# Complementary Therapies

## Policy and Protocols

### Guidelines and Protocols for the use of Complementary Therapies

| Key Words:                      | Aromatherapy  
|                                | Reflexology     
|                                | Therapeutic Massage  
|                                | Acupuncture     
|                                | Hypnotherapy     
|                                | Auricular Acupuncture |
| Version:                       | 3               |
| Adopted by:                    | Quality Assurance Committee |
| Date Adopted:                  | 17 November 2015 |
| Name of Author:                | Linda Everall   |
| Name of responsible Committee: | Clinical Effectiveness Group |
| Date issued for publication:   | 24 November 2015 |
| Review date:                   | 1 May 2018      |
| Expiry date:                   | 1 November 2018 |
| Target audience:               | Clinical staff and managers |
| Type of Policy:                | Clinical ✓ Non Clinical |
Contents

Version Control ......................................................................................................................... 3
Equality Statement ..................................................................................................................... 3
Due Regard ................................................................................................................................. 3
Definitions that apply to this Policy .......................................................................................... 4
1.0 Purpose of the Policy .......................................................................................................... 5
2.0 Summary of the Policy ......................................................................................................... 5
3.0 Introduction ......................................................................................................................... 6
4.0 Flowchart / Process Chart ................................................................................................. 7
5.0 Duties within the Organisation ............................................................................................ 8
6.0 Training Needs ...................................................................................................................... 9
7.0 Monitoring Compliance and Effectiveness ............................................................................ 10
8.0 Standards / Performance Indicators .................................................................................. 11
9.0 References and Bibliography ............................................................................................... 11

References and Associated Documentation

Appendix 1 Adult Acupuncture Protocol for use by Community Health Services Therapy staff .......................................................................................................................... 12
Appendix A Adult Acupuncture Protocol .................................................................................. 17
Appendix B Specific Protocol for patients receiving acupuncture and flowchart .................. 20
Appendix C Acupuncture Treatment Form .............................................................................. 23
Appendix D Competency for Allied Health Professionals (AHP’s) performing acupuncture .. 25
Appendix E Acupuncture Patient Leaflet .................................................................................. 27
Appendix 2 Adult Auricular Acupuncture Protocol .................................................................. 28
Appendix 3 Adult Aromatherapy Protocol ............................................................................... 31
Appendix F Adult Aromatherapy Precautions ........................................................................ 34
Appendix 4 Adult Reflexology Protocol .................................................................................... 36
Appendix 5 Adult Therapeutic Massage Protocol .................................................................... 38
Appendix 6 Hypnotherapy Protocol ......................................................................................... 40
Appendix 7 Policy Training Requirements ............................................................................... 43
Appendix 8 NHS Constitution Checklist .................................................................................. 44
Appendix 9 Stakeholder and Consultation ............................................................................... 45
Version Control and Summary of Changes

<table>
<thead>
<tr>
<th>Version number</th>
<th>Date</th>
<th>Comments (description change and amendments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>October 2015</td>
<td>Updated contact details, terminology and numbering of appendices.</td>
</tr>
</tbody>
</table>

For further information contact:
Team Manager MSK Therapy Services 07826 858365

Equality Statement
Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard
LPT must have due regard to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.
## Definitions that apply to this Policy

<table>
<thead>
<tr>
<th>Policy</th>
<th>A policy is principles and rules formulated or adopted by an organisation to reach its long term goals. Policies will be prescriptive by nature. They will state the Trusts expectations for action in a specific subject area and set the parameters within which individuals will operate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>Procedures are specific methods employed to express policies in action in day to day operations of the organisation. <strong>Together policies and procedures ensure that a point or view held by the organisation is translated into steps that result in an outcome compatible with that view.</strong></td>
</tr>
<tr>
<td>Guidelines</td>
<td>A standard principle by which to make a judgement or determine a policy or course of action.</td>
</tr>
<tr>
<td>Strategy</td>
<td>A strategy is a long-term plan of action designed to achieve a particular goal. The contents of a strategy are generally high level and concise. A strategy should present a vision of what it is intended to achieve, the benefits and how it will be achieved over a defined time period.</td>
</tr>
<tr>
<td>Directive</td>
<td>An order or official instruction e.g. Patient Group Directive.</td>
</tr>
<tr>
<td>Due Regard</td>
<td>Having due regard for advancing equality involved:</td>
</tr>
<tr>
<td></td>
<td>- Removing or minimising disadvantages suffered by people due to their protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</td>
</tr>
<tr>
<td></td>
<td>- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionate.</td>
</tr>
<tr>
<td>Complementary Therapies</td>
<td>Complementary Therapies are natural and holistic therapies that are considered outside those of normal professional practice, and which have the potential to complement and enhance current nursing, therapy and medical practice. They in no way exclude the patient from orthodox medical treatment.</td>
</tr>
</tbody>
</table>
1.0. Purpose of the Policy

The purpose of this policy is to ensure professional standards and a high quality service for patients receiving complementary therapies. It also defines the safe parameters within which complementary therapies will be practised.

2.0. Summary and Key Points

This document outlines the individual protocols for the following 6 therapies which have been given approval:

- Acupuncture
- Auricular Acupuncture
- Aromatherapy
- Reflexology
- Therapeutic Massage
- Hypnotherapy

Specific protocols have been established for the use of the 6 approved therapies. These can be found in Appendices 1 - 6.

The approval of additional complementary therapies and their protocols will be at the discretion of the Clinical Effectiveness Group.

2.1. Consent

As in all areas of care, practitioners must ensure they obtain consent prior to treatment. All discussions and decisions concerning consent must be recorded accurately within the patient’s record.

- Where necessary, it is advisable that there is discussion with the patient’s relevant medical practitioner before treatment commences. This may be their GP or Consultant.

- It is the responsibility of each therapist to have gained informed written consent from the patient prior to a course of treatment.

- As the Trust is making no statement of the clinical benefits of these therapies they will not be provided to any service users who do not have capacity to consent to their use. In such circumstances the service user’s carer will be consulted.

- If appropriate it is the responsibility of the therapist to inform all health care professionals involved in the individuals care of the use of complementary therapies.
3.0. Introduction

Leicestershire Partnership NHS Trust recognises that there is increasing interest in the practice of complementary therapies in health care.

The guidelines are for the use of Leicestershire Partnership NHS Trust staff who hold a recognised qualification in a specific complementary therapy. The purpose of these guidelines and protocols for specific therapies is not to limit either practice or patient choices, but to ensure professional standards and a high quality service. They also define the safe parameters within which each complementary therapy will be practised.

These protocols are to allow professionals employed by the Trust to practice complementary therapies in situations over and above the recognised business of a Division. Where the practice of complementary therapies forms part of the recognised business of a Division it’s use must have been agreed within the Division Business Plan and be subject to monitoring by the commissioning body.

These protocols offer areas of good practice when a Division decides to contract with a non-Trust employee for complementary therapy services.

