

LCOM

Clinic Handbook

Welcome to LCOM Teaching Clinic.

The Clinic provides opportunities for students to observe and treat a range of patients, working with a variety of clinical tutors. It is where the knowledge gained during practical and academic lectures can be integrated and reinforced.

This Handbook will provide a point of reference throughout your training for issues of administration, protocol and professional conduct. This conduct is critical to ensure the health and safety of you, your fellow students, lecturers, practitioners and patients.

This is a living document and will be updated and added to from time to time to reflect changing standards, laws and protocols.

Please read the information in this document carefully.

All students are required to sign the Code of Conduct Agreement Form found at the end of this document and return it to the course director on their first day of attendance in clinic.

Should you have any questions or queries regarding any of the content within this document you should address this to the course director.

The Handbook is not intended to provide full details about college regulations and should be read in conjunction with the:

- Student fitness to practice policy
- Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students. Issues by the GOsC.
- MLCOM course handbook.

The Handbook is available electronically and you can download a copy from the college Moodle site.

This Handbook aims to fulfil a number of objectives:

- To provide essential information regarding the clinic
- To indicate the expected professional behaviour within clinic
- To communicate essential Health & Safety (H&S) and clinical protocols
- To log and audit patients observed/treated (i.e. monitor the clinical experience)
- To record significant learning experiences (e.g. reflective incidents, continuity of care)

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Professional Conduct and Ethics

- You must at all times follow College and Clinic Rules and Regulations
- You must maintain professional conduct and ethical considerations at all times as stated by the General Osteopathic Council (GOsC) Osteopathic Practice Standards (OPS)
- You must adhere to the College policy on 'Confidentiality' at all times. Students are reminded that discussion of individual patients' cases and treatments must not take place outside the clinic or classroom environment.
- Students should not accept payment or gifts from patients.
- Students must neither suggest nor offer to treat patients outside specified clinic times or outside College premises.

It is essential that discipline is maintained at all times within the clinic structure.

CODE OF CONDUCT

Introduction

Osteopathy in the United Kingdom (UK) is regulated by statute (The Osteopaths Act 1993). It is envisaged that on successful completion of this course in osteopathy you will be able to apply for registration with the General Osteopathic Council (GOsC) and therefore be legally entitled to practice osteopathy in the UK.

The Osteopaths Act 1993 established the General Osteopathic Council to 'provide for the regulation of the profession of osteopathy'.

The GOsC has a legal duty to determine the standard required for the competent and safe practice of osteopathy and ensure that qualifications awarded by any educational institution in osteopathy reach that standard. In this capacity, the GOsC:

- Registers qualified professionals
- Sets standards of osteopathic practice and conduct
- Assures the quality of osteopathic education
- Ensures Continuing Professional Development
- Helps patients with complaints about an osteopath

It publishes the osteopathic practice standards which detail the standards of conduct and practice expected of registered osteopaths,

As a student of osteopathy you are expected to act in the same manner you would as a registered osteopath. As such you must make yourself familiar with the GOsC code of practice and standards of proficiency. These can be found at www.osteopathy.org.uk

Whilst in the clinic environment and during practical sessions you should:

Make the care of the patient or model your first concern, by

- being honest and trustworthy
- treating every patient politely and considerately
- respecting patients' dignity, individuality and privacy
- providing appropriate care and treatment
- never abusing your position as a clinician

Respect the rights of patients to be fully involved in decisions about their care, by

- ensuring patients are aware of their rights, particularly to stop an examination or treatment at any time and to be accompanied by a chaperone

- obtaining consent before you examine or treat a patient
- listening to patients and respecting their views
- giving patients full information and being sure they understand you.

Justify public trust and confidence, by

- recognising and working within the limits of your competence
- ensuring your personal values and views do not prejudice your patients' care
- maintaining and developing your knowledge and skills
- responding promptly and constructively to criticism and complaints
- acting quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise
- respecting the skills of other healthcare professionals and working in co-operation with them for the benefit of your patients
- responding promptly to and co-operating with superseding healthcare professionals.
- ensure you observe your duty of candour.

Maintain, respect and protect patient information, by

- taking full and accurate case histories
- maintaining full and accurate clinical records
- keeping patient information confidential
- keeping all patient records secure.

CONSENT

Your patients have a right to determine what happens to them and consent is their agreement for you to provide the care that you propose. Obtaining consent is a fundamental part of your practice and a legal requirement. If you examine or treat a patient without first obtaining consent you may face criminal and civil as well as GOsC proceedings.

