

Complementary Therapies Policy

Document Summary

This policy provides a framework for the use of complementary therapies within Cumbria Partnership NHS Foundation Trust.

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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1 SCOPE

This policy provides a framework for the use of complementary therapies within Cumbria Partnership NHS Foundation Trust.

The policy is:

For use by Locality Managers , Team Leaders, Heads of Service/Nursing, Community Managers, Ward Managers and Complementary Practitioners and should act as the appropriate decision making pathway.

Applicable both for existing practitioners who use or wish to use a complementary therapy in their work and independent complementary practitioners employed on a contractual basis by the Trust.

GPs and other medical practitioners may also find reference to the policy helpful in considering referral to a complementary practitioner.

2 INTRODUCTION

In recent years there has been an increasing recognition of the use of complementary therapies alongside more conventional forms of health care. Nationally growing numbers of health care professionals are training in one or more of the complementary therapies and integrating them into their everyday practice. This policy has been developed to facilitate the use of complementary therapies within Cumbria Partnership NHS Foundation Trust. This should be seen as a living document which will be subject to change and review in light of experience annually.

The overall aim of the policy is to ensure that high standards are set in the provision of complementary therapies that will:

- ensure safe practice by appropriately qualified and supervised practitioners
- make the best use of practitioner's skills in the interest of patient/ client care
- protect the rights of those patient/ clients who are offered complementary therapies as part of their care

3 STATEMENT OF INTENT

This document is intended to provide staff with guidance when using or considering using complementary therapies. Cumbria Partnership NHS Foundation Trust recognises that there are a range of complementary therapies, and that in principle these guidelines could apply to any of the complementary therapies. However the policy will apply only to the following complementary therapies:

Aromatherapy
Reflexology
Therapeutic massage including Swedish, lymphatic drainage, deep tissue
Reiki
Indian Head Massage

Writing-based Therapy
Acupuncture
Yoga

Consideration may be given in the future to including other complementary therapies not listed above. Any practitioner wishing to employ a therapy not listed above should contact the Executive Director of Nursing

4 DEFINITIONS

Complementary Therapy

All of the individual therapies will be defined and discussed throughout the policy

5 DUTIES

5.1 Chief Executive

The Chief Executive has ultimate accountability and responsibility for the implementation of this policy. This is delegated through organisational structures and accountability frameworks to ensure staff are provided with the appropriate tools to provide the therapy and training to obtain appropriate consent.

5.2 Executive Director of Quality and Nursing

The Executive Director of Quality and Nursing is responsible for ensuring the accountability frameworks are in place for this policy and managers and staff are provided with the appropriate tools, training and supervision to enable complementary therapies to be practiced safely and effectively. To ensure the Trust register of therapists is being kept up to date

5.3 Trust/ HR Responsibilities

Practitioners need to be appropriately qualified and it is therefore essential to view the following evidence of qualification.

- The practitioner's certificates
- A copy of the syllabus studied, if still available
- Details of the school/college providing the training
- Evidence of continuing professional development
- Professional body - code of practice/ethics

Practitioners using a complementary therapy will be expected to send a copy of their professional registration certificate to Human Resources. This will allow the Trust to keep up to date records. In addition, practitioners will be informed of their expiry date of

their registration and need to send up to date copies annually. A copy of the registration renewal form is included in appendix 1.

To ensure safe and appropriate practice it is also necessary for the manager of the service, the relevant head of clinical profession and the practitioner to be clear about:

- That the practitioner is registered with the Trust
- Why a particular therapy was chosen
- What the treatment involves
- The number of treatments generally required
- Any contra-indications
- How the therapy works (see safe systems of work appendices)
- The approach to care planning and record keeping
- How overall results are monitored
- The underpinning research evidence (see safe systems of work appendices)
- The communication strategy between the practitioner and referring health-care professional
- Effective documentation and record keeping

Always avoid accepting a qualification that is wholly by correspondence or gained over two or three weekends. If in doubt contact the ICM (Institute of Complementary Medicine), www.icmedicine.co.uk BCMA (British Complementary Medicines Association) www.bcma.co.uk or the practitioner's own professional body for an opinion on the qualification.

5.4 Staff Responsibilities

All staff wishing to deliver or supervise delivery of identified complementary therapies will need to ascribe to and work within the Trust's Policy, guidelines and protocols. The details of all staff meeting these criteria will be maintained on a Trust register, which will be reviewed annually. The register will have two levels of practice:

- Practitioner – this level includes those who are fully qualified and are a member of a professional body with its own code of practice and ethics
- Student – a student will be working towards practitioner level in one or more complementary therapies. Students will need to work under the supervision of a recognised practitioner

It is the duty of the person carrying out a complementary therapy or intervention to assess a patients' capacity and to obtain consent around this. Each staff member has a responsibility to ensure that the patient is informed of the therapy, benefits and side effects and is assessed for suitability prior to its initiation

5.4.1 Professional Bodies and Codes of Practice

All Practitioners of a complementary therapy will hold full membership of a recognised professional body with its own code of practice and ethics.

