COMPLEMENTARY THERAPIES IN THE WELCOME TREAMENT CENTRE POLICY

POLICY

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Date Approved	18-11-21		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
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Sponsor (Position)	Chief Nurse		
Author (Position & Name)	Jo Barker, Complementary Therapy Co-ordinator, WTC		
Lead Division/ Directorate	Medicine		
Lead Specialty/ Service/ Department	Clinical Haematology		
Position of Person able to provide Further Guidance/Information	Jo Barker, Complementary Therapy Co-ordinator, WTC		

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
Patient information leaflets: 1. *Complementary therapies within the WTC* 2. *Aromatherapy* 3. *Massage* 4. *Reflexology* 5. *Reiki*	*All reviewed Feb 2020 and in date.*
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

“This Operational Policy is issued and maintained by the Executive Director for Nursing & Quality on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.”

Complementary therapies are natural and holistic interventions that can be used in addition to standardised cancer treatments to enhance the wellbeing of patients living with malignant disease (Department of Health, 2008). They are not used as an alternative to conventional medicine but are offered to complement their conventional treatments.

Here at Sherwood Forest Hospital NHS Foundation Trust, complementary therapies will be offered to patients attending the Welcome Treatment Centre diagnosed with oncological, haematological, rheumatological medical conditions and appropriate referrals from the cancer multi-disciplinary teams. The patients may have malignant or non-malignant conditions/diagnoses.

2.0 POLICY STATEMENT

To establish standards of safe complementary therapy practice within the Welcome Treatment Centre that is evidence based as recommended by the Department of Health and practiced by appropriately qualified and registered practitioners.

To enable complementary therapies to become an integrated part of care within the context of the Trust.

This policy will cover the safe standards of practice for all the complementary therapies practiced within The Welcome Treatment Centre which are:

- Aromatherapy
- Massage
- Reflexology
- Reiki

In the event of a practitioner wishing to introduce an additional therapy into their practice within the Trust, they must submit a request to do so via the Trusts Complementary Therapies Group.

This policy has been written in response to NICE, Improving Supportive and Palliative Care for Adults with Cancer (2004), recommendations regarding complementary therapies and the East Midlands Cancer Network (EMCN) (2010).

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust / SFHFT	Means the Sherwood Forest Hospitals NHS Foundation Trust
Staff	Means all employees of the Trust including those managed by a third party organisation on behalf of Trust.
Complementary Therapies	Means a range of specific therapies which are not offered as an alternative to conventional treatments. (Complementary not alternative) East Midlands Cancer Network (EMCN) July 2010.
CAM	Means Complementary and Alternative Medicines.
Service Users	Means patients with malignant and non-malignant conditions receiving oncology haematology and rheumatology treatments within the Welcome Treatment Centre.
The Trust Register of Complementary Practitioners and Therapists	Means the Register of Complementary Practitioners authorised to practice within the Trust.
Practitioners/Complementary therapists	Means both staff and volunteers who practice complementary therapies in The Welcome Treatment Centre.
EMCN	means East Midlands Cancer Network

4.0 ROLES AND RESPONSIBILITIES

Each practitioner must have had:

- Occupational Health Clearance
- Criminal Records Bureau Clearance
- Be in possession of indemnity insurance as set out by the EMCN (2010)
- Agree to adhere to all Trust Policies
- Provide written evidence of a relevant qualification in their area of practice, along with proof of training and membership of a nationally recognised organisation or professional body as appropriate. Adhere and work to that organisations code of conduct and ethical practice of the therapies practiced.
- Demonstrate competent use of their chosen therapy as dictated by the fore mentioned governing body.
- Update their knowledge based on research findings and evidence based practice.
- Attend the designated study/ update days as required by the relevant professional body to support their continuing professional development and ability to practice.
- Where there is no existing guideline and policy to support their practice, the practitioner must develop them to support an agreed minimum standard of practice within the Trust. This will then be included in this policy (see practice guidelines. Be responsible for ensuring confidentiality of each service user.

5.0 APPROVAL

Following consultation, policy formally approved by the Medicine Division Clinical Governance Group.

