

TRUST POLICY FOR COMPLEMENTARY THERAPY

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	1	Review	January 2015	Review and update
	2	Review	March 2018	Extending 1 year due to potential DTH / BH merger. Only professional bodies details required updates.
	3	Policy re-write	Jim Murray	Combination of both predecessor Trust policies into a UHDB policy
Intended Recipients: All clinical staff				
Training and Dissemination: Via the Intranet				
<p>To be read in conjunction with:</p> <p>Trust Medicines Code</p> <p>Trust Infection Control Manual</p> <p>Trust Policy and Procedures for the Management of Medical Devices RKM/2008/026</p> <p>Trust Policy and Procedures for the Competency and Training Requirements Connected with Medical devices RKM/2008/011</p> <p>Trust Policy and Procedures for Expansion of the Scope of Professional Practice CL-RM/2009/023</p> <p>Trust Policy and Procedures for Implementing Changes in Clinical Practice CL-RM/200/014</p> <p>Consent to treatment</p> <p>Inoculation / Sharps Injury Policy Waste Management</p>				

Local Protocol for Insertion & Removal of Acupuncture Needles	
Use of Aromatherapy Oils/ Reflexology in Pregnancy and Labour	
In consultation with and Date: Clinical Effectiveness Committee	
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Contact for Review	Director of Nursing
Executive Lead Signature	Executive Chief Nurse

COMPLEMENTARY THERAPY POLICY CONTENTS

Paragraph Number	Subject	Page Number
1	Introduction	1
2	Definition of Complementary Therapy	2
3	Aims of Policy	2
4	Professional Issues	3
5	Vicarious Liability	3
6	Acupuncture	4
7	Aromatherapy	5
8	Reflexology	6
9	Homeopathy	7
10	Reiki	8
11	References	8
Appendix A	Contact details	9
Appendix B	Acupuncture Staffing Procedure	13
Appendix C	Protocol for insertion & removal of acupuncture needles	14

COMPLEMENTARY THERAPY POLICY

The complementary therapies to be covered in the policy are:

- Acupuncture
- Aromatherapy
- Homeopathy
- Reflexology
- Reiki

Whilst it is recognised that there are other complementary therapies, which exist and may need to be covered by this policy in the future, the above are currently practised within the Trust.

POLICY STATEMENT

To provide a framework for the safe and effective delivery of complementary therapies to clients at UHDB.

1. INTRODUCTION

- 1.1 Complementary therapies are increasingly being used within healthcare across Europe and America.
- 1.2 The Foundation for Integrated Medicine Report, 1997. "Integrated Healthcare: A Way Forward For The Next Five Years" suggested figures for the use of complementary therapies have been steadily growing.
- 1.3 House of Lords - Select Committee on Science and Technology., 2000 - 6th report "Complementary and Alternative Medicine" has also given rising figures for the use of complementary therapies in the UK and the USA.
- 1.4 Patients are increasingly using complementary therapies for their health. Health care practitioners recognize the need to meet these demands by incorporating such therapies within patient care. In 1999 the Department of Health commissioned a study of the professional organisations of Complementary Therapy bodies in the UK. The results suggest there are approximately 50,000 practitioners in the UK, 10,000 registered health professionals who use complementary therapies within their practice.
(Mills S., Budd.S, 2000)
- 1.5 Reports from House of Lords, Department of Health and Foundation for Integrated Medicine have all promoted the development and safe delivery of integrated healthcare and produced recommendations (House of Lords, 2000).
- 1.6 It is with regard to these recommendations and clinical risk management that this complementary therapies policy has been produced. The policy covers training,

regulation, clinical practice and information. Research into complementary therapies is a developing area of importance. Whilst funding, resources and methodological issues continue, there are many valid and reliable studies in support of a number of the complementary therapies. It is the practitioner's responsibility to keep up to date with current research and evaluate their practice according to the evidence available.

- 1.7 The NICE Guidance for Adults with Cancer states “11.13 Provider organisations should ensure patients have access to high quality information about complementary therapy services and where they can be obtained.” and “11.14 Provider organisations should ensure patients have access to a knowledgeable individual with whom they can discuss complementary therapies.”
- 1.8 The Draft Complementary Therapy Measures for the Manual for Cancer Services which is an integral part of the NHS Cancer Plan, Cancer Reform Strategy and modernisation of cancer services, has been referred to for required standards updated in this policy

2. DEFINITION OF COMPLEMENTARY THERAPY

- 2.1 Complementary Therapy is a term used to cover a treatment other than those used in conventional medicine, which complements or supplements a planned programme of care.
- 2.2 A Complementary Practitioner is someone who has undertaken recognised training in a named therapy and has achieved a qualification in that therapy.
- 2.3 For the purposes of this document Complementary Therapy will relate to Acupuncture, Aromatherapy, Homeopathy, Reflexology and Reiki.

