



**FHT**  
Federation  
of Holistic  
Therapists

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# **CODE OF ETHICS AND PROFESSIONAL PRACTICE**

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This Code is intended for use by all members of the Federation of Holistic Therapists (FHT) as a guide to excellence in professional conduct and practice.

The definition of a professional therapist is that you are fundamentally concerned with the welfare of your clients. You are therefore willing to follow a Code such as this in order to protect the public from bad practice and are willing to take responsibility for your actions. Failure to follow this Code will result in Disciplinary Procedures as outlined below. In applying for Membership of the FHT, Members and Associates are voluntarily agreeing to abide by the contents of this Code and any amendments or additions that may be made in the future.

This Code is divided into three sections:

- Section A must be followed by **ALL** therapists
- Section B contains guidance for specific therapies and therefore will only apply if you carry out one of these listed treatments
- Appendices.

*This Code was initially approved by the Board of FHT to be effective from 23<sup>rd</sup> January 2006*

The Code, which follows, seeks to explain in detail how the following principles should be applied. It is not exhaustive, but all decisions should be made in the light of the following:

**As a member of FHT you must at all times:**

- **Act in the best interests of your clients and treat them with respect**
- **Take responsibility for your own actions**
- **Respect other practitioners and health professionals**
- **Practise only within the limits of your competence**
- **Ensure your behaviour does not damage your profession's reputation**
- **Observe confidentiality**
- **Practise within the law**
- **Maintain high standards of hygiene**
- **Maintain and develop your knowledge and skills.**

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## **SECTION A**

### **1. The Client/Therapist Relationship**

- Great care must be taken to maintain an appropriate professional relationship.
- Clients may misinterpret inappropriate friendship, touching or dress. To allow the client to feel 'safe' with you and to avoid such misunderstanding a proper professional distance must be maintained at all times.
- You should not blur the boundaries between client and friend by deliberately meeting clients socially. If such a personal relationship develops you should ask them to find another therapist.
- Maintain Degree of Dignity

Modesty towels must be used as appropriate to the treatment undertaken and no unnecessary disrobing of the client should take place.

It is recommended that all areas of the body be covered other than the area being treated. The client's hands should not be hanging over the bed, but should be placed on the side of bed, under head or in front on the arm support. If hands are placed at the side of the body, these should be tucked into the towel to avoid personal contact with the therapist. In addition a folded towel should be made available to the client to place discreetly around the upper leg and groin area should they so wish. The therapist should use his/her discretion depending upon the demand of the treatment. Disposable paper towels or under garments may be used if preferred. Padding such as a folded towel should be made available to the client to place discreetly between their legs – groin area. This is to ensure there is no accidental touching or brushing against personal body areas of the client. Disposable padded undergarments can be purchased which would eliminate the hygiene problems of using a towel.

- Maintain Degree of Undress

If treating a client in an area that could cause controversy (i.e. close to groin area), it is now necessary to have a diagram of the area the therapist will be treating. The client must sign to say they are giving consent to this being done and then sign again following treatment to agree that no intrusion into their privacy/dignity occurred and that the treatment was within the area so marked.

No pressure must ever be placed on the client to go beyond where they feel most comfortable and "safe". It must be stressed that it is no longer acceptable for the client who chooses to wear undergarments "pants" for the therapist to roll these down or place their hands in an area, which would normally be covered by the "pants". If there is a need for a treatment to go beyond the waist or hip band of the undergarment then this must be explained to the client and the client must roll down the garment to a level where he/she feels most comfortable and dignity is maintained. Whether or

not the therapist feels that it is necessary to go further than the client has indicated – this must not be done.

No pressure must ever be placed on the client to remove any clothing. However, the client should understand the limitations this may place on treatment efficacy. Full and thorough consultations should resolve any issues involved.

Under no circumstances should therapists place their hands or part of their hands beneath the undergarment.

- You must never allow your views about client's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture or religious beliefs to affect how you treat or the advice you give.
- It is permissible under Section 35 Subsection 2 of the Sex Discrimination Act 1975, for treatments where physical contact is involved, for a therapist to choose to treat only clients of the same sex.
- You should make sure that you comply with the terms of the disability discrimination legislation and ensure disabled access for your clients, where practicable.

## **2. Relationship with other therapists**

- You should act with respect for other practitioners at all times.
- You should work in a spirit of co-operation with other therapists. Any commercial competition should be conducted in a fair and open manner. You should not attempt to entice clients away or openly criticise other therapists to clients.
- If you are employed by another therapist and leave that employment you may not seek to actively entice existing clients away from your previous employer.
- Great care should be taken in recommending a client to another therapist. Although you will be handing responsibility over to the new therapist for any treatments that may follow, in the event of any legal action between the client and new therapist you may still be considered legally responsible.

## **3. Relationships with medically qualified professionals**

- You should not be claiming to 'cure' or 'heal' medical ailments or to diagnose medical conditions.
- You should endeavour to foster good relations with those working in orthodox medicine. You should never countermand instructions given by a doctor or medical professional.
- Always ascertain at the consultation stage whether the client has any medical conditions or is undergoing medical treatment likely to be affected by the treatment to be given. In the event of a contraindication, you should **not** carry out any treatment until you have the consent of the client's doctor or the medical professional. The client can obtain such consent either verbally or in writing from the doctor. If verbal consent is received, the client must then sign

his or her client record that such consent has been given. Written consent must be attached to the client record. Alternatively with the clients' approval, you can write to the doctor directly giving full information on the treatment to be carried out, your competence to do so and requesting a response.

#### 4. Confidentiality

- The therapist/client relationship is based on one of trust. You must treat all information about your clients as confidential. You must only use such information for the purposes for which it was given.
- You should not discuss any details regarding your clients with any other persons except with the express permission of the client, e.g. if the client is moving to another therapist.
- The FHT acknowledges that each individual is responsible for his/her own life. Members must take a non-interventional approach. You should only intervene in an emergency situation if there is a risk to someone other than the client. If the client is suicidal, the therapist can advise the client to seek help or contact the emergency services. In such circumstances you should reveal relevant information only to the proper authorities, i.e. police, doctor, court of law. You are in a strong position to advise the client to seek help from their GP or another health professional, such as a psychiatrist or counselor. Organisations such as the Samaritans also offer emergency help lines for people who feel desperate and/or suicidal. **Unless the client specifically requests that confidentiality be broken, you are advised not to contact anyone on his or her behalf in order for help to be obtained.**

#### 5. Limits of competence

- Members must only carry out treatments and give advice within their area of competence, i.e. have received the proper training and be duly qualified to perform the treatment. If in doubt you may contact the Membership and Insurance Services Team to check whether qualifications or experience are judged as competent to practise by the FHT. Before undertaking new therapy qualification training you should inform FHT.
- You should inform your clients and seek their consent before introducing new treatments into their existing treatment programme.
- You may not perform any treatment that is not approved by the FHT. (See Appendix A and list of approved treatments available through the FHT website.)
- A full consultation **must** be undertaken before each treatment to ensure that the most appropriate treatment is being given to the client and that no new contraindications have occurred between treatment sessions.
- If you have cause for concern regarding the health of your client you must refer them to see their GP to seek a diagnosis and medical advice. Their record card should be noted accordingly.
- You have the right to refuse to treat a client if you do not feel competent to do so, for example if they are suffering from mental health problems, an

addiction or are suicidal, etc. In such circumstances you should suggest that they contact their GP for further help and referral.

## **6. Consent**

- Before each treatment begins you must ensure that the client has given their written consent. Treating someone without consent may be legally classed as an assault.
- Consent must be 'informed' i.e. you must explain to the client what is involved in the treatment, its purpose and what to expect afterwards before they can consent.
- The treatment choice remains with the client, but you have the right to refuse their choice of treatment if in your judgement it is inappropriate.
- Consent is a continuous process and not a one-off event. You should make sure that your client is happy before, during and after treatment sessions.
- Some clients because of age, illness or mental capacity may not be able to give consent to treatment. In these circumstances you must obtain clear consent from somebody that you are satisfied is authorised to give consent on behalf of the client. This may in some circumstances be a team of health professionals or care providers. This consent must be gained in writing.
- Members must follow the direction given in Section 10 "Children" of this Code.
- GP's or Doctor's consent should always be sought before treating a client who is contra-indicated for treatment. There may be some treatments for which a doctor's consent is always necessary and you may have to check the restrictions of your treatment liability insurance policy for specific requirements.

## **7. Record Keeping**

- It is essential to keep full and accurate records of all clients and all treatments carried out. Be aware that in the case of a dispute you may have to rely on these records in court to justify your actions.
- Client records should be held for a minimum of 10 years. In cases where there are causes for concern they should be kept indefinitely.
- Client records should be updated at every visit. If paper records are kept, the client should counter-sign any changes made.
- You must comply with Data Protection legislation. If you keep client records on a computer, you must register with the Office of the Information Commissioner ([www.dataprotection.gov.uk](http://www.dataprotection.gov.uk)).
- All records must be kept secure. Paper records must be kept under lock and key and computer records should be password protected.

- Where a member is working with or for another business, a legally binding document should be signed by both parties making absolutely clear who has access to client records and to whom they belong in the event of the arrangement ceasing.
- Client records should also contain details of any specific aftercare advice given and any relevant comments made by the client regarding the treatment.
- No disclosure of any records should be made to any third party without the written permission of the client. Exceptional circumstances are outlined in item 4 'Confidentiality'.
- Risks and reactions to any treatment must be noted, discussed and recorded on the Client's Records.
- Suitable aftercare advice should be given to the client and this should be built around the consultation and the client's presenting evidence.
- If insured through FHT, the waxing, red vein and electrolysis aftercare advice provided by FHT must be used.

