**Title:** The Safe Practice of Complementary (Holistic) Therapies

**Purpose:** This policy aims to give guidelines for the use of complementary therapies within Cornwall Foundation NHS Trust, and provide a framework for the incorporation of identified therapies into the holistic care of patients.

**Applicable to:** Trust Staff, Patients, Contractors, Volunteers

**Document Author:** Kate King – Sports and Complementary Therapist

**Acknowledgements and contributors:**

- Gloucestershire 2gether Foundation Trust – Complementary Therapies Policy
- Leicestershire Partnership Trust – Complementary Therapies Policy and Protocols

**Freedom of Information:** This document can be released

**Ratified by and Date:** Ellen Wilkinson – Medical Director
3 July 2017

**Review Date:** January 2020
6 months prior to the expiry date

**Expiry Date:** July 2020
3 years after ratification unless there are any changes in legislation or changes in clinical practice

**Document library location:** Clinical – Clinical Guidelines

**Related legislation and national guidance:** See references

**Associated Trust Policies and Documents:**
- Trust Code of Confidentiality
- Infection Control Standard Precautions
- Manual handling policy
- Complaints Policy including Easy to Read Policy
- Whistleblowing Policy
- Risk Assessment Policy and Risk Assessment Forms
- Health & Safety Policy
Clinical Guidelines for the use of Acupuncture within the Physiotherapy Service

| Equality Impact Assessment: | The Equality Impact Assessment Form was completed on 7 March 2017 |
| Training Requirements: | See Section 6 |
| | The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum. |
| | Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum. |
| | Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager’s reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting. |
| | Staff failing to complete this training will be accountable and could be subject to disciplinary action. |
| Monitoring Arrangements: | 3 years after ratification unless there are any changes in legislation or changes in clinical practice |
| Implementation: | 3 years after ratification unless there are any changes in legislation or changes in clinical practice |

Version Control

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This document Replaces:

CG/007/13 – The Safe Practice of Complementary Therapies Policy
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1. **Introduction for the use of Complementary (Holistic) Therapies**

1.1 A review of evidence, undertaken in August 2013, indicates limited evidence for Complementary Therapies applied to mental health issues. Most of the research provides anecdotal evidence therefore is subjective rather than empirically based objective evidence. However, the Royal College of Psychiatrists and Rethink both recognise that complementary therapies are often used by people with mental-health difficulties and reported to be beneficial. The RCP Accreditation for Inpatient Mental Health Services programme includes the following standard:

37.6.3 All patients have access to evidence-based local complementary therapies, delivered by trained practitioners, in accordance with local policy and procedures.

1.2 NICE guidelines *(Clinical guideline CG42)* for supporting people with dementia states:

‘1.7.1.2 For people with all types and severities of dementia who have comorbid agitation, consideration should be given to providing access to interventions tailored to the person’s preferences, skills and abilities. Because people may respond better to one treatment than another, the response to each modality should be monitored and the care plan adapted accordingly. Approaches that may be considered, depending on availability, include aromatherapy (…and) massage.’

1.3 Cornwall Partnership Foundation NHS Trust (CFT) recognises that there is an increasing interest in the safe practice of complementary therapies in health care.

1.4 These guidelines are for the use of CFT staff that hold recognised qualifications in specific complementary therapies. The purpose of these guidelines and protocols for specific therapies is not to limit either practice or service user choice, but to ensure professional standards, high quality service, and safe practice.

**Appendix 1** summarises the current evidence base for the use of complementary therapies in mental health.

2. **Definition of Complementary (Holistic) Therapies**

2.1 The Cochrane Collaboration defines complementary and alternative medicine (CAM) as a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period.

Although "complementary and alternative" is often used as a single category, it can be useful to make a distinction between the two terms.

2.2 ‘Alternative therapies / medicine’ are used in place of conventional approaches, using alternative medical systems that are built upon complete systems of theory and practice. Often
these systems have evolved apart from and earlier than conventional Western approaches, examples of such include homeopathy, naturopathy and Ayurveda.

The Trust is not currently a provider of ‘Alternative’ approaches.

2.3 ‘Complementary and / or Holistic therapies’ are used together with and in support of conventional medical methods. This means, they complement the range of services provided by the NHS, although they may not necessarily have a scientific explanation for their effectiveness.

