

Occupy Medical

Worker Orientation Protocol

To protect the integrity of our services, supplies, and organization:

1. New workers shall be personally vouched for by an established worker. This can take place at a Clinic meeting, online conference, or other public setting attended by established Clinic staff. The established worker should be familiar with the new worker's *training, background, and availability*, and vouches for their *integrity, reliability, and good character*.
2. Whomever vouches for a worker will also serve as a backup contact, in the event the worker can't be reached, and will also be the worker's first point of contact, in the event the worker is unable to locate their group/event/workspace, etc.
3. Workers can be oriented at a group meeting or individually. They will be provided with an orientation handout by their backup contact, including schedules and contact info as appropriate.
4. All workers providing direct patient care shall furnish a copy of their license and/or credentials, to be kept on file and displayed when they are working in Clinic.
5. Workers will not provide direct patient care until they have been publicly vouched for, have provided their credentials, and have attended an orientation (at a group meeting or individually).
6. Any dispute or concern regarding a prospective worker during this process may be discussed privately amongst established Clinic staff, with a subsequent opportunity offered for review/appeal, that the prospective worker can attend to make their case. The consensus of established Clinic practitioners and staff, who provide direct patient care, and which is made primarily to facilitate patient care, is final.

Mission

Occupy Medical delivers excellent, timely, appropriate health care and disease management in a variety of settings, as a human right, regardless of age or income.

We additionally provide health-related outreach, empowerment, and education in the context of the greater Occupy movement. For more, see <http://occupyeugenemedia.org>.

Organization

The Clinic is an egalitarian, decentralized, "leaderless" organization.

The Clinic provides direct patient care in clinic in Eugene every Sunday. Summer (standard time) hours are 1-5 pm; Winter (daylight savings time) hours are 12-4 pm. Staff are available as needed for other events.

Plans and decisions concerning operations are processed in several ways:

- Informally, via our online presence, including our website at <http://occupymedics.wordpress.com>
- Formally, at meetings with consensus decisionmaking process
- Small ad hoc committees manage small projects, presenting them to the group for consideration

Personnel

Occupy Medical Clinic staff may include:

- Practitioners (licensed/credentialed and unlicensed professionals providing direct patient care).
- Lay medics and student health workers providing direct care in coordination with a practitioner.
- Administrators and organizers.
- Road chiefs, wranglers, support and security staff, providing infrastructure for patient care.

Staff frequently assume multiple roles.

Clinic staff cooperate in work and activities to the extent of their abilities, which may include those outside the scope of their formal training, on an as-needed good-faith basis.

Clinic staff do not request or accept individual payment for their services, from patients or their representatives, including non-monetary gifting.

Staff who are subject to state licensing may elect to register with their licensing board to obtain protection from malpractice liability except in case of negligence, as specified at <http://1.usa.gov/HFsQea>.

Staff who register for this purpose are *obliged by law to require each patient to sign a waiver* provided by the state (see website). Some patients, though verbally consenting, may be unwilling to sign a document, and they will not be denied care or given differential care on this basis.

The Clinic offers services from practitioners in multiple healing traditions, including medicine, naturopathy, chiropractic, herbalism, reiki, and so on. There shall be no differential hierarchy amongst these traditions, except inasmuch as patients may request or prefer particular modalities for their individual care. Lawfully credentialed practitioners are not subject to supervision or direction from others, regardless of tradition.

Practitioners shall provide their credentials at the time of orientation, update them as necessary, and display them when delivering patient care as circumstances permit.

Each Clinic day or affinity group should have one designated security chief who is available to coordinate operations in the event of a crisis. This need not be a "bouncer," just someone willing and able to coordinate actions if necessary.

Occupy Medical, the Occupy movement, and street medics in general, are in the public eye and subject to official surveillance. We may be misunderstood, misrepresented, and/or manipulated in the public and official documentary record. As civilians, we are not immune from arrest, and may be subject to street or institutional violence. We accept these risks even as we seek to protect ourselves, one another, and our patients from them.

Established Clinic staff may withdraw from responsibility for Clinic activities, including temporarily, by publicly announcing this at a Clinic meeting, online mailing list, or other public setting accessible by staff.

Operations

The Clinic provides a 4-stage patient flow:

- The patient is greeted by an Intake (Station 1) worker, who introduces them to the clinic flow, answers questions, collects identifying information, and determines what services are needed. The Intake worker pulls their previous clinic records, if any, for reference, and adds these to the patient's encounter sheet.
- A Triage (Station 2) worker collects vital signs and performs initial triage.
- A Medical or Nursing (Station 3) team member reviews the history, performs physical exam and assessment, and helps the patient make a care and/or treatment plan.
- A Treatment (Station 4) worker provides resources to carry out the care plan, including prescriptions, over-the-counter and complementary treatments, self-care instructions, referral information, etc.

