

HIA Wellness Clinic



Policy Document

HIA Wellness Clinic – Policy Document

POLICY DOCUMENT

1.	WELCOME to HIA’s WELLNESS CLINIC	3
2.	STUDENT CLINIC FRAMEWORK OVERVIEW	
2.1	Preamble	4
2.2	Objectives	4
2.3	Interpretation	5
3.	THE CODE OF PROFESSIONAL ETHICS	
3.1	The Practitioner and the Patient	
	1. Client/Patient Care	7
	2. Client/Patient Exploitation	7
	3. Client/Patient Record	8
	4. Practitioner – Client/Patient Relationship	8
	5. Financial Considerations	9
	6. Clinical Research	9
	7. Teaching in the Clinical Environment	10
	8. The Dying Patient	10
3.2	The Practitioner and the Profession	
	1. Professional Conduct	11
	2. Reporting Unethical Colleagues	11
	3. Referral to Other Health Service Professionals	12
	4. Advertising	12
	5. Professional Independence	13
3.3	The Practitioner and Society	14
3.4	References	14
4.	LEGISLATION AND REGULATORY RESPONSIBILITIES	
4.1	Work Health and Safety Act 2011	15
4.2	Privacy Act 1988	16
4.3	Disability Discrimination Act 1992	16
4.4	Sex Discrimination Act 1984	16
4.5	Age Discrimination Act 2004	17
4.6	Racial Discrimination Act 1975	17
4.7	Copyright Act 1968	17
4.8	Fair Work Act 2009	17
4.9	National Vocational Education and Training Regulator Act 2011	18
5.	HIA POLICIES, SYSTEMS AND PROCEDURES	
	Purpose of Clinic Standards, Hygiene and Infection Control Guidelines.	19
	Federal, State, Local Government Laws, Regulations, Requirements, Guidelines	19
	Information on Workplace Requirements: Premises, Hygiene, Infection Control	20
	Critical Incident Policy	22
	Privacy Policy	24
	Patient Records and Information Guidelines	25
	Racism Policy	27
	Diversity, Inclusion & Belonging	28
	Guidelines for Working with HIA	29
	Complaints And Appeals Policy	31

6.	DOCUMENTATION	
6.1	Clinical Record Keeping - General	33
6.2	Manual Therapies	35
6.3	Ingestive Therapies	36
7.	HIA STUDENT CLINIC POLICY	38
8.	STUDENT CLINICAL PERFORMANCE REQUIREMENTS	43
9.	BASIC RISK MANAGEMENT FOR MASSAGE THERAPISTS	44
10.	STATUTORY REQUIREMENTS.	49
APPENDIX		
1.	COVID-19 Declaration.	53
2.	AAPA Code of Ethics	54
3.	HIA Code of Conduct and Ethics for Ayurvedic Lifestyle Consultant	55

1. Welcome to HIA's Wellness Clinic

Dear Students,

With warmest congratulations on your studies thus far.

You are now about to embark upon a new and significant stage of your course, where the foundational knowledge in your core Ayurvedic subjects and common health units together with your developing practical skills must merge. In this new and exciting chapter of your course, you are now one step closer to reaching your goals towards your qualification in Ayurvedic health.

As a student in a clinical setting, you will be expected to apply your theoretical knowledge and skills in a professional manner whilst undergoing training at the Institute, so that you can hone your understanding and practice of Ayurvedic health in order to be a wonderful ambassador of this vast and traditional discipline.

During clinical practice, you will be required to remember the theoretical knowledge you have learnt thus far and put it together in a coherent way that is beneficial to the client, in order to support their optimal wellness. Your learning curve will be high, and you will sometimes be challenged in ways that you may not have expected. This is part of your journey, and we will be here to support you along the way.

Your continued studiousness of your ongoing academic studies through HIA's Learn Dash and Catapult platforms, together with your operation of student clinical practice, will ensure you continue to learn and grow into a confident and credible Ayurvedic health graduate, who understands your own wellbeing needs, how holistic wellness needs to be personalised for each individual, how businesses operate, and how to be successful in a commercial world.

In addition to the support and development you will receive from your teachers and the admin team, the opportunities to learn from fellow students is always one of the most rewarding and beneficial experiences. Our clinics are structured in such a way that you start learning from your teachers and peers as soon as your first treatment with a client, and later, you will be able to observe your teachers and other students giving an Ayurvedic Lifestyle consultation to help you develop your skills as an Ayurvedic Lifestyle Consultant, and still later on, as an Ayurvedic Practitioner.

You will be involved in learning while helping in the herb garden, Ayurvedic cooking, meet and greet at reception and so on, with opportunities to experience yoga and allied modalities, so that you can cross reference the holistic experience, creating a natural health network for the HIA Wellness Clinic, which often continues out in the 'real' world once you have finished your studies.

The people you meet in the clinic, from your teachers, clinical supervisors, to your clients, will all make an impact on how you develop and grow as a human being and as a health provider. Please treat the Institute and the Clinic as your training ground for your professional success in a career in natural health. Learn from others and be the voice of holistic and individual health care that drives our field. You are the face of the future of wellness and we are honoured and excited to share our knowledge and skills with you that will help you excel in this growing market of opportunity.

Wishing you an exceptional clinical learning experience and all the best in your journey towards becoming a fully qualified Ayurvedic natural health professional.

With my blessings and namaste,
Shanti Gowans
CEO

2. STUDENT CLINIC FRAMEWORK OVERVIEW

The HIA Student Wellness Clinic involves students applying Ayurvedic skills and techniques learnt in class in a clinical setting on campus. Students will be supervised and assessed by a teacher, as they conduct student clinical practices on members of the public who have booked to receive a student consultation or treatment.

2.1 PREAMBLE

Health Institute Australasia (HIA) recommends a body of ethical principles developed to guide a practitioner's conduct in their professional practice. The code is reviewed and updated ongoingly.

The principles adopted by HIA are the standard for aspects of practice and conduct required of you, as a student, and eventually when you graduate and are a practitioner.

The student of HIA, must, first and foremost, recognise his or her responsibility to their client, as well as to their colleagues, the profession, and also society.

Whilst the requirements outlined in the Code of Professional Ethics are not law, adoption and adherence to them by all HIA students is a condition of HIA enrolment and training.

Failure to adhere to the Code of Professional Ethics will be dealt with under HIA's Constitution.

HIA accepts the responsibility for setting and enforcing the standards of ethical behaviour required of students and practitioner members.

Please be reminded about the importance of consulting with your colleagues regarding professional and ethical matters. When faced with a difficult professional or ethical situation, please seek policy direction from the Australasian Ayurvedic Practitioners Association (AAPA).

2.2 OBJECTIVES

HIA has adopted this Code of Professional Ethics in order to protect public health and safety, as well as the public's interest, to support the quality practice of traditional Ayurvedic medicine and its natural therapies, and promote informed healthcare choices.

The Code of Professional Ethics has set a minimum standard for aspects of conduct and practice for HIA Students and Accredited Practitioners. The standard is set to ensure that the conduct and professional practice of HIA students is socially responsible, and that it promotes the appropriate, judicious, effective and safe practice of Ayurvedic traditional medicine and its natural therapies, and is not misleading or deceptive.

The Code of Professional Ethics provides the minimum standard for codes of practice and healthcare profession codes of ethics accepted by HIA.

2.3 INTERPRETATION

The words and expressions in this document have meanings assigned to them as follows:

AAPA is the Australasian Ayurvedic Practitioners Association

ASQA is the national regulator for Australia's vocational education and training (VET) sector. It is responsible for protecting the quality and reputation of Australian vocational education and training

Clinical Practice means the exercise of a professional discipline, conducted in a clinic or in a simulated clinical environment, and is dependant on direct observation of clients/patients.

Code of Professional Ethics (the Code) means the Code of Professional Ethics in current force adopted by HIA including the present Codes, supplementary, amended or substituted Codes for the time being.

Complimentary Medicine means Traditional Medicine and Natural Therapies.

Consent means expressed consent or implied consent.

CRICOS stands for the Commonwealth Register of Institutions and Courses for Overseas Students. This is the official Australian Government website that lists all Australian education providers and the courses offered to international students studying in Australia on student visas.

External Modalities include, but subject to the rules of HIA's Constitution, are not restricted to, Acupuncture, Aromatherapy, Ayurvedic Medicine, Chinese Herbal Medicine, Counselling, Homeopathy, Myotherapy, Naturopathy, Nutrition, Oriental Remedial Therapy, Remedial Therapy, Shiatsu, Western Herbal Medicine and Yoga.

First Aid Certificate a qualification from a recognised training organisation in a system of initial care of a suddenly sick or injured person.

Health Service means an activity performed in relation to an individual that is intended to or claims to (expressly or otherwise) by the individual or the organisation performing it:

- i. to assess, maintain or improve the individual's health; or
- ii. to diagnose the individual's illness, injury or disability; or
- iii. to treat the individual's illness, injury or disability or suspected illness, injury or disability; or
- iv. a disability service, palliative care service or aged care service; or
- v. the dispensing of a prescription drug or medicinal preparation by a pharmacist; or
- vi. a service, or a class of services, provided in conjunction with an activity or service referred to in paragraph i, ii, or iii that is prescribed as a health service.

Please ensure that the services you offer are in accord with your scope of training.

HIA stands for Health Institute Australasia, the Vocational, Education and Training College that is registered with the Australian government, RTO 45524 to deliver VET qualifications, and is also registered to enrol international students, with CRICOS code 03791F.

Insurance means a contract of insurance.

Informed Consent means the client/patient's right to self-decision can only be effectively exercised if they possess enough information to enable an informed choice. The practitioner's obligation is to present facts accurately to the client/patient (or individual responsible for the client's/patient's care) and make recommendations in accordance with good professional practice. The practitioner has an ethical obligation to assist the client/patient to make choices from among therapeutic alternatives consistent with good practice.

Practitioner means an individual, including a student-in-training, offering a health service to a client or patient.

Patient means a person engaged in a relationship with a practitioner for the purpose of receiving therapeutic care. In this document, and during your training, the word can be used interchangeably with client.

Professional Service – value of: a financial value arrived at after considering the duration, skill, and experience involved in the performance of those services, together with any special circumstances.

Sexual Misconduct physical or verbal contact of, or relating to, or characterised by sexuality that occurs concurrent with the practitioner-client/patient relationship.

Telecommunications means any telecommunications facility including but not limited to phone, fax, email, computer or data transmission facility, small message service (SMS).

Traditional Ayurvedic Medicine and its Natural Therapies means the philosophy, art and sciences, which have for as its objective, maintenance or restoration of the body, to a state of health. HIA traditional Ayurvedic medicine and natural therapy practitioners employ such arts and sciences for the treatment of internal and external diseases generally, as shall from time to time be approved and endorsed by the Australian Government Natural Health Training Package.

Unethical Practitioner means a student-in-training, or Practitioner member of HIA or the Ayurvedic Practitioners Association, not conforming to approved standards of professional behaviour as set out in this Code of Practice.

VET stands for Vocational Education and Training. It is an internationally applied system of education that focuses on practical skills training which is particularly popular in Australia.

3. THE CODE OF PROFESSIONAL ETHICS

3.1 THE PRACTITIONER & THE PATIENT

1 Client/Patient Care

The Practitioner shall:

- 1.1 Practice only the Therapies and Traditional Ayurvedic Medicine disciplines for which they hold a qualification, and only to the scope of that qualification.
- 1.2 Consider first the health and wellbeing of the client/patient.
- 1.3 Do no harm.
A practitioner shall do nothing that will injure the client/patient either physically or emotionally.
- 1.4 Treat the client/patient with compassion and respect.
- 1.5 Approach the health service as a collaboration between the practitioner and the client/patient.
- 1.6 Encourage the client/patient to understand their responsibility to:
 - communicate openly;
 - participate in decisions about their treatment recommendations;
 - comply with agreed treatment programs.
- 1.7 Practice according to the principle of informed consent.
- 1.8 Practice with due diligence the spirituality, philosophy, art and science of the traditional Ayurvedic medicine disciplines for which accreditation is held.
- 1.9 Maintain a current Professional Indemnity insurance.
- 1.10 Maintain a current First Aid certificate.
- 1.11 Continue lifelong self-education to maintain currency of the standard of professional care.
- 1.12 Recognise professional limitations and be prepared to refer a client/patient to other health service practitioners, as appropriate.
- 1.13 When referring clients/patients to other health service practitioners, ensure to the best of their ability, the appropriate qualifications of that health service practitioner.

