



<b>POLICY/PROCEDURE INFORMATION</b> <b>(Policy no CS010)</b>	
<b>Subject</b>	<b>Complementary Therapy Policy CS010</b> <i>(This policy is subject to periodic review and will be amended according to service development needs).</i>
<b>Applicable to</b>	All staff and volunteers working with Nottinghamshire Hospice
<b>Target Audience</b>	All staff and volunteers involved in the delivery of Complementary Therapies in Nottinghamshire Hospice
<b>Date issued</b>	10 Jan 2023
<b>Next review date</b>	10 Jan 2026
<b>Lead responsible for Policy</b>	Director of Care
<b>Policy reviewed by</b>	Complementary Therapy Coordinator/Palliative Care Lead
<b>Notified to (when)</b>	Quality and Safety Committee 10 Jan 2023
<b>Authorised by (when)</b>	Quality and Safety Committee 10 Jan 2026
<b>CQC Standard if applicable</b>	All
<b>Links to other Hospice Policies</b>	Consent Policy Incident and Accident Reporting Policy Volunteer Policy Managing Concerns and Performance of Volunteers Safe Sharps and Blood Born Virus Policy Mental Capacity Act Policy Safeguarding Adults Policy Safeguarding Children Policy Manual Handling Policy
<b>Links to external policies</b>	National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care. Marianne Tavares. 2003. The Prince of Wales's Foundation for Integrated Health.
<b>Summary</b>	This policy is to support all staff and volunteers involved in advising and providing complementary therapies on behalf of Nottinghamshire Hospice. It provides guidance on the system and processes that are required to be in place to provide a safe service.
<b>This policy replaces</b>	NH0003

VERSION CONTROL		
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Original policy written by Matt McGuire, Complementary Therapist	July 2016	July 2018
Policy notified to Quality and Safety Group and ratified by Board of Trustees	2016	
Policy reviewed and updated by Matt McGuire, Complementary Therapy Coordinator	Dec 2019 Dec 2022	
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<p><b>1.</b></p>	<p><b>Introduction</b></p> <p>Nottinghamshire Hospice provides patients and service users with therapeutic interventions which fall under the title of ‘Complementary Therapy’. The definition of ‘Complementary Therapies’ is by reference i.e., it refers to therapies that have traditionally been outside of government funded training, services, regulation and implementation.</p> <p>Complementary therapists at Nottinghamshire Hospice are both paid and unpaid staff and therefore this policy supports the unitary nature of their task.</p>
<p><b>2.</b></p>	<p><b>Legislative Framework</b></p> <p>Regulation and registration of complementary therapists in the UK is voluntary self-regulation.</p> <p>Professional associations are membership organisations established to drive up standards within individual therapists. They hold a list of members who meet their membership requirements. Requirements vary from organisation to organisation.</p> <p>In accordance with government recommendations, the various professional associations in each therapy have been working together to agree standards and requirements for each type of complementary therapies.</p> <p>The following have been used to guide the content of this policy</p> <ul style="list-style-type: none"> <li>• National Cancer Peer Review Programme. Evidence Guide for Complementary Therapies Locality</li> <li>• The ‘National Guidelines for the use of Complementary Therapies in Supportive and Palliative Care’ document 2003 (1.)</li> <li>• Trust, Assurance and safety: the regulation of health professionals in the 21st Century 2007</li> <li>• Nursing and Midwifery Council. The Code: Professional standards and behaviour for nurses and midwives 2016.</li> <li>• Local government miscellaneous provisions act 1982 (relating to skin piercing in acupuncture see appendix C)</li> <li>• The Control of Substances Hazardous to Health Regulations 2002</li> </ul>