2.4 Types of Complementary Therapy

The list of what is considered to be ‘Complementary’ changes continually as those therapies that are proven safe and effective become adopted into conventional health care and as new approaches begin to emerge.

Complementary therapies include:

Manipulative and body – based methods. These involve manipulation or movement of one or more body parts (e.g. Massage, Reflexology).

Energy therapies. These involve the use of energy fields, such as magnetic fields or biofields (energy fields that some believe surround and penetrate the human body), or meridians. (E.g. Acupuncture, Reiki).

Mind-body approaches. These use a variety of techniques designed to enhance the minds ability to affect bodily function and symptoms. (E.g. Yoga, mindfulness).

Biologically Based therapies. These use substances found in nature, such as essential oils, special diets or vitamins (in doses outside those used in conventional medicine). (e.g. Aromatherapy, Nutritional Therapy).

3. Scope of the Policy

3.1 This policy aims to give guidelines for the use of complementary therapies within Cornwall Partnership NHS Trust, and provide a framework for the incorporation of identified therapies into the holistic care of patients.

3.2 It is not intended to provide definitive professional guidance or to be a substitute for individual clinical judgement.

3.3 Chartered Physiotherapists using acupuncture within Cornwall Partnership Foundation NHS Trust will be working within the Trust policy ‘Clinical guidelines for the use of Acupuncture within the Physiotherapy Service.’
3.4 The availability of Complementary Therapies to people using Trust services needs to be considered in the context of Government policy to:

- person centred care
- ensure effective treatments are safely delivered (Clinical Governance).

A therapeutic intervention needs to be seen in the context of the Trust aiming to:

- promote the person leading a life they find meaningful even where symptoms / disabilities persist
- reduce symptoms / disabilities whenever possible
- prevent / slow down deterioration where cure is unlikely.

3.5 Complementary Therapies that are currently approved by the Trust are detailed below. Supporting evidence for the use of these therapies can be found in Appendix 1.

3.51 Acupuncture

Acupuncture involves piercing the skin with fine needles. There are two types:

- **Traditional Chinese acupuncture** involves placing the needles along assumed energy channels or ‘meridians’. This is done in order to restore a disturbed energy balance which is theoretically responsible for illness.
- **The Western medical approach** uses similar techniques without using the energy concept. In the West, acupuncture is mainly used as a treatment for pain. Its use for mental health problems is still in its infancy.

3.52 Aromatherapy

This is based on the healing properties of plant oils. These oils are diluted in a 'carrier oil'. The oils are commonly used in oil burners, in bath water, or massaged into the skin. The aroma of the essential oil evaporates and stimulates the sense of smell. An aromatherapy massage is based on techniques to relieve tension and improve circulation. Practitioners believe this allows oil molecules to be absorbed into the blood stream during massage, and then passed through the body to the nervous system. People use aromatherapy for relaxation, sleep improvement, pain relief and to help depression.

3.53 Massage Therapy

Massage is a form of structured and pressurised touch, or kneading, of the body. Massage relaxes and relieves muscle pain. There are different types of massage, including:

- Swedish massage, which involves light or deeper strokes aiming to relax the muscles to relieve tension and improve emotional wellbeing.
- Acupressure massage, which puts pressure on certain points to help balance energy.
3.54  **Nutritional Therapy**

Using a biochemical understanding of food and its nutrients, including vitamins and minerals to target physical and mental ill-health. To improve symptoms and general wellbeing through diet and potential additional supplementation.

3.55  **Reflexology**

This treatment works on the principle that specific points in the feet, hands and ears represent certain body systems or organs. Illness is seen as a sign that the person is out of balance, and that energy flows are disturbed. By applying pressure point massage, the energy flows and balance is restored. Reflexology can give a sense of well-being and relaxation and may help alleviate stress, anxiety and poor sleep.

3.56  **Reiki / 'Therapeutic touch'**

'REiki' relates to spiritual life force and energy. Reiki therapists claim to channel energy from their hands to the client which leads to healing. It can be carried out with hands on the body (over clothes), which can be described as ‘therapeutic touch’ or can be performed without touch – normally by an advanced Reiki Master.