Again you should read this document in conjunction with the osteopathic practice standards and student fitness to practice policy for the college. that can be downloaded from the GOsC website and the college Moodle. They provide more detail on professional issues and legal requirements such as consent.

CONFIDENTIALITY

Patients have a right to expect that you will observe the rules of confidentiality. Unless you do so, patients will be reluctant to give you the information you need to provide good care. In normal circumstances, you should keep confidential your patients' identities and other personal information you learn and record, along with the opinions you form in the course of your professional work.

This duty extends to all clinical staff and survives the death of any patient. Similarly, you should not release or discuss the personal information, medical details or care of a patient with their partner or family members unless you have the patient's consent to do so.

You must ensure that the confidential information for which you are responsible is at all times made secure against loss, theft and improper disclosure. You may release confidential information if a patient, or someone appointed on their behalf, gives you specific permission to disclose it. It may not always be necessary to disclose all the information you hold on a patient.

When seeking a patient's consent to disclose information about them, you must make sure they understand the extent of what you will be disclosing, the reasons for doing so and the likely consequences. You must explain to patients the circumstances in which information about them is likely to be disclosed to others in your workplace and involved in their healthcare. Allow them to withhold permission for this if they wish.

You must advise healthcare workers to whom you disclose information that they must also respect the patient's confidentiality. If you suspect that a patient's confidentiality is not being respected or have any doubts or concerns regarding this issue you should bring it to the attention of a senior member of clinical staff

CLINICAL NOTES

Clinical notes are important legal documents and should be clearly and accurately maintained

It is the treating student's responsibility to make sure that the notes are filled in correctly and legibly with the help of the tutor. Notes must be clearly readable, administration details should be filled in using BLOCK CAPITALS and only appropriate abbreviations used.

Students, with responsibility for the treatment of the patient, must ensure that the patient's case notes are accurately filed following the treatment episode. Patient's notes may not leave the clinic under any circumstances. If a case study is required then notes may be photocopied with the tutors permission provided all identifying information is anonymised and consent has been given by the patient for their information to be used at the initial consultation.

LEGAL & OTHER REQUIREMENTS

Conduct within the clinical setting will be subject to the usual domestic laws including (but not limited to) Human & Civil Rights and Health & Safety. The basis of British health and safety law is the Health and Safety at Work etc. Act 1974. The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. The main requirement on employers is to carry out a risk assessment which will be done on a regular basis.

You must comply with the following to ensure your own and colleagues' safety;

- Always show respect to others.
- Take responsibility for your actions.
- Act safely with consideration.
- Attend clinic in a punctual manner, inform staff when you leave in accordance with fire regulations.
- Obey all instructions from clinic tutors and the practice manager

The clinic tutors and clinic director have a duty to intervene where they see inappropriate behaviour and may. The Clinical lead and/or academic lead will determine further action or outcome to any serious or recurrent breaches of protocol and may invoke college disciplinary or student fitness to practice procedures if necessary.

- It is your responsibility to pay attention to your own and fellow students' safety during a practical lecture or clinic session.
- You must not be under the influence of alcohol or recreational drugs when you present yourself for practical or clinical work.
- If you know or suspect that you are suffering from a medical, physical or mental condition or are receiving medication that may impair your ability to participate in practical or clinic sessions, you must seek advice from a suitably qualified healthcare practitioner. If you are advised to limit or refrain from practical or clinic work then you must submit written confirmation of the healthcare practitioner's opinion to the course director.
- You have a duty to report if you suspect that a fellow practitioner or student is not fit to practice due to any of the above reasons.
- If you have a medical condition and suspect that some osteopathic techniques should not be practiced on you, it is your responsibility to inform the tutor in charge of the session.
- If you are receiving osteopathic treatment yourself, you must discuss with your tutor whether it is suitable for you to act as either a model or practitioner. It is important that you make the tutor aware of any advice you have been given.
- It is your responsibility to stop any osteopathic activity that causes you discomfort or has caused you discomfort in the past. Please do not be afraid to voice your concerns. It is important that you are comfortable with what is being done, and it can be valuable feedback for the practitioner.

