

CODE OF ETHICS

This Code of Ethics will be adhered to by all members of The Amatsu Therapy Association Ltd (ATA).

The range of treatments offered by individual Amatsu therapy practitioners (ATP) will vary according to their level of expertise in the profession of Amatsu.

This can lead to a client visiting more than one practitioner in the course of a treatment programme and the following guidelines are written with that in mind.

Students in training to become ATP can only utilise the techniques that they have been deemed competent at by their teacher within the approved syllabus.

This code of ethics (CoE) provides a framework within which members of the ATA are expected to work, whilst allowing the public to see the criteria used to protect their interests.

All members must:

- Respect the client's individuality and beliefs.
- Treat every client with care and consideration.
- Explain treatments in a way that a client can understand.
- Listen to the client's views and fully answer any questions.
- Respect the client's right to be involved in their treatment.
- Ensure that the member's own beliefs do not prejudice the needs of the client.
- Respect and protect confidential information.
- Be prepared to explain the chosen course of treatment to clients and colleagues.
- Work with colleagues in ways that best serve the client's interests.
- Avoid any act or situation that could compromise the dignity or privacy of the client.
- Respect a client's right to request a second opinion.
- Be trustworthy in contacts with other health professionals.
- Strive to represent the profession with honesty and integrity.
- Be aware of new developments and skills.
- Work within the ethical criteria and ethos of the profession.
- Be fully insured to protect both themselves and the client.
- Recognise the limits of their own professional competence and refer on when appropriate.

1. Entry to the ATA

- 1.1 The ATA is a group of professional Amatsu therapy practitioners (ATP) offering treatment using specific skills.
- 1.2 The standards, range of competences and appropriate supporting knowledge for each of these skills are stipulated by the ATA. Refer to the separate ATA policy document: Teacher Qualifications and Guidelines.
- 1.3 An annual fee must be paid for membership. The membership year commences on April 1.
- 1.4 It is obligatory for all students of approved ATA schools to join the association; the membership subscription fee shall be paid for by the school.
- 1.5 Members insurance must include professional indemnity and public liability. This insurance must be in accordance with the current Institute of Complementary and Natural Medicine (ICNM) or the Complementary Therapists Association (CThA) approved insurance schemes.



- 1.6 Members living and/or working abroad must have insurance according to the legal requirements of that country.

2. Relations with other practitioners

- 2.1 This code provides the basis for a professional working relationship between health care professionals in conformity with the requirements of client safety and the law.
- 2.2 Members should be aware of the forms of treatments of other complementary disciplines/therapies/techniques to facilitate co-operation between all the professional services that may be involved.

3. Development of skills and limits of competence

- 3.1 The purpose of the code of ethics is to ensure that the members of the ATA maintain the highest level of responsibility in their practice.
- 3.2 A minimum of four days continuing professional development per membership year (April – March) must be undertaken and recorded. Refer to the separate ATA policy document: Continuing Professional Development (CPD) Scheme.
- 3.3 Included within 3.2 above is a requirement to maintain a competence in basic first aid which must include cardiopulmonary resuscitation (CPR).
- 3.4 ATPs must take all reasonable steps to monitor, develop and advance their professional competence to the highest level and to work within that competence.

4. Diagnosis

- 4.1 ATP will be required to make a diagnosis within the terms of the Amatsu discipline, determine a programme of treatment where appropriate and/or refer a client on to another health professional.
- 4.2 The ATP will use a number of techniques to assess the presenting symptoms of the client, the underlying causes and the potential treatment(s) which may be appropriate.
- 4.3 Distinction should be made, wherever possible, between potentially life-threatening conditions and chronic states.
- 4.4 In the case of 4.2 the client may bring a medical history based on a series of allopathic diagnoses, which will serve to provide an indication of a named condition. However, the ATP will need to assess the case from different criteria and no attempt should be made to describe a complementary diagnosis in allopathic terms unless the ATP is so qualified.
- 4.5 ATPs who wish to refer clients for an allopathic diagnosis or tests should exercise care in the way in which they describe their appreciation of the presenting symptoms. For example: the member may find that the client's symptoms might indicate torsion or weakness in the knee, but it may be outside their competence to put an allopathic medical name i.e. torn cruciate ligament to the condition.

5. Relations with clients

- 5.1 Members must ensure that the client understands what the treatment entails. Any risks should be clearly described. Post treatment advice should also be given. It is not possible to guarantee the outcome of any course of treatment, therefore the terms on which it is offered should be clearly stated before the first session of treatment. Any changes in the treatment should be discussed with the client and agreed in advance.
- 5.2 The fee for the initial consultation and subsequent treatments must be made clear prior to commencement of treatment.