2. Client/Patient Exploitation

The Practitioner shall:

- 2.1 Not exploit the client/patient in any manner, for any reason.
- 2.2 Refrain from engaging in sexual or romantic activity with the client/patient or the patient's partner, parent or guardian.
- 2.3 Avoid non-sexual contact if there is any reason to believe that the non-sexual contact may be perceived as, or lead to, sexual contact.

3. Client/Patient Records

The Practitioner shall:

- 3.1 Maintain client/patient confidentiality.
Exceptions to this must be taken very seriously. Exceptions may include:
 - with the explicit consent of the client/patient
 - where required by law
 - where there is a serious risk to the client/patient or another person
 - where they have taken part in approved research, or
 - where there are overwhelming societal interests.
- 3.2 Maintain accurate, complete and up-to-date clinical records.
- 3.3 Protect and maintain the confidentiality and security of client/patient records.
- 3.4 Ensure security of storage, access and utilisation of client/patient information.
- 3.5 Retain all client/patient records for the duration necessary to meet clinical needs or as required by State or Federal Law.
- 3.6 Upon request by the client/patient, provide the client/patient with access to and or copies of records relevant to the patient.
- 3.7 Upon request by the client/patient, forward copies of client/patient records relevant to the client/patient to another practitioner.
- 3.8 Upon request by the client/patient, make available to another health service practitioner a report of findings and treatment relevant to the client/patient.

4. Practitioner – Client/Patient Relationship

The Practitioner shall:

- 4.1 Respect every client/patient's right to freely choose a practitioner, to accept or reject advice and to make decisions about treatment or procedures at all times.
- 4.2 Recognise that an established therapeutic relationship between practitioner and client/patient must be respected.
- 4.3 Refrain from denying treatment to the patient because of a judgement based on discrimination.
- 4.4 Inform the client/patient when a personal moral judgement or religious belief alone prevents recommendation of some form of therapy, so that they may seek care elsewhere.
- 4.5 Recognise the client/patient's right to decline to enter into a therapeutic relationship where there is a choice of health care provider available.
- 4.6 Recognise the right to decline to continue a therapeutic relationship. In such a case, you must
 - Inform the client/patient that the therapeutic relationship is withdrawn so that they may seek care elsewhere.
 - Discontinue the therapeutic relationship only if another health service provider is available.

5 Financial Considerations

Upon graduating, the practitioner shall:

- 5.1 Place an appropriate value on professional services when determining any fee.
- 5.2 Ensure that a current schedule of fees is displayed and clients/patients are made aware of any or all relevant fees where possible.
- 5.3 Provide full disclosure when referring the client/patient to institutions or services in which a direct financial interest is held.
- 5.4 Place professional duties and responsibilities to the client/patient above the commercial interests of a practice or institution.

6 Clinical Research

The Practitioner shall:

- 6.1 Accept the responsibility to advance the Traditional Ayurvedic Medicine and Natural Therapies disciplines by participating in properly and ethically developed research involving human participants.
- 6.2 Where choosing to participate in Clinical Research, the Practitioner shall:
 - 6.2.1 Ensure that responsible human research committees appraise the scientific merit and the ethical implications of the research.
 - 6.2.2 Recognise that considerations relating to the well-being of individual participants in research take precedence over the interests of research or society.
 - 6.2.3 Ensure that all research participants or their agents are fully informed and have consented to participate in the study.
 - 6.2.4 Refrain from using coercion or unconscionable inducements as a means of obtaining consent.
 - 6.2.5 Inform treating practitioners of the involvement of clients/patients in any research project, the nature of the project and its ethical basis.
 - 6.2.6 Respect the participant's right to withdraw from a study at any time without prejudice to medical treatment.
 - 6.2.7 Ensure that the patient's decision not to participate in a study does not compromise that practitioner-client/patient relationship or appropriate treatment and care.
 - 6.2.8 Ensure that research results are reviewed by an appropriate peer group before public release.

7. Teaching in the Clinical Environment

The Practitioner shall:

- 7.1 Honour their obligation to pass on their professional knowledge and skills to colleagues and students.
- 7.2 Before embarking on any clinical teaching involving clients/patients, ensure that clients/patients are fully informed and have consented to participate.
- 7.3 Respect the client/patient's right to refuse or withdraw from participating in clinical teaching at any time without compromising the practitioner-patient relationship or appropriate treatment and care.
- 7.4 Avoid compromising client/patient care in any teaching exercise.
- 7.5 Ensure that the client/patient is managed according to the best-practice diagnostic and therapeutic methods and that the client/patient's comfort and dignity are maintained at all times.
- 7.6 Where relevant to clinical care, ensure that it is the treating practitioner who imparts feedback to the client/patient.
- 7.7 Refrain from exploiting, in any way, students or colleagues under supervision.
- 7.8 Ensure you have and maintain the currency of qualifications required to conduct clinical teaching.

8. The Dying Patient

The Practitioner shall:

- 8.1 Respect the client/patient's autonomy regarding the management of their medical condition including the refusal of treatment.
- 8.2 Recognise the need for physical, psychological, emotional, and spiritual support for the client/patient, the family and other carers not only during the life of the patient, but also at the time of their death.

THE CODE OF PROFESSIONAL ETHICS

3.2 THE PRACTITIONER AND THE PROFESSION

1. Professional Conduct

The Practitioner shall:

- 1.1 Build a professional reputation based on integrity and ability.
- 1.2 Maintain a safe and hygienic practice environment.
- 1.3 Recognise that their personal conduct may affect their reputation and that of their profession.
- 1.4 Refrain from making frivolous or vexatious comments, which may disadvantage the reputation of a colleague.
- 1.5 Where a client/patient alleges unethical or unprofessional conduct by another practitioner, respect the client/patient's right to complain and assist them to access the appropriate complaints handling mechanism.
- 1.6 Accept responsibility for their own personal psychological and physical wellbeing as it may affect their professional ability.
- 1.7 Not undertake to treat a client/patient whilst professional judgement is potentially impaired arising from the effects of fatigue, illness or substance.
- 1.8 Keep up-to-date on relevant professional knowledge, codes of professional practice and legal responsibilities.
- 1.9 Ensure that any therapeutic or diagnostic advance is described and examined through professional channels, and, if proven beneficial, is made available to the profession at large.
- 1.10 Recognise that when providing any part of a professional service via a telecommunications facility the absence of a face-to-face meeting or physical examination means that critical clinical information necessary for safe and efficacious treatment is unavailable. Practitioners shall therefore act within the limitations of the telecommunication service and refrain from prescribing medication.

2 Reporting Unethical Colleagues

The Practitioners shall:

- 2.1 Be obliged to report suspected unethical or unprofessional conduct by a colleague to the relevant body in accordance with:
 - the nature and severity of the issue
 - this Code
 - the HIA Constitution and, or
 - legal requirements.

3 Referral to Other Health Service Professionals

The Practitioner shall:

- 3.1 Refer a client/patient to another health service professional when it is believed that the patient will benefit.
- 3.2 Consult or collaborate with an appropriate colleague acceptable to the client/patient if diagnosis or treatment is difficult or obscure, or in response to a reasonable request by the client/patient.
- 3.3 Take due care to refer to a fellow healthcare professional only when the referring practitioner is reasonably confident that the services provided on referral will be performed competently, within accepted professional standards and within the law.
- 3.4 When referring a client/patient, make available to the health service professional, with the client/patient's knowledge and consent, all relevant information and indicate whether or not they are to assume the continued care of the client/patient during their illness.
- 3.5 When another health service professional has requested a professional opinion, report in detail any findings and recommendations to that practitioner.
- 3.6 Advise a client/patient with a notifiable disease to seek immediate medical attention.
- 3.7 Advise a client/patient if they have a transmittable disease.

4 Advertising

The Practitioner shall:

- 4.1 Adhere to all relevant Federal and State legislation advertising codes.
- 4.2 Confine advertising of professional services to the presentation of information reasonably needed by clients, patients or colleagues to make an informed decision about the availability and appropriateness of the services.
- 4.3 Ensure that any announcement or advertisement directed towards clients, patients or colleagues is demonstrably true in all respects. Advertising should not bring the profession into disrepute.
- 4.4 Advertising should not compare one technique with another technique or qualification of one to the other.
- 4.5 Exercise caution in public endorsement of any particular commercial product or service.
- 4.6 Be vigilant that direct-to-consumer advertising of complementary medicines and treatments:
 - does not create false expectations,
 - does not promote self-diagnosis and self-treatment,
 - does encourage consultation with a suitably qualified complementary medicine professional.
- 4.7 Be conscientious about enlightening the public regarding the maintenance of good health, remembering that quality of service shall be a measure of the standing of the profession as a whole.
- 4.8 Not advertise official positions, as office bearers of HIA, on office stationery.

5. Professional Independence

The Practitioner shall:

- 5.1 Safeguard clinical independence and professional integrity from increased demands from society, third parties, individual clients, patients and governments in order to provide high quality healthcare.
- 5.2 Protect clinical independence, as it is essential when choosing the best treatment for patients and defending patients' health needs against all who would deny or restrict necessary care.
- 5.3 Refrain from entering into any contract with a colleague or organisation that may conflict with professional integrity, clinical independence or the primary obligation to the client/patient.
- 5.4 Recognise the right to refuse to carry out services which are considered to be professionally unethical, against personal moral convictions, or which are considered not to be in the best interests of the client/patient.
- 5.5 Compete ethically among colleagues and other health service practitioners on the basis of quality of service, skill and experience.

THE CODE OF PROFESSIONAL ETHICS

3.3 THE PRACTITIONER & SOCIETY

The Practitioner shall:

- 1 When it is suspected that an adverse reaction has occurred as a result of a complementary medicine or therapy, be obliged to communicate that information to the appropriate Authority.
- 2 Accept a personal responsibility to act within the law and to conduct business in accordance with Commonwealth and State legislation.
- 3 Accept a share of the profession's responsibility to society in matters relating to health and safety of the public, health education and legislation affecting the health of the community.
- 4 When providing information on Traditional Ayurvedic Medicine and its Natural Therapies to the public, recognise a responsibility to give the generally held opinions of the profession in a form that is readily understood.
- 5 When presenting any personal opinion, that is contrary to the generally held opinion of the profession, indicate that this is the case.
- 6 Endeavour to improve the standards and quality of Traditional Ayurvedic Medicine and Natural Therapies in the community.

3.4 REFERENCES

American Medical Association Principles of Medical Ethics.

www.ama-assn.org

Australasian Ayurvedic Practitioners Association

www.aapa.com.au

Australian Medical Association Code of Ethics – 2003.

www.ama.com.au

Australian Natural Therapists Association (formerly the Australian Naturopathic Physician's Association) – Code of Professional Ethics

Australian Psychological Society Ltd. Code of Ethics. Adopted 4 October 1997

Complementary Medicine Association Code of Ethics adopted 3 February 1988.

www.thecma.org.au

Complementary Medicine: Ethics and Law – Michael Weir
Prometheus Publications – 1st edition 2002. 2nd edition 2003

Guidelines on Privacy in the Private Health Sector – Office of the Federal Privacy Commissioner

Health Institute Australasia

www.healthinstitute.edu.au

Health Records Act 2001 Victoria, Act No. 2/2001

HIA Wellness Clinic Policy Document RTO 45524 Cricos 03791F. Version 21 August 2021

4. LEGISLATIVE AND REGULATORY RESPONSIBILITIES

- 4.1 Work Health and Safety Act 2011
- 4.2 Privacy Act 1988
- 4.3 Disability Discrimination Act 1992
- 4.4 Sex Discrimination Act 1984
- 4.5 Age Discrimination Act 2004
- 4.6 Racial Discrimination Act 1975
- 4.7 Copyright Act 1968
- 4.8 Fair Work Act 2009
- 4.9 National Vocational Education and Training Regulator Act 2011

All entities and people living in Australia are required to be law abiding. HIA is required to operate in accordance with the law. This means that we comply with the legislative and regulatory requirements. The following legislation is indicative of the Acts with which HIA has recognised compliance responsibilities. They also represent obligations to you as a learner whilst training with HIA, and eventually when you graduate and are responsible for your own behaviour and practice.