- If you have a skin lesion (open wounds, cuts, infections), you must take appropriate precautions to prevent this from coming into direct contact with fellow students, staff, lecturer, patients or equipment (e.g. plinths, pillows, towels) and lecture aids (flexible spines, skeletons). You must use an appropriate occlusive wound dressing where necessary.
- You are expected to bring a clean full-sized towel to all practical sessions.
- Always gain verbal consent from your 'model patient' before carrying out any techniques this should include a full explanation of the procedure and any known side effects of that procedure.
- You must always recognise your student status and **MUST NOT** treat patients or fellow students without appropriate supervision either within or outside the college environment.
- High velocity thrust techniques, mobilisation with thrust/force techniques and soft tissue techniques to the calf can only be performed under the supervision of an osteopathic tutor.
- You are only allowed to use osteopathic techniques which have been:
 - Taught to you as part of the LCOM course.
 - Practised under supervision from Osteopathic Tutors.

RISKS & HAZARDS

The college will conduct and update risk assessments regarding all aspects of the clinic experience to ensure the appropriate mandatory legislation and desired outcomes are met. If during attendance at the clinic students become aware of potential hazards or risks that may not have been identified, particularly health & safety hazards, or poor practices, these should be raised immediately with the clinic director. For example, faulty equipment or electric cables, loose shelves, equipment checks out of date, breaches of confidentiality.

FIRE

Instructions in case of fire are posted at strategic locations in the clinic and full details are contained within the College Fire and Evacuation Procedure document. Please familiarise yourself with these on first attendance in clinic and be attentive to any updates. It is the students' responsibility to make themselves aware of the location of the fire assembly points.

The Fire Assembly Point is outside the main entrance to Marylebone Train Station

CONTAGIOUS DISEASES

To minimise the risk of cross-infection the following should be observed:

- Attend to personal hygiene at all times
- Wear a clean coat for each clinic attendance
- Wash hands after any physical contact with third parties & use the hand sanitisers that have been placed in the treatment rooms when coming into contact with patients. Please notify clinic staff if sanitisers require replacing.
- Couch roll should be removed from couches and disposed of after each patient episode. Fresh couch roll should be placed on the couches prior to further use of the couches.
- Wear protective disposable gloves when testing urine samples or palpating intimate areas or undertaking internal procedures.
- Make sure that all clinical waste products are appropriately disposed of
- Be vigilant with regard to personal or third party infections

Remember, medical practitioners have a legal duty to notify the authorities of certain diseases, in the unlikely event that such a patient presents, please discuss this with your clinic tutor as they may need to be referred to a medical practitioner. A list of notifiable diseases can be found at:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/>

ACCIDENT REPORTING

All accidents or 'near misses' must be reported in the Accident Book. This is located at the reception desk. Please ensure the Clinic Director or the Tutor on duty is aware of and involved with any entries.

PROCEDURE TO FOLLOW SHOULD YOU SUSTAIN AN INJURY DURING PRACTICE

If you suffer from discomfort or sustain an injury whilst practising techniques in the college:

- Stop playing the role (i.e. of student practitioner or patient).
- Inform a lecturer immediately and he/she will advise you of the appropriate action.
- Complete an accident form which will require information about the date, time, nature and cause of the injury, name(s) of student(s) involved and the attending lecturer. This will be submitted to the Course Director.
- For more details please familiarise yourself with the Incident Reporting Policy

If a patient or fellow student becomes unwell or loses consciousness –

- Call for a lecturer, tutor or a first aider who will take charge and may seek your assistance in administering first aid or calling for emergency services. You will find a list of first aiders on the notice board in the clinic reception area.
- If you have been taught first aid, administer appropriate aid until the appropriate staff member arrives

Student and tutor will be requested to write brief reports giving account of the incident.

Clinic and practical sessions Rules & Protocols

Students are permitted to practice, examine or otherwise take responsibility for a patient only within the college clinic premises and under the supervision of suitably qualified clinical staff.

The only therapies that are allowed to be practised in the Clinic are those taught, assessed and examined in the college. If a student has a qualification in another therapy, he or she is not allowed to practice it on the College premises without prior agreement.

Students are required to attend pre clinic tutorials which will commence at 9am where they will present their patients to tutors, seek advice and otherwise prepare for the day in clinic

PRACTICAL SESSION ATTENDANCE

In the event that you are unable to attend a practical session you should:

- Inform the College as soon as is possible
- Make arrangements to cover what has been missed with management or tutors.

Remember that it is your responsibility to learn the material missed as a result of absences. You should also note that your ability to successfully pass the end of year practice examination will be seriously impaired if you do not attend all clinic sessions.

PARTICIPATION IN PRACTICAL LECTURES

Participation in this programme of study requires you to take part in practical sessions.

