



Essex Partnership University

NHS Foundation Trust

CLINICAL GUIDELINES FOR THE USE OF COMPLEMENTARY THERAPIES

CLINICAL GUIDELINE NUMBER:	CG12
VERSION NUMBER:	3.1
AUTHOR:	Deputy Medical Director Medical Staff
CONSULTATION GROUPS:	Clinical Governance Committee for Essex Clinical Practice Development Group for Bedfordshire and Luton Adult & Older People Service Management Board Learning Disability Service Management Board Secure Service Management Board
IMPLEMENTATION DATE:	November 2017
AMENDMENT DATE(S):	February 2014 (format change), April 2014, Nov 17; Feb 21
LAST REVIEW DATE:	Nov 17
NEXT REVIEW DATE:	Nov 2020 May 2021
APPROVAL BY CLINICAL GOVERNANCE & QUALITY COMMITTEE:	December 2017

SCOPE

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this Clinical
Guideline is The Executive Medical Director**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CLINICAL GUIDELINE FOR THE USE OF COMPLEMENTARY THERAPIES

CONTENTS

THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT.

- 1.0 INTRODUCTION
- 2.0 SCOPE
- 3.0 RESPONSIBILITY
- 4.0 IMPLEMENTATION
- 5.0 MONITORING AND REVIEW
- 6.0 REFERENCES

SAMPLE ONLY

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CLINICAL GUIDELINE FOR THE USE OF COMPLEMENTARY THERAPIES

Assurance Statement

The aim of this clinical guideline is to protect both patients and staff by ensuring that the quality and safety of therapies and products (when used) are provided in conjunction with orthodox care and treatment.

1.0 INTRODUCTION

- 1.1 This clinical guideline has been developed in order to provide guidance to Trust staff on the issues that may arise from the use of complementary therapy in the course of their work, to address safety issues and minimize any adverse effects to care of patients and carers.
- 1.2 Full compliance with this clinical guideline will provide the Trust Board with the assurances required that controls are in place which ensure the quality and safety of therapies and products (when used) and that these are provided in conjunction with orthodox care and treatment for the protection of both staff and patients / clients.
- 1.3 Conventional professional activities which involve relaxation techniques, touching, holding, positioning, comforting etc. do not require inclusion in this guideline.
- 1.4 All clinical/practice decisions on individual patient care should be multi-disciplinary, part of the care planning process, accurately recorded and contra-indications with other treatment should be taken into account.
- 1.5 The Trust accepts the Cochrane Collaboration's definition of Complementary and Alternative Medicine:
"A broad domain of healing resources that encompasses all health systems, modalities and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period".

2.0 SCOPE

- 2.1 This Policy applies to all clinicians and practitioners in the Trust whether directly employed by the Trust or seconded from another organisation such as Essex County Council. This Policy strictly prohibits techniques/therapies that are not within the spirit of professional codes of conduct or contravene any existing Trust policy without its formal withdrawal or revision.
- 2.2 This Policy, however, does not apply to techniques that are subject to Ethical Committee approved research. This would be subsumed into the approval process under the Research and Development Policy.

CG12 - COMPLEMENTARY THERAPIES CLINICAL GUIDELINE

- 2.3 Complementary and alternative therapies are increasingly used in the treatment of patients. Nurses, doctors and therapists who practice the use of such therapies must have successfully undertaken training to ensure clinical competence (as recognised by the British Register of Complementary Practitioners) in the specific clinical discipline.
- 2.4 Complementary therapy donates supportive nature of therapies and is complementary to the medical treatments/planned programme of care with an aim to provide additional intervention and enhance physical, emotional and mental wellbeing of the patients. This should not be seen as an alternative to medical treatment/agreed treatment of care.
- 2.5 The Trust takes no responsibility for practitioners offering complementary therapies outside of their contract of employment.
- 2.6 The following complementary and alternative therapies will be recognised as acceptable within the Trust when performed by professionally competent staff who can identify positive benefits for the individual patient / client. (See 2.1)
- 2.6.1 Acupuncture and Auricular Acupuncture**
A treatment using fine needles at specific points on the body to restore or maintain health by balancing the body's motivating energy, known as 'Chi'.
- 2.6.2 Alexander Technique**
A practical method for personal education and self care which comprises a set of skills by which the individual may change habitual patterns of misuse, leading to improved functioning with attendant benefits for health co-ordination and well being.
- 2.6.3 Aromatherapy**
An individual blend of pure plant extracts that have been especially created for the assessed need of the patient at a specific moment in their life. Each oil will have a full Gas Liquid Chromatography Analysis indicating major chemical constituents present within the oil.
- 2.6.4 Reflexology**
Specific reflex points on the feet and hands are stimulated to induce a relaxed state and enhance homeostasis.
- 2.6.5 Therapeutic Massage**
Soft tissue massage to assist relaxation.
(this is distinct from Remedial Massage which is a core physiotherapy skill involving manipulation of joints and muscles for rehabilitative purposes to improve strength and range of movement of patients).

