

AROMATHERAPY GUIDELINE

DEFINITION

Aromatherapy is the therapeutic use of natural and high quality essential oils which may enhance the health of the body and mind and is a holistic therapy. The oils are mainly used in massage but can also be used in steam inhalations, baths, compresses, vaporizers and in creams and lotions.

PRACTITIONERS

Qualified nurses, physiotherapists, who also hold a qualification recognized by the A.O.C., B.C.M.A. and registered with a professional body such as the A.H.T., I.F.A., I.S.P.A. and R.Q.A. The therapist must also be fully insured to practice, and adhere to a Code of Conduct as prescribed by the relevant professional organization

Other:

- Aromatherapy & Allied Practitioner's Association (AAPA)
- Association of Medical Aromatherapists (AMA)
- Association of Natural Medicine (ANM)
- Association of Physical & Natural Therapists (APNT)
- British Complementary Medicine Association (BCMA)
- BABTAC
- Institute of Complementary Medicine (ICM)
- International Guild of Professional Practitioners (IGPP) (incorporating ITEC Professionals & GCP)
- International Holistic Aromatherapy Foundation (IHAF)
- International Federation of Aromatherapists (IFA)
- International Federation of Professional Aromatherapists (IFPA)
- The Professional Association for Clinical Therapists (PACT) - part of FHT*
- The Aromatherapists Society (AS)
- The Raworth Guild of Graduates.
- College of Occupational Therapists
- Chartered Society of Physiotherapists
- Royal College of Nursing

INDICATIONS FOR USE

Aromatherapy can be used to treat a wide variety of problems seen in Mental Health, Learning Disabilities, Dementia Care, Palliative Care, Drug Dependency, Musculoskeletal, Neurological, Acute Medicine and Dermatology, Long Term Conditions.

PRECAUTIONS AND CONTRA-INDICATIONS

An essential oil is a fragile, volatile liquid obtained from a single botanical source, usually extracted by steam distillation or expression. Each oil has individual properties and therapeutic uses and therefore care is exercised in the selection of

oils for treatment. A comprehensive list of precautions and contra-indications are included in the training of each aromatherapist. All essential oils must be stored safely and securely. Any non-CAM therapist must obtain advice from an aromatherapist, before using any products containing essential oils. Staff not trained as aromatherapists cannot prescribe oils.

PRACTICE

Contra-indications:

- Acute fever/flu like symptoms.
- Infectious diseases.
- Venous insufficiency i.e., varicose veins, deep vein thrombosis, arterial problems, i.e., atherosclerosis, aneurysms.
- Physical trauma, i.e., bruising, fractures, whiplash injury.
- Broken skin, i.e., sores, wounds, ulcers, bites, stings, abscesses, sunburn.
- Acute inflammation i.e., rheumatoid arthritis, connective tissue diseases, redness.
- Haemophilia.

Caution:

Epilepsy - The therapist should have awareness of the condition and how it affects the individual and use of appropriate oils. Pregnancy – some oils are avoided during pregnancy

USE & STORAGE PRECAUTIONS

To ensure the safe use and storage of aromatherapy oils and preparations staff should adopt an approach to their use and storage in accordance with the use and storage principles of C.O.S.H.H. or as directed by the products labelling.

Using Essential Oils:

- All essential oils and carrier oils should be purchased from a reputable supplier registered with the Aromatherapy Trade Council.
- Staff must adhere to C.O.S.H.H. regulations.
- Oils should be kept in dark coloured bottles (normally Amber) with integral drop dispensers.
- The use of hot oils, the ingestion of oils or the application of oils via other body orifices is not advocated.
- The practitioner should practice according to the safety data applicable to their training.
- Labelling should include:
 - keep out of reach of children
 - if ingested by a child, seek urgent medical help
 - essential oils can irritate if used undiluted
 - do not use neat on the skin
 - the name of the carrier oil and the dilution

DOCUMENTATION

Each treatment should be recorded by the practitioner in the existing patient's records, in line with record keeping standards and within relevant professional codes of conduct.

The practitioner should keep a copy of the treatment plan and a record of the oils used and the source of oils used.

ACCOUNTABILITY

Each practitioner is accountable for their own practice and limitations. Each practitioner must adhere to their professional and codes of conduct and scope of practice.

Each practitioner should aim for their treatments to be of the highest standard, with regard to research based practice where possible.

The practitioner/aromatherapist should follow the Standards for the Administration of Medicines, and adhere to the labelling regulations, July 1977.

CONSENT ISSUES

Individual patients must be fully informed about the nature of the therapy and its effects, including any side effects, and have realistic expectations of its benefits. The consent of the patient must be gained and documented.

Where the patient is **unable** to give valid consent, consult RC and other appropriate colleagues and follow Mental Capacity Act 2005 procedures. The decision to consult, together with the rationale and outcome, will be clearly documented in the individual patient's records on the appropriate form.

MESSAGE GUIDELINE

DEFINITION

Massage is an ancient science and art that has been used for thousands of years. It is a systematic form of touch to create a particular response. Massage can be either soothing or stimulating depending upon the speed and depth of the strokes and can affect the body, mind, spirit and emotions. It can help to relieve pain, restore good spirits, provide comfort, boost energy and to rejuvenate muscles. It works on the muscles and acts on the nervous system.

INDICATIONS FOR USE

Massage can be used for a wide variety of problems seen in Mental Health, Learning Disabilities, Palliative Care, Musculoskeletal, Acute medicine, Neurological, Obstetrics and Drug dependency settings, Long Term Conditions. Massage and touch have been suggested as a non-pharmacological alternative or supplement to other treatments offered in order to reduce or manage a range of conditions associated with dementia such as anxiety, agitated behaviour and depression. It has also been suggested that massage and touch may counteract cognitive decline.

PROFESSIONAL BODIES

A number of professional bodies include massage as being a recognised intervention within the scope of practice of their regulated practitioners/ members including:

- 1 Chartered Society of Physiotherapy (regulation via the HCPC)
- 2 Royal College of Nursing (regulation via the NMC)
- 3 BMTC - British Massage Therapy Council

TRAINING STANDARDS

Practitioners should hold a recognized qualification from a training establishment that is accredited by a suitable regulating body and be fully insured to practice, they should be able to demonstrate evidence of continuous professional development. When carrying out a simple intervention e.g. hand massage, it is acknowledged that a formal massage qualification is not generally required however staff must still be competent and capable to carry out this task and so they will have either attended training recognised by the Trust or their supervisor/ manager will be satisfied that they have the skills and abilities required (*see resource section 2b for further details of hand massage procedures*).

ACCOUNTABILITY

- Each practitioner is accountable for their own practice and limitations.
- Each practitioner must adhere to professional standards and codes of conduct and scope of practice.

- Each practitioner should aim for their treatments to be of the highest standard, with regard to research based practice where possible.

DOCUMENTATION

- Each treatment should be recorded by the practitioner in the existing patient's records, keeping a full record as per individual codes of conduct.
- Record should include presenting problems and history and any cautions.
- Clinical reasoning for the use of massage.
- The length and number of treatments.
- Medication and other concurrent treatments.
- Observations.
- Outcome and follow up.

COMMON CAUTIONS

- Bruising.
- Fainting.
- Skin Sensitization.