## **8. Hygiene**

- All members are expected to abide by good standards of practice in relation to hygiene.
- Special care must be taken to ensure that cross-contamination and cross-infection do not occur.
- See Appendix **B** Hygienic Practice
- It is not considered appropriate for members to have pets or animals within or passing through the treatment area. This is particularly important for individuals who work from home, for reasons of hygiene and potential allergy of clients. Exceptions may be made for clients with guide dogs or 'hearing dogs', however appropriate rigorous cleaning routines should be followed after the client has left.
- Specific treatment guidelines for hygiene are given within the specialist areas of section 'B' of this Code. However, all individuals should have a clear understanding of the necessity for general cleansing, disinfecting and sterilisation within their chosen therapy field.

## **9. Appearance and Personal Behaviour**

- You should act at all times in a manner that is a credit to your profession.
- You must maintain a professional appearance at all times. You should follow advice on dress as taught during your training. For example, beauty therapists may wear a pair of white overalls or a personal trainer, a tracksuit. Appropriate adaptation may be made for religious restrictions on dress. Short sleeves are preferable for hygiene purposes. There must be no covering of the lower arms, as this encourages contamination.

- Shoes should be low-heeled and enclosed. Feet and legs should be covered with socks or tights.
- Jewellery is not appropriate when giving a therapy treatment. All jewellery must be removed. Where cultural considerations need to be taken into account, rings and bracelets should be covered with a suitable hygienic waterproof covering.
- Excessive exposure of flesh is inappropriate as it may give clients the wrong impression.

## 10.Children & Vulnerable Adults

✚. The definition of a child for therapy purposes is someone under the age of 16. Formatted: Bullets and Numbering

- The definition of a vulnerable adult for therapy purposes is someone who
  - Lives in residential housing including sheltered housing
  - Receives domiciliary care
  - Receives support, assistance or advice to help them live independently
  - Requires assistance in the conduct of their own affairs
  - Receives a direct payment
  - Is an expectant/nursing mother in residential accommodation provided by the LA or NHS
  - Receives any service or participates in activity provided specifically because of disability
  - Is detained in lawful custody
  - Is on probation.
- Some therapies are inappropriate for use with children and vulnerable adults. Others may be suitable, however members who offer such treatments should have knowledge of the relevant requirements of the Children's Act 1989, the Protection of Children Act 1999, the Safeguarding Vulnerable Groups Act 2006 and other pertinent legislation and apply it to their work. For information on these acts see [www.opsi.gov.uk](http://www.opsi.gov.uk)
- You must not treat a child without written parental or legal guardian's permission. If a child client produces this written permission, he or she must also include his or her own signature on the document, confirming that it is true
- If the child or vulnerable adult is treated in the context of a Care Home or other institution, the written agreement of the Care Team should also be sought
- A parent, guardian or a suitable chaperone should be present during the treatment. Please also see section on Infant Massage
- Registration with the Independent Safeguarding Authority is required where appropriate.

## **11. Animals**

- It is illegal to treat animals with any therapy without the express permission of a veterinary surgeon.

## **12. Health and Safety**

- You have a responsibility to ensure the safety of your clients and staff at all times
- You must be familiar with current national health and safety regulations and local by-laws regarding your practice and implement them accordingly. For information see [www.hse.gov.uk](http://www.hse.gov.uk)
- Where you are uncertain you should seek clarification from FHT or from your local environmental health office
- You must comply with the COSHH regulations as they apply to your work and dispose of all waste materials appropriately.

## **13. Continuing Professional Development (CPD)**

- The mark of a professional is that they are willing to continually update and expand their knowledge and skills to give the best to their clients. CPD is compulsory under Voluntary Self-Regulation and in support of this, FHT requires that FHT Members complete 10 CPD points per membership year

CPD is not compulsory for FHT Associate, FHT Student and FHT Non-Practitioner levels of membership.

- There are different methods for calculating CPD. FHT uses a Credit Points system where 5 Credit Points is equivalent to 1 full day of CPD
- CPD can be gained from a variety of sources such as attending seminars, workshops, lectures, local support group meetings, further study, reflective practice, etc. You may wish to refer to the FHT website [www.fht.org.uk/cpd](http://www.fht.org.uk/cpd) for more information
- Further qualifications in the therapy field can be counted towards CPD Points
- You should keep a record of your CPD including certificates of attendance
- FHT randomly samples a number of members each year to request their CPD portfolios for checking. If selected you will be contacted direct.

## **14. Treating Clients in Pregnancy and Childbirth**

Only midwives or doctors or those in training under supervision are legally permitted to take sole responsibility for childbearing women except in an emergency.

This legal situation means that any therapies used during pregnancy must be complementary rather than alternative to normal maternity care.

FHT require therapists to have received training in treating pregnant clients, and exercise the greatest caution. This applies in particular, if there is any history of miscarriage or medical complications during pregnancy.

The FHT require that before treating a pregnant client, therapists must obtain permission from the midwife and/or GP, which also applies to a woman in childbirth or for ten days after delivery.

### **15. First Aid**

- It is recommended that self-employed therapists hold First Aid training relevant to their clientele
- You should carry with you or have on your premises a first-aid kit that complies with the Health & Safety (First Aid) Regulations 1981
- Employers have a legal responsibility for the health and safety of their employees. As such, appropriate First Aid training is required
- You must record any accidents or incidents and follow the requirements of the RIDDOR legislation.

### **16. Advertising**

- All costing of treatments must be made clear to the client prior to treatment
- Members may use the FHT suffixes after their name as shown on their Membership Certificates
- All advertising should follow the guidelines of the CAP Code by being legal, decent, honest and truthful
- "Pyramid" selling or high-pressure selling techniques are not approved by FHT for its members
- **Our advertising and marketing communications code is currently under review and will be updated shortly. Please email [advertising@fht.org.uk](mailto:advertising@fht.org.uk) if you have any queries or concerns.**

### **17. Insurance**

- You must hold the appropriate insurance cover for your business practice
- All practising therapists should either take out the relevant insurance cover for Medical Malpractice Insurance and Treatment Liability (including Public Liability) through FHT or with another approved insurance provider
- It is not recommended that you display your insurance cover certificate as this can encourage claims. Keep your certificate in an accessible and secure place so proof of insurance can be provided if requested by a client
- If you are an employer you must hold Employers Liability insurance cover

- If you are an employee it is the responsibility of both your employer and you to ensure that you hold the appropriate cover
- It is **your** responsibility to understand the extent of your insurance cover.

### **18. Professional Conduct**

- All members agree by condition of membership to abide by the Code of Ethics and Professional Conduct
- Any member contravening the FHT Code of Ethics and Professional Conduct is subject to the Professional Conduct Procedure. See Appendix D
- You must limit your work or stop practicing if your performance is affected by your health. You have a duty to take action if your health could be harming your ability to provide effective treatment
- As a member of the FHT you have a responsibility to inform the FHT and any other relevant professional bodies and regulators if you have any relevant information about your or any other therapists' conduct or competence
- You must inform FHT immediately if you are aware of any:
  - Disciplinary action by any Professional Association involved within therapy treatment or any organisation responsible for regulating or licensing a healthcare practitioner or
  - Suspension or practice restriction order by an employer or similar organisation because of concerns about conduct or competence
  - Conviction of a criminal offence, other than a minor motoring offence or receipt of a police caution.

**FHT has a duty to protect its membership and a responsibility to ensure all our members uphold both our Code of Conduct and that of any Healthcare Regulator (both statutory and voluntary).**

**If FHT receives information regarding a complaint, which has been upheld by a Statutory Healthcare Regulator, FHT has a duty to uphold any decision made by such Regulator.**

☐ Members should inform FHT immediately if another member is acting in a manner that is likely to bring the profession into disrepute.

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## SECTION B

### 1. AROMATHERAPY

#### SUPPLY OF TREATMENTS (blends)

- Aromatherapy products (individual blends) supplied to the client should be adequately labelled with contents, date and instructions for use but make no claims to 'cures'. In all areas you, the Aromatherapist must work within the law.

#### PRICING

- All costing of treatments must be made clear to the client prior to treatment. During a course of treatment it may become necessary to change the blend of oils incurring additional expense. This must also be explained to the client at the initial consultation and if and when it becomes necessary to increase charges.

#### PREMISES AND OILS

- There should be adequate ventilation provision to allow the safe use of Essential Oils due to their volatile characteristics
- Oils must be stored safely and away from contact of non-qualified persons. The oils must be kept in dark glass storage bottles with childproof caps
- It is essential to maintain a shelf life record of essential oils. Having the manufacturer's shelf date on the bottle is not sufficient. It is necessary to record when the bottle was first opened to give an accurate shelf life
- This regulation also applies to the use and storage of carrier oils. Because of the greater propensity of nut allergies, special care must be taken in the storage and use of this type of carrier oil.

#### SAFETY

- Essential oils should **NOT** be taken internally
- Clear advice must be given to the client regarding the time lapse for eating, alcohol consumption and bathing pre and post treatment (verbal and written advice)
- Essential oils can have adverse effects if alcohol has been consumed prior to treatment and you must ensure that the client clearly understands any advice given. Essential oils can have adverse effects if alcohol has been consumed prior to treatment and you must ensure that the client clearly understands any advice given
- The sun and use of sun beds can cause a dermal reaction after the use of certain essential oils. You must ensure the client understands and makes a note of instructions and advice given

- Very rarely adverse reactions can occur due to the use of oil to which the client has poor tolerance. For this reason it is necessary for you to be well versed in the rates of absorption and expulsion of individual oils
- Where practicable skin tests should be carried out prior to treatment of the client with specific blends of essential oils
- Specific care regarding flooring and surface cleansing and hygiene is necessary when using Essential Oils and carrier oils due to their 'sticky/viscous' properties
- Additional training is required when making products such as Soaps, Shampoos etc.