Progress through each station is documented in the written record, which is passed directly between Clinic workers. Patients are not to be asked to transport their medical record. Records are to securely remain with Clinic personnel at all times. (See below for medical-privacy details.)

Spanish and American Sign Language interpreters are available on site and by arrangement.

Universal Precautions are observed to prevent contagion. Gloves, masks, hand sanitizers, and other necessary supplies are furnished by the Clinic, in addition to what staff members elect to provide. Intake, Triage, Nursing/Medical, and Treatment workers each are responsible for cleaning and sanitizing their Stations before and during each shift.

Practitioners furnish their own equipment for patient exam, assessment, and treatment, including prescription pads, with the understanding that these contain their contact information. They will control the availability and use of these items at all times, as theft and destruction by civilians and authorities are always possible (for example, theft of prescription pad or destruction of personal belongings by law enforcement).

Individual practitioners will provide continuity of care to patients according to their own capabilities and limitations. They are encouraged to have a personal plan for managing unsolicited contacts outside the Clinic setting (for example, when a patient uses the contact information on a prescription to contact a practitioner), and to make patients aware of this plan during the patient visit. (For example, "Don't call me at work." "Call me at this number in 24 hours to follow up." "Come back next Sunday to follow up at this clinic.") It is not sufficient to direct a patient to "follow up with your primary care provider."

Practitioners are encouraged to document a standard Informed Consent discussion before initiating treatment, specifying: the diagnosis to be treated; possible risks, their signs, and their management; alternative approaches and their possible consequences; and the opportunity to ask questions.

Practitioners are very strongly discouraged from prescribing controlled substances, as followup may be limited.

Code of conduct

Medical privacy and confidentiality are of paramount concern.

- HIPAA rules are followed at all times by all personnel, including practitioners, lay medics, students, administrators, wranglers, roadies, and support and security staff.
- HIPAA law states that health information connected to personal identifying information (especially name, date of birth, and contact information) may not be disclosed to anyone, except in extraordinary circumstances, e.g. by subpoena or under mandated-reporting rules (such as child or elder abuse).
- Clinic personnel are not to discuss individual patients, except inasmuch as they are involved directly in those individuals' care.
- Identifying information is not to be used outside the context of direct patient care.
- Patient care records are to be kept locked and secured outside of Clinic. The Clinic uses written rather than electronic recordkeeping, and in the event that photocopies are produced, identifying information is to be blacked out.
- In assembling statistics, patient age and an assigned ID number shall be used rather than name, initials, or date of birth.
- Patients shall be furnished with written material regarding their health information privacy, including Clinic policy/procedures and the HIPAA law, upon request.

Patients who request a copy of their Clinic record can be furnished with a photocopy (free of charge) at the next available opportunity (e.g., next Clinic day). They are not to be given the original Clinic record.

Oppressive behavior will not be tolerated. This includes differential treatment on the basis of age, ethnicity, race, physical ability, physical appearance, gender, sexual orientation, and so on.

However, it is understood that workers and patients from widely varying backgrounds may have varying sensitivities and interpretations. Therefore:

- Behavior should be checked (request clarification) before being called out (verbally identified and interrupted).
- Calling out of oppressive behavior will be respected. A person verbalizing a complaint of oppressive behavior will not be ignored, ostracized, mocked, or otherwise silenced.
- The person who is called out should request clarification as to the behavior that is being questioned, to initiate resolution.
- Disputes regarding oppressive behavior, which can't be resolved by simple discussion, will be privately mediated by a neutral third party acting as a fair witness. This may include but is not limited to the formal mediation process established by Occupy Eugene.
- If a dispute is taken to a larger group for mediation, the fair witness must attend and testify.

Structures of differential power are recognized, as these can contribute to the appearance of oppressive behavior even when this is not intended. Therefore:

- Male practitioners shall be chaperoned when caring for lone females or patients who may appear vulnerable.
- Minor children shall be cared for in the presence of a responsible adult designated by the child as their guardian.
- Practitioners are encouraged to have a chaperone when caring for patients who are intoxicated or otherwise behaving unpredictably.

Practitioners are expected to verbally request help from a chaperone or responsible adult, before initiating care, as a general rule.

Chaperones are subject to HIAA rules regarding patient privacy.

See also:

Orientation Manual via Rosehip - <http://wrtn.in/e08278>

Rosehip website (Portland, OR) - <http://www.rosehipmedics.org/>

Street Medic Wiki - <http://medic.wikia.com>

Athens Manifesto, 2001 - http://medic.wikia.com/wiki/Athens_manifesto

Orientation Manual, Medical Committee for Human Rights, 1964 - <http://www.crmvet.org/docs/mchr.pdf>