Health and Safety

- Ensure availability of a warm, well ventilated room with hand washing facilities.
- Use safe and appropriate equipment and adhere to moving and handling Trust Policy.
- Ensure client and practitioner are comfortable and an adjustable height bed is available to protect from strain in line with Health and Safety requirements.
- Client should be assessed before the treatment with relevant medical history documented.
- Any concerns from client/practitioner should be discussed with a medical practitioner.
- Adverse reactions to treatment to be documented in client's notes and reported to the Responsible Medical Officer.
- Any agitation/distress, or potential for this, necessitates a second carer/health professional to be present.
- Practitioner should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency.
- Client should be given the option of the use of appropriate background music or silence.
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative effects.

FURTHER GUIDANCE FOR THE USE OF MASSAGE

Condition	Intervention Guidance
Skeletal System Injuries	
Fractures	Local Contraindication
Sprain	<p>DO NOT attempt to massage acute injuries unless you are trained to do so.</p> <p>After the acute stage has subsided, draining strokes can be helpful to disperse swelling.</p> <p>Massage other areas of the body that are being overused to compensate (e.g. the other leg, if there's an ankle sprain).</p>
Bursitis	<p>When the condition is acute, massage is only a local contra-indication.</p> <p>In the non-acute phases, massage of the surrounding muscles and passive. Movements within a comfortable range are useful.</p>
Osteoporosis	<p>Do not massage over known osteoporotic areas.</p> <p>Massage should be gentle, with no stretches, joint manipulations or use of percussive strokes. The main intention is to help the client relax.</p> <p>Negotiate comfortable positions and use of supports with the client. Take particular care in getting the client on and off the table.</p> <p>Be cautious when massaging an older person, particularly women, as they may unknowingly have osteoporosis. Feel your way carefully as you increase the pressure of the massage.</p>
Osteo and Rheumatoid Arthritis	<p>Local massage and movement is contra-indicated in the acute phases. At other times, massage can be beneficial in providing some pain relief.</p> <p>Gentle mobilization of the joints may prevent further deterioration, provided extra care is taken around painful joints</p>
Ankylosing Spondylitis	<p>Contra-indicated in areas of pain and inflammation. <input type="checkbox"/> Massage in the early stages can help maintain some mobility.</p> <p>Be careful about putting pressure on muscles near the spine, as they may be involved in protective splinting of the vulnerable areas.</p>
Acute Injuries	<p>Do not massage muscles if you suspect injuries, such as bruising or tearing of muscle fibres, unless you are trained to treat sports injuries</p>
Spasm and Cramps	<p>Contraindicated for acute cramps. Stretch the muscle to relieve the cramp.</p> <p>When the cramp has reduced, massage can help the muscle to relax.</p> <p><input type="checkbox"/> Regular massage and stretching exercises can reduce long-term spasms</p>

Condition	Intervention Guidance
Inflammatory Conditions e.g. frozen shoulder, deltoid bursitis, tennis elbow.	DO NOT massage directly on areas of painful inflammation. Massage of the surrounding muscles may help relieve pain, and prevent immobilization if a joint is involved.
Fibromyalgia	Take care not to over treat clients, as they are extremely sensitive to pain
Muscular System Diseases e.g. Myasthenia gravis, muscular dystrophy	Gentle massage may help to relieve pain or muscle spasm. If there is loss of feeling, be very careful when moving limbs. In myasthenia gravis, medication may reduce immune system functioning, so take care not to expose the client to infection
Neurological Conditions	Take care with pressure and joint movements, as there may also be sensory loss and the client may not be able to give good feedback. People who are non-ambulant can develop thin skin on the soles of the feet and may be at risk of developing pressure sores. Take care when assisting the person into position for treatment if he suffers poor muscle control or tremors.
Stroke	There is a high risk of a second stroke occurring within one month of the first; do not massage someone at all during this period, for their and your own protection. <input type="checkbox"/> Lower risk of a stroke occurring up to six months after the first; ask the doctor regarding the advisability of massage.
TIA	High risk of further TIA's, so medical advice should be sought before giving massage.
MS	Indicated in sub-acute stages, when the client is in remission.
Severe Headache	Contraindicated.
Parkinson's Disease	Massage is indicated, under medical supervision, to maintain flexibility and reduce anxiety. Sufferers usually have restricted movement so may not be able to get on to the massage table, so work with client in a chair or on the floor.
Shingles	Local Contraindication.
Hyperthyroidism	Not contra-indicated, except to avoid the neck area in a person with goitre.
Diabetes	Indicated for clients with healthy tissue and good circulation. Check for possible complications - especially thin skin in peripheral body areas, and other skin conditions, including itchy skin, spots or boils.

Condition	Intervention Guidance
	<p>Avoid massage on an injected area for at least an hour.</p> <p>Get information from client about possible blood sugar level drop (hypoglycaemic attack) - what symptoms to watch for, and what to do.</p>
Skin Disorders	<p>Infectious skin conditions are always contra-indications to massage. Never massage areas of skin that are bleeding, broken or weeping fluid. Body fluids(blood, lymph, pus) may contain infectious agents, which could be transmitted to the Practitioner or other parts of the client's body.</p>
Thin skin	Gentle over areas of thin skin. NO stretching or friction, which could cause tearing.
Skin Cancer	All skin cancers are local contra-indications.
Bruising/ Blisters	Local contraindication.
Bedsore / pressure sores	A local contra-indication, but gentle massage of surrounding areas may help improve circulation flow.
Skin tags	This is not a contra-indication but avoid vigorous massage or friction that could break the stalks and cause bleeding.
Warts	Local contraindication.
Respiratory Disorders	<p>Massage of the muscles involved in breathing can be very helpful for people with respiratory disorders. Some disorders result in a build-up of phlegm in the lungs, which can be loosened by percussion over the ribcage.</p>
The Cardiovascular System	<p>When massaging the limbs with firm pressure, work towards the heart, to avoid putting pressure on the valves in the veins. Never put heavy or prolonged pressure on the major superficial arteries, such as the carotid artery at the side of the neck, the radial artery on the inner surface of the wrist, and the arteries on the inner surface of the elbow joint and the back of the knee.</p>
Angina	Massage for anyone with unstable angina should only be carried out with permission from the person's doctor.
Heart Attack	Because there is a very high risk of a reoccurrence in the two to three months after the attack, massage is contra-indicated for patient/ practitioner protection.
Heart failure	Get medical permission, and then give only gentle massage to avoid stressing a weak heart.
High Blood Pressure	Deep abdominal massage is contra-indicated, but relaxing massage is probably beneficial to keep stress levels down. If someone has high blood pressure that is not controlled by medication, get medical permission, for client/practitioner protection.
Arteriosclerosis	Seek medical permission, and then give gentle massage only.
Deep vein thrombosis (DVT)	Totally contra-indicated for 3–6 months after diagnosis, for client/practitioner protection. After that period, seek medical permission, and give gentle massage only.
Varicose Veins	Massage is contra-indicated in the area directly over, or immediately below the veins. The affected area can be held gently while the rest of the leg is massaged.
Phlebitis	Massage of the affected area is contra-indicated.
Oedema	Depends on the cause of the swelling, so needs to be discussed with a medical person.
Haemophilia	Severe haemophilia is a total contraindication to massage.