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

Introduction

The integration of Complementary and Alternative Medicines (CAM) within the NHS and in the private sector has become more prevalent in recent years. This has been driven by a variety of forces, not least that of public demand. It is expected that, despite the various debates involved around efficacy, this integration will continue. The increasing use of the term “integrated health” suggests current government directives aimed at encouraging a health conscious society. Emphasising patient choice and health promotion, set out the case for encouraging a wellness philosophy in society generally. Implicit within this is the potential and continued role for complementary therapies. (”Commissioning Framework for Health & Well Being” (DOH 2007) and “Nurses as partners in delivering public health” (RCN 2007)).

From as far back as the Calman Report (1995), the role of complementary therapies in cancer and palliative care has been acknowledged. Following on from directives in The National Cancer Plan (2000) and Nice Guidance on Cancer and Supportive Care (2004), a large amount of work has been done to ensure the safe and effective provision of those complementary therapies demonstrated to be of value in the oncology and palliative care settings. In addition to this, an increased knowledge base around these therapies has led to improved information being given to patients.

Complementary therapies are increasingly being used alongside conventional treatments as part of an integrative approach to cancer care. More and more patients are turning to these therapies as there is now considerable evidence that they can help with symptom-control and quality of life (Barraclough, J, 2007).

Referrals

Only service users who attend The Welcome Treatment Centre and appropriate referrals from the cancer multidisciplinary team will be able to access the complementary therapy service via a designated written referral form from the Medical Consultant/ Specialist Nurse / member of multidisciplinary team.

Patients can be referred at any stage in the pathway, but no more than 6 months upon completion of treatment or within a year for re-referral. Patients are referred on a priority basis only. When referred the patient can be given a patient information leaflet on the Complementary therapies available.

Referred patients will be offered a maximum of four therapy sessions at no financial cost to them. At the discretion of the practitioner the number of treatments offered may be extended to 6. On receipt of the referral form, the service user is contacted by the Complementary Therapy Co-ordinator and appointments made for the therapy sessions.

In the event that the service is oversubscribed the service users name will be placed on a waiting list, they will be contacted and informed of this and once there is availability, priority based, all appointments made as above. The first visit will be approximately one-and-a-half hours, subsequent visits will be an hour each time.

It is the patient's responsibility to inform the Complementary Therapist if they are unable to attend their appointment/appointments. The service will only allow 2 cancellations. It is at the Therapists discretion as to whether cancelled appointments can be rebooked.

The service cannot accommodate patients after a year of their treatment and they are encouraged to seek Complementary Therapy within the community.

It is at the Therapists discretion as to whether a patient is suitable to receive Complementary Therapy. This will be determined on a telephone call assessment. Patients can be declined Complementary Therapy if it deemed unsuitable for the patient.

The service can only accommodate patients for 2 courses of Complementary Therapy. Patients referred out of these criteria will also be declined. (Only exceptional circumstance's will be considered.)

All referrals will be excepted via Appendix D by email or post.

Assessment / consent

It is the responsibility of the Complementary Therapy Co-ordinator to undertake a full holistic assessment to determine that the chosen therapy is appropriate and ensure that informed written consent has been obtained prior to commencing any treatment. In order to do this an explanation of the type of treatment being given, how it is thought to work, the possible benefits, side effects and contra indications will be given this is re-enforced by giving the patient the appropriate patient information leaflet. Written consent as per Trust's Consent Policy (SFH Policy for Consent to Examination or Treatment) allows the service user to confirm that they have received and understood the information and have agreed to the complementary therapy treatment. The service user is advised that they can withdraw or refuse treatment at any time. Consideration will be given to the cultural and religious belief of the patient. Written information will be given to re-enforce verbal information. This will be in the form of the relevant patient information leaflets as previously identified.

Documentation

The documentation of assessments is undertaken by The Complementary Therapy Co-ordinator who will keep detailed records of the complementary therapies given, documenting any therapeutic benefit using the holistic assessment form.

Care delivery

- In the Welcome Treatment Centre there is a dedicated Complementary Therapy room for service users to receive their chosen therapy.
- Treatments can also be delivered on the unit.
- All service users are treated with privacy, dignity and respect.
- All treatments are adapted to suit the individual's needs and it is not always necessary to remove clothing except when having a back massage.
- Patients are advised to inform the therapist of any adjustments that need to be made to accommodate them.