3. AIM

- 3.1 This policy aims to provide, so far as is reasonably practicable, safe practice conditions to each employee and client with regards to Complementary Therapy practice.
- 3.2 To standardise the process of delivering Complementary Therapy at University Hospitals of Derby and Burton NHS Trust
- 3.3 Ensure compliance with recommendations from the Council for the Regulation of Healthcare Professionals and all existing professional self-regulatory bodies.
- 3.4 To ensure patient safety in the case of an emergency through the provision of adequate staffing at all times when patients are undergoing complementary therapy. (See Department Procedure – Appendix 1.)

4. PROFESSIONAL ISSUES

- 4.1** Only those practitioners who are covered by their Scope of Professional Practice, (Code of Professional Conduct) and have completed a recognised education programme and been assessed as being competent by that body may carry out complementary therapies within the Trust. They will use the title of their primary profession and abide by its Code of Practice/Rules of Professional conduct.
- 4.2** To practice competently you must possess the knowledge skills and abilities required for lawful, safe and effective practice without direct supervision. You must acknowledge the limits of your professional competence and only undertake practice and accept responsibilities for those activities in which you are competent.
- 4.3** A register of professional practitioners carrying out complementary therapies in the Trust will be kept and provided to the cancer network for those treating cancer patients. It will be reviewed and updated annually. Admission to the register will be by production of a recognised qualification and demonstration of professional registration and re-registration
- 4.4** It will be the responsibility for the head of each profession within the trust to maintain their own professional register of complementary therapists.
- 4.5** The complementary and natural healthcare council (CNHC) is the UK regulator for complementary healthcare practitioners and was set up by the government to enhance public protection by providing a list of practitioners that had been assessed against national standards of competency and practice. Many professional bodies are affiliated to this council and regulate practitioners on its behalf. The Reiki council is an example of this.

5. VICARIOUS LIABILITY

- 5.1** The employer is only responsible if all due processes are followed and the individual is adequately trained, and not negligent in undertaking a specific duty.

You are personally accountable for your own actions, and may not be protected from the due process of law if your actions are inappropriate.

Practitioners should be aware that they should always act within their professional limitations

- 5.2** Professional assessment of the client will decide the clients' suitability for Complementary Therapy.
- 5.3** Complementary Therapies will only be offered where they are in the best interests of the client.
- 5.4.** Clients must be fully informed about the nature of the therapy, given written information in line with the DH Complementary Therapy Measures, notified about

possible alternatives and its effects, including any side effects and have realistic expectations of its benefits. The informed consent of the client, or in the case of young children, of the parent or guardian, must be gained and documented (see APPENDIX D) showing they have received and understood at least the information and then agreed to the therapy. Records of treatment must be kept and the Trust's Consent policy must be followed.

- 5.5 Where treatment is to be continued by the client or another member of staff, (i.e. aromatherapy and/or basic massage) it must be carried out as directed. The treatment plan will be documented and written instructions will be available and the treatment must not be changed except within the express agreement of the qualified practitioner. However, if the client's symptoms have changed and there is any concern, treatment should not be given and further advice sought.
- 5.6 Confidentiality of information must be maintained. All practitioners are subject to the Trusts Confidentiality Policy.

6. **ACUPUNCTURE**

6.1 Acupuncture is a system of healing which has been practiced in China and other Eastern countries for thousands of years. In traditional Chinese medicine acupuncture restores the balance to the energy systems in the body. Acupuncture is performed by the insertion of fine needles into acupuncture points. There are various types of acupuncture including deep needling, superficial needling, trigger point needling, cupping, electro-acupuncture and acupressure. Moxibustion is not permitted in the Trust for fire safety reasons.

6.2 It is used for a wide range of physical and psychological conditions as well as pain relief, and may encourage the client's body to heal and repair itself.

6.3 Research has shown acupuncture stimulates the neural pathways and produces endorphin and serotonin which are the body's natural pain killers. It also stimulates and enhances the body's natural healing process.

6.4 Modern research shows that acupuncture can affect most of the body's systems, nervous systems, muscle tone, hormone outputs, circulation, antibody production and allergic responses, as well as respiratory, digestive, urinary and reproductive systems

6.5 ***Qualifications Recognised to Practice within the Trust Medical Staff***

A doctor who has undertaken a training course recognised by and who is a member of BMAS, British Medical Acupuncture Society.