### **INFORMATION and SCOPE OF PRACTICE**

- Aromatherapy is a form of complementary therapy and must make no pretensions of replacing conventional medicine. Aromatherapists must not make medical diagnosis, but within competence of training you can make a complementary diagnosis to gather evidence and details to allow you to give the best possible treatment needed and the essential oils suitable for your client
- You must obtain further consent and signature when the treatment – blend of essential oils is changed. This change of oil may be necessary to enhance the treatment or to avoid a build-up within the Lymphatic System
- Clear concise explanations should be given to the client including the reason behind a change of blend/treatment and this should be recorded on their client record
- You must be professional in your approach to the use of Aromatherapy oils and should only select those oils you are competent to use
- As an Aromatherapist you shall make no claim that you are a specialist or expert in a specific area of Aromatherapy unless you hold a particular specialist qualification. Notwithstanding, you can indicate that your practice is committed to a particular type of treatment
- Aromatherapists are only permitted in law to treat an animal under the supervision of/or with express permission of a veterinary surgeon. The Protection of Animals Act 1971 stipulates that where an animal requires treatment by a veterinary surgeon the owner must be aware of this. Performing emergency first aid to alleviate suffering or save the life of the animal is permissible. The individual Aromatherapist must judge what constitutes an emergency
- No publicity should lead a member of the public to believe that a condition will be cured by the use of Aromatherapy whether by spoken or written word or indeed inference.

## SECTION B

### 2. REFLEXOLOGY

Reflexology is the use of pressure on reflex points of the feet, hands and ears.

#### HYGIENE

To avoid contamination or cross infection hygiene regulations must be strictly adhered to:-

- Any cuts or grazes on the client must be covered prior to any investigation or treatment of the client's feet
- The client's feet should be checked prior to treatment for any conditions, which would prohibit treatment or require the use of referral areas
- If in your professional view treatment may be carried out, the feet must first be cleansed. There are a number of methods, which can be used but proprietary anti-bacterial wipes are often favoured
- The client should be dissuaded from using nail polish for the treatment session to allow full investigation of the toenails, for such conditions as fungal infection etc.

#### TREATMENT CONSIDERATIONS

- The client should be encouraged not to carry out any pumice work prior to treatment as the areas concerned can give an insight into problems such as biomechanical and postural imbalances
- Any area of bruising, inflammation and swelling must not be treated, but the referral area on the hands could be used as an alternative
- Careful consideration must be given to the massage medium being chosen. Talcum powder is **not** recommended because of the risk of allergic reaction to asthmatics and others. However, Liquid Talc can be used as a substitute
- Other mediums such as cream and oil can be used. You may opt to create an individual carrier blend for the client to back up the reflexology treatment and this is quite acceptable as long as you hold relevant qualifications
- Some mediums have too great a slip action and this must be taken into account when the therapist selects a particular product
- Clients should be made aware of the initial reaction Reflexology may have. This is termed as Contra Actions and should not be confused with Contra-Indications. It is recommended that clients be given a written document of Contra-Actions as misunderstanding can occur.

#### CONTRA-INDICATIONS

Contra-indications can range from the client being unable to receive treatment in a particular area, where care must be taken and where GP advice must be sought.

The following are examples of where care must be taken and where GP input may be necessary, but when in doubt, do not treat before prior consultation with a medical professional.

- The first trimester of pregnancy or not at all where there is a history of miscarriage. (If choosing to practise Reflexology on the pregnant women, it is recommended that you take special training in this area)
- Heart disease/pacemaker, high or low blood pressure
- Epilepsy
- Diabetes
- Taking anticoagulant medication
- Haemophilia
- Hepatitis
- On-going medical/drug treatment
- Infectious skin disorders (related to the area of treatment)
- Immuno-compromising conditions
- Any other medical conditions that may affect the treatment
- Although Reflexology is often recommended for stress relief and as a relaxant, clients undergoing fertility treatment should first seek medical advice as to the advisability of having Reflexology treatment.

## **SECTION B**

### **3. BEAUTY THERAPY**

#### **a) Facial and Eyebrow Shaping Treatments**

Good practice to Prevent Cross-Infection

- Check for contra-indications e.g. skin infections
- Wash hands thoroughly with anti-bacterial products before treatments
- Ensure towels and headbands are laundered after each client
- Remove hand and wrist jewellery
- Use the cut-out procedure to remove cream from jars
- Lids should be kept on jars and bottles
- Sterilise tweezers after each client.

#### **b) Cosmetic Make-up Application to Prevent Cross-Infection**

The “cut-out” procedure should be followed. An individual at home may put their fingers into a substance, transfer to their skin and then return fingers to the pot; therapists use an intermediate stage, which involves using a spatula.

Blowing on brushes or placing cosmetics on the back of the hand is not acceptable practice.

#### **Foundation cream/fluids**

The simplest method is to take the foundation make-up base with a spatula from its container and transfer to a palette. Then the substance can be transferred from the palette to the skin via sponges, brushes or clean fingers. The palette should be thoroughly washed using an antiseptic solution at the end of the treatment.

#### **Face Powders**

Loose powder provides a hygienic, professional application. The powder can be shaken from the container onto disposable cotton wool or a palette. This prevents any possibility of client's body substances contaminating the original container.

#### **Eye Shadows**

Because of the high risk of contamination from substances adhering around the eyes, the application of eye shadows must be subject to the cut-out procedure using one of the following methods:-

1. Transferring products onto a palette
2. Using disposable applicators
3. Having a good supply of clean brushes to use for each application.

#### **Mascaras**

The use of disposable applicators prevents the risk of cross-infection.

### **Eye and Lip Pencils**

These should be wiped with spirit or antiseptic swabs and re-sharpened after each client. Sharpeners should then be sterilized.

### **Blushers (pressed powder)**

Either transfer onto a palette or have a good supply of clean brushes to use for each application.

### **Lipsticks**

Transfer a small amount of lipstick onto a spatula or orange stick and either use the client's own lip brush or disposable brushes to apply.

### **Brushes**

After use, wash brushes thoroughly in hot soapy water to remove make-up residue and rinse well. Then place in an alcohol solution or make-up brush cleaner.

To ensure good standards of hygiene, check for contra-indications, for example – cold sores, conjunctivitis or any skin infections to prevent the risk of cross-infection, therefore protecting yours and your client's health.

## **c) Wax Treatments**

Wax Treatments may be depilatory or therapeutic using paraffin wax.

### **Warm Wax**

Warm wax is applied with a disposable spatula in a thin layer and removed with fabric or paper strips.

### **Hot Wax**

Hot Wax is applied with a spatula directly onto the skin and removed by hand. Brushes for the application of hot wax are not longer acceptable practice.

### **Wax Pot/Spatula method**

Spatulas are never re-dipped into the wax pot after use i.e. after the spatula has come into contact with clients or therapists' skin. A new spatula should be used every time more wax is required. If preferred the therapist may wish to transfer wax from a larger pot into a smaller sterile pot. This allows the therapist to use a spatula more than once on an individual client, providing that any wax remaining in the smaller pot is disposed of after treatment.

### **Wax Cartridges**

This method is proving very popular for the mobile therapist. Most wax cartridge systems comprise of hand-held units that have one or two types of applicator heads:

- A roller head.
- A wide flat nozzle head (attached to a tube).

Both types of applicator head should be disposed of after use, eliminating the risk of cross infection.

### **Paraffin Wax**

Melted paraffin wax should be decanted from the heater into a container lined with tin foil and painted onto the area to be treated with hands or a disposable spatula.

### **Good practice is the key to preventing cross-contamination when waxing.**

- Surgical disposable gloves should be worn throughout the treatment
- A plastic apron is advised to protect the therapists' uniform
- Anti-bacterial products are advised to pre-cleanse the area to be treated
- Hot wax should not be sieved and then re-heated
- All used wax and strips should be treated as clinical waste
- Tools used during the treatment e.g. tweezers and scissors should be sterilised after use
- Splashes or spillages of wax are cleaned up immediately after treatment.

### **Safety and Patch Testing**

FHT endorse the HABIA code of conduct for safe waxing and require our members to undertake a '**patch test**' on every new client, especially where there is any evidence to support a history of allergic reactions, or any sensitivity to previous wax treatments. The area should be prepared and a small patch of wax should be applied, removed (according to the type of wax chosen) and aftercare applied to soothe the area. This is recorded on the client record card and the client must then wait at least 24 hours before a full treatment can commence, if no adverse reaction is evident.

In addition, the therapist is also required to conduct a '**thermal test**'. This is carried out by applying a small amount of wax to the inside of the therapist's wrist to confirm the temperature of the wax is within the accepted range and will not burn the client. Once confirmed, a small patch is applied on the client in the area to be waxed to rule out hypersensitivity. It is recommended that this is double checked periodically throughout treatment to ensure that the thermostat is regulating correctly.

### **Tinting, Perming or Semi-Permanent Single Eyelash Extensions**

A Skin Sensitivity Test should be applied at least 24 hours prior to any tinting or perming treatments being undertaken and a Patch Test should be undertaken for extensions. This applies to the client's first visit to your clinic, if there has been a break between repeat applications, or when you change your product.

- The advised procedure for tinting is: cleanse a small area behind the ear lobe, mix the tint according to instructions in the colour to be applied and place a small amount behind the ear lobe. This can be removed after 15 minutes
- The advised procedure for perming is: cleanse a small area behind both of the ear lobes, apply the Perm Lotion behind the first ear lobe and the Fixer behind the second. These are removed after 15 minutes.

In both of the above cases, any redness or irritation experienced at any time during the tests would contra-indicate treatment. This would also apply to any reaction that developed following removal within the minimum 24-hour period.

The test, date and two results should be recorded on to the client's record card immediately and after 24 hours.