- All aspects of care (including waste disposal and cleaning of equipment) will be delivered in line with the relevant Infection Prevention and Control policies and guidelines.

Auditing

All service users that use the Complementary Therapy Service will be asked to complete an Evaluation Form on discharge.

Equipment and Materials

Reactions to therapy – practitioners working within the service will be aware and work in accordance to the Allergy and Anaphylaxis Identification and Management Policy should patients have a reaction to therapies.

The range and types of aromatherapy and massage oils will be stored and disposed of in accordance with COSHH regulations and individual therapy guidelines.

Only a trained aromatherapist will make the decision to use and blend essential oils following a holistic assessment for contra indications. A maximum of only 2 essential oils are to be blended.

Each patient is to have their own individual blend.

Equipment is cleaned and maintained in accordance with the Trust's Policy for the management of decontamination and disinfection of healthcare equipment within healthcare settings.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (e.g. verbal, formal report etc) and by who)
There will be a list produced and updated as changes occur of all Complementary Therapists who offer a therapy and consult with patients in The Welcome Treatment Centre. The list will include: • Name of Therapist • Start date • CRB clearance • Qualifications and copies of qualifications • Professional Membership • Insurance renewal date	The Complementary Therapies Co-ordinator	Review of information	Annually	Cancer Unit Management Board

8.0 TRAINING AND IMPLEMENTATION

All practitioners must have nationally recognised qualifications to undertake the treatments.

The individual practitioners will be expected as part of the continuing education needs to retain their registration and update their knowledge, based on research findings and evidence based practice.

9.0 IMPACT ASSESSMENTS

Delete/ amend as applicable:

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix F
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix G

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Baraclough, J (2007) Enhancing patient care, complementary care and support, *Oxford University press*
- Brill C, Kashurba M. Each Moment of Touch. *Nurs Adm Q.* Spring 2001 25(3):8.
- Carlson,S (2006) How Reflexology works. Suite101.com *s*
- Calman – Hine (1995) *A Policy Framework for Commissioning Cancer Services: A Report by the Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales.* Available from www.doh.gov.uk/cancer/pdfs/calman-hine.pdf
- Commissioning Framework for health and well being: 2007, London. DOH
- *Complementary Therapy Guidelines for Supportive and Palliative care.* Available from www.mtcn.nhs.ukDepartment of Health (2000)
- CancerHelp UK (2010) available from http://www.cancerhelp.org.uk/
- *NHS Cancer Plan. A plan for investment. A plan for Reform.* London. DOH
- Field TM Massage therapy effects.Am,Psychol 1998; Dec 539120;1270-81
- Grealish, L. et al (2000). *A nursing intervention to modify the distressing symptoms of pain and nausea in patients hospitalised with cancer.* Cancer Nursing™. Vol. 23. No. 3. P237-243.
- Hodkinson, E., Williams, J.M. (2002): enhancing *quality of life for people in palliative care settings*. Clinical Reflexology: A Guide for Health Professionals. (Edited by Mackereth and Tiran).Published by Churchill Livingston, 2002. ISBN: 0443071209
- Kohn,M. Complimentary Therapies in Cancer Care :abridged report of a study produced for Macmillan Cancer Relief, June 1999
- McNamarra P. Massage for people with Cancer. The Cancer resource Centre, Wandsworth, London.1999
- Mid-Trent Cancer Network (2006) *Complementary Therapy Guidelines for Supportive and Palliative care.* Available from www.mtcn.nhs.uk Mid-Trent Cancer Network (2006)
- National Guidelines for the Use of Complimentary Therapies in supportive and Palliative Care, 2003, The Prince of Wales Foundation for Integrated Health, London

