COMPLEMENTARY THERAPY POLICY

Document Summary

This policy provides a framework for the use of Complementary Therapies within Hospice at Home Carlisle and North Lakeland.

This is the final version of this document and all other versions must be destroyed.

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<th>Clinical</th>
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<tbody>
<tr>
<td>Document Number</td>
<td>POL/CLi/03</td>
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<td>April 2017</td>
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<td>Accountable Individual</td>
<td>Chief Executive</td>
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<td>Policy Author/ Authors</td>
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<td>Complementary Therapists</td>
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1. **SCOPE**

This policy provides a framework for the use of complementary therapies within Hospice at Home Carlisle and North Lakeland (Hospice at Home)

The policy is:

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 Hospice at Home.

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 Hospice at Home.

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 these named complementary therapies:

- Aromatherapy
- Reflexology / Reflex therapy
- Therapeutic massage
- Reiki
- Writing-Based Therapy
- 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 Clinical lead.
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 Hospice at Home Carlisle.

Practitioners using a complementary therapy will be expected to provide a copy of their professional registration certificate. This will allow Hospice at Home to keep to 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.

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 in their therapy and under contract to Hospice at Home
- 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 healthcare professional

Effective documentation and record keeping – maintain confidential records adhering to Caldicott principles

5.3. Staff Responsibilities

All staff wishing to deliver or supervise delivery of identified complementary therapies will need to ascribe to and work within the Hospice at Home policy, guidelines and protocols. The details of all staff meeting these criteria will be maintained on the Hospice at Home register, which will be reviewed annually.

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 responsibility to ensure that the patient is informed of the therapy, benefits and side effects and is assessed for suitability prior to its initiation.

5.3.1 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 recognised professional body, they must have a satisfactory competency level for their specific therapy e.g. therapeutic writing.

5.3.2 Insurance and Indemnity

Where an independent complementary practitioner is working under contract for Hospice at Home, 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.

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 Hospice at Home and are expanding their role, the following steps should be taken:

1. The manager and practitioner need to ensure that any change of job role is written into the practitioner’s job description.
2. 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 Hospice at Home 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 Hospice at Home, supervision from a practitioner outside Hospice at Home 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 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
The clinician must be consulted. This is in recognition that they retain overall responsibility for medical care.

- The practitioner will be able to justify, if challenged, the use of a complementary therapy in terms of benefits and rights of client.

- No practitioner must use his/her contact/association with patient carers of Hospice at Home as a means of promoting his/her private practice, products or endorse/recommend any commercial products.

- 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 and care, and it is essential that they consent to the use of a complementary therapy. Both the patient and the practitioner should agree consent and be recorded on electronic system.

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.

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 research study or for the process of clinical audit, patient/client confidentiality must be respected.

All interventions will be recorded on EMIS (patient electronic record).
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)


Aromatherapy is the systematic use of essential oils in holistic treatments to improve physical and emotional wellbeing. (National Occupational Standards for Aromatherapy Healthwork UK)

BENEFITS

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

- Gives overall feeling of wellbeing and relaxation
- 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

POTENTIAL HAZARDS

TO CLIENT

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

TO PRACTITIONER

- Skin sensitisation
**Complementary Therapies Policy**

**Version 1/Approved April 2015**

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

**CAUTION SHOULD BE USED IN:**

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

**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 the Organisations Moving and Handling 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
- 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.
- Clients 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 an 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.

**REFERENCES:**


Health and Safety Executive: COSHH Regulations


HMSO (1974) Health and Safety at Work Act


Tavares M (2011): Integrating Clinical Aromotherapy in Specialist Palliative Care (The use of essential oils for symptom management)

## 10.2 THERAPEUTIC MASSAGE

### INTRODUCTION

Massage is a generic term for a variety of techniques which involve touching pressing, kneading and manipulation of the soft tissues of the body. Within Hospice at Home the M Technique is used.