Condition	Intervention Guidance
Anaemia	Massage is fine for mild anaemia, but contraindicated for severe anaemia. Seek medical; advice.
Leukaemia	Seek medical permission and then use gentle massage.
Immune System - Disorders	If using oils use appropriate base oil, don't use essential oils.
AIDS	If the person is fatigued, weak or unwell, use gentle massage. Do not massage the site of an injection for an hour or so after injection. Avoid open cuts/ weeping skin. Follow infection control procedures for HIV as per IPC policies
Cancer	<input type="checkbox"/> Do not massage directly over any tumour or site of cancer, or areas currently receiving radiotherapy. Observe the usual contra-indications about broken skin, infections, recent scar tissue, and cardiovascular complications. Be aware that chemotherapy and radiotherapy can cause thin skin.
Lymphoedema	Follow specific guidance as given by medical officer or Lymphoedema specialist.
Disorders of the Abdominal Organs	
Hepatitis	Contra-indicated in acute stages for client/practitioner protection.
Cirrhosis	Contraindicated for advanced cirrhosis.
Hiatus Hernia	Clients are usually more comfortable sitting than lying and should be massaged with their upper body raised.
Abdominal hernia	Local contra-indication.
Urinary System Disorders	Massage is contra-indicated for those with acute urinary tract infections, acute or chronic renal failure, acute stages of gout, or a kidney stone attack.
Reproductive System	In Pregnancy abdominal massage is contraindicated due possibility of miscarriage.
Prolapsed uterus /vagina	Contraindicated.
Steroid injection	No massage should be applied locally if injection has been administered within the previous three months.
STD	While sexually transmitted diseases are not of direct concern in a massage treatment, there is an Act of Parliament from 1917 prohibiting the use of complementary therapies to treat syphilis, gonorrhoea or soft chancre (genital sores). Massage does not claim to treat, in the sense of diagnose and cure, medical conditions, but practitioners should be aware of this law.

HAND MASSAGE: GUIDANCE

It is widely accepted that a simple hand massage (with its associated human contact and the opportunity it gives for positive interaction, relaxation and increasing well-being) can be of great benefit. It is commonly used in services for older people with mental health problems (particularly services caring for people with dementia), however it may also be of benefit to other patient groups. Staff who have the competence and capability to carry out hand massage and who have approval of their line manager, are therefore to be supported to deliver hand massage to patients/service users in RDaSH care; for non-registered staff this will be in the capacity of a delegated task under the supervision of a registered professional (as for all delegated tasks).

Is specialist training required? In most cases, as hand massage is deemed to be a low risk intervention, it is acknowledged that a formal massage qualification is not required. However staff must still be competent and capable to carry out this task and so they will have either attended training recognised by the Trust or their supervisor/ manager will be satisfied that they have the skills and abilities required.

To support safe and effective practice, the intervention must be delivered in line with the guidance detailed below:

- Before including hand massage in the patient's care plan, the patient will be considered for suitability by a registered nurse/ health professional (this will occur as part of MDT person-centred assessment and care planning procedures). Discussion with the patient and/ or their relative/ carer to confirm suitability is usually a routine part of this process. If there are concerns that there may be contra-indications further assessment by a physiotherapist or suitably qualified professional should be carried out.
- The staff member delivering the intervention will monitor/ review the suitability and appropriateness of the intervention on each occasion and then take any necessary precautions or decisions about the safety and suitability. If further guidance regarding this is needed staff should seek further advice from relevant other (e.g. Doctor, physiotherapist, ward manager)
- Information about the intervention should be discussed with or given to the patient including information about benefits and any risks.
- Hands hygiene must be performed before and after the procedure and as required.
- The patient/ service user must give verbal consent to the intervention, and this will be documented. If the person is deemed to lack mental capacity and cannot give valid consent then staff will comply with mental capacity act 2005.
- Clinical records/ documentation will be maintained in line with Trust standards.
- The staff member will receive supervision in line with RDaSH Clinical Supervision Policy/framework. Further training needs should be identified as part of Personal Development Review (PDR) process.

N.B Staff, who are not qualified aromatherapists, are not authorised to mix or directly use essential oils with patients, but are able to use massage products/ hand creams within an hypo-allergenic range or as supplied by the patient. *See resource section 1 for further information about aromatherapy.*

Acupuncture

See British Acupuncture Council <http://www.acupuncture.org.uk/public-content/effective-practice/bacc-professional-codes.html>

Note auricular (ear) acupuncture is covered in appendix 3b– see page 40.

1. Introduction

This resource document outlines the Trust's position on the use of acupuncture. It outlines the obligations when offering this invasive procedure, and the minimum standards that must be reached prior to commencement of intervention.

2 Definitions

Acupuncture refers to the insertion of a solid needle into specific sites on the body for therapeutic purposes. It is an invasive technique, passing through the skin barrier.

In this appendix acupuncture is defined as the use of manual acupuncture and the use of electro-acupuncture, laser acupuncture or moxabustion is not covered.

How does it work? - Anaesthesia (numbness) is initiated by the stimulation of a small group of nerves in the muscles around the needles. This sends impulses to the spinal cord, leading to activation of chemical production by the brain and spinal cord. The chemicals (endorphins, mono amines and adrenocorticotrophic hormone (ACTH)) are then released into the bloodstream. They block the pain impulses, help with relaxation and also have anti-inflammatory effects. These effects increase with successive treatments.

3 Indications

Acupuncture can be used as an adjunct to conventional treatments. It is used by physiotherapists, as a means of enhancing pain modulation. Acupuncture is also used by advanced Acupuncture Association of Chartered Physiotherapists (AACP) members as a means of addressing some systemic and longer term illness, but always with the aim of enhancing physiotherapy treatment and improving quality of life (AACP 2008).

4 Scope of practice:

All therapists who meet the criteria for practising acupuncture must ensure they adhere to their own professional body's Rules of Professional Conduct. Therapists shall only practice to the extent that they have established and maintained their ability to work safely and competently and shall ensure that they have the appropriate liability cover for that practice. They will be required to provide evidence that they have:

- a) Attended an Acupuncture Association for Chartered Physiotherapists (AACP) approved course or
- b) An approved course/university module.
- c) Must demonstrate CPD.
- d) Staff must only use accupoints or meridians that they have been formally trained to use.
- e) Must only carry out Acupuncture with their manager's approval.

4.1 Minimum Qualification Criteria to Practice Acupuncture

All therapists who wish to practice acupuncture must:

- Be registered with the Health Professions Council.
- Have successfully completed an acupuncture course recognised by one of the following:

BACC – British Acupuncture Council

BMAS – British Medical Acupuncture Society

AACP – Acupuncture Association of Chartered Physiotherapists

4.2 Training

Only therapists who have successfully completed an approved course may include acupuncture as an extended scope of their practice and may practice acupuncture unsupervised. Therapists may only practice within the limitations identified within their training and role.

Each therapist is accountable for:

- Their own practice.
- Keeping their managers aware and up to date with their current practice.
- Ensuring each patient has a written and agreed care plan.

4.3 Maintenance of competency:

Each physiotherapist is responsible for ensuring that outcomes from Continuous Professional Development (CPD) activity demonstrate continuing competency to safely practice acupuncture. Each physiotherapist should ensure he / she completes a minimum of 10 hours CPD in acupuncture within a 2-year period.

4.4 Responsibilities

- All healthcare professionals are responsible for their own actions and must exercise their own professional judgment at all times.
- In exercising this accountability, each therapist is responsible for adhering to their recognised professional guidelines. They are also accountable to their manager, who holds a register of therapists practicing acupuncture
- Only those individuals appearing on this register may practice acupuncture.