All practitioners of complementary therapies must demonstrate their fitness to practice and maintain their competence through continuing professional development and supervision

For practitioners carrying out a complementary therapy which does not have a recognised professional body, they must have a satisfactory competency level for their specific therapy e.g. therapeutic writing

5.4.2 Insurance and Indemnity

Where an independent complementary practitioner is working under contract for the Trust it is necessary to obtain from the practitioner, evidence of the current professional indemnity insurance to cover the period in question. Evidence would take the form of a receipt of payment or a certificate for the period. A recommended minimum level of cover is £2,000,000.

Whereas some practitioners take out a separate insurance, for others it is provided through membership of a professional body. In both cases the practitioner still needs to show evidence of membership of the professional body.

Where the practitioners are already employed by the Trust and are expanding their role, the following steps should be taken:

1. The manager, head of profession/service and practitioner need to ensure that any change of job role is written into the practitioner's job description.
2. The Manager or Head of profession/service should confirm with the Human Resource Department that the practitioner is covered for practice by NHS Indemnity and is on the Trust register of approved practitioners.
3. It is strongly recommended that the practitioner also have additional professional indemnity cover as indicated for independent complementary therapy practitioners.

6. Supervision

All practitioners and students are responsible for ensuring they receive clinical supervision in line with the Trust Supervision Policy. There are five possible options for arranging and receiving supervision:

- One to one supervision from a practitioner in the same therapy or who understands the patient group
- Co-supervision, where the roles of supervisor and supervisee are shared
- Peer supervision with other practitioners in the same therapy
- Group supervision where a number of students and practitioners engage in supervision with a recognised complementary practitioner
- Where a practitioner or student does not have access to clinical supervision within the Trust, supervision from a practitioner outside the Trust may be sought.

In each instance, supervisors and practitioners will need to meet the criteria for competent practice as outlined in these guidelines.

7 Professional Accountability

It is the responsibility of practitioners considering training or practice in a complementary therapy to be fully aware of the:

- Position and requirements of their primary professional body towards the use of complementary therapies, and that they meet these requirements.
- Requirements of their employing organisation and ensure that their extra training meets the necessary standards for practice as outlined in this policy.
- The practitioner must ensure that the therapy is complementary, that the patient has been referred appropriately and it has been agreed as part of the individual's care plan and documented as such.
- When a complementary therapy is offered within programmes of care, the patient's/client's GP or other medical practitioner/responsible clinician must be consulted. This is in recognition that they retain overall responsibility for medical care.
- The practitioner will work within the management framework and will maintain full communication with manager/supervisor.
- The practitioner will be able to justify, if challenged, the use of a complementary therapy in terms of benefits and rights of client.
- The practitioner will work within agreed local, regional and national framework and guidelines
- The practitioner will appropriately assess the patient prior to any intervention/ therapy and on each occasion

8 Patient / Client Consent

A patient/client should always be an active participant in their treatment or care, and it is essential that they consent to the use of a complementary therapy. Both the patient and the practitioner should agree consent.

The patient/client should receive full information on the nature of the therapy including risks, benefits and alternatives available. Consent for the use of a complementary therapy should therefore be agreed between the patient/client and the practitioner prior to the therapy being provided.

A written record of how the consent was given will be made in accordance with the policies and procedures used by the Cumbria Partnership NHS Foundation Trust. This may be kept within the patient's/client's care-plan or the recognised record-keeping format. If consent forms are required there are templates within the Consent policy.

Reference should be made to Dept of Health guidance 'Reference guide to consent for examination and treatment' (2009)

Other useful documents include:

- Seeking Consent Working with People with Learning Disabilities. Dept of Health (2002)
- Seeking Consent Working with Older People. Dept of Health (2002)
- Seeking Consent Working with Children. Dept of Health (2002)
- 12 Key Points on Consent (Aide memoir for Clinicians)
- Guides for Patients – Consent what you have a right to expect.
- www.nhs.uk/conditions/consent-to-treatment

9 CLINICAL EFFECTIVENESS

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

- Personal details i.e. name, address, contact telephone number, date of birth, gender, occupation, Responsible Clinician and referrer details.
- Presenting problems and history
- Therapeutic approach or method used i.e. oils selected, method of administration and dilution percentage.
- The length and number of treatments/ interventions
- Medication and other concurrent treatments

- Observations
- Joint evaluation by client and practitioner of therapeutic intervention

This information forms part of the patient/client 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.

10 SAFE SYSTEMS OF WORK

10.1 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, which 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”.

(Dept of Health 2000)

BENEFITS

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

- Anxiety and depression
- Pre-menstrual problems
- Aches and pains
- Muscular tension
- Sciatic pain
- Gastro-intestinal ailments e.g. constipation
- Insomnia and poor sleep pattern
- Circulatory problems with caution
- Improves elasticity of skin and can increase muscle tone
- Gives overall feeling of well being and relaxation.