- The advised procedure for Semi-Permanent Single Eye Lash Extensions: cleanse the area as recommended by the manufacturers, tape down the lower lashes - or use gel pads designed specifically for this purpose as supplied by the manufacturers. Ensuring that the client's eyes remain closed throughout, attach two or three lashes (in the outer corner) to the natural lashes, ensuring that the glue **does not** come in to direct contact with skin. Remove tape/gel patches and ensure that the client is not in any discomfort. Complete the client record card and ask the client to wait at least 24 hours for the full results to be established
- It is essential that you do not apply eyelash extensions to the lower lashes, or allow the client to have their eyes open at any time throughout treatment.

Once again any reaction to the tape/gel patches or irritation arising from the extensions will inhibit a further treatment being undertaken.

### **Electrical Equipment**

In addition to PAT testing, the member should test the equipment/electrodes on themselves before placing on the client. This ensures that there are no breakages within the circuits to/from the machine and to ensure the machine is performing as expected. This is in addition to all other electrical safety checks.

### **d) Ear Piercing**

You should have a recognised qualification and always adhere to manufacturer's instructions for safety and hygiene.

You should ensure excellent hygienic practice, as there is a high risk of body fluids transfer with any piercing.

You should wear disposable gloves, and use pre-packed swabs or spirit for cleaning the earlobe.

You should only use piercing guns with pre-sterilised cartridges, which do not allow serum from earlobes to contaminate the gun.

You should follow industry guidelines with regard to minors and those clients with special needs.

Should there be any problems with infection, medical advice should be sought immediately.

### **Sharps containers**

All piercing needles and other sharp instruments should be disposed of in a sharps container available from the Local Authority or licensed operator. The container must comply with British Standard Specification BS7320 and UN3291 and carry the 'kite mark'.

Sharps containers should always be kept out of reach of children; off floor level and below shoulder height. Sharps containers should be disposed of when  $\frac{3}{4}$  full to avoid accidental injury.

Ensure that the container is well sealed and labelled with 'point of origin' prior to disposal.

Sharps bins must be collected by a licensed operator for disposal by incineration.

#### e) Hand/Foot and Nail Treatments

Check for contra-indications as there is a high risk of contamination and cross-infection with hand and foot treatments.

- Emery boards should either be given to the client or broken and disposed of after each treatment
- Use the cut-out procedure to remove cream from the jars or use pump dispensers to prevent cross-infection
- Reinsertion of the brush into the nail enamel should be low risk due to the chemicals contained within the bottle and the cleansing of the nail plate prior to enamelling. However, the only certain precaution to prevent contamination would be to use the nail enamel provided by the client or for the client to purchase the nail enamel
- Certain substances used for nail treatments and extensions could become hazardous if they are not used and stored appropriately
- Good ventilation is necessary in the salon/clinic
- Always check with your Local Health and Safety Executive for the latest information regarding the COSHH.

#### f) Electrical Epilation

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- Therapists are required by law to register under the local government Miscellaneous Provisions Act to carry out permanent hair removal (electrolysis)
- Always protect your hands with surgical gloves, which should be disposed of after each client
- Follow the manufacturer's instructions to ensure the needle is loaded into the needle holder correctly to prevent any contamination
- Contaminated disposable needles should be placed in a "sharps" box
- Contact your local Health and Safety Officer for information on the disposal of clinical waste
- If you start using a different machine make sure you have received the correct and adequate training for that piece of equipment
- Do not use the same needles on the same client for a different body area.

## **Electrical Equipment**

- Ensure all equipment is regularly serviced according to legislation under the “Electricity at Work Act”
- Do not use any equipment that is broken or cracked
- Follow the manufacturer’s instructions for sanitising and using each piece of equipment
- All electrical appliances used within the treatment should be checked for safety, handled in accordance with manufacturer’s regulations and tested and checked by a qualified electrician once yearly and the appropriate certificate on view to members of the public and clients.

### **(g) The use of UV light treatments**

Therapists **MUST** hold an accredited qualification in the use of UV light equipment.

#### **DESCRIPTION**

Ultra Violet Light is defined as consisting of three differing wavelengths of ultraviolet radiation. These being:

- UVA waves
- UVB waves
- UVC waves

UVC waves should not be present in sun tanning equipment.

#### **SUN TANNING EQUIPMENT**

This is the use of ultraviolet light from tubes to enhance the tanning of the skin. The equipment can be in the form of a sun bed, a tanning booth or individual face tanning equipment.

#### **ACCELERANTS**

These are defined as any lotion, cream or other substance, which is described as increasing the amount of UV light being absorbed by the production of melanin within the skin. The products must comply with the Cosmetic Products (Safety) Regulations 1996 and a product list kept of any tanning accelerators being used.

#### **CLEANING**

All equipment should be cleaned to avoid contamination and cross infection. The materials and methods used should follow the strict guidelines given by the manufacturer of the equipment/products.

#### **DISINFECTION**

To eliminate the risk of contamination and cross infection, disinfectants capable of killing bacteria and blood borne viruses including Hepatitis B and C and HIV should be used. Such chemicals should only be used following the manufacturer’s guidelines and instructions.

#### **HEALTH AND SAFETY**

- The equipment must be placed in a separate area or room to avoid the light shining into any other part or individual. This will ensure that the staff and clients are not exposed to any radiation
- There must be adequate ventilation provided to ensure the temperature is no more than 5 degrees Centigrade above the normal ambient room temperature
- A shower/sink must be provided to enable the removal of perfumes and cosmetics
- The equipment should be fitted with an automatic timer with an accuracy level of 10% plus or minus. This timer should be set at a safe duration of use and of such a design that the client cannot alter it during the treatment
- An alarm must be fitted within easy reach of the client to summon assistance in the case of an emergency. Where bed versions of the system are used with overhead canopies or hoods, these should be of such a design that they automatically rise when a failure of the system occurs
- A fan should be provided and this should be fitted with a guard recommended by the manufacturers
- All the equipment must be kept in good working order and periodically checked by a suitably qualified engineer/electrician. A record should be kept of such checks and the results logged for inspection
- Suitable eye protection must be provided for clients. Clients should remove contact lenses when using the equipment and warned of the dangers of failing to use adequate eye protection
- Consultation records giving details of the exposure times to UV light must be kept and these should be made available for inspection when requested
- A log must be kept recording the number of hours the equipment has been used and any maintenance details. This record must be kept available for inspection
- The maximum exposure time recommended in any 12-month period is 20 sessions. Clients must be advised in writing of the period of time they have accumulated using the machine and reminded of the dangers of exposure to UV light.

#### **CLIENT CARE AND CONTRA-INDICATIONS**

Initial screening of every new client must take place prior to sun bed use. Clients whose skin may be prone to UV damage should be deterred from using the equipment. The following list is given as guidance:

- Children under the age of 16
- Pregnant women
- Those with heart or circulatory conditions
- High or low blood pressure

- Those having cancer or a history of cancer within the immediate family
- Those having fair skin and a tendency to burn easily
- Those having red hair or heavily freckled skin
- Those with a more than average number of moles
- Those taking medication, which may make them sensitive to sunlight  
It may be necessary to contact a GP for advice in these circumstances.

## **COURSE AND DURATION**

The course and duration of treatment will depend on the following:

- The client's skin type
- Their normal reaction to sunlight, including those areas not normally exposed
- Medical treatments and lotions, etc. Most treatments will contain leaflets giving advice as to the use of Ultra Violet light. Where none is available the doctor or pharmacist's advice should be sought prior to any treatment being started
- Cosmetics can increase sensitivity to UV light. The client should wash or shower to remove any perfumes, hair sprays or cosmetics prior to using the equipment but it must be noted that this may not remove all residues of the products.

It is recommended that information leaflets are provided and signs displayed giving the equipment manufacturer's advice regarding these and other products and their effect upon the skin.

## **CLEANING**

All equipment should be cleaned to avoid contamination and cross infection. The materials and methods used should follow the strict guidelines given by the manufacturer of the equipment/products.

## **DISINFECTION**

To eliminate the risk of contamination and cross infection, disinfectants capable of killing bacteria and blood borne viruses including Hepatitis B and C and HIV should be used. Such chemicals should only be used following the manufacturer's guidelines and instructions.

## **SECTION B**

### **4. HEALTH AND FITNESS THERAPIES AND REMEDIAL MASSAGE**

#### **EQUIPMENT**

- Equipment and materials must be handled in accordance with manufacturer's instructions
- Strict adherence should be taken to instructions regarding the use of mechanical and electrical equipment that may be used in association with any treatment given
- All electrical appliances used within the treatment should be checked for safety, handled in accordance with manufacturer's regulations and tested and checked by a qualified electrician once yearly and the appropriate certificate on view to members of the public and clients
- Sports equipment used for post injury treatment or body shaping must be stored safely and at a height that would discourage unsafe handling
- Individual weights should be racked or kept at ground level
- No client should be allowed to use any equipment without first having a fitness test carried out and full safety instructions given or undertaken observed supervision.

#### **TREATMENT PROCEDURES**

- The client must be fully aware of the preparation for massage, the extent of clothing to be removed and the procedures for maintaining their dignity
- Any refusal on the part of the client to remove specific areas of clothing must be accepted and no pressure put on the client to comply
- If an area is too intimate to be treated without removing or working under the underpants, then self-treatment could be suggested, such as trigger point work. The practitioner could show the client illustrations of how they might do this
- Treatment procedures should be non-invasive
- Palpation procedures must be clearly explained and carried out with the least embarrassment and within the parameters of maintaining the dignity to the client
- The process of injury in relation to healing must be fully understood and explained to the client
- When selecting physical activity to be undertaken by the client, their ability, lifestyle, body type and wishes must take priority
- When taking into account body size, life style and other personal areas, no judgment shall be made by the therapist, nor any statement made to embarrass the client

- Lifestyle changes, which may be recommended for the improvement of the client, must take in to account the client's wishes and physical ability.