- Manager to ensure that the policy and its procedures are made available to all relevant staff. They should ensure all therapists sign to say they have read and understood the policy.
- Therapists are required to provide, on request, evidence of current knowledge and continuing practice, which has taken place within the last two years (Health Profession's Council Guidelines).

4.5 Consent

It is a legal and ethical principle that consent must be obtained before starting treatment. For consent to be valid it must be given voluntarily by an appropriately informed person (the patient) who has the capacity to consent to acupuncture. It is presumed that adults have capacity to consent unless it is shown otherwise. The Mental Capacity Act 2005 provides a test for assessing whether a person lacks capacity to take a particular decision at a particular time and the steps to be taken if the person lacks capacity.

It is the responsibility of each therapist to gain valid and effective written consent from the patient before using acupuncture as part or all their treatment plan. The treatment procedure is explained to the patient, along with possible alternatives to treatment, treatment techniques and the expected effects of the treatment; including any adverse reaction.

The patient is given the information leaflet prior to having treatment (Appendix A). The patient's **written** consent is obtained and recorded in the patient's record

4.6 Contraindications / Precautions

Contraindications	Precautions
<ul style="list-style-type: none"> • Forbidden points • Acute cardiac arrhythmias or cardiac failure • Lumps, moles, cancerous growths • Haemophilia • Inability to cooperate • Metal allergy • Pacemaker (electro-acupuncture) • Phobia of needles • Infection at needle site • Pregnancy • Skin infection • Uncontrolled movements • Epilepsy • Uncooperative/ confused patients • Children aged 16 or less • Unstable diabetics • External genitalia, nipples, umbilicus and eyeball should not be punctured • Needling directly over swelling/tumour 	<ul style="list-style-type: none"> • Fatigued or hungry patients • Systemically unwell • Anticoagulants (check latest INR results) • Impaired sensation • Epilepsy • HIV / blood borne infections • Fragile skin • Steroids. Care is needed due to possible poor healing • Diabetes. Care is needed because of the danger of poor peripheral circulation and effects on blood sugar levels. • Cardiac conditions. Care should be taken when inserting needles into points of the heart meridian, pericardium channels. • Immuno-suppressed patients e.g. A.I.D.S., and S.L.E. • Cancer patients

Contraindications	Precautions
<ul style="list-style-type: none"> • Lymphoedema • Spinal instability due to potential risk of cord compression • Medications • The therapist must check the nature of the drugs prescribed and take appropriate precautions, particularly with patients on anti-coagulants or long term steroids. When needling those on anti-coagulants, use only fine needles and avoid needling into joint spaces. • Care if using the following points: ST 1, 9, 17, 21, 30 GV 15, 16, BL 1, 11, 23, LI 18, LU 1, 9, CV 22, GB 21 • Skin condition/varicose veins/skin lesions • Impaired sensation • Fatigued/frail ▪ Under the influence of alcohol ▪ Has used a substance 	<ul style="list-style-type: none"> • Acute stroke • Close to arteries to avoid accidental puncturing, it is advisable to palpate prior to needling • Known low blood pressure.

4.7 High Risk Points

Chest, Back and Abdomen

Points in these areas should be needled cautiously, preferably obliquely or horizontally, so as to avoid injury to vital organs. Attention should be paid to the direction and depth of insertion of the needles.

Liver, Spleen and Kidney

Puncture of the liver or spleen may cause a tear with bleeding, local pain and tenderness and rigidity of the abdominal muscles. Puncturing the kidney may cause pain in the lumbar region and haematuria. If the damage is minor, the bleeding will stop spontaneously, but if the bleeding is serious, shock may follow with a drop in blood pressure.

Central Nervous System

Inappropriate manipulation at points between or beside the upper cervical vertebrae, such as GV 15 (Yamen) or GV 16 (Fengfu) may puncture the medulla oblongata, causing headache, nausea, vomiting, sudden slowing of respiration or disorientation, followed by convulsions, paralysis or coma. Needling too deep between the thoracic vertebrae may cause lightning pain below the needling level or in the extremities.

Lungs

If the needle is inserted deeply may cause a pneumothorax. Can occur immediately or after a period of time. Urgent medical attention must be sought.

4.8 Possible Risks

- Bruising: This can often occur, especially if the patient is on anti-coagulants.
- Sickness: This can be mild either during or after treatment. If severe the treatment will be stopped. The cause of sickness can be due to the body producing its own analgesic hormones. Further treatments may be continued with fewer needles and for a reduced time.
- Dizziness/Fainting: This is very rare, happening usually during the treatment. Stopping the treatment reverses the symptoms and future treatments are commenced with fewer needles over less time.
- Drowsiness/Fatigue: The patient may feel sleepy or tired during or after treatment. This should not affect their ability to drive or operate machinery. If this is a problem they may need a few hours rest in the department. The need for further treatments would be reassessed.
- Increased Pain: It is not unusual for patients to experience an increase in their pain either during or subsequently after treatment. This can be a positive sign but if levels continue to increase the treatment will be discontinued. A review appointment with the doctor will be given.
- Pneumothorax: All treatments to the thoracic area will be given with caution.
- Allergies/Infections: Rare occurrences

4.9 Complications

The following complications may occur:

- Infection
- Stuck needle
- Broken needle
- Bent needle

4.10 Procedure

- The patient should be given a detailed explanation and information sheet.
- Informed consent must be obtained and recorded in the notes.
- The needle length must be chosen as appropriate for the anatomical point to which it is to be inserted.
- The number of needles used should be counted and recorded in the patient notes.
- Needles should be counted before treatment and after they are removed.
- The needles will remain in situ for 10-30 mins. The therapist must be mindful of treatment time and use a timer.
- If there is bleeding from the site a dressing should be applied.
- All acupuncture points used should be recorded.

- All adverse reactions must be recorded.
- If the patient feels drowsy they should be asked to remain seated until fully recovered.

5. Safety and Hygiene

5.1.1 Location

- Clean and private with hand washing facilities (warm and cold water). Alcohol gel can be used after washing.
- In the community, a risk assessment should be conducted prior to treatment, with particular regard to suitable clean treatment area, positioning of the patient and therapist, presence of pets or children.

For the treatment itself, the following procedure should be followed:

- Staff must be bare below the elbows (hand hygiene best practice guidance).
- Hands and nails clean, washed before inserting and withdrawing needles (in accordance with hand hygiene guidance).
- Cuts or breaks in skin covered with waterproof dressing.
- If indicated disposable, non-latex gloves to be worn.
- Therapists should avoid giving acupuncture if suffering from an infectious notifiable disease.
- Always use sterile disposable needles.
- Check the patient's skin before and after treatment paying particular attention to the needle sites. Sites should be clean, free from cuts or wounds.
- Position the patient to allow for their maximum comfort and safety Monitor the patient throughout the treatment session.
- Dispose of all needles into a sharps box immediately after withdrawing them
- Follow sharps policy at all times.
- Therapists should avoid providing acupuncture where the patient is known to be suffering from a blood borne virus.
- It is recommended that staff should seek hepatitis B vaccination.
- It is recommended that in the clinic setting a fresh cover to the plinth or treatment table should be used for each patient.

5.2.1 Needles

All Physiotherapists undertaking acupuncture must be familiar with the Trust policies relating to safe practices with sharps and action to be taken in the event of an injury.

