nature of this area of medicine, obstetricians are subjected to some of the most expensive malpractice insurance premiums in the biomedicine world. For the welfare of the patient, the growing fetus, OCOM, your supervisor, and yourself, please pay particular attention to pregnant patients and be attentive to the following guidelines:

Clinical students must discuss any changes in the patient's condition with their clinic supervisor. Furthermore, per the American Acupuncture Council, providers are required to give pregnant women the following specific information from OCOM's Informed Consent and Patient Privacy Practices form (Page 2) regarding information about potential risks and side-effects from acupuncture:

In extremely rare cases, spontaneous miscarriage may result.

OCOM's clinics may treat pregnant women for problems associated with pregnancy, such as morning sickness, fatigue, low back pain, etc. However, we do not treat obstetric issues, such as turning the fetus or inducing labor. Furthermore, a woman already in labor will not be treated in an OCOM clinic.

Obstetric Care

All pregnant patients must have an obstetric care provider for their pregnancy. Examples of acceptable providers include obstetrics/gynecology specialist (MDs), certified nurse, midwives, and naturopathic physicians.

Women with a history of uncomplicated pregnancies must obtain obstetric care by the end of their first trimester or they will be released from care. Generally, this three-month timeframe will allow a woman who thinks she might be pregnant to be tested for a positive result. Use the approximate time of conception as a guideline to determine the first trimester (three months) of pregnancy.

Complicated Pregnancies: Women with a high risk for complicated pregnancies must obtain obstetric care prior to commencement of acupuncture or herbal treatment. These patients should not be treated in the clinic until the patient has obtained obstetric care for their pregnancy and we receive written acknowledgement from their obstetric care provider.

High risk or complicated pregnancies include women over the age of 40, previous history of miscarriages, pregnancy or non-pregnancy related diabetes and hypertension, and/or other serious chronic illnesses.

Pregnant women should have the name, address and phone number of the obstetric provider that is managing their pregnancy. A PCP for general health care is not an adequate substitute for an obstetric care provider.

Request for Medical Records

In all cases, the clinical student must send out a Request for Medical Records to the designated care provider.

The clinical student and supervisor should send the "Pregnancy Letter" from OCOM to the patient's care provider telling them that they are receiving acupuncture and Chinese medical care at an OCOM clinic. In the

letter, we will ask the provider to contact the clinic if they have any concerns.The letter is available at the bank of forms in the file rooms. (The request for medical records will be on a separate letter.)

Acupuncture Points Contraindicated in Pregnancy

- LI4 (Hegu).
- SP6 (Sanyinjiao).
- UB60 (Kunlun)
- Uterus—ear point
- Points in the lower abdomen (eg, CV3–CV7)
- Points in the sacral region (eg, BL27–34).
- Use with caution on pregnant women:
- BL67 (Zhiyin) use moxa on this point for turning the fetus
- LIV3 (Taichong)
- GB21 (Jianjing)

It is classically taught that it is acceptable to needle abdominal points above the umbilicus (eg, CV12) up to 12 weeks, but not thereafter.

Acupuncture/Moxibustion Treatment

- No needling or electrical stimulation on the lower back or sacral area of pregnant patients.

In general, do not use a lot of points and do not use vigorous stimulation (acupuncture or bodywork techniques) on pregnant women.

Moxa on the lower back and abdomen is acceptable, but should be used with caution.

Chinese Herbal Treatment

Herbal formulas are to be dispensed with caution. Herbs that move qi are to be used cautiously. Blood moving herbs or toxic herbs are prohibited.

Obstetric Care and Treatment for Delivery

Patients seeking treatment for initiating labor or with breech presentation (both considered obstetric care) must be referred to appropriately trained and insured practitioners outside of OCOM's clinics. Attempting to turn a fetus, induce labor, or treat a woman while she is in labor is considered to be the practice of obstetrics and is prohibited in the OCOM's clinics.

5.8 Diabetes Mellitus

Diabetes is a chronic disease marked by high levels of glucose in the blood. Diabetes can be caused by too little insulin (the pancreas does not make enough insulin), resistance to insulin (muscle, fat, and liver cells do not respond to insulin normally), or both.

Diabetes is the seventh leading cause of death in the United States. Adults aged 50 years or older with diabetes die 4.6 years earlier, develop disability 6 to 7 years earlier, and spend about 1 to 2 more years in a disabled state than adults without diabetes.

About 34.2 million people — or 10.5% of the U.S. population — had diabetes (diagnosed or undiagnosed) in 2018. This total included 34.1 million adults aged 18 years or older, or 13% of all U.S. adults. About 7.3 million of these adults had diabetes but were not aware that

they had the disease or did not report that they had it.

Diabetes self-management education and support (DSMES) services have been scientifically proven to improve management practices among people with diabetes, which lowers the risk of complications and improves health outcomes..

https://www.cdc.gov/diabetes/library/reports/reportcard.html

Types of Diabetes Mellitus
There are three main types of diabetes mellitus: type 1, type 2, and gestational diabetes (diabetes while pregnant).

Type 1 Diabetes Mellitus
Type 1 diabetes mellitus is thought to be caused by an autoimmune reaction that damages the pancreatic cells responsible for making insulin. Approximately 5-10% of people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If a patient has type 1 diabetes, they will be prescribed insulin. Currently, it is not known how to prevent type 1 diabetes.

Type 2 Diabetes Mellitus
In the case of type 2 diabetes mellitus, the body doesn't use insulin well and is unable to maintain blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults (but is becoming more common in children, teens, and young adults). Patients may not notice symptoms, so it's important to get blood glucose tested if one is at risk. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as eating healthy food and being active.

