ENDEAVOUR COLLEGE
WELLNATION CLINIC HANDBOOK
IMPORTANT INFORMATION

Students participating in Clinical Practicum subjects at the College are expected to, and are responsible for, reading, understanding and acting upon the information documented in this Clinic Handbook.

The procedures and policies contained within this Handbook are an important part of the basis of students’ assessment in their Clinical Practicum subjects.

Information specific to each clinic discipline is outlined in the Subject Outlines for clinic subjects. Students should also refer to general academic policies and procedures available on the main Endeavour website.

It should be noted that, for the purposes of this handbook, Units of Study will be referred to as Subjects.
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WELCOME TO WELLNATION CLINICS

Dear Students,

In stepping across the threshold into clinic, you take a step from being simply a student to being an intern. As an intern you are expected to apply your knowledge and skill in a professional manner whilst under supervision. This is an essential stage in your development as a health practitioner, and one that brings new challenges and new rewards.

You will be challenged to stay present and calm when your stomach may be churning with nervousness as you face a client with serious health problems and wonder how you can help them. You will be challenged to remember the countless facts you have filed away in your brain over the past few years and put them together in a coherent way that is helpful to the client. You will be challenged to present the best part of yourself at all times, to set aside your personal concerns whilst you are in clinic, knowing that they will be there for you to deal with when you leave. You will be challenged to find the healer archetype within and make friends with it as you gradually grow into a fully-fledged practitioner.

The rewards are also many. How rewarding is it when you help solve someone’s longstanding illness by astute application of the simple logic of your discipline’s principles, treatments and medicines? How rewarding are your clients’ smiles or tears when you are the first healthcare practitioner that has taken the time to hear their full story, acknowledge it and make sense of it for them? How rewarding is it to accompany someone on their healing journey as you deftly interweave treatment disciplines with listening and counselling to help them unwind their illness and move back towards balance?

This is your chance to find out.

So dive into clinic, gather your courage, dedicate yourself to serving your clients’ best interests and inspire yourself and others.

Wishing you all the best in your clinical education journey!

Dr Graeme Hodges  
Associate Director - Clinical Services  

Dr Melisa Rangitakatu  
Director of Education
STUDENT CONDUCT IN CLINIC
STUDENT CONDUCT IN CLINIC

Clinical observation and practice is a key feature of the Endeavour courses of study. Students are expected to show ethical and cultural awareness and behave appropriately in all clinical settings when interacting with clients, clinic staff and fellow students and concerning issues of confidentiality. All students will receive supervision and guidance from their clinical supervisors.

Students are expected to work with clients (and fellow students) from all walks of life in clinical practicum irrespective of age, body shape, disability, gender, sexual orientation, religion or belief, race, nationality, ethnic or national origins etc.

Students are expected to display appropriate behaviour for professional practice at all times and maintain appropriate boundaries between the client and student practitioner. Students should refer to the Student Code of Conduct – Higher Education to understand their responsibilities and the expectations of the College.

Student life at the College is designed to be a rich and positive experience centred on engagement within academic and vocational areas of development. The Student Code of Conduct aims to foster the core values and encourage active engagement between the College and the student body within the contexts of professional practice, teaching and learning, research and the life of the College community.

Students of Endeavour College of Natural Health are expected to behave in a manner which promotes the well-being of themselves and others in Endeavour surroundings at all times. In relation to the clinic environment, this includes but is not limited to:

- Observing all College policies and procedures, including those relating to student misconduct, cheating and plagiarism, confidential information, privacy, and all legal, legislative, health and safety requirements; and all requirements in this Wellnation Clinics Handbook;
- Preparing diligently for all qualifications, future professional practice and lifelong learning;
- Attending on time and remaining in session until the completion of the session;
- Participating appropriately during clinic;
- Refraining from talking excessively or at inappropriate times so as to cause disruption to the achievement of learning outcomes of others;
- Turning off mobile phones so as not to distract other students’ learning; and
- Speaking to other students and the supervisor in a respectful manner, not causing distress.
Students must not:

- Attend clinics or other related learning activities while under the influence of alcohol or any drug that has an adverse effect on their behaviour, learning or participation (refer to Alcohol and Other Drugs Policy – Higher Education Students);
- Engage in behaviour which could be considered threatening, harassing, intimidating or abusive in any way (verbally or non-verbally);
- Be in possession of any object that could potentially inflict harm on self or other person.

Note:

Unless a person is enrolled in a subject, they may not attend a Clinic unless approved by the Clinic Manager and the Clinic Supervisor. Appropriate and covered footwear must be worn at all times in Clinic. Children are permitted on campus only under the supervision of parents/care-givers and in the following circumstances:

- when receiving treatment in Clinics
- in the library, café, foyer, reception and car-parking areas.

Please refer to the policy in relation to Children on Campus for further information.
Student Responsibilities in Clinic

Clinical experience involves a number of responsibilities for students. It is important that students are aware of their responsibilities in Wellnation Clinics.

**Students have a responsibility to:**
- Ensure that all pre-requisites have been met before starting a clinic
- Be aware of their clinical objectives for the particular discipline they are studying;
- Complete the required preparatory work before starting the Clinic session;
- Maintain professional and ethical conduct with regard to all Clinic matters;
- Be punctual (arriving at least 15 minutes prior to commencement of a Clinic session);
- Be professionally presented as per requirements (refer to Professional Dress Code);
- Abide by all requirements and expectations outlined in this Handbook;
- Be proactive in seeking out learning opportunities;
- Maintain client, staff and peer confidentiality;
- Identify individual learning requirements;
- Be aware of Wellnation Clinic policies and procedures in relation to clinical practice and clinical subject requirements (e.g. attendance)
- Check Clinic rooms before taking client in to ensure that they are clean and tidy and that furniture and equipment are appropriately placed;
- Leave Clinic rooms and common areas in a clean and tidy state after using them, with all furniture and equipment in its original location;
- Inform the Clinic Supervisor urgently if there are any concerns about the safety of a client or if there is any risk to the safety of others in the Clinic;
- Be fit to undertake clinical sessions including maintaining own health, adequate rest, not be under the influence of alcohol or other drugs;
- Complete clinical objectives for the particular clinical subject (as per the Subject Outline and Assessment Form);
- Notify your Supervisor via prescribed procedures when unable to attend Clinic sessions;
- Assist with the smooth running of the Clinic;
- Assure outside work and personal commitments do not interfere with Clinic sessions.

**Treatment and Advice to Clients**

Authorisation for all diagnostic and treatment advice to clients must be gained from the Clinic Supervisor prior to the provision of that treatment or advice to the client by the student.
Student Misconduct – General

The College’s policy on misconduct relates to both academic and non-academic student misconduct. This policy should be read in conjunction with the Student Code of Conduct – Higher Education which describes the College’s expectations of a student’s behaviour. A breach of the Code may result in an allegation of student misconduct. All allegations of student misconduct will be investigated in a manner that is fair, consistent and transparent providing all parties with an opportunity to be heard.

When dealing with possible student misconduct, it should be noted, however, the College is committed to the principles of procedural fairness and natural justice. This includes:

• the presumption of innocence unless guilt is freely admitted or proved by clear and convincing evidence;
• the right to be heard;
• the right to be treated without bias;
• the right to be informed of allegations being made and to be provided with an opportunity to respond to these; and
• the right to be given reasons for any decision.

The College takes multiple breaches of the Student Code of Conduct seriously. Knowledge that a student has been found guilty of a past misconduct offence will be taken into account when determining the penalty/s to be imposed.

Please refer to the Student Misconduct Policy – Higher Education for further information.
Inappropriate Student Conduct in Clinic

In the event that a student’s conduct in Clinic is inappropriate, the Clinic Supervisor will report this to the Senior Lecturer/Program Leader on their campus in accordance with the Student Misconduct Policy – Higher Education, which may result in consequences under that policy.

Any of the following behaviours may be considered as misconduct in Clinic:

• Arrival at Clinic unprepared for client appointments
• Missing an appointment or late for an appointment by more than 15 minutes
• Not following the policy for Missed Clinics (see Attendance Policy)
• Being unavailable while on a scheduled Clinic session
• Acting without the Clinic Supervisor’s permission
• Not following the Clinic protocols and standards outlined in this Handbook
• Inappropriate dress
• Sexual harassment/misconduct
• Inappropriate or unprofessional remarks
• Engaging in social or personal activities whilst in Clinic (e.g. Facebook, texting etc)
• Improper draping in remedial therapies or during clinical examinations that require removal of clothing
• Breach of client confidentiality
• Diagnosing/treating a client without Clinic Supervisor approval
• Dispensing products without authorisation or for personal use without a consultation and payment for the product
• Not following Clinic Manager direction or instruction
• Other professional misconduct

Any student who is under the influence of alcohol or other drugs, who is violent (including verbal violence) towards anyone, or who makes inappropriate advances towards a client, fellow student or staff member will be excluded from the clinic setting immediately in accordance with the Student Misconduct Policy. Any such exclusion will be recorded at the time in the Clinic Incident Report and in the student's file and will be reported to the Director, Student Services and Retention. In making such a judgement the Clinic Supervisor and/or Clinic Manager will work in consultation with the Senior Lecturer/Program Leader on their campus and this other person will also sign the incident report.

When an act of student misconduct in clinic is of a minor nature every effort will be made to resolve the issue at a local level as quickly as possible. In the event of major misconduct or persistent low level misbehaviour, the Director, Student Services and Retention will be informed and the issue may be taken to the Student Misconduct Committee.
For possible consequences associated with misconduct, students should refer to the Student Misconduct Policy.

**General Code of Professional Ethics in Clinic**

- Always respect the rights and dignity of the clinic client;
- Always maintain the utmost standard of professional competence and behaviour;
- Ensure that all information about the consultation and treatment being offered to the client is understood. All consultation, assessment and treatment must be carried out with the informed consent of the clinic client;
- Always ensure client confidentiality and privacy, and never share patient details or case information in any forum, including on social media or in conversation in any public space, e.g. reception area, college hallways and lifts, etc;
- Take care to ensure a high standard of hygiene and promote safe practices.
REQUIREMENTS
FOR STUDENTS
IN CLINIC
REQUIREMENTS FOR STUDENTS IN CLINIC

Prerequisites for Clinical Subjects

The following requirements must be organised prior to commencing Clinical practicum and be recorded in student records before students are able to undertake any Clinic sessions. All current certification needs to be valid for duration of clinic session.

- First Aid Certificate - Students must hold a recognised Apply First Aid Certificate (or equivalent) before they will be permitted to undertake clinical sessions;
- Working with Children Check/National Police Certificate (State specific) - see section on Working with Children that follows;
- Any theory subject prerequisites successfully completed.

Evidence of approved First Aid Certificate and Working with Children Check/National Police Certificate requirements must be presented to the Clinic Supervisor for each clinic session enrolled and a PDF copy of each uploaded to the LMS Clinic Hub (Orientation tab) in the first week of semester. A mark of Satisfactory or Fail (S or F) will be recorded for this component of assessment upon upload of these documents. Students are expected to provide this evidence on commencement of first clinic session to the Supervisor. If the proper documents are not presented, the student may be unenrolled from Clinic.

If the Working with Children/National Police Certificate provides information that indicates an applicant/student may not be suitable for working with children in Clinic sessions, the Clinic Supervisor will report this to the Senior Lecturer/Program Leader on their campus. The student will then be required to meet with the Senior Lecturer/Program Leader to discuss the impact of this on their future clinical study outcomes. Some criminal offences may preclude a student from participating in Clinic sessions including convictions for robbery, repeated drug use or sexual offences.

Clinic Orientation

Students enrolled in Clinic are required to participate in an online Wellnation Clinic Orientation program, to read this Clinic Handbook in its entirety prior to the beginning of each teaching period, and to successfully complete the online Clinic Orientation Quiz. The online orientation program can be accessed on the Clinic Hub, Orientation tab, on the Learning Management System (LMS). The program must be completed prior to the commencement of each teaching period where a student is enrolled in a clinical practicum subject, and must be completed in...
order for a student to pass the subject. Once the student has successfully completed the quiz online, a report will be forwarded to the supervisor advising them of submission.

