



TOUCH THERAPEUTICS LLH

**POLICY AND GUIDELINES
2017**

Here's our vision, mission & values



Our vision

Lindsey Lodge Hospice provides specialist palliative care to patients with life-limiting conditions and supports their family and carers during illness and into the bereavement period.

We aim to further develop the highest quality of care in North Lincolnshire, meet individual needs and facilitate choice.

We aspire to be a responsive and innovative organisation and become a centre of excellence with our service users at the heart of all we do.

Our mission

We will ensure income generated from the local area is focused on our priorities of providing a safe and welcoming environment along with offering physical, emotional, social and spiritual support to patients, their families and carers.

We will invest in our workforce, nurture creativity and support empowerment in order to generate ideas that will deliver high standards and good practices.

Partnerships and collaborations will be encouraged, forming trusting relationships in the interests of our patients and staff.

Our values

'always there to care'

Caring, compassionate, facilitating choice

Acting with professionalism and respect

Responsive to the needs of our patients, families and carers

Excellence in all that we do

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The following Safe Systems of work documents refer to specific therapies and can only be practised by qualified and insured Complementary therapists. These therapies when available are utilised as extra add-ons to the Core Touch Therapeutics programme.

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POLICY

1. AIM

- 1.1 To offer patients a core programme of touch therapies as desired and appropriate, in a safe, competent and professional way. The patient's safety, dignity and well-being will be of paramount importance always.
- 1.2 To formalise the delivery of the touch therapies and ensure consistent practice and approach.
- 1.3 To provide a base line for the provision, management and development of touch therapies.

2. SCOPE

- 2.1 This policy refers to Touch Therapeutics (T.T.) LLH being provided to Day-care, Inpatients, Outpatients, Carers, Bereaved and Staff.
- 2.2 This policy refers to the roles and responsibilities of different individuals e.g. Therapies Co-ordinator, Health professionals, employed or voluntary staff who wish to help deliver the skills of Touch Therapeutics LLH as a part of or as an extension of their role.
- 2.3 This policy refers to those staff paid and voluntary who are already qualified Complementary therapists who are registered with a professional body and self-insured or covered by Lindsey Lodge Hospice indemnity policy to help deliver T.T. LLH.
- 2.4 This policy refers to those who are non-qualified staff both paid and voluntary and are trained in-house to a safe and appropriate level to deliver T.T. LLH. These staff are covered by Hospice indemnity and trained by and supervised by the therapies co-ordinator.

3. DEFINITIONS

- 3.1 Touch Therapeutics (T.T.) is the combining of safe and appropriate touch therapy with relaxation and visualisation techniques. These methods are taken from the use of holistic complementary therapies which are used in a supporting role to specialised holistic palliative care settings both medical and nursing.
- 3.2 The Core programme of T.T. is defined as made up of the following methods; Slow stroke (over the clothes) massage, Hand and or foot massage, relaxation/visualisation therapy, Reiki and the use of essential oils, breathing techniques to promote relaxation and relieve stressful feelings.
- 3.3 All other Complementary therapies are defined as add-ons or extensions to the core programme.
- 3.4 All other modalities of complementary therapies can only be delivered by suitably qualified personnel in that therapy and are registered with a professional body and either self-insure or covered by Lindsey Lodge Hospice indemnity policy.

- 3.5 Beauty Therapy whilst not regarded as a complementary therapy is never the less considered very therapeutic to patients with Body Image changes and personal self-esteem issues arising out of radical medical treatments. Beauty treatments can only be delivered by qualified personnel and comprise of Hairdressing, manicures/pedicures and eye brow shaping.

4. OBJECTIVES OF TOUCH THERAPEUTICS LLH

- 4.1 To form/offer part of the holistic approach to caring for those with specialist palliative needs.
- 4.2 To be more inclusive for all patients' needs.
- 4.3 To administer touch therapies to:
- Contribute to the management of pain relief.
 - Promote relaxation.
 - Improve sleep pattern.
 - Reduce tension, stress and anxiety.
 - Provide emotional and/or spiritual support.
 - Contribute to a sense of well-being.
 - Reduce side effects of chemotherapy and radiotherapy.
 - Support the patient in the dying process.
- 4.4 To define safe practice for the protection of patients.
- 4.5 To be evidence based where possible.
- 4.6 To be evaluated for quality, satisfaction and effectiveness.

5. STRUCTURE

- 5.1 Touch Therapeutics LLH co-ordinator; is a qualified therapist in more than one therapy modality. Is responsible for the delivery and daily management of the Touch Therapeutics LLH programme and overseer of all other therapy modalities. Accountable to therapy manager. Conforms to Job role description defined by Lindsey Lodge Hospice.
- 5.2 Accountable Practitioner; is a complementary therapy practitioner with relevant complementary therapy and /or health care qualifications and experience in their field of practice who;
- Has successfully completed a recognised course or training in their field to at least diploma level
 - Is registered with a suitable professional organisation/body that issues a code of conduct and professional ethics.
 - Is self-insured
 - If Reiki, has successfully completed level 2
 - Is prepared to maintain and develop knowledge and improve skills through practice and appropriate postgraduate study
 - In the practice of Hypnosis, the practitioner requires to be qualified to diploma level "Hypnotherapist" and have a minimum of 2 years' experience in private practice.
 - In the practice of Acupuncture the practitioner requires to be qualified to;

Medical Acupuncture requires Dr qualification

Traditional Chinese Acupuncture requires a degree level with a minimum of 2 years training, plus a minimum of 2 years in private practice.

In Micro-systems acupuncture modalities requires a Diploma level and a minimum of 2 years in private practice.

- 5.3 Associate practitioner; are those staff members (paid and voluntary) referred to in chapter 2. Scope: section 2.4 with a specific interest, and has received the in-house training, who undertake to administer T.T. LLH under the supervision, and on the instruction of the therapies co-ordinator. Clinical/conventional staff who wish to use the skills of T.T. LLH as an extension of their role have permission to practise from their line manager and agreement of the T.T.LLH therapies co-ordinator.
- 5.4 Student practitioner; Students may seek to advance their skills within Lindsey Lodge Hospice in the final module of a training programme. This will be permitted;
- on consent of the patient.
 - on recommendations, as to the suitability of the student by the tutor.
 - only under the direct supervision of the accountable practitioner and or T.T. LLH co-ordinator, i.e. Reiki 1 level practitioners.