3.6  Where there is clearly an identified need for further protocols and standards for other complementary therapies, therapists, in conjunction with other healthcare professionals, should assist with the development of those protocols and standards for inclusion into this core policy document.

4.  **Safe Practice**

4.1  All practitioners of complementary therapies within CFT will work within this policy document.

4.2  THE SAFETY OF THE INDIVIDUAL IS PARAMOUNT AT ALL TIMES. If there are any doubts about the safety of a particular therapy with an individual it should not be used in their treatment programme.

4.3  Any complaints or grievances by service users will be dealt with under the Trust’s Complaints Policy. Similarly, staff concerns can be addressed via the Trusts Whistle Blowing procedure.

5.  **The Complementary Therapist**

5.1  There are two levels of registration for Complementary Therapists who are delivering services for the Trust:

1) Qualified as a complementary practitioner and in mental health / learning disability. Complementary therapists may be from any discipline but must:
• possess a complementary therapy qualification from a recognised national body (see section 6), be registered with an appropriate professional body and have adequate personal therapy insurance, AND:
• possess a professional qualification, e.g. as a medical practitioner, a nurse or one of the allied health professions.

2) Qualified as a complementary practitioner to practice under supervision of a qualified mental health / learning disability professional. Complementary Therapists qualified to practice under supervision of a qualified mental health / learning disability professional must:
• possess a complementary therapy qualification from a recognised national body (see section 6), be registered with an appropriate professional body and have adequate personal therapy insurance.

They are accountable for their practice to the Trust as their employer and to their professional body, which requires their members to abide by codes of conduct, ethics and discipline.

6. Training Standards

6.1 Complementary Therapists need to be in receipt of a recognised qualification from a training establishment that is accredited by a suitable regulatory body.

6.2 A qualified Complementary Therapist must consequently belong to a Recognised Professional Organisation, such as:
• British Complementary Medicine Association (BCMA)
• Institute of Complementary Medicine (ICM)
• Embody (previously International Guild of Professional Practitioners – IGPP)
• Federation of Holistic Therapists (FHT)
• Professional Association of Clinical Therapists (PACT) – part of FHT

Or belong to a therapy specific professional organisation such as:
• Acupuncture Association of Chartered Physiotherapists (AACP)
• British Association for Nutritional Therapy (BANT)
• Association of Reflexologists (AoR)

Or must be registered with the Complementary and Natural Healthcare Council (CNHC).

These associations have a robust voluntary structure, which includes codes of conduct, ethics and continuing professional development, and are working towards statutory regulation.

6.3 Practitioners will have trained to the standards set in the above Professional Bodies and consequently meet criteria to be able to be fully insured to practice.
6.4 The recommended educational requirement for any such individual therapy is a qualification at Level 3 with a minimum 100 hours of guided learning, with additional supervised case study work. (At home / online training is generally unacceptable – there must be face-to-face teaching and supervision).

7. **Competency to practice**

7.1 Written evidence of training and regular updating of skills will be provided to the Line Manager by the therapist on request. For Trust employees this should be facilitated through the appraisal process.

7.2 The implications of complementary therapies should be carefully thought through prior to practice, and the Complementary Therapist should evaluate whether she or he feels competent to practice.

7.3 Through the Trust’s clinical supervision and appraisal process, the Complementary therapist will demonstrate that he / she

- Safeguards the patient/client.
- Promotes the safe and effective use of complementary therapies.
- Ensures practice abides with their professional governing body (e.g. NMC)
- Takes responsibility for regularly updating their skills and keeping abreast of developments in the practice of their therapy.
- Recognises limits to individual competency and does not exceed their own personal skills.
- Recognises contra indications to treatment.
- Maintains confidentiality, privacy and dignity.

8. **Registering to Practice**

8.1 Staff already employed by the Trust and who wish to practice a recognised complementary therapy in addition to their existing role must register with the Trust via their line manager and Professional Lead using the form in **Appendix 2**. It is down to the discretion of the Line Manager and Professional Lead to decide whether it is appropriate for staff to practice Complementary Therapies in addition to their existing role. The line manager is responsible for checking details on the form against the criteria in this policy. A copy of the Registration Form is to be kept in the Personnel File.