Students must participate fully in all practical lectures by playing either the role of a practitioner or the role of a model patient, which may require a certain level of undress. Should you be unable to participate in a practical session for whatever reason, you should discuss this with the session tutor who has the discretion to temporarily exempt you from playing one or both of these roles. However, if the issue persists, you must discuss this with the course director. Reasonable adjustments may be made for religious and or reasons of disability.

Students who are unfit and/or fail to engage with the practical sessions may be prevented from taking the final practical examinations, which may ultimately affect the student's ability to meet the threshold for 'Fitness to Practice'. Furthermore, where there is persistent failure to attend or unreasonable reasons given for non-attendance, the college may invoke disciplinary measures.

EQUIPMENT

Students and staff must take appropriate care of equipment and teaching aids at all times.

Equipment (i.e. skeleton models, plinths, stethoscopes, chairs, pillows, towels) **MUST NOT BE REMOVED** from a lecture room or clinic room unless you are specifically requested to do so by management.

Oils or creams (which may be used for soft-tissue techniques) must not come into contact with any of the equipment or teaching aids. You are advised to wipe off the oil or cream used prior to the patient coming into contact with any of the equipment.

Staff and students are requested to notify either the Clinic Tutor or the Administrator if any equipment or teaching aid is damaged. **Please do not attempt to repair the damaged item.**

ATTENDANCE AT CLINICS

Students must sign the attendance register in the Receptionist's office on arrival and the start and finish times must be recorded. Any student who has not signed the register will be regarded as absent from the session.

Any absence of a student for any reason must be reported. If a student is more than 15 minutes late, he or she may be considered as being absent.

Students may be given the opportunity to make up missed time but this will have to be agreed by management.

Students must be available in Clinic uniform throughout the Clinic session, even when they have no patients booked in. During clinic hours students must only engage in activities related to clinic training.

CLINIC UNIFORM

In relation to Clinic uniform, the College expects conformity to certain standards. Appearance and deportment is an important issue in the development of effective patient –practitioner relationships. These standards are also essential in meeting Health and Safety and infection control requirements;

- White clinic coat, clean and ironed
- Trousers or skirt (tights must be worn)
- Shoes (trainers are not acceptable)
- Hair must be clean and tidy (if long it must be tied up)
- The only jewelry allowed is a wedding band and stud earrings. Watches should be kept in the clinic coat pocket when treating patients or fellow students.
- Make-up must be discreet (no coloured nail varnish)

CLINIC OBSERVATIONS

For the first four weeks of clinic students will observe qualified osteopaths consulting with patients and gradually undertaking some responsibility usually starting with case history taking, diagnostic evaluation, treatment planning and eventually treatment.

The aim of the observation element of the clinical apprenticeship is:

- To introduce them to the clinic environment and enable them to develop confidence in this setting
- To enable them to observe and consider the clinical application of theoretical and practical knowledge. This will help in the development of strategies for integrating that student's own theoretical and practical knowledge into the clinical environment, free from the constraint of having to take responsibility for the patient's care.
- To enable them to apply some simple practical or diagnostic techniques where appropriate, under the supervision of clinic tutors and senior students.
- To enable them to take part in the discussion of clinical cases with clinic tutors.
- To enable them to develop an awareness of their own abilities and limitations.
- To enable them to develop their reflective practice.

During consultation or treatment students are expected to:-

- Fill in a "dummy" case history. Patient's personal details *must not* be recorded.
- Become involved only if it is appropriate, or if the Practitioner invites you to examine the patient, or to discuss the signs and symptoms or findings from the examination.
- Discuss the case with the Practitioner in detail after the consultation or treatment.

PATIENT CONSULTATION AND TREATMENT

The patient-practitioner relationship must always remain on a professional level. Students are not allowed to accept money, or to do anything which will be to the detriment of the professional standing of the student.

Usually appointments for consultations and treatments will be dealt with by the Receptionist/ Clinic Staff. Occasionally students will need to re book patients or work on reception as part of their learning.

Students are responsible for collecting their patients from the waiting area at the appointed time for treatment, and for taking them back there after treatment. Students are responsible for ensuring that the clinic room they are using is left in a clean and tidy state between patients and at the end of the clinic session.