6. ACCESS

- 6.1 Clinical staff refers patients and carers to T.T. LLH co-ordinator by completing referral form (T.T.LLH Referral form 6.1), and documenting this in the patient's notes and care plan.
- 6.2 T.T. LLH Co-ordinator or another key worker assesses patients and carers referred for T.T.LLH therapies (T.T.LLH Assess/consult form 6.4)
- 6.3 T.T. LLH Co-ordinator or another key worker reviews patients and carers referred for T.T. LLH therapies following completion of an agreed course of therapy, (NOTE: This may not always be achievable with dying patients in I.P.U.) (T.T. LLH Evaluation form 6.5)
- 6.4 T.T.LLH Co-ordinator offers written information for patients and carers on the provided T.T. LLH therapies programme. (Booklet)
- 6.5 Where demand exceeds availability, due to staffing levels patients must fit the following criteria and will be seen on ability to meet these criteria:
- Pain.
 - Anxiety and Stress-related dysfunctional disorders, eg insomnia, depression, headaches, joint pain, digestive disorders etc.
 - Skin irritation.
- 6.6 In-patients will be offered therapies for specific problems as they arise on the availability of a therapist.
- 6.7 Hypnotherapy will be offered by in-house referral by clinicians to T.T. LLH Co-ordinator. Co-ordinator will then pass the referral to Qualified Hypnotherapist to act upon.

- 6.8 Hypnotherapy will be provided with its own consent and documentation for the purposes of recording therapy sessions and allow for evaluation.
- 6.9 Acupuncture may be Medical/ Traditional Chinese or micro-systems acupuncture and will be offered by in-house referral by clinicians to T.T. LLH Co-ordinator. Co-ordinator will then pass the referral to the qualified Acupuncturist to act upon.
- 6.10 Acupuncture will be provided with its own consent and documentation for the purposes of recording therapy sessions and allow for evaluation.

7. Patient management

- 7.1 Patients will be offered T.T. LLH therapies as required and where permissible by appointment e.g. as an out-patient.
- 7.2 All patients requesting T.T.LLH therapies will be assessed by the T.T.LLH Co-ordinator.
- 7.3 Therapy will be specifically and individually prescribed for the patient by the T.T.LLH Co-ordinator and/or accountable practitioner.
- 7.4 All therapy will be documented in the patient notes and entered on SystemOne. Notes are regularly assessed for efficacy and to ensure guidelines are being met.
- 7.5 All therapies and therapists will comply with the Lindsey Lodge Hospice policies and guidelines, T.T.LLH policy and guidelines.
- 7.6 All therapists will attend all Safeguarding training provided by LLH Clinical Trainer.
- 7.7 As necessary, consultation with hospice physicians will be made to ensure therapy does not contra-indicate medical treatment.
- 7.8 Before any therapy is carried out the patients named nurse's permission to give therapy must be obtained.
- 7.9 Therapies will be administered in a thorough and efficient manner.
- 7.10 Regular review and evaluation of patient satisfaction will be implemented to ensure efficacy and that guidelines are being met.

8. Staff Accountability and Responsibility

- 8.1 All members of the Touch Therapeutics LLH team will agree to abide by the policy and guidelines.
- 8.2 T.T.LLH co-ordinator, Accountable, Associate practitioners and students will not undertake therapy without the consent or knowledge of the patients named nurse.
- 8.3 All staff will *'Be aware of, and reduce as far as possible, any potential for harm associated with your practice'*
NMC The Code section 19, 2015.
- 8.4 Staff will acknowledge limitations in practice and skill and seek to improve knowledge and ask advice where appropriate.
- 8.5 The interests of the patients will always be the first concern and all care offered will be administered in a professional and competent manner.

- 8.6 Staff will be autonomous within a team, consulting on a regular basis to ensure high standards are met and skills update.

9. Documentation

- 9.1 A full understanding of the therapy and its effects must be understood by the patient before the therapy commences.
- 9.2 Consent; signed consent has been obtained from the patient, or the patient's carer or guardian, this must be placed in the patient's notes. If consent is verbal this must be recorded in the patient's notes.
- 9.3 Record of T.T.LLH Therapies
- All therapies will be clearly prescribed (in black ink) on the patient's notes by all practitioners.
 - All practitioners will be responsible for documenting clearly the care given, and evaluating outcomes of the therapy, marking in red any adverse reactions and signing for this on the patient's record form. (T.T.LLH record form 9.3)
 - All practitioners are responsible for reporting issues of concern to the T.T. LLH Co-ordinator, nursing and medical staff as appropriate.
 - All practitioners will have accountability for precise documentation and reporting.
 - All Therapists are responsible for up loading records to Patients notes on SystmOne.

10. Confidentiality

- 10.1 All staff administering T.T.LLH therapies will adhere to the Lindsey Lodge Hospice policy on patient confidentiality and will respect the patient's privacy always.

11. Resources

- 11.1 Therapy rooms need to be available for the practice of T.T. LLH therapies.
- 11.2 T.T.LLH Co-ordinator responsible for ordering in and storing appropriately Essential Oils. Ref: Coshh data sheets
- 11.3 T.T. LLH Co-ordinator responsible for making sure staff have access to all appropriate equipment to carry out the delivery of T.T. LLH.
- 11.4 T.T. LLH Co-ordinator in co-operation with Clinical trainer will deliver training in T.T. LLH core programme to staff both paid and voluntary to carry out therapy safely and appropriately to a high standard of skill and ability.
- 11.5 T.T. LLH Co-ordinator will ensure regular supervision of staff who are administering T.T. LLH therapies to patients and carers and document this.

- 11.6 T.T.LLH therapy training programme is aimed to support capacity and create opportunity for all those interested in developing an in-house skill.
- 11.7 Essential oil mixes and blends to be prescribed by a qualified aroma therapist to be applied to patient's skin.
- 11.8 Associative practitioners may have access to an aroma stone when practising T.T.LLH core programme, a few drops of the patients' choice of fragrance to be added to the aroma stone to aid in relaxation.

11. Staff Pastoral Care

- 12.1 T.T. LLH therapies may be offered to staff as a part of a package to aid and foster staff well-being.
- 12.2 All Staff will be assessed and consent completed before a course of therapies are undertaken.
- 12.3 All therapy will be documented in the staff members' notes and regularly assessed for efficacy and to ensure guidelines are being met.
- 12.4 As a staff resource, T.T. LLH therapies will be annually evaluated and satisfaction surveys, undertaken.