POTENTIAL HAZARDS

TO CLIENT

- Skin sensitisation
- Interaction with other treatments and therapies
- Accidental ingestion of essential oils

TO PRACTITIONER

- Skin sensitisation
- Injuries resulting from poor posture or lack of access to appropriate equipment
- Cumulative effects of essential oil inhalation

CAUTION SHOULD BE USED IN:

- Pregnancy and breastfeeding
- Epilepsy
- Low platelet Count
- New pain/ drug
- High or low blood pressure
- Lymphoedema
- Skin sensitivity
- Diabetes
- Continuous Oxygen Therapy and use of volatile oils
- Infancy or frail elderly
- Recent surgery/radiotherapy/ chemotherapy
- Recent thrombosis
- Debilitating illness e.g. cancer, liver disease

DO NOT TREAT

- Gangrene
- Internal bleeding
- Contagious/acute infectious diseases

SAFE SYSTEMS OF WORK

- Ensure availability of warm, well ventilated room with hand washing facilities
- Use safe and appropriate equipment and adhere to moving and handling Trust policy and Health and Safety at Work Act.
- Ensure client and practitioner are comfortable and an adjustable height bed is available where possible to protect from strain in line with Health & Safety requirements
- Practitioners will have access to Safety Data information re Essential oils
- Essential oils to be either stored in a locked cupboard or kept with the responsible practitioner and used in accordance with COSHH Regulations
- Blended oils should be labelled clearly with clients name and date of blending and should only be used for that particular client
- Clients who receive oils to use at home will be given verbal and written information regarding their use and safe storage.
- If an aroma stick is left with the patient, it should be labelled clearly and an information leaflet given
- Clients with a skin condition or a history of skin allergy/reaction should have a patch test carried out prior to commencement of treatment
- Client should be assessed before each treatment with relevant medical history documented.
- Any concerns from client/practitioner should be discussed with a medical practitioner/ responsible clinician.
- Adverse reactions to oils to be documented in client's notes and to be reported to the responsible clinician/ GP. An incident form should be completed and Occupational Health informed if a Trust employee is affected.
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative effects.

- Client should be given the option of the use of appropriate background music or silence.
- Practitioners should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency.

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Tavares M (2003) **National Guidelines for the use of Complementary Therapies in supportive and palliative care**. The Prince's Foundation for Integrated Health, National Council for Hospice and Palliative Care Services, London

10.2 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. Therapeutic massage is defined as “a systematic form of touch using certain manipulations of the soft tissues of the body to promote healing “ (Feltham 1991) with or with or without the use of essential oils following individual assessment. Therapeutic massage is non invasive therapy which can be used alongside conventional treatments

BENEFITS

- Massage aids mobility of the joints
- Helps to maintain body posture
- Helps to warm and ease aching muscles
- Helps to break down hard knots of muscular spasm caused by physical, mental or emotional tension
- Helps to maintain elasticity and flexibility
- Helps improve postural deformities
- Helps improve muscle tone
- Warms up muscles prior to sports and following sports
- Improves circulation to all parts of the body
- Improving oxygen and nutrients, speeds up elimination of waste products
- Improves circulation to extremities
- Helps higher or lower blood pressure
- Helps elimination of waste
- Assists lymph drainage
- Relieves muscle spasm associated with compression of nerves (i.e. after inflammation has gone)
- Relieves constipation
- Aids digestion
- Drains sinuses
- Sensation of warmth, comfort and support

POTENTIAL HAZARDS**TO CLIENT**

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

TO PRACTITIONER

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

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

DO NOT TREAT

- Gangrene
- Internal bleeding
- Contagious/acute infectious diseases
- Over an area with unexplained lump or hot spot

SPECIAL CARE

- Known blood infections
- Delicate skin (long term steroid therapy)
- Warfarin therapy
- Undergoing chemotherapy
- Individuals with advanced disease and where there is metastatic disease
- Cardiovascular insufficiency

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 Trust Policy and Health & Safety at Work Act
- Ensure client and practitioner are comfortable and an adjustable height bed is available where possible to protect from strain in line with Health and Safety requirements
- Client should be assessed before the treatment with relevant medical history documented
- Any concerns from client/practitioner should be discussed with the responsible clinician/ GP
- Adverse reactions to treatment to be documented in client's notes and reported to the Responsible Medical Officer. An incident form should be completed and Occupational Health informed if a member of staff is affected
- Any agitation/distress or potential for this which necessitates a second carer/health professional to be present
- Practitioner should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency
- Client should be given the option of the use of appropriate background music or silence
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative effects

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10.3 REFLEXOLOGY

INTRODUCTION

Reflexology is the name given to the form of treatment, where the body is reflected in miniature in the hands and feet. Gentle pressure on areas of the feet and hands can encourage the body to heal itself.

Following illness, stress, injury or disease, the body is in a state of imbalance, reflexology can be used to restore and maintain the body's natural equilibrium and encourage healing.

BENEFITS

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

- Anxiety and depression
- Endocrine disorders
- Respiratory conditions
- Chronic fatigue
- Constipation
- Aches and pains
- Sciatica
- Irritable bowel syndrome
- Pre-menstrual problems
- Poor circulation
- Digestive problems
- Insomnia and poor sleep patterns
- Diabetes and sugar tolerance
- General stress related headaches
- Migraine
- Gives overall feeling of well being and relaxation
- Some symptoms in terminal care patients

POTENTIAL HAZARDS**TO CLIENT:**

- Interaction with other complementary treatments or therapies
- Possible temporary flu-like symptoms following first treatment

TO PRACTITIONER:

- Injuries due to poor posture or lack of appropriate equipment
- 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 – only within the first three months or unstable pregnancies
- Recent thrombosis or lower limb circulatory disorders
- Pacemaker in situ
- Severely debilitated and elderly clients and infants – treat lightly and for shorter periods of time.