The online orientation allows students to have more time in clinic to spend with clients. By reading the Clinic Handbook, watching the videos provided and completing the online quiz, students are considered ready to begin work in clinic.

Clinic Managers will also deliver a Clinic Familiarisation Tour specific to the campus of study, and Clinic Supervisors will discuss the academic requirements for the clinical practicum.

Students must have completed all of the above components and the required pre-requisites for the clinic subject before commencing clinical practice.

What to Expect in a Clinic Subject

Students are expected to participate in all aspects of clinical practice as part of their academic learning outcomes. This includes client consultation, case taking and record keeping, reception administration, customer/client service and promotion as well as dispensary duties (where relevant). Students are encouraged to take ownership of their Clinic session and develop a well-rounded set of clinical skills, both as a clinician and a practice manager.

A Clinic subject is a combination of seeing clients, managing business and deconstructing cases with your supervisor. Endeavour College expects that if you are not seeing clients, you are maintaining your clinical logs, managing your ongoing cases, reflecting on case work, researching current client conditions and medications, seeking guidance and collaboration on case management with your supervisors and peers, or working on business development tasks or projects or business administrative functions such as reception and dispensary duties.

Clinic Clients

While the College makes every effort to promote the clinics and encourage clientele, students are also expected to promote the Wellnation Clinic and to attract potential clients and learn the skills required to promote their own practice into the future. Refer to the Clinic Client Recruitment Policy for further information.

Clinic Attendance

Clinic subjects have a 100% attendance requirement in order to pass per the subject outline. In extenuating circumstances (please refer below and to the Attendance Policy for further information), students can miss up to the equivalent of one full week of scheduled clinic sessions (depending on the credit points of the clinic subject), with required documentation supporting the reason for absence (for more information on who may issue a medical
certificate, see the section on Issuing Medical Certificates below. However ANY missed clinic sessions MUST be made up in order for the student to pass the subject.

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<tr>
<th>Credit Points of Clinical Subject (CPs)</th>
<th>Maximum Number of Clinic Sessions that can be missed for the entire teaching period (Semester/Trimester) – MUST MAKE UP THE SESSION</th>
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<td>2 CPs</td>
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<td>4 CPs</td>
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<td>6 CPs</td>
<td>3</td>
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<tr>
<td>8 CPs</td>
<td>4</td>
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For example, students in a 4 Credit Point Clinical Subject can miss a maximum of two Clinic Sessions per teaching period (ie. Semester/Trimester), but these must be made up.

**Students who miss more than the allowable number of clinic sessions will be sent home by the supervisor, will be unenrolled for Clinic and will not be able to continue attending Clinic.**

Per the Attendance Policy, the following are allowable reasons for missing clinic:

- Serious personal or emotional trauma (such as a death in the immediate family)
- Illness, with a certificate from a registered health practitioner
- Sporting or cultural commitments at State, national or international level.

**In order to ensure that missed clinics are properly approved and made up, students must follow all of the steps outlined on the Application Form for Clinic Session Make-up. It is the student’s responsibility to ensure that the proper steps are taken to make-up missed clinics and that the proper paperwork and approvals are recorded.**

If a student’s circumstances fall outside the guidelines outlined above and in the Attendance Policy, the student should refer to the Special Consideration Policy to determine whether that policy would apply to their situation to allow the approval of an absence and make-up session in instances that fall outside the Attendance Policy. If that policy applies, then the student may apply for Special Consideration by submitting the required form and documentation to their local Student Services team.

Students must make up any missed sessions before the end of the semester. If making the clinic sessions up in the following semester is unavoidable (such as if the missed session is at or near the end of semester), students must arrange to make them up by Week 3 of the following semester. This allows for grade submission in Week 4 prior to census date. If the student fails to make up the missed sessions by Week 3, then the grade of incomplete will be changed to a Fail. If a failed clinic is a prerequisite for another enrolled subject, the student will be withdrawn from that subject before census date.
If a student is ill or suffering from an infectious disease they must not attend Clinic sessions.

In the event of illness or emergency, students unable to attend Clinic session must notify their local clinic at the relevant email address, below, as soon as possible prior to the beginning of a Clinic session to allow adequate time for that student’s Clinic clients to be notified and rescheduled.

- adelaide@wellnationclinics.zendesk.com
- melbourne@wellnationclinics.zendesk.com
- brisbane@wellnationclinics.zendesk.com
- perth@wellnationclinics.zendesk.com
- goldcoast@wellnationclinics.zendesk.com
- sydney@wellnationclinics.zendesk.com

However, such notification is necessary even if the student has no clients scheduled.

“No shows” (absence resulting from a missed Clinic session with no contact to the Clinic Supervisor or email address above before the absence) will be marked as missed and can also result in dismissal from Clinical practicum subject.

If a student is unable to attend a Clinic session because of observance of a religious holiday, they must notify Clinic Supervisors at the start of the semester or subject and similarly lodge an application for Special Consideration to gain approval to make up the clinic.

PUNCTUALITY IN CLINIC SESSIONS

It is both disruptive and unprofessional to Clinic Supervisors, Clinic clients and fellow students to arrive late to Clinic sessions. Students are expected to arrive early and remain through to the end of the Clinic session, even if there is no client, and should utilise the time in Clinic constructively.

- Students must arrive at Clinic no later than 15 minutes before the Clinic session and be ready for their Clinic session at the time it is scheduled to begin.
- Students must take transportation and parking into consideration when planning their schedules to ensure arrival before the required time.
- Students must not leave Clinic sessions early without the permission of the Clinic Supervisor.
- Students must not return late from breaks during Clinic Sessions.
- Students who arrive late for Clinic Sessions may be sent home at the discretion of the Clinic Supervisor.
Professionalism in Clinic

As future natural health practitioners, College students are expected to adhere to the highest professional, ethical, and personal, standards of conduct. Any activities that violate the standards of student conduct specified in the College’s Student Code of Conduct, Policies and Procedures and/or this Clinic Handbook will form the basis of disciplinary actions towards those involved.

STUDENT PRACTITIONER-CLIENT RELATIONSHIP

Student practitioners are expected to follow professional clinical ethics at all times. Student practitioners are discouraged from treating their own family and friends to reduce bias and conflict of interest. Where family and friends are recruited for treatments, other students will administer the treatments. They should be swapped with another student for treatment.

Students must always keep the clients’ best interests in mind and behave in a manner that respects their modesty, privacy, informed consent, and personal preferences. Students are expected to provide professional customer service both inside and outside of the consultation.

Students shall not have contact outside of the clinic with patients regarding their health matters that were covered in the clinic visit. This includes checking in on treatment progress and patient status. Students shall not communicate with their patients via mobile phone (calls or texts), personal email or social media, unless they have a pre-existing relationship (such as partner, close friend or family member), and then such contact should not entail discussion of health matters outside of the clinic.

CLIENT RESPONSIBILITIES

Clients of Wellnation Clinics also have responsibilities to students and Clinic staff and these will be set out in the initial appointment and informed consent forms.

These responsibilities include but are not limited to:

- Treating the students and Clinic staff with respect and courtesy
- Providing accurate and timely information about their health and well-being
- Providing relevant details of their health history to students and Clinic staff, as appropriate
- Advising students and Clinic staff of any changes in their health, treatment programs, medication etc.
- Advising if they are unable to keep an appointment
- Ensuring that students and Clinic staff are not at risk in any way while attending Wellnation Clinics
- Taking responsibilities for health decisions they make
Professional Dress Code

Professional appearance is fundamental to primary health care practice including natural medicine. Adhering to professional dress codes can assist students to acquire the confidence of their clients and denotes your position within the clinic setting. Endeavour students also have a professional responsibility to ensure safety and hygiene of their clients. The College has a basic professional dress code to be adhered to by all students representing the College. The dress code is designed to be practical for delivering care, minimising potential cross infection, and promoting safety for clients.

REQUIREMENTS

All College students must be professional in all Clinic settings. Professional manner, appearance, and attire must be maintained in the Clinics at all times. A certain standard of dress is required for students in Wellnation Clinics in order to promote an atmosphere of professionalism.

Students who are inappropriately dressed will be asked by the Clinic Supervisor to leave the Clinic areas. The professional dress code applies when students are seeing clients and working in the reception area, attending practicum class in the Clinic, as well as when observing diagnostic or therapy sessions. A student who does not meet the required standards for Clinic may be refused permission to attend their scheduled Clinic session.

STUDENT IDENTIFICATION

Student practitioners are required to identify themselves whilst on Clinic premises by adhering to uniform or dress requirements and wearing a name badge or their Student Identification card within all scheduled Clinic hours. Student practitioners must be easily recognisable for reasons of security and client identification.

Student name badges will include a first name only, for reasons of personal security.

DRESS STANDARDS - GENERAL

- For reasons of safety, no open toed shoes are permitted, closed shoes only (no athletic shoes – “runners” or “sneakers”)
- Long hair should be neatly tied back
- No undergarments should be visible
- Midriff should be covered
- No tank tops, crop tops, halter tops or other ‘brief attire’
- With the exception of Remedial Therapies students, professional business attire is required at all times.
PROFESSIONAL BUSINESS ATTIRE REQUIREMENTS

For female students:

- Skirts/dresses at a length not much above knee
- Smart dress trousers, clean and pressed
- Shirts or blouses that are professional, with no revealing necklines

For male students:

- Well-pressed business shirt (and tie if desired)
- Conservatively styled neat pressed trousers
- Shirts should be buttoned up at all times (and ties if worn, smartly tied fully up to collar)

REMEDIAL THERAPIES – MASSAGE THERAPY, MUSCULOSKELETAL THERAPY, TUI NA

- Endeavour College polo shirt (available from campus book shops) and dark trousers or skirt – shorts and jeans are not permitted
- Closed-in black professional shoes

ACUPUNCTURE/ HOMEOPATHY/NATUROPATHY/NUTRITIONAL MEDICINE/WESTERN HERBAL MEDICINE

- Endeavour Logo Clinic Jacket, with the embroidered Endeavour College logo, is required at all times whilst in Clinic areas and dispensary. Clinic jackets should be laundered regularly and maintained by the student.

PERSONAL HYGIENE AND OTHER STANDARDS

- Students must also maintain their personal hygiene when in Clinic settings. Students are expected to have showered with the appropriate use of deodorants and antiperspirants as needed prior to their Clinic sessions. All clothing worn in Clinic must be clean. Breath fresheners should be used appropriately.
- Nails should be clean and trimmed to a reasonable length. Nail colour should be a natural shade and well maintained with no visible chipping.
- Hair is to be clean and managed neatly at all times. Hair longer than chin/shoulder length (female or male) must be tied back in a pony-tail or plait and fastened in such a manner to satisfy infection control guidelines.
- Hair should be off the face and out of the eyes. No hats or any other similar headwear (except for headwear worn for religious reasons) are to be worn in the Clinic. Facial hair should be clean-shaven, or if a beard or moustache is worn, it should be neatly trimmed.
• Personal jewellery must not interfere with client treatment or represent a personal hazard in Clinic areas. All visible jewellery such as rings, earrings, face and body piercing rings or studs, bracelets and anklets must not be worn in Clinic. Plain band rings, sleepers, studs or small earrings that sit on the lobe of the ear and do not pose a danger to clients or students are the only items of jewellery to be worn in Clinic sessions.
• No facial or other visible body piercing is acceptable unless culturally or religiously appropriate. Jewellery must meet all infection control guidelines.

Many of the clients who visit the student Clinics (as well as staff and students) are environmentally sensitive. Exposure to strong odours, especially those that are synthetically-based, can exacerbate their condition. It is also possible that exposure to such odours can antidote the effectiveness of homoeopathic remedies. Therefore, the use of any perfumes, body sprays and colognes (or any types of strong fragrance) should be avoided in the Clinic setting.

Students are required not to wear clothing that is likely to offend others in terms of lack of decency, modesty or cleanliness, or because of slogans, cartoons or any symbol or graphic, worn to provoke, intimidate, condemn or ridicule others.