12. Work in Progress

- 12.1 This policy will be revised every three years, or felt required by members of the health care team and T.T.LLH therapies team.
- 12.2 The policy will be designed to guide safe practice of the health care team and promote good clinical governance.
- 12.3 A register of accountable practitioners and their qualifications, as well as associative practitioners and their level of training, will be held by the Volunteer services manager, and T.T.LLH Co-ordinator and the clinical trainer for reference.
- 12.4 Indemnity insurance will be held by the hospice for co-operating staff and Private Indemnity Insurance will be held by the self-employed accountable practitioner (if appropriate).
- 12.5 Unqualified Volunteers will be covered under the Malpractice section of the Hospice Indemnity policy, so long as the in-house training and supervised/monitoring is recorded and maintained and annual refresher courses attended. Failure to attend update training will result in the volunteer being unable to practice.

14.) REFERENCES:

Russo, H (2006) **Shining Lights, A practical guide to integrating health practice.**

NMC The Code 2015

Tavares, M (2003) **National Guidelines for the use of Complementary Therapies in Supportive and Palliative Care.**

Tavares, M (2004) **Guide for Writing Policies, Procedures and Protocols.**

St Andrew's Hospice, Grimsby. (2005) **Complementary Therapy Policy.**

St Barnabas Hospice, Lincoln. (2003) **Complementary Therapy Policy.**

Author of Policy: David Craik

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Review 3 Yearly

Issue Date	By	Review Date	Approved By	Circulation
				Policy Books

GUIDELINES

1. INTRODUCTION

1.1 The Rationale for creating and changing the name of the Complementary therapy service to Touch Therapeutics LLH is to re-define the emphasis of purpose of therapies within the context of delivering to a specialist palliative care organisation. Historically Complementary therapy (CT) is viewed within the concept of Alternative and Complementary Medicine (CAM), where in therapies are providing some level of treatment to the physical health of the body and secondary to the mental and emotional well-being of the person.

1.2 In recent years, the emphasis in palliative care has moved away from the concept of treating with CT to one of caring and compassionate touch. The focus now is even more Empathetic and Humanist with the goal being one of distraction therapy to aid the psychological/ emotional and Spiritual well-being of the patient. Programmes such as Compassion Touch ® registered and patented in the USA, Caring Touch and Tender Touch being offered in other parts of the world including the UK utilise this approach.

1.3 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. An example would be in Reflexology where the condition of the patient eventually prevents the normal application of pressure to reflex points on the feet and turns more into a simple foot massage with a little treatment of a few points. The moral and ethical dilemma may be, is it really reflexology the patient has received or a glorified foot massage. Therefore, best practice might be to keep it simple and use a combination of the safest techniques presently being used in care settings to achieve the desired goals of relaxation and well-being without detriment to the patient.

1.4 T.T. LLH therapies are 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.

2. AIM AND SCOPE OF GUIDELINES

2.1 These guidelines are to be read in conjunction with the T.T.LLH Policy and safe systems of work documents.

2.2 These guidelines will be focussed to the core programme of T.T. LLH. Other named therapies are to be found at the end of the document and form the add-ons and extras to the programme.

2.3 All Information contained within these guidelines are to be regarded as standards of practise at the Hospice and in supportive and holistic specialised palliative care.

2.4 All information contained within these guidelines to be adhered to by all practitioners as a general guideline for the use of T.T.LLH and all other Complementary Therapies practised at the Hospice and in supportive and holistic specialised palliative care.

3. PRACTICE GUIDELINES

3.1 Patients and Carers to be greeted warmly and treated with respect and dignity maintained always.

3.2 Practitioners should be aware of all risk assessments and know patient DNACPR status before beginning any therapies. Practitioners will pull the emergency red button to summon assistance in the event of an emergency.

3.3 Practitioners need to be aware of any Safeguarding issues prior to the giving of any therapy. Named Nurse will inform the therapy practitioner at the time of granting permission to carry out therapy.

3.4 Practitioners should adhere to any cautions and contra-indications prior to the giving of any therapy found in the patients' notes.

3.5 Practitioners should use care in working after surgery, using very light touch with no pressure on or avoid related areas.

3.6 Practitioners should adjust the working pressure for patients with low platelet count, taking note of any existing bruising and skin viability.

3.7 Practitioners should be aware that peripheral sensation may be affected by;

- the individual's psychological state
- medication e.g. steroids, opioids
- chemotherapy
- radiotherapy

3.8 Practitioners should establish a working pressure that is comfortable and appropriate for the individual always.

3.9 Practitioners should not use touch on areas relating to the tumour or sites of metastases.

3.10 Practitioners who practice Reiki should avoid appearing as to be treating Tumour related areas directly with or without touch.

3.11 Practitioners should work with a gentle, light and non-invasive touch.

3.12 Practitioners should be aware to adapt their approach to take account of the physical, emotional and energetic state of the individual recipient.

3.13 Practitioners should be aware to use part body treatment and shorter sessions as appropriate.

3.14 Practitioners should be aware to adapt the treatment position to take into account the individuals physical state.

3.15 Practitioners should be aware that patients have a lowered immune function and are susceptible to infection.

3.16 Practitioners need to be aware that the skin can be sensitive and/or paper thin due to medication and treatment, especially in the elderly, use gentle touch only.

3.17 Practitioners need to be aware that the relaxation response can act as a releasing mechanism which can sometimes generate strong emotions. It is important that practitioners should be aware of this and can allow and contain strong emotions.

3.18 Practitioners need to ensure that sessions are not overlong; to avoid tiring out a patient who may be worn out (sometimes referred to as wipe out). Once a therapy has been given avoid going back and re-treating on the same day as experience has shown this can make poorly patients feel even more tired. This may interfere with quality of time/planned activities with loved ones.

3.19 Practitioners need to be aware that patients who attend Lindsey Lodge Hospice may be in receipt of Botox injections that are increasingly being used in the care and support of Multiple Sclerosis (M.S.)

- The injections are given to help in alleviating/managing muscle spasms
- No massaging or manipulating the treated area directly and no facials (if the treatment has been applied to the facial area) for at least **one week**.
- No exercise at all the same day after treatment.
- Ideally no flying on a plane within 24 hours.