Copies of State and Federal legislation can be found at www.australia.gov.au/statelegislation (State) and www.comlaw.gov.au (Federal).

During your day-to-day work and whilst participating in your training, you will need to be aware of the relevant legislation that may impact your conduct and behaviour.

The following is a summary of the legislation that will generally apply to your day-to-day work and training. In the next chapter, are the policies, systems, and procedural guidelines that will address and meet the needs of this chapter.

4.1 Work Health and Safety Act 2011

The main objective of this Act is to provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces. The WHS Act protects workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from particular types of substances or plant and equipment.

The WHS Act covers workers by providing nationally uniform work health and safety laws. This includes employees, contractors, sub-contractors, outworkers, trainees, work experience learners, volunteers and employers who perform work.

The WHS Act also provides protection for the general public so that their health and safety is not placed at risk by work activities.

Section 29 of the WHS Act requires that any person in a workplace, including customers and visitors, must take reasonable care of their own health and safety and that of others who may be affected by their actions or omissions.

They must also cooperate with any actions taken by a person conducting a business or undertaking, to comply with the WHS Act and WHS Regulations.

4.2 Privacy Act 1988

The Privacy Act is supported by the Australian Privacy Principles which came into effect on 12th March 2014. The objective of Australian Privacy Principles, is to ensure businesses and government agencies manage personal information in an open and transparent way.

Please review the section within The HIA Student Handbook that relates to privacy protection. It provides you with information about:

- the kinds of personal information that the entity collects and holds about you;
- how the entity collects and holds personal information;
- the purposes for which the entity collects, holds, uses and discloses personal information;
- how an individual may access personal information about themselves that is held by the entity and seek the correction of such information;
- how an individual may complain about a breach of the Australian Privacy Principles and how the entity will deal with such a complaint; and
- whether the entity is likely to disclose personal information to overseas recipients.

4.3 Disability Discrimination Act 1992

Sect 5 - Disability Discrimination

(1) For the purposes of this Act, a person (discriminator) discriminates against another person (aggrieved person) on the grounds of a disability of the aggrieved person if, because of the aggrieved person's disability, the discriminator treats or proposes to treat the aggrieved person less favourably than, in circumstances that are the same or are not materially different, the discriminator treats or would treat a person without the disability.

(2) For the purposes of subsection (1), circumstances in which a person treats or would treat another person with a disability are not materially different because of the fact that different accommodation or services may be required by the person with a disability.

4.4 Sex Discrimination Act 1984

The objects of this Act are:

- to give effect to certain provisions of the Convention on the Elimination of All Forms of Discrimination Against Women; and
- to eliminate, so far as is possible, discrimination against persons on the ground of sex, marital status, pregnancy or potential pregnancy in the areas of work, accommodation, education, the provision of goods, facilities and services, the disposal of land, the activities of clubs and the administration of Commonwealth laws and programs; and
- to eliminate, as far as possible, discrimination involving the dismissal of employees on the ground of family responsibilities; and
- to eliminate, as far as possible, discrimination involving sexual harassment in the workplace, in educational institutions and in other areas of public activity; and
- to promote recognition and acceptance within the community of the principle of the equality of men and women.

4.5 Age Discrimination Act 2004

The objects of this Act are:

- to eliminate, as far as possible, discrimination against persons on the ground of age in the areas of work, education, access to premises, the provision of goods, services and facilities, accommodation, the disposal of land, the administration of Commonwealth laws and programs and requests for information; and
- to ensure, as far as practicable, that everyone has the same rights to equality before the law, regardless of age, as the rest of the community; and
- to allow appropriate benefits and other assistance to be given to people of a certain age, particularly younger and older persons, in recognition of their particular circumstances; and
- to promote recognition and acceptance within the community of the principle that people of all ages have the same fundamental rights; and
- to respond to demographic change by:
 - removing barriers towards older people participating in society, particularly in the workforce; and
 - changing negative stereotypes about older people.

4.6 Racial Discrimination Act 1975

This Act gives effect to Australia's obligations under the International Convention on the Elimination of All Forms of Racial Discrimination. Its major objectives are to:

- promote equality before the law for all persons, regardless of their race, colour or national or ethnic origin, and
- make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

4.7 Copyright Act 1968

Copyright is a type of property that is founded on a person's creative skill and labour. It is designed to prevent the unauthorised use by others of a work, that is, the original form in which an idea or information has been expressed by the creator.

Copyright is not a tangible thing. It is made up of a bundle of exclusive economic rights to do certain acts with an original work or other copyright subject-matters. These rights include the right to copy, publish, communicate (eg. broadcast, made available online) and publicly perform the copyrighted material.

There is no general exception that allows a work to be reproduced without infringing copyright. Where part of a work is copied, the issue is whether a substantial part of that work has been reproduced and thus an infringement has occurred. However, there is a 10% rule which applies in relation to fair dealing copying for the purposes of research or study. A reasonable portion of a work may be copied for that purpose, and a reasonable portion is deemed to be 10% of a book of more than 10 pages or 10% of the words of a work in electronic form.

4.8 Fair Work Act 2009

The main objectives of this Act are to provide a balanced framework for cooperative and productive workplace relations that promote national economic prosperity and social inclusion for all Australians by:

Providing workplace relations laws that are fair to working Australians, are flexible for businesses, promote productivity and economic growth for Australia's future economic prosperity and take into account Australia's international labour obligations;

Ensuring a guaranteed safety net of fair, relevant and enforceable minimum terms and conditions through the National Employment Standards, modern awards, and national minimum wage orders;

Enabling fairness and representation at work and the prevention of discrimination by recognising the right to freedom of association and the right to be represented, protected against unfair treatment and discrimination, provided with accessible and effective procedures to resolve grievances and disputes, and provided with effective compliance mechanisms.

4.9 National Vocational Education and Training Regulator Act 2011

This legislation provides a basis for the regulation of Registered Training Organisations in Australia. The legislation provides the basis for the establishment of the National VET Regulator who is the registration authority for RTOs. A core component of this legislation is that it defines the condition for the registration of an RTO which includes:

- compliance with the VET Quality Framework
- satisfying Fit and Proper Person Requirements
- satisfying the Financial Viability Risk Assessment Requirements
- notifying the National VET Regulator of important changes
- cooperating with the National VET Regulator
- compliance with directions given by the National VET Regulator.

5. HIA POLICIES, SYSTEMS AND PROCEDURES

Guidelines on Hygiene, Infection Control and Clinical Standards

This section covers:

- Purpose of the Guidelines
- Federal, State, Local Government Laws, and Regulations
- Premises
- Hygiene
- Infection Control
- Notifiable Diseases
- Assessment of Compliance
- Summary

5.1 Purpose Of Clinical Standards, Hygiene, And Infection Control Guidelines

Health Institute Australasia (HIA) teaches and accredits Complementary Medicine practitioners in the modalities of Ayurveda and Yoga.

Many Australians are utilising the services of Complementary Medicine practitioners for their health care needs and expect practitioners to maintain appropriate clinic standards with effective protocols for hygiene and infection control.

HIA is committed to continuous quality improvement and the setting of standards for the Ayurveda and Yoga profession. Adherence to the HIA Clinical Standards, Hygiene, and Infection Control Guidelines by practitioners, is fundamental to the provision of quality health care services and a safe clinic environment.

These guidelines aim to establish minimum requirements and guidance to members accredited by HIA in one or more of the above modalities.

5.2 Federal, State, Local Government Laws, Regulations, Requirements And Guidelines

These guidelines do not replace Federal, State, Local Government, Laws, Regulations, Requirements and Guidelines relating to healthcare facilities, hygiene, infection control, and occupational health and safety.

These guidelines are to be used in conjunction with the relevant government laws, regulations, requirements and guidelines applicable to federal, state and local government requirements to the state in which you practice.

As Laws and Regulations can vary depending on the location of the clinic, HIA recommends that you should familiarise yourself with and be aware of, the laws and regulations that apply in your state and regional community. Further detailed information can be obtained by contacting the relevant Government Departments and from the following websites:

Federal - Department of Health and Ageing	www.health.gov.au
NSW - NSW Health	www.health.nsw.gov.au
VIC - Department of Human Services	www.health.vic.gov.au
QLD - Queensland Health	www.health.qld.gov.au
WA - Department of Health	www.health.wa.gov.au
SA - Department of Health	www.health.sa.gov.au
TAS - Department of Health & Human Services	www.dhhs.tas.gov.au
NT – Dept. of Health & Community Services	www.health.nt.gov.au
Local Govt. Contact your Local Council or Regional Department of Health	

5.3 INFORMATION ON WORKPLACE REQUIREMENTS

5.3.1 Premises

When you set up your treatment area, both the Institute and various associations recommend that clinics should have the following (depending on the modalities practised):

- adequate ventilation and air supply
- adequate lighting
- private area for consultations and treatments
- client/patient waiting area
- non-slip flooring
- hand washing basin
- liquid soap or handwashing solution
- single use cloth towels or single use paper towels (eco-unfriendly!!)
- a sink for washing equipment
- separate medicine dispensing area
- non-porous work area for the preparation of medicines
- secure and clean area for the storage of medicines
- appropriate dispensing equipment and containers
- first aid kit
- protective gloves suitable for washing and cleaning
- suitable container for contaminated waste
- suitable container for non-contaminated waste
- suitable container for soiled towels and linen
- clinical waste to be disposed of in accordance with local government requirements
- provision of clean toilet facilities for clients/patients and staff
- the HIA Code of Professional Ethics should be available to all clients and patients.

5.3.2 Hygiene

Cleanliness and sanitation should be part of routine work practices in all clinics and include:

- maintaining a high level of personal hygiene for all clinical staff including washing of hands before, during (if contact has been made) and after client/patient contact
- maintaining a high level of cleanliness in the clinic
- regular cleaning of clinic equipment, devices, dispensing area and containers
- regular removal of all waste materials
- appropriate cleaning of reusable clinic equipment, instruments and devices
- clinic and environmental controls including spillage management
- use of protective clothing where appropriate

5.3.3 Infection Control

Many types of infections can be present in a clinic environment and practitioners, clients, patients, and others may be at risk of being infected.

Precautions are recommended for the treatment of all patients irrespective of their perceived current wellbeing or infection status.

Infectious patients may not show any signs or symptoms of infections and practitioners should have in place effective infection control and prevention measures including the following:

- attention to design and maintenance of premises
- attention to the cleaning of premises and equipment
- management of clinic materials and equipment

- use of protective clothing and equipment
- management of waste removal
- management of personal and staff hygiene
- management of reusable clinic equipment, instruments and devices
- management of all bodily fluids including blood
- all instruments that penetrate the skin must be sterile

5.3.4 Notifiable Diseases

The list of National and State notifiable diseases and the process of notification is available on the Department of Health and Ageing website www.health.gov.au

5.3.5 Compliance

As part of continuous quality assurance and public safety, assessors may visit clinics to assess compliance with requirements under these guidelines.

In accordance with the AAPA and HIA Constitution and HIA Code of Professional Ethics, AAPA may also conduct an assessment of clinics as a result of any complaints received from the public.

Practitioners not complying with the Guidelines will be required to comply within the timeframe as determined by the Assessment Team.

5.3.6 Summary

Practitioners should be familiar with and adhere to requirements under the Health Acts, Infectious Disease Regulations, and Local Health Regulations that apply to their practice.

As part of continuous quality assurance and public safety, practitioners should regularly review and assess their policies and procedures for hygiene and infection control, to ensure they comply with their professional responsibilities and legal requirements.

Practitioners have an obligation of a duty of care regarding the provision of health care services, to avoid injury to others, and to ensure a sufficiently high standard is in place to minimise transmission of infections.

It is recommended practitioners have a checklist or control measures that are routinely used to identify areas of concern, and minimise risks to patients, staff and others.

It is recommended that practitioners display in their clinic, infection control policies and procedures. This will assist with patient cooperation and the minimisation of cross-infection.

Practitioners should maintain up-to-date knowledge and skills in relation to hygiene and infection control.

Occupational Health and Safety regulations also need to be considered for the premises, and in the use of equipment and cleaning materials in the clinic environment.