A student who attends a Clinic inappropriately dressed will be asked to leave the Clinic session and no Clinic hours will be recorded. This is a non-negotiable requirement of clinical practicum sessions. In the first instance, the student will be allowed to later make-up the clinic. If any future instances occur, the outcome will be determined on a case-by-case basis. Questions regarding the interpretation of the dress-code guidelines should be referred to the Clinic Supervisor or Clinic Manager, and if necessary, the Director of Education or Associate Director of Clinical Services will be consulted for final decisions.

Supervision

Being a student of Endeavour College natural health programs carries with it a professional responsibility. To the general community, you are a representative of Endeavour College and the natural medicine profession. Students shall not offer their status as an Endeavour student as a qualification to practice any natural health disciplines except within the scope of College-approved programs under the direct supervision of Clinic Supervisors.

To maintain high standards students should not practice any of the skills learned during training before graduation except:

• Under supervision as part of their clinical training; or
• As part of their studies under instruction from lecturers.
Students must not dispense any advice or give any form of treatment within the clinical setting without first receiving permission from the Clinic Supervisor. Treatment plans must be documented in Wellnation and approved by a Supervisor before they can be administered. Verbal advice, handouts, prescriptions and other recommendations must be approved by the Supervisor on a case by case basis before they are given to the client.

Students should be aware that if they practice any skills before successful completion of the course they may be risking claims for damages (including civil claims) against them if any harm can be proven to have been caused to the client.

A student in violation of the above directives will be subject to disciplinary action.

**Equal Opportunity & Sexual Harassment**

Endeavour College is an equal opportunity employer and is opposed to discrimination on the basis of sex, race, age, physical or mental disability, religious beliefs, marital status, parental status, career status, sexual preference, political affiliation, industrial activity, pregnancy, victimization, physical features or social and cultural backgrounds.

As per the [Student Equal Opportunity and Fair Treatment Policy – Higher Education](#), students should be able to expect to study and practice in an environment safe from unfair treatment or harassment at any College campus or Wellnation Clinic. The College will not tolerate harassment of any kind to or from Clinic staff, students, Clinic clients or visitors to the Wellnation Clinics. Any harassment claims should be presented to the Clinic Supervisor or Clinic Manager as soon as possible. All claims will be handled promptly in accordance with the [Student Misconduct Policy](#), or other applicable college policies in the event that the harassment originates with someone other than a student. All claims will be handled with strict confidentiality and in a manner that is fair to all involved in the complaint.

Please be aware that discriminatory behaviour is illegal and if it is proven that you are guilty of such behaviour you may be prosecuted accordingly.

**HARASSMENT PROCEDURE**

Any disputes should be handled in a reasonable and timely manner. Any student who feels that they have been subject to sexual harassment should promptly take the following steps:

- Politely and firmly confront the harassing offender. State how you feel about their actions and request that harassment ceases immediately.
- If the harassment continues, or if you don’t feel comfortable confronting the person, report the matter to the Clinic Supervisor, Clinic Manager, Senior Lecturer or Program Leader as soon as possible.
• Reporting must be done initially verbally to the Clinic Supervisor or Clinic Manager and then in writing stating the specific details of the harassing behaviour. It is helpful if details of dates, times, places and witnesses of the harassment can be provided.

HARASSMENT CLAIMS - INVESTIGATION AND CONFIDENTIALITY

All harassment complaints will be investigated promptly. The identity of the student making the complaint as well as the identity of the individual accused of the harassment will be kept as confidential as possible. Harassment is a serious offense and any student or staff member who engages in such conduct is subject to disciplinary actions. The College recognises that allegations of harassment can cause serious damage to the accused offender’s personal reputation and career or future career. In the event a complaint of harassment is found to be totally and completely without basis, and made with malicious intent, appropriate disciplinary measures may be taken against the student who brought the complaint.

Confidentiality

Confidentiality can be defined as the non-disclosure of personal, sensitive and health information pertaining to a client that has been disclosed by a Clinic client and collected by students or staff in Clinic sessions. Confidentiality also extends to the personal information of Clinic staff and students (e.g. telephone numbers, addresses etc.)

Under current national legislation regarding Health Records (The Australian Privacy Principles, effective March 2014; http://www.oaic.gov.au/privacy/privacy-act/australian-privacy-principles), confidential/private information cannot be collected, disclosed or used without client consent. Students are advised that any client information collected in Clinic sessions is not to be read, discussed, or disclosed in any manner, including in conversation and/or via social media, without Clinic Supervisor permission.

Student practitioners, observers, supervisors and clinic assistants are to maintain confidentiality of client information at all times. Clients and their specific case details are not to be discussed outside of the Clinic. Discussion regarding cases may occur within the Wellnation Clinic or classroom environment, however, if Clinic cases are used, any identifying features of the client must be removed (in both written and verbal versions) to maintain confidentiality.

Copies may be made of case notes providing identifying features are removed. Client files and all contents must remain on Clinic premises at all times. Any client files, file contents, or file copies that are left out in the open on premises will be treated as a breach of client confidentiality.
Students should be aware at all times the sensitive nature of client information, particularly given the percentage of clients that are either students, staff, or relatives of students and staff of the College.

Wellnation Clinics maintain separate, restricted client record areas in all campus Clinics. In order to maintain a standard of protection, Clinic staff and students are the only people allowed in these areas or access to the filing cabinets.

In regard to client records:

- The client owns the information in their chart and may access the information by written request;
- Confidentiality of all client health information is legally protected (see next section on Privacy Legislation);
- Client records are not to be left unattended or in unsecured areas - including student discussion areas or treatment rooms;
- Client records must be kept on the Wellnation Clinic premises at all times;
- Students may request copies of patient treatment plans to be used for educational purposes, such as case presentations, but any files to be copied must have any identifying features removed first (e.g. name, date of birth etc) must be kept in strict confidence;
- All other client information requires patient authorisation for release of information and must be submitted on a Client Access to Health Records Form by the client. These forms are available in Clinic reception.
- Unauthorised client record copying is illegal and students will face disciplinary action.
- Client records should be returned to client record storage areas as soon as possible after the student is finished with them.

Confidentiality and the “Need to Know Rule”

In order to provide client services, Clinic Supervisors and students have a need to know some client health information. Only those persons directly affiliated with Clinic services can access client information that they ‘need to know’, and only to the extent that they need to know it for the provision of client services. This information is then maintained in strict confidence and is only shared with others who, like themselves, have a need to know in order to provide services to the client. In order to further protect the confidentiality of clients of Endeavour Wellnation Clinics client’s confidentiality, discussion of client information must be avoided in public areas.

For further information also please refer to Guidelines for Client Record Keeping and the Clinic Client FOI - Requests for Records Policy.
Privacy Legislation

Privacy legislation exists in International, Australian Commonwealth and State laws to protect patients by preventing the inappropriate use or transmission of client health care information. All personal and health information held directly or indirectly by institutions or individuals is protected and confidential. It is the responsibility of those who gather and keep private information, to store it in a secure way.

Please note that major changes to the Privacy Act 1988 and the subsequent Privacy Amendment (Enhancing Privacy Protection) Act 2012 came into effect on 12th March 2014.

The Office of the Australian Information Commissioner details the new Australian Privacy Principles (for both the private and public sectors) which will supersede the existing Information Privacy Principles (public sector) and the National Privacy Principles (private sector):


The College is in the process of reviewing its Privacy Policy and the necessary updates and changes will be included as required.

Working with Children

All Australian states have implemented legislation requiring employers, employees, self-employed people and volunteers, working in certain occupations that include regular contact with children (persons under 16 or 17 – varies between states) to have a police check to ensure they do not have a criminal records that may deem them unsuitable to work in that role. The legislation in general is known as the Working with Children Act. The legislation aims to assist in protecting children from sexual or physical harm. It is designed to complement good selection, supervision and training practices (including rigorous reference checking).

The College works within all national and local legislations wherever the campus is situated and in many states the Working with Children check is required. The College’s Working with Children Checks Policy supports the legislative requirements. You will be advised if this requirement is necessary for the campus you are undertaking your clinical session. Please see your local Student Services team for further information.

You should be aware of the legislation for whatever state you are practicing in after graduation. An example of a practitioner requiring a WWC, is a natural health practitioner working with a children’s sporting club, a paediatric ward or children counselling services, or in a children’s health clinic.
QUEENSLAND

- Positive notice (Blue Card) – Working with Children Check
- Valid for 3 years
- Free for students and volunteers

https://www.bluecard.qld.gov.au/ or 07 3211 6999

NEW SOUTH WALES

- Working with Children Check (WWC)
- Valid for 5 years.
- Free for volunteers and students on practical placement


SOUTH AUSTRALIA

- National Criminal History Check
- Valid for 3 years
- A fee applies for students and volunteers ($57.20 as at February 2017)


VICTORIA

- Working with children check (WWC)
- Valid for 5 years
- Free for volunteers and students on practical placement

www.workingwithchildren.vic.gov.au

WESTERN AUSTRALIA

- National Police Certificate
- Approximately $55 for all applicants

https://www.police.wa.gov.au/Police-Direct/National-Police-Certificates

AUSTRALIAN CAPITAL TERRITORY
- No legal requirements

NORTHERN TERRITORY

- Working with Children Clearance (Ochre Card)
- Valid for 2 years
- $5 for volunteers


TASMANIA

- No legal requirements

English Language Proficiency

Students in Clinic sessions must be able to demonstrate general English language proficiency and understanding due to the often complex terminology in health care areas. All courses at the College are delivered in the English language. It is essential that a student has language, literacy and numeracy (LLN) skills sufficient to successfully complete assessments at the level required. A high level of English Language Proficiency is required upon initial admission to a degree or qualification with the College. For further information, please refer to the Admissions Policy - Undergraduate - Higher Education and the English Proficiency Policy – Higher Education.
CLINIC OPERATIONS

Wellnation Clinics are teaching and training facilities and it is essential that clients are informed, at the first contact with the Clinic, that they will be treated by a student practitioner who are undertaking specialist training and the student is being supervised by senior qualified practitioner.

Clients must be informed that the Clinic operates on a fee for service basis and what the fee will be for the service they are requesting. These fees are substantially lower than those charged in the community. Upon arrival for the first session the Reception students ask the client to complete the Client Registration Form, which includes the client’s consent to be treated by a student and participate in the Teaching clinic. The client must sign their consent before any treatment can occur.

In regard to client confidentiality and to fulfil legal and ethical responsibilities of the College it is essential that clients are given clear and accurate information about their relevant therapeutic process and give written consent for this to occur. Clinic clients must be informed of all procedures, examinations, and proposed treatments, and must consent to these activities prior to the client being seen by the student.

Permission to Consult

The Permission to Consult/Release of Information Form requests the client’s permission for the student to consult with a particular person, professional or agency. This form must be completed and signed by the client whenever information, written records or notes are requested from, or sent to another professional or agency, or when the student wishes to speak to another source about matters relevant to the client.

NEVER DISCUSS A CLIENT OR COMMUNICATE WITH ANOTHER PROFESSIONAL REGARDING A CLIENT WITHOUT OBTAINING WRITTEN PERMISSION TO DO SO FROM THAT CLIENT, OR WHERE A CHILD IS INVOLVED, FROM A PARENT.

Animals in Clinic

Animals, except for service animals (i.e. for vision or hearing impaired or companion health animals), are not permitted in Wellnation Clinics. In addition, all service animals must comply with all local, state and federal regulations, such as leash laws etc.

The College reserves the right to call animal control authorities if required. A student or Clinic client in violation of this policy will be asked in the first instance to remove the animal or will be
held financially responsible for property or personal damages caused by the animal on College Clinic premises.

**Record Keeping, Filing and Archiving**

Students need to maintain good records for each Clinic client. Students should get into the mandated practice of keeping accurate and ordered client files for when they are in their own practice.

The standard generic [Client Registration Form](#) should be used for every new patient (regardless of the discipline). This document is also available on the LMS. This form is to be used as an initial registration and basic case history-taking form.

Continue to use the discipline-specific Initial consultation and/or Follow-up consultation forms for actual face to face consultations with clients.

Files are used to keep a record of client contact, treatment protocols and progress, as well as for the purpose of communication with other professionals where necessary. Information from the files is strictly confidential and can be released to other professionals only with the client’s written permission. Hard-copy files are created in Clinic sessions, and are stored in the Clinic premises.