<p><b>3.</b></p>	<p><b>Policy Aim</b></p> <p>The aim of this policy is to describe how we deliver a demonstrably safe and effective range of complementary treatments through:</p> <ul style="list-style-type: none"> <li>• the governance in the selection or deselection of therapies</li> <li>• the service criteria and how we communicate this</li> <li>• the necessary consent and recording of treatments and procedures provided</li> <li>• the management of hazards and the iatrogenic effects of treatments</li> <li>• the management of professional boundaries and safeguarding issues with service users</li> </ul>
<p><b>4.</b></p>	<p><b>Scope</b></p> <p>This policy is based on the best available guidance and common practice and sets the standards and procedures at the hospice and applies to all staff and volunteers involved in the delivery of Complementary Therapies</p> <p>Complementary therapies can only be provided by staff or volunteers that have been recruited for this specific purpose or students on approved placements. This is to ensure that they have completed the required safeguarding checks in accordance with hospice policies.</p> <p>Complementary therapies can be delivered in the treatment rooms within the Hospice . It is acceptable for some therapies to be provided in the wellbeing area e.g., hand or foot massages at the patients request and provided this does not disturb other patients.</p> <p>Patients can access complementary therapies as part of their care package being provided by the hospice.</p> <p>Carers and bereaved relatives can access complementary therapies during carer support sessions provided this does not impact significantly on the availability of therapies to patients.</p>

	<p>Staff and volunteers may access complementary therapies provided by the hospice if they are affected by a life limiting illness. Patient confidentiality will be maintained at all times for all people accessing the services.</p>
5.	<p><b>Roles and Responsibilities</b></p> <p><b>Director of Care</b></p> <p>As the Overall lead for the Service, the Director of Care has responsibility for approving which complementary therapies meet the needs of the service users and can be safely used in this setting.</p> <p><b>Head of Wellbeing and Reablement</b></p> <p>The Head of Wellbeing and Reablement has general management responsibilities for Therapy Services and will oversee advances and service improvements with the Complementary Therapy Co-ordinator.</p> <p><b>Complementary Therapy Coordinator</b></p> <p>The Complementary Therapy Coordinator has responsibility for ongoing research and best practice to ensure that they keep the Head of Wellbeing and Rehabilitation and Director of Care up to date with advances in Complementary Therapy.</p>
6.	<p><b>Complementary Therapists</b></p> <p>Complementary Therapists must have 18 months post qualification experience and be registered with a governing body in their discipline prior to taking up a position with the Hospice.</p> <p>All Complementary Therapists will have:</p> <ul style="list-style-type: none"> <li>• Completed a recognised practitioner level training course</li> <li>• Be up to date with continuing professional development</li> <li>• Provide a written definition of the treatment they offer</li> <li>• Be sufficiently aware of clinical problems and psychological issues with which patients can present</li> <li>• Have membership of a professional therapy organisation</li> </ul>

<p><b>7.</b></p>	<p><b>Volunteers</b></p> <p>Volunteer Complementary Therapists are recruited in line with the policy for the ‘Recruitment and Selection of Volunteers’ and work under the direct supervision of a qualified complementary therapist.</p> <p>Volunteer Complementary Therapists:</p> <ul style="list-style-type: none"> <li>• Be provided with a role description when they start work at the Hospice</li> <li>• Must work within their professional competence with regard to their actions towards patients.</li> </ul>
<p><b>8.</b></p>	<p><b>Student Placements</b></p> <p>The Hospice supports and provides complementary therapy student placements.</p> <p>Once students have passed their initial training, they can provide treatments to patients under the supervision of a qualified complementary therapist. Patients must be aware that they are consenting to care and treatment provided by a student.</p> <p>Formal placements contracts between the educational provider the student and the Hospice must be in place before a placement can commence. The contracts cover time commitment, induction and training, safety checks and insurance provision, expected learning outcomes, methods of supervision by the Hospice team and also liaison with college tutors.</p>
<p><b>9.</b></p>	<p><b>Type of Complementary Therapies</b></p> <p>The term ‘Complementary Therapies’ denotes the supportive nature of these interventions.</p> <p>There are large number of therapies covered by the term ‘complementary’.</p> <p>Massage or touch based therapies form the core of the Hospice complementary therapies offered. This is in line with well-established provision at other hospices nationally and is supported by literature and evidence to support their appropriate use. However, as a caution with regard to evidence, in common with many non-pharmacological clinical interventions, the evidence base for the effectiveness of complementary therapies does not offer the same level of assurance secured for</p>