An initial consultation is expected to take around one hour and thirty minutes. During initial consultation, it is expected that a complete case-history will be taken. This should include:-

- The patient's present illness, including onset, aetiology, previous and present symptoms, including exact site, distribution and type of pain, referred pain, aggravation and relief of symptoms, any previous treatment and any medical diagnosis given
- The patient's past history, from birth to present age
- The patient's family history
- An impression of the psycho-social status of the patient and an indication of their present diet and living habits.
- A list of medications taken by the patient. This will include any over the counter medication and/or supplements taken by the patient.
- An examination of all relevant vital functions - i.e. pulse, blood pressure, heart and lung sounds, retinal fields, reflexes, skin colour and temperature, weight and height, and any other relevant investigations.
- A detailed and appropriate osteopathic examination, including examination of the patient standing, active and passive movements, orthopaedic tests, palpatory analysis of bony and soft tissue lesions, body type.
- If previous X-rays, MRI, BT or any other medical investigations have been taken the results must be recorded

After the case history is taken, the student must discuss the case with the Clinic Tutor, giving a brief summary, a list of differential diagnoses and an outline of the examination procedure. The student will be expected to provide a tentative working diagnosis and be able to recommend any further tests to be taken that will support or refute that diagnosis. On occasions the Clinic Tutor may advise the student to omit certain tests or examinations of areas during the consultation, deferring these examinations until the patient's next visit. The student is also expected to develop a short term and long term treatment plan for the patient.

Following the patient examination procedure, the student will be expected to present their findings to the Clinic Tutor. Treatment is commenced only after the treatment plan has been approved by the Clinic Tutor and once the patient has received a sufficient explanation and has given consent.

After the consultation the diagnosis, prognosis and summary of treatment must be recorded. Each case history must contain a comprehensive, accurate and legible record of the patient's progress, the treatment given, and copies of any dietetic or other advice given. This should be written up at each visit and will be countersigned by the Clinic Tutor. Patient's records will be kept in a locked cupboard when not in use. Records are to be completed in black ink, dated and signed. Entries must never be obliterated but rather a line drawn through the entry and a comment such as 'noted in error' recorded and then initialised. Abbreviations may be used for recording details in the patient's record, where appropriate.

FOLLOW UP TREATMENTS

Follow up treatments are expected to take around forty five minutes. During follow up, the following approach is recommended;

- **Subjective:** Ask the patient about any changes and response from previous treatment (including a subjective % change) and any negative reactions to treatment.
- **Objective:** Examine the relevant areas again.
- **Action:** Review the working diagnosis and discuss this with the tutor. Carefully note down any actions taken and sign the continuation sheet
- **Planning:** After discussing the case with the tutor and getting his/her approval, the student will consider the treatment plan for the next visit.

NOTE: During or after the follow up treatment, the student must ensure that further entries are completed accurately and legibly in black ink and that the tutor in charge has signed the case notes.

GIVING GUIDANCE TO PATIENTS

Students may, where appropriate make recommendations to the patient regarding exercises, diet, posture and lifestyle changes. Where this is the case, the student must

- Discuss the matter with the Clinic Tutor and gain approval for the proposed recommendations
- Explain the recommendations to the patient
- Write any advice or instructions given onto the patient guidelines form (available from reception).
- Confirm that these are accurate with the Clinic Tutor, who will sign the form before giving the form to the patient
- At the patient's next visit, ask if the patient has followed the instructions given. Document the patient's response accordingly.

RADIOLOGICAL, HAEMATOLOGICAL AND OTHER INVESTIGATING EXAMINATIONS

These examinations may be used to confirm a diagnosis or to arrive at a working diagnosis when a conclusion cannot be drawn from the clinical presentation. Where this is the case, the following procedure must be followed:-

- A recommendation for further investigation is made by the student and the Clinic Tutor.
- The patient is informed of the rationale for the recommendation as well as possible costs.
- The patient can be referred privately
- The patient may be advised to discuss it with their General Practitioner (GP).
- A letter that contains all relevant information and which is signed by the tutor is sent to the patient's GP. A copy of the letter will be kept in the patient's notes.
- Radiological reports and results from other tests must be recorded in the case history.

Urine Analysis

Basic urine tests may be performed in the Clinic using enzyme reaction sticks available from Clinic Reception. You must always wear gloves when undertaking this test. Used enzyme reaction sticks must be disposed of appropriately.

Requesting a copy of results From Hospital or GP:-

- The student and Clinic Tutor together decide what is required.
- This is discussed with the patient who is then asked to sign a release of medical records form.
- All results/information received must be noted in the case history.