**FILES MUST NOT BE REMOVED FROM THE CLINIC PREMISES IN ANY CIRCUMSTANCES.**

Any request for access to information in a file must be referred to the Clinic Manager.

Client histories must be kept up to date, case notes must contain thorough detail discussed in appointments, appropriate client consent signatures, Supervisor approval signatures and accurate prescription records (including all verbal advice, copies of approved handouts, etc).

Phone calls from clients and any relevant discussions with clients outside of their Clinic appointment should be recorded by the involved student and stored in the client file. Copies of letters sent to clients, client pathology tests, client complaints, file copy requests, incident reports etc should be stored in the file, with any information that needs to be read first (such as cautions, warnings, recently arrived test results, etc) kept on top.

Client records are to be kept in a manila file, clearly marked with the client’s surname, first name on the left, and the Patient Identification Code (PIC) on the right. Client files that contain bulky case notes should be secured tightly with a file clip to ensure records are kept together. Black pen should be used for all handwritten notes and signatures in files as reports, summaries and notes that may need to be photocopied.
Client records are to be filed in alphabetical order by surname. Each patient will have one file, and all consultations will be recorded in that one file, regardless of discipline. Files are to be checked regularly to ensure that they are in correct alphabetical order for ease of retrieval.

NO SHOW CLIENTS (DID NOT ATTEND)

Those clients who do not attend for first or later appointments should be followed up by the assigned student. The extent of follow up should be determined between the Supervisor and the student. This will be noted in client record as a No Show.

PROGRESS NOTES

Every contact with the client, whether in person or by telephone, and discussions involving the client with other professionals, must be well documented, as must failure to attend and cancellation of an arranged appointment. Corrections need to be crossed out, with a single line, not blocked out with liquid paper.

HAN DOVER SUMMARY

Should a client be handed over to another student e.g. another discipline, it is important that a summation of progress be made by the student who has been managing the client. This will help maintain a coherency to the overall management of the client.

CLOSING A FILE

When a case is closed the student seeing the client for the final time must complete a closing summary of the case to ‘close the file’. Where another professional requires information about the client’s treatment at the Clinic, it is a copy of the closing summary that is released (with the client’s written permission). The closing summary should not be sent to the client. Once finished, the file can be marked Summary Complete – File Closed.

Closed files with a completed summary are to be given to the Clinic Manager for archiving.

FILE NOTES

Client files can be the subject of insurance claims, court cases, and workers compensation cases and can be subject to use in court cases, as can private notes not kept in the file. As such, it is important to document all information as accurately as possible.

Language needs to be descriptive, not judgmental. Statements about people other than those interviewed need to be attributed to the person making them, "A described B as........" or, "A stated that B......"
All reports and letters to other professionals must be typed and counter-signed by the Clinic Supervisor. The original of all correspondence received and a copy of all letters sent, regarding a client, must be put in the Correspondence Section of the client's file. Maintaining confidentiality is increasingly difficult in the age of computers. If you are typing up a report or letter on a computer, save the file on USB files only. This USB file should be deleted after use or stored with the Clinic Manager. If you make a hard copy of reports for yourself, delete any client identifying data prior to printing.

With permission of the Clinic Supervisor or Clinic Manager, working copies may be kept in a working file – on the condition that no client-identifying features are kept in the working file (e.g. when a report is being prepared at home).

LIAISON WITH OTHER PROFESSIONALS/REPORTS - MAKING A REFERRAL

At some stage the student and Clinic Supervisor may decide that referral to another professional or agency is the most appropriate course of action and in the client's best interests. The referral may result in discharge from the Clinic, or may complement the treatment offered at the Clinic. The possibility of the referral needs to be discussed thoroughly with the client and all the appropriate options described. When an appropriate professional or agency is agreed upon, an accompanying letter of referral needs to be forwarded (with the client's consent) to those involved, giving the background to the case and your reasons for making the referral. No mention should be made of diagnosis or your personal recommendations. State the facts and any test results clearly, and include relevant information where necessary.

A sample letter of referral is available from the Clinic Manager.

In some cases less formal referral procedures may be appropriate, such as providing the client with contact names and numbers and allowing them to follow-up other options themselves. The level of formality depends on the nature of the professional or agency involved and can be decided upon in consultation with the Clinic Supervisor.

Please refer to the Records Management Policy for further information on managing client records.

Client Access to Health Information

In accordance with Health Records Act of the Australian states and the Freedom of Information Act 1982, individuals have a right of access to health information held about themselves.

Requests for access to client health information must be made in writing using the ‘Client Access to Health Information’ Form available at Reception. Evidence of identity of the person will be required. A driver’s license, pension card, student card, Medicare card or similar
identification bearing a specimen signature will normally be acceptable. Processing of the request cannot begin if any of the requested information is not supplied. A fee may be applicable for accessing information contained in client files. Fees are based on the costs involved for checking the information and preparation of the information for release (e.g. photocopying etc.)

Access to health information will normally be granted only to the individual on the file. Where due to illness or disability or any other reason an individual cannot attend in person, a statutory declaration naming the person to have access will be required.

Each request for access will be acknowledged promptly in writing, quoting a reference number allotted to the request. Within no more than 45 days of this acknowledgement, the applicant will be advised as to whether or not the documents sought are available, and if so, where access to all or part of the documents is granted. If deletions of some of the documents or part of the documents are proposed, the sub-sections of the relevant Act under which those deletions are claimed will be quoted.

Endeavour College is entitled to withhold information if it is considered that it might prejudice the physical or mental health or well-being of that person. Individuals can request a review of that decision. Such requests must be forwarded to the Director of Education.

**Correction of Personal Files**

If a person wishes to correct or amend personal information in Client files held by Wellnation Clinics they should lodge a written request with the Clinic Manager. The individual should specify which sections of the client record are incomplete, are incorrect, are out of date, or give a misleading impression. The individual may specify the amendment they wish made as well as provide the correct information to amend the wrong information.

**Issuing Medical Certificates**

In the course of professional responsibilities many primary health care professionals are asked to issue medical or sick leave certificates certifying sickness or a medical condition. Certificates are generally issued for the information of the client/patient’s employers, but may also be required by medical insurers and for court proceedings.

Under the changes to law from the “Work Choices” legislation (2006) amending the Workplace Relations Act 1996, only registered health practitioners may issue medical or sick leave certificates. Further to this legislation, registered health practitioners may only issue certificates where it is in their area of practice and expertise, and where it is contained in their conditions of registration.
Currently the only natural medicine practitioners entitled to issue medical or sick leave certificates are fully registered Traditional Chinese Medicine (TCM) practitioners and acupuncturists, effective July 1, 2012. These practitioners must meet all criteria and responsibilities of issuing a medical or sick leave certificate.

Wellnation Clinics cannot issue medical or sick leave certificate for Clinic clients, even if signed by a Clinic Supervisor. A student in an Endeavour Clinic is not yet qualified and in many cases will not be a registered health practitioner after graduation and under no circumstances must issue any form of medical or sick leave certificates or letter.

**Medical or sick leave certificates are legal documents.** The issuing of these certificates and the following certificates by individuals not registered to do so can result in legal actions and/or considerable fines for the offending student or practitioner. **Endeavour Student Clinics (Wellnation Clinics) must not issue any of the following certificates:**

- Medical certificates for workplace requirements
- Sick leave certificates
- Jury exemption certificates
- Exemption certificates for study institutions or clinical placements

**Special Note:** At this time only the health professions that are included in the State Health Professions Registration Acts are entitled to issue certificates. The Australian Register of Homoeopaths is not listed in these State Health Registration Acts and currently homeopaths cannot issue medical or sick leave certificates.

**Reception Management**

All students are required to undertake training in clinic reception duties to prepare them for work in clinic situations. To this end there is a Wellnation Reception Manual available at reception (and on the LMS), which you will be trained on during your first few weeks on Reception. Please refer to it and ask your Clinic Manager should you need any further clarification.

Students on reception duty must arrive 15-30 minutes prior to their scheduled Clinic session. Note: students are not required to stay after the completion of the session unless finalising hand over at reception.

The duties upon arrival are:

- Print appointment schedule for the day, and give to assistant receptionist to retrieve files for the day.
- Wellnation is moving to cashless reception although in some instances cash is still used. If cash is being used get the float from Clinic Manager, count monies, and enter into banking in Wellnation.
- Prepare necessary paperwork – including Client Registration Form for new clients, case taking forms for returning clients and client feedback forms (where applicable).
- Ensure required stationery is at front desk – manila folders, pens, appointment cards, Clinic flyers, invoice books.

Duties throughout the session:

- Maintain friendly, professional customer service
- Check arriving clients in, get them to fill in forms where necessary, and inform practitioners that their client has arrived.
- Before handover of the client file to the practitioner, ensure that all information in Wellnation is correct and up to date as per the client file. If client is a regular client, please ask if any details have changed.
- Take payments and print receipts (when necessary – only print if client requests).
- Make bookings and write appointment cards.
- Ensure follow up appointments are entered in Wellnation.
- Answer phone queries, taking a message when unable to answer questions.
- Call the following business day’s clients for all disciplines to confirm their appointment and update the results in Wellnation software.

At the end of the session:

- Count cash & EFTPOS receipts and enter balance in daily banking in Wellnation. Ensure all payments and invoices are accounted for.
- Ensure all client files are filed accurately away
- Ensure front desk is left tidy and stationery, forms etc are in stock.

**Whilst on reception duty, students must not be on their mobile phones.**

**PRICING, DISCOUNTING AND VOUCHERS**

- Treatment fees should be charged as per the national price list unless the client has a valid voucher.
- Product charges should be charged as per the national price list unless the client has a valid voucher specifying a special price or deal.
- Clinic treatments and products are sold at a discount, and no further discounts apply.
- Permanent staff members at Study Group Higher Education brands (Endeavour, ACPE, Martin Higher Education) and students are entitled
to reduced cost treatments in all disciplines, but must pay for any products (15% discount on dispensary items)

- The Clinic Manager is the only person authorised to provide discounts or special considerations to clients accessing the clinic.

PRIVATE HEALTH INSURANCE REBATES

Treatments/consultations provided in Wellnation Clinics are by students under supervision from qualified Clinic Supervisors. Health fund rebates do not apply to consultations or treatments provided by Endeavour Clinics. **Under no circumstances may a student or Clinic Supervisor provide any professional membership or provider number details to clients for the purpose of health fund rebate claims.**

CLINIC TREATMENT CONCESSIONS

Applications for treatment concessions may be made where the client is considered to have a genuine health problem, which may potentially benefit from regular/on-going treatment, and where ability to afford the on-going cost of treatment may prohibit the client’s regular/on-going treatment in the College Clinic, such an application will be referred to the Clinic Manager for further assessment.

It is the responsibility of the Clinic Manager to approve any free treatments and, where necessary, follow up the progress of the client with the relevant Supervisor/s and to report as necessary to the Director of Education regarding the number of concessions provided in each given semester.

STUDENTS PRESCRIBING IN CLINIC AND SALE OF ITEMS OR PRODUCTS

Clients who attend Wellnation Clinics are considered clients of Endeavour College of Natural Health. The College has a duty to clients to ensure that they receive high quality client care and that the care they receive is not compromised by conflicts of interest or by student’s unilateral decision made about the treatment they receive.

Students undertaking clinical subjects in Clinic sessions must prescribe and/or use products and/or remedies that have been authorised, manufactured or purchased by Endeavour College for use in campus Clinics and only after approval has been obtained from the relevant Clinic Supervisor. Students must not supply, use or prescribe their own products or remedies when treating clients in Endeavour Clinics.

Any items or products of a commercial or other nature which students wish to sell Endeavour College staff, students or Clinic clients on campus must be sold through the bookshop or clinic on a regional basis. The Clinic Manager will be responsible for decisions about these products and shall apply the same criteria to student’s requests to sell items or products as are applied
to staff requests in order to ensure that legal requirements, packaging and marketing legislation and copyright requirements are not contravened and that pricing is in accordance with Endeavour College obligations and policy.