	<p>interventions supported by well conducted randomised controlled trials.</p> <p>Complementary therapies that have been approved for use by Nottinghamshire Hospice are:</p> <ul style="list-style-type: none"> <li>• Acupressure massage</li> <li>• Acupuncture</li> <li>• Aromatherapy massage</li> <li>• Aroma sticks</li> <li>• Bowen Therapy*</li> <li>• Hot Stone massage</li> <li>• Indian Head massage</li> <li>• Infra-red heat</li> <li>• Remedial massage</li> <li>• Reflexology</li> <li>• Shiatsu</li> <li>• Swedish massage</li> </ul> <p>* (A Bowen Technique treatment consists of a series of gentle rolling moves with frequent pauses between moves giving the body time to benefit from each set.)</p> <p>Practitioners treat the body as a whole or can target a specific problem. It is a non-invasive technique that is applied by gentle hand movements over muscles, tendons, ligaments, joints, nerves and fascia to promote relief from musculoskeletal and neurological complaints (Bowen Association: UK, 2016)</p> <p>Complementary therapies use a variety of techniques such as heat, cold, stretches and breathing techniques and are supported with after care advice.</p>
<b>10.</b>	<b>Assessment</b>



	<p>Anyone wishing to use the service will have a pre-treatment assessment with a therapist. This will be recorded in the patient's case notes on SystmOne. (See Complementary Therapy SOP007)</p> <p>Anyone accessing the Complementary Therapies Service will be provided with information about therapies to aide them to make informed treatment choices and be able to consent to treatment.</p> <p>When there are concerns regarding the patient's capacity to understand complementary therapies, to retain information provided or to consent to or refuse treatment then assessment and care will be provided in accordance with Nottinghamshire Hospices Mental Capacity Act Policy and the patient's care plan. If necessary, this may need to be a decision made with other care givers whether from the Hospice, outside agencies and family members. This process will be recorded in the patient notes.</p>
<p><b>11.</b></p>	<p><b>Goal setting and evaluation</b></p> <p>The therapist and the patient will agree the treatment programme in order to achieve the users' desired outcome. This may be a single treatment or a course of treatments. This plan will be reviewed regularly to take into account changes in the patient's attendance, condition or priorities.</p> <p>Palliative patients are offered a schedule of up to 12 treatments and carers up to 6 treatments. Any extension to these schedules will be discussed in the Multi-Disciplinary Team meeting (MDT).</p> <p>Every effort will be made to ensure that treatment plans are followed however when it is not possible to realise this, patients will be informed at the earliest opportunity and alternative plans made.</p> <p>Users can choose to cease treatments at any point. In cases where the patient's communication is limited the therapist will watch for and interpret other signs to assess continued acceptance such as breathing pattern, negative vocalization, facial expression, body language and 'consolability' (Pain Assessment in Advanced Dementia (PAINAD) Scale).</p> <p>If a therapist considers that treatments are not effective in meeting the stated aims</p>

	<p>and goals this will be communicated to the patient and reviewed.</p> <p>Evaluation is an integral part of the treatment process for the therapist to continually assess whether patient's symptoms are being improved or managed by their intervention and whether this is meeting the patient's expressed goals.</p> <p>The therapies on offer at the hospice have been chosen in light of the evidence available which demonstrate that they are of value to the hospice client group.</p> <p>The complementary therapy team participates in weekly case conference meetings where the clinical team monitors and evaluates care provided to patients.</p> <p>To ensure the delivery of the highest quality service the extracting and abstracting of clinical data will be performed by complementary therapists and the coordinator and the results will be fed into the general quality assurance programme.</p>
<b>12.</b>	<p><b>Record Keeping</b></p> <p>In line with Hospice policy the compilation of all complementary therapy records will follow the policy.</p> <p>All assessments, treatments and discussions will be recorded in the patient's case notes on SystmOne. Any member of the clinical team can record relevant facts or reports from patients.</p>
<b>13.</b>	<p><b>Referral</b></p> <p>All palliative referrals are entered by the coordination hub as a referral on SystmOne and discussed at case conference prior to assessment.</p> <p>Hospice staff can refer as can external health care professionals, social care professionals' patients and their family. Patients must consent to the referral, or a best interest decision must be documented.</p> <p>Carers can be referred by the above groups but will be registered on the lizuka database prior to commencing treatment and the initial referral is managed by a paper form.</p> <p>No treatment will be promised, agreed, or commence until the patient is assessed by a complementary therapist.</p>