Physiotherapists

A physiotherapist who has undertaken a training course recognised by and is a member of the Acupuncture Association of Chartered Physiotherapists (AACP) and complies with safe practice guidelines for acupuncture Physiotherapists.

Nursing and Midwifery Staff

A nurse/midwife who has undertaken a training course recognised by the Trust. and complies with Nursing and Midwifery Council (2008) Standards of conduct, performance and ethics for nurses and midwives

Acupuncturist

Acupuncturist are fully trained in traditional Chinese medicine, and are registered with and regulated by the one of the listed professional bodies in Appendix A.

6.6 Safety Guidelines

White (2001)

“The risk of adverse events, both minor and major following acupuncture can be classified as minimal”.

All practitioners must adhere to the guidelines of safe practice produced by their professional body, including contraindications and precautions.

All practitioners must comply with the Trusts current Infection Control Policy and needles should be disposed of by following the Trusts waste management policy and local needle insertion and removal protocol.

Patients will be referred for Complementary Therapies by normal referral pathways. Acupuncture is part of the normal scope of Physiotherapy practise for musculoskeletal problems and follows the normal physiotherapy referral pathway.

7. AROMATHERAPY

7.1 Aromatherapy is the controlled use of essential oils in holistic treatment to improve physical and psychological well-being. Essential oils are obtained from plants and possess distinctive therapeutic properties, which can be used according to the effect required.

7.2 It has been proven the oils can be absorbed by inhalation or through the skin. The qualified aroma therapist can prescribe the oils and the method of delivery.

7.3 *Qualifications Recognised to Practice within the Trust*

A practitioner who has undertaken a training course recognised by and who is a member of one or more of the following organisations:

- IFPA - International Federation of Professional Aromatherapists
- FHT - Federation of Holistic Therapists

7.4 *Nursing and Midwifery Staff practising aromatherapy*

A nurse/midwife who has undertaken a training course recognised by the Trust and complies with Nursing and Midwifery Council (2008) Standards of conduct, performance and ethics for nurses and midwives.

All practitioners using complementary therapies as part of their midwifery practice will refer to the NMC's position statement on complementary and alternative therapies (2006).

All midwives practising Aromatherapy will be registered and regulated by the Federation of Holistic Therapists.

Midwifery hold an additional policy specifically relating to the use of reflexology and aromatherapy in pregnancy and labour

7.5 *Safety Guidelines*

Only those oils supplied by the Trusts pharmacy can be used for treatment.

All oils should be treated as medicines and stored and handled according to current COSH regulations and NMC Guidelines for Medicines management and prescribing 2009.

All practitioners must adhere to the guidelines of safe practice produced by their professional organisation.

Patients will be referred for Complementary Therapies by normal referral pathways.

8. REFLEXOLOGY

- 8.1** Reflexology is a non-invasive treatment using massage and pressure on specific areas of the feet and hands to realign energy channels within the body to encourage self-healing.

Qualifications Recognised to Practice within the Trust

A practitioner who has undertaken a training course recognised by and who is a member of one or more of the following organisations:

BRA	-	British Reflexology Association
MAR	-	Member of the Association of Reflexologists
MBSR	-	Member of the British School of Reflexology
FHT	-	Federation of Holistic Therapists
IFR	-	International Federation of Reflexologists

8.2 *A nurse or midwife who is practising reflexology*

A nurse/midwife who has undertaken a training course recognised by the Trust And complies with Nursing and Midwifery Council (2008) Standards of conduct, performance and ethics for nurses and midwives.

All practitioners using complementary therapies as part of their midwifery practice will refer to the NMC's position statement on complementary and alternative therapies (2006).

A nurse or midwife practising reflexology will be registered and regulated by one of the professional bodies stated in section 8.1

Midwifery hold an additional policy specifically relating to the use of reflexology and aromatherapy in pregnancy and labour

8.3 *Safety Guidelines*

All practitioners must adhere to the guidelines of safe practice produced by their professional organisation.

Patients will be referred for Complementary Therapies via the established pathways in the individual speciality areas.

9. HOMEOPATHY

9.1 Homeopathy is a treatment using natural substances diluted into minute doses to stimulate the body's natural healing response, and reduce symptoms by restoring balance in the body. The medicines given are determined through a consultation, giving the medicines most suited to the individual person and their symptoms. Homeopathic medicines are mainly made from natural substances (eg plants, minerals etc) all highly diluted therefore being non-toxic.

The medicines are given in the form of sugar pills, powders or tinctures which the patient takes at home.