### **TREATING A MINOR**

The therapist must be aware of the restriction when treating children, both ethical and legal and also be aware of development problems within children and those specific to children.

### **WORKING WITH OTHER PROFESSIONALS**

When treatment is required to be carried out specifically to an injury where there may be contra-indications to massage it is necessary for the Sports Therapists to recognise the limits of their skills and comply with medical advice.

Demarcation lines between the professional medical practitioner and non-medical practitioner must be recognised to encourage confidence in the Sports Therapist and their profession.

### **THE USE OF A SAUNA**

Therapists **MUST** hold an accredited qualification in the use of Sauna equipment.

#### **DESCRIPTION**

- A Sauna is an insulated wooden cabin heated by an electric stove and made in various sizes from single person up to cabins for 10-14 people. There are types made for both indoor and outdoor use. Their structure allows an interchange of air and absorption of moisture, thereby reducing humidity resulting in a dry heat
- The air moisture being absorbed by the walls makes the humidity level at around 10%. This can be increased by pouring water on the stones and creating steam. Because general humidity is low, perspiration from the body evaporates quickly, cooling the body, therefore a high temperature can be tolerated within the range of 50%-120%; but a temperature ranging between 60%-80% is recommended for newcomers to the Sauna. This can be increased as tolerance is gained. The humidity level should range from 50-70%
- A thermometer is an essential part of the Sauna as is a Hygrometer. The temperature should be checked via the thermometer and the humidity via the Hygrometer before the start of any treatment. This equipment is always placed inside the cabin
- There is an air inlet near the floor and an outlet near the ceiling. As air is heated it rises by convection, therefore the Sauna is hotter on the upper benches than on the lower level
- The client should shower prior to the use of the Sauna and remove all jewellery, contact lenses and/or spectacles. They should also wear some form of hair protection

- The client should be advised to sit or lie on the lower bench until they are accustomed to the heat. It should also be stressed that they must come out if they feel dizzy or faint.

### **SEATING**

- The seating is usually of slatted wood, providing a sitting or lying down position.

### **TREATMENT**

- An initial treatment time of 10 minutes is the recommend period
- A plunge pool or shower should be available to the client after use of the Sauna
- The client should also rest for a minimum of 30 minutes after leaving the Sauna
- No exercise should be undertaken immediately after the use of a Sauna.

### **POWER SUPPLY**

- Individual Saunas can be plugged into a normal household supply by a three point plug, but the larger type require a power supply similar to a cooker point with a special power cable
- A thermostat switch enabling the sauna to be heated at a pre-set temperature controls the heating. This switch must be placed on the outside of the Sauna wall.

### **HEALTH AND SAFETY**

- Clean, fresh towels should be placed on the seating area to eliminate the risk of contamination from multiple users
- Clients should be encouraged to wear pool footwear to prevent slipping and contamination. If this is not possible, towelling should be placed at the approach to the Sauna and on the entrance to the Sauna
- Stones to the electric heating box should be of the non-splintering type
- There should be a guard placed around the heater and stones to prevent burning
- The water container and the ladle should be of wood or material impervious to heat to prevent scalding
- The door must have an internal handle to allow ease of exit for the client, and have a glazed panel to allow safe access and supervision
- The qualified therapist is responsible for the control of the temperature and must ensure at all times that the range is within the given recommendations.

- If the client is not under supervision whilst using the Sauna, an alarm system must be in place within easy reach of the client to enable them to alert staff in an emergency. The client must be instructed in the use of this equipment
- The floor of the Sauna must be constructed of an impervious, non-slip surface and with a small fall to the surface to allow drainage and for ease of cleaning
- Electrical fittings and their use should follow the manufacturers recommended guidelines and should be checked periodically by a qualified electrician/engineer and a certificate of maintenance be issued and kept on public view
- A notice giving clear and simple instructions on the use of the Sauna should be on display, preferable on the outside wall of the cabinet.

### **CLEANING**

Cleaning and the materials used must be in accordance with the manufacturer's instructions.

### **DISINFECTION**

To eliminate the risk of contamination and cross infection, disinfectants capable of killing bacteria and blood borne viruses including Hepatitis B and C and HIV should be used. Such chemicals should only be used following the manufacturer's guidelines and instructions.

### **CONTRA-INDICATIONS**

- Heart and Circulatory conditions, high or low blood pressure
- Thrombosis, Phlebitis
- Headaches, dizziness, migraines, faintness
- Skin Diseases, sores and open wounds, athlete's foot, verrucas
- Diabetes, Epilepsy
- Chest conditions e.g., asthma, bronchitis
- First days of menstruation
- Pregnancy
- After heavy meals or alcohol intake
- Clients on very low calorie diets
- Suffering from a disorder causing an inability to perspire
- Taking antihistamines, vasoconstrictors, vasodilators, stimulants, tranquilliser or any other medication, which would make the client unsure as to the advisability of using a sauna.

### **RECORDS**

A Risk Assessment must be carried out for the use of a Sauna and must be available for inspection by Health and Safety Officers upon request.

### **THE USE OF A STEAM BATH/CABIN**

Therapists **MUST** hold an accredited qualification in the use of Sauna equipment.

## **DESCRIPTION**

- The Steam Bath and Cabin are constructed of aluminium, plasticized material, fibreglass or other impervious material and are intended for indoor use only. They have an electrically operated tank or evaporating tray for producing steam. They are fitted with rust resistant tanks that contain sufficient water (distilled) to give four to ten baths according to their duration. Two or three switches can usually control the heat
- The therapist must ensure that the water level within the tank remains at least 5cm above the heating elements.

## **STEAM BATH**

This equipment has adjustable seating so that it is capable of accommodating anyone from small to a person of 2 metres plus tall. It can vary in design but the basic principles are the same, that is, a single seat cabinet with an aperture for the head.

## **CABIN**

This equipment can be designed for single or multiple uses and has jets of steam emanating from the floor.

## **TREATMENT**

Steam baths/cabins evaporate moisture from the body. Most of this moisture will be from subcutaneous fat, which consists of about 65-70% water. The amount of water lost from the body in this way can vary from a litre – 1½ litre plus in any one session. When analysed, this liquid is found to contain about 10g of solids – 6g of mineral salts, and 4g of organic substances, mainly urea and urates. If the muscles have been actively working, it will also contain lactic acid, which is a fatigue poison.

When steam baths/cabins are used on persons ill from bacterially caused disease, the toxins thus created are rapidly eliminated through the skin – again helping overworked kidneys and reducing the risk of uraemia.

## **POWER SUPPLY**

Individual Steam Baths can be plugged into a normal household supply by a three point plug, but the larger Cabin type require a power supply similar to a cooker point with a special power cable.

## **HEALTH AND SAFETY**

### **BATH**

- The seat and its front should be covered with towelling, the seat itself for hygiene and comfort purposes and the front to prevent steam getting on to the sensitive backs of the legs. A further hygienic touch can be added by putting paper towels on top of the ordinary towels together with a paper towel on that part of the floor on which the feet will rest

- A folded towel should be placed over the aperture at the top of the bath to keep the heat in and the bath switched on 10-15 minutes before required
- The client should be supervised at all times when entering the Bath and the aperture towel wrapped around the client's neck making sure that all the client's hair is outside the cabinet
- Continuous supervision must be given to the client to ensure their tolerance and sensitivity to the heat. Wiping the face and forehead of the client at intervals will further ensure their comfort and well-being.

### **CABINS**

- There is one tier seating constructed of impervious material and it is recommended that the client sit on a towel for protection from heat and hygiene reasons. Again towelling should be placed on the floor to prevent cross infection
- The client should also be made aware of where the steam apertures are placed to prevent scalding.

### **BATH AND CABIN**

- The client must be allowed to relax either sitting or lying down for a minimum of 15 minutes after the use of the Steam Bath/Cabin. If they require showering after their steam session the shower must be warm, not cold and taken at the end of the rest period
- Steam treatment use is not recommended more than twice weekly except in residential clinics for specific health reasons and where the client is under closer supervision
- A constant temperature of 50 degrees Centigrade is the recommended level, regulated by thermostat with relative humidity of 80 to 100%. A session of between 6–12 minutes is the recommended duration
- The approach to the Bath/Cabin should have towelling placed on the floor to prevent slipping and cross infection
- A notice giving clear and simple instructions on the use of the Steam Bath/Cabin should be on display, preferable on the outside wall of the cabin and within the entrance area of the Bath.

### **CLEANING**

Cleaning and the materials used must be in accordance with the manufacturer's instructions.

### **DISINFECTION**

To eliminate the risk of contamination and cross infection, disinfectants capable of killing bacteria and blood borne viruses including Hepatitis B and C and HIV

should be used. Such chemicals should only be used following the manufacturer's guidelines and instructions.

## **CONTRA-INDICATIONS**

- Heart and Circulatory conditions, high or low blood pressure
- Thrombosis, Phlebitis
- Headaches, dizziness, migraines, faintness
- Skin Diseases, sores and open wounds, athlete's foot, verrucas
- Diabetes, Epilepsy
- Chest conditions e.g., asthma, bronchitis
- First days of menstruation
- Pregnancy
- After heavy meals or alcohol intake
- Clients on very low calorie diets
- Suffering from a disorder causing an inability to perspire
- Taking antihistamines, vasoconstrictors, vasodilators, stimulants, tranquillisers or any other medication, which would make the client unsure as to the advisability of using a sauna.

## **RECORDS**

A Risk Assessment must be carried out for the use of a Cabin/Bath and must be available for inspection by Health and Safety Officers upon request.