Gestational Diabetes Mellitus
Gestational diabetes mellitus develops in pregnant women who have never had diabetes. If a patient has gestational diabetes, their baby could be at higher risk for health problems. Gestational diabetes usually goes away after the baby is born but increases the risk for type 2 diabetes later in life. Babies born to women with gestational diabetes are more likely to have obesity as a child or teen, and more likely to develop type 2 diabetes later in life.

Prediabetes
In the United States, 88 million adults — more than one in three — have prediabetes. More than 84% of them do not know they have it. With prediabetes, blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Prediabetes raises the risk for type 2 diabetes, heart disease, and stroke.

https://www.cdc.gov/diabetes/basics/diabetes.html

Exams and Tests (Medline Plus, 2009)
A urinalysis may be used to look for glucose and ketones from the breakdown of fat. However, a urine test alone does not diagnose diabetes.

The following blood tests are used to diagnose diabetes:

Fasting blood glucose level — diabetes is diagnosed if higher than 126 mg/dL on two separate occasions. Levels between 100 and 126 mg/dL are referred to as impaired fasting glucose or prediabetes. These levels are considered to be risk factors for type 2 diabetes and its complications.

Oral glucose tolerance test — diabetes is diagnosed if glucose level is higher than 200 mg/dL after two hours. (This test is used more for type 2 diabetes.)

Random (non-fasting) blood glucose level — diabetes is suspected if higher than 200 mg/dL and accompanied by the classic diabetes symptoms of increased thirst, urination, and fatigue. (This test must be confirmed with a fasting blood glucose test.)

Patients with diabetes need to have their hemoglobin A1c (HbA1c) level checked every 3-6 months. The HbA1c is a measure of average blood glucose during the previous 2-3 months. Conventional range: 3.9-6.9% (method dependent). An A1c below 5.7% is considered normal, between 5.7 and 6.4% indicates prediabetes, and 6.5% or higher indicates diabetes

Treatment
There is no cure for diabetes, however symptoms may be well controlled with medicines, diet, and exercise to control blood sugar. An important goal is to prevent diabetic ketoacidosis, a complication of diabetes that is a medical emergency, and occurs when the body cannot use glucose as a fuel source due to a shortage of insulin, and ketones are formed as an alternate fuel source from fatty acids, resulting in levels of ketones that

are high enough to cause acidity in the blood.

The long-term goals of treatment are to: prolong life, reduce symptoms, and prevent diabetes-related complications such as blindness, heart disease, kidney failure, and amputation of limbs

These goals are accomplished through treatment and education including:

- Blood pressure and cholesterol control
- Careful self testing of blood glucose levels
- Exercise
- Foot care
- Meal planning
- Medication or insulin use

Self-testing Glucose Levels
Diabetics should regularly check blood sugar levels at home. There are a number of devices available, and they use only a drop of blood. Self-monitoring tells how well diet, medication, and exercise are working together to control diabetes. This may help prevent complications. (Medline Plus, 2009)

The American Diabetes Association recommends keeping blood sugar levels in the range of: • 80-120 mg/dL before meals

- 100-140 mg/dL at bedtime

Specific, individual circumstances may indicate varying recommendations, so patients should follow the counsel of their physician.

Exercise
Regular exercise is especially important for people with diabetes. It helps with blood sugar control, weight loss, and high blood pressure. People with diabetes who exercise are less likely to experience a heart attack or stroke than those who do not exercise regularly. (Medline Plus, 2009)

Foot Care
People with diabetes are more likely to have foot problems. Diabetes can damage blood vessels and nerves and decrease the body's ability to fight infection. Diabetics may not notice a foot injury until an infection develops, which may cause death of skin and other tissue. If left untreated, the affected foot may need to be amputated. Diabetes is the most common condition leading to amputations. (Medline Plus, 2009)

Outlook (Prognosis)
With satisfactory blood glucose and blood pressure control, many of the complications of diabetes may be prevented. Studies have shown that strict control of blood sugar, cholesterol, and blood pressure levels in persons with diabetes helps reduce the risk of kidney disease, eye disease, nervous system disease, heart attack, and stroke. (Medline Plus, 2009)

When to Deny Treatment
Pre-diabetes can often be reversed through diet and exercise, preventing the progression to frank diabetes. Once a patient has been diagnosed with diabetes, however, integrative care is the rule in our clinics.

Therefore, diabetic patients with uncontrolled blood sugar, who refuse to take prescribed medications or wish to replace prescription medications with herbs, or who refuse appropriate medical care are to be referred out to an appropriate care provider before initiation of treatment in any of OCOM's clinics or at any time after initiation of treatment if these issues become apparent to the practitioner. Once patients are under appropriate care and their condition is stabilized, they may be again considered for adjunctive support with Chinese medicine. This should be verified through direct communication with the patient's treating physician.

5.9 Workers' Compensation and Personal Injury Cases

OCOM's Intern Clinic does not accept pending workers' compensation or personal injury claims cases. The potentially litigious nature of such cases and the substantial sums of money involved require a practitioner to document findings and chart patient progress in a manner that would pass IME (Independent Medical Exam) review.

Therefore, any new patient reporting to the Intern Clinic as a result of a workers' compensation or personal injury claim should be referred to a licensed practitioner who can effectively manage the case. OCOM has several faculty practitioners working in our clinics to whom these patients can be referred.

5.10 Release of Patients from Care

In the overwhelming majority of cases, our patients comply with our requests and act appropriately in our clinic, but in rare instances, some patients for a variety of reasons are unable to do so and may display inappropriate sexual behavior, refuse to seek primary care for potentially dangerous medical conditions, stalk other patients/students in our clinic, have anger control issues, have alcohol and/or drug related issues, have uncontrolled mental illness, or refuse to pay for clinical services. For these reasons and other inappropriate behavior, patients may be terminated or released from care in OCOM's clinics.

While every termination of patient care is unique, there are certain guidelines that should be followed to maintain the integrity of the college and the dignity and privacy of the patient.

