



Marie Curie
Cancer Care

MARIE CURIE CANCER CARE

BRADFORD CENTRE

COMPLIMENTARY THERAPIES

POLICY DOCUMENT

MARIE CURIE CENTRE – BRADFORD

DAY THERAPY UNIT

COMPLEMENTARY THERAPIES POLICY

1. INTRODUCTION

Complementary Therapies are defined as those therapies and interventions outside of orthodox medicine which are used as an adjunct to orthodox treatment.

2. AIM

The aim of this policy is to provide a framework for the provision management and development of complementary therapies to ensure safe practice by appropriately qualified practitioners.

Complementary therapies become an integral part of care, assisting in symptom control, alleviating distress alongside other professional interventions.

3. SCOPE

The policy applies to qualified therapists and nurses using complementary therapies.

4. DEFINITION OF TERMS

➤ Complementary Therapies:

The use of therapies / interventions as an adjunct to orthodox treatment and care.

➤ Therapist:

Refers to a person who has undertaken a recognised training course in a named therapy and has been awarded a registered qualification which meets the criteria of The Marie Curie Centre.

5. COMPETENCIES

- Therapists must have completed an approved training scheme in the therapy they are applying to practice and must be registered with a regulatory body and members of their professional association approved by The Marie Curie Centre.
- Therapists are obliged to have current liability and indemnity insurance for a minimum of £1,000,000 via a professional body, a copy of which must be available to The Marie Curie Centre.
- Demonstrate good inter-personal and communication skills.

6. PRACTICE

- Therapists may practice these therapies within this policy for which they hold a relevant qualification and insurance and must be on the Register of Approved Therapists at The Marie Curie Centre, Bradford.
- Nurses qualified in Complementary Therapies can use aromatherapy oils as stated within the protocol.

7. ACCOUNTABILITY

- Nurses are accountable to the N.M.C. for their own practice and must abide by the Code of Conduct.
- Therapists are accountable and responsible for their own practice and abide by their own professional body with which they are registered.

8. THERAPIES PROVIDED

- ❖ Aromatherapy / Massage
- ❖ Remedial Massage
- ❖ Reflexology
- ❖ Reiki
- ❖ Acupuncture

9. REFERRALS

Referral forms must be completed on a Day Therapy Referral Form by a Key Worker or Member of Medical / Nursing Team.

10. CRITERIA FOR REFERRAL

Referrals will be accepted for patients who are currently attending The Day Therapy Unit, In-Patients, Carers of In-Patients and Out-Patients.

- ❖ Pain Relief
- ❖ Insomnia
- ❖ Anxiety
- ❖ Depression / Low Mood
- ❖ Changes in Body Image
- ❖ Stress

11. CONSENT / INFORMATION

Patients / Carers must be fully informed about the therapy and its effects prior to commencing and given appropriate literature regarding the chosen therapy.

Consent Forms must be signed by Patients / Carers.

12. RECORD KEEPING

Therapist must assess, plan, evaluate and document all complementary therapy sessions using the assessment sheets and give verbal feedback to a member of Nursing Staff regarding any patient concerns immediately.

13. ESSENTIAL OILS

- All essential oils must be stored in a locked cupboard.
- Oils must be purchased in glass bottles from a recognised supplier.
- It will be the responsibility of the therapist to obtain the recommended oil, ensuring that each one is labelled correctly. This includes labelling oils with the date of purchase.
- Oils will be kept for periods as identified below. It will be the responsibility of the therapist to ensure out of date oils are discarded appropriately.

OILS	SHELF LIFE
Citrus Essential Oils	6 Months
Vegetable Carrier Oils	6 Months
All Other Essential Oils	2 Years

AROMATHERAPY MASSAGE PROTOCOL

❖ INTRODUCTION

This protocol is to be followed by all therapists providing aromatherapy massage. It is to be used at The Marie Curie Centre – Bradford by registered therapists there.

❖ RECORD KEEPING

At each appointment essential oils must be prescribed by the therapist who is delivery the treatment to the Patient / Carer and the rationale documented at each appointment.

Oils used must be recorded on the treatment card with any adverse reactions / side effects documented and reported to the Senior Health Professional available.

At each appointment the type of massage given, with rationale, must be recorded.

❖ USE OF ESSENTIAL OILS

Based on evidence from the Liverpool Marie-Curie Centre, it is suggested that there is no limitation to the selection of essential oils, other than would normally be taken into consideration. However, there are exceptions which are detailed below:-

➤ OESTROGEN MIMICKING OILS

Must not be used in cases of female reproductive organ cancers.

➤ CEPHALIC OILS

Must not be used in cases where the cancer is directly related to the brain.

➤ HEPATIC OILS

Must not be used in cases where the cancer is directly related to the liver.

➤ **These oils should also be avoided In-Patients receiving chemotherapy or radiotherapy.**

➤ CARRIER OILS

Carrier Oils should be selected by the Therapists and the essential oil blended to a 1% dilution rate.

➤ LIMITATION TO PRACTICE

The Aromatherapist will **NOT** perform any of the following:-

- ❖ Massage over the site of the tumour or secondary sites (although gentle application of oils to these sites is acceptable).
- ❖ Massage over an area that has recently received Radiotherapy (within two weeks).
- ❖ Massage over an area that has recently undergone Surgery (within six months).
- ❖ Massage over an area with unexplained lump or hot spot.
- ❖ If the patient is jaundiced.
- ❖ Incorporate other therapies into the treatment.
- ❖ Carry out specific Lymphatic Drainage.