Association of Traditional Chinese Medicine and Acupuncture (UK)

CODE OF PRACTICE

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Contents

IMPORTANT NOTICE

This Code has been written and published in the English language. The Executive Council of the Association of Traditional Chinese Medicine and Acupuncture (UK) (ATCM) is aware that many of its members use English as a second language, as will many patients. In order to ensure that the provision of this Code is understood and complied with by all of its members and that its requirements can be understood by all members of the general public, the Council has adopted the following two principles:

It is the responsibility of every member of ATCM to read and familiarise themselves with the English language version of this Code, employing at their own expense translation services where necessary, and to be able to explain satisfactorily to their patients, if asked, the main requirements of the Code

The Council undertakes to identify a pool of practitioner members or independent translators, where necessary, as a resource to enable members of the public for whom English is not a first language to be given explanations of the main requirements of the Code in their native tongue.

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ABOUT THIS CODE

The Code of Practice is approved and published by the Association of Traditional Chinese Medicine and Acupuncture (UK) (ATCM) to define the hygiene and safety standards relating to the practice of Traditional Chinese Medicine (TCM). Every member must ensure that you have received adequate training in all aspects of hygiene and sterile procedures connected with your work, and that you meet the standards outlined in this Code.

The Code defines the minimum standards required of safe TCM practice. Although it is not legally binding, you are reminded that failure to comply with the Code is a breach of the ATCM's Code of Professional Conduct and may render you liable to disciplinary action.

Although this code is divided into several parts, it applies to all staff working in a TCM practice.

As a professional TCM practitioner your duty of care to your patients involves taking every reasonable precaution against cross-infection. Poor hygienic procedures can result in serious damage to the health of both you and your patient. The best means of avoiding cross-infection in TCM practice is to follow scrupulously the hygiene and sterilisation methods outlined in this Code at all times.

The procedures described in this Code, when properly carried out, provide protection against all known cross-infection, including Hepatitis and AIDS/HIV.

You must also be aware of and comply with the relevant bylaws of the Local Authority under whose jurisdiction you practise. Advice on the bylaws and equipment relating to TCM practitioners is available from your local Environmental Health Department.

Where Local Authority bylaws have been enacted which set higher standards than those in this Code, these should be referred to as the definitive document for legal purposes. Where no bylaws have been enacted, or where bylaws require standards lower than those in the Code, you must always comply with the standards set by this Code.

A. PREMISES

1. TCM practice must only be carried out:

a) in premises suitable for professional medical work of this kind

b) in premises which are clean and capable of being kept clean

c) in treatment rooms used solely for TCM practice or other similar work requiring a comparable level of hygiene and cleanliness

d) if you work from your private home, in treatment rooms which are not otherwise used for any ordinary domestic purposes

e) in premises where there are suitable and sufficient sanitary facilities for all users of the clinic/practice

f) in premises with sufficient and satisfactory fire precautions.

2. Hand washing facilities available to you must include:

a) a wash basin with a hot and cold water supply, preferably wrist, arm or foot operated for your and other practitioners' sole use and preferably connected to the mains drainage system, located in or in the vicinity of the treatment room

b) dispenser liquid soap and disposable paper towels

c) an adequately sized bin, pedal operated if lidded, situated close to the basin with disposable sealable polythene liner for used tissues and other similar waste matter.

3. The treatment room must provide:

a) sufficient space to allow free movement, safe handling of equipment and performance of procedures

b) sufficient space for a clean field for TCM equipment

c) sufficient clean and suitable storage for all items, so as to avoid, as far as possible, the risk of contamination

d) furniture which is clean and maintained in good repair

e) smooth, easily cleanable surfaces on table tops, shelves and all working surfaces

f) smooth impervious surfaces on treatment couches, chairs and other furniture which is used for treatment

g) smooth, impervious flooring or short-pile (not looped) commercial carpeting

h) adequate artificial lighting, heating and ventilation.