- 5.3 Should a member offer treatment without payment of a fee, they work under the same professional obligation to the client as when a fee is paid.
- 5.4 Members must take all reasonable steps to ensure client safety and conform to health regulations as appropriate.
- 5.5 Clients should be warned when a specific treatment requires the removal of clothing where this is not immediately obvious. Members must appreciate the client's need for privacy and modesty and allow them to have another person of their choice present if they so wish.
- 5.6 Members must be aware of the 'comfort' of the client. ie pain levels and warmth.
- 5.7 Clients will have differing opinions of intrusive touching in sensitive areas. Members must ask the client for and be given permission to touch on each and every occasion. The client decides what is sensitive for their body not the practitioner.
- 5.8 Members retain the right to refuse to treat a client.
- 5.9 Members must be aware of any contra-indications for every treatment; clients should be questioned regarding their current health condition at every session.
- 5.10 Clients exhibiting (or informing the member of) any contra-indication should not be treated until the infection/condition has been given the all clear by the clients Doctor.
- 5.11 Members must always be prepared to justify the course of any treatments and their actions therein to the client and if appropriate to the ATA , the ICNM or the CThA.
- 5.12 Members should be aware of the requirements of the Criminal Records Bureau and should evaluate their own practice as to the value of undertaking this validation. It is strongly recommended that this process be followed.

6. Confidentiality

- 6.1 Members will recognise the client's right to have confidential information kept secure and private. The member is personally accountable for their individual practices and of professional accountability.
- 6.2 Confidential information may have been provided by the client or a colleague. It may also be discovered by chance or during the course of normal working practices.
- 6.3 A client has the right to expect that information given in confidence will be used only for the purpose for which it was given and will not be released to others without their permission.
- 6.4 Clients have a right to know the standards of confidentiality maintained by those providing their care and these standards should be made known by the member at the first point of contact. These standards of confidentiality can be reinforced by leaflets or posters at the practice.
- 6.5 It may be impractical to obtain the consent of the client every time there is a need to share information with other health professionals or other staff involved in the health care of that client. It is important that the client understands that some information may be available to others involved in the delivery of their care. The client must know who the information will be shared with.
- 6.6 If it is appropriate to share information with other health or social work professionals, the information will be kept in strict professional confidence and be used only for the purpose for which the information was given.



- 6.7 Members are required to obtain the explicit consent of a client before disclosing specific information. The client must be able to make an informed response as to whether that information can be disclosed.
- 6.8 Disclosure of information occurs:
- With the consent of the client
 - Without the consent of the client when disclosure is required by law or by order of a court
 - Without the consent of the client when the disclosure is considered to be necessary in the public interest.
- The public interest means the interests of an individual, or groups of individuals or of society as a whole, and would, for example, covers matters such as serious crime, child abuse, drug trafficking or other activities which place others at serious risk.
- 6.9 The death of a client does not give members the right to break confidentiality.
- 6.10 Confidentiality should only be broken in exceptional circumstances and after careful consideration. A written record of the circumstances will be kept as justification for the action taken. Should it become necessary; the decision can be reviewed later in the light of future developments.
- 6.11 Members should always discuss the matter fully with other professional colleagues and, if appropriate, consult the ATA or the ICNM/CThA before making a decision to release information without a client's permission.
- 6.12 Access to records for teaching, research and audit.
If client records are required to help students gain knowledge and skills, the same principles of confidentiality apply to the information. This also applies to individuals engaged in research and audit. Members are responsible for the security of the information, ensuring that all others are also aware of this requirement. The client should know about any individual having access to their records and should be able to refuse that access if they wish.
- ## 7. Consent
- 7.1 A consent form must be signed and kept as a documentary record of **every** client's agreement for assessment and treatment using Amatsu techniques.
- 7.1.1 It does not form a legal waiver, and if a client for example receives insufficient information on which to make a decision, then the consent form although signed may be invalid.
- 7.1.2 The form will also serve as a reminder of what has been discussed, however, the written information should not be regarded as a replacement for verbal communication and discussion.
- 7.2 Everyone aged 18 and over is presumed competent to give consent for themselves, unless it can be demonstrated otherwise.
- 7.2.1 Sixteen and 17 year olds who are legally competent are deemed able to sign for themselves, but a counter signature from a competent/responsible adult is advisable.
- 7.2.2 A child under 16 is unable to consent for themselves may have consent given for them by someone with parental responsibility as they are deemed to be responsible for that child.
- 7.3 If the client is over 18 and is not legally competent to give consent, treatment should **not** be provided. A client is not legally competent to consent if:
- 7.3.1 They are unable to comprehend and retain information material to making the decision for treatment and/or they are unable to weigh and use this information in making a decision.