DO NOT TREAT

- Gangrene of the legs or feet - hand reflexology can be given
- Internal bleeding
- Contagious/acute infections/diseases

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 & Handling Trust Policy and Health & Safety at Work Act.
- Ensure client and practitioner are comfortable and an adjustable height bed is available where possible to protect from strain in line with Health and Safety requirements.
- Client should be assessed before the treatment with relevant medical history documented.
- Any concerns from client/practitioner should be discussed with a medical practitioner/responsible clinician
- Adverse reactions to treatment to be documented in client's notes and reported to the Responsible Medical Officer/ clinician. An incident form should be completed and Occupational Health informed if a member of staff is affected.
- Any agitation/distress or potential for this, which necessitates a second carer/health professional to be present.

- Practitioner should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency.
- Client should be given the option of the use of appropriate background music or silence.
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative strain.

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Tiran D and Mackereth P (2011) **Clinical Reflexology, a guide for integrated practice**. Churchill Livingstone

Association of Reflexologists "Guidelines on Contra-Indications"

10.4 REIKI

INTRODUCTION

Reiki is a Japanese term, which means “universal life energy.” A natural method of healing, which can be used alone or in combination with other therapies. A relaxing treatment given to the client who lies on a treatment couch fully clothed. The practitioner uses a number of hand positions to channel Reiki energy throughout the body to bring about deep relaxation.

BENEFITS

There is evidence to suggest that Reiki can help alleviate a number of symptoms such as.

- Anxiety and depression
- Aches and pains
- Insomnia and poor sleep pattern
- Muscular tension
- Psychological problems
- Contribute to post-operative recovery by speeding up the healing process
- Give an overall feeling of well-being and relaxation

POTENTIAL HAZARDS

TO PRACTITIONER

- Injury due to poor posture
- Practitioner should prepare themselves by removing watches and items of jewellery as these items can interfere with the energy flow and may accidentally scratch client
- Practitioner must ensure that an appropriate grounding exercise is carried out at the end of the treatment, and that he/she is encouraged to drink some water
- Practitioner should wash hands before and after treatment to disconnect from the client's energy

TO CLIENT

Detoxification symptoms and reactions may occur during a treatment

- Itchiness
- Headaches
- Emotional responses
- Memory flashes
- Sensation of cold
- Past life experiences
- Seeing colours
- Rumbling stomach
- Involuntary movements

- Pins and needles
- Falling asleep
- No sensations at all/ other sensations

PRECAUTIONS AND CONTRA-INDICATIONS

- Diabetes – clients/carers should be encouraged to monitor their own insulin levels daily, as Reiki is known to affect the levels of insulin in the body thus reducing dosage required
- Pacemaker – the practitioner needs to proceed with caution as the effect of Reiki on a pacemaker can be unpredictable
- Medication requires monitoring by G.P. in case it needs to be changed, reduced or eliminated because of the results of the Reiki treatment
- Any injury/illness – the practitioner needs to assess whether there is an injury which may affect the ability of the client to lie or sit, or may affect movement
- Reiki is known to reduce the effectiveness of anaesthetic and painkillers
- Avoid known tumour site and hot spots when practising Reiki.
-

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 & Handling Trust Policy and Health & Safety at Work act
- Ensure client and practitioner are comfortable and an adjustable height bed is available where possible to protect from strain in line with Health & Safety requirements
- Client should be assessed before the treatment with relevant medical history documented
- Any concerns from client/practitioner should be discussed with the responsible clinician/ GP
- Adverse reactions to treatment to be documented in client's notes and reported to the Responsible clinician. An incident form should be completed and Occupational Health informed if a member of staff is affected
- Any agitation/distress or potential for this which necessitates a second carer/health professional to be present
- Practitioner should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency
- Client should be given the option of the use of appropriate background music or silence
- Advise client to rest for a while and drink water
- Give advice around symptoms of detoxification which may or may not occur post treatment
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative effects

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10.5 INDIAN HEAD MASSAGE

INTRODUCTION

Indian Head Massage incorporates movements that are applied to the face, neck, scalp and shoulders. These movements can be carried out while the client is seated, and fully clothed. Indian head massage is a safe, simple yet effective therapy that provides relief from aches and pains; it is renowned for relieving symptoms of stress.

