

Risk Reduction
Aka: How Not To Get Sued

From CNT Risk Reduction.pdf

Office Environment

Free from obstruction, fall hazards (like clutter, cords across the walks, bad lighting, etc.)

Adequate lighting necessary. Dimmable might be good

All electric installs should be within local code.

Regular inspection and maintenance required

Clean!!!

Needs to look professional and comfortable. Needs to relax the clients.

YOU need to look secure, confident, professional, welcoming.

When you treat, you are also treating emotionally.

Dr. Qiu suggests look around at different acu offices and get ideas.

Informed consent and paperwork

- ◆ Need *signed* paperwork, *dated*.
See AOMA consent form.
- ◆ Paperwork should show that the procedure was one consented to
- ◆ HIPAA forms
- ◆ Any other medical records
- ◆ Show the person consenting understood the nature of the procedure, alternatives, the risks involved and the probable consequences.

Do this prior to treatment!!! Don't do *anything* without signed, dated paperwork. Always check the paperwork yourself before you treat.

Clearly explain what procedures like gua sha and cupping will do to the skin!

Maintain accurate patient records

SOAP notes

- ◆ Subjective (what patient tells you)
 - Chief complaint
 - Patient med history/history of problem
- ◆ Objective (info you gather from observation)
 - This is info you gather from observation, palpation, smelling, listening, pulse taking, tongue diagnosis, etc.
- ◆ Assessment
 - Diagnosis
 - Differentiation
- ◆ Plan

- What you will do to treat, including methods, what points to use and what sides of the body those are on, what herbs, cupping, gua sha, instructions to patients, # needles used and disposed of.

Note: there are some standard acu abbrev's posted in the student clinic.

Records should give a very accurate picture of what was done in the clinic and what wasn't! Also need to note what treatments are working, what didn't.

Daily Appt Schedules

Records of daily appt schedules must be retained! This is critical, especially for public health concerns.

Patient Confidentiality

Practitioners may not release info w/o patient consent! You may discuss cases but without any identifying information. If you are part of a healing team this changes of course

Medical prac's are required to report known or suspected communicable disease, child abuse, elder abuse.

Underage patients (17 y.o. or below) you can discuss w/parents. 18y.o. up you cannot.

OSHA Blood Borne Pathogen and Exposure Control Plan

You must have one of these on file and all who work with/for you must know where it is, how to access it, be familiar with it.

Universal Precautions

- ◆ Treat all blood/fluids as if contam'd.
- ◆ Wash hands
- ◆ Use gloves/ppe
- ◆ Standard sterilization/disinfection.

What to do in the event of exposure

- ◆ If unexpected contact with fluids/blood or if no gloves avail, wash hands and other affected skin flush with water 10 sec minimum
- ◆ Blood/fluids on mucous membranes, flush w/ running water 15 minutes minimum!
- ◆ Report all exposures to your supervisor as soon as possible.
- ◆ Fill out an exposure report form.
- ◆ Post-exposure medical eval and followup.
 - Recordkeeping – including your HBV vaccination status, post exposure eval and follow-up. Client might refuse post exposure testing—note that too.

Decontamination (slide #11)

- ◆ Decontam of all surfaces/tools/equipment that were exposed
- ◆
- ◆ When cleaning blood spill, carefully cover all spills with papertowels/rags

- ◆ You should never:
 - Eat, drink, smoke, apply cosmetics/lip balm
 - Handle contact lenses
 - Keep food or drink in refrigerators, etc. where blood or potentially infectious materials might be kept.

The clinic follow-up form

Asking (Subjective)

- ◆ Chief complaints: no more than 3 please.
- ◆ Current Assessment/Related Histories: fleshed out version of complaint. Detail about chief, plus any treatment done already.