7.3.2 It is the responsibility of the member to assess the above. A note should be made if the client has specifically asked the practitioner to make decisions on their behalf.

8 Data Protection Act

- 8.1 Members are responsible for the safekeeping of records in their practice.
- 8.2 Ownership of and access to records.
Organisations which employ staff who make records are the legal owners of those records, but that does not give anyone in that organisation the legal right of access to the information in those records.
- 8.3 The client can ask to see their records, whether written or electronic. This is a result of the Data Protection Act 1984, Access Modification (Health) Order 1987 and the Access to Health Records Act 1990. A fee may be charged to cover administrative costs.
- 8.4 The contracts of employment of all employees directly or indirectly involved with clients but have access to or handle confidential records (written and electronic) should contain clauses which emphasis the principles of confidentiality and state the disciplinary action which could result if these principles are not met.
- 8.5 The methods used for recording electronic information must be secure. Local procedures must include ways of checking that a record is authentic. All records must clearly indicate the identity of the person who made the record. Ensure that all personal access codes are secure.
- 8.6 The Computer Misuse Act 1990 came in force to secure computer programs and data against unauthorised access or alteration. Authorised users have permission to use certain programs and data. If those users go beyond what is permitted, this is a criminal offence. The act makes provision for accidentally exceeding permissions and covers fraud, extortion and blackmail.
- 8.7 The member must ensure that the storage and movement of records does not put the confidentiality of client information at risk.

9 Clinical practice

- 9.1 Members will document every client's medical history; note details of each individual treatment for each client. They will also record observations, results and clinical data methodically, without distortion.
- 9.2 Members must be aware of those diseases which are notifiable in their country of practice and take appropriate action to conform to the requirements of the local health authorities or laws. Clients should be asked if they have been in contact with or suffer from any notifiable disease. Refer to appendix one.
- 9.3 Members of the ATA must not:
 - 9.3.1 Use the title "doctor" before their name unless they are registered physicians with the medical association in the country of practice. Members who are not registered physicians but are entitled to use the term "doctor" may state it after their name with appropriate qualification ie Doctor of Acupuncture, China.
 - 9.3.2 Refer to or address an assistant as "nurse" unless that assistant holds a nursing qualification in the country in which the practice is being operated.
 - 9.3.3 Conduct a genital examination of any client without a chaperone being present unless written consent has been given.



- 9.3.4 Conduct a physical examination of a child less than 16 years of age except in the presence of a parent or guardian or other responsible adult. Written consent must also be given.
- 9.3.5 Make any claim, either oral or written, for the cure of any given disease.
- 9.4 The member should refer a client to another practitioner if the following considerations apply:
 - 9.4.1 If they consider the case is beyond their technique, capacity or skill, the client should be consulted/advised and introduced to a more experienced practitioner.
 - 9.4.2 If they require advice from a more experienced practitioner.
 - 9.4.3 With consent of the client, full details of the medical history should be provided, with the date and details of all treatments given.

10 Practitioner preparation

- 10.1 Members must conduct themselves with the highest professional standards in their personal appearance, hygiene and appropriate decorum.
 - 10.1.1 Attire should include washable or disposable clothing.
 - 10.1.2 Hair should not come into contact with the client.
 - 10.1.3 Jewellery should be removed or covered.
 - 10.1.4 Nails should be clean and short.
 - 10.1.5 Any waterproof dressing must be changed after each individual treatment.
- 10.2 ATPs rely on touch so every care should be taken with the condition of their hands.
 - 10.2.1 In the event of any cut, abrasion or skin condition, latex gloves should be worn.
 - 10.2.2 Gloves should be discarded after every treatment of a client.
 - 10.2.3 Hands must be washed thoroughly before and after every client, this applies whether gloves have been worn or not.
- 10.3 Members should be aware of the following two infections:

Hepatitis B is a virus that causes an inflammation of the liver. It is transmitted through contact with blood and all body fluids including vomit. It can be absorbed through the mucus membrane or transmitted into the blood stream through broken skin i.e. cuts, grazes, skin diseases and accidental needle stick injury.