Complementary Therapists who are employed by the Trust, who have a specific job description detailing this, and are undertaking approved work as part of their job description are covered by the Trust indemnity scheme.

8.2 Line Managers who wish to hire private practitioners to provide services on behalf of the Trust must first liaise with Human Resources.

8.3.1 Private practitioners recruited must:

- meet the qualifications and registration details in sections 5, 6 and 7.1 above
- produce evidence of sufficient private professional Liability and Indemnity insurance cover.
- Meet usual pre-employment procedures (DBS, Occupational Health etc.)

8.4 All therapists, (employed by CFT or working as private practitioners contracted to CFT) are professionally responsible and accountable for their actions and must always act in accordance with the appropriate professional body’s statements of professional practice.

8.5 In order to register and maintain registration, therapists must receive appropriate practice supervision and engage in continuous professional development relevant to their practice. This would be monitored through normal appraisal processes for employees or at an annual contract review for Private practitioners.

9. **Accountability**

9.1 Accountability is dependent on knowledge, competence and experience.

9.2 Doctors and registered healthcare professionals will be accountable for their actions under the terms of the code of practice of their professional body.

9.3 A health care support worker or volunteer/sessional worker can be made to account for their actions. Any such therapist who works within the terms of this policy must do so with clinical supervision from a registered healthcare professional.

10. **Insurance and Vicarious Liability**

CFT staff who deliver complementary therapies as part of their job description are covered by the Trust's vicarious liability insurance.

Staff practising Complementary Therapies in addition to their existing role, who have support from their managers and who work within the parameters of this policy are also covered by the Trust’s vicarious liability insurance.

Private therapists who work on a sessional basis must have professional indemnity insurance cover that applies to the period of their contract with CFT.

11. **Consent to Treatment**

11.1 Individual service users must be informed about the nature of the therapy and its possible side effects and benefits. A CFT developed Complementary Therapies leaflet will be available to provide to service users, providing details of potential benefits, side-effects and after-care advice. The informed consent of the patient must be gained and documented. A unified Health and Declaration (consent) form will be used by all Complementary Therapists in the trust. (See Appendix 3). Any subsequent treatment will require a consent signature to be gained from the client (recorded on page 2 of the Health Questionnaire). See also Section 13 – Documentation.
11.2 Where the patient lacks capacity, e.g. those who suffer from **Dementia, learning disability (especially severe learning disability), brain injury, severe mental illness, temporary loss of capacity** – the practitioner proposing the therapy or intervention becomes the decision maker. The decision maker has the duty to record the capacity assessment, determining a lack of capacity, including any consultation with the multi-disciplinary team (MDT), relatives, carers, patients advocate and other agencies where appropriate or necessary. The outcome must be clearly documented in the individual patient’s records and care plan. Staff should refer to the ‘Management of patients who lack capacity policy’.

The Department of Health document (2001) - 12 key points on consent: the law in England, makes the following points regarding adults who are not competent to give consent:

“No one can give consent on behalf of an incompetent adult. However, you may still treat such a patient if the treatment would be in their **best interests**. ‘Best interests’ go wider than best medical interests. Best interests include factors such as the wishes and beliefs of the patient when competent, their current wishes, their general well being and their spiritual and religious welfare. People close to the patient may be able to give you information on some of these factors. Where the patient has never been competent, relatives, carers and friends may be best placed to advise on the patient’s needs and preferences.

If an incompetent patient has clearly indicated in the past, while competent, that they would refuse treatment in certain circumstances (an advance refusal), and those circumstances arise, you must abide by that refusal.”

If a patient has a nominated appointee through Lasting Power of Attorney for Health and Welfare, it does not need a full best interest meeting, just the appointees’ agreement. It must be noted that, although families can give information, they cannot give permission/consent on behalf of a patient. However, this information can help in making a decision about the best interests of the patient.

Consultation and decisions regarding determining Best Interests must be recorded in the patient’s health record.