## **THE USE OF SPA POOLS**

### **DESCRIPTION**

A Spa Pool is a pool containing water at above body temperature, with sitting and relaxing areas built into the structure. They have circulating water under pressure through small apertures with the added possibility of injection of air under pressure. A common character of these pools is water passes automatically through a filtration system and is chemically treated. The importance of hygiene and filtration should not be ignored and is governed by SPATA standards.

### **FILTRATION**

Usually, sand pressure filters, which deal with particular matter straining out suspended solids down to less than 7 microns, but does not deal with micro-organisms or dissolved salts.

### **CLIENT INDUCED CONTAMINATION**

The average client contamination is approximately:-

- 1g of hair, skin, mucus and cosmetics from the head area
- 5ml of sweat from under arms etc
- From the trunk – textiles and fabric shreds. ...Urine, etc
- 1/10<sup>th</sup> colon bacteria...plus 600 million micro-organisms – if no shower previously and 100 million micro-organisms if the user has showered prior to use.

## **CONTAMINATION**

There are four levels of contamination –

- Surface pollution = hair, fabric, dust, dead skin...
- Second level = dissolved pollution about 6 inches in depth and 75% of bacterial infection and sweat, urine, deodorants
- At the third level there is suspended pollution
- At the bottom solid pollutions = grit, buttons, plasters nails etc.

**There is chemical, physical and biological pollution and these are as follows:-**

### **CHEMICAL**

Comes in via:

- Mains
- Bathers
- Water treatment.

### **BIOLOGICAL**

- Non-pathogenic (not harmful)
- Pathogenic (harmful) – disease carrying micro-organisms, bacteria, viruses and algae.

Management and maintenance of the Spa pool must be such as to control the risk of Legionella with regard to the Health and Safety Executive Approved Code of Practice and Guidance: The Control of Legionella Bacteria in Water Systems.

## **HEALTH AND SAFETY**

Clients should be advised to shower prior to entering the Spa, which will reduce the bacterial load.

The water must remain crystal clear and sparkling, with safe surroundings and the approved quantities of disinfectants used. The bottom should be clearly visible, and a comfortable temperature of 37 degrees centigrade maintained. The duration of use is between 10/20 minutes.

The ideal pH level is 7.4 - 7.6 but acceptable levels can range from 7.2 – 7.7. The pH levels must be checked prior to use and at regular intervals and recorded. The residual level of Chlorine must be maintained, ideally between 1.5 0 2.0mg/1 or an acceptable range from 1.0 – 3.0mg/1 and checked prior to use and at regular intervals and also recorded. These records must be available at all times for Health and Safety inspections.

### **Environmental Check –**

**Pollutants** – less than 100 bacteria per ml capable of growing algae in 2 days at 37 degrees Centigrade – looking for Coliforms, Pseudomonas (mucus membrane and liver infection), Staphylococcus and Faecal Streptococcus.

### **Progressive Pollution – filtration cycles.**

The first cycle rids the water of 66% pollution

The second cycle rids the water of 66% of the 34% left.  
The third cycle rids the water of 66% of the 12% left ad infinitum (needs 7 cycles to clean the water)

**Eye Irritation** – if the pH balance is incorrect either too much or too little, Osmotic Conjunctivitis or Coagulation (eye absorbs too much water) can occur.

Clients using the facility without supervision must have to hand an alarm system whereby they can summon for assistance in an emergency.

Due to the effects of heat on the body, clients should limit the use of the spa to periods of 15 minutes with rest periods of a minimum of 5 minutes, and a rest area available for use.

A clock must be kept within the vicinity of the Spa in order to monitor the time elapsed during spa use.

Instructions for the safe use of the Spa Pool must be clearly displayed within close proximity of the unit.

Whilst in use, the Spa must be checked at least half hourly both for the safe condition of the client and for the state of cleanliness.

The Spa must be emptied and refilled at regular intervals depending upon the amount of usage and the manufacturer's guidelines and instruction.

It is preferable to have continuous running of the filtration/circulation system, but must be maintained for a minimum of 3 hours daily.

The water jets must be run for a minimum of 1 hour/day.

If the pool is to be left unused for a period of 5 days or more, it must be drained, refilled and a chemical treatment carried out prior to being used.

## **SAFETY REGULATIONS**

SPATA and COSHH (handling chemicals), Risk Assessment to be carried out, a Data Sheet or book to be kept containing a record of use, covering storage of chemicals, shelf life, treatment of spillages, protective clothing used e.g., goggles, apron, gloves, mask, any accidents and cleaning/water change times.

Strict adherence to manufacturer's instructions both of the pool and the chemicals and cleaning materials used must be adhered to at all times.

An engineer/electrician must inspect and check the equipment at regular intervals and a record of the results of such checks kept for inspection purposes.

**CRIPTO SPERIDIA** – This is an intestinal infection and cannot be cleared by the standard cleaning chemicals recommended by the manufacturers. Environmental Health carries out period checks for this contaminant. Where Cripto Speridia is found to be present the pool must be emptied and the Environment Health guidelines followed.

### **CONTRA-INDICATIONS**

- Heart and Circulatory conditions, high or low blood pressure
- Thrombosis, Phlebitis
- Headaches, dizziness, migraines, faintness
- Skin Diseases, sores and open wounds, athlete's foot, verrucas
- Diabetes, Epilepsy
- Chest conditions e.g., asthma, bronchitis
- First days of menstruation
- Pregnancy
- After heavy meals or alcohol intake
- Clients on very low calorie diets
- Suffering from a disorder causing an inability to perspire
- Taking antihistamines, vasoconstrictors, vasodilators, stimulants, tranquillisers or any other medication, which would make the client unsure as to the advisability of using a Spa Pool
- Children under the age of 8 years.

## **SECTION B**

### **5. BOWEN THERAPY**

#### **CONSIDERATIONS**

Breast implants are a contraindication to the breast procedure

The coccyx move should be contraindicated in pregnancy

Excessive dental work is a contraindication to the TMJ procedure.

### **6. INFANT MASSAGE THERAPY**

#### **CONSIDERATIONS**

Infant massage instruction may only be undertaken by a person with specific qualification and insurance in the area of infant massage instruction.

Therapists should ensure that they are aware of legislation regarding working with infants and children. See section A, subsection 10.

Instruction should only be undertaken with the express written permission of parent or legal guardian.

The therapist should ensure that the needs of health and safety are met together with insurance issues when instruction takes place in a hired venue.

The word bruise in relation to marks on an infant is no longer recommended. It is preferable to describe it as a mark and giving the colour, which could denote a bruise and the stage of the bruise, e.g., blue, yellow or green mark.

In the case of Asian or mixed race infants, blue birthmarks are extremely common. It is also not always evident that the infant is of mixed race and a birthmark can be mistaken for a bruise. In the case of litigation this could cause quite traumatic experiences for either or both the client/parent and therapist.

## SECTION B

### 7. WORKING IN A CLINICAL ENVIRONMENT WITH HEALTH PROFESSIONALS

The standards of conduct, performance and ethics in this section apply to every therapist specifically working in or wishing to work in this environment. It is of fundamental importance that as a therapist working in a clinical environment you must put patients/clients first.

#### SCOPE OF PROFESSIONAL PRACTICE

This covers the main responsibilities of the therapist in a Clinical Environment.

- You must always keep high standards of conduct
- You must keep within the scope of your professional practice. This means that you should only practise in those areas in which you have appropriate qualifications, training and expertise
- You must maintain proper and effective communications with patients/clients and other professionals. You must cooperate and share knowledge and expertise with professional colleagues for the benefit of patients/clients. You must respect the skills of other health professionals and work in cooperation with them
- When working as a clinical team member you are still responsible for your professional conduct or advice you give or any tasks you may ask someone else to carry out
- You must effectively supervise any treatment or task, which you have asked others to carry out for you. You must be sure they have the relevant knowledge, skills and experience to carry out the task safely and effectively
- You must keep accurate, comprehensive, signed and dated patient/ client records. Making and keeping records is an essential part of care. Records should be kept for all patients/clients. Information in records should be protected against loss, damage or use by anyone who is not authorised. These notes should include:
  - a) The patient's/client's personal details
  - b) Any problems or symptoms reported by the patient/client
  - c) Relevant medical and family social history
  - d) Any information and advice you give
  - e) Any treatment you give.
- You must deal fairly and safely with the risks of infection. Good hygiene practice is essential e.g. effective hand washing technique, clean uniform. You must follow the procedure laid down for the place in which you are working
- It is your responsibility to be aware of health and safety in the workplace. The law lays down detailed requirements for health and safety and you must keep up to date with them

- You should ensure that the clinical environment is clean, safe, hygienic and comfortable. The environment should be conducive to effective treatment and to the comfort, privacy and dignity of the patient/client
- You must limit your work or stop practicing if your performance is affected by your health. You have a duty to take action if your health could be harming your ability to provide effective treatment.

## **NEGLIGENCE**

You must not practise as a clinical therapist unless you are at all times covered by adequate professional indemnity insurance.

A patient/client who suffers injury or loss because a therapist has not used reasonable skill and care is entitled to sue for damages in negligence in the civil courts. In such a case the court will judge not only whether the standard of care was reasonable, but also whether the damage suffered was the direct result of a breach of your duty of care. To minimise the risks of an action for negligence you should:

- a) Maintain your professional standards
- b) Keep up to date in your professional practice
- c) Work only within the limits of your personal and professional competence.

## **APPENDICES**

### **APPENDIX A**

#### **UNAUTHORISED TREATMENTS**

The following treatments are **not** authorised for use by members of FHT unless you are medically qualified to do so. *(Any changes to this list made by the Governing Council of FHT will be notified to members as soon as possible after a decision has been made):*

Removal of moles and warts by electrolysis  
Sclerotherapy  
Botox injections  
Dermal Fillers  
Ultra-Sound in Beauty Therapy  
Ozone Treatments  
Body Piercing (except ear piercing)  
Teeth Whitening

Please check with the Membership and Insurance Department for updated information.