BENEFITS

- Stimulates the circulation of blood in the scalp, helping to feed the roots of the hair and drain away toxins
- Improves texture of hair and stimulates growth
- Relief from chronic neck and shoulder stiffness improving mobility
- Helps break down hard knots of muscular spasm in neck and shoulders
- Improves tension headaches and eye strain
- Improves sinus congestion
- Helps improve concentration
- Excellent for disturbed sleep and insomnia
- Promotes relaxation and relieves mental and emotional stress
- Gives overall feeling of well-being and relaxation

POTENTIAL HAZARDS

TO PRACTITIONER

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

TO CLIENT

- Skin sensitisation
- Interaction with other treatments or therapies
- Accidental ingestion of oils

PRECAUTIONS AND CONTRA-INDICATIONS

- Injury to the head, neck upper back
- Skin infection
- Any suspicious of systemic infection/raised temperature
- Directly over recent operation site/recent scar tissue
- Weeping conditions of the skin e.g. eczema

- Cuts, bruises, abrasions
- Recent fracture
- Localised dilation of blood vessels
- Osteoporosis
- Frailty
- Spondylosis of the neck
- Psoriasis
- Intoxication

SPECIAL CARE /DO NOT TREAT

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

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 & Handling Trust Policy and Health & Safety at Work Act
- Ensure client and practitioner are comfortable and an adjustable height bed/chair is available where possible to protect from strain in line with Health & Safety requirements
- Client should be assessed before the treatment with relevant medical history documented
- Any concerns from client/practitioner should be discussed with a medical practitioner/ responsible clinician
- Adverse reactions to treatment to be documented in client's notes and reported to the Responsible Medical Officer/ responsible clinician An incident form should be completed and Occupational Health informed if a member of staff is affected
- Any agitation/distress or potential for this which necessitates a second carer/health professional to be present
- Practitioner should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency
- Client should be given the option of the use of appropriate background music or silence
- Practitioners should ensure adequate rest time in between clients to reduce any cumulative effects

REFERENCES

Mehta Narendra.(2000) Indian Head Massage, **Discover the Power of Touch**. Harper Collins

10.6 WRITING-BASED THERAPIES

INTRODUCTION

The writing-based therapies covered by this policy are therapeutic writing (Bolton, 2011; Ross 2017), journal therapy (Thompson 2011), poetry therapy (Chavis, 2011) and bibliotherapy (Howard-Jones, 2012). Therapeutic writing can be either expressive – writing about thoughts, feelings and memories, or creative – writing imaginative poetry or prose for example (Philips et al., 1999). Therapeutic writing sometimes involves the practitioner ‘scribing’ for someone if they are unable to write for themselves. In journal therapy, diaries/journals are used as workbooks for personal growth and increasing self-awareness. Poetry therapy and bibliotherapy involve reading published stories and poems and responding to them in the form of discussion and sometimes creative or expressive writing.

Research has demonstrated that therapeutic writing can lead to health and wellbeing gains. The mechanism of action is not yet known, although an evidence synthesis has been carried out by the National Institute for Health Research as part of its Health Technology Assessment programme (Nysson 2016).

The Lapidus organisation, which covers the writing-based therapies, requires its members to commit to its code of ethics (Lapidus, 2017). Lapidus has also published a list of core competencies (Flint et al., 2004).

BENEFITS

Evidence suggests that writing-based therapies can be of benefit in a variety of long-term conditions such as:

- Anxiety and depression
- Bipolar disorder
- Personality disorders
- Schizophrenia
- Obsessive Compulsive Disorder (OCD)
- Eating disorders
- Post-traumatic stress disorder
- Addiction
- Cancer
- HIV
- Asthma
- Arthritis

Many people report feeling calmer or less anxious after a session. Provides an enjoyable and relaxing experience for service users and carers. Can increase positivity and help participants to express themselves. In some settings also facilitates companionship and social communication.

(Burton & King, 2009; Danoff-Burg et al., 2006; King, 2002; Nyssen 2016)

POTENTIAL HAZARDS

TO CLIENT

- Pain in writing hand

- Temporary emotional distress
- Reinforcement of negative or delusional thinking

TO PRACTITIONER

- Repetitive strain injury, e.g., to writing hand, wrist or elbow
- Emotional burden from hearing distressing patient histories
- Mental fatigue from working with people who are acutely mentally unwell
- Physical or mental harm from anger or aggression in group members

CAUTION SHOULD BE USED IN:

- Severely negative thinking
- Psychosis
- Current auditory hallucinations
- Palliative care
- Very low literacy

DO NOT TREAT:

- Therapeutic writing may not be appropriate or practicable in acute physical illness – although bibliotherapy and poetry therapy may be beneficial.

REFERENCES

Bolton, G. (2011). *Write yourself: Creative writing and personal development*. London: Jessica Kingsley.

Burton, C.; King, L. (2009). The health benefits of writing about positive experiences: the role of broadened cognition. *Psychology and Health*, 24(8) 867-879.

Chavis, G. G. (2011). *Poetry and story therapy. The healing power of creative expression*. London: Jessica Kingsley.

Danoff-Burg, S.; Agee, J. D.; Romanoff, N. R.; Kremer, J. M.; Strosberg, J. M. (2006). Benefit finding and expressive writing in adults with lupus or rheumatoid arthritis. *Psychology & Health*, 21(5), 651-665.

Flint, R.; Hamilton, F.; Williamson, C. (2004). Core competencies for working with the literary arts for personal development, health and well-being. London: Lapidus. Retrieved 24 February 2017 from <http://www.lapidus.org.uk/index.php/core-competencies-for-practitioners/>

Howard-Jones, V. (2012). *Saved by stories: A case study*. In C. A. Ross (Ed.), *Words for wellbeing*. Carlisle, UK: Cumbria Partnership NHS Foundation Trust.