4. The treatment surfaces must be:

a) covered with fresh paper couch roll which is disposed of after treating each patient **or**

b) if covered by towels or sheets alone, only covered by those which are fresh for each patient and boiled or machine-washed on the 40-60 degrees centigrade or higher setting before being reused

c) if covered by towels, sheets or pillow cases underneath a paper couch roll, only covered by those which are fresh each day, boiled or machine-washed on a 40-60 degrees centigrade or higher setting before being reused, and removed after treatment and placed in yellow clinical waste disposal bags if any spillage of blood or body fluid takes place during a treatment

d) regularly cleaned with an appropriate anti-bacterial agent, at least at the beginning or end of every working day.

5. The cleanliness of the treatment room must be maintained by:

a) cleaning and dusting at least weekly all table tops, shelves and impervious surfaces with a damp cloth and occasionally with hot water and detergent

b) washing daily all impervious floor surfaces with appropriate disinfectant cleansers

c) vacuum-cleaning daily and professionally steam cleaning at least once every year all carpets in the areas adjacent to treatment surfaces

d) frequently laundering all blankets used in treatment by boiling or machine-washing on the 40-60 degrees centigrade or higher setting

B. EQUIPMENT

6. The following equipment, all of which must be CE-marked and conform with current Medical Devices Agency legislation and EEC Directive 93/42/EC, must be used for safe and hygienic practice:

a) single-use pre-sterilised disposable solid needles (reusable needles are not acceptable)

b) guide-tubes which, if used, must be pre-sterilised, come packaged with each individual needle or set of needles, and must not be used or stored for use beyond the treatment session in which the seal on the package has been broken

c) plum blossom needles (‘Seven Star Hammers’) which, whether plastic or stainless steel, must be pre-sterilised and single-use only

a) glass cups which have been properly washed, sterilised and stored. If the used cups are contaminated with blood or other bodily discharges, the cups must be sterilised by soaking for a minimum of 30 minutes in a chlorine-containing disinfectant with effective chlorine content of 2g/L, rinsed with clean water and stored.

d) single-use paper tissues, paper towels, and couch roll

e) disinfectants, including pre-packed 70% isopropyl alcohol swabs

f) sterile cotton wool and non-sterile cotton wool/buds

g) sharps box conforming to BS 7320:1990 and clearly marked 'Danger - Contaminated Medical Sharps - To Be Incinerated' adjacent to the treatment surface and placed at a convenient height on a stable surface, or fixed on a wall or medical trolley at a height that can not be reached by young children

h) a First Aid kit complying with current Health and Safety (First Aid) Regulations containing a sufficient supply of suitable bandages, dressings, antiseptic creams and plasters

i) disposable surgical gloves.

C. CLEAN HYGIENIC PROCEDURE

7. You must ensure that your own health, including personal hygiene, does not endanger the health of a patient in any way. You must:

a) cover all cuts and wounds with a waterproof dressing

b) keep nails short and clean. No nail painting is allowed

c) tie back all long hair behind your neck and ensure it does not contaminate the treatment area or the patient's skin

d) wash your hands before giving consultation and treatments to every patient

e) wear suitable clean clothing and, optionally, a clean white coat or overall

f) refrain from smoking, eating or drinking whilst engaged in treatment

g) wear no large, loose or dangling jewellery or rings, nor wear loose clothing or hair that might contaminate the treatment area or the patient's skin

h) inform your general practitioner early if you suspect that you are suffering from or have been in contact with an Infectious Notifiable Disease and ensure that your general practitioner knows that you are engaged in the practice of traditional Chinese Medicine.

i) avoid giving treatment when suffering from an infectious or contagious condition.

8. You have a duty of care to protect the health and safety of the patient. You must:

a) ensure that any planned treatment takes full account of the patient's known medical history and potential allergic reactions

b) ensure that informed consent has been obtained in accordance with the requirements of the Code of Professional Conduct

c) ensure that the part of the body to be treated is clean and free of any cuts or wounds and that patients are asked to cover cuts or wounds before coming for treatment

d) ensure that you do not under any circumstances needle through clothing, even if requested or given approval to do so by the patient

e) ensure that immediately before use, any paper or other material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient's skin should be clean, and should not have been used in connection with any other patient without having been cleaned or, where appropriate, disinfected

f) caution patients left unattended with needles in place during a treatment about any movement which might cause them injury through bending or damaging a needle

g) ensure that a patient is able to call your attention immediately at any time they are left unattended with needles in place

h) remain with your patient at all times when moxibustion is carried out in order to avoid any risk of burn injury.