9.2 *Qualifications Recognised to Practice within the Trust*

A practitioner who has undertaken a training course recognised by and who is a member of one or more of the following organisations:

RSHom	-	Society of Homeopaths
ARH	-	Alliance of Registered Homeopaths
HMA	-	Homeopathic Medical Association
LFHom	-	Faculty of Homeopathy (health professionals)
MFHom	-	Faculty of Homeopathy (health professionals)

9.3 *Safety Guidelines*

All practitioners must adhere to the guidelines of safe practice produced by their professional organisation.

Patients will be referred for Complementary Therapies via the established pathways in the individual speciality areas.

10. REIKI

10.1 There are many types of healing in use at present in society. Reiki is the mostly widely used particularly for healthcare and in hospices. It is a system of healing that originates in Japan. Many types of Reiki are now practiced, the most common being the traditional Usui method. This is a holistic treatment for the physical, emotional and spiritual body and usual involves a hands on treatment working on the different energy centres along the body. Reiki utilises the body's energy system known as universal life force (known as Chi which flows in acupuncture meridians in Chinese medicine). It is a very safe non- invasive treatment which can be used for a multitude of problems both physical, emotional and mentally. In addition, it is beneficial for aiding sleep and relaxation.

10.2 *Qualifications recognised to practise within the Trust*

A Reiki practitioner should be at least 2nd degree trained to practise Reiki on others and registered and regulated by the UK Reiki Federation or the Reiki Council.

A practitioner may be specifically trained or be a Allied Healthcare Professional, nurse, midwife or practitioner of another complementary therapy. Registration be dual and linked to another complementary therapy e.g. reflexology.

10.3 Safety Guidelines

All practitioners must adhere to the guidelines of safe practice produced by their professional organisation.

Patients will be referred for Complementary Therapies via the established pathways in the individual speciality areas.

11. REFERENCES

AACP Safe practice guidelines for Acupuncture Physiotherapists 2017 v3

British Medical Acupuncture Society. July 2000.
Code of Practice and Complaints Procedure. Version 2.

UHDB NHS Trust Policies. Available on intranet.

Confidentiality

Consent

Infection Prevention and Control

policy Scope of Professional Nursing

Inoculation / sharps injury policy

Waste Management

Chartered Society of Physiotherapy. (2011). Code of Members Professionals values and behaviours.

DoH (2004). Consultation on the statutory regulation of herbal medicine and acupuncture practitioners

Eisenberg et al (1998.) Trends in alternative medicine use in the United States. 1990-1997. JAMA, 280 18 1569-1575

Ernst E. & White, A. (2000). The BBC survey of complementary medicine use in the UK. Complementary Therapies in Medicine, 8 32-36

Foundation for Integrated Medicine, (1997). Integrated Healthcare - A way forward for the next five years.

General Medical Council.(2013) .Good Medical Practice.

House of Lords – (2000) Select Committee on Science and Technology, - 6th report. "Complementary and Alternative Medicine"

Kohn, M.,(1999). Complementary Therapies in Cancer Care. Macmillan Cancer Relief

Mills ,S. and Budd ,S. (2000) . Professional organisation of complementary and alternative medicine in the United Kingdom. A second report to the Department of Health. Centre for Complementary Health Studies. University of Exeter.

Nahin, R.L. and Straus,S.E. (2001). Research into complementary and alternative medicine: problems and potential. BMJ, 322. (7279) 161-164

Nursing and Midwifery Council (NMC 2008) Standards of conduct, performance and ethics for nurses and midwives.

Nursing and Midwifery Council (1999) Complementary Therapies Position Statement

Nursing and midwifery council (2006). position statement on complementary and alternative therapies

Nursing and Midwifery Council. (2009). Medicines management and prescribing

Tavares M. (2003) National Guidelines for the use of Complementary Therapies in supportive and palliative care. Prince of Wales Foundation for Integrated Health, National Council for Hospice and Specialist Palliative Care Services.