### BENEFITS

- Sensation of warmth, comfort and support
- Helps to warm and ease aching muscles
- Helps to ease tension of muscular spasm caused by physical, mental or emotional tension
- Helps to maintain elasticity and flexibility
- Improves circulation to extremities
- Helps higher or lower blood pressure
- Helps elimination of waste
- Assists lymph drainage under guidance
- Relieves constipation
- Aids digestion
- Drains sinuses

### 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 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/radiotherapy
- Individuals with advanced disease and where 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 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 in notes written/electronic. An incident form should be completed.
- 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**

Bredin M (1999). Mastectomy body image and therapeutic massage: A qualitative study of


Roberts K, Campbell H (2011) "Using the 'M' Technique as Therapy for patients at the End of Life: two case studies. International Journal of Palliative Nursing 17 (3) 114-8


### 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 or 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, 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.
REFERENCES


HMSO (1974). Health and Safety at Work Act


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 the 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 treatment, and that he/ she is encouraged to drink some water
- Practitioner should wash hands before and after treatment to disconnect from the clients energy

**To client**

Detoxification symptoms and reactions may occur during a treatment

- Itchiness
- 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 treatment on pacemakers can be unpredictable.
- 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.

**REFERENCES:**


### 10.5 WRITING BASED THERAPIES

**INTRODUCTION**

Writing-based therapies covered by this policy are therapeutic writing (Bolton, 2011), journal therapy (Thompson 2011), poetry therapy (Chavis, 2011) and bibliography (Howard-Jones, 2012). Therapeutic writing can be either expressive – writing about thoughts, feelings and memories or creative – writing imaginative poetry or prose for example (Phillips 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 bibliography involve reading published stories and poems and responding to them in in the form of discussion and sometimes creative or expressive writing.

Research had 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 commissioned by the National Institute for Health Research as part of its Health Technology Assessment programme (Taylor, 2014).

The Lapidus organisation, which covers the writing-based therapies, requires its members to commit to its codes of ethics (Lapidus, 2012). 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
- Cancer
- Palliative End of Life Care
- 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-Berg et al., 2006; King 2002; Taylor 2014)

<table>
<thead>
<tr>
<th>POTENTIAL HAZARDS</th>
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<td>TO CLIENT</td>
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<tr>
<td>• Pain in writing hand</td>
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<tr>
<td>• Temporary emotional distress</td>
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<tr>
<td>• Reinforcement of negative or delusional thinking</td>
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<tr>
<td>• Family members feeling that they have not been given due prominence in a memoir</td>
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<tr>
<th>TO PRACTITIONER</th>
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<tr>
<td>• Repetitive strain injury, e.g., to writing hand, wrist or elbow</td>
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<td>• Emotional burden from hearing distressing patient histories</td>
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<tr>
<td>• Mental fatigue from working with people who are acutely mentally unwell</td>
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<td>• Physical or mental harm from anger or aggression in group members</td>
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<th>CAUTION SHOULD BE USED IN</th>
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<tr>
<td>• Severely negative thinking</td>
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<tr>
<td>• Psychosis</td>
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<tr>
<td>• Current auditory hallucinations</td>
</tr>
<tr>
<td>• Palliative care</td>
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<td>• Very low literacy</td>
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<tr>
<th>SAFEGUARDING PRACTICALITIES</th>
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<td>• Set up a very simple contract before starting to be adapted as required and signed by participants.</td>
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<tr>
<td>• Important to establish whom the work is for, that the work belongs entirely to the participant and would never be shared without his or her permission, whether or not an electronic copy should be kept securely on file in case further copies are required.</td>
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</tbody>
</table>
### REFERENCES


**10.6 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 and well-being, clarity and insight.

**PRECAUTIONS AND CONTRA-INDICATIONS**

- Yoga is generally safe for all students BUT it is important to let your teacher know of any health concerns such as heart problems. Epilepsy, recent surgery. A consultation form is sometimes required.
- Always remember yoga is about working to your OWN 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
- Never feel obliged to do anything about which you do not feel comfortable
- It is not necessary to lie on the floor. All postures can be adapted to work on a chair
- There is no competition in Yoga. Work at your own pace avoiding strain. Be kind to yourself.
- 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.

REFERENCES:


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 outlines the organisations monitoring arrangements for this policy document. The organisation reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual responsible for the monitoring activity</th>
<th>Frequency of the monitoring activity</th>
<th>Committee which will receive findings/monitoring report</th>
<th>Individual responsible for ensuring that the actions are completed</th>
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<tbody>
<tr>
<td>Register of complementary therapists will be held</td>
<td>Therapists to register every year.</td>
<td>Complementary therapists and manager</td>
<td>Yearly</td>
<td>Governance assistance</td>
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</table>

13. REFERENCES/BIBLIOGRAPHY

References have been included within each complementary therapy

14. RELATED POLICY/PROCEDURE

Hospice at Home Consent Policy