9. In preparing to treat you must:

a) wash your hands thoroughly with liquid soap and warm water immediately before the TCM procedure

b) ensure that a clean field is established.

10. In order to needle hygienically and safely you must:

a) ensure that the skin at the needle site is clean

b) ensure that any areas of the body where moisture or exudates may collect, such as the groin and genital area, ears, feet, under arms and the area below the breasts, near the mouth, nose, scalp and other hair-covered areas are swabbed with 70% isopropyl alcohol or its equivalent before needling

c) if points are marked prior to needling ensure that needles are never inserted through ink marks unless gentian violet pens are used and the patient is alerted to the risk of permanent staining

d) open all single-use pre-sterilised needles and instruments in the patient's presence and immediately before use

e) use a fresh needle for every point needled during a treatment, or if re-using the same needle, only do so where all of the sites to be needled have been swabbed with alcohol before needling and where the needle (and guide tube, if used) is not placed on any other surface in between separate insertions, and the re-using of the needle is limited to the same patient.

f) ensure that the sterile needles and instruments do not come into contact with anything that is not sterile before use on the patient

g) discard, in the sharps container, any sterile needles or instruments which are accidentally contaminated

h) discard, in the sharps container, any sterile needles or instruments with their packaging seals broken

i) ensure that in inserting the needle the shaft of the needle is never touched with fingers or with non-sterile materials

j) use only sterile cotton wool to support the shaft of the needle once it has been inserted or if it is inserted without a guide tube. At no stage must the needle be inserted through the cotton wool with either method of insertion

k) ensure that hands are cleansed again, either by hand-washing or by the use of alcohol gel, at any time during treatment if they are contaminated by contact with clothing, pens, clinic furniture, etc, between separate needle insertions

l) ensure that any major blood or body fluid spills are cleaned up promptly with disinfectant solution

m) ensure that you wear well-fitting disposable surgical gloves,

- if the patient is bleeding profusely
- if the patient has open lesions or is known to have a contagious disease
- if you have cuts or wounds on your hands or have a skin infection or lesion
- if you are handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them.
- discard used gloves into yellow plastic bag immediately after use, which is marked as clinical waste.

11. When removing needles from your patient, you must:

a) ensure that hands are washed immediately prior to the removal of needles

b) place needles immediately into the sharps container without letting them touch any other surface in the treatment room. You must ensure that all needles are removed from your patient. Never leave any needles in the patient when treatment is finished

c) if blood is drawn, apply light to moderate pressure with sufficient sterile clean cotton wool/cotton buds or a clean swab to prevent contact with the patient's body fluids and dispose of the cotton wool/bud/swab immediately in a suitable sharps container or clinical waste bag

d) if ‘sealing’ the point afterwards, use a sterile clean swab or sterile cotton wool/cotton bud

e) once a point has been pierced, do not re-palpate the point with your bare finger during that treatment session unless the fingertips have been cleansed by hand-washing or by the use of alcohol gel

f) wash your hands thoroughly at the end of the treatment to reduce the risk of cross-infection with your following patient.

12. If moxibustion is used you must ensure that:

a) moxibustion is carried out in a safe manner

b) moxibustion is never used on broken skin, directly on the face or on sensitive areas

c) your patient is not left unattended at any stage during the procedure

d) if moxa is applied directly to the skin, only a swab or cotton wool bud moistened with clean water is used to moisten the skin beforehand

e) the skin is swabbed after moxa has been applied and before needling

f) never use scarring moxibustion unless prior written consent and signature have been obtained from the patient

g) burning moxa must be extinguished properly by snuffing it out in a moxa extinguisher. Ensure the fire is completely extinguished and ashes are cold before putting the moxa in the bin.

13. If cupping is used you must ensure that:

b) cupping is carried out in a safe manner

c) fires from lighters, matches and surgical spirit swabs are extinguished immediately after use. No surgical swabs are left inside the cup.