1. If at all possible, discuss "release from care" with the patient, giving reasons, procedures, and expectations. The discussion must take place with the clinic supervisor or Associate Dean of Clinical Education present (in most cases, the clinic supervisor or Associate Dean will discuss the issue[s] with the patient). Document the conversation, patient's reaction, and patient's agreement (or lack thereof) on an Incident Report form and give it to the Associate Dean of Clinical Education. A letter will be composed by the Associate Dean of Clinical Education and sent to the patient via Restricted Delivery to assure confidentiality.
2. Never leave voice mail messages regarding reasons for termination of care.
3. The "Release from Care" letter will be sent to the patient's home address. The letter is sent via "Restricted Delivery" to ensure that only the patient has signed for and has possession of the letter at the time of delivery.

   It is not necessary to state why a patient is being released from care. However, it is reasonable to assume that the patient will request an explanation as to why they were released from care from OCOM's clinics. Outlining faculty concerns or OCOM policies and procedures in a respectable manner will generally facilitate the patient's understanding and decrease the patient's level of resentment surrounding the circumstances.

   The letter must indicate that care is being terminated by a specific date. Reasonable notice is generally 30 days from the date in which the patient receives the letter. A list of alternative clinics shall be provided or referral to the patient's PCP so the patient may transition their care by the termination date given. That said, if the patient becomes hostile and threatening, care may be terminated immediately without referral.

   The patient shall be informed that they may personally request their records or that OCOM's clinics will forward their records to their provider or clinic of choice at no cost.
4. Patient's Chart – A copy of the letter with the "Certified Mail Receipt" can be scanned into the patient chart to alert subsequent caregivers that we will not be treating the patient in the future.
5. If interns or supervisors have any questions, discuss the case with the Associate Dean of Clinical Education or the Dean of Postgraduate Studies.

6. Management of Injuries, Medical Emergencies

Management of emergencies rests with the clinic supervisors who must manage these problems with their students and then seek help from the clinic administration and/or outside sources if necessary (e.g. calling 911).

Making Emergency Calls to 911:

After calling 911, be sure that the front desk and the clinic supervisor knows the emergency medical help is on the way. Give the clinic treatment room number where the patient is located to the clinic front desk so they are able to direct emergency personnel to the correct area when they arrive. Alternatively, if there is an emergency, contact the clinic front desk and ask them to call 911. Front desk staff will then direct emergency personnel accordingly while supervisors and students attend to the patient.

6.1 Management of Injuries and Medical Problems

Injuries and Medical Emergencies – First Aid and CPR
This basic information is taken from Heartsaver First Aid with CPR AED, distributed by the American Heart Association. The list of problems is not comprehensive, but includes the most likely emergency cases encountered in the clinic. For more comprehensive information consult the text above or another text.

Location of First Aid/CPR kits and the Automated External Defibrillator (AED)
First aid kits (with Rescue Breather CPR Kit attached) are located at the clinics' front desks. The AED is located behind the desks and can be accessed by all staff members and students.

In all situations, check to make sure that the area is safe and secure. Try not to move the person unless there is no other alternative.

Patient Consent – Always ask a patient if they want help. If the patient refuses help, respect their wishes. However, if the situation is critical and the patient needs medical help, call 911 and request emergency medical services. Calling for professional help during a medical emergency does not infringe upon a patient's consent.

Calling for Emergency Medical Services (EMS) or Paramedics – EMS is free, but ambulance transport will be charged to the patient (as much as $700-800). In reality, patients without insurance pay as much as they can and the "system" does not go after them.

Emergency Transport – Staff, clinic supervisors and students must never transport patients to emergency facilities on their own. Taxis are not appropriate emergency transport vehicles. If the patient is in need of transport, encourage that they use the EMS. If the situation is not critical, ask the patient to call a family member or friend for assistance.

Calling 911 for help – When calling 911 it is best to use a landline at the facility as opposed to a cell phone. Landlines are part of the enhanced 911 system and automatically give the phone location. When calling on a cell phone in the Portland area, the caller will first receive a recording which will ask if there is an emergency. (This program was instituted because of a large number of false calls from cell phones.) Cell phones will not give the location of the caller, so the caller will need to know that address.

Breathing Problems
– Person has difficulty breathing

- Ask the person if he uses medication. If he does, help him to get it. (Do not give another person's medication to the person.)
- Call 911, if:
  The person has no medication and needs it.
  The person does not get better after using the medication.
  The person's condition worsens.
- Be prepared to administer CPR if necessary.
- Wait with the person until trained help arrives.

Heart Attack
– Chest discomfort and/or discomfort in other areas of the upper body, arm, jaw, neck, back. – Epigastric, abdominal pain in some cases.

– Shortness of breath.

– Other symptoms: cold sweat, nausea, lightheadedness.

- Have the person sit or lie down.
- Call 911. Send someone to get a first aid kit and the AED device from the front desk. (Get it yourself if you are alone.)
- Be prepared to administer CPR if necessary and to use the AED device.
- Wait with the person until trained help arrives.

AED Device: The AED is critical in cases of heart attack. The device will give step-by-step instructions to the user

after it is turned on. The device will automatically diagnose the patient after the electrodes are attached. The device will not shock the patient unless it is appropriate and necessary.

Fainting

– Person has difficulty responding or is unable to respond.

- Ask/help the person to lie down flat until the dizziness goes away.
- Look for possible injuries if the person has fallen.
- Raise the feet above the level of the heart, if the person is able to do so.
- Once the person stops feeling dizzy, help him to sit up. If he awakens without problem, the person is probably all right.
  [Note: Psychogenic fainting from needles is usually not a critical situation. It is always a good idea to check blood pressure.]
- If the person has difficulty responding for a prolonged period, call 911. • Be prepared to administer CPR if necessary.
- Wait with the person until trained help arrives.