**STAFF ACCESS TO CLINIC DISPENSARY AND DISCOUNTS ON REMEDIES**

No staff members are to access or take anything from the dispensary without the supervision or permission of the Clinic Manager. (This includes academic staff, management staff, sessional staff, and operational/administrative staff)

Prescription products will not be dispensed without the written approval of a qualified practitioner.

Products taken from the dispensary will need to be recorded in the prescription register. This may take the form of electronic or paper form depending on clinic or discipline.

Staff members are able to purchase products from the dispensary at 15% off RRP. Money will need to be taken through the relevant discipline float (if the Clinic is in session) or through the Clinic Manager. Please ensure that all staff receive a receipt for the purchase.
Stock Control

Students in relevant disciplines will be required to make up and dispense prescriptions and manage the stock in the dispensary.

CLEANLINESS AND INFECTION CONTROL

- Dispensary and equipment must be kept clean and hygienic throughout the duration of the session in accordance with infection control and equipment processing guidelines.
- Inspect the dispensary upon commencement of your session and ensure that it is clean and in order. Leave the dispensary clean and hygienic when you finish your session.

DISPENSING PRESCRIPTIONS

- No prescriptions should be dispensed without prior approval of the Clinic Supervisor. No prescriptions should be made up unless the client is onsite to pay for and pick up the items on the spot.
- Prescriptions may be dispensed and collected during a later Clinic session.

STOCK CONTROL

- Expired stock, damaged stock, and any stock not kept according to the product guidelines should be reported to the Clinic Manager.
- A monthly stock take is to be completed; students may be requested to assist as part of dispensary duties.

Prescribing Therapeutic Goods and Adverse Reactions

Therapeutic goods should be checked regularly to ensure they are in good condition and within shelf life period. Accurate records of all prescriptions, including batch numbers and expiry dates must be recorded in a prescription register and archived accordingly. Should any client report a reaction to a prescribed product, a student should report it to the Clinic Supervisor and if required an Adverse Reaction report will be generated. Blue Cards for Adverse Reactions reporting are available in all campus Clinics and a copy of the form is included at the end of this section. See the following information on Adverse Reaction Reporting.

WHAT IS AN ADVERSE DRUG REACTION?

The World Health Organization (WHO) defines an adverse drug reaction as "A response to a drug which is noxious and unintended, and which occurs at doses normally used or tested in
man for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function”.

An adverse drug reaction is considered to be serious when it is suspected of causing death, danger to life, admission to hospital, prolongation of hospitalisation, absence from productive activity, increased investigational or treatment costs, or birth defects.

WHY MONITOR ADVERSE DRUG REACTIONS?

Before registration and marketing of any type of medicine (including complementary medicines) in Australia, its safety and efficacy experience is based primarily on the use of the medicine in relevant trials. These trials mainly detect common adverse reactions. Some important reactions, such as those which take a long time to develop, or those which occur rarely, may not be detected in clinical trials. In addition, the controlled conditions under which medicines are used in clinical trials do not necessarily reflect the way they will be used in practice.

In order to gain a more comprehensive safety profile of a medicine, a continuous post-marketing monitoring system is essential. This is what the adverse reaction reporting system is used for.

HOW ARE ADVERSE REACTIONS MONITORED AFTER A MEDICINE HAS BEEN MARKETED?

In Australia, adverse reaction reporting is coordinated by the Therapeutic Goods Administration (TGA) in Canberra. The system for monitoring adverse reactions in Australia is by voluntary reporting by health professionals and consumers. When a health professional or consumer suspects an adverse reaction to a medicine has occurred, they can report it directly to the Advisory Committee on the Safety of Medicines (ACSOM) using a "blue card".

All reports are individually reviewed by medical and professional staff.

WHO CAN REPORT ADVERSE REACTIONS?

Anyone can. Each year the ACSOM of the Therapeutic Goods Administration (TGA) receives approximately 12,000 reports of suspected adverse drug reactions. About one-third of these come from General Practitioners, just under one-third from hospitals, about a quarter from pharmaceutical companies, and the remainder from specialists, community pharmacists and consumers. Consumers are encouraged to report through a health professional (including natural medicine practitioners). Please note that anonymous reports are not accepted.
WHAT HAPPENS TO AN ADVERSE REACTION REPORT?

When reports are received at the TGA, they are reviewed by the professional and medical staff of the TGA and entered into the national adverse reaction database. The data is then analysed to identify safety signals. A signal is a preliminary indication of a medicine-related safety issue and by itself does not indicate a causal association. When a signal is identified, a detailed evaluation is undertaken to establish whether a true causal association exists between the medicine and the adverse reaction.

ADVERSE DRUG REACTIONS: WHAT TO REPORT

The TGA advises “you do not need to be certain, just suspicious”. Adverse reactions reports should be submitted for the following medicines:

- Prescription medicines (including vaccines)
- Over-the-counter medicines (medicine purchased without a prescription)
- Complementary medicine (herbal medicines both proprietary and formulas mixed by practitioners, naturopathic medicines, homoeopathic remedies, nutritional supplements such as vitamins and minerals).

In Endeavour Teaching Clinics reactions to any complementary medicines supplied should be discussed with the Clinic Supervisor to make a decision if an Adverse Reaction Report should be submitted. When advising Clinic clients about medications students should:

- Advise Clinic clients that they may experience an unexpected reaction to complementary medicines – this can be referred to as an adverse reaction. Such events may or may not be a reaction to the treatment. These events should be discussed with the client and should be reported as the event may be relevant to the management of the client’s condition and also constitute an important source of information about method of treatment.
- In the majority of cases adverse events are minor and transient. However, clients should be advised to report any adverse events to their student practitioner. The student practitioner should note the symptoms, consider the possible cause and adjust the treatment where appropriate (in consultation with the Clinic Supervisor). Adverse events are an important source of clinical data so should not be ignored.
- On rare occasions adverse events can be severe. Therefore, clients should not only be advised to contact the College Clinic and speak to a Clinic Supervisor, but also be advised how to contact the Poisons Information Centre Australia Emergency Number (131126), a medical practitioner and/or call an ambulance.
- When the adverse event appears to be due to a reaction from a complementary medicine provided by an Endeavour College Clinic, the event should be reported to the Clinic Supervisor and then should be reported to the ACSOM of the TGA using the Blue
Card system. Clinic clients should also be informed that they can also report adverse events themselves.

**MANAGING CLIENT REPORTS**

If clients are properly encouraged to report unexpected reactions, the student, Clinic Supervisor and Clinic Manager need to properly manage such reports. How the student responds to clients in these situations is important. It is recommended that all reasonable arrangements be in place to enable:

- A timely response
- Timely assessment of the client – suspected adverse reactions must be reported in specified formats within specific time frames to the TGA. Serious reaction must be reported immediately and reporting of less serious events must comply with less urgent time frames
- When appropriate, timely treatment of the reaction
- Provision of adequate information to the client
- Any information provided by the client is to be kept strictly confidential

If the Clinic Supervisor decides that it is appropriate to report an adverse reaction a Blue Card should be obtained and completed. The Blue Card available [here](#) provides a good checklist for the information to include in a report.

**WHAT IS THE ROLE OF ACSOM?**

The Advisory Committee on the Safety of Medicines (ACSOM) was formed in January 2010 to advise and make recommendations to the TGA on the:

- safety of medicines
- risk assessment and risk management of medicines

A major role for ACSOM is to provide advice on the quality and appropriateness of risk management plans which are designed to define and pro-actively manage risks relating to a medicine over its entire life cycle.

The [Medicines Safety Update](#) is a publication that provides useful information on adverse reactions, including important issues arising from reports submitted to ACSOM. The Bulletin is distributed to physicians, pharmacists and other health professionals and is available electronically.
WHAT ACTIONS CAN BE TAKEN BY THE TGA?

Possible regulatory actions vary from continuing observation to cancelling the registration of the drug. Other possibilities include:

- Informing health care professionals and consumers about the risks
- Re-assessment of the benefit-risk profile of a medicine
- Requiring product labelling changes (including the addition of contraindications, warnings, precautions and adverse reaction information to the Product Information and Consumer Medicines Information)
- Requesting post-marketing studies

WHAT ACTIONS CANNOT BE TAKEN BY THE TGA?

- Legal action against health care professionals
- Provision of medical advice

ACSOM particularly requests reports of:

- All suspected reactions to new medicines
- All suspected reactions to Drugs of Current Interest listed in the Medicines Safety Update
- All suspected drug interactions
- Unexpected reactions, i.e. not consistent with product information or labelling
- Serious reactions which are suspected of significantly affecting a patient's management, including reactions suspected of causing:
  - death
  - danger to life
  - admission to hospital
  - prolongation of hospitalisation
  - absence from productive activity
  - increased investigational or treatment costs
  - birth defects

ADVERSE DRUG REACTIONS: WHAT HAPPENS TO A REPORT

Everyone plays an important role in monitoring the safety of medicines, including vaccines, by reporting any suspected adverse events to the TGA. Each report that the TGA receives is entered into the national adverse reaction database.

An adverse event is any untoward medical occurrence in a patient administered a medicine and which does not necessarily have to have a causal relationship with this medicine. An adverse
event can therefore be any unfavourable and unintended sign (for example, an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicine, whether or not considered related to this medicine. For further information, please access the TGA website here.

Clinical Practice Health, Safety and Risk Management

Wellnation Clinics are committed to providing a safe work place for all Clinic staff, students and clients/members of the public. Staff and students must be aware of their responsibility to work safely, avoid injury or loss to any person or their property. This means working intelligently, with common sense, foresight and duty of care:

- **Duty of care** applies to the following relationships in Wellnation Clinics – Clinic staff and students to clients; all staff to staff; staff to students; students to staff; students to students; all staff and students other members of the public on campus for campus-related business.
- All those persons engaged in providing education, administrative and/or health care services such as students, Clinic Supervisors, Clinic Assistants, industry lecturers and administrative staff must conduct students and client care in full control of their physical and mental faculties, unimpaired by substance abuse. **At no time is alcohol to be consumed on clinic premises.**
- Persons on Endeavour College Clinic premises who may present with mental health issues or the misuse or abuse of chemical substances, legal and illegal, that result in a lack of control or impairment must be appropriately managed to avoid harm to themselves or others proximate to them.

Decisions on appropriate actions should be undertaken after:

- The identification of impaired individuals;
- The development of procedures to remove impaired individuals from providing or receiving health services in Endeavour Clinics;
- The identification of individuals exhibiting self-harm behaviour;
- The identification of suicidal individuals;
- The development of procedures to ensure that risk to individuals or others is prevented or minimized;
- The appropriate referral of impaired of self-injuring persons.

Definitions

**Duty of Care** is the obligation to exercise a reasonable level of care towards an individual in the context in which the service is delivered. It is the obligation owed by a service provider to a service recipient and others on campus for campus-related business to avoid certain actions or
behaviours, when it is reasonably foreseeable the person/client could be injured, or suffer a loss, due to the lack of care from that Endeavour staff member or student.

**Impairment** refers to any condition which interferes with the individual’s ability to function as normally expected. It may exist in psychomotor activity and skills, conceptual or factual recall, judgment, attentiveness, demeanour and/or attitudes as manifested in speech or actions. It includes addiction to and/or physical dependence upon any chemical substance(s) misused or abused.

**Chemical substance MISUSE** will be defined as the self-administration of any chemical for any reason other than its intended proper use.

**Chemical substance ABUSE** will be defined as the personal use of any chemical substance that is specifically proscribed by law or by regulation pursuant to legal authority; the personal misuse of any legally controlled substance; or the personal use of any normally legal chemical substance (e.g. alcohol) in a manner that produces significant impairment or that produces the likelihood of the development of impairment.

**Self-injury** is also termed self-mutilation, self-harm or self-abuse. The behaviour is defined as the deliberate, repetitive, impulsive, non-lethal harming of oneself. Self-injury includes cutting, scratching, picking scabs or interfering with wound-healing, burning, punching self or objects, infecting oneself, inserting objects in body openings, bruising or breaking bones, some forms of hair pulling as well as other various forms of bodily harm. These behaviours, which pose serious risks, may be symptoms of a mental health problem that can be treated.

**Suicidal individuals** are persons who may present with suicidal thoughts or express intent to harm or kill themselves now or in the future. These persons may also have a history of suicidal behaviour.