DISCHARGING A PATIENT

Students are not allowed to discharge a patient without the prior approval of the Clinic Tutor. When the student considers that a patient is ready to be discharged they should:

- Discuss the case with the Clinic Tutor.
- Discuss with the patient.
- Complete the patient's case history accordingly.

REFERRAL FOR FURTHER ADVICE

If it is felt that the patient requires referral to a GP or for specialist treatment, the student must;

- Seek the approval of the Clinic Tutor.
- Discuss this decision with the patient and explain the rationale for seeking further advice.

- A letter that contains all relevant information and which is signed by the tutor is sent to the Patient's GP or specialist advisor. A copy of the letter will be kept in the patient's notes.

SPECIAL CONSIDERATIONS

If it is considered to be inappropriate to treat a patient for *any* reason the Clinic Tutor must inform the Clinic and course directors and the patient may be withdrawn from Clinic. A written report will be made by all concerned, including the clinical staff and students.

Children and Young People

When dealing with young people, all practitioners must be mindful of the guidance provided by the Mental Capacity Act (2005) which states that all people over the age of 16 years are presumed in law to have the capacity to consent to treatment unless there is evidence to the contrary. The practitioner must check that the young person;

- Is able to understand and retain the information pertinent to the decision about their care, i.e. the nature, purpose and possible consequences of the proposed investigations or treatment, as well as the consequences of not having treatment.
- Is able to use this information to consider whether or not they should consent to the intervention offered.

Children under the age of 16 years are not deemed to be automatically legally competent to give consent however the courts have determined that such children can be legally competent if they have;

- The ability to communicate their wishes and
- Sufficient understanding and maturity to enable them to understand fully what is proposed.

Children between the ages of 13- 16 years, who wish to be treated in the absence of a parent or guardian, must provide a consent form which must be signed by the parent or legal guardian. Under no circumstances will treatment be provided to a young person under the age of 16 years without the presence of a parent, legal guardian or chaperone. For children aged 13 to 16, the practitioner must always assess the ability of the child to understand the treatment being proposed, even if accompanied by a parent.

Children under the age of 13 years receiving treatment in the College clinic must be accompanied by a parent, legal guardian or responsible adult and must sign a form on the child's behalf that provides consent to treatment.

You are advised to familiarise yourself with the College's Safeguarding Policy for Vulnerable Patients.

Rectal and Vaginal Examinations

The need for performing the examination should be fully explained to the patient and a consent form must be signed by the patient. The patient must be given an opportunity to request or to bring a chaperone and may prefer to specify the gender of the chaperone. Rectal and Vaginal examinations on children under the age of 16 years must only be performed in the presence of a parent or guardian and after receiving a signed parental consent form.

Alcohol and Narcotic Drugs

If a patient is believed to be under the influence of alcohol or narcotic drugs, then he/she will not be treated and the incident will be recorded in the case history.

Medication

Students should work in collaboration with the patients GP if advising changes to a patient's medication.

Complaints

Students are reminded that practice must always be guided by the OPS. The clinical has a formal complaints procedure, a copy of which can be found on the college Moodle or from the clinic director.

HOUSEKEEPING

This chapter provides further detail of activities raised in previous sections. It also elaborates on the most important forms used for record keeping (broken down into clinic, student and patient records).

Daily Tasks

Daily tasks include:

- Tidy patient rooms: fresh couch roll on couches, rubbish cleared away, bins emptied, linen folded and stacked neatly on top of drawer units, all electrical equipment turned off, spare couch rolls in each room, ensure sufficient levels of patient consumables e.g. massage oil
- Lights off
- Windows closed
- Doors closed
- Computers turned off
- Communal areas left clean and tidy
- Files returned at end of current session, files retrieved for next session
- On occasion, students may be asked to assist with other activities such as reception duties,

CODE OF CONDUCT AGREEMENT

I have read and understood the LCOM Code of Conduct, Legal Requirements (including Health & Safety), and Clinic Protocols including matters of confidentiality and consent, as set out in the LCOM Clinical Handbook, and agree to abide by said requirements and any updates to them.

Student Name	
Student Signature	
Date	

In case of any accident or emergency please contact the following:

Contact Name	
Relationship to you	
Telephone No. (day)	
Telephone No. (eve)	
Mobile telephone No.	

Please sign and return this form to reception or the clinical tutor on or before your FIRST DAY of attendance in clinic.