11.2.1 **Young Person’s Ability to Consent.**

The Department of Health 12 Key Points on Consent states that:

“Before examining, treating or caring for a child, you must also seek consent. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who understand fully what is involved in the proposed procedure can also give consent (although their parents will ideally be involved). In other cases, some-one with parental responsibility must give consent on the child’s behalf, unless they cannot be reached in an emergency. If a competent child consents to treatment, a parent cannot over-ride that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.”
12. **Assessment**

12.1 The Complementary Therapist will receive a referral (verbal or written) in order to complete a comprehensive person centred assessment for any individual patient requiring therapies. A risk assessment, including risk management, must be taken into account when planning a treatment programme. An optional risk assessment checklist (**Appendix 4**) is available prior to carrying out Complementary Therapies. The MDT should respect the clinical judgement of the therapist as to whether a treatment is suitable or appropriate at any given time. This can be discussed in a MDT meeting if necessary.

12.2 The appropriateness of the therapy to both the condition of the patient and any co-existing treatments will be considered. However, referrals made specifically for physical conditions may be inappropriate and referrals may need to be made to alternative sources – e.g. physiotherapy. Complementary Therapists employed by CFT, although cares for the person holistically, are not employed to specifically treat physical health conditions.

12.3 Before the commencement of treatment, additional information such as risk information or relevant background history, should be sought and shared where appropriate from the relevant medical practitioner, physiotherapist, occupational therapist or the patient’s key worker/named nurse.

12.4 Therapists will consider and be sensitive to any gender, sexual orientation, cultural and religious issues related to the individual patient.

12.5 Contraindications

Prior to (using physical health documentation in the Core Assessment in RIO or consultation with medical or nursing staff) and during the completion of the Complementary Therapies Health Questionnaire and Consent form with the service user, the therapist may identify relevant contraindications that may preclude a person from treatment. They may need to seek further medical clearance from the medical practitioner on duty before treatment can commence or it may be deemed that the treatment is not suitable at that moment in time.

13. **Documentation**

13.1 The Health Questionnaire and Consent form (**Appendix 3**), will be completed prior to treatment and the first page will be uploaded to patient records on RIO by the complementary therapist (or the supervising registered healthcare practitioner). Each time a treatment is to take place, a signature will be gained from the client, which will be recorded on page 2 of the Health Questionnaire, unless verbal/implied consent is gained. A progress note entry will be made which will include consent, details of the assessment, treatment provided, implementation and evaluation. A care plan entry will be made for those service users where a course of treatments has been recommended.

13.2 All written, electronic and oral information will be treated as confidential, including storage of documentation (in an identified locked cabinet in locked office/room on Trust premises), and
take in to account the Data Protection Act, the Caldicott review, and the current Trust policy on Confidentiality and Information Sharing.

14. **Health and Safety**

14.1 Therapists will consider the environment in which the therapy will be conducted. This will include safety, comfort and privacy for the patient and staff, complying with the requirements of Health and Safety legislation, including infection control, Manual Handling policy, Fire Regulations and adhering to good practice in the protection of staff, patients and the public.

14.2 Any equipment used in therapy must be stored in accordance with the practitioner's or manufacturer's instructions. Any substances used must comply with COSHH regulations and therapists will develop local risk assessments/COSHH assessments as necessary for products used.

14.3 Use of Essential Oils – These can be prescribed by a qualified Aromatherapist, or Pharmacy staff if an Aromatherapist is unavailable. Essential oils will be risk assessed as necessary (see 14.2 above).

14.4 Physiotherapists using acupuncture will also refer and abide by the Trust policy: ‘Clinical Guidelines for the use of Acupuncture within the Physiotherapy Service’.

14.5 In order to prevent repetitive strain injury to therapists providing ‘hand’s on’ therapies, it may be necessary for the therapist to request additional training and support for additional techniques – this should be raised in the appraisal process.

**SERVICE IMPLICATIONS**

15. **Line Manager Responsibilities**

15.1 Line Managers must agree to the therapist practicing the therapy in the health care setting concerned and ensure that the therapy is practiced in accordance with the policy guidelines.

15.2 Line Managers will ensure that the therapist is competent to practice within the terms of this policy (See item 11). The implications of providing complementary therapy as an integrated part of the therapist’s role should be considered.

15.3 Written evidence of training and regular updating of skills will be provided to the Line Manager by the therapist on request (See individual protocols). For Trust employees this should be facilitated through the appraisal process.

15.4 Any agreement reached should be recorded in writing or as an amendment to the individual's job description and a copy placed in the P File together with copies of relevant qualifications.
15.5 Line managers should support the Complementary Therapists to attend CFT peer supervision sessions twice yearly, to maintain similar service provision within the Trust and facilitate CPD and support between therapists.