14. If tui na is used you must ensure that:

a) tui na is carried out in a safe manner

b) before tui na, you must wash you hands to ensure they are clean and warm.

c) ensure patient’s privacy when the patient is getting changed. Only when the patient is ready with proper covers on then the practitioner can start tui na treatment.

d) never touch the patient's private parts during tui na therapy.

15. If pricking/bleeding therapy is used you must ensure that:

a) pricking/bleeding therapy is carried out in a safe manner

b) disposable surgical gloves are worn at all times during the procedure, and discard them into yellow clinical waste bag immediately after use.

16. If ear needles/retained needles are used you must ensure that:

a) ear needling and semi-permanent ear needle retaining are carried out in a safe manner.

17. if heat lamp is used, you must ensure that

a) you have completed a proper training course that is recognised by ATCM and obtained insurance cover before using heat lamp

b) heat lamp treatment is carried out in a safe manner

c) heat lamp is never used on broken skin, on the face or on sensitive areas

d) your patient is not left unattended at any stage during the procedure

e) electric supply must be switched off and unplugged immediately after treatment

18. After the treatment has finished and needles have been disposed of safely you must:

a) replace any blankets or pillow cases which have come into contact with body fluids

d) wash cups after each use in warm water and detergent first, then rinse them in very hot water to facilitate quick drying, dry with a disposable paper towel, wipe the rim with an alcohol swab and allow alcohol to evaporate thoroughly before reuse

e) regularly soak cups in an appropriate bleach solution overnight, wash off bleach with hot water and detergent and leave to dry on a paper towel

f) wash any dishes used in moxibustion during the treatment

g) store all instruments and equipment in a clean and secure place.

19. In the event of suffering a needle-stick injury, you must:

a) encourage free bleeding from the site if possible, but not suck the wound

b) wash thoroughly with soap and water but without scrubbing

c) discard the needle immediately and never continue to use a needle on a patient that may have penetrated your own skin

d) record the injury in a permanent form which can be accessed at a later date, i.e. accident book or similar

e) consult your general practitioner as soon as possible.

D. DISPOSAL OF EQUIPMENT AND CLINICAL WASTE

20. In disposing of equipment you must ensure that:

a) all needles, plum blossom needles (‘Seven Star Hammers’) and dermal needles (‘press-studs’) are immediately placed after use in appropriate sharps disposal containers

b) all sharps containers conform to British Standard BS7320: 1990 and should be clearly marked 'Danger Contaminated Needles - To Be Incinerated' or similar

c) all sharps containers, when three quarters full, are disposed of in accordance with local Environmental Health Department guidelines

d) all clinical waste, which includes any paper waste, swabs, cotton wool/buds etc., which has been contaminated with spillage of body fluids such as blood, open wound abrasions or mucous membranes is segregated in sealed clinical waste bags before being collected for disposal by a licensed agent. The advice of the local Environmental Health Officer must be sought about final disposal

e) all other waste, which includes any paper waste and swabs, cotton wool/buds, etc., which has not come into contact with body fluids or spillages, as well as needle wrappings and single use guide tubes, is carefully and separately bagged daily and disposed of as domestic waste

f) all waste disposed of through domestic waste collection is left for as little time as possible prior to collection in the usual collection area or location

g) all contracts and receipts for clinical waste collection (or detailed notes kept on your own file where receipts are not issued) are retained for at least one year and available for inspection.

E. Dispensary

21. Dispensary Layout

a) The external appearance of a herbal dispensary should inspire confidence in the nature of the healthcare provided.

b) The premises should be kept clean and in good repair so as to enable effective cleaning. Surfaces should be washable and joints sealed.

c) A defined area should be given for quarantined products where there have been adverse herb reactions, quality problems or product recalls.

22. Storage of Herbs

a) Herbs should be stored in airtight containers unless specified that ventilation is required in the Pharmacopoeia. This helps prevent deterioration and insect infestation. Storage should be away from sunlight, heat and moisture. Ideally the temperature of the dispensary should remain constant and cool.

b) The quality of herbs should be regularly monitored and a system of stock rotation established to ensure that herbs are not dispensed when degraded through age or poor storage. Herbs subject to moulds such as fruits and grains should be examined regularly for signs of deterioration.