In developing these protocols the Trust is not making any claims on the validity or evidence based of these procedures. It is the responsibility of each individual practitioner to ensure they discuss fully with the service user the evidence base of the proposed treatment and any potential risks.

The Trust is not yet persuaded that the evidence base of these therapies is sufficiently strong to support the use of its core NHS finance to support these therapies.
4. Flowchart/process chart

<table>
<thead>
<tr>
<th>Training Needs and Covering Bodies</th>
<th>Section 6 – page 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation / Therapist Responsibilities</td>
<td>Section 5 – page 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Adult Complementary Therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Acupuncture Protocol - page 12</td>
</tr>
<tr>
<td>- Acupuncture Flowchart – page 22</td>
</tr>
<tr>
<td>- Acupuncture Treatment Form – page 23</td>
</tr>
<tr>
<td>- Acupuncture Competency – page 25</td>
</tr>
<tr>
<td>- Acupuncture Patient Leaflet – page 27</td>
</tr>
<tr>
<td>- Auricular Acupuncture Protocol – page 28</td>
</tr>
<tr>
<td>- Aromatherapy Protocol – page 31</td>
</tr>
<tr>
<td>- Aromatherapy Precautions – page 34</td>
</tr>
<tr>
<td>- Reflexology Protocol – page 36</td>
</tr>
<tr>
<td>- Therapeutic Massage Protocol – page 38</td>
</tr>
<tr>
<td>- Hypnotherapy Protocol – page 40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2.1 – page 5</td>
</tr>
</tbody>
</table>
5. **Duties within the Organisation**

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

5.3 Divisional Directors and Heads of Service are responsible for:

The Trust recognises that Divisional and Service management has a responsibility to implement and monitor/audit the use of the Trust’s Complementary Therapies Policy within their area of management. These responsibilities include:

a) A register will be held within each Division to keep the Trust informed of professionals practising complementary therapies.

5.4 Managers and Team Leaders are responsible for:

The Trust recognises that local management has a responsibility to implement and monitor/audit the use of the Trust’s Complementary Therapies Policy within their area of management. These responsibilities include:

a) Negotiating and agreeing with local therapists the place of a complementary therapy as outlined in the protocols to support normal clinical activities and ensuring this is reflected in a written care plan.

b) Final agreement prior to therapies being commenced. The management team will be responsible for the monitoring of any therapies practised.

c) Ensuring that details held on the Trust register are up-to-date and correct. They will also maintain a list of local staff practising complementary therapies within their practice as outlined within the protocols.

d) Providing the necessary equipment / resources to practice therapies as stated in the protocols.

e) Ensuring the staff only use complementary therapies to enhance normal clinical activities.

f) Auditing practitioner’s compliance with this policy.

5.5 Responsibility of Staff

Only Practitioners who have undertaken an approved course may practice as a complementary therapist.

Each therapist is accountable for:

- Their own practice
• Keeping their managers aware and up-to-date with their current practice and CPD, through annual PDR process.

• Where applicable, informing individual medical practitioners about their competency to practice a complementary therapy and use of it within their area of responsibility.

• Ensuring each patient has a written and agreed care plan in an appropriate accessible format (i.e. disable service user, England not main language, easy read etc.).

All practitioners who meet the criteria for practising complementary therapies much ensure they follow the Leicestershire Partnership NHS Trust’s document on scope of practice.

**Delegation of the practice of complementary therapies through internal / in-house training is unacceptable.**

6. **Training Needs**

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as personal development training.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on each person’s training record.

The governance group responsible for monitoring the training is the CHS Community Clinical Network Group.

All professionals who wish to practice complementary therapies must hold a recognised complementary therapy qualification.

They much also:

• Be able to show how they keep themselves updated
• Be able to demonstration they have personal liability insurance that would cover them for practice within the Trust
• Understand and acknowledge the boundaries they have with accountability for their own practice
• Have the agreement of their manager and Service / Division Director that they can practice within the Trust.
• Adhere to these protocols.
The complementary therapy qualification must be recognised by one of the following bodies:

- AOC - Aromatherapy Organisation Council
- ITEC - International Therapy Examination Council
- IPTI - Independent Professional Therapies International
- BCMA - British Complementary Medicine Association
- AACP - Acupuncture Association of Chartered Physiotherapists
- BAcC - British Acupuncture Council
- MAR - Association of Reflexologists
- IIR - International Institute of Reflexologists
- MIFR - International Federation of Reflexologists
- BMTC - British Massage Therapy Council
- ICM - Institute of Complementary Medicine
- BSMDH - British Society of Medical and Dental Hypnosis
- NCH - National Council for Hypnotherapy
- VTCT - Vocational Training Charitable Trust
- BAAB - British Acupuncture Accreditation Board
- BSECH - British Society of Experimental and Clinical Hypnosis
- BMAS - British Medical Acupuncture Society
- ATCHP - Acupuncture Training Courses for Health Professionals

For Auricular Acupuncture see the relevant section for training and registering.

Any exception to this list must be discussed and agreed with the Medical Director and/or the Head of Professional Practice.

A record of the event will be recorded on the therapist’s personnel file and the Divisional / Service Register.

The service lead for any staff using the Complementary Therapies Policy and Protocols is responsible for monitoring the training and competence of their staff. Each service lead is then responsible for providing assurance to the CEG for confirmation.

7. Monitoring Compliance and Effectiveness - complete the template below

The service lead for any staff using the Complementary Therapies Policy and Protocols is responsible for completion of the table below to identify and confirm compliance and effectiveness to the CEG.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Minimum Requirements</th>
<th>Evidence for Self-assessment</th>
<th>Process for Monitoring</th>
<th>Responsible Individual / Group</th>
<th>Frequency of monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Standards/Performance Indicators

Staff using this Policy must comply with the Care Quality Commission (CQC) Fundamental Standards shown below.

<table>
<thead>
<tr>
<th>TARGET/STANDARDS</th>
<th>KEY PERFORMANCE INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 9 Person-centred care</td>
<td>The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.</td>
</tr>
<tr>
<td>Regulation 11 Need for consent</td>
<td>Care and treatment of service users must only be provided with the consent of the relevant person.</td>
</tr>
<tr>
<td>Regulation 12 Safe care and treatment</td>
<td>Care and treatment must be provided in a safe way for service users.</td>
</tr>
<tr>
<td>Regulation 15 Premises and equipment</td>
<td>All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose for which they are being used, properly used, maintained and appropriately located for the purpose for which they are being used.</td>
</tr>
<tr>
<td>Regulation 17 Good governance</td>
<td>Systems of processes must be established and operated effectively to ensure compliance with these regulations.</td>
</tr>
<tr>
<td>Regulation 19 Fit and proper persons employed</td>
<td>Persons employed must be of good character, have the relevant qualifications, competence skill and experience.</td>
</tr>
</tbody>
</table>

9. References and Bibliography

This Policy was drafted with reference to the following:

- Acupuncture Association of Chartered Physiotherapists (AACP) “Guidelines for Safe Practice” (October 2012)
- British Medical Acupuncture Society Code of Practice & Complaint Procedure (Version 9, December 2009)
- Leicestershire Partnership NHS Trust’s Management of Sharps and Exposure to BBC Policy (2013)
- Leicestershire Partnership NHS Trusts’ patient leaflet “Acupuncture in Physiotherapy” (2014)
- The Medicines Act (1968)
ADULT ACUPUNCTURE PROTOCOL FOR USE BY COMMUNITY HEALTH SERVICES THERAPY STAFF

1 INTRODUCTION

The acupuncture policy has been developed to ensure safe and effective practice of acupuncture by CHS therapy staff and to ensure that patients are given enough information to make an informed decision about opting for acupuncture treatment.