HIV is spread through the blood and body fluids but requires direct transmission into the recipient's blood stream to cause infection.

The risk of being infected with a blood borne virus (BBV) is very small. The following precautions can be taken to reduce the risk of infection. Cover any cut or grazes on your skin with a waterproof dressing. Wear suitable disposable gloves when dealing with blood or any body fluids.
- 10.4 Members may be exposed to certain infections in the course of their clinical practice, vaccines are available to provide some protection. It is recommended that the ATP discusses their personal circumstances with a Doctor; depending on regulations, recommendation, the specific work function, or personal preference, vaccinations for hepatitis B; influenza; measles, mumps and rubella; tetanus, diphtheria, pertussis (whooping cough); neisseria meningitidis; and varicella (chicken pox) may be available. In general, vaccines do not



guarantee complete protection from disease, and there is potential for adverse effects from receiving the vaccine.

11 Practice preparation

- 11.1 Members must maintain their practices to the highest professional standards.
- 11.2 Overall cleanliness of the clinic must be maintained on a daily basis.
- 11.3 An appropriate dilution of disinfectant must be used after any suspected contamination.
- 11.4 The premises must be adequately furnished, heated when appropriate and provide hand washing facilities.
- 11.5 Where appropriate clean towels are to be made available for clients.
- 11.6 The consulting room should be fully insulated for sound from the waiting area.
- 11.7 Ensure the couch is clean and covered by fresh paper or other for each client.
- 11.8 Ensure there is an accident book to record any unusual incident.
- 11.9 All relevant Health and Safety at Work procedures must be adhered to.

12 Advertising and announcements

- 12.1 Members may advertise a practice or service, exercising care that nothing is said or implied that would discredit Amatsu.
- 12.2 The following guidelines must be observed:
 - 12.2.1 Stationery and nameplates should contain the minimal information needed to be descriptive but make no claims as to quality or effectiveness.
 - 12.2.2 Professional announcements in the media shall contain name, profession, qualifications, practice title, times of surgeries and addresses.
 - 12.2.3 Members are advised to use their first name or other indication of their gender with the surname/s.
 - 12.2.4 Only professional qualifications from accepted organisations or degrees conferred by established universities should be displayed in practices. Qualifications from outside the United Kingdom must be accompanied by the country of origin ie Mr Joseph Smith, Doctor of Acupuncture (Beijing), MBRCP (Osteopathy).
 - 12.2.5 Members may add the letters ATA to their name. Members may print the title in full if they wish i.e. The Amatsu Therapy Association Ltd.
 - 12.2.6 Members may use the ATA official logo on brochures and publicity material.
 - 12.2.7 Members shall follow the official ATA guidelines when advertising themselves on the ATA website.
 - 12.2.8 The ATA website www.amatsu.info shall be the only official public portal for the ATA. Members may not set up a website or social networking page indicating in any way that it is an official site set up on behalf of the ATA.



13. Public statements and demonstrations

- 13.1 Members are advised that they must exercise care in making any public statement and should not present any facts or opinions purporting to represent the views of the ATA without obtaining written consent from the EC. The ATA reserves the right to examine any material before giving such consent.
- 13.2 Members may be called upon to give a demonstration of Amatsu. In these cases, the modesty and dignity of the client must be preserved and they must not be brought into ridicule.

14. Death or retirement of a practitioner

- 14.1 Members should make arrangements for the correct disposal of case records in the event of their death. Executors are advised to contact the ATA for advice.
- 14.2 Members who sell or otherwise transfer their interest in a practice must inform all their clients of the change and provide the name of the replacement practitioner prior to the change.
- 14.3 Client information shall not be provided to the incoming practitioner without the permission of the client.

15. Working within established medical premises

- 15.1 The doctor in charge will usually retain overall charge of the client's case and will give permission for the treatment to be DELEGATED to the ATP.
- 15.2 Where the ATP is a nurse, they must act within the current guidelines of the ethics and standards committee of the United Kingdom Central Council of Nursing, Midwifery and Health Visiting. They must also act only under the guidance of the ward management, observing any code of conduct that may have been devised within the area health authority.
- 15.3 Members who are not nurses but work at established medical premises must, at all times, act discreetly and considerately, taking the greatest care to consult with staff in charge and to avoid any action or behaviour that could obstruct or conflict with the work of other health professionals.