Practitioners should be aware of and act in accordance with the requirements for the disposal of waste under Environmental Acts administered by Environmental Protection Authorities in their state.

HIA members are obliged to abide by the AAPA and HIA Code of Professional Ethics and the HIA Constitution and these Guidelines should be read in conjunction with the HIA Code of Professional Ethics and HIA Constitution.

5.4 HIA CRITICAL INCIDENT POLICY

HIA Management and staff are committed to effective Critical Incident prevention, response and measures, ensuring that the educational and welfare needs of enrolled students, clients and patients are managed with all due care and appropriate intervention measures.

Definitions

Critical Incident Event

A critical incident may include any real or risk of personal trauma experienced by a client, patient or student, where physical life or health is threatened or personal health issues are experienced, or any criminal offence perpetrated against them, any accident, civil unrest or natural disaster where an individual's welfare is at risk.

Acute Stress Disorder

The essential feature of an Acute Stress Disorder is the development of characteristic anxiety, dissociation, and other symptoms that occur within a month after exposure to an extreme traumatic stressor, such as related to a critical incident. The symptoms must cause significant distress, significantly interfere with normal functioning, or impair the individual's ability to pursue necessary tasks.

Post-Traumatic Stress Disorder

The essential feature of Post-Traumatic Stress Disorder is the development of characteristic symptoms, lasting more than one month, following exposure to an extreme traumatic stressor, involving either:

- Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.
- Witnessing an event that involves death, injury or a threat to the physical integrity of another person.
- Learning about an unexpected or violent death, or threat of death or serious injury experienced by a family member or other close associate.
- The onset of symptoms may be delayed for more than six months.

Procedure

In the event of any Critical Incident event, HIA Management and staff will respond with the following procedures:

Roles and Responsibilities

A staff member should be advised as soon as possible following the news or observation of any Critical Incident Event affecting or likely to affect the safety or welfare of HIA's enrolled students, clients or patients.

In the event of a Critical Incident Event the staff member shall;

- Assess the level of risk and type of Critical Incident and the required resource implications, and advise the CEO at the earliest convenience
- Apply the appropriate intervention measures to the level of risk and type of critical incident.
- Report any relevant resource implications directly to HIA Management or the CEO.

Intervention Measures

In identifying a Critical Incident Event, the Team Member shall determine the level of risk or type of Critical Incident and apply one or more of the following intervention measures.

Prevention Measures

Where a potential Critical Incident can be avoided through risk identification and a report to HIA Management. The Team Member shall:

- Advise the CEO as soon as practicable.
- Identify the risk potential, including the verification of any potential source of danger or threat to an individual's welfare, and
- Establish the OHS, legal parameters and duty of care implications for HIA.
- Identify the individuals who may be at risk.
- Report any potential avoidance actions that may be implemented by HIA Management.

Critical Incident Response Measure

Where an actual Critical incident is about to occur, or has occurred, HIA Management and Staff shall receive training in all aspects of implementing the following points:

- Take avoidance action to ensure the safety and welfare of students, where enrolled students may be at risk of physical harm. This may include requesting the attendance of security staff or a building evacuation. Staff to be trained.
- Determine if any emergency service is required and where necessary take immediate action to request the attendance of such a service (police or ambulance services).
- Make direct contact with the OSCO (or in their absence the CEO) and advise the type of critical incident and actions taken so far in the critical incident event.
- Ensure affected students are provided with immediate care and support in the case of any distressing or traumatic experience. Where possible and appropriate, take immediate action to gain the presence of qualified counsellors who may assist in the support of distressed or traumatised student/s.

Post Incident measures

Where a Critical Incident has occurred the Staff Member shall within 5 days, ensure that the following steps have been taken in completing a written report to HIA Management. Copy to be forwarded to CEO

Request a written report from staff/people who were directly involved in the incident, or who were present when it occurred. Copy to be forwarded to CEO.

Identify and interview students, clients or patients who may have been involved or present during the Critical incident. Copy to be forwarded to CEO.

- Identify any emergency service contacts utilised during the critical incident.
- List pastoral or external support personnel who were involved during the critical incident.
- Provide a detailed summary of the Critical Incident to HIA management.

Management Review

Following the receipt of a Critical Incident report, the CEO and HIA management staff shall ensure that the report is reviewed at the next management meeting and improvement measures documented and filed for additional review within the Annual Internal Audit.

5.5 HIA PRIVACY POLICY

The Health Institute Australasia's Privacy Policy governs the way we collect, hold, use, disclose and protect information about you, and our clients, patients and students.

Health Institute Australasia (HIA) will protect your personal information in accordance with the National Privacy Principles (NPP) as set out in the Privacy Act 1988 (Commonwealth).

The NPP governs the way we collect, use, disclose and secure information about you.

When you are part of the HIA Wellness Clinic, as a student, team member or staff, HIA's Privacy Policy becomes your policy too.

Personal Information:

The information we collect about an individual is in direct relation to the level of services and products we provide to that individual.

Personal information may include a person's name, title, date of birth, contact details, emergency contact details, clinic/practice details, education, qualifications, curriculum vitae, indemnity insurance, first aid qualifications, accreditations, certificates, continuing professional education, other memberships, registration information, references, complaints, credit card details, stationery orders, online advertising, fees paid, survey information and correspondence.

The information collected allows us to:

- provide the best service to the individual
- provide necessary systems and infrastructure to service the individual
- provide a practitioner referral service by telephone and over the internet
- gather statistical data and research information to improve the services and products we supply
- represent clients/patients/students for recognition and other purposes with Governments, Health Funds, Work Cover Authorities, Registration Boards, Accreditation Boards, Health Services Authorities, Departments and organisations.
- represent the individual to obtain recognition and benefits of interest to members
- promote HIA members and the services those members provide
- maintain an up-to-date database
- make appropriate checks for membership applications
- develop policies and management plans for the efficient management of the College
- assist the public in making health services choices

Contacting us about your information:

HIA aims to ensure that an individual's personal information is accurate, up to date, and complete. As a team member, whether student or practitioner, please contact HIA if your residential, employment or other details have changed, feel that the information that HIA holds about you is incorrect or incomplete or you wish to revise or update some information.

[Australian Privacy Principles Fact Sheet \(PDF 654KB\)](#)

5.6 HIA PATIENT RECORDS AND INFORMATION GUIDELINES

Patient records should be kept in accordance with the Privacy Act 1988 (Cth) as amended under the Privacy Amendment (Private Sector) Act 2000 and the various State Privacy Acts. The Act and amendments regulate the use and handling of personal information in private sector organisations including health service providers. The provisions of the Act and amendments impose obligations on health service providers to ensure personal information is kept secure and private.

The Act also applies the National Privacy Principles (NPP's) to health service providers.

Practitioners and students of Health Institute Australasia and AAPA should familiarise themselves with the guidelines and requirements outlined.

(click here to visit the website of the Office of the Privacy Commissioner www.privacy.gov.au)

(click here to view the Federal Privacy Act)

(click here to view the 10 National Privacy Principles)

A Guide to Keeping Patient Records:

Information included in patients records:

- patient's full name
- gender (male/female)
- date of birth
- address
- telephone numbers
- marital status (single, married, divorced, widowed)
- occupation
- consent of parent or guardian if a minor
- health fund status
- work-cover status
- contact details of person in case of emergency
- name and contact details of other health service providers (i.e. doctor)
- details of inter-clinical referrals
- allergies
- the date and time of each consultation including start and finish time.
- details of presenting conditions and symptoms.
- details of clinical findings, observations and examinations.
- details of treatment, remedies, advice and information provided at consultations
- details of medicines, dosage rates etc
- outcomes, results and improvements achieved
- details of any previous or known adverse drug reactions
- details of previous conditions, illnesses and information provided by patient
- details of any adverse health events
- source of patient history (i.e. patient, interpreter or guardian)
- details of any other medications being taken by patient
- details of any treatments/services provided by other health service providers
- details of any treatments provided by hospitals or specialists
- details of referrals to other practitioners
- details of relevant family health history
- details of any advice or recommendations provided
- other relevant information provided by patient (inclu. nationality, primary language spoken at home etc.)

- Patient records must be accurate, up-to-date and complete.
- Patient records can be kept electronically or hand-written. If records are hand-written, they should be written clearly in ink (not pencil), in English and be able to be easily read and understood.
- Any amendments to a patient's record should not be erased or deleted. A single line should be crossed through the information to be amended and the new information recorded alongside the amendment, dated and signed by the practitioner. Errors should not be obliterated.
- Entries to patient records should not be made in advance of the consultation.
- Patient records should contain adequate information to provide quality care to the patient.
- Patient records should contain any diagnostic reports, imaging reports and other reports/data that are used as part of the consultation and treatment process.
- The health records of patients are accepted by courts as evidence in a dispute or claim and substantiates the care provided to the patient. It is important that patient records are kept up to date and information recorded accurately at all times.
- Patient records whether kept electronically or hand-written should be kept confidential and in a secure place at all times.
- Patients are entitled to request and receive a copy of their health record.
- The practitioner must safeguard all patient records and information from any disclosure except as required by law.
- Patient records and information maintained on computers must be kept secure and not be visible to other persons.
- Verbal exchange of patient information between health care providers and those involved with patient care should occur to ensure timely care of the patient.
- Practitioners who exchange verbal information with or about patients should ensure they cannot be overheard by others who are not involved in the patient care or do not have a right to hear the information.
- Patient records should be kept indefinitely, as issues and claims regarding a patient can arise many years after consulting with or treating a patient.

5.7 HIA RACISM POLICY

This policy commits the Health Institute Australasia to the elimination of all forms of racial discrimination.

Policy statement

- Health Institute Australasia (HIA) rejects all forms of racism and is committed to the elimination of racial discrimination in our College. This includes direct and indirect racism, racial vilification and harassment, in all aspects of the learning and working environment.
- No student, employee, or community member should experience racism within the learning or working environment.
- Eradicating expressions of racism in learning and working environments, and challenging the attitudes that allow them to emerge, is the shared responsibility of all staff.
- All teaching and non-teaching staff contribute to the eradication of racism by promoting acceptance of Australia's cultural, linguistic and religious diversity, challenging prejudiced attitudes and ensuring that sanctions are applied against racist and discriminatory behaviours.
- Health Institute Australia has dedicated anti-racism staff and provide timely and professional responses to complaints regarding racism.
- This policy applies to all students, staff and volunteers at Health Institute Australasia.
- Each individual is responsible for monitoring their own behaviour to ensure that it does not result in anyone experiencing racism.
- All teachers are responsible for supporting students to develop an understanding of racism and discrimination and the impact on individuals and the broader community.

Legislation

Australian Human Rights Commission Act 1986 <<http://www.comlaw.gov.au/Series/C2004A03366>>

Age Discrimination Act 2004 <<http://www.comlaw.gov.au/Series/C2004A01302>>

Disability Discrimination Act 1992 <<http://www.comlaw.gov.au/ComLaw/management.nsf/current/bytitle/2CEDE1C513E5D87ACA256F710006F23F?OpenDocument=&mostrecent=1>>

Racial Discrimination Act 1975 <<http://www.comlaw.gov.au/ComLaw/Management.nsf/current/bytitle/490628725B7A943ACA256F7100070CCF?OpenDocument=&mostrecent=1>>

Sex Discrimination Act 1984 <<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200401301?OpenDocument=>>>

5.8 DIVERSITY, INCLUSION AND BELONGING

Many people are subjected to prejudice because of their race, nationality, skin colour, appearance, name, religion and so on. White privilege does not mean that your life was not hard. It means that your race, nationality, religion, skin colour, appearance, name etc. was not an obstacle.

Diversity is having a culture that values uniqueness, i.e. people of different backgrounds, cultures, genders, and races.

Inclusion means inviting diverse groups to take part in College life.

And there's a third critical piece: **belonging**. It's belonging that makes each individual feel accepted for who they are.

At HIA we honour the diversity, inclusion, and belonging (DIB) approach, and seek ways in which to discover how to drive the conversation on DIB and activate it in even more in our organisation and culture. Diverse talents, telling and listening to our stories which incorporate both backgrounds and aspirations, brings DIB into our life cycle.