There are many opinions circulating about how long to wait before allowing massage to or near the affected treatment area. However, it appears prudent to wait at least one week as for a minority of patients it can be up to 14 days before they experience any change or improvement in their symptoms.

3.20 Practitioners need to be aware of Essential Oils best practice;

- The therapist is qualified in the use of essential oil i.e. an aromatherapist.
- Patients with skin allergies are patch-tested.
- The aromatherapist prepares oil/cream at 1% dilution or less for patients.
- Aromatherapists label oil/cream clearly to include patient's name, content, dilution, instructions for external use only and use-by date.

- Aromatherapists prepare blends for use by massage therapists, other staff and carers.
- Adverse reactions are reported to the Responsible Medical practitioner immediately.
- Electric aroma stones to be switched off and unplugged to cool down before leaving the therapy room.

4. Radiotherapy

4.1 Practitioner should be aware of possible side effects of radiotherapy, such as, fatigue, skin soreness, digestive disturbance.

4.2 Practitioner should avoid the radiotherapy treatment entry and exit sites for at least six weeks following the end of treatment (longer if the skin is sore).

4.3 Practitioner should encourage individuals to seek/follow the advice of the Radiotherapy Department regarding the use of products that come into contact with the skin i.e. creams, bath oils, talc.

5. Chemotherapy

5.1 Practitioners should avoid giving Therapies the day a patient receives Chemotherapy.

5.2 Practitioners should be aware of other side effects of chemotherapy on the whole body and work accordingly.

Side effects can include;

- nausea
- extreme tiredness
- lowered immune function/increased susceptibility to infections
- low white cell/platelet count with associated risk of bruising
- dry/peeling skin
- increased sensitivity of the skin
- altered peripheral sensation
- digestive disturbances

SAFE SYSTEMS OF WORK DOCUMENTS

6) SAFE SYSTEMS OF WORK - T.T. LLH CORE PROGRAMME

6.1 Introduction

The Core programme of T.T. is defined as made up of the following methods and components;

- ✓ Slow stroke massage (SSM) over the clothes methods and techniques,
- ✓ Hand massage,
- ✓ Foot massage,
- ✓ Reiki therapy,
- ✓ Relaxation/visualisation therapy methods and techniques,
- ✓ Essential oils to promote relaxation and relieve stressful feelings.
- ✓ Abdominal breathing

These different components can be blended and utilised within a therapy session with the aim to help patients and carers to easily achieve a state of relaxation and feeling of well-being by physical contact and mind diverting techniques.

T.T. nearly always involves physical touch and empathy and relies largely on patient preferences and the relaxed intuition and focus of the therapist, allowing for greater creativity and adaptability to the individual's needs, avoiding a one size fits all approach.

6.2 What is Slow Stroke Massage?

Slow stroke massage (SSM) utilises simple and gentle approach to giving a variety of stroking movements over the patients clothing covered in a sheet or blanket. The various movements originate in many styles of traditional massage from around the world. E.g. Swedish massage, Shiatsu, Thai and Chinese massage.

The movements tend to favour the palmer side of the hands and finger tips, used in long, short linear strokes include circles, circling, spiralling and figure of eights techniques and finger brushing to build up the repertoire.

The main areas of treatment are the head/face, shoulders, arms and hands, legs and feet and can include the back area for those patients who can sit in a chair comfortably.

6.3 What Is Reiki Therapy?

Reiki was founded in Japan at the turn of the 20th century by Dr Mikao Usui a meditation master. Through a moment of Satori in meditation Master Usui became aware of the energy as a by-product of actualising his meditation practice.

He spent the rest of his life developing his system he called Reiki a Japanese word meaning; Rei-Universal conscious Ki- healing energy.

The practice of Reiki is performed by the laying on of hands, whereby the practitioner acts as a channel for the Universal Healing Energy (atmospheric) to be drawn by the receiver to recharge their own energy levels. This positive energy helps the receiver by breaking down and releasing negative stuck energy associated with stress reactions with in the Mind (Mental/ Emotional wellbeing), Body (Physical wellbeing) and Spirit (Spiritual wellbeing).

The aim is to promote a return of these systems back to Homeostasis (Balance), creating a sense of health and wellbeing. Therefore, it can be said that Reiki acts holistically.

It is important to emphasise that Reiki requires no religious belief or spiritual practice for it to work. Nor is Reiki contra to already held beliefs and practices. It works with and alongside of the receiver's religion, values and beliefs. Therefore, Reiki is referred to as a Universal healing modality.

The primary motive force in Reiki practice is the human expression of empathic compassion for the welfare and Happiness of our fellow human beings.

6.4 What is Hand/Foot Massage?

Hand or foot massage is the practice of applying therapeutic massage movements to the hands and wrists or feet and ankles to

promote relaxation response, release distress and anxiety feelings. Hand/foot massage can be applied as a therapy interaction with a patient without any other therapy being applied at the same time.

6.5 What is Relaxation/visualisation therapy?

Relaxation therapy is the art of learning to let go. It is a method practised in many cultures. It is a skill that helps to develop the ability to release accumulated tension and distress from our bodies and mind.

Relaxation skills confer a positive influence on our productivity, creativity and enhancing our overall sense of well-being, therefore, helping ourselves to cope better with life's difficulties.

The most widely used method to release physical tension is progressive muscular relaxation originating in the work of Dr Jacobsen in the 1920's. It uses tense and relax method sequentially of various muscular groups through the body starting with the hands and finishing on the abdomen or feet. Relaxation is encouraged on the out breath.

Visualisation is the art of using Imagery to augment relaxation techniques and can be used to influence the sub-conscious and unconscious minds to aid in bodily and psychological healing work. Imagery can affect physiology, can provide insight and perspective into our health and has an intimate relationship with emotions. The power of the mind can be utilised positively to affect health and promote wellness.

6.6 What Is Abdominal breathing?

Abdominal breathing is the correct use of the breathing apparatus of the body that includes the Lungs, rib cage, diaphragm and abdominal muscles to draw more oxygen into the lungs. Abdominal breathing is a more correct way to breathe naturally and is much more successful in delivering oxygen at cellular level and improving cell respiration in comparison to chest breathing.

The process of deeper breathing benefits the relaxation response by switching on the parasympathetic response and turning off the sympathetic nervous system.