Diabetes Mellitus and Low Blood Sugar

Causes: If a diabetic has not eaten or not eaten enough, has vomited, or has injected too much insulin Signs of low blood sugar:

– Change in behavior such as confusion and irritability
– Sleepiness or an inability to respond
– Hunger, thirst, or weakness
– Sweating
– Pale skin color
– Even seizures

Low blood sugar (hypoglycemic event):

- Check the person for ID, indicating that the person is diabetic.
- If the person is diabetic and responsive, have him sit up and eat or drink sugar in some form. (Be sure that the person is conscious and able to swallow and won't choke.) There are glucose tablets attached to the first aid kits.
- Have the person sit or lie down after administering the sugar.
- If the person is not better within a few minutes of administering sugar, call 911.
- If the person is unable to sit up or swallow or stops responding:
- Call 911. (Do not give the person anything to drink or eat.)
- Be prepared to administer CPR if necessary.
- Wait with the person until trained help arrives.
- If the person is having a seizure, follow the steps below for "seizures."
  — If the person is not having a seizure and you do not suspect any head, neck or spine injury, roll the person on their side to keep the airway open.

[Note: A diabetic patient with a hypoglycemic event resulting in unconsciousness may go into cardiac arrest in as little as 5-10 minutes. This is a critical situation.]

Stroke

– Sudden numbness or weakness of a part of the body, especially one side.

– Sudden confusion, difficulty speaking, or understanding.

– Sudden difficulty seeing out of one or both eyes.

– Sudden difficulty walking, dizziness, or loss of balance or coordination.

- Call 911. Send someone to get a first aid kit. (Go yourself if you are alone.)
- Check the blood pressure if appropriate.
- Be prepared to administer CPR if necessary.
- Wait with the person until trained help arrives.

Seizures

Causes: Epilepsy or a seizure disorder
Also: head injury, low blood sugar, heat-related injury, or poisoning. Signs of a seizure:

– Loss of muscle control. Falling to the ground.

– Spastic movements of the arms and legs or other parts of the body.

– Failure to respond.

- Lay the person down and make sure they are safe.
- Move furniture and other objects out of the way.
- Place a pad or towel under the person's head.
- Do not restrain the person or put anything in their mouth.
- Call 911
- Be prepared to administer CPR. Wait with the person until trained help arrives.
- After the seizure, check to see if the person is breathing. If they do not respond, administer CPR.
- If you do not suspect a head, neck, or spine injury, roll the person onto their side to keep the airway open.

Nosebleed

– Blood coming from the nose

- Send someone to get a first aid kit. (Go yourself if you are alone.)
- Put on personal protective equipment.
- Press (pinch) both sides of the person's nostrils while the person sits and leans forward. Place constant pressure on the nostrils until the bleeding stops for a few minutes (as long as five minutes). If the bleeding does not stop, apply more pressure.

Do not do the following:

- Lean the person's head back.
- Use an icepack on the nose or forehead.
- Press the bridge of the nose or the bony part of the nose.

Call 911 if:

If the bleeding does not stop after 15 minutes.
The bleeding is very heavy or gushing.
The person has trouble breathing.

Wait with the person until trained help arrives.

Injuries to the Head, Neck, or Spine

Suspect a head, neck, or spinal injury if the person:

– Does not respond or only moans and groans

– Is sleepy or confused

– Vomits

– Complains of a headache or has trouble seeing

– Has trouble walking or moving any part of the body

– Has a seizure

– Complains of neck or back pain, tingling of the arms or legs, or weakness

- Make sure that the area is safe for you and the person.
- If you suspect a head, neck, or spinal injury or if the person is unable to move: Call 911.
- If you suspect a head, neck, or spinal injury, hold the head and neck, so that the head and neck do not move, bend or twist.

[Note: 90 percent of people with head/face injuries also have neck injuries. If a person collapses and does not hit his head, chances are he does not have a neck injury. But this still depends on the situation.]

- Only turn or move the person if:

The person is in danger
You need to do so to check breathing or to open the person's airway.
The person is vomiting (roll the person onto their side)

Otherwise do not move the person. Wait for trained help to arrive.

If you must turn the person with a suspected neck or spine injury, roll the person while you support the person's head, neck, and body in a straight line, so that they do not twist, bend or turn in any direction. This requires two rescuers.

- If the person does not respond, be prepared to administer CPR. • Wait with the person until trained help arrives.

Thermal Burns

Person has been burned by heat. For small burns:

- Send someone to get a first aid kit. (Get it yourself if you are alone.) • For small burn areas cool it with cold water (not ice water).
- You may cover the burn with dry, non-stick sterile or clean dressing. • Take further necessary steps depending on the severity of the burn.

6.2 Management of Patient Grievances

In certain situations, patients may believe that an OCOM provider is at fault in causing a problem for them, whether from care they have received or some other reason. Whether or not an OCOM provider is at fault, it is important for the protection of the college, clinic supervisors, and clinical students that these problems are addressed with great caution.

Clinical students should notify their clinic supervisor as soon as possible. If the supervisor is unavailable, ask the Associate Dean of Clinical Education to address the situation. If the complaint is made over the phone, clinical students should try to have the complaint addressed by a supervisor immediately. If a call back is necessary, the patient should be informed that a supervisor or the Associate Dean will contact them as soon as possible.

The first step in any situation of this type is to listen to the patient, identify the problem, and collect appropriate information about what happened without trying to assign blame and fault. Depending on the situation, the OCOM administration may need to inform the professional liability insurance company, who may have recommendations for the college and how it should proceed. All students and clinical faculty members are covered by OCOM's professional liability insurance.

Any situation in which a patient may accuse an OCOM provider with fault or negligence should also be reported to the Associate Dean of Clinical Education. All incidents of this nature must be reported in writing on an Incident Report form, which gets submitted to the Associate Dean of Clinical Education. People involved in the incident report will not receive copies due to privacy issues.