King, L. (2002). Gain without pain? Expressive writing and self-regulation. In S. J. Lepore & J. M. Smyth (Eds.), *The writing cure: How expressive writing promotes health and well-being* (pp. 119–134). Washington DC: American Psychological Association.

Lapidus (2017). The Lapidus ethical code. London: Lapidus. Retrieved 24 February 2017 from <http://www.lapidus.org.uk/index.php/about-2/lapidus-ethical-code/>

Nyssen O.P., Taylor S.J.C., Wong G., Steed L., Bourke L., Lord J., Ross C.A., Hayman S., Field V., Higgins A., Greenhalgh T., Meads C. (2016). Does therapeutic writing help people with long-term conditions? Systematic review, realist synthesis and economic

considerations. *HTA Monograph Series*, 20(22), HTA11/70/01.

Philips, D.; Linington, L. and Penman, D. (1999). *Writing well: Creative writing and mental health*. London: Jessica Kingsley.

Ross C.A. (2017). The benefits of therapeutic writing in acute psychiatric units. *Mental Health Practice*, (in press).

Thompson, K. (2011). *Therapeutic journal writing. An introduction for professionals*. London: Jessica Kingsley.

10.7 ACUPUNCTURE

INTRODUCTION

The Cumbria Partnership NHS Foundation Trust Physiotherapy Service and Palliative care service utilises acupuncture as one of many treatment modalities when, following full assessment of patient needs, if it is determined the most appropriate form of treatment. The Service does not deliver 'Acupuncture on Prescription'.

The modality of acupuncture will be delivered up to a maximum of six times for management of musculoskeletal disorders (up to ten times for Low Back Pain), following which the patient will be advised and assisted to access this treatment by alternative practitioners if required.

Acupuncture is widely used within cancer care and palliative care by contributing to the management of symptoms (Filshie and Rubens 2011, Leng 2013, Towler et al 2013). Within the palliative care context, the number of sessions would be at the discretion of the practitioner and according to patient need, but as a general rule 6-10 sessions would be considered reasonable with some requiring less.

The Physiotherapy Service will not deliver repeat courses of acupuncture, but will in all cases assist the patient in accessing this treatment by alternative practitioners.

*Any requirement to deviate from the agreed application policy in the physiotherapy team must be authorised by the Musculo-skeletal Team Leaders in the relevant Locality.

BENEFITS

. Indications for Treatment with Acupuncture in physiotherapy service

- Management of musculoskeletal disorders / pain
- Acute / chronic injuries
- Rheumatology conditions
- Respiratory disorders
- Bladder and bowel disorders
- Sports injuries
- Headaches
- Neurological disorders
- Women's Health conditions
- Muscle and joint problems
- Nerve pain

Indications within the Palliative Care Team

- Hot sweats/ flushes associated with cancer treatments
- Xerostomia
- Nausea and vomiting
- Pain
- Dyspnoea
- Anxiety

- Insomnia
- Chemotherapy induced peripheral neuropathy
- fatigue

POTENTIAL HAZARDS

TO CLIENT

Painful Treatment: Treatment may be painful on insertion of the needle but pain should not persist after the initial stimulation. If pain persists the needle should be removed.

Drowsiness or Tiredness: This may occur after treatment. Patients should be advised not to drive until they have fully recovered.

A stuck needle: The surrounding skin should be gently massaged and the needle manipulated to remove it. Alternatively, apply ice around the area.

Broken needle: Mark the area immediately with pen and send to A&E. Use tweezers to extract the protruding end only if easily accessible. Do not insert needle to the hilt.

Hazardous Acupuncture points: Certain points are located in potentially dangerous areas of the body, the practitioner must be aware of the hazard and needle with appropriate care, e.g. Gall Bladder 21, Lung 9.

Blood Donors: The National Blood Transfusion Service stipulates that **unless** you have had acupuncture treatment in an NHS hospital or clinic you should wait 6 months prior to giving blood.

Dizziness / Fainting: Very rare – happening usually during the treatment. Stopping the treatment reverses the symptoms and future treatments are commenced with fewer needles over less time.

Bleeding / bruising: Direct pressure over acupuncture point should stop bleeding on removal of needle. A small bruise may form. Same point should not be needled at next treatment.

Nausea / sickness: Can be mild, either during or after treatment. If severe, the treatment will be stopped. The cause of sickness can be due to the body producing its own analgesic hormones. Further treatments may be continued with fewer needles and for a reduced time.

Pneumothorax: All treatments to thoracic region will be given with caution.