To embed DIB in the HIA experience, we need to learn and

- respect all
- determine what prevents a culture from being equitable
- understand the importance of storytelling
- describe the purpose of listening
- construct how a process that would enable diverse talent in a project could work out
- determine the factors for choosing DIBs role models in our Institution

This will enable us to employ

- the management and empowerment of talents and skills
- diversity and inclusion
- better relations

5.9 GUIDELINES FOR WORKING WITH HIA

HIA continues to provide a variety of volunteer and employment opportunities. So that issues do not arise, prior to accepting a position, HIA recommends that the details of engagement are agreed to, documented and signed by both parties.

The following information is not intended to cover all aspects of working in a practice and is provided as a guide to highlight some of the problems and issues to be considered before accepting a position.

Obtain full details about any position

A detailed position description including a specified and agreed list of duties should be available.

Clarify/resolve any issues and concerns

Discuss with HIA in detail exactly what the position covers.

Ascertain the hours of work

Are the hours of work set or variable, and how many hours realistically, are going to be worked each week?

Ascertain the rates of pay

Is it a volunteer position or are there agree hourly/weekly rates of pay?

Is the payment in terms of contras?

Is commission to be paid on products sold?

Ascertain how and when payment is to be made

Are wages/commissions to be paid into bank accounts, by transfers, or by contras?

Are payments to be weekly, fortnightly, monthly, or on a particular day?

Is the position being offered a contract position, sub-lessee, part-time, casual or full-time employee?

You need to be clear about whether you are engaged as a volunteer, an independent contractor, sub-lessee, part-time, casual or full-time employee.

Are other entitlements part of employment?

Please check if other entitlements such as annual leave, sick leave, superannuation, redundancy entitlements, workers compensation are applicable, and are included in the contract of employment.

Are other costs/benefits to be paid as part of employment?

Other costs associated with employment should be included in the contract of employment.

Are adequate facilities available for private and confidential consultations?

The HIA Code of Ethics, Health Funds and the Privacy Act require consultations to be undertaken in private and proper consultation areas. An adequate consultation area should be available.

Keeping and maintaining patient records

Practitioners who undertake consultations should keep detailed and accurate patient records. Patient records are required to be kept secure and confidential.

HIA guidelines on Patient Records are available at www.healthinstitute.edu.au

Who owns the patient records (i.e. employer or employee)?

The employer and employees should agree and document who owns the patient's records for existing patients and any new patients. Many disputes arise in this area and it is advisable to obtain a clear written agreement between the employer and employees regarding who owns and is responsible for maintaining patient records.

Who pays for and owns the products?

- Who is responsible for ordering and purchasing (paying for) practitioner products for sale in the practice should be clearly understood by all concerned.
- Document who owns the products purchased.
- Ascertain how the owner of products sold receives payment for the products.
- An up-to-date, complete and accurate inventory of all of the products should be kept.

Promotions and advertising

Make sure any promotional activities or advertising using either employers or employees' names is agreed to and approved by both parties. Promotions and advertising must

- comply with laws
- be true, not misleading
- not create false expectations and
- not bring the profession into disrepute.

Make sure you abide by the HIA Constitution and HIA Code of Professional Ethics whilst engaged in our practice. Details of the HIA Constitution and Code of Professional Ethics can be obtained from the Members Centre on the HIA website www.healthinstitute.edu.au

Who issues receipts for goods and services provided?

Who issues the receipt can depend upon engagement either as a contractor, sub-lessee or employee. Practitioners must not under any circumstances allow other practitioners to use their receipts or provider numbers.

Insurance

Does the Practice Professional Indemnity Insurance policy cover all employees and contractors for Professional Indemnity, Product Liability and Public Liability?

If covered by the practice policy, make sure it covers all liabilities that may arise in during employment (i.e. professional indemnity, products liability and public liability). Be aware of any excesses that may apply.

Note: HIA members are eligible to obtain professional indemnity insurance under the HIA/OAMPS Insurance scheme at special rates with no excess applicable.

Hygiene and Infection Control

Be aware of clinic hygiene and infection control procedures. Clinics should have in place appropriate hygiene and infection control procedures/policies which should be observed by all parties. The HIA Hygiene and Infection Control guidelines are available on www.healthinstitute.edu.au

Intellectual property

If products or ideas that benefit the business are developed and implemented, make it quite clear at the onset as to who will be entitled to and or retain the intellectual property ownership.

Further information

Can be obtained from admin@healthinstitute.edu.au

5.10 COMPLAINTS AND APPEALS POLICY

The complaints and appeals policy of HIA shall ensure that all complaints are dealt with in a constructive and timely manner.

All complaints and appeals shall be reported in the weekly management meeting and 'client feedback forms' shall be raised and recorded on file, detailing the actions required to arrive at a satisfactory resolution of each complaint and grievance.

Complaints and Appeals Procedures

Team members

- Shall attempt to remedy any complaint at the first instance informally and verbally. If this is not successful, the complainant is to be advised that HIA has a documented procedure in place and will be given a complaint lodgement form to complete.
- Upon receiving a complaint a member of the HIA team or the Overseas Student Contact Officer, shall advise the complainant that their grievance will be reported to the next management meeting or dealt with within 10 days of lodgement, regardless of the staff member's perception of the importance of their grievance.
- The student should also be informed that their enrolment is not at risk during the complaints and appeal process.
- The team member must also advise the complainant, that their grievance, if not satisfactorily answered by the management meeting and its representative, may request an 'independent adjudicator' or friend to support them, and that they may formally present the complaint themselves.
- The team member shall raise a client feedback form to identify the complainants' grievance in an accurate manner, providing the same to the next scheduled management meeting or at least, 10 days of the formal lodgement of the client feedback form.

CEO / Management meeting

- Upon receiving a client feedback form detailing a grievance, the CEO or management meeting shall discuss the nature of the grievance and identify the cause of the grievance and the appropriate cause of action to satisfy the complainant's grievance and if requested by the student, provide an appropriate time for the student to present their complaint personally.
- The team member shall complete the client feedback form recording the proposed solution and advise the complainant of the proposed solution in writing.
- The advice to the complainant shall include information and procedures concerning the complainant's right to appeal the proposed solution and request for an independent adjudicator at no or little cost to the complainant.
- In the event of the complainant reporting that they are dissatisfied with the proposed solution, the CEO or management meeting, shall advise the complainant that within 10 days, the independent adjudicator shall be informed of the nature of the complaint in writing to seek possible further resolution.
- The selection of an independent adjudicator shall be managed by the CEO or management meeting team and be by mutual agreement with the complainant.
- A current Independent Adjudicator arrangement is in place with The Dispute Resolution Branch, Department of Justice and Attorney-General.
- There are six Dispute Resolution Centres throughout Queensland.
- The Brisbane Centre Dispute Resolution contact details: Level 1 Brisbane Magistrates Court 363 George Street Brisbane Qld 4000. Tel: +61 7 3239 6269 Fax: +61 7 3239 6284 Website: www.justice.qld.gov.au/mediation/contacts.htm. Providers/students outside Brisbane may use the Toll Free No: 1800 017 288. There are currently no fees for this service, but this may change.
- All independent adjudicator outcomes will be reported to the next scheduled management meeting

documented within the minutes and filed for future reference. Appeal decisions granted in favour of the student, should be implemented by HIA management immediately.

- All independent adjudicator outcomes will be communicated to the complainant (by method as they have requested on their feedback form) in a timely and prompt manner.

Independent Adjudicator Requests

- Upon receipt of advice of a decision to appeal and the request for an independent adjudicator from the student, the Overseas Student Contact Officer shall contact the independent adjudicator. The complainant should also be advised that they are entitled to attend the independent adjudication meeting with a preferred support person.
- The outcome of the arranged meeting between the complainant and the independent adjudicator shall be communicated in writing to the next scheduled meeting of HIA management. Appeal decisions granted in favour of the student should be implemented by HIA management immediately.
- There shall be no fee for service provided to the independent adjudicator except where travel or office expenses are encountered. However ongoing support, interventions or counsel may attract a service fee.

6. DOCUMENTATION

6.1 Clinical Record Keeping - General

6.1.1 Purpose

The purpose of this document is to clearly set out the essential components to include in your client records.

6.1.2 Definition

The term 'Client records' pertains to the documented account, on paper or in electronic form, of a client's personal details, health information, presenting condition, and treatment.

6.1.3 Requirements

The following sets out the minimum requirements for the 'Client file' and individual 'Treatment Records'. Additional details may be required or be helpful for your individual circumstances.

All information must be

- written in English
- understandable by a third party, and
- in a format that allows for continuity of care.

Files should be stored

- in chronological order, and
- in a manner that allows for prompt retrieval.

It is the practitioner's responsibility to be aware of what should be included in clinical records and what detail is required. All information, assessment, treatment, and recommendations must be within the practitioner's Scope of Practice and must be made at the time of providing the services or goods or as soon as practicable afterwards.

More information and helpful links can be found below.

6.1.4 CLIENT FILES should contain the following information:

- Full name
- Address
- Date of birth
- Gender (including options for non-binary genders)
- Contact details including phone, email and next of kin
- Relevant medical history including medications and allergies
- Emergency contact details
- Evidence of Informed Consent to receive treatment

6.1.5 CLIENT TREATMENT RECORDS

should include the following information *for every consultation*:

Standard Components for Clinical Notes for ALL modalities

- **Date and time** of consultation
- Identifying details of the **therapist** providing treatment
- **Update** of health information (if required)
- **Purpose** of the treatment
- Details of **presenting condition** including symptoms
- **History** of other treatment/s, outcomes/results of treatment and/or adverse effects from treatment
- Details of **physical assessment**

NB: the purpose of treatment, presenting condition, and physical assessment, should indicate the need for treatment. These should also provide a baseline for progress.

- **Treatment Plan**

- **Evidence of consent** to treatment. This may be Written, Verbal or Implied

- **Treatment provided**

NB: the treatment plan and treatment provided should align with the client's goals and must be clearly indicated based on details of physical assessment.

- **Evaluation of treatment** (or reassessment) including the effectiveness of treatment, condition improvements, outcomes, and clients perceived evaluation of treatment

- Condition-based **recommendations** such as lifestyle advice, corrective exercises, etc.

- Any **referrals** to other practitioners

- Any **other** relevant communication with or about the client (for example phone consultation, health information brochures, etc.)

6.2 Clinical Record Keeping - MANUAL THERAPIES

6.2.1 CLIENT RECORDS

- **Date and time** of consultation
- Identifying details of the **therapist** providing treatment
- **Update** of health information (if required)
- **Purpose** of the treatment
- Details of **presenting condition/s** including symptoms and allergies
- Any infectious diseases
- Injuries
- **History** of other treatment/s, outcomes/results of treatment, and/or adverse effects from treatment

6.2.2 ASSESSMENT & DIAGNOSIS

Details of **physical assessment**

Including findings of:

- Observations such as posture, signs of inflammation, degeneration
- Restriction of movement testing results

Ayurvedic specific details of physical assessment

- Pulse
- Tongue
- Dosha, Ama + other (if used)

6.2.3 TREATMENT PLAN

The **treatment plan** including details such as:

- Client goals
- Intended treatment
- Number of sessions required
- **Ayurvedic Diagnosis** – treatment principle or strategy
- **Evidence of consent to treatment**. This may be Written, Verbal or Implied

6.2.4 TREATMENT PROVIDED

Treatment provided

- Region/structure/muscles treated
- Technique/s applied
- Ayurvedic specific modalities used
- Equivalent detail as for physical assessment (above) relevant to Ayurveda
- Condition-based **recommendations** such as lifestyle advice, corrective exercises, etc.
- Exercise/rehabilitation prescribed including volume and frequency
- Any **referrals** to other practitioners
- Any **other** relevant communication with or about the client (for example phone consultation, health information brochures, etc.)