7. Facility Safety

Clinical students, under the guidance of their supervisors, must protect the health and well-being of all patients in OCOM's clinics and at off-campus sites. They should also be mindful of their own safety, health and well-being.

7.1 Creating a Safe Environment

7.1.1 Public Areas (treatment rooms, lobby, restrooms, etc.)

Treatment Rooms

Burning candles and incense (other than Akabane treatments) in the treatment rooms is prohibited. When extinguishing moxa, make sure that the stick is completely extinguished and will not fall out of the snuffing cup. Never dump moxa ashes into trash cans. Appropriately clean the treatment rooms after use, wipe down the table with the available disinfectant solution, and check the floor for dropped needles.

Lobby

Clinical students and clinical faculty members should pick up items on the clinic lobby floor that may present a fall or trip hazard to patients, students, or college personnel. Problems should be reported to the Clinic Manager.

Restrooms

Clinical students and clinical faculty should do their best to help keep the restrooms clean and safe. Problems should be reported to the clinic front desk or Clinic Manager.

7.1.2 Lifting and Transferring Patients and Equipment

Clinical students and faculty must refrain from the following activities in OCOM's clinics and at off-campus sites to protect themselves, as well as for the safety of patients:

- Avoid transferring patients to or from the treatment table.
- Avoid lifting patients.

If a patient needs transfer, they must bring in an individual caretaker who can safely assist them. Caretakers should be asked to stay in the lobby in the event they are needed for patient transfer due to unforeseen circumstances. In all instances of moving tables, taking down or setting up portable tables and other furniture, clinical students should request assistance from their supervisor.

7.1.3 Children of Patients in the Clinic

Young children of patients must be accompanied by a guardian at all times in the clinic. In certain circumstances, older children may be permitted to wait for a parent or caregiver in the waiting area, unaccompanied, but they must be able to do so without supervision.

Children of clinical students, clinical faculty, and staff are not permitted to wait in the clinic conference room. This is a confidential work area and should be treated as such. Similarly, children of clinical students and staff are not permitted to wait in the clinic lobby while their parents work shifts.

7.1.4 Clinic Conference Room

Clinical students and faculty should refrain from acupuncture and adjunctive therapy treatment in the conference room to avoid accidental needle sticks in this area.

7.2 Outside Forces On-Campus

7.2.1 Inclement Weather Information and Procedures

Inclement or severe weather events may require that clinic and campus operations be delayed or suspended for the day. Depending on the severity of such weather, OCOM's academic and clinical operations will either

be cancelled for the day or the college will implement a delayed start for that day's operations.

Information on emergency closures or late starts will be communicated to the larger OCOM community by means of the following channels:

- Via OCOM's emergency notification system, which posts text messages and emails to registered recipients.
- A banner with closure/late start information on OCOM's public website (www.ocom.edu) and on the college's Populi page (ocom.populiweb.com)
- A recorded voice message on the college switchboard (503-253-3443)
- News crawls and announcements on all local television and radio stations

All decisions pertaining to the closure of the OCOM campus will be made by the college President. If the college President is unavailable, closure decisions will be made by a consensus of available senior college administration.

Determinations for delaying or suspending DAOM classes and clinics are made by the Dean of Doctoral Studies and may not follow the closure decisions for the rest of the college's classes and clinical operations. In the event a doctoral class is cancelled, all doctoral students and staff will be notified of the closure via telephone, email, or text message.

Closure and late start decisions will be made on a daily basis; subsequent closures or late starts will be announced on a day-to-day basis via the announcement channels outlined above. Once a decision has been made to close the campus, college operations will be suspended for the entirety of that day.

Students, supervisors, and staff who are unable to make it to campus, or off-campus shifts due to inclement weather conditions, should notify the clinic as soon as possible that they will not be available for their regularly scheduled hours.

Off-Campus Sites
For off-campus site clinic information and procedures during weather events, see section 10.6 Inclement Weather Procedures in this handbook.

7.2.2 Fire and Evacuation Procedures

OCOM will hold one fire evacuation drill annually. Any fire alarm that is not part of the annual system test must be treated as real and clinic staff and students should follow standard building evacuation protocols.

OCOM Clinic (Campus, 4th Floor): Maps of emergency evacuation routes are posted in all treatment rooms. All signs illustrate the primary escape route. All staff, faculty, and students should be familiar with the route so they may safely direct individuals from the building in case of a fire or other emergency. Evacuees must make their way to the nearest stairwell and make their way to the nearest exterior exit once they reach the first floor. In the event that staff, faculty, or students are assisting a disabled individual, they should remain in place in the stairwell until fire personnel arrive as stairwells are firesafe. Elevators are not to be used for emergency evacuation purposes. Clinic staff, faculty, and students will direct all ambulatory patients and visitors to the nearest designated escape route out of the building and across Front Street to Waterfront Park. They will also transport all non-ambulatory patients to the nearest landing inside the stairwell where they will wait for evacuation assistance from local emergency response personnel.

OCOM Hollywood Clinic: In the event of a fire or other emergency that requires evacuation from the building, staff, faculty, and students will immediately exit the building by way of the closest exit. They will also assist all patients in leaving the building.

See OCOM's Emergency Action Plan for more details about fire and evacuation procedures.

7.3 Disruptive Individuals

Occasionally the clinic may have disruptive or hostile individuals in the clinic or clinic waiting area. We want our students and staff to be safe and out of harm's way, and we also want to cope with the patient (or other person) in a dignified and respectful way if at all possible. The following are guidelines for students on how to handle such patients in OCOM's clinics.

This section is intended to differentiate the patient or visitor who may be aggressive and seemingly of potential harm to students and staff from the patient with a complaint or grievance.