TO PRACTITIONER

Needle stick Injury: To therapist, follow Trust policy on needle stick injuries:

- Encourage the wound to bleed. Do not suck the wound.
- Wash well with soap under warm running water

- Cover with waterproof dressing
- Report incident to manager or deputy
- An accident form must be completed
- Report incident to Occupational Health Department or out of hours to Accident and Emergency as soon as possible

CAUTION SHOULD BE USED IN:**Contra-Indications**

- Metal allergy
- Infection at needle site
- Uncooperative / confused patients
- Unstable diabetic
- Needle phobia
- Pregnancy – in first trimester (***see separate section for further guidance**)

Precautions

- Oedema at needle site
- Diabetes – possibility of poor peripheral circulation and adverse impact on blood sugar levels
- Cognitive difficulties
- Anti-coagulants (aspirin is permissible)
- Pregnancy (***see separate section for further guidance**)
- Epilepsy
- Immunodeficiency e.g. HIV +ve, immunosuppressive medication, SLE
- Pacemaker (electro-acupuncture)
- Hunger
- Children aged 16 or less
- Impaired sensation e.g. neurological deficit
- Recent steroid injections
- Oral steroid (long term) – care needed due to possible poor healing
- Active inflammation
- Active viral infection, e.g. flu, colds
- Extra care with patients suffering chronic fatigue problems, e.g. fibromyalgia / ME
- Poor skin condition / tissue viability, e.g. Rheumatoid Arthritis
- Peripheral vascular problems
- Cardiac conditions – care when inserting needles into acupuncture points of heart, pericardium and San Jiao channels
- Haemophilia
- It is advised that acupuncture should not be used on the arm ipsilateral to where axillary sampling or resection of lymph nodes has been undertaken, due to the risk of lymphoedema

All Practitioners undertaking acupuncture must ensure they have an up to date vaccination against Hepatitis B.

AIDS and HEPATITIS: Extreme care must be taken when treating known HIV positive patients or patients with Hepatitis B and C.

The underlying principle of the Trust Policy for AIDS and Hepatitis B is that the patient should be assumed to be infected and acupuncture should always be carried out with all necessary care.

***PREGNANCY:**

Acupuncture is contraindicated in the following circumstances:

- within the first trimester of pregnancy – possible risk of miscarriage
- on patients who present with a previous history of miscarriage or pre-natal problems
- do not needle through or into the wall of the uterus

A) Practitioners who have completed basic training

Acupuncture may be used by practitioners for the management of pain in pregnant patients in the following circumstances:

- The practitioner has completed a recognised AACP approved basic training course (80 hours) or equivalent
- The practitioner has been instructed on the importance of strong needling, strong points and 'contraindicated points' when necessary (strong De Qi should be avoided)
- The diagnosis is grounded in well-founded medical criteria
- Acupuncture is indicated through established evidence based musculoskeletal criteria
- There are no known contraindications

EXCLUSION: Patients presenting with low back or pregnancy related pelvic pain.

B) Practitioners who have completed advanced training / women's health acupuncture training

Acupuncture may be used for the specific treatment of:

- Pregnancy related pelvic dysfunction
- Urinary dysfunction

By those physiotherapists who have:

- Completed Advanced Acupuncture Training (200 hours and above) **and / or** completed a specific 'Acupuncture and Women's Health Course'
- Received and practiced specific needling techniques for the application of acupuncture within pregnancy
- Are competent within the patho-physiology of pregnancy
- Are competent to identify underlying pathology and identify correct procedures for dealing with this
- Are competent in the safe practice and scope of practice of safe needling in pregnancy

SAFE SYSTEMS OF WORK

- Ensure availability of warm, well ventilated room with hand washing facilities
- Use safe and appropriate equipment and adhere to moving and handling Trust policy and Health and Safety at Work Act.
- Ensure client and practitioner are comfortable and an adjustable height bed is available where possible to protect from strain in line with Health & Safety requirements
- .
- .
- Client should be assessed before each treatment with relevant medical history documented.
- Any concerns from client/practitioner should be discussed with a medical practitioner/ responsible clinician.

Clear Explanation

The patient should be told of the proposed treatment and what is entailed. This should include the procedure of needle insertion into the skin, sensations commonly felt due to needle stimulation and possible symptoms such as tiredness, a feeling of well being temporary aggravation of symptoms being treated or possible nausea for up to 2 days. The patient should be advised to avoid caffeine for 3 hours prior to or after acupuncture to achieve best effects from treatment.

Consent

Prior to informed consent being obtained, patients should read the 'Consent to Acupuncture' departmental information and be offered a copy of 'Acupuncture – Information for Patients' leaflet. Written consent should then be obtained using NHS Consent Form 3 (gold consent form).

Informed verbal consent must be given by the patient prior to each subsequent treatment. This should be recorded in the case notes.

Safety and Hygiene

The treatment area should be clean and private.

The patient's skin does not have to be cleaned unless it is obviously dirty or sweaty. Soap and water is adequate.

It is preferable to lie the patient down with limbs supported.

The Practitioner should always wash his/her hands prior to handling the needles, and any cuts or breaks on the therapist's hands should be covered with waterproof dressings. The therapist must not touch the shaft of the needle.

Disposable needles should always be used and disposed of in a sharps box clearly marked 'Danger – Contaminated Needles.' Sharps boxes should be closed and disposed of in accordance with Trust Policy.

The needles should be counted in and out, or packets retained to make sure that the needles are not left in the patient by accident.

Care should be taken to avoid contact with the patient's blood. Should bleeding occur, an injection swab, cotton wool bud or dry cotton wool should be used to absorb it, and it should be disposed of in a yellow clinical waste bag.