6.2.5 EVALUATION

Evaluation of treatment (or reassessment) including the effectiveness of treatment, condition improvements, outcomes, and client's perceived evaluation of treatment

6.3 Clinical Record Keeping - INGESTIVE THERAPIES

6.3.1 CLIENT RECORDS

- **Date and time** of consultation
- Identifying details of the **therapist** providing treatment
- **Update** of health information (if required)
- **Purpose** of the treatment
- Details of **presenting condition** including symptoms
- **History** of other treatment/s, outcomes/results of treatment/s, and/or adverse effects from treatment/s
- **Current medications/** including dosage
- Any **concurrent** medical/therapeutic **treatment/s**
- Known **allergies**

6.3.2 ASSESSMENT & DIAGNOSIS

- Details of **physical assessment**
Specific diagnostic measures / physical assessments used should align with Ayurvedic specific skills and be relevant to the case presentation and scope of practice. These may include:
 - Pulse
 - Tongue
 - Nails
 - Eyes, skin, hair
- **Ayurvedic Diagnosis** – treatment principle or strategy and methods (*dosha, dhatu, mala, ama, srotas*)

6.3.3 TREATMENT PLAN

Including details such as:

- Client goals
- Intended treatment
- Treatment aims - short and long term goals
- Treatment strategy (e.g., in complex cases, what to address first, what to address later)
- Approximate length of the course of treatment
- Holistic understanding

6.3.4 TREATMENT PROVIDED

NB: the treatment plan and treatment provided should align with client's goals and must be clearly indicated based on details of physical assessment.

- Dietary recommendations (condition-based)
- Lifestyle advice – condition-based recommendations corrective exercises, etc.
- Medicine/s used
- Dosage
- Number of days prescription lasts
- Prescription provided to the patient with a full ingredient list, labeling to Australian standard
- Detailed prescription with all ingredients
- Any referrals to other practitioners
- Any other relevant communication with or about the client (for example phone consultation, health information brochures, products shown/sold to them, etc.)

6.3.5 EVALUATION

Evaluation of treatment (or reassessment) including the effectiveness of treatment, condition improvements, outcomes, and client's perceived evaluation of treatment

6.3.6 Additional information

- The Health Records Act 2001:
https://hcc.vic.gov.au/sites/default/files/health_records_act_2001_authorized033.pdf

- CMBA Patient health records guidelines
<https://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx>
- CMBA Guidelines for safe Chinese herbal medicine practice
<https://www.chinesemedicineboard.gov.au/CodesGuidelines/Guidelines-for-safe-practice.aspx>
- AAPA Code of Ethics
<https://www.ayurvedaaustralia.com>
- TGA regulatory guidelines for complementary medicines <https://www.tga.gov.au/sites/default/files/australian-regulatoryguidelines-complementary-medicines-argcm.pdf>
- Medibank provider recognition:
<https://www.medibank.com.au/providers/requirements/>
- Medibank Patient Records Standards:
<https://www.medibank.com.au/content/dam/retail/providers/Patient%20Records%20Standards.pdf>

7. HIA STUDENT CLINIC POLICY

The following conditions apply to all students undertaking their student clinics for any unit.

7.1 Arrival, Break and Departure Times

Students must arrive as per the required START times, as published. There is no flexibility for arriving late to Student Clinics.

A penalty will be issued to a student who arrives at a scheduled Student Clinic after the start time, or leaves prior to the Student Clinic finish time.

7.2 Student Clinic Cancellation and Non-Attendance

Once a student has been booked for a Student Clinic session, they are responsible for keeping track of their booked Student Clinics and attending them.

A minimum of 24 hours notice is required to cancel or change a Student Clinic booking. A student must email admin if you cannot attend. For example, if you are booked into a Saturday morning clinic, you must phone the school by 9:00 am on the Friday before.

Cancellation due to illness will only be accepted with an accompanying medical certificate within 30 days of the breach.

It is the student's responsibility to cancel any pre-booked clinics they no longer require with adequate notice.

7.3 Dress Code and Personal Hygiene

To maintain professionalism, students attending the Student Clinic are required to maintain a clean, tidy and professional appearance.

- Students are required to have short, clean nails, clean clothing, and no strong body odour or other odours, such as the smell of smoke, strong perfumes or other strong odours.
- Students must wear either an apron with the Institute's logo, or a plain black or white t-shirt (no logos or designs will be accepted), with loose-fitting pants or shorts.
- The professional dress code of HIA does not allow for short skirts or short shorts, low-riding pants, exposed midriffs, low-cut tops, sleeveless shirts or singlets.
- If you are unsure about the appropriate dress code, please check with your teacher prior to attending the Student Clinic.
- Appropriate footwear must be worn at College.
- A student who is not appropriately attired, may not be permitted to attend the Student Clinic.

7.4 Non-smoking Policy

As stated in the HIA Student Handbook, smoking is not permitted on HIA property at any time. Please refrain from smoking during student clinics to avoid the odour of cigarette smoke affecting clients and fellow students.

7.5 Ethical Behaviour

Students are to conduct themselves in a professional manner and abide by the Professional Code of Ethics in this document.

- As students are representing the HIA student clinic, students are not permitted to promote their own mas-

sage practice.

- Under no circumstances are students to accept monetary tips from clients, or any other form of *quid pro quo*.

7.6 Penalties

Students will be sent a Student Clinic penalty notice via email.

Please note that students' certificates/qualifications will not be issued until competency has been achieved.

7.7 Student Commitments to the Clinical Code of Ethics

As a student of HIA I shall abide by the following Code of Ethics:

DO'S

- I shall at all times keep the standard of my professional work as high as possible and if a client's problem lies beyond my help, I will recommend relevant treatment.
- I shall endeavour to improve upon my technical skill and professional standards whenever possible.
- I shall conduct myself professionally at all times so as to comply with the common standard of morals and decency and not be guilty of illegal, immoral or improper relations with any client sexually or otherwise.
- I shall always treat the client with utmost respect and care to the best of my ability and ensure that priority is given to the client's comfort and welfare.
- I shall take a complete case history prior to treatment and regard any such information as strictly confidential unless there is some overriding legal and moral obligation to the contrary.
- I shall ensure that any equipment I use, mechanical, electrical or otherwise, is safe and does in no way pose any kind of danger or threat to any client under my care.
- I shall ensure that I shall clean up after myself and leave the clinic, reception and ablution areas in the same (or improved) condition as I found it.
- I shall ensure that I shall follow all COVID safe practices.

DON'TS

- I shall never at any time render my professional services for any purpose other than for the wellbeing of my clients.
- I shall never publicly slander a member of my profession or of any allied professional nor do any action or say anything that will discredit and/or have a detrimental effect on the art of massage.
- I shall never attend a client whilst under the influence or effect of drugs, alcohol, sedatives or whilst sick with a contagious disease.

7.8 Student Clinic Health and Safety Guidelines

The health and safety responsibilities of massage therapists are taught in more depth in the "Safe Work Practices" Unit of Competency from the Institute. However, for student clinic, students must adhere to the following:

7.9 General Health and Safety

- Students are permitted to complete only one student clinic on any given day
- If students have any cuts or tears in their skin, they must use an occlusive bandage (available from admin)
- Students must wash their hands thoroughly (covering all surfaces between fingers etc. and up to and

including the elbows) before and after each client. Please refer to the hand washing procedure at the end of your course notes

- Students should not be massaging in student clinic if they are sick with a contagious disease or condition. As a basic courtesy, please endeavour to give 24 hours' notice to HIA admin if you will not be able to attend student clinic for any reason. If you give less than 24 hours' notice penalties apply.
- To protect your own health, you should not be massaging clients who have contagious conditions either. If you have reason to believe a client has a condition that may pose a threat to your own health, approach your student clinic supervisor immediately for guidance
- Where there are any visible lesions or wounds on a client's skin, students should seek advice from the clinic supervisor
- Take care of your clients getting on and off the table. Offer and provide assistance if required. Show them the step under the massage table. Remind them of its presence at the end of the massage.

7.10 Staying Alert to Health and Safety Hazards

If students can see any hazards to the health and safety of anyone in the student clinic (including themselves) they should report them immediately to the clinic supervisor.

Examples may include:

- Someone has bled on a towel, eg. a blood nose, a cut or reopened wound
- A student notices a wobbly leg on a stool
- Someone has laid towels or clothes directly over a heater in the room
- An electrical cord across a walkway that could pose a trip hazard.
- The presence of water too close to an electrical appliance in use.

The following excerpt has been taken from the Safe Work Practices module at the school regarding manual handling of clients in wheelchairs:

7.11 Clients in Wheelchairs

Clients in wheelchairs may also attend your clinic to receive a massage. Many wheelchair bound clients will elect to be massaged in their chair, however, some may prefer to be massaged on the massage table.

Some clients in wheelchairs are able to move themselves in and out of their wheelchair, but some don't have the strength or ability to do so.

If your client is not able to move themselves in or out of their wheel chair, then it is essential that you have another person with you to help them onto the table. Do not attempt to lift the client by yourself as this could lead to serious injury, for both you and the client. Therefore, when booking in a client who is in a wheelchair, it is best to determine if they are able to move themselves or not. If they are not able to, then you will need to ensure that you have another person available to help you when your client comes in. Ensure that your support person is also capable of this sort of lifting.

If a client is able to move themselves on and off the massage table, they will know their own ability and limitations. However, they may need some assistance. When assisting the client on and off the massage table, be sure to follow the main rules of correct lifting – lift with your knees bent, holding your abdominals in, keep your back straight, grip your load correctly and keep their weight close to your body. If you have any back issues that may be placed under stress and it would be advisable not to treat this client.

7.12 Student Clinic Privacy Guidelines

The details of the Privacy Act. However, for student clinic, students must adhere to the following.

7.13 Confidentiality

Any details collected by students during a student clinic massage (on a case history form), and any information disclosed verbally to a student by a client during a student clinic massage, must be treated as strictly confidential. This means that students must never discuss information about their clients with any third party (except the clinic supervisor). This means that you cannot tell your friends, or anyone else, anything about your clients, not even who your clients were. Also note that you must never take a client's case-history form away with you from the centre, or copy information from it about a/your client.

7.14 Gaining Consent From New Clients

All clients who attend the student clinic are given an information form that they sign, consenting to the treatment / consultation. It is the massage therapist's responsibility to check that the client has signed the treatment form.

7.15 Collecting Information

HIA students will need to collect and record information about a client, the history of their health and their current health status for the client's consultation, or prior to any treatment. This could be done in a group setting within earshot of other clients, students and practicum supervisor/s. If the client is not comfortable with this scenario, please recommend them to see a qualified practitioner, and not a student clinic practitioner.

Information is collected to enable students to determine the best treatment for their client and to clarify if there are any reasons that the treatment may be contra-indicated, or that the student should not massage the client. Please make the client aware that personal details are collected mainly to verify their identity and for us to be able to contact the client if we need to for any reason. These records remain the property of HIA and will be handled by admin staff to be stored in HIA's files in the course of their duties.

The client has the right to see their records at any time. For a copy of our full Privacy Policy please see our admin staff.

- Only collect information relevant to providing the massage treatment.
- Ensure you have the client's permission to collect their personal information i.e. check that they are okay with you taking down their details and case history.
- Collect information "lawfully, fairly and not obtrusively" (this is wording from the privacy information of the government web site www.oaic.gov.au). Do not intrude upon the personal affairs of the client unnecessarily.
- Clients have the right to access their case history information if they want to. If a client wishes to access their information, advise the supervisor or administration, who will liaise with the client regarding this.

7.16 Protecting Client Privacy Within the Student Clinic

Whilst giving a massage, ensure that the client case history form is kept in a location where it is protected from loss or unauthorised access. For example, place forms in a location where they cannot be easily seen by other people in the student clinic, and where they will not be accidentally picked up by others.

- Keep an eye on your case history form during treatments.
- Hand all completed client case history forms to the student clinic supervisor upon completion of the treatment.

You can research your privacy obligations on the internet at www.oaic.gov.au for the federal legislation and www.lawlink.nsw.gov.au for the state legislation in NSW, and for each state.

7.17 Activities and Modalities Outside the Massage Therapy Scope of Practice

The HIA Student Clinic does not include:

- high velocity-low amplitude (HLVA) manipulations
- prescription or recommendation of supplements or other ingestible substances that are not on the HIA ALC product list
- counselling
- diagnosis of conditions or diseases.

8. STUDENT CLINICAL PERFORMANCE REQUIREMENTS

The requirement of this unit is

- i. to complete 25 Ayurvedic relaxation massages on clients with varying health issues and other conditions, including age, gender, and so on
- ii. to conduct Katibasti and Shirodhara treatments.
- iii. to conduct Ayurvedic Lifestyle Consultations.