Disruptive Patients

If a patient is disruptive or hostile in the lobby for any reason (e.g., patient's care has been suspended by OCOM [a notice should be in the patient's chart], the patient wants immediate care, the patient is under the influence of unidentified substances or confused about some aspect of care or services at an OCOM clinic), follow the procedures outlined below:

Ask the patient to be seated and let them know that you will do your best to have someone help them with their questions or the situation.

Depending upon the issue, ask a front desk Patient Services Team member, clinic supervisor, or the Associate Dean of Clinical Education.

Be safe. If you feel that the situation is potentially a violent one or you fear for your safety and are unable to get timely assistance from staff, faculty, or administration, alert the campus security desk or call 911.

All incidents should be reported in writing on an incident report form and given to the Associate Dean of Clinical Education. People involved in the incident report will not receive copies.

8. Preventing Injuries and the Transmission of Disease

Patients commonly have communicable diseases that may be passed on to other patients, students, and staff. OCOM's clinics strive to do their best to protect each of these constituent groups by minimizing the risk of exposure to the most common communicable diseases.

Students, faculty members, and staff members receive annual training in bloodborne pathogens and tuberculosis, but they must also be aware of other airborne diseases as well as others that can spread from surfaces. After treatment of patients it is important to wipe off treatment tables with a surface-sterilizing agent..

In all cases students and staff should practice Universal Precautions.

8.1 Infectious Diseases

Patients with childhood infectious diseases (measles, mumps, or rubella) should not be seen in OCOM's clinics to minimize exposure to patients, staff, and students. Patients should be referred to their primary care physician.

Students who have been diagnosed with infectious diseases should be treated before returning to clinic. Diseases such as impetigo and conjunctivitis, while most commonly seen in childhood, can occur in adult population. Scabies, a parasitic infection, should be treated before returning to clinic to reduce expose to patients. Students who have been exposed to scabies should be treated prophylactically.

8.2 Bloodborne Pathogen Transmissions

Acupuncturists and clinical students should always practice universal precautions, clean needle technique, and appropriately dispose of needles to prevent transmission of disease via an errant needle stick. To that end, providers should always check the carpet in treatment rooms for needles that might have dropped and become embedded in the fibers. Students should take particular precautions when treating patients living with HIV/AIDS, Hepatitis B, and Hepatitis C, but note that bloodborne diseases are not limited to just these.

9. Student and Faculty Safety

9.1 Injuries

If a clinical student, faculty member, or staff member is injured at OCOM, follow the same guidelines as outlined in this section.

All incidents and injuries should be reported in writing on an Incident Report form, which is then given to the Associate Dean of Clinical Education. People involved in the report will not receive copies unless requested.

9.2 Needlesticks

In case of a needle stick, OCOM Needle Stick Protocol packets are available in several locations throughout OCOM's clinics, including the off-campus and CHE sites. Medical evaluation and treatment for needle sticks or injuries suffered while interning in any clinic associated with OCOM is covered at no cost to students.

If a student is working as a clinical student or observer and is exposed to blood or body fluids by a needle stick or cut or splashed on the face, immediately do the following:

1. Apply first-aid to the injured area, then:

- Wash the affected area with antibacterial soap. Some authorities advise force bleeding.
- If it is an eye splash incident, rinse the eye(s) for 15 minutes with water, using the OCOM Herbal Medicinary or Bodywork/Group Room sink "eye wash stations."

2. Notify the supervisor immediately.
   Notify the Associate Dean of Clinical Education (x199) as soon as possible.
3. Make a written report within 24 hours. Fill out an incident report, put it in a sealed envelope, and hand deliver it to the Associate Dean of Clinical Education. Be sure to identify the source individual, if possible (See step 6).
4. If the known source individual agrees to have blood tests done, have them fill out the consent form for Source Individuals. This is the Source Individuals choice and OCOM will pay for associated testing costs. The Associate Dean of Clinical Education will manage making the appointment at Concentra.
5. It is recommended the student go for an immediate medical evaluation after a needle stick incident. However, they are not required to go. If a student elects to not go for evaluation, they will be asked to sign a Treatment Declination Form. If the student elects to be tested at any time prior to graduation, the declination will be void.
6. If the student elects immediate testing, they must take the completed forms to Concentra Occupational Medicine Clinic, or a physician of their choice. They must fill out the "Injury" forms, which are contained in the Needlestick Packet. If going to Occupational Medicine for assessment, the Associate Dean of Clinical Education will assist the student in making an appointment. All initial and follow-up costs are assumed by OCOM.
   In the case of a needle stick, the physician or urgent care facility physician will evaluate and make a risk assessment on the exposed individual. The physician may recommend additional tests and treatment including, but not limited to the following:

   Medical Evaluation
   Hepatitis B Antibody Screen (individual or in series) HIV/AIDS Test (individual or in series)
   Hepatitis C Test
   Hepatitis B Vaccine
   Hepatitis B Immunoglobulins
   Protease Inhibitors for the treatment of HIV/AIDS Tetanus shot
   Complete blood count
   Chemical profile

9.3 Tuberculosis (TB) Exposure Control Plan Training

Acupuncturists, certain staff members and clinical students have a potential for exposure to tuberculosis. Therefore, as part of OCOM's Tuberculosis Exposure Control Plan, staff and clinical students are trained on an annual basis. This training addresses the risks and hazards of exposure; the elimination, prevention, or minimization of exposure; the problems arising from exposure; and the TB skin test and possible side-effects.

10. Off-campus Treatment Sites

10.1 Scope of Practice and Medical/Legal Responsibility

The same on-campus rules (outlined above) apply to off-campus site procedures with a few minor differences.

10.1.1 Scope of Practice

All clinical students must abide by the Oregon acupuncture scope of practice as outlined by the Oregon State Board of Medical Examiners (See Section 1 above). If a clinical student is asked to perform an activity that they believe is outside of the Oregon acupuncture scope of practice, they should refuse to do it. Further consultation with an OCOM administrative member should follow.