- Disposable single pre-sterilised needles must be used and opened in the presence of the patient.
- Needles should not be passed directly from hand to hand and handling should be kept to a minimum.

- Use a new needle for every acupuncture point.
- Needles should be counted in and out and points used documented in the patient's notes/acupuncture treatment record.
- Needles should carry C/E mark and be used well within "use by date". Out of date needles should be disposed into a sharps' bin, removing packaging first.
- Ensure that the shaft of needle remains sterile at all times
- Never re-sheath a needle.
- Do not use bent needles for treatment. Discard into sharps bin.
- Where needles are transported, they should be removed from cars overnight and stored securely and out of sight during the day.
- Sharps boxes should conform to UN3291 and BS7320 standards.
- Containers in public areas or in patients' homes must be located in a safe position and must not be placed on the floor and out of reach of children.
- During transportation, the sharps bin should be closed almost to the point of locking to avoid spillage.
- All equipment should be transported/stored in a lidded plastic container.
- Needles should always be disposed of using a sharps' bin. Needles must not be bent or broken before disposing.
- Don't overfill sharps' boxes beyond the $\frac{3}{4}$ full line.
- Gloves must be worn for the removal of needles if indicated.

5.3 Blood Spillage – deal with as per infection control policy procedures

5.4 After Treatment

For safety reasons, the following process should be followed:

- Patients must be allowed 5-10 minutes to rest and recover safely after treatment.
- Clinicians must remain in the same room as the patient throughout the session, or ensure that there is a member of staff in the room to supervise at all times.
- In the event of an inoculation injury, the physiotherapist must refer to the Trust Policy.
- If a needle breaks in situ, the point of entry should be circled and medical help sought immediately.
- If your patient says that they feel any or all of the following; faint, drowsy or nauseous remove and count all the needles. If the patient's symptoms persist seek additional medical assistance as appropriate.

5.5 Dealing with Complications

5.5.1 Stuck Needle (methods of releasing)

- Reassure the patient
- Remove all other needles
- Additional needling around stuck needle to reduce spasm
- Massage around needle with care

- Stimulate contralateral point (if not needed) and then attempt gentle removal
- Massage another area of the limb to distract the patient
- Document in the patient's notes and treat as an incident to be reported

5.5.2 Broken Needle

- Reassure the patient and if needle is broken above the skin, remove the remainder of the needle

If unable to remove needle or needle broken beneath the skin:

- Reassure the patient
- Ensure the patient remains still
- Mark the area
- Document the incident in the patient notes and treat as an incident to be reported in compliance with Incident Management Policy and Procedure
- Accompany patient to A & E, if possible
- Contact the CSP for advice
- Contact the patient's GP and inform
- Contact the needle supplier with details of the type, batch number, purchase
- Contact AACP (if a member) for support
- Contact Infection Control nurse

5.5.3 Fainting

During acupuncture treatment, the patient may feel faint. The needling procedure and the sensations it may cause should therefore be carefully explained before treatment.

- A first treatment should always be given with the patient comfortably supported in a lying position.
- Symptoms of impending faintness include feeling unwell, a sensation of giddiness, the room moving or a feeling of weakness.
- If warning signs appear, remove the needles immediately and lay the patient flat with legs raised. Keep the patient under observation until recovered. If symptoms persist, medical assistance will be necessary.
- Particular care should be taken when needling points which may cause hypotension e.g. Liv 3, LI 4 and strong points such as GB 20, LI 11 and ST 36.

5.6 Needle Stick Injury follow Trust policy and procedure

6. Documentation

- All staff are responsible for maintaining their own patient records and for communicating with other Healthcare Professionals.
- Documentation should include:

- Evidence of referral
- Consent form
- Plan discussed with patient/client
- Details of treatment, either paper or electronic.
- Efficacy of the treatment

6.1 Record Keeping – see table below for guidance

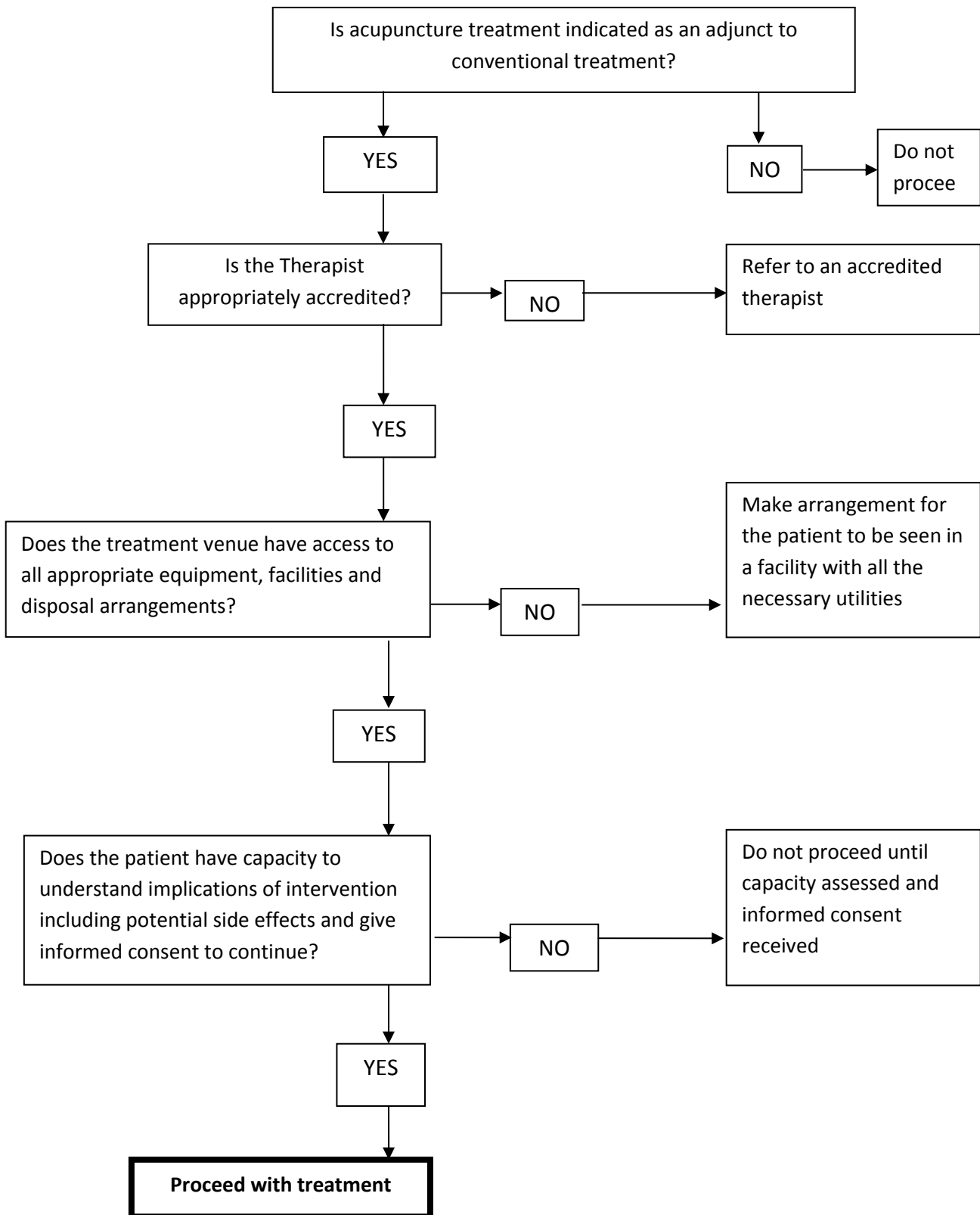
Document	Rationale
Pain site to be treated	Specific information, as some patients have more than one pain site.
Patient risk assessment.	To establish patient's suitability for treatment, in a clinical situation, or at home.
Consent	Determines compliance to treatment.
Diagnosis/Medical history	Provides specific information.
Needle site	For continuity of treatment.
Length of treatment	For continuity of treatment.
Adverse reactions	Type and kind of reaction and interventions to rectify the situation. Indication as to future suitability for Acupuncture.
Patient response	Measures health gains i.e. pain, sleep and quality of life.
Follow up regime	Establishes regular feedback on treatment outcomes.