3.0 RESPONSIBILITY

- 3.1 Qualified doctors, nurses and therapists who undertake complementary therapy within the course of their work must work within the framework of their Code of Professional Practice. A nurse must also adhere to the guidelines issued in the

CG12 - COMPLEMENTARY THERAPIES CLINICAL GUIDELINE

Nursing and Midwifery Council (NMC) Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008) concerning accountability to the patient, to the profession and to colleagues. A nurse who practices Aromatherapy must also comply with the NMC Standards for Medicines Management (2010).

- 3.2 The line manager will require the practitioner to provide evidence of their qualification and details of current Public Liability and Professional Indemnity insurance cover. The details must be checked and recorded on annual basis. The qualification must be one recognised by both the Trust and the British Register of Complementary Practitioners.
- 3.3 In order for a therapy to be successfully conducted sufficient uninterrupted time must be set aside for the treatment. The doctor, nurse or therapist should agree this with the line manager to ensure this does not conflict with other duties.

Appropriate supervision must be identified – from within the Trust or outside the organization. The professional training body may dictate the level and frequency of supervision. The level of supervision must be achievable and realistic (as per Trust's supervision policy).

4.0 IMPLEMENTATION

4.1 Qualifications

- 4.1.1 Only practitioners who have one of the qualifications listed in their speciality will be permitted to practice within the Trust. They must be able to demonstrate competencies, capability and fitness to practice.
- 4.1.2 Doctors, nurses or therapists wishing to practice within the Trust must ensure their names and qualifications are held on the Human Resource's ESR system and that the entry is renewed annually. In addition details should be given to the line manager who will monitor the renewal.
- 4.1.3 It is the responsibility of the individual to initiate both new and/or update training requests for complementary therapies with their respective line manager. Practitioners are accountable for their own practice and must participate in CPD.

4.2 Quality of Products

- 4.2.1 Products that are used in the provision of the complementary therapies must be quality assured and meet COSHH standards. The following provides the criteria, which is to be met for the products used.
 - i) Essential oils – the essential oils used must comply with the appropriate GLC trace for that oil and be held by the Trust, to ensure the quality of the oil.

CG12 - COMPLEMENTARY THERAPIES CLINICAL GUIDELINE

- ii) A maximum dilution of 2.5% is used for the body on a healthy adult and 1% for a child. Oils must never be applied undiluted directly to the skin or into a bath.
- iii) Needles must be disposable, pre-sterilised and used on the patient for one treatment only and then discarded into an appropriate sharps container conforming to BS standard 3720.

4.2.2 Reference should also be made to;

- i) The Trust's Infection Control Policy and Procedural Guidelines.
- ii) The Institute of Complementary Medicine and British Register of Complementary Practitioners Code of Professional Practice. For detailed advice on matters of practice which are essential to achieving high standards of hygiene and safety.
- iii) Procedural guideline for the safe and secure handling of medicines (CLPG13).

4.3 The Patient's Rights

4.3.1 Before commencing treatment the practitioner/therapist must;

- i) Give the patient/client a full explanation of the therapy proposed and the choices available to them.
- ii) Written informed consent must be sought from the patient/client prior to treatment. (Please refer to the Trust Policy and Procedures on Consent to Examination and Treatment).
- iii) The Practitioner must maintain the confidentiality of all information concerning the patient.
- iv) A risk assessment must be completed for each different therapy before it is given.

4.3.2 The therapy must be conducted in a suitable environment in accordance with the patient's need for safety, dignity, privacy and religious and cultural considerations.

4.4 Medical Permission

4.4.1 The practitioner will ensure that all relevant medical professionals are informed of the referral and their agreement obtained. A written request must be made to the patient's treating consultant and a written permission must be sought from the responsible consultant prior to commencing the therapy.

CG12 - COMPLEMENTARY THERAPIES CLINICAL GUIDELINE

The use of any essential oils during pregnancy may be restricted due to contraindications.

- 4.4.2 For patients admitted to hospital it will be the Consultant under whose care the patient fall, who would make the decision as to whether alternative / complementary treatments should be commenced / continued.

4.5 Patient's Care Plan

- 4.5.1 The therapy must be part of the patient's prescribed care plan. Ongoing evaluations should be recorded as agreed between the care co-ordinator/case manager/named nurse/ consultant and the therapist.
- 4.5.2 Record keeping must be detailed, legible, accurate and concise and an entry made in the patient /clients records after each assessment and treatment.
- 4.5.3 Record of the Complementary Treatment (including essential oil blend) must be noted within the client/patient's care plan

4.6 Insurance Cover

- 4.6.1 Before practising any complementary/alternative therapy within the Trust, the member of staff must ensure that they can provide evidence of their qualification/s and that the qualification/s are recognised by the Trust so that the Trust can provide public liability insurance, in addition to the Practitioner's own Professional Indemnity and Public Liability Insurance.
- 4.6.2 If self-employed therapists are used funding must be identified within the service and the agreement of the doctor and service manager obtained. The practitioner must show evidence that they hold public liability insurance to the value of one million pounds.

5.0 MONITORING AND REVIEW

- 5.1 The Executive Medical Director is responsible for the monitoring and review of this guideline.
- 5.2 Periodic audits will be undertaken to monitor the range of therapies being provided within the Trust and to evaluate the benefit to patient /client care.

6.0 REFERENCES

Chartered Society of Physiotherapy, College of Occupational Therapy.
Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008)
NMC, Standards for Medicines Management (2010)

END