## APPENDIX B

### HYGIENIC PRACTICE

It is of paramount importance that you practise your treatments in the most hygienic way possible. In effective infection control you must consider the risks to yourself, your clients and the public at large. You must therefore observe the cleanliness of your premises, your person and your materials and equipment.

Please also see **Section B** for specific advice pertinent to individual therapies.

Infection may come from **bacteria, viruses or fungi**.

#### **Bacterial infections**

These can be controlled through effective **cleaning, disinfecting** and **sterilising** routines. You will have been taught the correct cleaning, disinfecting and sterilising techniques, which apply to your particular therapy during your training.

**Cleaning** – means removing dirt or contaminated matter usually through washing.

It is a process that physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination cannot be defined and will depend on many factors including the efficiency of the cleaning process and the initial bio-burden. Cleaning of equipment and work surfaces is best achieved using detergents compatible with the materials from which the equipment and work surfaces are made.

Thorough cleaning is a prerequisite to all other decontamination processes. If an item is not clean this makes disinfection/sterilisation more difficult. Used instruments should be cleaned thoroughly to remove all debris and body fluids, first in cool water (below 35<sup>o</sup> C) and then in warm water. Detergents may assist cleaning but disinfectants should not be used. Scrubbing can create aerosols, which can spread infectious agents from contaminated equipment.

**Disinfection** – means destroying or reducing the number of bacteria usually with a chemical liquid.

Disinfection reduces the number of viable micro-organisms but it may not necessarily inactivate some bacteria, fungi, viruses and spores. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation and it lacks the treatment quality assurance of steam sterilisation.

There are many disinfecting products available for work surfaces such as hypochlorite (bleach) and alcohol, but make sure that you are using the correct strength for the job. Glutaraldehyde (e.g. Cidex) is not recommended by Environmental Health Officers in therapy use because it is an irritant and a potent allergen. Exposure to it is strictly controlled under COSHH. Its use cannot be recommended.

Most metal equipment such as tweezers, etc. can be sterilised in an autoclave. However, this is not possible for items such as make-up brushes. These should be disinfected through soaking in a hypochlorite solution and be

rinsed and dried thoroughly between treatments. Although it is often seen, do not use the back of your hand as a 'palette' when applying make-up.

**Sterilisation** – means destroying all forms of life including viruses, bacteria and fungal spores.

The most common form of sterilising is through the autoclave, which uses steam under pressure and you must always follow the manufacturer's instructions. Temperatures reach between 121 and 134 degrees Celsius. (Look for compliance with BS3970: Part 4:1990) Vacuum autoclaves are also available and are effective for therapy use, though they are often more expensive. Other methods such as microwave, pressure cookers, baby bottle sterilisers, UV light, etc. may produce high enough temperatures to sterilise, but they cannot be relied upon and are therefore not recommended for therapy practice.

## **Viruses**

Come in many forms but the most dangerous for therapists to consider are Hepatitis B, Hepatitis C and HIV and AIDS. These viruses are particularly prone to being transmitted through skin piercing procedures and contaminated blood. This is why it is recommended that therapists should wear protective disposable gloves for any such procedures including waxing where bleeding may occur.

### **Hepatitis A**

This is normally transmitted through faecal oral route and rarely by blood. It has an incubation period of 4 weeks.

### **Hepatitis B**

This can be spread through infected blood, serum or tissue fluids. It is very robust, highly infectious and can survive outside the body for years. Furthermore, someone can pass on the virus without knowing that they have it, as they may exhibit no symptoms, the incubation period being 2 to 6 months. A vaccination against Hepatitis B is available and you should discuss with your GP if it is necessary for you to have this. In case of an emergency a protective injection can be given within 48 hours of infection. Proper sterilisation will eradicate Hepatitis B.

### **Hepatitis C**

This can be transmitted through blood as above or more rarely through sexual intercourse. Over 80% of those exposed to the virus in this way will show no symptoms. There is no vaccination available for this type of virus.

### **HIV**

This is transmitted in the same way as Hepatitis B and C and can be destroyed by sterilisation. No vaccination is currently available for HIV and AIDS but in the case of an emergency treatment may be available to minimise the risk of infection.

### **Fungal infections**

These are common but are not normally serious. Those particularly at risk are those who have recently taken a course of antibiotics; those with a weakened immune system; those who have been taking oral steroids and diabetics.

## **General Requirements in accordance with Health and Safety for the operating area**

The premises should be of adequate size and properly planned, with sufficient space to allow the separation of clean and dirty operating areas. Such areas should have a clear distinction made between them; either by obviously separate dedicated spaces or by labelling areas as clean/contaminated. There should be good lighting and ventilation throughout.

There should be sufficient space for the storage of equipment and any chemicals/detergents should be stored in locked cupboards according to requirements.

Floors should be non-slip and washable. Carpets should not be used in the operating area.

A suitable operating bench, couch or adjustable recliner chair with washable surfaces is required. A paper roller towel system should be used to cover bench, couch or recliner chair between clients. Shelves and fittings should be made of smooth, waterproof materials that are easy to clean.

### **Wash Hand Basin**

An easily accessible hand-washing basin should be used. There should be adequate numbers of basins for the number of practitioners working in that area and these should be easily accessible. Hand-washing basins should be of sufficient size to allow the full hand washing procedure to be carried out with full immersion of hands and forearms and should be properly connected to the drainage system with hot and cold running water, preferably by mixer taps. Elbow or foot operated taps should be considered as overall best practice.

Cartridge type liquid soap and hand paper towels in dispensers should be installed in the immediate area where procedures are carried out. In the absence of wall mounted liquid soap, stand-alone plunger liquid soap bottles are adequate substitutes. Access to wash hand basin should be clear.

### **Hand washing**

#### **Personal hand washing**

Conventionally, the use of soap and warm running water and the washing of all surfaces thoroughly, including under fingernails is seen as necessary. One should rub wet, soapy hands together outside the stream of running water for at least 20 seconds, before rinsing thoroughly and then drying with a clean or disposable towel. After drying, a dry paper towel should be used to turn off the water (and open the exit door if one is in a restroom or other separate room). Moisturizing lotion is often recommended to keep the hands from drying out, should one's hands require washing more than a few times per day.

Antibacterial soaps have been heavily promoted to a health-conscious public. To date, there is no evidence that using recommended antiseptics or disinfectants selects for antibiotic-resistant organisms in nature. However,

antibacterial soaps contain common antibacterial agents such as Triclosan, which has an extensive list of resistant strains of organisms. So, even if antibacterial soaps do not select for antibiotic resistant strains, they might not be as effective as they are marketed to be. These soaps are quite different from the non-water-based hand hygiene agents referred to below, which also do not promote antibiotic resistance.

### **Medical hand washing**

The main purpose of washing hands is to cleanse the hands of pathogens (including bacteria or viruses) and chemicals which can cause personal harm or disease.

The Centers for Disease Control and Prevention (CDC) has stated that "It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing." A large body of research is available on the topic. While there are some claims that hot water may more effectively clean one's hands, there is no documented evidence of this claim. The temperature at which humans can withstand hot water cannot kill germs. There are undocumented claims that hot water is more effective at removing dirt, oils and/or chemicals, but contrary to popular belief, it does not kill micro-organisms. A temperature that is comfortable for hand washing (about 45 °C (113 °F)) is not nearly hot enough to kill any micro-organism. It takes a much higher temperature to effectively kill germs (typically 100 °C (212 °F)).

### **Sinks for washing equipment**

A deep sink with hot and cold water additional to the wash hand basin should be provided exclusively for washing equipment and instruments and should be located in a separate 'dirty' area away from the clean operating area.

### **Towels and linens**

Clean linen and towels should be provided for each client and should be washed at least 40 degrees. All used towels must be stored in a receptacle after use ready for washing. It is recommended that this be carried out in front of the client, to instil confidence in the hygiene practices of the clinic/salon.

Clean towels should be stored hygienically in a covered container.

### **Cuts and Infections**

You must use a waterproof dressing or hygienic disposable gloves if you have any cuts or infections on your hands. If in doubt, refer to your GP for advice before treating.

### **Smoking, eating and drinking**

No operator should smoke when carrying out procedures or treatments on a client. Smoking not only looks unprofessional, but also runs the risk of transferring bacteria from the operator's mouth via fingers to the client. Staff should wash their hands after smoking. Eating and drinking should not be allowed in the treatment area. **Please be aware of legislation regarding Smoking and the workplace.**

### **Waste Management**

A legal framework that includes the Environmental Protection Act 1990 governs waste management and disposal. Bins for general non-contaminated waste (i.e. household waste) and clinical waste should be separate, clearly labelled (i.e. clinical waste bins should be marked as 'Biohazard – clinical

waste') and foot operated pedal bins with lids used so that all waste is contained safely and segregated properly. 'Flip lid' bins should not be used as hands can become easily contaminated whilst using them.

**Clinical waste**

This is defined as anything that is contaminated with blood or body fluids and includes gloves, aprons, disposable pigment dye caps, used tissue paper and paper towels used for mopping spills. Yellow polythene disposable bags clearly marked 'clinical waste for incineration' should be used.

**Handling of clinical waste**

- Remove the yellow bag when two thirds full
- Seal the bag securely
- Mark with 'point of origin' label prior to disposal
- Store in a labelled, lockable, vermin-proof enclosure for collection
- Clinical waste should be collected by a licensed operator (information available from the local authority)
- Do not place aerosols, batteries and broken glass in yellow bags.