23. Responsible Person

a) There should be a single person responsible for dispensary standards. If the practitioner is also the dispenser, this is simple. Practitioners must be aware of all regulations and codes relating to dispensary practice even if they do not carry out the dispensing themselves.

b) Although the dispenser is seen as the responsible person in all matters relating to dispensary practice, the practitioner has the responsibility in choosing a dispenser with adequate training to carry out the task. The dispenser working in the practitioner’s premise should be properly trained to be aware of regulations and codes relating to dispensary practice.

c) If herbal prescriptions are dispensed by an external supplier, the practitioner should only choose a well–administrated supplier where a qualified practitioner practises and the dispenser has been properly trained.

24. Standards of Training and Development

a) The person dispensing should have adequate training for the tasks. In effect the dispenser must either be a trained practitioner or have received training of a suitable standard.

b) The dispenser must be familiar with all the procedures relating to dispensary practice including good record keeping and labelling as indicated in these codes.

c) There should be a system for rapidly updating the work of the dispenser to allow for changes in legalisation or Codes of Practice as these occur. When the Medicines and Healthcare Products Regulation Agency (MHRA) issue changes to the regulations these must be put into effect immediately, and changes to this Code will be communicated directly to the practitioner by the ATCM. Practitioners should ensure that such information is transferred to the dispenser.

d) The practitioner should ensure that adequate written reference material is available for reference including up-to-date information on herb quality, safety and restrictions and adverse events or drug interactions, including the reporting procedures to ATCM or the MHRA using the Yellow Card system.

25. Legal Requirement

a) Herbs listed under paragraphs II and III of Statutory Instrument SI 1977/2130 should be isolated physically in a secure storage area and herb use recorded in a ledger.

b) No substance should be used which is included in the MHRA Restricted Substances List.

c) Under the 1968 Medicines Act, it is not necessary to have a product licence for a herbal remedy that is dispensed following a one to one consultation, and is manufactured or assembled on premises from which the public can be excluded. It is also unnecessary to have a product licence for herbal products (which includes tablets/tinctures/creams), where these only specify the herbs and the process to which they have been subjected, and make no written recommendation as to the use of the remedy.

d) The provisions of the 1968 Medicines Act relating to herbal remedies are currently under review and you will be expected to comply with any changes in the legislation as they occur, following notification by the ATCM.

e) Where the practitioner or dispenser is preparing products for direct sale to the general public without individual consultation then additional rules apply under the Sale of Goods Act to ensure that products meet the appropriate quality standards.

f) When changes to the terms of the European Directives occur that apply to Chinese Medicine practice they must be fully observed by all members and staff.

26. Health and Safety

a) Dispensary staff should be protected by a contract, which offers insurance cover. There should be a Health and Safety Policy in place to protect the health of the dispenser. This should include protection from dust (especially when working with Concentrated Powders) and training in relation to any toxic or potentially dangerous herbs/chemicals or equipment used in the dispensary.

b) Dust levels in the dispensary should be closely monitored and appropriate measure taken to protect the health of the staff and ensure that dust is not a source of contamination.

27. Hygiene

a) An adequate washing area is required for utensils and storage containers. Cream making equipment should be washed separately. The toilet facility should include hot water, soap, nailbrush and hand drying facility. Toilets should not open directly onto the dispensary.

b) Personal hygiene by the dispensary staff should be ensured. A suitable dressing must cover cuts and abrasions. The use of nail varnish or cosmetics is not recommended. Long hair should be tied back.

c) Handling of herbs should be kept to a minimum preferably by wearing gloves. This is essential when working with gelatine or where the herbs product is not going to be boiled.