10.1.2 The Role of the Licensed Acupuncturist and the Off-campus Site

Note: Several off-site clinics with whom the college partners have restricted acupuncture services for fall, 2020 and are no longer having intern do rotations on site.

This situation may extend beyond fall quarter. If the COVID-19 situation improves and our partners resume acupuncture treatments at their clinics, we will revisit this decision. Questions about COVID-19 impacts to these or other clinical offerings should be directed to the Associate Dean of Clinical Education.

The off-campus clinical student must take directions from the off-campus faculty member to whom they have been assigned. Off-campus clinical students must follow the policies and procedures of the agency or site at which they are working — not following said policies or procedures are grounds for immediate dismissal. For more information about problems and grievances, refer to the OCOM Clinical Studies Handbook.

OCOM clinical students are covered under OCOM's professional liability insurance policy both on and off-campus. Clinical students and OCOM clinical faculty members, therefore, should not step beyond the scope of practice as outlined in the professional liability policy, nor should they step beyond the OCOM Clinic Procedures Handbook guidelines.

OCOM contracts with various outside agencies to take OCOM Clinical Studies students. These outside agencies are responsible for their own professional liability insurance and only insure their own medical providers.

10.2 Regular Patient Treatment Procedures

As stated above, off-campus clinical student must take directions from the off-campus acupuncturist or faculty member to whom they have been assigned. The off-campus clinical student must follow the policies and procedures of the off-campus agency or site at which they are working, unless those policies and procedures should come into conflict with the OCOM Clinic Procedures Handbook; if there is a discrepancy between the two, clinical students must follow the Handbook. In these situations, the clinical faculty and students should report such problems to the Associate Dean of Clinical Education.

Clinical students should not perform techniques for which they have not been adequately trained nor any with which they feel inadequate to perform.

Just as at our campus clinic, clinical students should not lift or transfer patients at off-campus sites.

10.3 Patient Treatment of Specific Complaints and Referrals

Treatment and referral issues should be reported to the agency or site supervisor immediately for appropriate case management.

10.4 Management of Unintended Patient Problems

The acupuncturist or clinic supervisor will manage the patient complaint at the off-campus site. For additional follow up, concerns may be reported to the Associate Dean of Clinical Education in writing.

10.5 Facility Safety

Facility safety is the responsibility of the agency in charge of the site. If students feel unsafe at an off- campus site, they should report this to the Associate Dean of Clinical Education in writing.

10.6 Inclement Weather Procedures for Off-campus Sites

In traveling to off-campus sites, students and clinic supervisors should think of safety first. In cases of inclement weather, if students or clinic supervisors feel that they cannot make it to the off-campus site safely, they should refrain from attending, but always notify the site of their impending absence.

10.6.1 Legacy Pain Management Center, Providence Infusion Center, Balance Health, and Quest Center

Students and supervisors working at Balance Health, Quest Center, Legacy, and Providence are responsible for contacting the agency department as soon as possible regarding the cancellation of a shift. Supervisors should have the contact numbers of the clinic and interns so they may contact them directly if the supervisor cannot travel to the site.

Legacy Pain Management Center: 503-413-7513 Providence Infusion Center: 503-215-3215 Balance Health and Injury Clinic: 503-492-2625, Quest Center: 503-238-5203

10.6.2 Special Weather-Related Note

There are several microclimates in the greater Portland area that may experience weather patterns different than that of the OCOM campus in the downtown core. Once the CHE and off-campus site is open, it may therefore be possible that the clinic is able to continue services when the OCOM campus has decided to close. Decisions to close off-campus site clinics during business hours should be made under the direction of the site and the on-duty clinic supervisor. The decision should then be communicated to the students, Associate Dean of Clinical Education, and the Clinic Manager. If students feel it is in their best interest to leave a shift early due to poor travel conditions, they are allowed to do so after speaking to the shift supervisor. However, clinical hours are not granted for partial shifts.

If the site and supervisor determine that conditions in the area of the off-campus site clinic is deteriorating rapidly and travel will be unsafe, the clinic may close as soon as all patient cancellations are made.

10.6.3 Hooper Dextox Clinic and Old Town Clinic

It is unusual for these sites to close due to inclement weather. However, it has occurred on occasion and interns and observers should be prepared for the possibility. Interns and observers are not expected to travel to these sites if road conditions are unsafe. However, students should contact these sites to determine whether they are operating and inform them if they will be unable to attend.

Hooper Center	503-238-2067
Old Town Clinic	503-228-4533 x211

10.7 Student Safety

Any problems or issues should be reported to the Associate Dean of Clinical Education in writing. Use the OCOM Incident Report.

10.8 Questions?

OCOM general access: 503-253-3443

Associate Dean of Clinical Education – Katherine Annala, DAOM, LAc (x199)
Interim Dean of Graduate Studies – Sherri Green, PhD (503-253-3443 x107)

11. Appendices

COVID-19 Addendum

COVID-19

Due to concerns about the novel coronavirus and COVID-19, and in response to the executive order issued by Oregon Governor Kate Brown, starting March 13, 2020, Oregon College of Oriental Medicine (OCOM) moved its instruction to synchronous online delivery and implemented telehealth appointments supervised by its clinical faculty and conducted by student interns. Given the early success that social distancing had in Oregon in reducing the rate of transmission of the novel coronavirus and COVID-19 infections, Governor Brown eased the restrictions under which the college had been operating. However, to not contribute to a rebound of the disease, conscientious effort needed to be taken by OCOM to ensure a safe environment that meets the Federal and State guidelines under which a resumption of direct, face-to-face services would be allowed.