Confidentiality in relation to Clinical Practice

1. With regard to clinical practice, students are advised to be guided by the OPS and or their professional Code of Conduct or Practice. The main principle is that students do not discuss clinical cases outside of the practice, clinic or teaching/learning environment.
2. Social networking sites are not an appropriate venue for discussions of either patients or of clinical practice. Students found to be using such sites inappropriately will be subject to procedures.
3. Some courses run by the college will utilise discussion sites which will be password protected. Where this is the case (e.g. through the Moodle site) students are required to anonymise any discussion that is related to clinical practice. If the site is not password protected, then discussion related to clinical practice should not take place as the site is not secure. Students found to be using such sites inappropriately will be subject to disciplinary procedures.

Confidentiality in Relation to Assessment

1. **In discussions regarding confidentiality in assessment, 'Traceability' is the fundamental issue.**

It is to be noted that all college assessment is part of a confidential process and that all clinical situations are similarly bound by the principle of confidentiality.

- Within these guidelines:
 - **Patient (Family)** = a person receiving healthcare and ANYONE they are related to formally or informally.

- **Individual, Person, Professional, Staff** = Clinical Professional (nurse, doctor, manager, educator, allied health professional), or member of the public.

2.

- Students are required to familiarise themselves with any professional confidentiality guidance for their specific professional body.
- Students are required to state clearly that confidentiality is observed throughout the assignment, or to anonymise the work fully by omitting all names, places or identifying references which could reasonably lead to the identification of patients or other individuals.
- Students are required to state clearly that confidentiality is observed throughout the assignment, and to anonymise clinical or community settings in such a way that will prevent identification of individuals (supervisor advice will be useful in this instance).

3.

- Where breaches of confidentiality are identified, it is required that the marker(s) and subsequent board identify how this has come about by reference to the guidelines below.
 - Actual names of patients, relatives and professional personnel, personal details (DOB, address) and care locations which explicitly identify the patient or other persons are not to be included in assessed work.
 - Students must ensure that they do not provide any details or descriptions in their work which could reasonably lead to the identification of the patient or other persons supposedly anonymised in their work.
 - Pseudonyms may be used but where this is done, it should be explicitly stated in the introduction. If not stated, it may be assumed that details included are real.
 - Failure to do **any of the above** will result in the work being referred with a mark of 0%.

4.

- Reference to the age and condition of the patient is not a breach of confidentiality as it may form part of the essential content of the answer. Where students elect to use patients with highly unusual or identifiable conditions, this must not enable any tracing of the individual involved. Even when students have sought permission from patients to discuss their care, anonymity should still be assured by reference to the above criteria as situations may change.

5.

- Reference to clinical specialisms is not necessarily considered as a breach of confidentiality as discussion of the care climate may be necessary for explanation of the patient's care or the rationale for events. However, the student must ensure that patient's or individual's identity cannot be identified and must refer to the above criteria.

Students must be advised not to allude to clinical cases which:

- Are subject to legal proceedings or investigations
- Are subject to disciplinary proceedings or investigations
- Are attracting press attention
- Are so specific that patient identification is unavoidable

LCOM TRAINING CLINIC - RISK ASSESSMENT

HAZARD	SEVERITY	LIKELIHOOD	RISK LEVEL	CONTROL MEASURES
FIRE				
Occupants trapped in event of fire	4 - 5	1	Minimal	Fire detection system in place. Staff trained in Fire Alarm procedures. Fire call points tested regularly Fire extinguishers checked by contractor. Fire exits kept clear and appropriately signed.
Heating system fault	4	1	Minimal	Used within manufacturers guidelines. Checked annually by contractor.
Flammable substances	3-5	1	Minimal	paper stored away from sources of ignition. No smoking policy in force. Refuse stored away from sources of ignition Lotions/creams stored appropriately
Electrical fire	3-5	1	Minimal	Sockets not overloaded.

ELECTRICAL				
Electric shock	3-5	1	Minimal	Staff to visually check equipment before use. All electrical equipment PAT tested regularly Equipment used in line with manufacturers instructions.
Lighting failure	2	1	Minimal	Emergency Lighting provided in some areas.
TRIPS AND SLIPS				
Tripping over equipment	2	2	Minimal	Equipment stored away from activity areas. Users instructed in correct use and storage of equipment. Walkways kept clear at all times
Slipping	2	2	Minimal	Spillages and moisture cleared up a.s.a.p.
ACCIDENTS / INJURIES				
Therapy related injuries	2	3	Moderate	First Aid facilities provided. Staff trained in delivering first aid. Easy access to emergency medical services.