28. The Prescription

a) The prescription is defined as the herbal formula prescribed by the practitioner and passed to the dispenser. This can either be integral with the case notes, or a separate sheet faxed to the external dispensary service.

b) Verbal communication of a prescription is prone to many errors of pronunciation and should be avoided.

c) Prescriptions for dried herbs should be in written form and clearly legible. It is good practice to include the herb code as well as the pinyin or Chinese characters when dealing with an external dispensary service. An external dispensing service is one where the herbs are given or sent to a patient by a dispensary other than the practitioner's own dispensary.

d) Practitioners should satisfy themselves that the quality of the external dispensary is adequate and that systems are in place which will enable practitioners to ensure that a verifiable audit trail exists.

e) The practitioner and the dispenser should both sign the prescription.

f) Each prescription should be identified individually with a reference number or date to allow for tracking in the case of reaction. This reference number should be put on all bags of herbs in the prescription give to the patient.

g) Similarly, when giving herbs as tablets or tincture, the patients should have the appropriate batch number and date on the dispensed item.

29. Record Keeping

a) It is recommended that the dispensary should operate adequate audit trail procedures to allow tracking of herbs from the supplier to the patient. This included changes of batch numbers on herbs in relation to individual prescriptions.

b) In the case of any adverse reactions, which need to be reports, it is expected that the practitioner can rapidly indicate which herbs were in the prescription, including their batch numbers from the suppliers.

c) All records should be retained.

30. Dispensing Procedure

a) Where staff other than the practitioner is engaged in dispensing, written instructions should be in place detailing dispensary procedure.

b) An agreed procedure should be in place between the practitioner and the dispenser in the case of confusion in the prescription or lack of available herbs to complete the prescription.

31. Weighing and Measuring Procedures

a) For dried herbs scales should be able to measure in grammes. For concentrated powders, scales should be able to measure in tenths of a gram. Scales should be regularly calibrated.

b) When weighing a dried herb prescription it is good practice to use a double-checking procedure. This could be weighing all the completed bags at the end of the dispensing.

c) The quality of herbs should be regularly monitored and a system of stock rotation put into operation. The shelf life of herbs has not been specified in these Codes. However, herbs should be examined for signs of degradation, in particular fruits and moist herbs.

32. Products for External Use

a) The manufacture and storage of creams and ointments for external use needs particular care to avoid bacterial growth and other contamination.

b) These should be prepared in a dedicated area using equipment which can be thoroughly cleaned. A bored and pallet knife should be used rather than vessels with corners. It is inadvisable to recycle jars for creams and ointments.

c) Base materials should be of pharmaceutical grade or equivalent and the containers should not react with the active ingredients or additives. A heating process in the manufacture is beneficial but not a guarantee of microbial quality. A preservative may be added and care taken when diluting a cream which will reduce the shelf life or impair the stability of the preparation even though no physical change may be apparent. The shelf life is dependent on the product. Normally this is a maximum of 1-2 months for creams. For this reason dispensed items should be made up for individual patients and not made in large batches and stored. Manufacturing herbal products by TCM practitioners on a large scale is not recommended.

d) All equipment should be thoroughly cleaned after use in hot water and detergent and rinsed. Equipment for cream and ointments should be washed separately from other items in the dispensary.

33. Labelling

a) All individual herb products in storage should be clearly labelled. These should preferably be both in pinyin and Latin (including part of plant used). The batch reference should also be indicated.

b) All raw herbs and herbal products that are allowed for external use only must be so labelled clearly.

c) When breaking bulk, the batch information needs to be transferred to herb products. If there is no batch on the product from the supplier, then use the date of arrival in your dispensary.

d) All products given to patients should include the name and contact phone number of the dispenser and information such as the prescription reference number to allow tracking. The date of dispensing should also be indicated.

e) When labelling jars, the information should be put on the jar and never on the lid.

f) It is not necessary to list all the herbs in the prescription as long as there is a reference number on the bags, which can be traced to the prescription.

34. Suppliers of Herbal Products

The ATCM produces a list of Approved Suppliers who have been inspected by independent auditors using guidelines laid down by the ATCM. All suppliers on this list will have demonstrated a commitment to ensuring the quality and authenticity of herbal supplies. You are strongly encouraged to use suppliers who are on this list.

F. MOBILE TCM PRACTITIONERS / HOME VISITS

35. If you have a mobile practice or undertake home visits you must:

a) have a defined base of at least one room or office containing adequate facilities for the disinfection of equipment, the storage of clean equipment and the temporary storage of soiled equipment, clinical waste and sharps containers

b) ensure that this room or office, and all equipment contained therein, conforms to the standards laid down in the Code of Safe Practice

c) comply with all relevant Local Authority bylaws or other regulations.

