



Lindsey Lodge Hospice & Healthcare

COMPLEMENTARY THERAPY

“TOUCH THERAPEUTICS” SERVICE

Risk Assessment Guidance (Linked to safe systems of work)

1. Introduction

It is well recognised that very poorly patients are not well enough to tolerate and cope with complementary therapies with in its normal range of use. Often therapists are limited as to what they can do due to safety issues and avoid making the patient feel more unwell or simply too tired to function.

The TT core programme enables therapies to be applied gently with the main aim being support, relaxation and relief of stress and stress related symptoms. The compassionate and reassuring use of touch is central to these therapies, whilst recognising the importance of the quality of the therapeutic relationship between practitioner and recipient. The following guidelines are in place to support delivery of TT.

2. Aim and scope of guidelines

These guidelines are to be read in conjunction with the complementary therapy TT policy and primarily focus on TT; however other named therapies highlighted at the end of the document form the add-ons and extras to the programme.

All information contained within these guidelines is regarded as standards of practise and should be adhered to by all practitioners at Lindsey Lodge Hospice and in supportive and holistic specialised palliative care.

3. Practice guidelines

The following safe systems of work guidance is to be used in conjunction with any training received. If at any time during a therapy session the patient and/or service user becomes unwell, it is advised to stop the session and seek medical advice.

It is important to consider if the service user and/or patient presents confused, disorientated or has been exposed to any illicit substances, inclusive of alcohol this will impact on their ability to consent to therapy. As a practitioner, if there are any concerns in relation to safeguarding or psychological wellbeing, it may be prudent to deliver therapy as a joint session with a second practitioner.

Key hazards and/or considerations for avoiding therapy include;

- Bruising
- Fainting
- Adverse reactions to oils or cream
- Contra-indications not previously observed
- Blood clots
- Lymphoedema
- Known blood infections
- Tissue viability concerns including pressure ulcers
- Warfarin user

4. Safety guidelines

The following guidance highlights potential contra-indicators to the delivery of TT and/or additional complementary therapy. The guidelines are not exhaustive, and is essential if a practitioner has any concerns prior to completing therapy, that they are discussed with a member of the nursing and/or medical team.

Reiki

There are no specific contra-indications to Reiki, however, the following cautions should be considered;

- Epilepsy
- Diabetes
- Pacemaker in situ
- Caution in High/low blood pressure; patients should be brought to a sitting position gradually to avoid dizziness or falling
- Give a Reiki treatment only in response to a request from the patient, patient's family or carer and following consent from the patient, the patient's family or carer
- Be aware that the patient may misunderstand the word "healing" to mean cure rather than 'to make whole' - emphasise healing may be physical, psychological, emotional or spiritual but discuss possible benefits in a way that does not raise false hopes; emphasise that there is no religious association
- Be sensitive to the needs of the patient, relative or carer and give Reiki in a position that is comfortable, rather than the customary positions of sitting in a chair or lying flat on a couch
- Use Reiki treatments with sensitivity where patients, families and carers may have an altered perception of reality, either emotionally or mentally because of their personal history, disease progression or medication
- Ensure that sessions are timely to avoid exacerbating fatigue (the feeling of being 'wiped out') as this may interfere with quality of time/planned activities with loved ones.

Slow stroke massage (over the clothes)

- Avoid working over any medical device attached to the body
- Avoid pulling on any tubes exiting the body
- Very frail poorly patients use very gentle touch and treat for a short time.
- Go around any tumour sites
- Go around any severe bruising
- Patients confined to bed treat along arms and legs only.
- More mobile patients check for dizziness or balance issues before mobilising after treatment.

Hand/Foot Massage

- Skin infections on the hands and wrists
- Raised temperature due to systemic infection
- Acute inflammatory conditions e.g. Rheumatoid arthritis
- Skin diseases e.g. Eczema, Psoriasis
- Broken skin
- Bleeding disorders
- Recent fractures of wrist or finger bones
- Recent surgery to hands or wrists e.g. recent scar tissue

Please note: Any undiagnosed pain or severe pain needs to be treated first by the clinical team before offering therapy.

Please note: Not all patients will want to be touched and feel uncomfortable with any kind of massage, it is important the service user consents prior to sessions.

Relaxation and Visualisation

Theoretically there are no known contra-indications to the practice of relaxation therapy/skills. However, caution when sitting or standing up from a laid down position can cause temporary dizziness especially in abnormal blood pressure conditions.

Visualisation/Imagery

Imagery should always be patient generated, it is important to know the patients natural preferences to avoid the following:

- Deep water or complete bodily submergence in to water
- Lofty heights that feel unsafe
- Confined spaces e.g. caves, small rooms, holes etc.
- Panoramic or wide open spaces

Please note: using DOWN imagery or word can be frightening to some people

Essential oils

The use of essential oils as a part of the TT programme is restricted to the practice of adding a few drops to an aroma stone only. It is important to;

- Be aware that not all patients will like the use of essential oils
- Oils may not be appropriate for patients with severe breathing difficulties

Please note: Allow the patient to choose an oil to avoid using oil the patient may find offensive

Abdominal Breathing

Patients with chronic and /or severe breathing difficulties should first be assessed and treated by either a Doctor, respiratory Physiotherapist or other qualified clinical practitioner before the guiding of a patient in the use of abdominal breathing.

5. Clinical effectiveness

To ensure that there is accurate information recorded for future evaluation, the following records should be kept as directed by the complementary therapy co-ordinator be that paper and/or on system;

- Personal Details i.e. name, address, contact telephone number, date of birth, gender, occupation, responsible medical practitioner and referrer details
- The presenting problem and history
- The therapeutic approach or method used
- The length and number of interventions
- Medication and other concurrent treatment
- Observations
- Joint evaluation by client and therapist of therapeutic intervention

6. Environmental considerations

- Ensure availability of a warm, well-ventilated room with hand washing facilities
- Use safe and appropriate equipment and adhere to the Lindsey Lodge Hospice moving and handling policy and national Health & Safety at Work Act
- Adverse reactions to treatment should be documented in the patient/service users' notes and reported to the Responsible Medical Officer.
- In the event of a significant incident relating to a patient, service user and/or member of staff (inclusive of volunteers), an incident should be logged on the Lindsey Lodge Hospice database and the Wellbeing centre manager should be informed in a timely manner

6. Evidence Base and References

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