Equipment related injuries	2	2	Minimal	<p>Electrical PAT testing of all equipment is undertaken regularly</p> <p>Appropriate equipment purchased (bought from reputable supplier).</p> <p>Donated equipment is not used.</p> <p>Manufactures instructions for any equipment followed. Instruction information readily available if required.</p> <p>Equipment stored separately and out of reach of students.</p> <p>Equipment visually inspected prior to use.</p> <p>Equipment appropriate for the maturity, experience and special needs of any group</p> <p>Incident reporting forms available for equipment</p> <p>Avoid trailing extension leads, etc</p> <p>Clear distinction between equipment which is for general use, that which can only be used under direct supervision</p>
Other injuries				<p>Supervision of pupils at all times, students are not left unattended during skills sessions</p> <p>Students encouraged not to twist, bend or stoop whilst performing interventions skills.</p> <p>Students are fit for purpose in relation to contributory negligence</p>

LONE WORKING				
Incident or injury whilst working alone.	3	1	Minimal	Help can be summoned by telephone.
UNAUTHORISED ACCESS + SECURITY				
Security of premises	2	2	Minimal	Facility secured when not in use. Staff have access to communication links in case of emergency.
Theft of equipment	2	2	Minimal	Equipment stored away securely when not in use. Regular update of equipment inventory.
OTHER EMERGENCIES, ie. Bomb threat, structural failure, gas leak etc.				
Multiple injuries	5	1	Minimal	Emergency Action Plan in place and circulated to all staff. Evacuation procedures tried and tested.
Medical Emergency	4	2	Moderate	Staff trained in First Aid. Staff trained in how to summon emergency services Accident/incident reporting forms available.
INJURY / ABUSE OF YOUNG PEOPLE				

Child abuse	3	1	Minimal	All staff should be suitably qualified; all students and staff have been subject to the relevant police checks.
STAFF QUALIFICATIONS				
Inappropriate treatment				All staff delivering osteopathy services will be suitably qualified insured or will be working under the supervision of a suitably qualified osteopath
DISPOSAL OF CLINICAL WASTE				
				All clinical waste to be disposed of into specially identified containers College contract for the collection and disposal of clinical waste

Yearly update required to ensure compliance with Health & Safety at Work Act 1974 (HSWA 74). The Health and Safety Executive Regulations 1992(a) (HSE 92(a). The Provision and Use of Work Equipment Regulations 1998 (PUWER 98) and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER 98), Reporting of Injured Diseases and Dangerous Occurrence Regulations (1995), Control of Substances Hazardous to Health (2011)

Severity Rating (Degree of injury that may be caused) and Likelihood Rating (The chances of the hazard causing injury), are both measured on a scale of 1 - 5. The control measures listed are intended to reduce the level of risk associated with the particular hazard, by reducing the likelihood of occurrence.

The detail associated with the control measures will form the content of the Normal Operating Procedures and Emergency Action Plan.

Assessment Date:..... Signature.....

Reassessment date:..... Signature.....

Reassessment date..... Signature.....

LCOM CLINIC - INDUCTION CHECKLIST

		Sign once complete
1.	Introduction to policies and procedures relating to the osteopathy clinic	
2.	Layout of facility.	
3.	Access – opening times authorised access and location of keys.	
5.	Booking system and system for record keeping.	
6.	Security of facility and belongings.	
8.	Emergency procedures including Fire, Bomb Alert, Structural Failure, Toxic Gas, Disorderly Behaviour, Medical Emergency and First Aid.	
9.	Associated staff and contact details.	
10.	Familiarisation with equipment.	
11.	Access to other facilities.	
12.	Use of telephones.	
13.	Heating Conditioning Controls.	
	CONFIRMATION OF DUTIES	

1.	Maintain high standards of treatment and confidentiality in accordance with OPS	
2.	Maintain a professional appearance.	
3.	Keep accurate and legible records, including computer records and backup data each evening.	
4.	Maintain security of facility, by proper storage of equipment and locking up of facility at end of shift.	
5.	Maintain a tidy and safe facility	
6.	Check all equipment prior to use.	
7.	Clean equipment after use.	
8.	Report any faulty equipment and put out of use.	
9.	Appropriate use of consumables, without unnecessary waste.	
10.	Do not remove any equipment or consumables from the premises.	
11.	If unable to attend clinic due to illness or unforeseen circumstances contact reception	

	<p>I confirm that I have completed the Induction process and agree to abide by the duties listed above.</p> <p>Name (please print)</p> <p>Signature</p> <p>Date</p>	
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