16. Resources

16.1 Resource implications that require consideration prior to including complementary therapies in practice include:

- Training and updating of staff.
- Staffing levels
- Equipment and therapeutic products involved
- Appropriate environmental conditions.

Resources should be agreed by the relevant Managers and practitioners during the initial planning stage.

17. Clinical Governance

17.1 Therapists should be encouraged and supported by Management and Practice Development personnel to critically evaluate the effect of therapies, to conduct formal research where indicated, and to partake in clinical audit.

It is very important that measures should be taken to actively seek the opinions of the service users concerned and this should form the basis for evaluation of the therapies used and any further development.

17.2 The Trusts Clinical Governance frameworks will also support the continuing professional development of therapists within their sphere of practice.
Appendix 1 – Complementary Therapies Evidence base

Scientific research supporting the use of the Trust’s approved complementary therapies and their effectiveness with mental health conditions

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Appendix 2 – Form to register with the Trust to Practice Complementary Therapies

This form should be completed by the Therapist and operational line manager. The Therapist should retain a copy. A copy should be placed in the staff member’s Personnel File.

1) Therapists name:

2) Types of Therapy being registered for: (please circle)

   Massage    Acupuncture    Reflexology    Reiki
   Aromatherapy    Nutritional Therapy

3) Name of Qualification(s), Date(s) and Awarding Body: (continue on separate sheet if needed)

4) Professional Body / Registration details:

5) Private insurance details:

6) If qualification was obtained over 1 year ago – is there evidence of CPD and current fitness to practice?

   Yes / No – details

7) Signatures

The therapist named above meets the qualifications required by Section 5 of the Trust Complementary / Holistic Therapy Policy. Appropriate indemnity insurance has been confirmed, if necessary (see section 7). The therapist has read and agrees to work to the Complementary Therapy Policy. It is agreed that approval to continue practicing Complementary Therapy will be reviewed annually at the Therapists Appraisal Review.

Therapist: Print name:

Line manager
Submitting request: Print name:

Professional Lead
Supporting request: Print name:

Date:
Appendix 3 – Complementary Therapies Health Questionnaire and Consent Form
(2 pages)

Date: 

Client Name: 

Practitioner Name: 

Male / Female: 

Treatment: 

Date of Birth: 

Location: 

Reason for treatment:

☐ Relaxation
☐ Uplifting
☐ Reducing tension / stress
☐ Decreasing touch phobia
☐ 1:1 support
☐ Other………………

Do you have any of the following medical conditions?

☐ Heart condition / Pacemaker
☐ High / low blood pressure
☐ Stroke
☐ Dizziness / fainting
☐ Epilepsy
☐ Diabetes
☐ Head injury

RiO number:
☐ Deep Vein Thrombosis / Clots
☐ Asthma / breathing difficulties
☐ Recent / current pregnancy
☐ Recent surgery
☐ Arthritis / aches & pains
☐ Skin infections / open wounds
☐ Contagious diseases
☐ Allergies……………
☐ Other current illness / problems

Any other relevant medical history:

Medication (side effects):

Declaration and Consent:
The information I have given above is correct to the best of my knowledge. I have been informed of the treatment, possible side effects and after-care advice. I understand the contents of the treatment, including the therapeutic use of physical contact, and I am in agreement with this.

Client Signature:  
Practitioner Signature:  

Senior Staff Signature
(If required for sessional therapists):
Print name:  

Doctor Signature
(If required for medical clearance):
Print name:  

☐ RiO Physical Health History checked
Once Health Questionnaire and Consent form has been completed, please fill this form in at the beginning of each treatment

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Appendix 4 – Complementary Therapies Policy Risk Assessment Checklist (Optional)

Due to the personal nature of providing complementary therapies to service users, there may be at times certain reasons why a referral for this may be inappropriate.