6.2 Process

Document	Rationale
Explain the purpose and use of acupuncture. Provide written information, as explained on consent form.	To alleviate anxieties and enhance co-operation.
At initial consultation obtain written consent	To promote patient involvement and compliance.
Assist the patient into the correct position and expose the area for treatment	To ensure privacy, dignity and safe and effective treatment to occur.
Decontaminate hands in line with the policy	To reduce the risk of cross infection.
Choose needles, (sterile, single use needles only) and select acupuncture sites.	To ensure maximum potential effect and appropriate use of equipment.
Select mode of stimulation as appropriate. Leave needles in situ for appropriate length of time.	To maximise the effectiveness of treatment, and modify as necessary.
Remove the needles and dispose of safely, in line with the policy on Safe Handling and Disposal of	Maintains a safe environment for the patient and practitioner. Ensures all needles are removed and

Document	Rationale
Sharps	disposed of safely. In the event of a needle stick injury action should be taken in line with the policy currently in use.
Check puncture sites for bleeding/bruising. Dispose of swab appropriately	Identifies capillary damage and reduces possible bruising.
Decontaminate hands	To reduce the risk of cross infection.
Blood donors or prospective blood donors	May not be able to donate blood for up to 6 months following treatment, dependent on local blood transfusion policies. Provide blood donor certificates if practitioner has been issued with documentation as part of training.

Flowchart for Clinical Reasoning (document in clinical record)



Acupuncture Patient Information

Please read this information carefully, and if there is anything you do not understand ask your therapist.

What is acupuncture? Acupuncture is a form of therapy where fine single use needles are inserted into the body at specific points.

Why are we using acupuncture? Acupuncture is mainly used for pain relief. If your physiotherapist is using it for other reasons this will explained to you.

How does acupuncture work? There are two main models that explain how acupuncture works – the Western Medical Model, and the Traditional Chinese Model. Your therapist can explain these further.

Is acupuncture safe? Acupuncture is generally very safe. Serious side effects are rare, less than one per 10,000 treatments. This clinic only uses single use disposable needles.

Does acupuncture have side effects? You need to be aware that the following may occur during the session or later that day:

- Drowsiness may occur in a small number of patients after treatment. If you are affected you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain occurs during treatment in about 1% of treatments.
- Existing symptoms may get worse after the treatment (less than 3% of patients). This is usually a good sign, but tell your acupuncturist.
- Fainting can occur in certain patients, particularly at the first treatment.
- In addition if there are any specific risks in your case the practitioner will discuss these with you.

Is there anything your practitioner needs to know? Please tell the practitioner if any of the following applies to you:

- You have epilepsy, or have ever had a fit, faint or funny turn.
- You take medication to thin your blood (anti-coagulants), e.g. warfarin.
- You have problems with your heart, or have a pacemaker.
- You are allergic to metal.
- You have diabetes.
- You have any history of cancer or problems with your immune system.
- You have a phobia of needles.
- You have haemophilia.
- You feel fatigued or hungry.
- Is there any chance that you could be pregnant?
- You have consumed alcohol (you should not consume alcohol on the day of treatment).

- You have eaten a heavy meal prior to treatment. You are advised to only have a light meal.
- You are advised not to have a hot bath up to 4 hours prior to treatment or after. Treatment can be refused at any time, if you don't wish to proceed please tell your practitioner.

Your first appointment will be to complete an assessment and determine a plan.

AACP Acupuncture Informed consent checklist:

Name of Patient Date of birth.....

Explanation	Checked		Action
	yes	no	
Rationale of treatment explained to patient	yes	no	
Treatment procedure of needle insertion explained to patient	yes	no	
Stimulation of needle explained to patient	yes	no	
Warned of possible complications (allergy stuck/broken needle, infection, bruising/bleeding, exacerbation of symptoms initially, side effects)	yes	no	
Warned not to drive	yes	no	
Patient has eaten heavy meal prior to treatment (up to 2 hours before) <i>Rearrange/ do not proceed</i>	yes	no	
Uncooperative patient <i>Rearrange/ do not proceed</i>	yes	no	
Under the influence of alcohol <i>Rearrange/ do not proceed</i>	yes	no	
Has used substances <i>Rearrange/ do not proceed</i>	yes	no	
Contraindications <i>Do not proceed. Document clinical reasoning.</i>	yes	no	
Precautions <i>Document clinical reasoning. Consider medical approval</i>	yes	no	
Consent			
Patient is able to give informed consent	yes	no	
Information leaflet given to patients	yes	no	
Consent form completed by patient	yes	no	
Blood Donor <i>Provide advice</i>	yes	no	
History			
Had acupuncture before	yes	no	
If yes, did they have an adverse reaction <i>If yes do not proceed. Consider medical approval</i>	yes	no	
Any known allergies (especially metal) <i>Do not proceed. Document clinical reasoning.</i>	yes	no	

Therapists signature..... Date.....

Auricular Acupuncture

1. Introduction

Auricular (ear) acupuncture is a specialised complementary therapy that enables the body to restore its natural energy balance and improve general well-being. The aim of auricular acupuncture as a treatment method is to reduce stress and anxiety and help alleviate the sensations of withdrawal and craving; this is done through the insertion of small needles in specific points on the outer ear. Auricular acupuncture is most often used in the treatment of Substance Misuse.

It uses disposable acupuncture needles into five acupuncture points in the ear. Within Substance Misuse this principal is stipulated by the National Acupuncture Detoxification Association (NADA) for the prevention and treatment of substance misuse.

Benefits of treatment are decreased intensity of withdrawal symptoms including, headaches, body aches, sweat, sleep disturbances, tremors, anxiety and depression, decreased anger, and reduced cravings for alcohol and other substances.

The treatment can increase clients motivation to change and support relaxation and help relieve stress which is often a major cause of relapse in substance misuse.

Regular attendance and the immediate positive benefits clients receive from it can promote engagement with services and strengthen the accompanied behavioural change work.

2. Method

The treatment involves inserting five small fine gauge, sterilized, one-time use stainless steel needles under the skin, to a depth of around 3mm into each ear after which the patient relaxes for 40 minutes. No electrical stimulation is used.

The combined application of auricular acupuncture with counselling, support and education, and self-help groups enhances opportunities for success in detoxification relapse and long-term recovery, with higher retention and completion rates in programmes bringing improved outcomes.