2 SCOPE OF POLICY

This policy is for use by LPT CHS therapists who treat patients with acupuncture.

3 AIM OF POLICY

The purpose of this policy is to ensure professional standards and a high quality service. It also defines the safe parameters within which acupuncture will be practised.

4 MANAGER’S RESPONSIBILITIES

The Therapy Lead in each area where acupuncture is practised has a responsibility to implement and monitor the use of this policy. These responsibilities include:

4.1 Ensuring compliance with the acupuncture policy

4.2 Ensuring that details held on the Trust register of therapists qualified to practise acupuncture is up to date and correct. Ensure that the list of local staff practising acupuncture, within their everyday practice, as outlined in this policy, is maintained.

4.3 Ensuring that the equipment/resources necessary for the safe practice of acupuncture, as outlined in this policy, are available.

4.4 Ensuring that therapists only use acupuncture to enhance normal clinical activities.

4.5 Ensuring that outcomes from CPD activity, demonstrating continuing competency to safely practice acupuncture, are recorded annually through the Personal Development Record process.
5 MINIMUM QUALIFICATION

5.1 All CHS therapists who wish to practise acupuncture must be registered with the Health Care Professions Council (HCPC) and have successfully completed an acupuncture course recognised by the following:

- AACP – Acupuncture Association of Chartered Physiotherapists
- BAcC – British Acupuncture Council
- BAAB – British Acupuncture Accreditation Board
- BMAS – British Medical Acupuncture Society
- ATCHP – Acupuncture Training Courses for Health Professionals

5.2 It is recognised that many acupuncture courses are offered in two or more parts with time interval(s) in between. Trainees are expected to complete a number of clinical practice hours, treating patients, and a case study, between parts of the course. The case study and clinical practice form part of the final assessment of competency at the final part of the course. Trainees will agree with their line manager an appropriate clinical supervisor who is currently on the CHS Acupuncture Register and a member of one of the professional bodies under 5.1 of this policy, for those periods of clinical practice agreed as a requirement for the acupuncture course prior to the final assessment. Therapists should advise their line manager of the content of each part of a course, as it is undertaken and identify the clinical practice/case study or other requirement they must complete prior to the next part.

5.3. All Trainees will need to have available the supervision of a therapist qualified in acupuncture whenever they carry out acupuncture interventions – this does not necessarily have to be their main supervisor.

6 ACCOUNTABILITY

Only therapists who have successfully completed an approved course (see 5.1) may include acupuncture as part of their scope of practice. Also therapists undertaking an approved acupuncture course may practice acupuncture within the limitations identified in 5.3 until successful completion of the whole course.

6.1 Each therapist is accountable for

- Completing 10 hours CPD within a 2 year period
- 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

6.2 Scope of Practice

Therapists practice within the recommendations as specified within their particular training providers foundation course manual.
6.2.1 Each therapist is accountable for his or her own practice and limitations.

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

6.4 Maintenance of competency

Each therapist is responsible for ensuring that outcomes from CPD activity demonstrate continuing competency to safely practice acupuncture (Appendix D). Each therapist should ensure he/she completes ten hours of CPD in acupuncture within a two year period.

7 CONSENT

It is the responsibility of each therapist to gain valid and effective written consent from the patient prior to utilising acupuncture as part/all of the treatment plan.

The following process is required:

Patients are given information regarding the treatment effects, side effects, complications and procedure to allow for informed consent. If they are unable to read the information it will be given verbally, using interpreters where necessary.

If the patient is happy to proceed the NHS Consent Form 3 is completed, the coloured copy is placed in the patient’s notes and the white copy given to the patient.

The therapist should be familiar with and adhere to the Trust policy on Consent available on the Trust website.

8 CONTRA INDICATIONS, PRECAUTIONS, RISKS & BENEFITS

The following contra indications, precautions, risks and benefits should be managed by the therapist as part of the assessment, patient education and documentation processes.

Where precautions are highlighted the therapist will inform the patient of the potential risks and the patient will decide whether to proceed or not with the treatment.

<table>
<thead>
<tr>
<th>CONTRAINDICATIONS</th>
<th>PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncontrolled Epilepsy</td>
<td>Fatigued or hungry patients</td>
</tr>
<tr>
<td>Inability to cooperate</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Needle phobia</td>
<td>Immune-Deficiency e.g. HIV</td>
</tr>
<tr>
<td>Oedema at needle site</td>
<td>Anticoagulants</td>
</tr>
<tr>
<td>Infection at needle site</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Metal allergy</td>
<td>Controlled epilepsy</td>
</tr>
<tr>
<td>Haemophilia</td>
<td>Poor circulation or damaged skin.</td>
</tr>
</tbody>
</table>
### CONTRAINDICATIONS

<table>
<thead>
<tr>
<th><strong>CONTRAINDICATIONS</strong></th>
<th><strong>PRECAUTIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unstable angina or cardiac arrhythmias</td>
<td>Decreased sensation</td>
</tr>
<tr>
<td>Under 16 years of age</td>
<td>Increased or decreased or labile blood pressure</td>
</tr>
<tr>
<td>Confused patient</td>
<td>Controlled cardiac conditions</td>
</tr>
<tr>
<td>Unstable Diabetes</td>
<td></td>
</tr>
<tr>
<td>Patient with PE/DVT</td>
<td></td>
</tr>
<tr>
<td>Pacemaker (electro-acupuncture)</td>
<td></td>
</tr>
</tbody>
</table>

### 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.
- **Broken/bent/stick needle**
- **Allergy to swab**

### POSSIBLE BENEFITS

- Decrease in the pain
- Decrease in analgesia taken
- Relaxation
- Increased sense of well-being
- Improved sleep
- Increased energy

### 9 AUDIT

**9.1 Register of Therapists Practising Acupuncture**

A register of therapists qualified to practice acupuncture will be held, updated and monitored annually by the MSK Manager Therapy Services.
It is the responsibility of local managers to ensure that the information held on the register is up to date.

9.2 CPD

All therapists practising Acupuncture will have their competency monitored by their line managers as part of the annual PDR process.