All College Clinic Supervisors and senior staff members have training in initial assessment of impairment, chemical substance abuse, chemical substance misuse, self-injury and suicidal persons.

**Emergency Procedures**

All Wellnation Clinics are smoke free zones – smoking is not permitted in any Clinic or surrounding areas.

In the event of an emergency (fire, bomb threat, emergency evacuation), accident or security issue, students are required to contact their Clinic Supervisor or Clinic Manager immediately.

If there is a suspicion that a person is carrying a weapon, notify a Clinic Supervisor or Senior Staff member to call the POLICE on 000 immediately.
If a client needs an interpreter, notify the Clinic Manager, Clinic Supervisor or Senior Staff member to call the TIS (Telephone Interpreting Services) - Telephone 131 450

If a person presents with an impairment, chemical substance abuse/misuse or self-injury notify the Clinic Manager, Clinic Supervisor or Senior Staff member (See following Harm-Management Flow Chart)

The Clinic Supervisor is to complete an incident report at first available opportunity.

Detailed procedures, flow-charts and forms are available in each Clinic.

All emergencies which occur in the Clinic, or in relation to the Clinic in any way, must be brought to the attention of the Clinic Supervisors and Clinic Manager. Detailed reporting of all such incidents is essential.

ROLE OF THE PERSON WHO HAS INITIAL CONTACT IN RISK SITUATION

1. Try to remain calm.
2. Establish rapport with the person. Listen and show empathy.
3. Consider safety issues for the person, staff, service recipients and others in the area on campus/clinic-related business.
4. Junior staff members and students should notify a supervisor/senior staff member as soon as safely possible. Where students are in clinic rooms with the impaired person, they should activate the duress alarm (where applicable) to alert their Manager/Supervisor. If the student/s feel threatened they should leave the clinic room immediately and notify their supervisor.
5. If a person presents at a clinic and self-injury is evident, do not proceed with treatment without consulting with a clinic supervisor, particularly when the self-injury presents as a contraindication.

Each student must take reasonable care of their own health and safety and the health and safety of other Clinic staff and Clinic clients by:

- Taking action to avoid, eliminate or minimize hazards of which they are aware;
- Complying with all occupational health and safety instructions, policies and procedures of Endeavour College;
- Making proper use of all safety devices and personal protection equipment;
- Complying with the instructions given by emergency response personnel such as emergency wardens and first aiders;
- Not wilfully placing at risk the health and safety of any other person;
• Seeking information or advice where necessary before undertaking new or unfamiliar work;
• Maintaining the appropriate dress standards as set out in this handbook;
• Only consuming or storing food and drink in areas designated for this purpose;
• Being familiar with emergency and evacuation procedures;
• Reporting all incidents, hazards and ‘near miss’ incidents to the Clinic Supervisor, Clinic Manager or Campus Manager.
GENERAL EVACUATION PROCEDURES IN CLINIC

In the case of fire:

- Do not attempt to combat the fire – this should be left to professionally trained personnel;
- Clinic staff will take students and Clinic clients with them during an evacuation of the building; staff should take particular care in overseeing the evacuation of clients who are disrobed at the time of alarm;
- Only take your immediate belongings with you – do not waste time;
- Evacuate the building via the fire exits. Do not use the lifts;
- Obey direction from the designated Fire Wardens;
- Move quickly but do not run;
- Do not return to the Clinic areas until the “all clear” is given by the designated Fire Wardens.

Violence or Aggression in the Clinic

The risk of physical violence or aggression in Endeavour Clinics is considered to be extremely low. However, there is always a possibility that unforeseen situations may arise where safety is compromised. In these situations, the guiding principles are for protection and safety. The safety of every person in the Clinic, including the aggressive or violent person, is of paramount importance.

Risk should be able to be anticipated. Clinic Supervisors and students should have an opinion about risk for known clients. Where this is so and there is a risk, and then a decision must be made about how to deal with the situation. Similarly, if the client (new or ongoing) appears agitated, very angry or disturbed a decision can be made how to best manage the risk.

This would include letting the Clinic Supervisor or Clinic Manager know you are seeing a difficult client. The Clinic Supervisor should be called in immediately for very agitated clients. If you are unable to leave the room you should continue to calm the client but call out loudly (but not scream) for assistance. Or alternatively, if an observer is present they should leave the room immediately and seek assistance.

DEALING WITH DISTRESSED OR DISRUPTIVE INDIVIDUALS IN CLINIC

Distressed individuals and disruptive individuals are not the same, although a distressed individual may also be disruptive.

Disruptive behaviour is that which interferes with other students, clinic staff or clinic clients and their access to an appropriate educational, treatment or work environments. It includes, but is not limited to:
• Yelling or screaming
• Persistent and unreasonable demands for time and attention
• Words or actions that have the effect of intimidating or harassing another person
• Words or actions that cause another person to fear for their personal safety
• Threats of physical assault
• Indecent behaviour, including fully disrobing or not being decently attired

The signs of a distressed individual may or may not be immediately obvious. Their impact may be less intrusive than that of an angry disruptive individual in the short term but may manifest over a period of time and a number of clinic visits.

A distressed person may exhibit one or more of the following signs:

• A marked change in academic performance or behaviour
• Excessive absences or tardiness in attendance
• Unusual or undue aggressiveness
• Exaggerated emotional response that is obviously inappropriate to the situation
• Depressed or lethargic mood
• Hyperactivity or very rapid speech
• Marked change in personal hygiene
• Dramatic weight loss or gain
• Personal dependency (individual does not want to leave or makes excessive appointments)
• Verbal or written references to suicide
• Verbal or written references to homicide or assaults
• Isolation or avoidance of family and friends
• Strange or bizarre behaviour suggesting loss of contact with reality

RECOMMENDATIONS FOR DEALING WITH A DISRUPTIVE OR DISTRESSED PERSON IN CLINIC

Disruptive behaviour should not be ignored. Immediately report any disruptive behaviour to the clinic supervisor or senior staff member present.

Disruptive behaviour usually involves anger. It is important that when dealing with a disruptive person to remember that the situation is not about ‘you’ it is about the situation. Tell the person that such behaviour is inappropriate, that there may be consequences for failing to moderate their behaviour.

If the disruption is indeed based on anger, remain calm. Recognise that most anger outbursts peak for about 20 – 30 seconds, and while this may feel like an eternity at the time, it passes quickly and it is best to ‘wait it out’ before trying to proceed. Do not hesitate to ask for help.
In identifying a distressed person, you may be able to be a resource in times of trouble. Your expression of interest and concern may be critical in helping the individual to re-establish emotional equilibrium. You may also be able to alert the College so that an appropriate intervention can be made.

PROCEDURES FOR DEALING WITH DISRUPTIVE, DISTRESSED INDIVIDUALS OR AGGRESSIVE CLIENTS

When dealing with a disruptive situation

• Listen through the anger. Use active listening.
• Acknowledge the feelings of the disruptive individual.
• Allow the person to vent and tell you what is upsetting them. Allow the person to talk it out.
• Respect personal space. There is some evidence to suggest people experiencing high stress and tension situations need greater interpersonal space than others.
• In the early stages, try to get the agitated person to agree to something, either in word or action, thus initiating co-operation.
• Listen to the person with empathy and concern, ensure that they feel heard by going over what they are saying and clarifying their perceptions of issues and events, which led up to the outburst.
• When the opportunity presents, explain clearly what behaviours are acceptable (e.g. “I will be willing to speak with you as soon as you lower your voice.”)
• Be firm, steady, consistent and honest.
• Focus on what you can do to help resolve the situation.
• Do not interrupt, particularly during the first 20 -30 seconds of peak anger.
• Do not allow yourself to be drawn into an argument or shouting match.
• Do not blame, ridicule or use sarcasm.
• Do not touch the disruptive person and be alert to signs that the persons control may be deteriorating and the situation worsening.
• Do not present any alternative view or interpretation of events until the client is calm and receptive. It is difficult to process
adequately when overwhelmed by anger and your interpretations can result in the person feeling invalidated and misunderstood and increase their sense of alienation and anger.

- Show empathy – let them know that you understand what they are saying and feeling.
- Deal with the current issues only.
- Speak adult to adult – not adult to child. Do not be condescending.
- Avoid making promises or guarantees that cannot be kept or are beyond your control.
- During periods of rage minimize interactions other than to provide clear, short instructions.

At the first opportunity report the matter to the Clinic Manager or senior staff member and if you feel threatened or endangered, call the Police.

When dealing with a distressed individual:

- Try to speak with the person privately.
- Let them know you are concerned about their welfare and that you want to help.
- Listen carefully to what the person is troubled about and express your concerns in behavioural, non-judgemental terms.
- You may suggest exploring various options available to the person.
- Suggest appropriate resources, within the clinic and off campus.
- Point out that help is available and seeking such help is a sign of strength and maturity, not a weakness or failure.
- Respect the distressed person’s value system, even if you do not agree with it personally.
- Recognise your own limits in ability to help and do not make the problems your own.
  Do not involve yourself beyond your limits of time and ability.
- Do not promise confidentiality.
- Do not be judgmental or critical.

If you become involved with a disruptive situation or encounter a distressed person, at the first opportunity, you should document your memory of the situation. Write a factual, detailed
account of what happened. Use clear, behavioural terminology and a clear account of your actions. Submit your written account of the situation to the Clinic Supervisor.

If the situation involves a clinic client a copy of your report will be required for their client file. If the subject is a student, a copy will be required by Student Services and if a staff member, a copy must go to the Campus Manager.

**IN CASES OF RISK OF HARM TO PERSONS OR DAMAGE TO PROPERTY**

- Evasive self-defence strategies are the most appropriate response.
- Remove yourself to a place of safety if possible.
- Notify the Clinic Supervisor or Clinic Manager immediately.
- Alert others in the Clinic to the risk happening.
- Call the police if justified.

**DOCUMENTATION**

After any risk or harm incident has been resolved, document all instances of aggressiveness, violence, damage to property or harm to others in detail in the client’s file. Give times and the sequence of events, from prior to the onset of the behaviour until after its conclusion. Detail all actions taken by you and your Clinic Supervisor in line with the College policy for terminating services to a client.

**DEBRIEF AND FOLLOW-UP**

If there is an incident the Clinic Supervisor or Clinic Manager is responsible for coordinating an immediate debrief.

Incidents are to be followed up under occupation, health and safety requirements and modifications to responses and procedures made.

**Suicide Threats**

Suicide is now recognized as a major external cause of death and it is the second leading cause of death in the 15-19 year age group. Although the risk of suicide amongst clients attending the Clinic is expected to be low, it remains a distinct possibility.

All Clinic students and Clinic Supervisors have a duty of care to the public. This should ensure that when assistance is sought to deal with suicidal behaviour, the response is prompt, efficient and effective. The assessment of risk of suicide is a recognised clinical skill for allied health practitioners as with other health professionals.
Requests for assistance with people at risk of suicide may come from individuals, families or friends. If these requests come to a student in Clinic sessions, the Clinic Supervisor or Clinic Manager must be notified immediately.

*Once suicidal ideation has been detected, identify your concerns to the client gently and tell them that you are required to contact your Clinic Supervisor, who will follow the critical management plan for dealing with such events.*

Persons at risk or family members need to be given clear and concise information about available services and the available options for treatment. They should be directed to their nearest and most accessible service, i.e. Hospital, Emergency Service or Mobile Mental Health Team.

Clinic Supervisors must make contact with the service to whom the person at risk has been referred and a relevant contact person in that service identified, who has accepted ongoing responsibility. The name of this person, and the date and time of the call, must be documented in the client’s file.

**DOCUMENTATION**

As with all client treatments, careful notes should be kept in the client’s file, of the circumstances, decisions made and actions taken. Record the name of the support group or agency and time of call, any other person, agency or professional contacted. Where confidentiality has been breached, record the reason/s for this. Both the student and Clinic Supervisor should sign this record.

It should also be noted that in the event of a death a coronial enquiry is likely. These often take place 2 years after the event – making immediate accurate records is a must.