16. Discipline and complaints

- 16.1 The acceptance of this code is the outward sign that ATPs wish to establish the relationship between themselves and those to whom they have a professional responsibility. The adoption of such a code is designed to establish the probity and competence of the profession in the eyes of the public and resolve any complaints in a transparent manner. For details refer to the ATA Complaints and Disciplinary Policy.
- 16.2 Members are required to report any complaints or criminal convictions made against them to their insurance company, their umbrella association (ICNM or CThA) and the ATA.
- 16.3 A Committee for the ATA will be convened to investigate complaints.
- 16.4 The disciplinary committee may determine the fitness or competence of the member to continue to practice. The member may be removed from the register if the committee considers they are unfit to remain in registration. The member may re-apply at a later date for re-registration.

17. Dissolution of the ATA

- 17.1 The ATA may be dissolved by a resolution passed by a two-thirds majority of those present and voting at an extraordinary general meeting convened for the purpose of which 21 days notice shall have been given to members.



17.2 If the ATA is wound up or dissolved and after all its debts and liabilities have been satisfied there remains any property it shall not be paid to or distributed among the members of the ATA, but shall be given or transferred to either a successor of the ATA or some other ATA or charity having objectives similar to the objectives which prohibits the distribution of its or their income and property to an extent at least as great as imposed on the ATA as above, chosen by the members of the ATA at or before the time of dissolution and if that cannot be done then to some other charitable object.

This policy will be reviewed formally every three years or sooner at the discretion of the Executive Committee.

Written: April 2005

Updated: Oct 06 appendices added / Aug 08 new logo, minor text changes, footer added / Jan 09 appendices updated.

Current version: June 2010 appendices removed, text altered to refer to separate policy documents not appendices, moved infection control from appendix to article 10, text altered to refer to members not practitioners, watermark added, updated footer, limited company details included.



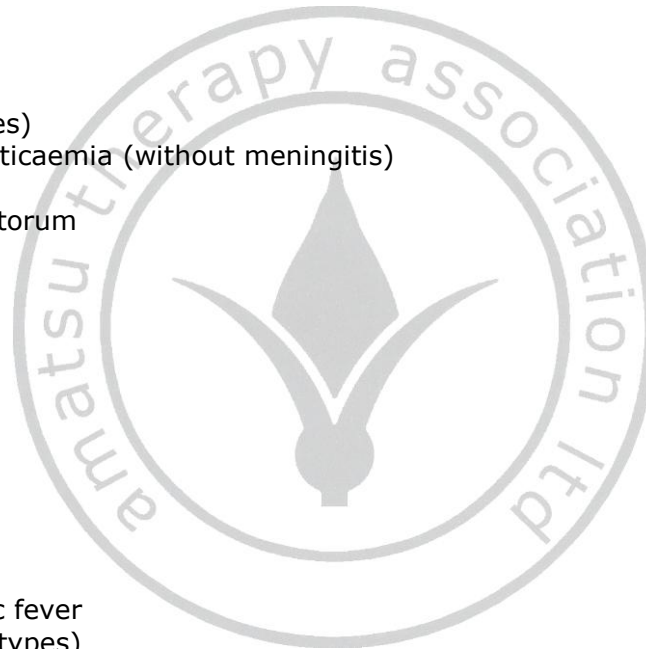
APPENDIX ONE

NOTIFIABLE DISEASES

Notification of a number of specified infectious diseases is required under the Public Health (Infectious Diseases) 1988 Act and the Public Health (Control of Diseases) 1984 Act as it is required that Doctors in England and Wales have "a statutory duty to notify a 'proper officer' of the Local Authority of suspected cases of certain infectious diseases". The proper officers are required every week to inform the Health Protection Agency (HPA) Centre for Infections (CfI) about details of each case of each disease that has been notified. This allows analyses of local and national trends. This information is collected by the HPA.

List of notifiable diseases:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Food poisoning
- Leptospirosis
- Leprosy
- Malaria
- Measles
- Meningitis (all types)
- Meningococcal septicaemia (without meningitis)
- Mumps
- Ophthalmia neonatorum
- Paratyphoid fever
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus fever
- Viral haemorrhagic fever
- Viral hepatitis (all types)
- Whooping cough
- Yellow fever



Clients should be asked if they have been in contact with or suffer from any notifiable disease. Members should refrain from treating clients with any of the above conditions unless they have been specifically trained in the relevant infection control procedure. Members should advise clients to contact their Doctor and provide clearance prior to booking a subsequent appointment.

This appendix will be reviewed formally every three years or sooner at the discretion of the Executive Committee.

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Updated: June 2010 moved infection control from appendix to article 10

Current version: June 2010 updated info from HPA website