10 REFERENCES

Acupuncture Association of Chartered Physiotherapists (AACP) Guidelines for Safe Practice October 2012

ADULT ACUPUNCTURE PROTOCOL

1 DEFINITION

Acupuncture is defined as the insertion of a recognised acupuncture needle into the body at specific defined points, or the treatment of such points using alternative means of stimulation. It is recognised that the actual practice of acupuncture depends upon the training and philosophy of the practitioner. This in no way excludes patients from orthodox treatment.

2 CRITERIA

Within LPT Acupuncture will be practiced to:

- Relieve pain associated with conditions met in clinical practice
- Stimulate muscles
- Reduce muscle spasm
- Stimulate sensation

2.1 The use of acupuncture will be a part of the treatment plan.

2.2 Referrals will be accepted via the normal out-patient/in-patient systems from the usual sources:

- Medical Practitioner/Consultant
- Physiotherapist
- Other members of the Primary Health Care Team where the GP has been informed of the referral
- Other agencies/services where the patient’s GP has been informed of the referral

NB: It is the therapist’s responsibility to determine, in consultation with the patient, that acupuncture is the most appropriate treatment modality.

2.3 The therapist will assess a patient’s suitability for treatment with acupuncture having due regard to codes of conduct and ethics, accountability, including contra-indications.

2.4 All permanent employees who work for LPT including those on bank, agency or honorary contracts will adhere to the following supporting policies and guidelines pertaining to acupuncture practice:

- Moving and Handling Policy
- Policy for Managing, Reporting and Investigating Incidents and Serious Untoward Incidents
- Health & Safety at Work Act 1974
- Risk Management Strategy & Policy
- Risk Assessment Policy
- Health & Safety Management Regulations
3 PRACTICE
Suitability for acupuncture will be assessed by the therapist.

If unsuitable for acupuncture:

- Explain to patient
- Discuss alternative interventions

DOCUMENTATION: MEDICO-LEGAL REQUIREMENTS
Therapists are required, wherever possible, to use evidence based interventions to support treatment rationale and map the intervention with outcome measurements. All therapy records shall be suitable for inspection as part of medico-legal requirements.

An acupuncture treatment code must be recorded for audit purposes where staff are using the TIARA system or other electronic recording system.

The assessment and treatment process should be fully documented, Appendix C may be used as appropriate. Each treatment should be recorded by the therapist in the existing patient’s record, ensuring compliance with departmental and LPT standards for documentation.

Depending on the type/nature of pain an estimate of the number of treatments should be agreed with the patient, together with the expected outcome, as a standard of good practice.

Reference (AACP) Acupuncture Association of Chartered Physiotherapists’ Guidelines for Safe Practice 2012

Following advice from legal experts the following procedures are recommended:-

- An informed, signed consent form should be included in patient notes,
- All adverse reactions to acupuncture, no matter how small, should be recorded in the notes,
- An accurate WHO (World Health Organisation) point selection should be made and recorded with reference to the part of the body needled, i.e. contra lateral, unilateral or bilateral application,
- If Trigger points are used there must be detailed description of the site and depth of needling and muscles named. In some circumstances a diagram of needle application may be needed for clarity.
- The number of needles must be recorded in the notes.
The notes should be written at the end of treatment and signed by the therapist.
Notes should be legible and reflect the actual treatment for ease of peer review.
Needles used should all carry the C/E mark and should be well within the ‘use by’ date.

4 GENERAL TREATMENT PROTOCOL

4.1 Prepare patient. Give an explanation of procedure, treatment techniques, and expected effects of treatment including any possible adverse reactions. (Appendix B)

Patients should be given the Acupuncture Patient Information leaflet. (Appendix E).

Gain patient consent.

4.2 Select type of acupuncture or related technique as part of the treatment plan which may also include other manual, electro-physical and/or thermal modalities and/or advice and education.

4.3 Reassessment

At each attendance a review of the patient’s progress will be completed and documented, together with any changes to the treatment plan agreed with the patient.

4.4 Safety

Treatment with acupuncture must meet and conform to the AACP Guidelines for Safe Practice and LPT Policies for Health & Safety and Infection Control.

4.5 Discharge

- Discuss with the patient
- Inform the referring agency
- Record outcome
- Complete a discharge summary

4.6 Treatment Audit

Objective measures should be undertaken with a view to measuring the progress of treatment and the effectiveness of the modalities used.
APPENDIX B

SPECIFIC PROTOCOL FOR PATIENTS RECEIVING ACUPUNCTURE AND FLOWCHART

1 The procedure is fully explained to the patient and the patient consents to treatment.

2 The therapist washes his/her hands prior to commencing the application of the treatment. Gloves must be worn if the practising therapist has a cut which may increase the risk of infection between patient and therapist or when patients present with infectious diseases such as Hepatitis.

3 The area to be treated is first examined and may be cleansed to remove surface dirt. Alcohol swabs using 70% isopropanol may be used to clean the needle site; a separate swab for each site is required.

4 Care must be taken to avoid contact with the patient’s blood. Soiled swabs should be disposed of in the appropriate disposal bag within the hospital.

In the community soiled swabs should be double sealed in plastic bags and disposed of with normal household waste.

5 Patient position - Patients must always be positioned in a supported position, suitable for the length of time of the treatment.

6 Sterile “once only use” needles are used in any treatment.

7 Needle Insertion - Needles can be inserted with or without guide tubes, but if free needling is employed the shaft of the needle must not be touched (sterets or swabs may be used to protect the needle if it has to be touched such as when using a long needle for GB30).

Care should be taken when needling around the thorax, in the vicinity of blood vessels, within the lower leg or forearm compartments, or in the vicinity of the spinal cord to avoid secondary tissue damage or bleeding. Should bleeding occur compression should be applied with a cotton wool ball, (20 minutes compression may be required for arterial bleeding). If other tissue damage occurs please consider contacting the GP. However if serious side effects such as pneumothorax are suspected the patient should be referred to A&E. If the side effects are significant an ambulance may need to be called.

8 Treatment - During the treatment patients should be comfortable and should be left with a means of attracting the therapist’s attention (such as a bell or call button). It neither a bell or call button are available the patient MUST NOT be left unattended.

It is recommended that needle packaging is opened in the presence of the patient.
The practising therapist must discard any contaminated needles (i.e. those which are no longer sterile due to being in contact with non sterile objects such as the floor). The practising therapist must never re-sheath an acupuncture needle.

Each therapist will have a mechanism for ensuring that the number of needles inserted matches with the number of needles removed.

**Aftercare** - Patients will be advised to wait in the waiting room for at least 10 minutes after treatment before driving. In exceptional cases drowsiness may last longer than 10 minutes and if drowsiness persists patients should be asked to stay in the department until they have recovered. In exceptional circumstances it may be necessary to call a relative/friend/taxi to drive the patient home.