The HIA student clinic provides a secure and safe environment where you will be able to develop your skills and build confidence in providing Ayurvedic treatments.

Please note: it is beyond the scope of practice for you to diagnose, treat or cure any disease.

PURPOSE OF ASSESSMENT

The Student Clinic Assessment involves the student demonstrating on members of the public and being assessed on the practices, techniques and sequences they have learnt at the training sessions. It is expected that students use the range of skills they have acquired and not 'do their own thing'.

ASSESSMENT OUTCOME

The student will be assessed as Competent OR Not Yet Competent.

Should a student not demonstrate competency in the required units of competency and tasks within the designated time allocated for student clinic assessment, the student will be required to be book in to an additional student clinic to reattempt assessment.

9. BASIC RISK MANAGEMENT FOR MASSAGE THERAPISTS

9.1 Inform the Client

- 9.1.1 Provide your client/s with verbal information regarding the treatment process (for example, to shower after a massage, drink a cup of warm water to hydrate, and so on).
- 9.1.2 The client indicates on the form (which is the property of HIA) that they have given their consent. Please make sure that they have signed this form.
- 9.1.3 Please ensure that you keep the original of this form and pass it onto HIA administration for filing, so that it stays on HIA premises. (It may prove invaluable should any queries arise at a later date).

9.2 Be Informed

It is important to know your client's history. Because the therapist and the client will normally be the only eyewitnesses to the performance of the services, documentation will be the therapist's best defence tool, should such evidence become necessary.

9.3 Consider the following:

Have clients completed a health questionnaire?

Rather than asking for the information and documenting it yourself, it is better to have the information in the client's handwriting so that it cannot be disputed later that the massage therapist added information subsequently. Have the client date and sign the questionnaire and again, keep a copy for your files. Ask them why they are seeking a massage, as this will sometimes identify a pre-existing problem which would circumvent any future allegations that it was caused by the massage itself.

Provide an evaluation form for the client to complete. It provides the therapist with feedback for improvement. It is difficult for a client to later claim the services were performed negligently once the client has previously provided a written evaluation praising the services.

Keep your records for at least one year past the statute of limitations (the amount of time in which a person may make a claim against you).

If your instinct tells you that you should not perform services on a client, then don't.

9.4 Be Safe – Work Health and Safety

The tips above deal with your role as a massage, bodywork, or skincare professional. Now it's time to look at your surroundings to evaluate the safety for you and your client/patient.

Look for and address loose carpet, exposed or damaged extension cords, and other conditions that might give rise to a slip-and-fall type of accident.

Inspect your surroundings and make note of any obvious defects in the premises such as open drawers and cupboard doors, loose handles, loose railings, inadequate lighting, or other unsafe conditions. Fix what you can, notify the building owner to schedule repairs, or at least notify your clients so that they can be made aware of the situation.

Cleanliness is next to godliness. Check for clutter, rubbish, dust, mould, cobwebs and other unsightly and/or unhygienic aspects that could indicate a lack of care.

Check your massage table or chair to make sure that they are in good working condition and will support the weight of your client.

Adjust the height of your massage table (if possible) as some clients can be quite large and the height at which you will have to work at will increase. You might consider having a stable step-stool handy to stand on if you can't adjust the table. Also, you might need to allow for having a couple of sets of larger towels that will cover tall, larger or obese clients.

We live in a litigious society, but by taking the steps outlined above, you will be in a much better position should a problem arise.

If part of your session includes the use of candles, be sure to extinguish the flames when you are done with your session, prior to leaving the room.

9.5 Professional Boundaries

Professional boundaries refer to the limits and parameters that are set within the therapeutic relationship.

The establishment of clear boundaries is intended to create a safe and predictable place where treatment can take place.

Massage therapists have a duty of care to ensure that the interaction between the client and the therapist is based on plans and outcomes that are therapeutic in intent.

To effectively manage professional boundaries, massage therapists must understand and appreciate the inherent power imbalance that exists between the client and the therapist. This power imbalance leaves the client vulnerable and potentially open to exploitation. The massage therapist always carries the burden of responsibility for maintaining appropriate boundaries due to this power differential. When a massage therapist crosses a professional boundary, they are abusing or misusing this power and their professional authority.

Maintenance of professional boundaries requires diligence and vigilance. Boundary issues can be complex, dynamic and confronting. Massage therapists must engage in reflection on their clinical practice to ensure that boundaries are not being compromised by themselves or challenged by their clients.

Signs that the professional boundary may have eroded include:

- developing strong feelings for a client
- consistently spending more time with a particular client
- having very personal conversations with a client
- receiving private calls from a client on a nonbusiness number
- receiving gifts of a personal, intimate or inappropriate nature
- believing only you can offer the right treatment to a client.

9.6 Policy Regarding Professional Boundaries

Massage therapists are required to:

- be aware of the power relationship that exists between the client and the therapist
- work within the massage therapy scope of practice and refer clients to other health practitioners when relevant
- disclose information to clients regarding your qualifications, treatment procedures and goals
- establish a clinic policies and procedures manual that includes details of operating hours, fee schedule and third party provider rebates
- maintain high standards of client history compilation, note taking, and storage of client files
- obtain informed consent at the start of and throughout the treatment
- wear a uniform or suitable professional attire
- be aware of the client's emotional state, look for signs of clients becoming dependent and make appropriate referrals when necessary
- refuse or terminate a treatment if the client's behaviour is sexually inappropriate or abusive
- terminate the therapeutic relationship immediately if there is a risk of becoming romantically or intimately involved with a client
- refuse treatment if a client is under the influence of alcohol or unlawful drugs
- refrain from treating clients if a prescribed medication may impair professional judgement and interfere with ability to practise.

Massage therapists should not:

- flirt or use sexually suggestive language or touch

- tolerate sexually suggestive behaviour from clients
- touch the clients genitals, perineum or breasts. The specific circumstances under which massage of breast tissue may be undertaken are outlined in the Breast Massage Standard of Practice.
- engage in gossip or irrelevant chatter with clients
- use the therapeutic relationship to initiate or foster friendships with clients
- use the therapeutic relationship to initiate sexual contact with clients or groom clients
- interact with clients via personal social media accounts or pages. This includes accepting friendship requests from clients on Facebook. Social media interactions with clients should be restricted to pages that exclusively promote business/clinical activities.
- become romantically involved or enter into a sexual relationship with a client
- engage in counselling or psychoanalysis of clients
- practise under the influence of alcohol or unlawful drugs
- make any personal comments to the client/patient about personal aspects about them or you, such as tatoos, hair, nails, jewellery, attire etc.

9.7 Duty Of Care

Respect your client. Given the inherent power imbalance in the therapeutic relationship, the client should reasonably assume that they will not be emotionally, physically or financially exploited. A client should never be expected to consent to anything that interferes with their dignity and autonomy, including any touch of a sexual nature.

Massage therapists are required to:

- ensure that clients wear underpants during the massage treatment. If a client insists on removing their underpants, or has attended with wearing any underpants, you can refuse to massage them, or offer them disposable underpants/g-string. Clients may also choose to wear a bra. If the bra is to be undone, consent must be sought.
- give the client clear verbal instructions concerning the draping that will be undertaken during the massage. Draping procedures must be explained prior to the commencement of the session and appropriate consent sought.
- provide the client with sufficient draping to cover their body before leaving the room for them to undress.
- give clear verbal instructions on how the client should position themselves on the table and how to arrange the draping and supports.
- ensure that the client is comfortable with their draping at all times.
- only expose the part of the body that is being massaged
- adjust the draping if a client indicates discomfort. This includes non-verbal signs of discomfort such as pulling up the towel.
- have a therapeutic rationale for any change of draping
- obtain consent when tucking a towel into the client's underpants or when moving their underpants, if it is deemed necessary.
- adapt the treatment plan if a client wants to remain fully or partially clothed during the treatment
- allow the client to dress and undress in private. If a client starts stripping off in front of you, even if they say they are fine with you being there, leave the room immediately and indicate that you are leaving to give them privacy. Do not re-enter the room without ascertaining that the client is ready. If a client requires assistance with dressing or undressing, modesty should be maintained at all times.

9.8 Informed Consent

It is the responsibility of the massage therapist to provide clear information about what the client can expect from the treatment.

Informed consent is the voluntary agreement by the client to a treatment plan after proper, accurate and adequate information is conveyed about the proposed techniques and protocols that will be used.

Informed consent assists both the client and the therapist to determine the treatment goals.

The key premise of informed consent in a massage therapy setting, is that clients are autonomous and have control over their own bodies. This includes control over what the therapist does to their body. It is integral to a client-centred approach to health care.

Informed consent requires the therapist to provide pertinent information about the treatment. For example, a therapist may describe the position and function of the gluteal muscles and explain why massaging them is relevant to the client's treatment plan. Access to the gluteals may require the client's underpants to be lowered. After describing this procedure, the client is given the choice to proceed prior to treatment.

The intent and direction of the treatment should be clearly defined for the client. The client should determine if a procedure should occur.

A signed consent form is not proof that the client was adequately informed.

Information given to the client when seeking consent includes:

- the treatment plan
- the duration of the treatment
- techniques to be used
- body parts to be massaged
- positioning
- clothes the client may need to remove
- outcomes of the massage
- any associated risks, such as the chance of post treatment muscle soreness.

For consent to be valid it must:

- be given voluntarily and not by coercion or induced by fraud or deceit
- cover the treatment/procedure(s) undertaken
- be given by a person with legal capacity (the client/patient, parent, guardian or caregiver).

Clients may withdraw consent to a treatment at any time. The massage therapist must immediately respect this.

9.9 Duty of Care Guidelines

Massage therapists are required to:

- negotiate the treatment plan with the client. This may include discussing the treatment plan with the client's family, guardian and/or carer if the client requests this
- seek informed consent for treatment and document this consent in the client's file, including any recommendations, referrals and advice about continuity of care
- respect the client's right to withdraw consent for the treatment or any aspect of the treatment
- provide information in plain language
- avoid using anatomical or medical jargon, unless the client clearly indicates that they are familiar with this language
- consider the client's literacy and language skills when obtaining consent, including the need to access an interpreter services if the client does not have sufficient English language skills
- seek consent from a parent, legal guardian or caregiver, if the client does not have the legal capacity to give consent
- maintain eye contact with the client when seeking verbal consent, unless it is not feasible to do so (i.e.

the client is lying prone)

9.10 Record Keeping

Massage therapists understand the ethical and legal requirements associated with the preparation, management, storage and disposal of health records in the Student Clinic, and apply this knowledge in accordance with the policy.

The term “health record” in this standard means a documented account of a client’s personal and health information, presenting condition and treatment, in paper or electronic form.

The purpose of documenting and maintaining accurate health records is to:

- obtain personal information to identify the client
- obtain health information (medical information and history, including any medication) to identify indications for and/or contraindications to treatment
- obtain informed consent
- provide an accurate and concise record of client care including assessment procedures, treatment plans, treatment evaluations, client feedback and recommendations
- record the chronology of treatments provided
- support continuity of care and provide written evidence that the treatment has been provided
- meet legal, professional and statutory requirements
- provide information for the investigation of complaints
- provide evidence of care before a court of law
- provide accurate records for insurance and medical reports.

10. STATUTORY REQUIREMENTS

As health service providers, massage therapists have a legal obligation to comply with the requirements of the Federal Privacy Act and relevant state health records legislation, in the collection and management of personal information, including health information.

10.1 Infection Control and Hygiene: Purpose

Massage therapists are aware of national infection control guidelines and can apply this knowledge in the massage therapy clinical setting in accordance with the policy.

As health service providers, massage therapists have a common law duty of care and ethical responsibility to take all reasonable steps to safeguard themselves, clients, staff and the general public from infection.

Infection control refers to policies and procedures practised in healthcare facilities to minimise the risk of transmitting and acquiring infectious diseases.

These diseases are usually caused by bacteria, fungi or viruses and can be spread by human-to-human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and by such common vectors as food or water.

The risk of exposure to body fluids in the massage therapy clinical context is relatively low. However, the risk of spreading infections such as flu and upper respiratory tract infections is significant, therefore transmission-based precautions are an important addition to standard infection control precautions.