6.7 What are Essential Oils?

Essential oils are distilled oils from plants and flowers used in Aromatherapy. The oils are said to have therapeutic properties and benefit the body, mind and spirit. Oils can be diluted in a carrier oil and massaged in to the skin where the oils enter the blood stream and chemically react therapeutically in the body to bring about the desired health benefit. Oils may be heated on an aroma stone to diffuse into the air and breathed in through the olfactory sense. Oils breathed in are much more beneficial for emotional and mental wellbeing.

7. Over all Benefits of T.T.LLH

- The natural systems of the body are encouraged to respond, e.g. the parasympathetic nervous system and the ability of the brain to release endorphins, oxytocin, serotonin and reduce cortisol in the blood stream.
- The patient remains clothed or covered to promote feelings of security. This also avoids patients with poor co-ordination having to undress. Dignity is maintained throughout the therapy session.
- The approach may be used easily on a busy ward at the patient's bed side as well as in a separate therapy room.
- The treatment may be simple and quickly effective as some patients can be still only for a short length of time.
- A combination of therapeutic approaches may be utilised to bring about rapid relaxation appropriate to the patient's needs.
- The aim is to give a pleasurable and relaxing experience which the patient finds enjoyable and up lifting.
- The core programme is easily taught to carers, therapists and healthcare professionals as a development of skills which they are already using in caring, nursing and therapy.
- Where patients have advanced cancer, poor co-ordination, friable skin or poor muscle tone
- Patients who are very ill and need something to happen "in the moment"
- Patients who have symptoms such as jaundice, hyperventilation and profuse sweating, that are normally contraindicated for traditional massage.
- Patients who want to relax and sometimes, because they find this difficult, it is more comfortable to talk, rather than to avoid "failing"

Over view of physiological changes in responses to stress response and relaxation.

The Bodies' Physiology	The Stress Response	The Relaxation Response
Heart rate	Increases	Decreases
Blood pressure	Increases	Decreases
Muscle tension	Increases	Decreases
Metabolism	Increases	Decreases
Breathing rate	Increases	Decreases

7.1 Benefits of each of the individual components

Slow stroke massage:

- Helps to warm and ease aching muscles
- Aids relaxation in stress related conditions
- Helps induce deep breathing
- Nourishes - brings nutrients to the surface
- Induces feelings of peace and calm
- Comforting

Reiki:

- Reiki induces a deep state of relaxation
- Can aid detoxification of the body
- Promote and improve general health and well-being
- Improve sleep disturbance
- Promote feelings of peace by calming the mind and body from troubling thoughts
- Promote rebalancing of the body's energy
- Releases distress (mental/emotional and physical)
- Promotes a rebalancing of energy levels.

- Adjunctively helps to reduce pain as a part of a pain management programme

Hand/foot massage:

- Reduces anxiety feelings and agitation
- Promotes relaxation response
- Enhances quality sleep
- Enhances immune system
- Regulates mood
- Promotes feelings of calmness
- Reduction in the sense of isolation and loneliness with the elderly living alone
- In Dementia care studies suggest improvements in reducing agitated behaviour, wandering and withdrawal, increased alertness, improved sleep. Potential for reduction in the use of anti-psychotic drugs

Relaxation therapy:

- Anxiety conditions
- Fatigue
- All known stress related disorders.
- Can have a positive benefit in pain management.

Abdominal breathing:

- Improved oxygenation- Cell respiration improved
- Assists lymph fluid circulation
- Systolic and diastolic pressure benefitted
- Immune response enhanced
- Relaxation response

Essential Oils:

When used on an Aroma stone

- Relaxation response promoted through sense of smell
- Triggering of positive memories
- Comforting

8. Overall Precautions and Contra-Indications

If in doubt it is always better not to offer T.T. LLH core programme without seeking advice and support from the medical team.
Situations where T.T. LLH is not a good way to proceed.

- The patient is unable to consent - for example, she/he is confused, disoriented, imbued with alcohol, has taken sedatives, strong narcotics or non-prescribed substances.
- Raised temperature
- Feeling unwell
- Extreme breathlessness
- Seek advice from the referrer if asked to provide T.T. LLH to an individual with a history of mental health problems. It is usually o.k. to proceed so long as the patient is taking their prescribed medication.

9. Cautions and Contra-Indications of each of the individual components

Reiki:

- There are no specific contraindications to Reiki. However, the following cautions need to be considered.
- Epilepsy
- Diabetes-regular Reiki may affect insulin levels and should be monitored (although this theory remains unproven)
- Pacemaker insitu avoid placing hands directly over the known location of pacemaker
- Caution in High/low blood pressure. Reiki may be beneficial. Patients need to 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 not overlong; to avoid tiring out a patient who is already worn out (sometimes referred to as wipe out). This may interfere with quality of time/planned activities with loved ones.

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
- Undiagnosed pain or severe pain needs to be treated first by the clinical team before offering therapy.
- Not all patients will want to be touched and feel uncomfortable with any kind of massage

Relaxation therapy:

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:

There are some cautions to be aware of when using 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, contra-indicated in people, who have a fear of deep water etc. Can trigger breathing difficulties or panic attack fear of drowning.
- Lofty heights that feel unsafe, contra-indicated in people who have a fear of heights, can trigger lightheaded sensations, or fear of falling, dizziness etc.
- Confined spaces e.g. caves, small rooms, holes etc, contra-indicated in people who suffer from Claustrophobia. Can trigger panic attacks and breathing difficulties. Strong agitation.
- Panoramic or wide open spaces, contra-indicated in Agoraphobia. Can trigger panic attack.
- Using DOWN imagery or word can be frightening to some people.

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.

Essential Oils:

The use of essential oils as a part of the Touch Therapeutics core programme is restricted to the practice of adding a few drops to an aroma stone only.

- Be aware that not all patients will like the use of essential oils
- Oils may not be appropriate for patients with severe breathing difficulties
- Allow the patient to choose an oil to avoid using an oil the patient may find offensive.

10. Mental Health precautions:

- DO NOT allow the giving of therapy to any Psychotic episode or uncontrolled Psychotic illness.
- DO NOT allow the giving of therapy to any patient who is exhibiting strong agitation with potential to violence. The giving of therapy at these times may cause a worsening of the episode to the detriment of the patient's wellbeing.
- In patients, whose medications are working well and maintaining balanced mental health the giving of therapy may be at its most beneficial for the receiver.
- It may be prudent to adopt the policy of giving therapy by a team of two practitioners to those who exhibit strong Anxiety, Fear or Phobia.