Any bleeding should be stopped by applying pressure with cotton wool which should be immediately disposed of in a clinical waste bag. Advice regarding potential bruising must be given thereafter.

If a patient faints during or after the treatment they should be managed as in any first aid situation. Needles should be removed immediately and the patient should be placed in a lying position with their legs raised until they have recovered. It is important to ensure needles removed tally with those inserted.

**Adverse reactions** - All adverse reactions no matter how small must be documented in the notes. An incident form may be required; if in doubt staff should consult their mentor or line manager.

9 The used needles are placed in a “Sharps” bin. All Sharps bins used in LPT premises should be labelled “Physiotherapy” and dated when a new bin is used. LPT sharps policy should be followed. Where staff are working in non LPT premises local Sharps procedures should be followed.

10 “Sharps” bins should be collected and disposed of, ensuring compliance with Control of Infection policies.

11 The patient’s written consent to acupuncture, as part of/their entire treatment plan is documented in the treatment notes, ensuring compliance with LPT Consent policies.

12 Acupuncture needles are stored in a locked cupboard. Stocks taken out into GP premises / health centres and the community must be kept in lidded containers.

13 All therapists practising acupuncture should check needle expiry date prior to use and ensure they are familiar with needle expiry dates and adhere to the Standards of the Association of Chartered Physiotherapists and AACP Guidelines for Safe Practice (October 2012) and British Medical Acupuncture Society Code of Practice & Complaints Procedure (Version 9. December 2009).
ACUPUNCTURE FLOW CHART

Before Treatment
- Precautions and contraindications discussed with patient
- Consent documents completed, including risks of treatment
- Pre-treatment patient advice leaflet given
- Number of treatment sessions discussed with patient

First Acupuncture Session
- Treatment to be carried out on plinth, unless physically impractical for patient
- Physiotherapist to remain with patient during first treatment to monitor for adverse reactions
- Patient advised of number of needles inserted, and document in notes

-OR-

If patient deemed safe to be left alone during treatment:
- A Bell must be provided, and Physiotherapist closely available in the department
- Timer is set and patient advised about the planned duration of treatment
- Patient advised to alert staff if they feel faint or unwell in any way
- Other staff in department made aware that a patient is alone in the cubicle
- Patient is checked periodically throughout treatment

After Treatment
- Ensure number of needles removed matches number inserted
- Patient advised to remain in the department for up to 10 minutes post treatment
- Notes completed

Follow Up Acupuncture Sessions
- Establish reaction to previous session
- Follow steps as per first treatment session
**Acupuncture Treatment Form**

Key: **L**=Left  **R**=Right  **B**=Bilateral  **P**=Perpendicular  **O**=Oblique  **T**=Transverse

**Name:**  
**NHS No:**

<table>
<thead>
<tr>
<th>Treatment 1.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points used</td>
<td>L/ R/ B</td>
</tr>
<tr>
<td></td>
<td>P O T</td>
</tr>
</tbody>
</table>

**Needle Stimulation:**  
**Treatment Duration:**

**Physio stayed with pt:** Yes | No | Bell Given | Timer Set

**Adverse effects:**

**Therapists Name:**  
**Signature:**

<table>
<thead>
<tr>
<th>Treatment 2.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points used</td>
<td>L/ R/ B</td>
</tr>
<tr>
<td></td>
<td>P O T</td>
</tr>
</tbody>
</table>

**Needle Stimulation:**  
**Treatment Duration:**

**Physio stayed with pt:** Yes | No | Bell Given | Timer Set

**Adverse effects:**

**Therapists Name:**  
**Signature:**

<table>
<thead>
<tr>
<th>Treatment 3.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points used</td>
<td>L/ R/ B</td>
</tr>
<tr>
<td></td>
<td>P O T</td>
</tr>
</tbody>
</table>

**Needle Stimulation:**  
**Treatment Duration:**

**Physio stayed with pt:** Yes | No | Bell Given | Timer Set

**Adverse effects:**

**Therapists Name:**  
**Signature:**
### Treatment 4

<table>
<thead>
<tr>
<th>Points used</th>
<th>L/R/B</th>
<th>Depth (cun)</th>
<th>Needle Direction</th>
<th>Needle Removed</th>
<th>DeQi</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needle Stimulation:  
Treatment Duration:  
Physio stayed with pt: Yes No Bell Given Timer Set  
Adverse effects:  
Therapists Name:  
Signature:  

### Treatment 5

<table>
<thead>
<tr>
<th>Points used</th>
<th>L/R/B</th>
<th>Depth (cun)</th>
<th>Needle Direction</th>
<th>Needle Removed</th>
<th>DeQi</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needle Stimulation:  
Treatment Duration:  
Physio stayed with pt: Yes No Bell Given Timer Set  
Adverse effects:  
Therapists Name:  
Signature:  

### Treatment 6

<table>
<thead>
<tr>
<th>Points used</th>
<th>L/R/B</th>
<th>Depth (cun)</th>
<th>Needle Direction</th>
<th>Needle Removed</th>
<th>DeQi</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needle Stimulation:  
Treatment Duration:  
Physio stayed with pt: Yes No Bell Given Timer Set  
Adverse effects:  
Therapists Name:  
Signature:
APPENDIX D

Competency for Allied Health Professionals (AHP’s)
Performing Acupuncture

This competency is to be used in conjunction with:

- Leicestershire Partnership NHS Trust’s Management of Sharps and Exposure to BBV Policy (2013)
- AACP Guidelines for Safe Practice 2012

The purpose of this competency is to clarify the knowledge and skills expected of AHP’s to ensure safe practice in carrying out acupuncture treatment.

This is a self-certified competency: using the self-rating scale below the individual practitioner will self-assess their current performance and identify any learning needs. This competency should be reviewed annually.

The practitioner is expected to demonstrate the following competencies when practicing acupuncture.

Self-rating scale:
1= No knowledge
2= Some knowledge
3= Competent
4= Competent with experience
5= Competent and able to teach

<table>
<thead>
<tr>
<th>Knowledge and skills for AHP’s performing acupuncture treatment</th>
<th>Self-Assessment</th>
<th>Score</th>
<th>Initialled</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define acupuncture and its role within NHS practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Explain and understand the physiological effects of acupuncture treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identify contra-indications and precautions to acupuncture treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Identify correct procedure for managing and reporting needle stick injuries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Be able to store and dispose of acupuncture needs safely.
7. Detailed knowledge of the consent policy with relation to acupuncture.
8. Communication skills and knowledge in order to provide patients with detailed information to enable an informed decision about their acupuncture treatment.
9. Have appropriate skills in record keeping of acupuncture consent and treatment.
10. Has a safe and competent needling technique including awareness of hygiene, needle position, depth of needling and treatment dose.
11. Show clear evidence of clinical reasoning skills in the selecting and practicing of acupuncture treatments.
12. Knowledge of the complimentary therapies policy.
13. Knowledge of the sharps policy.
15. Minimum number of CPD hours met. | No | Yes

A score of 3 or above for each point within the competency is needed for you to be deemed as competent to practice acupuncture.