<p><b>14.</b></p>	<p><b>Cautions and Contraindications to Treatment</b></p> <p>Every Complementary Therapist holds responsibility and accountability to make themselves sufficiently aware of clinical problems which patients may present with so they can make a judgement when it is not safe to treat.</p> <p>The contraindications and cautions detailed in the Complementary Therapy SOP007 are not seen as exhaustive but as a guide when determining the right treatment for people using the service.</p> <p>Every Complementary Therapist holds responsibility and accountability to make themselves sufficiently aware of clinical problems which patients may present with so they can make a judgement when it is not safe to treat.</p> <p>When patients are being treated and there are perceived risks it is important for practitioners to clearly justify their reasoning in patient notes and to discuss the treatment in advance with their line manager.</p>
<p><b>15.</b></p>	<p><b>Management of Adverse Effects of Treatment</b></p> <p>All serious adverse effects will be reported and recorded in accordance with the Reporting of Incidents and Accidents Policy.</p> <p>All therapists should record in notes if treatments are suspected of exacerbating or producing adverse symptoms. This should be discussed at the earliest opportunity with the coordinator or clinical team member so appropriate action can be agreed.</p> <p>All significant changes in the patient's condition must be communicated to the key staff involved in their care at the hospice and if necessary, their home carers whatever their cause.</p> <p>In the case of an accident/incident arising from the use of essential oils follow the guidelines documented in the relevant material safety data sheets (MSDS) and COSHH documentation. All incidents will be reported, and the patient's GP contacted if there are any clinical concerns.</p>
<p><b>16.</b></p>	<p><b>Safety and Management of Known Hazards</b></p> <p><b>Moving and handling</b></p>

Staff work in accordance with the best practice and the Nottinghamshire Hospice Manual Handling Policy.

### **Aromatherapy and massage**

All products must be stored in accordance with safety data sheets and used out of the way of concentrated oxygen or oxidising agent and naked flames or other ignition sources.

Essential oils are classed as substances hazardous to health and as such are governed by COSHH regulations and must be stored and handled in accordance with COSHH protocols.

Material Safety Data Sheets must be obtained for each essential oil purchased for use on patients at the hospice.

Hazardous essential oils are not to be used by aromatherapist's at the hospice. Known hazardous essential oils are listed in the **Complementary Therapy SOP007**.

### **Acupuncture**

The Policy for Safe Sharps and Blood Born Virus for Staff Employed by Nottinghamshire Hospice (including Volunteers) covers needle stick injuries and sharps use and disposal and is consistent with local government recommended procedure as set out in the policy and also the British Acupuncture Council Code of Safe Practice.

Acupuncture needles must be stored in locked cabinets to prevent inappropriate use.

See **Complementary Therapy SOP007** for actions following acupuncture complications

### **Hot Stone Massage**

Hot stone massage is a form of massage and so all the same cautions and contraindications apply but also considerations about the use of heat and the disinfection of the stones between patients have to be considered. See **Complementary Therapy SOP007**

## **17. Professional Boundaries and Safeguarding**

### **Codes of Practice**

Therapists are bound by the code of practice of the professional organisation of which they are members.

Service Users requesting private treatments with complementary therapists will be supplied a list of therapists working in that area so they can independently contact them and judge for themselves whether to purchase their services. This list may contain therapists who practice at the Hospice.

It will be clearly communicated to the service user that the list is not a recommendation and the Hospice has no responsibility for any engagement of services. This will be documented in the patient notes.

## 18. References

1. British Acupuncture Council. 2016. Code of Safe Practice. London.  
[www.acupuncture.org.uk](http://www.acupuncture.org.uk)
2. British Acupuncture Council. 2015. Code of Professional Conduct. London.  
[www.acupuncture.org.uk](http://www.acupuncture.org.uk)
3. National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care. Marianne Tavares. 2003. The Prince of Wales's Foundation for Integrated Health.
4. National council peer review programme: Evidence Guide for: Complementary Therapies Locality. 2010.  
[www.cquins.nhs.uk/download.php?d=resources/evidences/NCAT\\_INT\\_PEER](http://www.cquins.nhs.uk/download.php?d=resources/evidences/NCAT_INT_PEER).
5. [Complementary Therapy \(Safeguarding Practice\) Measures National Cancer Peer Review -National Cancer Action Team April 2011](#)
6. The National Council for Hospice and Specialist Palliative Care Services.  
[www.ncpc.org.uk](http://www.ncpc.org.uk)
7. The Acupuncture Association of Chartered Physiotherapists guidelines.  
[www.aacp.org.uk](http://www.aacp.org.uk)