11. Safeguarding:

It may be prudent to adopt the policy of giving therapy by a team of two practitioners to those who are classed as very vulnerable or are known to have Safeguarding issues;

- Sexual Abuse and physical abuse cases should be assessed by the medical team prior to the giving of therapy and preference to giving Reiki with hands off the body be offered to the patient if slow stroke massage is not acceptable to the patient.
- Allow for a chaperone be present if deemed appropriate.
- In sexual abuse the Lower abdomen and upper legs (thigh areas) be avoided to prevent abreaction.

12. Potential Hazards/ Special care not to treat:

- Bruising
- Fainting
- Adverse reactions to oils or cream used as medium
- Contra indications not being observed
- Blood clots
- Lymphoedema

- Known blood infections
- Tissue viability very poor due to Steroidal therapy (Skin easily tears)
- Warfarin therapy (Causes bleeding under the skin)

13. Clinical Effectiveness:

To ensure that there is accurate information recorded for future evaluation, the following records should be kept:

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

14. Safe Systems of Work:

1. Ensure availability of a warm, well-ventilated room with hand washing facilities
2. Use safe and appropriate equipment and adhere to moving and handling policy and Health & Safety at Work Act
3. Adverse reactions to treatment to be documented in clients notes and reported to the Responsible Medical Officer. An incident form should be completed and line manager be informed if a member of staff is affected

15. Evidence Base and References:

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15.2 REIKI

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15.6 Essential Oils

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The following Safe Systems of work documents refer to specific therapies and can only be practised by qualified and indemnified Complementary therapists.

1) SAFE SYSTEMS OF WORK -THERAPEUTIC MASSAGE

Introduction:

Massage is the therapeutic application of touch. It aims to promote physiological and/or emotional changes within the body by applying different stroking and kneading techniques.

Benefits:

Skeletal System:

- Pressure against the periosteum increases blood supply to the bone, encourages production of blood cells
- Pressing tissue against bone helps disperse urea and lactic acid from between muscle fibres
- Pressure around the joints increases production of synovial fluid and aids mobility of the joint
- Working over the joints affects muscular, neurological and vascular system
- Helps to maintain body posture

Muscular:

- Helps to warm and ease aching muscles
- Petrissage breaks down waste products (urea & lactic acid) from between muscle fibres
- Helps to break down hard knots of muscular spasm caused by physical, mental or emotional tension
- Helps to maintain elasticity and flexibility - improves mobility around the joint
- Helps improve postural deformities
- Helps improve muscle tone
- Cardiac massage - could save a life
- Warm up muscles prior to sports and afterwards
- Stimulates peristalsis when applied deeply over ascending and descending colon

Vascular:

- Improves circulation to all parts of the body
- Improving supply of oxygen and nutrients. Speeds up elimination of waste products.
- Improves circulation to extremities
- Helps to higher or lower BP

Lymphatic:

- Helps elimination of waste
- Helps interchange of fluids
- Elevated limbs help return waste products
- Assists lymph drainage

Neurological:

- Improves functioning of internal organs
- Relieves muscle spasm associated with compression of nerves (i.e. after inflammation has gone)
- Increases muscle tone
- Aids relaxation in stress related conditions
- By pressing on trapped nerve (temporarily alleviates pain)

Abdominal Massage:

- Stimulates Peristalsis
- Improves gastro-intestinal transit time
- Relaxes muscles of digestive system
- Aids digestion
- Makes client look at diet and posture (Psychological effect)

Respiratory:

- Helps induce deep breathing
- Encourages gaseous exchange
- Drains sinuses
- Cystic fibrosis (Hacking and cupping)

Genito-Urinary:

- Encourages blood supply to kidney to assist infiltration
- Helps eliminate waste products (speeds it up)
- Must not work over back of clients with kidney problems. No hacking or cupping
- Gentle abdominal massage - relaxing and soothing

Skin:

- Removes dead cells - more beneficial with mechanical means
- Nourishes - brings nutrients to the surface
- Use of Essential Oils - increases elasticity
- Aids cell regeneration.

Potential Hazards

- Bruising
- Fainting
- Adverse reaction to the oil if used
- Contra indication not observed

Precautions and Contra-Indications

Contra-Indications:

- Skin infection
- Any suspicion of systemic infection / raised temperature
- Acute inflammatory conditions e.g. phlebitis, thrombosis, rheumatoid arthritis flare-up
- Directly over recent operation site / recent scar tissue
- If the patient is hungry or has eaten within the last hour
- If the patient has recently taken alcohol
- Certain conditions should only be treated by an experienced practitioner with a medical practitioner's consent i.e. cancer, HIV, pregnancy
- Weeping conditions of the skin e.g. eczema
- Recent fracture
- Patient preference - some people do not like massage

- Abdominal Massage - abdominal malignancy, inflammatory bowel disease, pregnancy, care with spastic colon associated with irritable bowel syndrome

Special Care Do Not Treat:

- Known blood infections
- Delicate skin (long term steroid therapy)
- Warfarin therapy

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following clinical records should be kept:

1. Personal Details, i.e. name, address, contact telephone number, date of birth, gender, occupation, responsible medical practitioner and referrer details
2. The presenting problem and history
3. The therapeutic approach or method used e.g. Type of massage, which area, length of treatment
4. The length and number of interventions
5. Medication or other concurrent treatment
6. Observations
7. Client/Patient outcomes and follow-up

This information forms part of the patient's legal clinical documentation. Where records are used as part of a research study or for the process of clinical audit, patient/client confidentiality must be respected.