I confirm that I have self-assessed as competent to practice acupuncture treatment.

Practitioner Name: .................................................................

Practitioner Qualification: ............................................................

Practitioner Signature: ..............................................................

Date: .................................
Acupuncture Leaflet for Patients

354 Acupuncture
A4.pdf
Adult Auricular Acupuncture Protocol

1. **Definition**

Auricular Acupuncture is defined as the insertion of 5 needles in both ears.

2. **Practitioner**

Any health professional or medical practitioner who holds a qualification by the following:

- British Acupuncture Council (BAcC).
- Substance Misuse Acupuncture Register & Training (SMART).
- British College of Auricular Acupuncture.
- Yuan Traditional Medicine College (Ear Acupuncture Register).
- National Acupuncture Detox Association (NADA).

This list is not exhaustive and may be amended in the future should the need arise. In addition, it is possible, in the near future that an accrediting or governing body may be created. In this case the protocol will be amended accordingly.

3. **Criteria**

Within the Leicestershire Partnership NHS Trust auricular acupuncture will predominantly be practised on those with substance misuse problems as follows:

3.1 Used only as part of an agreed care plan.

3.2 Referral to be by:

- Self
- Medical Practitioner
- Other healthcare practitioner involved in substance misuse

3.3 The practitioner will assess suitability for treatment with due regard to code of conduct and ethics, accountability and any contra-indications.
4. Practice

4.1 Suitability for Acupuncture

Any patient is suitable for acupuncture if the following are considered:

<table>
<thead>
<tr>
<th>Contra-indications</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>Pacemaker (electro-acupuncture)</td>
</tr>
<tr>
<td>Cognitive difficulties</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Needle phobia</td>
<td>Immuno-Deficiency</td>
</tr>
<tr>
<td>Oedema at needle site</td>
<td>Anticoagulant therapy</td>
</tr>
<tr>
<td>Metal allergy</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Haemophilia</td>
<td></td>
</tr>
</tbody>
</table>

If unsuitable for auricular acupuncture with needles:
- Explain to client the reason
- Discuss alternatives

4.2 Documentation:

An individual register and record of each treatment will be kept in keeping with the Trust Policy and client evaluation documented in existing records, for audit purposes.

Informed client consent must be gained before each treatment and recorded. The consent may be withdrawn at any stage in the treatment.

5. Treatment

- Prepare patient: explanation, techniques, outcomes and consent to treatment.
- Client in a comfortable position
- Inform the client when to inhale and exhale as the needles are inserted.
- Each needle inserted one at a time and removed in reverse order individually.
- Only use pre-packed sterile needles for ‘once only’ application in each session.
- Treatment sessions depend upon need of client.
- Reassess before each session to monitor progress and ascertain if necessary.

6. Safe Practice

The safe process of treatment, use and disposal of needles, should be performed in strict adherence to the BAcC Guidelines and Trust Policies for Health and Safety and Infection Control.
7. **Accountability**

7.1 Practitioners are accountable for their own practice.

7.2 Each practitioner should aim for the treatment to be of the highest standard and must practice in consultation with the relevant medical practitioner.

7.3 His or her line manager must have given the practitioner approval to practice.

7.4 Practitioners must have supervision arrangements with a suitably qualified practitioner as specified in their professional Code of Conduct. This will be in addition to existing line management supervision and by agreement with their line manager.

8. **Review and Update**

8.1 Practitioners should monitor effectiveness of the therapy and make relevant data available for audit purposes and show a commitment to research based practice.

8.2 Regular updating and attendance at yearly conference is the practitioner’s responsibility. Also they should provide evidence that they are improving practice and updating.

8.3 Registration and membership of the regulating bodies will be checked by line management.
Adult Aromatherapy Protocol

1. Definition

Aromatherapy is the application of essential oils to improve physical and emotional well-being. In the practice of aromatherapy, essential oils are applied in a variety of ways including massage and as ointments, lotions, compresses, baths and inhalations. The holistic treatment is geared towards the needs of the individual and the aromatherapist will take this into account when the unique blend is made. An essential oil is an aromatic, volatile substance extracted from a single botanical source by distillation or expression. The essence of aromatherapy is that each essential oil possesses distinct therapeutic properties that help to promote health and prevent disease.

2. Practitioner

Staff who hold a qualification recognised by the following:

- AOC  -  Aromatherapy Organisation Council
- BCMA  -  British Complementary Medicine Association

The therapist will also be fully insured to practice.

3. Criteria

3.1 The use of complementary therapies will only be as part of an agreed care plan.

3.2 Referrals can be made via:-

- Self / Family / Carer.
- Medical Practitioner.
- Nurse or other healthcare professionals.
- Other practitioners.

3.3 Assessment:

Practitioners will assess suitability for treatment with due regard to code of conduct and ethics; accountability and any contra-indications.
4. Practice

4.1 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 disease, localised redness.
- Haemophilia.

4.2 Caution:-

- **Epilepsy** – The therapist should have awareness of the condition and how it effects the individual and use appropriate oils.

- **Pregnancy** - Do not use essential oils for first three months then use 1:100 dilutions.

4.3 Use of Essential Oils:-

- All essentials oils and carrier oils should be purchased from a reputable supplier registered with the Aromatherapy Trade Council.
- Awareness of C.O.S.H.H. regulations.
- Supply in dark coloured bottles with (normally Amber) integral drop dispensers.
- The ingestion of oils, or the application of oils via the rectum or vagina, should not be 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.

5. Consideration of Special Needs

5.1 Special needs includes:-

- Learning Disabilities.
- Profound Disabilities.
- Multiple Complex Health needs.
- Challenging needs.
- Physical Disabilities.
- Mental Health needs.
- Hearing and Visual Impairments.
• Frail Elderly

5.2 Safety precautions should be as follows:

a) During treatment the aromatherapy box of oils should be in a locked cupboard.
b) A member of staff should be available to support the patient.

6. Documentation

6.1 Each treatment should be recorded by the practitioner in the existing patient’s records, keeping a full record as per individual codes of conduct.

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

7. Consent

Individual practitioners must obtain consent from the patient receiving treatment and record this in the care notes.

8. Accountability

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

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

8.3 All practitioner should have an in-date First Aid Certificate.

8.4 The nurse practitioner / aromatherapist should follow the Standards for the Administration of Medicines, and adhere to the labelling regulations, July 1977 (Appendix 7.1).

9. Review and Update

9.1 It is the responsibility of each practitioner to adhere to the requirements of their professional code of conduct and scope of practice.