Objective (Listening/smelling, observation, palpation)

- ◆ Pulse
- ◆ Tongue
- ◆ Vital signs
 - Bp
 - Temp
 - Pulse
 - Breathing and rate
 - Etc.
- ◆ TCM Disease DX
- ◆ Differentiation
- ◆ Treatment Principles/plan
- ◆ Points/methods
- ◆ Herbs instructions
- ◆ # of needles used, # disposed
- ◆ ICD-9/CPT Code: for insurance
- ◆ Comments

Needlesticks and Accidents

Memorize #'s from *CNT Accidents and Safety.pdf* slide #2 (below)

Risk of infection from needlestick:

HBV: 6-30%

HIV: 0.5%

OSHA requires that HBV vaccine must be *available* for all employees who have occup exposure—AOMA provides for free, for instance.

Further, employers must maintain confid med rec's on all emps for at least duration of employment plus 30 years. Must include info about employee's HBV vac status and a medical eval after exposure incident.

Injury to Blood Vessels

Pretty common even for excellent acupuncturists. There are many points right next to blood vessels—popliteal area for instance. Deep needling can poke a vessel. LU- 9(shu point?) is right next to one too.

- ◆ Vein: direct pressure 30 seconds to 1 minute with dry/clean cotton ball to stop the bleeding. Don't use alcohol! This promotes bleeding.
- ◆ Artery: up to 5 minutes of direct pressure. ST-9 for instance on the neck. Arteries are, in general, deeper. You can see a lump forming quickly when you puncture an artery. Might also see a drop of blood.
 - Remove the needle
 - Press and hold with clean/dry cotton ball ~ 5 minutes.

File an incident report!!!

Electrical Stimulation Safety

Similar to e-stim in chiro office.

- ◆ Don't use on pts with elec implants like pacemakers!!!!
- ◆ No to heart patients, elderly
- ◆ Use cautiously on pts with seizure disorders—bioelectricity of brain can be disturbed.
- ◆ Don't span the heart !!! Don't apply on one side of the chest and then also on the other side across the heart. This can mess with the normal elec rhythm of heart.
- ◆ Level of stim should never = pain! Don't even come close.
- ◆ Use stainless steel needles, metal handles, relatively thick needles to prevent breaks.,

Moxibustion Safety

This stuff burns! Careful!

Moxa sticks are the most common usage, as well as moxa cones. Don't leave these unattended!

- ◆ Avoid causing burns. Especially for:
 - Neural injury pts
 - Diabetics
 - Pathologies resulting in paralysis
- ◆ Indirect moxa: protect pt's skin from falling moxa and ashes.
- ◆ Direct moxa: pts sign written consent. This is rare. Don't use this much any longer.
- ◆ Management of burns:
 - Apply sterile gauze over a burn ointment
 - For severe burn, consult a physician.

Bleeding Technique safety

Use 2 pair of gloves (layered)

Accident in Acu Treatment (*CNT Accidents in Acupuncture Treatment.pdf*)

Pain or trauma on/after insert

- ◆ Pain as the needles pierces the skin
 - Often avoidable through careful and considerate insertion.
 - Might be inserting too slowly. When you insert, you must tap it enough to get the needle handle level with guide tube. If you don't, remove tube, needle might fall over. Might be hard to get it in
- ◆ Watch out for needle striking artery wall/periosteum/tendon/nerve
 - Lift needle so is just beneath skin, reinsert at different angle.
- ◆ Needle gets intertwined in fibrous tissue.
 - Rotate back and forth until fiber is released.

Patient Fainting

Symptoms: (slide 3)

- ◆ Dizziness, vertigo, cold sweats, pallor,

Stuck Needles (slide 5)

After insertion, can be impossible/diff to rotate, lift, thrust, withdraw.

Cause is spasm of muscle, overly side amplitude of needle rotation.

How to fix:

- ◆ Rel

Rarely seen, but look at slides 6-9

Broken Needles (slide 6)

Usually breaks at handle after repeat use/sterilization. That's why you never insert all the way to the handle!

Injury to Lungs/Pneumothorax

Chest, top of shoulder, upper back, etc. deep needling can happen this way.

Injury to liver/spleen/kidney

Ab pain, rigidity of ab muscles, etc.

Injury to brain / spinal cord

Back of head, foramen area, neck, nuchal ridges. Pts with stiff neck for instance. Cervical and paraspinal areas.

Take out the needle, call 911.