3. Organisational Accountability

All practitioners should be suitably qualified and appropriately affiliated to a recognised association, which may include S.M.A.R.T (Substance Misuse Addiction Acupuncture Register and Training) N.A.D.A (National Acupuncture Detoxification Association) and B.M.A.S (British Medical Acupuncture Society), Acupuncture Association of Chartered Physiotherapists. Within Substance Misuse Services it is required that practitioners have completed training with N.A.D.A or S.M.A.R.T and

have been assessed by them as competent. Assessment of competence should be renewed yearly. Managers should check the certificates which evidence this.

4. Informed consent to procedure

All clients prior to the procedure starting will have been assessed for their suitability and exclusions identified (as detailed within the respective NADA guidelines). The nature of the procedure discussed as well as any contra indications that may apply.

Written consent must be obtained.

5. Clinical Area

Auricular acupuncture will be undertaken in a designated clinical area

In some situations e.g. substance misuse services auricular acupuncture is delivered within group settings. It is recommended to be delivered by a minimum of one practitioner to a maximum of ten clients. It is at the practitioner's discretion to decide the number of clients who can be treated in any individual session up to the maximum.

6. Intended Users / Scope of the policy

All practitioners will practice within their respective skills and competencies, in association with guidelines and within the boundaries of recognised "safe practice" as identified by their respective organisational and professional policies and procedures.

Auricular acupuncture will be offered to clients that meet the following inclusion criteria:

- Receiving other services
- Aged 18 or above

Clients will not be able to access auricular acupuncture if they meet one of the following exclusion criteria:

- Haemophiliacs.
- Under 18's.
- Epilepsy
- Under the influence of alcohol.
- Has used a substance.

Particular care will be taken if the client falls into any of the following groups:

- Clients with sensory impairments – individuals with hearing aids will be asked to remove them so that the acupuncture points can be accessed.
- Clients with distorted ear anatomy e.g. due to injury or congenital anomaly.
- Reduced points will be used in pregnancy.

7. Risk Assessment of Clinical Space

- Ensure easy access to hand washing facilities (sink in room).
- Fixed floor surface, no rugs, mats or trip hazards.
- Chairs used for acupuncture must be not of soft fabric to prevent.
- acupuncture needles becoming logged or misplace.
- Room well lit for insertion of needles.
- Adequate heating and ventilation.
- Fire doors kept clear.
- No food drink, cups, cans etc on floor.
- Only use approved biohazard sharps bins and clinical waste bags.
- Sharps bin stored in safe place.
- Keep all work areas clean.

8. Equipment

- Approved Biohazard Sharps bin & waste bags
- Disposable Sterile Needles. *
- Cotton wool ball gauze.
- Non – alcohol wipes.
- Anti-bacterial hand cleanser.
- Disposable latex/nitrile Gloves.
- Disposable aprons.
- Magnet Stick (for picking up needles).
- Blood Spillage pack.
- All equipment to be kept locked away when not in use.

**NADA-UK recommends the use of 32" gauge 0.25mm silver handled needles.*

9. Clinical Practice

- Ensure hands are washed as per infection prevention and control policy.
- Cover with band aid/plaster any open cuts or sores on hands.
- Fingernails must be clean and cut short and staff must be bare below the elbow.
- Hair tied/clipped back.
- Footwear – full covered low heeled for safety.

10. Use of Gloves

- Glove use within the treatment e.g. during manipulation of the needles etc.is based on staff clinical reasoning and training.
- Gloves to be worn for the removal of needles.
- Gloves to be used when cleaning blood in circumstances when client cannot do so themselves.
- If the client has a blood borne virus gloves must be worn at all times.

11. The insertion of Acupuncture Needles

- If working independently hold needles in non-needling hand open package, touching only the handle of the needle. If shaft is touched accidentally it must not be used.
- Do not give clients needles to hold, client however can hold the packet but should not have direct contact with the needles.
- Do not leave needles around treatment area. Keep in designated equipment area only.
- Do not use the same needle twice.
- Dispose of any opened and unused needles after every session.
- Record number of needles used per client and ensure verification of all needles discarded into biohazard sharps bin.
- Approach the client quietly and slowly, explain the procedure to them if it is their first treatment and it has not been explained before.
- Explain to client that they must not touch anyone else's needles except their own and that they must not take out their own needles; give them an impervious container for any needles that might fall out. Let them know that only practitioners take out the needles.
- Let them know that they can choose how many needles they want in their ears and that they can discontinue the treatment at any time they wish.
- Allow clients to clean their own ears with a non-alcohol cleansing wipe.
- Position yourself to the side and front of client to ensure that you are not positioning yourself inappropriately.
- Acupuncturists should adhere to protocol for insertion of needles of up to five needles in each ear. Sympathetic, Shen men, Kidney, Liver and Lung points (upper in one ear. lower in other).
- Assist clients in breathing method to reduce pain by breathing in and on the out breath inserting the needle. Try not to insert needle when client is breathing in, as this can cause slight pain for the client.
- Once needles are in place clients should remain seated during treatment. Encourage them to place their feet on the ground with legs and arms uncrossed to enhance the relaxation process.
- Allow clients to sit quietly for up to 40 minutes, relaxing. Some clients may have difficulty initially with forty minutes. Use your discretion and allow clients to sit for shorter periods, and then build up to longer periods.
- **Practitioners must remain in the clinical area throughout the session, as some clients may become faint or nauseous and may need assistance, which could entail the removal of needles.**

12. Removal and Disposal of Needles

- During the removal of needles gloves must be worn at all times if slight blood loss occurs practitioners do not clean blood from clients' ears.

- Practitioners give clients cotton wool ball gauze to press on their ears after needles are removed – effectively cleaning their own blood. Placing soiled clinical waste into clinical waste bag.
- If a client is unable to clean their own ears/blood, gloves must be worn by practitioner before cleaning the blood from the ear. Soiled waste and gloves then disposed of in clinical waste bag.
- Needles are removed from the bottom upwards.
- Using only one hand to remove needles one at a time, reducing the risk of needle stick injury to the practitioner, and placing them in the sharps container counting them to ensure that the correct amount of needles have been retrieved.
- If there is a missing needle the practitioner should use the magnet to search for missing needles, once found this should be placed in the sharps container.
- In some cases needles fall down into clothing and undergarments. Clients then have to search their clothing either behind a screen or in a toilet or other private area until the needle is found and placed into sharps bin.
- If in the unusual circumstance that a needle cannot be found a report has to be made to the Senior Manager and the incident recorded using the electronic reporting system.
- Decontaminate hands.
- At the end each session, the practitioner is responsible for ensuring the area is left safe and free from any hazards.

13. Record Keeping

All employees must maintain confidential treatment records in line with Lifecycle of Clinical and Corporate Records Policy, specific acupuncture records should also include the following:-

- date
- treatments given
- which points were used
- any adverse reaction
- the recording of counting in and out of needles
- consent form

Documentation will be used to ensure that all potential clients fully understand the process and agree to treatment.

Consent forms and documentation may differ dependent on area of practice/training however principles and key precautions/contraindications will be consistent for all practitioners.

14. Fire Alarms or Other Emergencies

In the event of a fire alarm ringing, or other emergency situations, calmly remove all needles, place in biohazard sharps bin, leave the treatment room and proceed in line with organisation's Fire Policy.