**INFORMATION ON THE ASSESSMENT OF SUICIDAL RISK FOR PRACTITIONERS**

Detecting suicidal ideation in the client interview situation is extremely challenging. Understanding that suicidal clients may be ambivalent and perhaps reluctant to admit ideas of self-destruction, managing the client’s distress, anger, and possibly provocative behaviour, apart from typical features of depression, and understanding the role of impulse and opportunity are all important.

- Indicators that may be identified in the client interview situation:
• Has the person been feeling so bad (ill health is a recognised trigger for suicide) that they wish they were dead?
• Has the client ever thought of killing themselves?
• Has this happened recently?
• What has happened to make them feel like this? (acute precipitants)
• How long have they been considering it? How often in the past week? (duration, recency)
• How strongly do they wish to die? What would stop them? Is there any other way to solve their problems? (intensity, hopelessness/helplessness, negativity)
• How else can they manage suicidal thoughts and feeling? (contingency planning)
• Has the client attempted to kill or harm themselves before?
  • How often? (frequency)
  • When? (how recent?)
  • What methods were used? (how lethal?)
  • What happened at these times? (preventative factors)

Social support needs to be identified – does the client have a spouse/partner, parent, good friend who could be contacted to help keep the client safe?

A brief Mental Status Examination should be undertaken including:
  • Appearance
  • Attitude and Activity
  • Mood and Affect
  • Speech and Language
  • Thought Content
  • Thought Process and Perception
  • Cognition
  • Insight and Judgment
EVALUATION

If a client has current suicidal ideation, a feasible plan and the means to carry out the plan, they are considered at risk. If the client has attempted suicide before and/or has few social supports, the client is considered to be at increased risk of suicide. If the client has experienced severely depressed mood for some time, is presenting with psychotic features or poor judgment they are at an extremely acute risk of suicide.

ACTION TO BE TAKEN

• Several immediate options are available, depending on the seriousness of the risk of suicide. The following are some options, which can be used depending on the urgency and degree of risk. All must be undertaken under the supervision of the Clinic Supervisor and advice should be provided to the patient to review their situation with their GP and/or specialist as a matter of high importance:
  • Obtain the client’s undertaking that they will not make an attempt before help can be found for them (and record this in the case notes). Ensure that the client has a list of contact numbers to use in the event of a suicide crisis.
  • Call the client’s family/significant others and request that they come to the Clinic to collect the client. The person/s called should be capable of providing care and support.
  • Stay with the client until they arrive and explain the situation to them. Ensure that they have a list of contact numbers to use in the event of a suicide crisis.
  • If during business hours a client is considered to be at acute risk of suicide, the client should be escorted to an appropriate care facility.
  • While any risk of suicide remains, the person should be seen by other professionals in order to increase the client’s access to resources in the event of a suicide crisis.
  • If the client absconds while you are seeking assistance and there is a real risk of a suicide attempt, call appropriate authorities.

Abuse or Neglect of a Child or Adolescent

Where physical, sexual or emotional abuse of a child or adolescent is disclosed to you by a child/adolescent, or where the child/adolescent presents with physical injuries, e.g. burn marks, bruising etc., or with evidence of being neglected, e.g. not being fed, dirty or unkempt, it is important that you:

Listen to the child/adolescent. Your role is to listen, but NOT to conduct an investigation. Obtain information that the child/adolescent is willing to give, but do not push for information.
Tell the child/adolescent that they have done the right thing in telling you. Acknowledge that it is a difficult thing to do. Remain calm and be reassuring to the child/adolescent. Do NOT discuss fault or responsibility with the child/adolescent. Ask a fellow student to bring the Clinic Supervisor to the room immediately (or do so yourself if no fellow student is available).

Where the child/adolescent asks that this be kept confidential, you must make it very clear that this is a promise you cannot make. You need to let them know that because of your concern about them and their safety, you will be discussing what you have been told with the Clinic Supervisor, so that a decision can be made on the best way to keep them safe.

CONTACT THE CLINIC SUPERVISOR IMMEDIATELY.

The Clinic Supervisor will decide the best course of action to take.

Where injuries are suggestive of non-accidental causes, abuse or neglect of a child or adolescent is suspected, or there is sufficient concern that the child/adolescent has been abused or neglected from the disclosures made, a notification must be made to the appropriate department in your state. See contacts under working with children section.

Link to mandatory reporting of child/adolescent abuse or neglect can be found here.

Notifiable Incidents and Injuries

Under State and Federal Occupational Health and Safety Acts certain incidents must be notified to Work Cover Authorities and/or Health Authorities immediately after becoming aware that an incident has occurred in Clinic facilities and to provide a written record of the incident within 48 hours of it occurring.

These Acts also require employers and staff not to disturb the site where a notifiable incident occurs until a Work Safe inspector or Health Department official arrives. However, the site may need to be disturbed to protect the health and safety of a person, to aid an injured person
involved in the incident, or to take essential action to make the site safe or prevent a further occurrence of an incident.

A Notifiable Incident is an incident which results in:

- a. The death of any person; or
- b. A person requiring medical treatment within 48 hours of exposure to a substance or treatment; or
- c. A person requiring immediate treatment as an in-patient in a hospital; or
- d. A person requiring immediate medical treatment for –
  1. The amputation of any part of their body; or
  2. A serious head injury; or
  3. The separation of their skin from underlying tissue (such as de-gloving or scalping); or
  4. Electric shock; or
  5. A spinal injury; or
  6. The loss of bodily functions; or
  7. Serious lacerations
- e. Any other injury to a person or other consequence prescribed by the regulations.

An Incident is also notifiable if that incident exposes a person in the immediate vicinity to an immediate risk to the person’s health and safety through:

- a. The collapse, overturning, failure or malfunction of, or damage to, any plant that the regulations prescribe must not be used unless the plant is licensed or registered; or
- b. The collapse or failure of an excavation or any shoring supporting an excavation; or
- c. The collapse of partial collapse of any part of a building or structure; or
- d. An implosion, explosion or fire;
- e. The escape, spillage or leakage of any substance including dangerous goods (within the meaning of the Dangerous Goods Acts of each State); or
- f. The fall or release from a height of any plant, substance or object.

Incident Response Report Form

Students must notify Clinic Supervisors as soon as possible of any injury or risk of injury to clinic clients or other students. Incident Report Forms must be filed within 24 hours of the incident occurring. This process enables immediate action to be taken, including any corrective measures to prevent a reoccurrence of the incident.

Issues for those Managing Emergency Situations
Dealing with emergency situations may raise strong feelings in those exposed to and attempting to manage the situation, such as anger, fear, revulsion, disbelief and sadness. It is necessary that you contain and manage those feelings when in the situation and with the people concerned, but that you find an appropriate venue later to address them. Suitable venues for debriefing include making time with your Clinic Supervisor, the Clinic Manager, Program Leader, or Senior Lecturers.

Maintaining Health & Safety in the Clinic Setting

For the safety of all Clinic community members, it is vitally important that each student is familiar with the potential health risks of Clinic facilities and the proper protocols for lessening those risks. Any procedure that involves breaking the skin creates an opportunity for exposure to infection. Appropriate precautions must be used whenever there is a potential for exposure to blood, other bodily fluids (e.g. saliva, mucus, weeping lesions) or body tissues.

Due to a possible risk of exposure to body fluids, students and Clinic staff must adhere to the following guidelines in all clinical treatment areas (treatment rooms, reception, dispensaries, and laboratory areas):

- No food or beverages are to be present
- No insertion of contact lenses, application of make-up, tooth-brushing, or any other procedure which unnecessarily exposes mucous membranes to potential infection
- Clinical treatment areas must be equipped with appropriate sharps containers and biohazard containers
- Gloves and other personal protective equipment will be available in Clinic facilities at all times
- Closed toe shoes must be worn at all times by students and staff during Clinic sessions
- Hand washing facilities must be available for all staff and Clinic students.

Hand washing is generally considered to be the most important single procedure for preventing infection in a health care setting. Hands should be washed according to current standards for health care providers:

- Before and after each client
- After contact with blood or body fluids or obvious environmental contaminants
- At the end of each treatment
- After maintaining personal hygiene (e.g. brushing hair, blowing nose, putting in contacts).
There are two types of electric tables in some clinics, one type has roller wheels with clips that lock the wheels in place, the other has fixed wheels. When moving the tables it is important to follow the correct steps to protect yourself and the tables.

For the roller wheels, place all electric cords and foot pedals in the centre of the bed. Unclip the locks on each wheel; push the table from the centre to its new position.

For the solid wheels, place all the cords and foot pedals in the centre of the bed, **STANDING AT THE FOOT OF THE BED**, pick the end up and manoeuvre the bed to its new position. **DO NOT PICK THE BED UP BY THE FACE CRADLE.**

For nonelectric beds use two people, one at either end. Keeping the knees soft pick up one end each and carefully move the table to its new position.

All students should be aware and conscientious when performing any and all clinical procedures e.g. inserting acupuncture needles, performing massage treatments, to cleaning and disinfecting the treatment room afterwards. Special care must be undertaken to avoid accidents. Clinic Supervisors must be contacted immediately as accident occurs. Each Clinic is equipped with First Aid Kits (check location!), body fluid spill kits, biohazard containers and fire extinguishers. Some campuses also have an Automated External Defibrillator (AED) on site and should make yourself aware of its location (check with your Clinic Manager). Students must be aware of the College Workplace Health and Safety Policies & Procedures.

Also refer to the Policy for **Notifiable Diseases & Infection Control** and the **Safe Work Procedure – Sharps and Bio-hazardous waste handling and disposal** (also available from your Clinic Manager).

As a reference to process below is a link to the Queensland Health list of notifiable diseases (**note** other States / Territories will have their own legislative lists, this is provided only as a guide):


**Management of Sharps/Needle-Stick Injuries**

The best way to prevent sharps or needle stick injuries is to be informed. All health care practitioners working with blood and body fluids are at risk for contracting diseases such as Hepatitis B, Hepatitis C, HIV and other blood borne pathogens from needle stick injuries. These diseases are preventable with the careful handling and disposal of all contaminated sharps and with the use of safer sharps devices.
It is very important that the protocol for dealing with needle stick and other blood or body fluid incidents is followed. The key steps for dealing with needle stick accidents in Endeavour Teaching Clinics include:

**IMMEDIATE ACTIONS**

- Remove contaminated clothing and thoroughly wash the injured area with soap and water. Affected mucous membranes should be flushed with large amounts of water.
- If blood gets on the skin, irrespective of whether there are any cuts or abrasions, wash well with soap and water.
- If the eyes have been contaminated, rinse the area gently but thoroughly with water or normal saline, while the eyes are open.
- If blood gets in the mouth, spit it out immediately into a tissue or towel and then rinse the mouth with water several times.

**DIRECTLY AFTER THE INCIDENT**

- Report the incident to your Clinic Supervisor;
- With assistance from your Clinic Supervisor, make sure that the affected area has been thoroughly washed;
- Assess the risk of blood-borne virus transmission with assistance of your Clinic Supervisor using the Body and Blood Fluid Exposure Action Plan included in this section;
- If considered necessary, your Clinic Supervisor will advise you to seek medical advice from your doctor or hospital ideally within 1-2 hours of exposure;
- The Clinic Supervisor will investigate the circumstances of the accident and the College will take measures to prevent recurrence. This may include a change in work practices, equipment and/or training of staff and students;
- If a needle/sharp was involved, place it in a rigid-walled sealable container. The needle/sharp should be taken to your doctor or hospital if referred by your Clinic Supervisor. Do not attempt to cover a needle because you can run the risk of further injury.
The Clinic Supervisor will document the incident including:

- Date and time of exposure
- How the incident occurred
- The name and details of the source individual (client)

Special Note: It is important to protect the privacy of the student involved and clinic client by keeping all records confidential (please refer to your Clinic Manager).

**SPECIFIC REQUIREMENTS**

Wherever possible Endeavour Clinics use pre-sterilised disposable needles, sharps, cupping instruments, etc. for all skin penetration procedures or procedures that may break the skin. In procedures where reusable equipment is necessary, proper sterilisation procedures must be utilised.

**BLEEDING MANAGEMENT**

Any bleeding that occurs as a result of a skin penetration procedure should have pressure applied to the wound with a clean dry dressing. **Special Note:** Single use gloves should be worn for all procedures that have been assessed as carrying a risk of exposure to blood, mucous membranes or contaminated equipment.