- National Occupational Standards for Aromatherapy 2006, available from http://www.aromatherapycouncil.co.uk/
- Norman L Cowan T (1992) The Reflexology handbook; A complete guide, Bath Press. Bath
- NICE (2004) *'Guidance on Cancer Services: Improving Outcomes in Supportive and Palliative Care for Adults with Cancer.* NICE. London
- Puustjarvi K; Airaksinen O; Pontinen PJ. The effects of massage in patients with chronic tension headache. Acupuncture & Electro-therapeutics Research (USA) 1990, 15; 2:159-62.
- Scales B. CAMPing in the PACU: using complementary and alternative medical practices in the PACU. *J Perianasth Nurs*. 2001; 16(5)325-334.
- Stephenson, N.L.N. et al (2000). *The effects of foot reflexology on anxiety and pain in patients with breast and lung cancer.* Oncology Nursing Forum. Vol 27. No. 1. P67-7
- Trevelyan J. A True Complement? Nursing Times 1996; 92: 5, 42-43.

Related SFHFT Documents:

- Allergy and Anaphylaxis Identification and Management Policy
- Policy for the management of decontamination and disinfection of healthcare equipment within healthcare settings
- Other relevant infection control policies as needed.

11.0 KEYWORDS

- aromotherapy, massage, reflexology, reiki, wtc, therapy

12.0 APPENDICES

Appendix A – List of Nationally Recognised Qualification
Appendix B – Therapy Guidelines
- Appendix B1 Aromatherapy guideline
- Appendix B2 Massage
- Appendix B3 Reflexology
- Appendix B4 Reiki

Appendix C – Referral form for complementary therapies
Appendix D – Assessment form for Aromatherapy, Massage, Reflexology, Reiki
Appendix E – Evaluation form for complementary therapy service
Appendix F – Equality Impact Assessment
Appendix G – Environmental Impact Assessment

Appendix A

List of Nationally Recognised Qualifications

Aromatherapy Organisations Council
Association of Reflexologists
British Complementary Therapy Medicine Council
British Massage Therapy Council
Federation of Holistic Therapists
Institute of Complementary Medicine
International Federation of Professional Aromatherapists
International Federation of Reflexology
International Guild of Professional Practitioners
International institute of Health and Holistic Therapies
International Institute of Reflexology
Independent Professional Therapists International Therapy Examination Council
Vocational Training Charitable Trust
ITEC
CIBTAC

Appendix B – THERAPY GUIDELINES

Appendix B1

Aromatherapy Guideline

Introduction

Essential oils are subtle, volatile liquids that are distilled from plants shrubs flowers trees and bushes.

Aromatherapy is the systematic use of these essential oils, extracts and absolutes in holistic treatment to improve physical and emotional well-being. These essences, extracted from plants, possess distinctive therapeutic properties that can be utilised to improve health and prevent disease. Both their physiological and psychological effects combine well to promote positive health. These natural plant oils are applied in a variety of ways, including massage, baths and inhalations. They are readily absorbed through the skin and via inhalation and have gentle and physiological effects. Aromatherapy is an especially effective treatment for stress related conditions (National Occupational Standards for Aromatherapy, 2006).

The therapeutic effect of aromatherapy results from a combination of the physiological effects of the oils and the relaxation of the massage. As the fragrance of the oils also stimulates the sense of smell, which elicits certain emotions, the limbic system of the midbrain, which is concerned with emotional as well as visceral function, may be involved in the release of hormones which influence mood (Kohn, 1999).

A Nursing Times survey of nurses relating to complementary medicine found overwhelmingly that aromatherapy is the most popular form of complementary therapy employed by members of the nursing profession (Nursing Times, 1996). This is understandably so as more and more research is revealing that aromatherapy essential oils together with remedial massage offer demonstrable therapeutic benefits for many patients requiring palliative care including alleviating anxiety in hospital patients, chronic tension headaches and cancer pain (Puustjarvi K; Airaksinen O; Pontinen PJ., 1990).

Specific Guidelines for use of Essential Oils

Use of essential oils.

Essential oils are not licensed and therefore do not require a prescription.
A protocol for each oil used should be kept containing details regarding its use dosage administration and contra indications. A record should be kept of when each essential oil and carrier oil bottle is opened.

Methods of use:

Massage	1 drop of essential oil to 5ml of carrier oil. A maximum of 2 essential oils in each blend.
Footbath	3 drops of essential oil in warm water. Agitate. Soak for 10 - 15 minutes.