36. In transporting equipment from the base premises to the treatment site you must ensure that containers used for this purpose are:

a) of sufficient size and design to store and transport all of the equipment and personal over-clothing needed

b) designed to allow for separate storage of sterile and soiled equipment

c) lockable and tightly sealed when shut

d) suitably constructed to have internal and external surfaces that are smooth, impervious and are regularly cleaned and disinfected.

37. In carrying out treatment at a patient's home you must ensure that, *as far as possible*:

a) the treatment is carried out in a well lit, clean room with ready access to a clean wash hand basin

b) you take with you appropriate cleaning agents, hand antiseptics, a hygienic means of hand drying and couch rolls

c) the bed/couch is covered by a clean, disposable cover; preferable by couch paper, but

d) in all cases, a clean field must be established.

38. After treatment is completed you must ensure that:

a) used needles are discarded immediately after use in a portable sharps container meeting BS 7320:1990 and clearly marked 'Danger: Contaminated Needles - To Be Incinerated' and removed from the patient's premises

b) other soiled disposable items such as cotton wool, swabs, paper tissues and disposable covers or towels contaminated with body fluids or spillages are discarded into a clinical waste bag, removed from the patient's premises and disposed of appropriately

c) other waste products such as couch paper, cotton wool and needle wrappings not contaminated with body fluids or spillages are carefully bagged separately for disposal in the patient's own domestic refuse

d) you have set aside enough time before leaving to ensure that the patient is experiencing no adverse reactions to treatment and is well enough for you to leave.

G. REGISTER OF PATIENTS AND PATIENT RECORDS

39. You must record in permanent ink:

a) the names and addresses of all patients

b) the dates of attendance in a suitable register as well as in the individual patient records

c) the full information required in patients' notes as detailed in the ATCM's Code of Professional Conduct.

40. In the event of your patient having a diagnosis of a Notifiable Infectious Disease you must ensure that:

a) it is safe to treat that patient and that you have advised the patient not to view TCM as a substitute for any treatment that a doctor has prescribed

b) in the event of your being suspected of having caused an outbreak, all records must be readily accessible and allow prompt and efficient investigation into the source of the infection

c) the register described in 24 (b) must be available to trace patients and to track the infection

d) you seek permission from the appropriate authority to carry on normal business once your records have been made available to that authority

e) access to an individual's personal record shall only be available on the authority of the relevant Medical Officer (currently known as the Consultant in Communicable Disease Control (CCDC)) and shall be subject to the usual safeguards of professional confidentiality. (Local Authority Environmental Health Officers can give advice on the setting up of such records, and on routine visits to the premises they may wish to confirm that records are being maintained).

f)

H. HEALTH AND SAFETY AT WORK

41. You must be familiar with and comply with the requirements and provisions of current Health and Safety at Work legislation:

a) This places a duty on you to conduct your work in such a way as to ensure, so far as is reasonably practicable, that not only patients and employees but also the public and other visitors are not exposed to risks to their health or safety.

42. In ensuring that premises are safe workplaces particular attention is drawn to the following:

a) All floors, passages and stairs shall be of sound construction, properly maintained, and should be kept free from obstruction and from any substance likely to cause persons to lose their footing

b) A substantial handrail and two-way lighting system must be provided to every staircase

c) Every dangerous part of equipment, appliances and machinery must be effectively guarded

d) Equipment and machinery should be subject to regular inspection and maintenance where necessary

e) All electrical installations should be in accordance with the Institute of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination

f) All gas appliances and installations should be in accordance with the Council for Registered Gas Installers, and should be subject to regular examination

g) Care should be taken to keep cables as short as possible and routed in such a way as to prevent the risk of tripping

h) Accidents must be dealt with in accordance with the provisions of the Reporting Of Injuries, Diseases, and Dangerous Occurrences Regulations 1995. This involves the reporting of all major accidents to employees and members of the public to the Office of the enforcing authority without delay, by telephone if possible, with written confirmation being made within seven days.