9.2 It is the responsibility of each practitioner to provide evidence of updating their practice.

9.3 Registration and membership of the regulating bodies will be checked by line management.
Aromatherapy Precautions

Labelling
As essential oils are freely available in most countries, the supplier needs to ensure that they are properly labelled, with proper cautions regarding children, eyes, pregnancy and skin. In France the sale of some oils has been restricted since 1986 to pharmacies: mugwort, wormwood, cedar, hyssop, sage, tansy and thuja (botanical names not given). Any oil which may be harmful when used injudiciously should not be offered for sale to anyone lacking adequate aromatherapy training. This still leaves a wide range of safe oils accessible for use by the general public. The Trades and Industries Board of the Aromatherapy Organisations Council (AOC), the self-regulatory body for aromatherapy in Britain, requires its members to ensure that essential oil containers carry printed cautions and that hazardous oils are removed from retail shelves.

Flammability
Another aspect to be remembered when handling essential oils is that because they are so volatile, they are highly inflammable. Typical flash points for essential oils range between 43°C for citrus oils to about 70°C for peppermint. They should be stored carefully in a cool, dark area, and working areas for mixing should not contain a naked flame. Smoking should not be permitted and the area should be well ventilated. It may be necessary to warn the insurer if oils are to be stocked in bulk.

Prescription of Oils
The Medicines Act 1968 does not allow natural therapists to prescribe or supply substances freely simply because they occur naturally. In the main it is herbalists who are affected but aromatherapists and aromatologists come under the same heading, since they too prescribe herbal substances (SHA). The Act defines a herbal substance or herbal remedy (section 132.1) “as a medicinal product consisting of a substance produced by subjecting a plant or plants to drying, crushing, or any other process, or of a mixture whose sole ingredients are one or more substances so produced, and water or some other inert substance”. This of course includes plant oils.

Conditions
The conditions of prescribing are:-

- The remedy must be an herbal remedy as defined above.
- The herbal remedy may be sold, supplied, manufactured or assembled without a license in a shop or a consulting room provided that the occupier supplies to a particular person in that person's presence after being requested to use his/her own judgement as to the treatment required.
This means that a practitioner cannot supply a person, even without charge, an oil or mixture of oils without a licence – unless that person has consulted that practitioner and he or she has actually seen the person (SHA).

**Labelling Regulations**

Since July 1977, regulations control the dispensing of products for medicinal use. The mandatory requirements for every container of medicine, lotion, ointment, tablet, etc. are as follows:-

- It must have a label.
- The label must contain:-
  - The name of the patient for whom the medicament has been prescribed.
  - The name and address of the practitioner who has supplied the product.
  - Directions for use and dosage, which may be omitted if the use has been explained to the patient and substituted by: “to be used as directed”. (However, the authors feel that directions for use should always be written down).
  - “External use only” if it is a liquid preparation for topical use.
- Bottles must be fluted (ribbed) when supplying remedies prescribed for external use only.

**Summary**

A Licence is necessary to supply a medicinal product unless:-

- The remedy is a herbal remedy and
- The remedy is prepared for administration to a particular person who has consulted the practitioner and been personally seen by them or
- The product is supplied in the original wrappings of the manufacturer without any claims being made by the supplier e.g. as in a shop.

All products supplied by the practitioner should be labelled. Labels should be typed or indelible ink used. The label must contain the following information:-

- Name of the patient.
- Name and address of the practitioner.
- Directions for use.
- “For external use only” if it is a liquid preparation for topical use.

Liquid preparations for topical use must be dispensed in a fluted (ribbed) bottle.
Adult Reflexology Protocol

1. Definition

Reflexology is the practice of foot (or hand) massage to treat ailments in all parts of the body. This is carried out using only hands (no tools/equipment) for the massage.

2. Practitioner

Staff who hold a qualification, recognised by one of the main professional bodies, in reflexology:

- MAR  Association of Reflexologists
- MIFR  International Federation of Reflexologists
- IIR  International Institute of Reflexologists
- VTCT  Vocational Training Charitable Trust

3. Criteria

3.1 The use of complementary therapies will only be as part of an agreed care plan.

3.2 Referrals can be made via:-

- Self / Family / Carer
- Medical Practitioner.
- Nurse or other healthcare professional.
- Other Practitioner.

3.3 Assessment:-

Practitioners will assess suitability for treatment with due regard to codes of conduct and ethics, accountability and any contra-indications.

4. Practice

4.1 Contra-indications are:-

- Diabetes
- Epilepsy
• Persons undergoing chemotherapy or radiotherapy

4.2 There is no equipment that requires storage.

5. Documentation

Each treatment should be recorded by the practitioner in the patients existing records, keeping a full record as per individual codes of conduct.

6. Consent

Individual practitioners must obtain consent from the patient receiving treatment and record this in the case notes.

7. Accountability

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

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

8. Review and Update

8.1 It is the responsibility of each practitioner to adhere to the requirements of their professional code of conduct and scope of practice.

8.2 It is the responsibility of each practitioner to provide evidence of updating.

8.3 Registration and membership of the regulating bodies will be checked by line management.
APPENDIX 5

Adult Therapeutic Massage Protocol

1. Definition

Massage is a conscious, deliberate, and often formalised use of the instinctive comforting response to comfort another person using touch through the manipulation of the soft tissues of the body. It is used to produce effects on the nervous, muscular and circulatory systems.

2. Practitioner

Staff member who holds a qualification recognised by one of the main professional bodies in therapeutic massage.

BMTC – British Massage Therapy Council

3. Criteria

3.1 The use of complementary therapies will only be used as part of an agreed care plan.

3.2 Referrals can be made via:-

- Self / Family / Carer
- Medical Practitioner.
- Nurse or other healthcare professional.
- Other Practitioners.

3.3 Assessment:-

Practitioners will assess suitability for treatment with due regard to codes of conduct and ethics, accountability and any contra-indications.

4. Practice

Contra-indications for therapeutic Massage are:-

- Any condition being treated by medically qualified person unless that person agrees.
- Medical advice must be sought for patients suffering from aneurysms, angina pectoris, atherosclerosis, connective tissue disease, hypertension, phlebitis, or thrombosis.
- Medical practitioners must not provide therapy for patients
undergoing active treatment for malignant disease
  • Acute fever
  • Over the abdomen during pregnancy (except with medical advice)
  • Over the abdomen during the first two or three days of menstruation
  • Areas of septic foci, or in contagious or infectious skin conditions
  • Over areas of broken skin, wounds, ulcers, bites, stings, abscesses, burns or bruising
  • Avoid areas around fractures
  • Over painful areas e.g. neuritis
  • Avoid areas of sensory dysfunction
  • Over areas of unexplained undulation
  • Over granulating tissue, including recent scar tissue
  • Over areas of unexplained inflammation and pain
  • Clients with friable or oversensitive skin which may bruise easily
  • Clients on long term steroid therapy (skin degeneration)

5. Documentation

Each treatment should be recorded by the practitioner in the patients existing records, keeping a full record as per individual codes of conduct.

6. Consent

Individual practitioners must obtain consent from the patient receiving treatment and record this in the case notes.