10.1.1 National Infection Control Guidelines

The National Health and Medical Research Council's (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) provide recommendations that outline the critical aspects of infection prevention and control. The NHMRC guidelines can be accessed online from:

- <https://www.nhmrc.gov.au>

10.1.2 Policy

Massage therapists are required to:

- apply standard precautions (previously referred to as universal precautions)
- apply transmission-based precautions. Treatment may be contraindicated if the client is acutely ill with a systemic infection such as influenza or any virus, bacterial or fungal infection of any kind.
- maintain personal hygiene
- wash and dry hands before, during and after client contact
- dry hands with single-use towels (disposable paper towels, while are preferable to cloth in terms of infection control, however, are not ecological sound). Ensure that you have organised an appropriate vessel to place soiled paper towels/face washers in.
- use soap dispensers rather than a bar of soap
- keep nails short and avoid wearing any jewellery
- ensure hair is tied back to prevent contact with client
- if you sweat a lot, wear a sweat band around your forehead to prevent sweat dripping onto your client.
- clean and disinfect exposed areas of the massage table
- use clean, freshly washed linen for each client
- place used linen in a closed container and launder on the day of use. Do not place used linen in direct contact with your body or clothing.
- replace all used linen between clients. Do not be tempted to reverse towels for each alternate client to

save on washing.

- use clean, freshly washed towels to cover ice/ hot packs or other objects that are reused and come into direct contact with clients
- provide clean, dry storage for clean linen with an appropriate linen rotation system
- wash linen in hot water and detergent unless the linen has signs of human body fluid contamination
- separate soiled linen from all other linen wearing disposable gloves. Wash separately in hot water using normal detergent and appropriate disinfectant. Alternatively, place in bio-hazard bag and dispose of at the hazardous waste part of your local tip.
- keep oils in contamination proof dispensers, such as a pump action container, and clean with disinfectant wipes between clients
- keep all areas of the workplace clean and hygienic
- provide and maintain a first aid kit
- be well informed about infectious diseases and maintain awareness of local endemics, such as colds and flus.

Massage therapists do not:

- perform massage/s when they have an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections such as impetigo).
- treat clients with an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections).
- reuse unwashed linen between clients, even if the next client is your previous client's partner.

10.2 Work Health And Safety: Purpose

Therapists and Consultants are aware of Work Health and Safety (WHS) procedures in the massage therapy clinical setting and can apply this knowledge in accordance with the policy.

10.2.1 Background

Work Health and Safety refers to the general requirements necessary to ensure a health and safety culture, accountability and implementation of WHS management processes. WHS policies are designed to reduce the number of workplace injuries and illnesses by imposing responsibilities on individuals and organisations.

The broader awareness of massage as a form of preventive health care and rehabilitation has created greater scope for massage therapists to provide services in diverse settings. Regardless of the environment that massage therapists work in, or the nature of workplace interactions, WHS is an issue for everyone.

It is the responsibility of the therapist and consultant to take reasonable care for the health and safety of everyone in the workplace and to work in a responsible manner. Therapists must be aware of and comply with WHS legislation and any workplace requirements to ensure safe practice.

The national WHS scheme adopted by NSW, Queensland, the ACT and the Northern Territory in January 2012, has seen a change in the way work health and safety is managed in the workplace. The primary duty of care has shifted to the employer or organisation, referred to as a person conducting a business or undertaking (PCBU).

The WHS Legislation now imposes an obligation on the PCBU to exercise due diligence in ensuring their business or organisation meets its safety obligations to workers (employees, subcontractors), clients and the general public.

Federal WHS resources and information

- Safe Work Australia - www.safeworkaustralia.gov.au

- Comcare - www.comcare.gov.au
- Work Health and Safety (WHS) Act 2011 <https://www.legislation.gov.au/Details/C2018C00293>
- Work Health and Safety Regulations 2011 <https://www.legislation.gov.au/Details/F2019C00050>
- Safety, Rehabilitation and Compensation Act 1988 <https://www.legislation.gov.au/Series/C2004A03668>

State and Territory WHS legislation and resources ACT

- WorkSafe ACT - www.worksafe.act.gov.au/

Relevant Act: • Work Health and Safety Act 2011

Queensland

- Workplace Health and Safety Qld - www.worksafe.qld.gov.au

10.2.2 Policy

10.2.2.1 Waiting room/administration area

Massage therapists are required to:

- maintain a safe, clean and well ventilated facility
- provide adequate lighting
- ensure appropriate access for the elderly and people with disabilities or refer clients to another clinic
- provide and maintain toilet and hand washing facilities with soap dispensers and single use towels, and temperature control on hot taps
- cover electrical outlets with childproof safety devices
- provide strong comfortable chairs
- provide non-slip flooring (do not use floor mats or have frayed carpet)
- maintain functioning smoke detectors and fire extinguishers
- be familiar with the location and use of fire extinguishers
- clearly indicate fire exits
- be aware of evacuation plan for emergencies with evacuation plan clearly displayed
- keep emergency information posted in plain view near all telephones
- establish a policy regarding the use of open flames and candles
- keep all areas free of obstacles

10.2.2.2 Clinic area/treatment room

Massage therapists are required to:

- ensure mandatory cleanliness of clinic area
- ensure appropriate access for the elderly and people with a disability or refer to another clinic
- ensure visual and auditory privacy for treatments in accordance with the individual privacy needs of clients
- provide suitable lighting and ventilation and ensure the clinic area is maintained at a comfortable temperature
- maintain and service heating and ventilation systems/devices, and turn off when not in use
- wash hands before and after each client
- use clean, freshly washed linen for each client
- maintain hand washing facilities with temperature control on hot tap
- carry out standard infection control procedures on reusable items (massage table, linen, oil dispenser etc)
- carry out regular safety checks on all equipment including electrical equipment (hydraulic tables, towel caddies, microwave ovens)
- use ergonomic table, stools and supports that comply with relevant Australian standards
- keep lubricants in contamination proof containers, clearly labeled
- obtain material safety data sheets (MSDS) on all products used
- check to make sure that clients are not sensitive or allergic to products used

- provide closed containers for used linen
- provide non-slip or slip-proof flooring
- keep area free of obstacles for client's access

10.2.3 Principles

To implement the principles of best practice in WHS, therapists must develop and document WHS policies and procedures specific to the activities carried out in the HIA Student Clinic. It follows four steps:

1. Identify hazards in the workplace. A hazard is anything (including work practices or procedures) that has the potential to harm the health or safety of a person
2. Assess how people can be hurt and the likelihood of the hazards hurting people (level of risk)
3. Determine the most effective risk control that is reasonably practicable under the circumstances
4. Review risk controls and evaluate their effectiveness.

Risk assessment and management is necessary to prevent injury and maintain workplace safety. It ensures that the highest level of protection is in place for both the therapist/ consultant and the client.

APPENDIX 1

COVID-19 DECLARATION

Sample questionnaire

Have you suffered from Covid-19?

Have you been overseas in 2020/21?

Have you been in contact with anyone with Covid-19?

Do you have any of the following symptoms?

- fever
- dry cough
- tiredness
- aches and pains
- sore throat
- diarrhea
- conjunctivitis
- headache
- loss of taste/smell
- skin rash
- discoloration of fingers or toes
- difficulty breathing
- shortness of breath
- chest pain or pressure

If you are suffering from any of the above, or have a temperature over 37.2 degrees Celsius, the treatment will not go ahead.

APPENDIX 2

AAPA

Australasian Ayurvedic Practitioners Association

Code of Ethics

As a practising member of the Australasian Ayurvedic Practitioners Association Inc., I shall

1. Honour and respect the body, mind, and spirit of my clients.
2. Serve those in need, unrestricted by considerations of gender, age, nationality, race, culture, creed, politics or social status.
3. Use my knowledge and skills at all times with compassion and integrity, to provide appropriate service and support for my clients
4. Commit to furthering my professional knowledge and skills in relation to Ayurveda, and shall continually update and extend these through the continuing education guidelines of the Australasian Ayurvedic Practitioners Association Inc.
5. Recognise the extent and limitations of my professional expertise, and undertake only those activities that are within my training and competence.
6. Make referrals when appropriate, and will not misrepresent myself or Ayurveda in any way
7. Respect, honour and hold in confidence all personal information entrusted to me by my clients, except where inter-professional communication is in their best interest.
8. Be familiar with all my legal responsibilities.
9. Co-operate loyally with my ayurvedic colleagues, and members of related professions, so that the health needs of my client are met effectively.
10. Co-operate with any ethical investigations instigated by the Australasian Ayurvedic Practitioners Association Inc, and will report to the association any actions or practices that clearly violate this code.

BY LAWS OF THE AUSTRALASIAN AYURVEDIC PRACTITIONERS ASSOCIATION

APPENDIX 3

PROFESSIONAL CODE OF CONDUCT AND ETHICS FOR AYURVEDIC LIFESTYLE CONSULTANTS

PRELIMINARIES

This Code of Ethics has been established by the Ethics Committee of Health Institute Australasia (HIA).

The purpose of this Code of Ethics is to set a standard of conduct for Ayurvedic Lifestyle Consultant students and graduates of HIA.

In this document, An Ayurvedic Lifestyle Consultant, or student, hereinafter may be referred to as an ALC Consultant.

By becoming a student of HIA, the ALC Consultant accepts this Code of Ethics and will conduct her/his professionalism accordingly.

Any serious breach of this Code of Ethics will subject the ALC Consultant to disciplinary action by the Executive Committee of HIA.

CODES

1. The primary function of the Ayurvedic Lifestyle Consultant is to maintain the health of the healthy and provide accurate and relevant advice to support the health of the individual.
2. In doing so, however, the Ayurvedic Lifestyle Consultant must not attempt to diagnose a disease in the person and purport to cure a disease.
3. The Ayurvedic Lifestyle Consultant must not prescribe medication of any sort to alleviate the signs, symptoms or disease-related conditions.
4. Upon being aware that the client/patient's condition is beyond the scope of her/his qualification, the Ayurvedic Lifestyle Consultant must refer the patient to a fully qualified Ayurvedic practitioner or to other health professionals as s/he considers appropriate
5. The Ayurvedic Lifestyle Consultant must be humble, kind and caring, and when Ayurvedic Lifestyle Consultant realises that s/he may not be able to help the diseased, s/he must refer the diseased to other health professionals who may be able to help further.
6. An Ayurvedic Lifestyle Consultant must act or do such things so as to improve and learn more about her/his art of practice for the benefit of her/his patients.
7. An Ayurvedic Lifestyle Consultant must not attend to a diseased under the influence of alcohol, drugs or any such substance that may impair her/his judgment as an Ayurvedic Lifestyle Consultant, and health professional.
8. An Ayurvedic Lifestyle Consultant must not engage in sexual conduct with the client/patient.
9. An Ayurvedic Lifestyle Consultant must practice within the legal system of the Commonwealth, State or Territory and must not knowingly breach any such law that may bring disrepute to her/his colleagues, the Association and or the College.

10. An Ayurvedic Lifestyle Consultant must not refuse to treat a patient on the basis of religion, caste, colour, creed, sex, ethnic origin, marital status, cultural background or any such thing that may be discriminatory.
11. An Ayurvedic Lifestyle Consultant must maintain a good standard of practice with all relevant records of the client/patient and treatment provided, and keep such record/s in a secure area.
12. An Ayurvedic Lifestyle Consultant must not provide false and/or misleading information that may be incriminating, such as claiming to cure a disease or condition that may give false hope to the patient.
13. An Ayurvedic Lifestyle Consultant must not give false or misleading information about the therapy s/he is proposing for the client/patient that can not be substantiated.
14. An Ayurvedic Lifestyle Consultant must obtain consent from the patient for any procedural treatment provided or proposed.
15. An Ayurvedic Lifestyle Consultant must not divulge information obtained from the patient in confidence without the consent of the patient concerned, however, an Ayurvedic Lifestyle Consultant with her/his colleagues may discuss matters with the consent of the patient for the benefit of the patient.
16. An Ayurvedic Lifestyle Consultant must not engage herself/himself in any way that will in any form or manner denigrate the Association, the College, and bring disrepute to her/his colleagues.
17. An Ayurvedic Lifestyle Consultant must clearly display within the premises the trading hours and the cost of services provided.
18. An Ayurvedic Lifestyle Consultant must do or act in such a manner that will bring the College, to a high standing within the community in general and bring the profession to a high standard of health care.