The NHS Confederation (1997.) Research paper No 4 Complementary Medicine in the NHS managing the Issues -

The Scottish Office Department of Health (November 1996.) Complementary Medicine and the National Health Service. An Examination of Acupuncture, Homeopathy, Chiropractic and Osteopathy -

West Midlands Regional Health Authority – (May 1994) .Guidelines for Managers on the Good Practice of Complimentary Therapies

Acupuncture

Acupuncture Association of Chartered Physiotherapists
Tel: 01747 861151
www.aacp.org.uk

British Medical Acupuncture Society
Tel: 01925 730727
www.medical-acupuncture.co.uk

British Acupuncture Council (BAcC)
Tel: 02087 350400
www.acupuncture.org.uk

The British Academy of Western Medical Acupuncture (B.A.W.M.A)
Tel: 0151 343 9168
www.bawma.co.uk

Aromatherapy

Aromatherapy Council
Tel:020 82517912
www.aromatherapycouncil.org.uk

The International Federation of Aromatherapists
Tel:02085672243
www.ifaroma.org

International Society of Professional Aromatherapists
Tel: 01455 637987
www.ifparoma.org

Reflexology

The Association of Reflexologists
Tel: 01823 351010
www.aor.org.uk

International Federation of Reflexologists
info@IntFedReflexologists.org
0870 8793562
www.intfedreflexologists.org

The British Reflexology Association
bra@britreflex.co.uk
01886 821207
www.britreflex.co.uk

British School of Reflexology
ann@footreflexology.com
01279 429060
footreflexology.com

Homeopathy

Society of Homeopaths
Tel: 01604 817890
info@homeoptahy-sch.org
<http://www.homeopathy-soh.org>

Alliance of Registered Homeopaths
01825 714506
<http://www.a-r-h.org>

Homeopathic Medical Association
<http://www.the-hma.org>
01474 560336

Faculty of Homeopathy
Tel: 0203 640 5903
<http://www.facultyofhomeopathy.org>
info@facultyofhomeopathy.org

Reiki Contact Details

UK Reiki Federation
01264 791441
www.reikifed.co.uk

The Reiki Guild
info@thereikiguild.co.uk
www.thereikiguild.co.uk
020 84621224

The Reiki Association
07704270727 / 01892 458708
www.reikiassociation.net

The Reiki Alliance
info@reikialliance.com
www.reikialliance.com

Reiki And Seichem Association
joanna@reikiseichem.org
www.reikiseichem.org
01303 239334

Complementary Therapists Association

info@ctha.com
www.ctha.com
0845 202 2941
0203 766 1176

Independent Professional Therapists International (IPTI)

mail@iptiuk.com
www.iptiuk.com
01777 700 383

The Reiki Organisations above are membership organisations of the **General Reiki Council**

Reiki Council
info@reikicouncil.org.uk
www.reikicouncil.org.uk

General:

Institute for Complementary and Natural Medicines – in process of being taken over by British Register of Complementary Practitioners / Confederation of healing Organisation

info@icnm.org.uk

0300 3020715
www.icnm.org.uk

Complementary & Natural Healthcare Council (CNHC)
0207 653 1971

info@cnhc.org.uk

www.cnhc.org.uk

APPENDIX B

ACUPUNCTURE STAFFING PROCEDURE

As with all patient populations patients being treated may have a variety of medical conditions, and it is therefore important to ensure that in the event of an emergency adequate staff are available within the unit to deal with this safely.

AIM

To ensure patient safety in the case of an emergency through the provision of adequate staffing at all times when patients are undergoing acupuncture treatments.

It is the responsibility of the therapist to -

1. Ensure the presence of minimum of one other member of staff within the department when carrying out treatments.
2. Ensure that this other member of staff is trained in Basic Life Support, as per UHDB policy
3. Ensure other member of staff is aware of their responsibility to call the crash team and / or assist with life support if asked to do so by the therapist
4. Ensure other staff member is confident and happy to perform this role if required

Protocol for Insertion & Removal of Acupuncture Needles Insertion

Patient requested not to talk to physio when needles are being inserted &

removed Patient requested to alert physio if a needle falls out

Number of needles counted in and patient informed of number of needles inserted

Number of needles inserted documented on booking in /out white sheet & sheet left in cubicle with patient

Timer set & buzzer provided to patient

Removal

Sharps box taken into cubicle

Needles removed one at a time and placed straight into the sharps box

Number of needles counted out should be checked against the number on the booking sheet

Patient informed when all needles have been removed

If a needle falls out during treatment

Patient should alert physio

with buzzer Physio replaces

lost needle with new one

Physio searches for needle as it is safe to do so while treatment is in progress.

Once treatment has finished, all needles should be removed as per procedure above. If a lost needle was not found during treatment, the patients clothing and patient should be checked. This can be done by physio or patient. Consider the need for a chaperone & gain verbal consent to check patient.

If needle is not found on the patient, the patient is informed if they find it to notify us and return it in a secure box.

The patient is allowed to leave.

Further search of cubicle is then undertaken by the therapist and another member of staff. If the needle is still not found the cubicle will be closed off and domestics informed. The therapist / acupuncture lead will communicate with the domestic staff regarding whether they found the needle or not.