7. Accountability

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

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

8. Review and Update

8.1 It is the responsibility of each practitioner to adhere to the requirements of their professional code of conduct and scope of practice.

8.2 It is the responsibility of each practitioner to provide evidence of updating.

8.3 Registration and membership of the regulating bodies will be checked by line management.
APPENDIX 6

Hypnotherapy Protocol

1. **Definition**

Hypnosis can be regarded as an altered state of awareness with heightened attention and concentration that is directed inwards.

2. **Practitioner**

A staff member who holds a qualification recognised by one of the following:-

- National Council for Hypnotherapy
- British Society of Medical and Dental Hypnosis
- British Society of Experimental and Clinical Hypnosis
- Institute of Complementary Medicine

3. **Criteria**

3.1 The use of hypnosis will be part of an agreed care plan.

3.2 Referrals can be made via:-

- Self / Family / Carer
- Medical Practitioner.
- Nurse or other healthcare professional.

3.3 Assessment:-

Practitioners will assess suitability for treatment with due regard to codes of conduct and ethics, accountability and any contra-indications.

4. **Practice**

4.1 Indications:- Research suggests that hypnosis can be a useful adjunct to other treatments in a number of areas such as:-

- Neurotic Disorders
- Addictive behaviours e.g. smoking, drug and alcohol use, eating disorders and cravings
• Reactive depression
• Post-traumatic stress disorder
• Problems with a psychosomatic element e.g. irritable bowel syndrome, psychogenic pain, immune functioning, allergies, infertility
• Psychological issues e.g. self-confidence, self-esteem, ego strengthening, performance anxiety, accelerated learning
• Stress management

4.2 Contra-indications (although in some instances hypnosis may be used under close supervision of a consultant psychiatrist) are:

• Psychotic disorders
• Personality disorders
• Severe clinical depression

4.3 Any work must be in accordance with the patient’s care plan.

4.4 It is acknowledged that some components of hypnotherapy may be used to complement other therapies and treatments. In such cases practitioners must be able to demonstrate a sound knowledge of the skill being used and have undergone a reputable and recommended training course. They should also be in receipt of regular supervision regarding this skill.

5. Documentation

Record keeping should be in keeping with the Trust policy and work should be evaluated through client feedback for audit purposes.

6. Consent

The patient must give informed consent to the practitioner. The consent may be withdrawn at any stage in the therapy.

7. Accountability

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

7.2 Each practitioner should aim for their treatments to be of the highest standard, and must practice in consultation with the relevant medical practitioner.

7.3 The accountable practitioner must have given approval to practice hypnotherapy by his or her line manager.
7.4 Practitioners must have supervision arrangements with a suitably qualified practitioner as specified in their professional code of conduct. This will be in addition to existing line management supervision and by agreement with their line manager.

8. Review and Update

8.1 Practitioners should monitor effectiveness of the therapy and make relevant data available for audit purposes and there will be a commitment to research based practice.

8.2 Regular updating through Continuous Professional Development (CPD) will be considered essential and each practitioner will be responsible for providing evidence of updating.

8.3 Registration and membership of the regulating bodies will be checked by line management.
**APPENDIX 7**

**Training Requirements**

It is the responsibility of the Clinical Effectiveness Group to update staff that require to know about the policy

If training is required a Training Needs Analysis must be completed (see below)

**Training Needs Analysis**

<table>
<thead>
<tr>
<th>Training Required</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training topic:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(see study leave policy)</td>
<td>□ Mandatory (must be on mandatory training register)</td>
<td>□ Role specific</td>
</tr>
<tr>
<td></td>
<td>□ Personal development</td>
<td></td>
</tr>
<tr>
<td>Division(s) to which the training is applicable:</td>
<td>□ Adult Mental Health &amp; Learning Disability Services</td>
<td>□ Community Health Services</td>
</tr>
<tr>
<td></td>
<td>□ Enabling Services</td>
<td>□ Families Young People Children</td>
</tr>
<tr>
<td></td>
<td>□ Hosted Services</td>
<td></td>
</tr>
<tr>
<td>Staff groups who require the training:</td>
<td>Please specify…</td>
<td></td>
</tr>
<tr>
<td>Regularity of Update requirement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is responsible for delivery of this training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have resources been identified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a training plan been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where will completion of this training be recorded?</td>
<td>□ ULearn</td>
<td>□ Other (please specify)</td>
</tr>
<tr>
<td>How is this training going to be monitored?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape its services around the needs and preferences of individual patients, their families and their carers</td>
<td>✔</td>
</tr>
<tr>
<td>Respond to different needs of different sectors of the population</td>
<td>✔</td>
</tr>
<tr>
<td>Work continuously to improve quality services and to minimise errors</td>
<td>✔</td>
</tr>
<tr>
<td>Support and value its staff</td>
<td>✔</td>
</tr>
<tr>
<td>Work together with others to ensure a seamless service for patients</td>
<td>✔</td>
</tr>
<tr>
<td>Help keep people healthy and work to reduce health inequalities</td>
<td>✔</td>
</tr>
<tr>
<td>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</td>
<td>✔</td>
</tr>
</tbody>
</table>
### Stakeholders and Consultation

#### Key individuals involved in developing the document

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Oxley (Chair)</td>
<td>Head of Pharmacy</td>
</tr>
<tr>
<td>Linda Everall</td>
<td>Team Manager MSK Therapy Services</td>
</tr>
</tbody>
</table>

#### Circulated to the following individuals for comment

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Churchar</td>
<td>Lead Nurse AMH/LD Inpatient Services, AMH/LD</td>
</tr>
<tr>
<td>Claire Armitage</td>
<td>Lead Nurse, Adult Mental Health Services</td>
</tr>
<tr>
<td>Neil Hemstock</td>
<td>Lead Nurse, FYP/C</td>
</tr>
<tr>
<td>Lyn Williams</td>
<td>Service Lead MHSOP</td>
</tr>
<tr>
<td>Vicky McDonnell</td>
<td>Trust Lead Quality &amp; Patient Safety</td>
</tr>
<tr>
<td>Paul Williams</td>
<td>Team Manager, Eating Disorder Service</td>
</tr>
<tr>
<td>Anjlee Sharma</td>
<td>Directorate Lead Pharmacist</td>
</tr>
<tr>
<td>Chris Crane</td>
<td>Service Manager - CRISIS</td>
</tr>
<tr>
<td>Steve Dyer</td>
<td>Specialist Registrar General Adult Psychiatry</td>
</tr>
<tr>
<td>Jude Smith</td>
<td>CHS Head of Nursing/Deputy Clinical Director</td>
</tr>
<tr>
<td>Lynn Wroe</td>
<td>Team Leader, OSL House</td>
</tr>
<tr>
<td>Amin Pabani</td>
<td>Service Lead Podiatry</td>
</tr>
<tr>
<td>Natasha Garraway-Charles</td>
<td>Service Manager Health HM Prisons LLR</td>
</tr>
</tbody>
</table>