Safe Systems of Work

1. Patient should be assessed before the massage with relevant medical history documented
2. Any concerns should be discussed with an appropriate medical practitioner
3. Patient should have a rest period following the completion of the massage
4. Staff should be aware if a patient feels unwell how to

- summon assistance if needed in an emergency
5. Ensure the operator and patients are comfortable and an adjustable height bed is available to protect the operator from strain in line with Health and Safety requirements
 6. Staff should be assessed as competent in the chosen technique

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2) SAFE SYSTEMS OF WORK - AROMATHERAPY

Introduction

"Aromatherapy is based on the healing properties of essential plant oils. These natural oils are diluted in a carrier oil and usually massaged into the body, but they can also be inhaled, used in a bath or in a cold compress next to the skin. An aromatherapy massage is based on massage techniques that aim to relieve tension in the body and improve circulation. Benefits of the aroma may also be obtained when oils are inhaled both directly and during the massage treatment, bringing about a general feeling of well-being in an individual." (Department of Health et al 2000)

Benefits

Evidence suggests that aromatherapy can help alleviate a number of symptoms, such as:

- Anxiety & depression
- Aches and pains
- Muscular tension
- Gastrointestinal ailments e.g. constipation
- Insomnia
- Circulatory problems e.g. swollen legs
- Psychosocial problems e.g. altered body image

Potential Hazards

1. To Client:

Skin sensitisation

Interaction with other treatments or therapies

Accidental ingestion of essential oils

2. To Therapist:

Skin sensitisation

Injuries resulting from poor posture or lack of access to appropriate equipment

Cumulative effects of essential oil inhalation

Precautions and Contra-Indications

There are no contra-indications to aromatherapy but certain oils should be used with precautions in:

- Pregnancy and breastfeeding
- Epilepsy
- High or low blood pressure
- Skin sensitivity or skin conditions
- Infancy or frail elderly
- Debilitating illness e.g. cancer, liver disease

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following records should be kept:

1. Personal Details i.e. name, address, contact telephone number, date of birth, gender, occupation, responsible medical practitioner and referrer details
2. The presenting problem and history
3. The therapeutic approach or method used i.e. oils selected, method of administration and dilution percentage
4. The length and number of interventions
5. Medication and other concurrent treatment
6. Observations
7. Joint evaluation by client and therapist of therapeutic intervention

Safe Systems of Work

1. Ensure availability of a warm, well ventilated room with hand washing facilities
2. Use safe and appropriate equipment and adhere to moving and handling policy and Health & Safety at Work Act
3. Essential oils to be stored in a locked cupboard and used in accordance with COSHH regulations and recorded on inventory at the location used
4. Blended oils should be labelled clearly with clients name and date of blending and should only be used for that particular patient

5. Clients with a skin condition or history of skin allergy/reaction should have a patch test carried out prior to commencement of treatment
6. Adverse reactions to oils to be documented in clients notes and reported to the Responsible Medical Officer and supervising Aromatherapist. An incident form should be completed and line manager informed if a staff member is affected
7. Patients who receive oils to use at home will be given verbal and written information regarding their use and safe storage

Evidence Base

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3) SAFE SYSTEMS OF WORK - REFLEXOLOGY

Introduction

Reflexology is a form of foot or hand massage that uses alternating finger and thumb pressures on areas of the feet and hands that correspond with areas of the body.

Benefits

There is some evidence to suggest that reflexology can help reduce a number of symptoms, such as:

- Anxiety
- Constipation
- Pain
- Pre-menstrual problems

Potential Hazards

To Client:

1. Interaction with other treatments or therapies
2. Temporary flu-like symptoms following treatment

To Therapist:

1. Injuries due to poor posture or lack of appropriate equipment
2. Cumulative strain to thumb and finger joints

Precautions and Contra-Indications

Caution should be used in:

- Presence of infection (systemic or localised) or skin conditions
- Recent surgery or radiotherapy
- Pregnancy
- Multiple medications
- Recent thrombosis or lower limb circulatory disorders
- Pacemaker in situ
- Severely debilitated and elderly clients and infants

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following records should be kept:

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

Safe Systems of Work

- Ensure availability of a warm, well-ventilated room with hand washing facilities
- Use safe and appropriate equipment and adhere to moving and handling policy and Health & Safety at Work Act
- Adverse reactions to treatment to be documented in clients notes and reported to the Responsible Medical Officer. An incident form should be completed and line manager informed if a member of staff is affected

Evidence Base

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4) SAFE SYSTEMS OF WORK - BEAUTY THERAPY

Introduction

The therapeutic and psychological benefits of patients wearing make-up and having beauty therapy have been well documented. In particular, in the face of adversity, the desire to look good still remains the same. Nowhere is this more apt than for patients coping with the visible side-effects of cancer treatments, some of which can dramatically change their appearance and body image. Loss of hair, eyebrows and eyelashes can be particularly difficult to cope with.

Benefits

Studies have shown that a positive outlook and renewed confidence and self-esteem are beneficial to patients, helping them to cope and continue with their treatment.

Precautions and Contra Indications

Skin infections

Head Massage on a patient with a brain tumour or cerebral metastases

Pedicures on a patient with diabetes

Pedicures on a patient undergoing chemotherapy

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following clinical records should be kept:

1. Personal Details, i.e. name, address, contact telephone number, date of birth, gender, occupation, responsible medical practitioner and referrer details
2. The presenting problem and history
3. The therapeutic approach or method used e.g. Type of beauty therapy, which area, length of treatment
4. The length and number of interventions
5. Medication or other concurrent treatment
6. Observations
7. Client/Patient outcomes and follow-up

This information forms part of the patient's legal clinical documentation. Where records are used as part of a research study or for the process of clinical audit, patient/client confidentiality must be respected.

Safe Systems of Work

Patient should be assessed before the beauty therapy with relevant medical history documented

1. Any concerns should be discussed with an appropriate medical practitioner
2. Patient should have a rest period following the completion of the therapy
3. Staff should be aware of first aid procedures if a patient feels unwell, and how to summon assistance if needed in an emergency
4. Ensure the therapists and patients are comfortable and an adjustable height bed is available to protect the therapist from strain in line with Health and Safety requirements
5. Staff should be assessed as competent in the chosen technique
6. Ensure availability of a warm, well ventilated room with hand washing facilities
7. Patients with a skin condition or history of skin allergy/reaction should have a patch test carried out prior to commencement of treatment
8. Adverse reactions to products to be documented in patient notes and reported to the Senior Nurse on Day Care or deputy. An incident form should be completed and line manager informed if a staff member is affected
9. Strict Adherence to Hair dressing policy to be maintained regarding hair dyes/colours ref; risks to Patient's on Chemotherapy.

Evidence base

Look Good.....Feel Better
www.lgfb.co.uk

REFERENCES:

Tavares M (2003). National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care.