If the Complementary Therapist feels there is just cause to decline providing this treatment, the following risk assessment checklist may be used to clarify this:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Has the person got capacity to consent to treatment?</td>
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<tr>
<td>Please give details</td>
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<tr>
<td>Has the person got any current risk regarding violence, aggression or</td>
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<td>sexual disinhibition?</td>
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<tr>
<td>Please give details</td>
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<tr>
<td>Has the person displayed any inappropriate behaviour or made inappropriate</td>
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<tr>
<td>comments regarding receiving complementary therapies?</td>
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<tr>
<td>Please give details</td>
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<tr>
<td>Is the person known to make allegations towards staff?</td>
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<td>Please give details</td>
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</tbody>
</table>

This risk assessment will be reviewed on a weekly basis, as it is possible that the referral will become appropriate in time.

Signed by:
(Complementary Therapist) Date:

Signed by:
(Senior staff member) Date:
References


2. Department of Health (June 2008): Report to Ministers from the Department of Health steering group on the statutory regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK


5. Evidence-Based Mental Health (2009) 12 1:4: Complementary Medicines in Mental Health


8. The Royal College of Psychiatrists (2010): Accreditation in Inpatient Mental Health Services (AIMS) Standards for Inpatients Wards 37.6 3


33. CFT Policy - Confidentiality Code of Conduct Policy and Procedures

34. CFT Policy - Infection Prevention - Standard Precautions Policy

35. CFT Policy – Moving and handling guidance policy

36. CFT Policy – Complaints Policy

37. CFT Policy – Whistleblowing Policy

38. CFT Policy – Risk Management Strategy, Policy and Procedure

39. CFT Policy – Health & Safety Policy

40. CFT Policy – Children and Young Persons’ Consent Policy

41. CFT Policy – Consent Policy

42. Clinical guidelines for the use of Acupuncture within the Physiotherapy Service


44. Department of Health (2001): Seeking Consent; Working with Children


### Equality Impact Assessment Proforma Initial Screening

<table>
<thead>
<tr>
<th>Name of Procedural document to be assessed:</th>
<th><strong>The Safe Practice of Complementary (Holistic) Therapies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section:</strong></td>
<td><strong>Clinical – Clinical Guidelines</strong></td>
</tr>
<tr>
<td><strong>Officer responsible for the assessment:</strong></td>
<td><strong>Kate King – Sports and Complementary Therapist</strong></td>
</tr>
<tr>
<td><strong>Date of Assessment:</strong></td>
<td><strong>07/03/17</strong></td>
</tr>
<tr>
<td><strong>Is this a new or existing procedural document?</strong></td>
<td><strong>E</strong></td>
</tr>
</tbody>
</table>

1. **Briefly describe the aims, objectives and purpose of the procedural document.**
   
   This policy aims to give guidelines for the use of complementary therapies within Cornwall Foundation NHS Trust, and provide a framework for the incorporation of identified therapies into the holistic care of patients.

2. **Are there any associated objectives of the procedural document? Please explain.**
   
   To provide details on complementary therapies, the types that are recognised by the Trust, guidelines on training requirements, and protocols for delivering complementary therapies to service users.

3. **Who is intended to benefit from this procedural document, and in what way?**
   
   Existing staff (or staff interested in) providing complementary therapies within CFT – provides clear guidelines. Managers – guidelines for checking staff are qualifies and registered to practice. Patients – receiving complementary therapists from qualified and registered therapists.

4. **What outcomes are wanted from this procedural document?**
   
   The document aims to provide guidelines on the safe use of Complementary Therapies within CFT.

5. **What factors/forces could contribute/detract from the outcomes?**
   
   N/A

6. **Who are the main stakeholders in relation to the procedural document?**
   
   N/A

7. **Who implements the procedural document, and who is responsible for the procedural**
   