Record Keeping

- a. Careful accurate records should be kept in order that treatments can be monitored for evaluation between treatment sessions and for auditing.
- b. Needled acupuncture points should be recorded, including whether they were sedated, stimulated or drained. Trigger points should be named (i.e. which muscle /) or marked on pain diagram.
- c. Outcome measures:
 - Functional scale
 - Pain assessment
 - Pain scale
 - Body chart
 - Medication consumption
- Practitioners should be aware of first aid procedures if client feels unwell, and how to summon assistance if needed in an emergency.

10.8 YOGA

INTRODUCTION

“Yoga is the settling of the mind into silence”- The Yoga Sutras of Patanjali chapter 1 sutra 2 translated by Alistair Shearer

Yoga is a traditional discipline, rooted in India’s earliest history. It involves a number of techniques including body, breath and voice work, meditation and reflection

The aim of yoga practice is to allow each individual to work to their own capacity and to explore ways to bring balance and harmony to body, breath, mind and spirit using posture work, breathing practices, sound and meditation.

BENEFITS

Yoga can be used in different ways and may help to :

- Appreciate the intimate relationship between body, breath and mind
- Develop a state of attention that allows space for reflection and self inquiry
- Recover, maintain or improve our current state of health
- Cope with excessive stress or anxiety
- Enhance energy and productivity
- Develop a personal meditation practice
- Promote concentration and focused awareness
- Promote relaxation and a peaceful mind
- Be a source for spiritual growth
- Support other lifestyle activities
- Explore a positive input to your own health and well being

Yoga emphasises

- Adaptation to individual needs , integrated movement, breathing and mental focus, for better physical and mental health as well as spiritual awareness.
- The precise use of breath, particularly during postures, as a powerful tool to influence a person’s mental and physical wellbeing, clarity and insight
-

PRECAUTIONS AND CONTRA-INDICATIONS

Students are assessed before each session and teacher updated on any change in health status.

-
- Always remember yoga is about working to the individuals capacity and ability. This applies to body, breath and voice work.
- It is best not to have eaten a full meal for at least 2 hours before a session
- The student should never feel obliged to do anything about which they do not feel comfortable
- It is not necessary to lie on the floor. All postures can be adapted to work on a chair
- Advise that there is no competition in yoga. Work at own pace avoiding strain. Students advised ‘Be kind to yourself’.

- Students advised 'If during your practice you experience any pain, dizziness or nausea STOP IMMEDIATELY and sit or lie down'.
- A mat is required for floor work but not for seated chair yoga

Safe Systems of Working

Teachers should be affiliated to a recognised Yoga group such as the British Wheel of Yoga (BWY) and complete their CPD requirement annually.

A Confidential information sheet to include surgery , current or previous treatments is completed and updated as required.

Ensure Availability of large enough room for number of students, room should be warm with enough chairs and access to simple aids eg blocks.

Simple movements, breathing exercises, relaxation and meditation rather than complicated asanas and pranayama with time for reflection

REFERENCES

Desikachar TKV(1995): **The heart of Yoga**. Inner Traditions International.

Harvey P (2001) : **Yoga for every Body**. True Life Books.

Pierce MG and Pierce MD(1996): **Yoga for your Life**. Sterling Publishing Company.

Alistair Shearer (translator) (1982): **The Yoga Sutras of Patanjali**. Ridor Random House.

Friedeberger J.(2004) A visible wound . New Age Books.

Friedberger J. (2011) The Healing Power of Yoga. New Age Books.

11 TRAINING

Only staff who are currently trained or are seeking training in complementary therapies should be using this policy

12 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Register of Complementary therapists will be held through HR	Therapists to register every year using form in appendix 1	Complementary Therapists and line managers	Yearly		
Copy of appendix 1 will be held with individual complementary therapists line manager	Through individuals appraisal Copy to be kept in personal file	Complementary therapists and line managers	Yearly		

13 REFERENCES/ BIBLIOGRAPHY

At the time of review, there are no specific NICE guidelines relating to this policy.

References have been included within each complementary therapy

14 RELATED TRUST POLICY/PROCEDURES

- POL/001/010- Cumbria Partnership NHS Foundation Trust – ‘Consent Policy’
- CO/POL/002/030 -Cumbria Partnership NHS Foundation Trust – ‘Policy and Procedure for Moving and Handling’
- POL/001/013. -Cumbria Partnership NHS Foundation Trust – ‘Medicines Policy’

APPENDIX 1 - COMPLEMENTARY THERAPIST REGISTRATION FORM

Name of therapist:.....

Post Title:.....

Address of Base.....

.....

Telephone number.....

Level of Practice (Please tick one).....Practitioner Student

Details of therapy (ies) used.....

.....

.....

Registration Details

Professional Body:.....

Date of Registration:.....

Date of Renewal:.....

If not a registered qualification there is evidence of a competency document signed by the practitioner and supervisor

.....

“I have maintained my competency for this year to enable me to practice safely and effectively”

Signed **Date**.....

Verified by (Manager) **Date**.....

When complete send copy to hrformscpt@cumbria.nhs.uk