Vaporiser 2 drops of essential oil. Use for 10 minutes in each 30 minutes.

Carrier oils	Carrier oils aid the absorption of essential oils into the blood stream through the skin and aids lubrication of the skin to be massaged, carrier oils can be used alone for massage if the use of essential oils are contra indicated. Grapeseed oil is the carrier oil used
Blending	Blending of the essential oils in carrier oil enhances the therapeutic effect and is known as a synergy. Essential oils should be blended with carrier oils prior to massage.
Patch test	A small proportion of patients may have sensitive skin, this can sometimes lead to allergic reactions to products, if so a patch test should be carried out 24 hours prior to any treatment. One drop of essential oil should be diluted in 5mls of carrier oil, placed onto a plaster and taped into the crease of the patients elbow. The patient should be advised not to bathe or use heat treatments for the next 24 hours. If the patient is allergic to the product they will develop a positive reaction and show signs of one some or all of the following: • Redness • Itching • Swelling • Hives • Blisters
Vapourisers	Essential oils are dispensed into the environment through a fan blowing air through essential oils. Be aware of respiratory conditions such as asthma and being used in a room where there are other patients or relatives carers or staff with respiratory conditions, different smell preference or allergies. Do not use electric vaporizers in the presence of oxygen. Only use the vaporizer for 10 minutes in every half an hour.

A Variety of oils are used in The Welcome Treatment Centre:

Health and safety

All essential and carrier oils are to be kept in a cool place, stored in a wooden box and locked in a cupboard.
Only a trained aromatherapist will make the decision to use and blend essential oils following a holistic assessment for contra indications.

A maximum of only 2 essential oils are to be blended.

Always allow the patient to smell the blended oils first, if they have a negative reaction to the smell of the oils find a oil with similar properties that will produce a more positive response from the patient.

Do not use any oils that the patient has brought in.

Appendix B2

Massage Guideline

Introduction

Massage may be the oldest and simplest form of medical care over the years though massage has faded in and out of the western medical system it has always been a popular method of reducing stress and producing deep relaxation. It has been recognized that massage benefits the whole person at all levels including physical emotional and spiritual.

Massage is a generic term for a variety of techniques that involve touching kneading pressing and manipulation of the soft tissues of the body. Massage in supportive and palliative care refers to therapeutic massage for therapeutic purpose. In cancer and palliative care only gentle effleurage and stroking is recommended. Therapeutic massage consists of gentle rhythmical touch, with movements varied to suit individual needs and with a clear start and finish to the session (McNamara 1999) it is uncommon for a full body massage to be given, it is usually the shoulders neck or hands, arms, feet, legs or back.

All massage therapies have powerful relaxing and anti-anxiety effects. This may be partially induced by the actual act of massage, or it may have a much deeper, more comforting effect. Massage can offer a physical reassurance for someone's very human needs, and perhaps that is why massage-based therapies are now such a popular part of palliative cancer care (Complementary Therapy Guidelines for Supportive and Palliative care, 2010).

Therapeutic massage also increases circulation, stimulates venous and lymphatic drainage, improves muscle tissue metabolism and elasticity, and enhances relaxation through increased parasympathetic and reduced sympathetic nervous system activity. (Field, 1998).

One of the prime concerns often expressed around massage for people with cancer is that it might worsen the situation by spreading the cancer via the lymphatic system to other sites around the body, there is no evidence to support this although it is recommended that deep tissue massage is not used. National Guidelines for the use of Complementary Therapies in Supportive and Palliative Care published by the Foundation for Integrated Health in May 2003, state that massage is an acceptable intervention for people with cancer.

Specific Guidelines when Undertaking Aromatherapy and Massage

Do not treat if patient has a pyrexia (temperature) or areas on the body that are hot and inflamed such as:
joints
Phlebitis (hot and inflamed veins)

Avoid using pressure work with patients who are taking anti coagulation medication or who have a low platelet count. This varies as some haematologists advise that patients with a platelet count of 50 x 10^9/l or less are not treated with aromatherapy or massage. Patients who are taking Warfarin or having Clexane, injections should always be checked with nursing staff.