**KNOWLEDGE OF PROCEDURES**

All persons working in health care environments where skin penetration is performed should have adequate knowledge of their chosen field to perform the procedure in a competent manner. First aid knowledge and the application of Infection Control Guidelines will assist in ensuring that clients remain safe while undergoing any type of skin penetration procedure.

**AFTER CARE INFORMATION**

Clinic clients also need to know about infection control. It is advisable that students/Clinic Supervisor supply clients with suitable information regarding the skin penetration procedures and any appropriate after care advice. Clients should be advised to contact their medical practitioner if infection occurs.

**Special Note:** Only a small percentage of accidental exposure to blood results in infection. Counselling is available from Infectious Diseases medical officers at major hospitals or referral from medical doctors.
Blood and Body Fluid (BBF) Exposure Action Plan

<table>
<thead>
<tr>
<th>Skin – immediately wash with soap and water</th>
<th>Eye - rinse gently but thoroughly with water with eyes open</th>
<th>Mouth – spit it out &amp; rinse mouth thoroughly with water</th>
<th>Needle stick/sharps injury – allow wound to bleed freely, immediately wash with soap &amp; water</th>
</tr>
</thead>
</table>

Assess risk of blood-borne virus transmission

<table>
<thead>
<tr>
<th>Negligible risk – no breaks in skin, sharp no contaminated with BBF</th>
<th>Lower Risk – BBF contamination to broken skin, eye, mouth</th>
<th>Higher risk – source Hep B, C or HIV positive, needle breaks skin</th>
</tr>
</thead>
</table>

No further immediate action

Immediately Contact – Doctor or hospital

For counselling, blood screening, post exposure prophylaxis and possible referral to a major health facility with an infectious diseases medical officer

Report and record details of the incident. Assess the cause and develop prevention strategy.

Maintaining Cleaning Standards in Clinic and Treatment Rooms

Treatment rooms and general Clinic areas should be keep clean and tidy at all times. After each client visit, students who treated the client (and/or assisted) are responsible for the following protocols. These protocols have been introduced to meet health department standards and occupational health and safety requirements.

GENERAL CLEANING

Treatment rooms should be left clean, tidy and ready for the next client and student.

- Linens such as towels that have not been exposed to body fluids are to be placed in the provided laundry containers. Do not put linens on the floor in any areas.
- Linens that have come into contact with large amounts of body fluids or open wounds must be sealed in a biohazard bag before being put into the laundry containers. Students are advised to use good judgment or ask the Clinic Supervisor on dealing with body fluids. Linens that have large areas of body fluids require this process. Linens with a small drop of blood do not.
• Tidy up treatment areas, shelving units and cabinets in the treatment rooms and return all treatment supplies to their original spot. If treatment supplies have been finished or need re-filling, this needs to be done before the next person uses the treatment room.
• Return shared Clinic equipment to the appropriate storage location, so that the next person can find it.
• Clean surfaces by spraying with provided cleaner and wiping them down. (see also instructions on disinfecting treatment areas)
• No food or drinks are to be consumed in treatment rooms.

INSTRUMENTS

• All disposable instruments and materials that have come into contact with body fluids must be properly disposed of in the appropriate biohazard containers.
• All non-disposable instruments that need to be cleaned and sterilised for re-use must be cleaned according to instructions from the Clinic Manager.

GLOVES

• Gloves must be worn any time there is a reasonable possibility of hand contact with blood, body fluids or broken skin (exposed tissue).
• Gloves that have been contaminated with body fluids should be immediately removed and placed in the biohazard containers/bags in each treatment room.
• Care should be taken to avoid touching anything in the treatment room with contaminated gloves.
• When students need assistance with disposing of gloves in the biohazard containers/bags, they should ask a fellow student, or member of Clinic staff for assistance in the treatment room. Contaminated gloves are not to be worn outside of treatment rooms under any circumstances.

ANIMALS

Animals are prohibited in areas where skin penetration procedures are undertaken, the only exception being service animals such as seeing-eye dogs in the company of a blind person.

DISINFECTING TREATMENT AREAS

Students are required to disinfect treatment rooms and surfaces that may have been exposed to contamination. This should include the following times:
At the beginning of every Clinic session
At the end of every Clinic session
Any time there is visible body fluid contamination

The following procedures must be followed to ensure proper and effective disinfecting and to meet health department and occupational health and safety requirements.

- Every surface that may have been exposed to or come into contact with body fluids, including sneezes and coughs, must be disinfected.
- When body fluid contamination is visible, disposable gloves should be worn for the clean-up process. If body fluid contamination is not visible on a surface, it is not necessary to wear gloves while disinfecting.
- When body fluid contamination is visible, the surface should be cleaned with disinfectant.
- All contaminated surfaces should be sprayed with disinfectant and left wet for 10 minutes and then wiped with paper towels.
- All treatment room doorknobs should be cleaned with disinfectant after each Clinic session.

**BODY FLUID SPILLS**

Blood and body fluid spills pose a significant health risk. If a spillage of blood or body fluids occurs:

a. Wear disposable gloves and protective clothing;
b. Pick up broken glass or any other sharp object included in the spill with forceps and dispose of in a sharps container;
c. Clean the surface that has been contaminated with detergent and water using disposable wipes or paper towels;
d. Rinse and dry the surface;
e. All soiled materials, excluding sharps, should be placed in a biohazardous plastic bag and then disposed of under instruction of the Clinic Supervisor/Clinic Manager;
f. If a spill occurs on a carpeted area, the area should be shampooed or steam cleaned as soon as possible after the spill occurs.

Each Clinic is equipped with a spill kit to be used for clean-up of major body fluid spills. The Clinic Manager can be consulted for information regarding this kit.

**BURNT MATERIALS (MOXA)**

Stainless steel bowls should be used to hold and extinguish burning materials in the treatment room. Moxa extinguishers should be used for moxa sticks whenever available. Burnt materials
should be given time to cool thoroughly in the stainless steel bowl before being emptied into the bins provided.

**ACUPUNCTURE/DRY NEEDLING NEEDLES**

The majority of items used in acupuncture are available in sterilised and single use. Single use dermal hammers and pressure studs are also available. Some of the most common clinical tasks facing Acupuncture and Musculoskeletal Therapy students are the insertion and removal of needles. Handling needles may be hazardous; student should work with them slowly, carefully and cautiously.

**Insertion of acupuncture/dry needling needles:**

- Preparation of the skin prior to acupuncture can be done by the use of an alcohol wipe which will reduce the amount of bacteria on the skin thus lessening the risk of infection. The skin should be allowed to dry prior insertion of acupuncture needles.
- Care must be taken to avoid contamination when removing needles from the sterile packaging.
- Needles must not be touched by the bare finger during insertion.
- All opened needles, whether or not they have been used, must be discarded in the sharps containers as they are no longer sterile. For this reason, needle packages should be opened only at the time of use.
- Gloves, cotton balls, alcohol swabs should always be available to prevent exposure of the hand that places pressure on the insertion site.

**Disposal of used needles:**

- Disposable needles must immediately be discarded in sharps containers.
- Needles should not be gathered in small bunches as they are removed; they should be dropped individually into the sharps containers directly after they are removed.
- Used needles should be handled as little as possible in order to minimize the possibility of accidental needle stick injury.

Also refer to the Safe Work Procedure – Sharps and Bio-hazardous waste handling and disposal (also available from your Clinic Manager).
TCM/MST CUPS

Reusable equipment such as TCM glass cups not involved in skin penetration procedures and not contaminated with blood can be decontaminated using detergents and water after use and stored dry. Disposable TCM cups should be disposed of in the bins provided. These requirements should be discussed with relevant Clinic Supervisors.

LINEN

Linen used in Clinic areas where skin penetration procedures are undertaken needs to be stored to prevent contamination. Only fresh, clean linen should be used on each client. Used, dirty or soiled linen should be stored in a suitable receptacle.

End of Clinic Session Checklist

1. Survey each treatment room.
2. All supply levels should be checked and urgent needs should be reported to the Clinic Manager.
3. All dirty laundry must be removed from treatment rooms and placed in the laundry containers – no linen should be left on the floors in any areas.
4. Treatment equipment should be checked and any electrical equipment should be unplugged when not in use.
5. After use, any Clinic equipment should be put back into its proper storage place.
6. Client files need to be correctly completed and appropriately filed after being checked with Clinic Supervisors.
7. At the end of the Clinic session, students should ensure that all Clinic areas are tidy.
8. Any personal items left in the Clinic will be held for one month in College Lost Property and then donated or discarded.
Terminating the Client/Provider Relationship

Clinic Supervisors must notify the Clinic Manager of their intent to discontinue services to a Clinic client. Terminating the relationship should be a last resort when efforts to maintain a therapeutic relationship have failed. For further information, please refer to the Terminating Services to a Clinic Client Policy.

In some circumstances a clinic-client relationship may draw to a natural close (e.g. the client moves interstate or to a regional area). In such cases the student practitioner and Supervisor can consider referring the client on and this should be documented in the final case notes for that client.

Note that it is not considered appropriate for clients being treated within the Wellnation Clinics to also be receiving concurrent care outside of the clinic by an Endeavour student or staff member. Any such known cases must be brought to the attention of the Associate Director – Clinical Services in the first instance.
Hand washing Procedure

**How to handrub?**

**WITH ALCOHOL-BASED FORMULATION**

1a. Apply a plentiful of the product in a cupped hand and cover all surfaces.

1b. Rub palms together:

2. Rub hands palm to palm:

3. Right palm over left dorsum with interlaced fingers and vice versa:

4. Palm to palm with fingers interlaced:

5. Backs of fingers to opposing palms with fingers interlocked:

6. Rotational rubbing of left thumb clasped in right palm and vice versa:

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa:

8. Rinse hands with water:

9. Dry thoroughly with a single use towel:

10. Use towel to turn off faucet:

11. And your hands are safe:

**How to handwash?**

**WITH SOAP AND WATER**

0. Wet hands with water:

1. Apply enough soap to cover all hand surfaces:

20-30 sec

40-60 sec

...once dry, your hands are safe...

...and your hands are safe.

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CPR Chart

CPR Chart
Cardio Pulmonary Resuscitation

D Check for danger
Check for danger e.g. electric cords, patrol or other hazards

R Response
Check for response
If no signs of life:
> Unconscious
> Unresponsive
> Not breathing normally

SEND FOR HELP!
> Get someone to dial Triple Zero (000) immediately
> Ask for AMBULANCE

A Clear airway
> Tilt head back (not for infants or injured)
> Remove foreign matter from mouth (and nose of baby)
> Place on side if there is a lot of foreign matter

B Check breathing
> Look, listen and feel for breathing
> If normal breathing is present leave or place patient on their side
> If normal breathing is absent, commence CPR 30 compressions to 2 breaths at 100 compressions/min
  – Place patient on their back
  – Tilt head back (not for infants or injured)
  – Lift jaw and pinch nostrils

C Circulation
(at 100 compressions/min)
CHILD & ADULT:
> Place hands over the centre of the chest (sternum).
> Compress sternum one third the depth of the chest 30 times
> Continue with 30 compressions to 2 breaths
> Do not interrupt compressions for more than 10 seconds

INFANT:
> Position 2 fingers on lower half of the sternum
> Depress sternum approximately one third the depth of the chest
> Continue with 30 compressions to 2 breaths

D Defibrillation
If Automated External Defibrillator (AED) is available

CONTINUE CPR UNTIL PARAMEDICS ARRIVE OR SIGNS OF LIFE RETURN
Beware of rescuer fatigue, if help is available swap rescuers every few minutes

This chart is not a substitute for attending a first aid course. LEARN CPR NOW!
This CPR chart is provided free of charge and must not be sold. The chart is available to download from the Ambulance website at: www.ambulance.nsw.gov.au.
For enquirers about this chart:
NSW Ambulance
Locked Bag 106
H Mascot, NSW 2033
Tel. (02) 9320 776

This chart conforms to the Australian Resuscitation Council’s guidelines as at November 2010. For more information visit: www.nrsa.org.au

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