15. References

NADA – UK clinical guidelines – 2010

NICE – Drug misuse and dependency guidelines - 2007

REIKI: GUIDANCE

Reiki" (ray-key) is Japanese for 'universal life energy', a term used to describe a natural system to help bring about an improved sense of wellbeing and a positive feeling of spiritual renewal. This tradition was founded by Dr Mikao Usui in the early 20th century and evolved as a result of his research, experience and dedication. It is a tradition that is open to any belief system and benefits may include deep relaxation and the promotion of a calm peaceful sense of wellbeing. The method of receiving a Reiki treatment from a practitioner is simple. The recipient remains clothed and comfortably lies on a couch or sits on a chair. The practitioner gently places their hands non-intrusively, on or near the body using their intuition and training as a guide. There is no massage or manipulation. Reiki can be used on the person as a whole, or on specific parts of the body. It is also possible to receive Reiki at a distance.

Reiki is taught by Reiki Master/Teachers, who have trained in the tradition passed on, in person, from Master to student. Students go through a process of initiation/attunement to the Reiki energy. They are then able to treat themselves and others, not only from a personal and emotional perspective, but also as an aid to individual development and spiritual growth.

Is specialist training required? Yes, qualified practitioners will have undertaken all the necessary training to understand the theory and practice of Reiki. Reiki practitioners registered with the CNHC are properly trained, qualified and insured (check this by searching the register at www.cnhc.org.uk). To ensure safe and effective practice in RDaSH, the practitioner must be CNHC registered, and work in line with CNHC standards.

ASSESSMENT & DOCUMENTATION Before including Reiki in the patient's care plan, the patient will be first considered for referral, suitability and appropriateness by a registered nurse/ health professional/ or Doctor (this will occur as part of MDT person-centred assessment and care planning procedures). Discussion with the patient and their relative/ carer is usually an integral part of this process. Further assessment for suitability will be carried out by the qualified Reiki practitioner in line with their professional standards, gaining any necessary consents. Assessment information and documentation related to each treatment should be recorded by the practitioner in the existing patient's records, in line with record keeping standards. *It is recommended that services use a pro-forma suitable for their setting and client group to record relevant clinical details related to the assessment and delivery of the therapy – this will also provide a place to record consent (an example of this is included – see pages 48- 50).*

ACCOUNTABILITY Each practitioner is accountable for their own practice and limitations. Each practitioner must adhere to their professional and codes of conduct and scope of practice. Each practitioner should aim for their treatments to be of the highest standard, with regard to research based practice where possible.

CONSENT ISSUES Individual patients must be fully informed about the nature of the therapy and its effects, including any side effects, and have realistic expectations of its benefits. The consent of the patient must be gained and documented.

Where the patient is **unable** to give valid consent, consultation with the Responsible Medical Officer (RMO), multi-disciplinary team (MDT), relatives, carers, patients advocate and other agencies should take place wherever necessary, in line with the Mental Capacity Act 2005. The decision to consult, together with the rationale and outcome, must be clearly documented in the individual patient's records

REFLEXOLOGY: GUIDANCE

Reflexology is a complementary therapy based on the belief that there are reflex areas in the feet and hands which are believed to correspond to all organs and parts of the body. Some practitioners may also include work on points found in the face and ears. Reflexology works on an individual basis and may alleviate and improve symptoms such as everyday stress and tension. During a typical reflexology session the reflexologist will take a detailed medical history. Sessions are usually performed in a comfortable chair or couch. If it is to be performed on the feet, the client will be asked to remove footwear and socks but other forms of reflexology require no removal of clothing. The practitioner will make a visual and tactile examination of the area to be worked before beginning the precise reflexology massage movements. The particular types of movements involved require the application of an appropriate pressure using the thumb and fingers. Reflexology can be a wonderfully relaxing experience and has been found to help improve mood, aid sleep and relieve tension.

Is specialist training required? Yes, qualified practitioners will have undertaken all the necessary training to understand the theory and practice of Reflexology. Reflexologists registered with the CNHC are properly trained, qualified and insured (check this by searching the register at www.cnhc.org.uk). To support safe and effective practice in RDaSH, the practitioner must be CNHC registered.

ASSESSMENT & DOCUMENTATION

Before including Reflexology in the patient's care plan, the patient will be first considered for referral, suitability and appropriateness by a registered nurse/ health professional/ or Doctor (this will occur as part of MDT person-centred assessment and care planning procedures). Discussion with the patient and their relative/ carer is usually an integral part of this process. Full assessment for suitability will be carried out by the qualified Reflexologist in line with their professional standards, gaining any necessary consents. Assessment information and documentation related to each treatment should be recorded by the practitioner in the existing patient's records, in line with record keeping standards. *It is recommended that services use a pro-forma suitable for their setting and client group to record relevant clinical details related to the assessment and delivery of the therapy – this will also provide a place to record consent (an example of this is included below on page 47).*

ACCOUNTABILITY

Each practitioner is accountable for their own practice and limitations. Each practitioner must adhere to their professional and codes of conduct and scope of practice. Each practitioner should aim for their treatments to be of the highest standard, with regard to research based practice where possible.

CONSENT ISSUES

Individual patients must be fully informed about the nature of the therapy and its effects, including any side effects, and have realistic expectations of its benefits. The

consent of the patient must be gained and documented. Where the patient is **unable** to give valid consent, consultation with the Responsible Medical Officer (RMO), multi-disciplinary team (MDT), relatives, carers, patients advocate and other agencies should take place wherever necessary, in line with the Mental Capacity Act 2005. The decision to consult, together with the rationale and outcome, must be clearly documented in the individual patient's record.

DOCUMENTATION EXAMPLES



**DONCASTER COMMUNITY HEALTH CARE
ST JOHN'S HOSPICE
DAY CARE/IPU/HOSPICE AT HOME/CANCER INFORMATION AND SUPPORT
SERVICE**

Service User Assessment and Record (Non-Invasive Complementary Therapy)

Name		Ward/Department	
Hospital/NHS Number		Address/Tel	
D.O.B.			
Patient <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>			
Ethnicity	Religion	Marital Status	
Diagnosis			
Is patient aware of diagnosis Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medical Condition/Medication			
Allergies – (drugs, wheat, nuts, pollen etc)			
GP Address and Telephone Number			

Next of Kin**Chosen Therapy****Contraindications Checked****Current Stress Scale**

0=Low 10=High

Prior to Treatment

After Treatment

1.

Yes

No

2.

Yes

No

3.

Yes

No

4.

Yes

No

5.

Yes

No

6.

Yes

No

Current Assessment for (identify which Therapy)**Skin Type**

Normal

Oily

Dry

Mature

Sensitive

Thin

Hirsute

Other

Posture**Circulation****Respiratory System****Smoking/Drinking****Back Problems****Muscular Problems****Joint Problems****Migraines/Headaches****Digestion/Excretory System****Sleep Pattern****Lifestyle****Work/Occupation/Activity Stresses in the past two years****Home Stresses****Diet****Exercise/Activity/Interests**

Methods of Relaxation/Coping	
Recent Operations	
Diabetes	
DVTs	
Aneurysms	
Joint and Spinal	
Skin Disorders	
Cardiac Problems	
Service User Expectations of Chosen Therapy	
Medium Used	Frequency of Treatment
Letter Received from GP Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Note whilst support of GP is helpful it is not obligatory and responsibility/ accountability for safety, suitability and delivery of the therapy lies with the registered practitioner/ therapist</i>	Leaflet Given to Patient Yes <input type="checkbox"/> No <input type="checkbox"/> Verbal Explanation of Therapy Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed by Therapist	Date
I hereby give my consent to receive complementary therapy as detailed above Signature or Patient/Carer	Date