5) SAFE SYSTEMS OF WORK - HYPNOTHERAPY/HYPNOSIS

Introduction

Hypnosis has been described as a psychological state in which certain human capacities are heightened while others fade into the background. During hypnosis, a person's critical faculty or logical mind is suspended or diminished, leading to an increase in the probability of the acceptance of therapeutic interventions (Hawkins 1994, cited in Lioffi and Mystakidou 1996).

During interaction, the hypnotist attempts to influence the subject's perceptions, feelings, thinking and behaviour by asking them to concentrate on ideas and images that may evoke the intended effects.

Benefits

A large body of evidence exists to show hypnosis/hypnotherapy can be a valuable adjunct to more conventional forms of psychotherapy and medical treatment, including use in supportive and palliative care in the following ways:

- To enhance the immune response.
- To enhance coping ability.
- To enhance recovery from surgery.
- To reduce chemotherapy-related nausea and vomiting.
- To increase tolerance of scanning and radiotherapy procedures.
- To reduce pain.
- In mood disturbance and emotional and psychological distress.
- To enhance quality of life.
- To reduce anxiety.
- To reduce constipation and quieten diarrhoea.

Contra-Indications

- Psychiatric status: where any psychiatric condition exists, which may lead to unpredictable behaviour and responses.
- Where a diagnosis of a cerebral tumour or cerebral metastases disease has been made, or is suspected.

Precautions

- Be aware of inexperienced use. Clinicians should not work outside their own areas of training and competence.
- Explain to the patient the likely process of the hypnotic intervention and to remove any doubts and fears.
- Be aware of the legal implications of working with a patient who is in a state of hyper-suggestibility, and who, generally, will have their eyes closed.
- Be aware that an emotional response to recalled images and feelings may be triggered (abreaction).
- Ensure the patient is brought out of the hypnotic state gradually.
- Ensure the patient is fully awake and alert before concluding the session.
- Medications for depression can change brain chemistry, preventing or altering receptivity to suggestion.
- Patients under the influence of Recreational drugs/Alcohol avoid the use of Hypnosis.
- Any unknown symptom or condition the patient has requested Hypnosis for; refer for medical evaluation before using Hypnosis. E.g. where pain is acting as a signal, it is inappropriate to remove until a diagnosis is made.

Cautions for Visualisation/Imagery techniques:

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--contra-indicated in people who have a fear of deep water etc., can trigger breathing difficulties or panic-attack-fear of drowning.
- Lofty heights that feel unsafe---contra-indicated in people who have a fear of heights, can trigger lightheaded sensations, or fear of falling, dizziness etc.
- Confined spaces e.g. caves, small rooms, holes etc. ---contra-indicated in people who suffer from Claustrophobia. Can trigger panic attacks and breathing difficulties. Strong agitation.

- Panoramic or wide open spaces---contra-indicated in Agoraphobia. Can trigger panic attack.
- Using DOWN imagery or word can be frightening to some people.

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following records should be kept:

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

Safe Systems of Work

1. Ensure availability of a warm, well-ventilated room with hand washing facilities
2. Use safe and appropriate equipment and adhere to moving and handling policy and Health & Safety at Work Act
3. Any adverse reactions to treatment must be documented in patient's notes and reported to the Responsible Medical Officer. An incident form should be completed and line manager informed if a member of staff is affected

Evidence Base

REFERENCES:

Tavares M (2003). National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care.

6.) SAFE SYSTEMS OF WORK - ACUPUNCTURE

Introduction

Acupuncture is a word derived from the Latin acus, needle and pungere, to pierce. It is a therapeutic technique that involves the insertion of fine needles into the skin and underlying tissues at specific points, for therapeutic or preventative purposes. (Ernst 2001) The origins of acupuncture go back at least 2000 years in China (Ma 1991).

In Traditional Chinese Medicine a fundamental concept is qi (pronounced chee) which is usually translated as “energy”. A person’s qi, or energy, is present at birth and circulates throughout the body maintaining its physiological functions. When qi is fully dissipated death occurs. The major pathways for its circulation are the meridians.

Another basic concept of health is the balancing of two opposites, yin and yang.

Traditional acupuncturists base their diagnosis on a careful discussion with the patient and often incorporate a pulse and tongue diagnosis.

Many western medical acupuncturists often take a more pragmatic approach to treatment and use an eclectic mix of treatments.

Benefits

Traditional acupuncture is used to treat a wide variety of disorders. In palliative care, acupuncture is used alongside conventional treatment and has an increasing supportive role for:

- Chronic and treatment-related pain
- Acute postoperative pain
- Nausea and vomiting
- Shortness of breath
- Xerostomia (dry mouth)
- Cancer-related hot flushes
- Anxiety and depression

Contra-Indications

- Avoid any area of actual or potential spinal instability due to cancer.
- Avoid inserting needles directly over the tumour itself or nodules.
- Do not use acupuncture in severely disordered clotting function.
- Avoid indwelling needles with patients at risk of bacteraemia.
- Avoid needling a lymphoedematous limb.
- Avoid needling directly over a prosthesis.
- Avoid needling over any intracranial deficits following neurosurgery.

Precautions

- Only use sterile, single-use disposable needles.
- Take particular care when needling over the ribcage and the domes of the pleura.
- To reduce the risk of pneumothorax, paravertebral needling or needles to the top of the sternum are useful alternatives.
- Avoid the arm on the side of mastectomy and/or axillary lymph gland dissection.
- Be aware that if intolerance occurs, it may represent progressive disease and full investigation of tumour status may be required.
- Be aware that patients may be undergoing chemotherapy, radiotherapy or hormonal treatments.
- Be aware that patients may be particularly fatigued and are living with a chronic/life threatening illness.
- Be aware that acupuncture can mask both cancer and disease progression.
- Use acupuncture with caution where the patient's behaviour is unpredictable.

Clinical Effectiveness

To ensure that there is accurate information recorded for future evaluation, the following records should be kept:

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

Safe Systems of Work

1. Ensure availability of a warm, well-ventilated room with hand washing facilities
2. Use safe and appropriate equipment and adhere to moving and handling policy and Health & Safety at Work Act
3. Any adverse reactions to treatment must be documented in patient's notes and reported to the Responsible Medical Officer. An incident form should be completed and line manager informed if a member of staff is affected

Evidence Base:

Maciocia, G. (1989). The Foundations of Chinese medicine. Edinburgh, Churchill Livingstone.

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REFERENCES: Lead Author David Craik Ratified by QA committee 13 th July 2017 Review period: 2 years				
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