Phasing of levels of service and operation has become an iconic marker for dealing with the novel coronavirus and COVID-19. For OCOM, as well as other colleges with clinical programs, the phases and associated level of services and operation are different from other organizations:

Phase 2

The college began operating under Phase 2 since July 6, 2020. In Phase 2, in-person clinic appointments and the hands-on portion of practical skills classes will be delivered both on campus and via telehealth. Emphasis will be placed on mitigating risk of exposure to the novel coronavirus for patients, students, faculty, and staff. This Plan outlines the operational and physical changes that will be made to provide that protection and to mitigate risk of exposure. Within Phase 2, OCOM's president may expand or contract levels of service, hours of operation, and other operational variables in response to the needs of the college, the situation on the ground, and government directives.

Health screening

Once an individual arrives on campus, they will be screened before being allowed to progress beyond the foyer. The screening station will be set up for patients, visitors, staff, and faculty. Each person will have their temperature taken with a no touch thermometer and will be asked if they have experienced COVID-19 symptoms (which will be enumerated and updated based on current best practices) in the last three days and/or if they have been informed by the health department that exposed to someone who has COVID-19 symptoms or who has been diagnosed with the disease in the last 14 days. They will be excluded from campus if they have a temperature of 99.5 degrees or greater or if they have responded "yes" to the screening questions and additional follow up questions asked by the health screener, a licensed health care workers.

All interactions will be noted on an iPad via a Google form and records of all interactions will be kept. Employee records will be secured with the Director of Human Resources for 30 years. Patient records will be part of the patient medical record and kept in accordance with those requirements. All other records will be kept by the Safety Committee for three years.

Mask wearing

All students, staff, and faculty are expected to arrive on campus wearing a cloth or fresh disposable mask. Patients and visitors must wear masks as well. Anyone arriving on campus not wearing a mask will be provided one. They will not be allowed to progress into the building without wearing one.

Wrist Bands

Once screened, the individual will have a colored band placed on their wrist, readily visible, so they can then proceed into the building and re-enter after passing our security desk. Each day, a unique color will be selected, in an effort to dissuade people from bypassing the screening by wearing a previous day's band.

During treatment, supervisors and interns should:

- Create a clinical treatment flow that minimizes unneeded contact.
- Avoid handshakes and hugs
- Wash hands every time they enter and exit a treatment room.

- Revisit clean needle technique. This is a great opportunity to get students to actually enforce the practice of using a new clean field for each patient, hand washing, using alcohol, etc.
- Sterilize cups and gua sha tools in the autoclave after every use.

Watching a clean needle technique/COVID-19 clinical safety video/voiceover Powerpoint presentation is required for all clinical students and supervisors. Personal Protective Equipment (PPE) will be addressed elsewhere in this plan. Although not considered PPE, proper attire in the clinic is also important in creating a healthy environment.

Students and supervisors are encouraged to wear scrubs or to use a dedicated set of clothes for clinic shifts that can be laundered and dried on high heat after each use.

Street clothing and clinic clothing should be considered separate items. Those with patient contact will change after they enter the campus. Scrubs are recommended, but professional style washable clothes are an acceptable alternative. Nametags should always be worn to identify those working in a health care position. Clean lab coats should be worn over clean, professional clothing. Lab coats can be stored in the UV light room for sanitization between shifts.

Clothing accessories such as ties, scarves, or jewelry that can come into contact with patients must be avoided. Scrubs (or clinic clothing), should be laundered after every shift.

Clinic clothes do not need to be changed when working a double shift.

Safety Compliance: Training, Cleaning, and Personal Protective Equipment
The safety of every patient, student, employee, and faculty member is a key consideration for and responsibility of everyone at OCOM. Each person will have a role to play in keeping the facility safe and in protecting themselves and others. Safety will be achieved by engineering (the physical space we create), by proper use of personal protective equipment (PPE), and by managing processes (the policies and procedures we create and how we enforce them).

Training
Videos have been created or shared that explain: each piece of PPE used at OCOM, why it is important, and how to use/wear it properly; proper cleaning techniques to be used in treatment rooms and in one's work area; and clean needle technique. Each student, supervisor, and faculty member will be required to view each video before they will be allowed in the clinic. It will be mandatory to watch these videos at the beginning of each term before beginning clinic shifts.

Written instructions for navigating the clinic have been created and embedded with videos showing how to wear, remove, and clean the PPE. Abbreviated versions of these instructions have been printed, laminated, and are posted in each clinic treatment room. Reading the full instructions and watching the embedded instructional videos is mandatory at the beginning of each term as instructions may be modified according to recommendations from public health sources.

Personal Protective Equipment (PPE)
As described above, there are well developed plans for keeping contagious people out of the building and for cleaning and disinfecting the building, with personal hygiene and physical distancing as a second line of defense. The final line of defense involves the use of PPE. The requirement for PPE use will depend on the level of risk the individuals are deemed to face. It is not a one size fits all solution.

Patients and visitors to OCOM will be required to wear cloth or disposable procedural masks. They are encouraged to wear them to the campus, but if they arrive without a mask, during screening one will be provided for them.

Students, faculty, and staff who are in immediate proximity to patients shall wear procedural masks and gloves. They should remove their gloves and wash their hands prior to doing needling and should not wear gloves while inserting acupuncture needles. In the treatment room, the students and faculty that will have close face-to-face interaction with patients, particularly during any procedure where aerosolization of particles is possible, shall also wear face shields. Gloves shall be replaced after each patient treatment. Masks may be worn for multiple patients but should be replaced if the material begins to degrade, if it becomes hard to

breathe through it, or if tears or holes develop. Face shields should be wiped with disinfecting solution at the end of each patient visit.

A minimum of one month's supply of PPE will be on-hand, in stock, prior to opening the campus for clinic visits. The goal is to maintain a three-month supply given the necessity of such PPE for clinic operations and the insecurity of current supply lines.