Be aware of the risks of massaging patients with areas of petechiae (pinprick bruising), as this is an indicator of very low platelet count. Use gentle stroke or light holding touch.

Avoid massaging:

- dressing sites
- stoma sites
- cannula sites
- Hickman lines, stents or PICC lines

massage elsewhere like the hands and feet.

Avoid using any pressure directly on the area or near the cancer.

Do not massage patients with skin conditions, for example rashes.

Do not massage skin cancers.

Do not treat any lymphoedema.

Do not massage the limb of a suspected or recently diagnosed deep vein thrombosis. Be aware that patients with advanced cancer or severely impaired mobility are more susceptible to low grade, undiagnosed and asymptomatic deep vein thrombosis, use gentle massage only.

Never massage swollen legs or arms.

Avoid areas of bone metastasis and use gentle stroking or light holding touch only.

Avoid massaging over ascites (fluid retention in the abdomen) and use gentle and light touch only.

Avoid areas of recent surgery or broken skin and lesions.

Avoid massaging radiotherapy entry and exit sites on the body for at least 6 weeks.

Be aware that patients have a lowered immune function and are more susceptible to infection.

Be aware that the skin can be sensitive and /or have paper thin skin due to medication and treatment. Use gentle touch only.

Always modify pressure, adapting approach and duration, taking into account the physical emotional and energetic condition of the patient.

Light touch and stroking can be the choice of treatment if the patient is unwell, tired or emotional.

Appendix B3

Reflexology Guideline

Reflexology is an ancient science that is said to be truly holistic as it works on the principals that there are reflex areas in the feet and hands that correspond with glands and organs of the body. Stimulation of these parts using a steady even pressure with the practitioner's thumb or finger allows the energy (chi) to flow. Norman (1992) suggests that reflexology is a method of activating the healing powers of the body.

The Chinese believe that within our bodies we have channels that they call meridians, and that our energy (chi) flows through these meridians. If the meridians become blocked the chi flow is slowed or stopped and this can cause illness or pain (Carlson, 2006)
The Chinese also believe that that good health depends on balance, equilibrium and homeostasis and that our energy should be in equal parts of yin and yang and these are rebalanced when reflexology is applied this in turn reduces stress and induces relaxation, improves circulation helps the body to cleanse itself of toxins and impurities and revitalizes energy (Norman 1992). If these are induced this can reduce the amount of pain that the patient experiences.

It has been found to be helpful in patients with on-going pain as it reduces stress and induces deep relaxation, improves circulation helps the body to cleanse itself of toxins and impurities and revitalizes energy (Norman1992) All of these are symptoms often found in patients with pain.

In "Enhancing quality of life for people in palliative care settings", (2002) Hodkinson and Williams write: "Reflexology can be a valuable supportive treatment in the alleviation of many physical problems and side effects of treatment, particularly in the relief of pain through the production of endorphins from its relaxation effects. (Grealish et al 2000, Stephenson and Weindrich 2000)". This research paper, and others like it, also suggests that reflexology can help to alleviate: pain; constipation; diarrhoea; poor appetite; nausea; breathing and communication difficulties; fears of the future; tiredness and problems with sleeping. Interestingly, similar benefits were also reported by those research participants who received a placebo/ simple foot massage instead of a reflexology treatment.

Specific Guidelines when undertaking Reflexology

Avoid a limb or foot with suspected or diagnosed deep vein thrombosis and varicose veins

Adjust pressure for patients with a low platelet count, taking note of any existing bruising and skin viability. What is considered a low platelet count varies, some haematologist advise that patients with a platelet count of 50 x 10^9/l or less are not treated with reflexology.

Avoid areas on the feet that correspond to the colon region if there are symptoms of intestinal obstruction other than constipation.

Palpate gently with sensitivity over the reflexes that relate to the tumour sites.

Be aware of tender areas on the feet that relate to new surgical wounds.

Be aware that peripheral sensation may be affected by a person's psychological state, or medication such as:

- Steroids
- Opioids
- Morphine
- Chemotherapy

Be aware that peripheral neuropathy may be the symptom of certain tumours although diabetes is the most common cause.

Lymphoedema (very swollen arms or legs) patients should be treated with care.