   Kate King, Sports and Complementary Therapist
<p>| | | | | |</p>
<table>
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</table>
| 8. | Are there concerns that the procedural document **could** have a differential impact on **Racial** groups? | Y | N | Please explain The document is relevant to all Racial groups.  
What existing evidence (either presumed or otherwise) do you have for this? | X |
| 9. | Are there concerns that the procedural document **could** have a differential impact due to **Gender** | Y | N | The document is relevant to all Genders.  
What existing evidence (either presumed or otherwise) do you have for this? | X |
| 10. | Are there concerns that the policy **could** have a differential impact due to **Disability**? | Y | N | The document is relevant to all types of Disability (apart from where there would be a health contraindication to carrying out Complementary Therapies).  
What existing evidence (either presumed or otherwise) do you have for this? | X |
| 11. | Are there concerns that the policy **could** have a differential impact due to **Sexual Orientation**? | Y | N | The document is relevant to any Sexual Orientation.  
What existing evidence (either presumed or otherwise) do you have for this? | X |
| 12. | Are there concerns that the procedural document **could** have a differential impact due to their **Age**? | Y | N | The document is inclusive of all ages.  
What existing evidence (either presumed or otherwise) do you have for this? | X |
| 13. | Are there concerns that the procedural document **could** have a differential impact due to their **Religious Belief**? | Y | N | The document is relevant to any Religious beliefs.  
What existing evidence (either presumed or otherwise) do you have for this? | X |
### 14. Are there concerns that the procedural document could have a differential impact due to their MARRIAGE OR CIVIL PARTNERSHIP STATUS? (This MUST be considered for employment policies).

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>X</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>The document is relevant to any marital/single status.</td>
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</tbody>
</table>

**What existing evidence (either presumed or otherwise) do you have for this?**

### 15. Are there concerns that the procedural document could have a differential impact due to GENDER REASSIGNMENT OR TRANSGENDER ISSUES?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>X</th>
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<tbody>
<tr>
<td></td>
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<td>The document is inclusive of any gender reassignment or transgender issues.</td>
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**What existing evidence (either presumed or otherwise) do you have for this?**

### 16. Are there concerns that the procedural document could have a differential impact due to PREGNANCY OR MATERNITY?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>X</th>
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<tbody>
<tr>
<td></td>
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<td>If the Complementary Therapist is pregnant, a risk assessment needs to take place to ensure the safety of carrying out complementary therapy techniques as pregnancy progresses.</td>
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</tbody>
</table>

**What existing evidence (either presumed or otherwise) do you have for this?**

General pregnancy risk assessment.
<table>
<thead>
<tr>
<th>17. How have the Core Human Rights Values of:</th>
<th>The document aims to promote all aspects of Human Rights Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fairness;</td>
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<td>• Respect;</td>
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<td>• Equality;</td>
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<td>• Dignity;</td>
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<td>• Autonomy</td>
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Been considered in the formulation of this procedural document/strategy

If they haven’t please reconsider the document and amend to incorporate these values.
18. Which of the Human Rights Articles does this document impact?

<table>
<thead>
<tr>
<th>The right:</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>- To life;</td>
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<td>X</td>
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<tr>
<td>- Not to be tortured or treated in an inhuman or degrading way;</td>
<td></td>
<td>X</td>
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<tr>
<td>- To be free from slavery or forced labour;</td>
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<td>X</td>
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<tr>
<td>- To liberty and security;</td>
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<td>X</td>
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<td>- To a fair trial;</td>
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<td>X</td>
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<td>- To no punishment without law;</td>
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<td>- To respect for home and family life, home and correspondence;</td>
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<td>X</td>
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<td>- To freedom of thought, conscience and religion;</td>
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<td>X</td>
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<td>- To freedom of expression;</td>
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<td>X</td>
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<td>- To freedom of assembly and association;</td>
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<td>X</td>
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<tr>
<td>- To marry and found a family;</td>
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<td>X</td>
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<tr>
<td>- Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention;</td>
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<td>- To peaceful enjoyment of possessions and education;</td>
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<td>X</td>
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<td>- To free elections</td>
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What existing evidence (either presumed or otherwise) do you have for this?

How will you ensure that those responsible for implementing the Procedural document are aware of the Human Rights implications and equipped to deal with them?

19. Could the differential impact identified in 8 – 13 amounts to there being the potential for adverse impact in this procedural document? Y N Please explain

20. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason? Y N Please explain for each equality heading (questions 8 – 13) on a separate piece of paper.

If Yes, describe why, and then proceed to a full EIA.
<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>21. Should the procedural document proceed to a full equality impact assessment?</td>
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<td>If No, are there any minor further amendments that should take place?</td>
<td>No</td>
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<td>22. If a need for minor amendments is identified, what date were these completed and what actions were undertaken</td>
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Signed (completing officer)  

Kate King  

Date: 07/03/17

Signed (Service Lead)  

Date: __________________________