Assess the condition of the reflexes and adapt treatment accordingly so that the feet are not over stimulated in any way especially in patients with altered peripheral sensation or peripheral neuropathy.

Establish a working pressure that is comfortable for the patient at all times and tailor made to avoid string reactions.

Use fragrance free talcum powder or appropriate cream if skin is very dry. Use of carrier oils such as coconut oil (non-contraindicating) can also be used.

Appendix B4

Reiki Guideline

Introduction

Reiki is a method of healing that was re-discovered by Dr Mikao Usui in Japan in the 1800s.

Reiki is the focus of universal energy to help balance the mind body and spirit. This energy has also been called the life force. The name Reiki is an amalgam of two Japanese words; rei means earth and ki meaning energy. Reiki is not part of a religion cult or belief system. It is a system of healing, using the laying on of hands. Reiki practitioners believe that our “energy fields” affect our physical and spiritual health. A Reiki practitioner changes and balances the energy fields in and around the body (Cancer Help UK, 2010).

According to CancerHelpUk (2010) some people with cancer say they feel better after using therapies such as Reiki. Studies show that this is often because a therapist spends time with the person, and touches them. After the rush and stress of hospitals and treatment, it can be very relaxing when someone gives you attention for an hour or more, in a calm setting. Reiki is sometimes used in palliative care, especially in hospices. Reiki has helped to control side effects of their cancer treatments, such as pain, anxiety and sickness.

Reiki appears to be an effective stress reduction technique that easily integrates into conventional medicine (Brill C, Kashurba M, 2001) because it involves neither the use of substances nor manipulative touch that might be contraindicated or carry unknown risks, and because the protocol for Reiki treatment is flexible, adapting to both the need of the patient and of the medical circumstances. Reiki can be used to support conventional medical interventions (Scales,B. 2001). In addition, when used on a conscious patient, the experience is relaxing and pleasant, increasing patient comfort, enhancing relationships with caregivers, and possibly reducing side effects of procedures and medications.

Specific Guidelines when Undertaking Reiki

Do not undertake Reiki on patients who have fractured or broken bones that have not been set.

Do not undertake Reiki on patients with unstable blood pressure.

Be aware of patients who have a pacemaker.

Appendix E

Name _____

Date of Birth _____

Address _____

_____

_____

District or NHS Number_____

Evaluation of the Complementary Therapy Service in the Welcome Treatment Centre

We would be grateful if you could complete this form, let us know your views on the Complementary Therapy Service in the Welcome Treatment Centre.

Who is your consultant:

What complimentary therapy did you receive whilst attending the Welcome Treatment Centre:

Aromatherapy	☐	**Massage:**	☐
Reflexology	☐	Hands	☐
Reiki	☐	Back	☐
		Feet	☐

How did you find the treatment (tick box):

	Not very effective 1	2	3	4	Very effective 5
Uplifting					
Relaxing					
Stress relieving					
Feeling of wellbeing					
Helped with pain and nausea					

Was the therapy the same throughout or did you change treatments:

If you changed therapies, why was that:

Were you given enough information to choose the therapy which most suited you:

Were you treated with privacy, dignity and respect:

Did you have the confidence in the person treating you:

Was there anything that could have gone better for you:

Is there anything you would like to say about the service:

APPENDIX F - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Complementary Therapies in the Welcome Treatment Centre Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 18-11-21			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	N/A
Gender	None	N/A	N/A
Age	None	N/A	N/A
Religion	None	N/A	N/A
Disability	None	N/A	N/A
Sexuality	None	N/A	N/A
Pregnancy and Maternity	Not Applicable	N/A	N/A
Gender Reassignment	None	N/A	N/A
Marriage and Civil Partnership	None	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social	None	N/A	N/A

deprivation)			

What consultation with protected characteristic groups including patient groups have you carried out?

- As part of approval with Cancer Unit Management Board

What data or information did you use in support of this EqIA?

- Information

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- None Known

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Jo Barker, Complementary Therapy Co-ordinator

Signature: J K Barker

Date: 18-11-21

APPENDIX G – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	NO	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	NO	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	NO	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	NO	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	NO	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	NO	