**Protocol for Cleaning Premises**

ITEM	FREQUENCY	METHOD
<b>Surfaces</b>	Between clients	Operating area surface cleaned and dried between clients using detergent and water or disinfectant spray. Use disposable cloths/ paper towels.  At the end of the day use general-purpose detergent and hot water. Dry thoroughly.
<b>Hand wash basins and sinks</b>	Daily	Cream cleanser
<b>Floors</b>	Daily	Suction clean i.e. vacuum clean to remove dust. Wash with hot water and detergent.  Disinfectant is required <b>only</b> after contamination with blood spillages i.e. clean area with disposable towels using bleach solution of 10,000 parts per million.
<b>Bins</b>	Daily	Empty bins daily. Clean inside with hot water and detergent, if contaminated.
<b>Couches</b>	Regularly	Wipe with hot, soapy water and dry thoroughly. Clean with bleach if contaminated with blood.

<b>Walls/ Ceilings</b>	Periodically	Routine cleaning not required. Clean periodically with hot water and general purpose detergent. Clean with bleach if contaminated with blood.
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### **Controlling the Risk**

In considering how to limit the risk of infection you should consider the following carefully:

- How readily cleansable are your surfaces, floors, walls, equipment etc? Surfaces that are not smooth, impervious and readily cleansable increase the risk of bacterial/viral contamination
- Do you have good lighting and ventilation
- Hand washbasin with hot and cold water must be convenient to your practice area. This should be separate to any sink associated with food preparation or toilet facility
- Frequent hand washing should not be underestimated in its effectiveness. Learn the proper medical hand washing technique. Hands should be dried thoroughly preferably with paper towels
- Cuts and abrasions should be kept covered
- Always wear a new pair of protective gloves for skin piercing and waxing procedures and wash your hands after removing them
- Always change couch roll or towels between clients
- Toilets, washrooms and showers must be cleaned thoroughly and inspected regularly
- If bleeding occurs know what procedures you will follow to minimise risk
- Clean, disinfect and sterilise, when appropriate your equipment after use and before re-use
- Remember cross-contamination may not always be visible so make sure that these procedures become part of your normal routine
- Animals (apart from Guide dogs) should not be allowed in the treatment area
- To prevent cross-infection always contra-indicate the treatment if infection is present
- Sterilising equipment must be well maintained and tested regularly in accordance with the manufacturer's guidelines and local Environmental Health Officer's advice.

**Immunisation**

It is recommended that the person carrying out any cosmetic piercing (the therapist) be immunised against Hepatitis B to protect themselves and their client.

Therapists should keep copies of their antibody results following immunisation for inspection. Immunisation should not be a replacement for good hygiene standards. There is still no vaccine available against HIV or Hepatitis C, so any potential contact with blood and other body fluids should be approached with all necessary precautions. Anyone handling sharps is also advised to be up to date with their tetanus immunisation.

**If an accidental needle-stick injury occurs take the following steps:**

1. Encourage the puncture to bleed
2. Wash under cold running water without soap
3. Cover with a dry dressing
4. Seek immediate medical advice
5. Record the details of the event
6. If infection follows you should report it to the local Environmental Health Office or Health and Safety Executive by phone (see RIDDOR regulations.)

## APPENDIX C

### USE OF FHT LOGOS and Advertising

As a qualified and current member of the FHT, you may use the FHT logo on all your business literature, such as letterheads, appointment cards, treatment and price lists, brochures, business cards, websites, etc. You may only use the logo that defines your grade of qualified membership. *(For clarification of your membership level please contact 02380 624 350 or email [info@fht.org.uk](mailto:info@fht.org.uk))*

The ownership and copyright of the logo remains the property of the FHT and we reserve the right to withdraw its use at any time.

How to access the logo?

The logo can be downloaded free of charge from the members area of the FHT website [www.fht.org.uk](http://www.fht.org.uk). Using your membership number and registered password (first time users will need to register a password for access) you can login and access the area 'download my logo'. There are several formats available to assist in the design of different mediums, e.g. websites and print versions.

### Terms and conditions for using logos

By using the FHT logo, you are agreeing to the following terms and conditions:

- I will not alter, amend or change the logo in any way.
- I will only use the logo with the appropriate membership level displayed. I will not disassemble the logo elements for any purpose.
- I will not promote or endorse products or services other than therapy treatments recognised by FHT
- I will not make unrealistic or unsubstantiated claims about the benefits of treatment offered as detailed in Guideline 1 (below) and I will not use wording listed in Guideline 2 (below)
- I will only advertise treatments for which I am qualified and for which I hold current insurance (either provided via FHT or via another insurance provider\*)

\*Please supply a photocopy of your insurance policy certificate to the membership office if you are not insured through FHT. Check your membership record online at [www.fht.org.uk/membersarea](http://www.fht.org.uk/membersarea) to confirm which treatments have been recorded by FHT.

- I will not use the logo in connection with the advertising of training courses and/or colleges. A separate accreditation logo and guidelines are provided for FHT accredited courses.
- I will not use the logo on jointly produced literature with business partner/s who are not members of the FHT



- I understand that use of logos only applies to current FHT members and I will cease to use the logo should my Membership end. The logos remain the property of FHT. The issue of a logo is a privilege and not a right and can be withdrawn by the FHT at any time without reasons being stated. The FHT reserves the right to request a copy of all printed and electronic matter on which a logo may appear
- I have read and understood the guidelines below on producing promotional material.

### **Guidelines on producing promotional material**

At the FHT, we are fully aware of the many physical, emotional and spiritual benefits different therapies can bring to clients. However, our industry is not without its detractors, a number of whom are making complaints to either the Advertising Standards Agency (ASA) or the Complementary and Natural Healthcare Council (CNHC) about therapists making health claims on their websites and/or in other marketing communications.

At the heart of the issue is 'scientific evidence'. That is to say, detractors are unhappy that a number of therapists are making health claims about different therapies and treatments that cannot be 'substantiated' (backed up) by human studies that follow a 'recognised methodology' and are published in a 'reputable, peer-reviewed journals.

As we are all extremely aware, the ability to provide such evidence is a problem in our industry, not least because of funding issues and the fact that a number of the 'recognised' research models, such as randomised controlled trials (RCT), are not an ideal measure for many treatment outcomes associated with complementary and other therapies.

However, there is much encouraging work being carried out in the therapy research field, and the FHT is working with a number of professional bodies to source research/evidence to help substantiate specific health benefits offered by certain therapies, and we will keep members informed of our progress.

Meantime, here are some basic guidelines to help safeguard members from being targeted by detractors. Please note that this guidance applies to all advertising and marketing communications, including adverts, websites (that promote a therapy service), leaflets, posters and flyers.

**Please note: the ASA and CNHC are not proactively looking for therapists who are breaching advertising codes. At present, they will only investigate when an official complaint is made against a therapist.**

- Never state that you can diagnose, cure, or heal any illness or health condition.
- Where applicable, you can state that the therapies you offer can: help relaxation; improve mood; aid sleep; relieve tension, anxiety and stress; and promote a sense of general well-being.
- Where applicable, you can state that 'X therapy is often used alongside conventional care in hospices, hospices, and other healthcare settings', providing that the context in which this statement is used does not imply that the therapy can treat or prevent illness.

- As guidelines produced in 2009 by the National Institute of Clinical Excellence (NICE) recommend that a course of manual therapy (including spinal manipulation, spinal mobilisation and massage) should be made available to patients in England and Wales for the early management of persistent, non-specific low back pain, the FHT is of the opinion that it is acceptable for therapists to state that 'massage may help to ease low back pain'. For a copy of the full guidelines, visit [www.nice.org.uk/CG88](http://www.nice.org.uk/CG88)
- General testimonials that support the phrases given in the second bullet point, (e.g. 'aromatherapy helped me to sleep') or that talk about you, the practitioner/therapist (e.g. 'Anne Example is a highly professional therapist and I would happily recommend her reflexology treatments') should be acceptable. However, a testimonials or quote that implies – directly or indirectly – that a therapy can help a specific medical condition is unlikely to be considered acceptable.
- If making specific health claims, e.g. 'X therapy can help Y Medical Condition' be sure that you can back up these claims with evidence in the event that someone should make a complaint against you (e.g. NICE/clinical guidelines or peer-reviewed studies).
- Inserting the word 'may' (or similar) in front of a potential health benefit or medical condition, e.g. 'Indian head massage may help to relieve migraines', is unlikely to make such a statement acceptable in the eyes of the ASA.

At the FHT, we now encourage members to keep their business details separate from their therapy/treatment information leaflets and flyers. For example, rather than combining 'treatment benefits' and your contact details on one piece of marketing material, hand out a separate business card with a 'treatment benefits' leaflet. That way, it is extremely difficult for a detractor to make a complaint about your marketing communication, because it cannot be directly linked back to you if your details are on a completely separate piece of card or paper.

A range of therapy leaflets, produced by the FHT, is available at [www.FHTonline.co.uk](http://www.FHTonline.co.uk). Each therapy leaflet comes with separate pamphlet, with a space where members can fill in their contact details, which can be handed out to prospective clients.

For more information and guidance, please read our simple Q&A document at [www.fht.org.uk/advertisingquestions](http://www.fht.org.uk/advertisingquestions) or email [advertising@fht.org.uk](mailto:advertising@fht.org.uk)

## Spelling

- Always use your spell checker, but be aware that some words won't be highlighted as errors if there is more than one meaning. For example, make sure you use 'complementary' with an 'e' instead of 'complimentary' with an 'i'. Two words that have VERY different meanings! (A complementary therapy is one that works in harmony with the body, whereas a complimentary therapy - if taken literally – means you are offering the therapy for free!) Another word frequently used in error by therapists is 'principal', when in fact they mean 'principle' (e.g. 'the principle behind reflexology is...').
- Make sure your spell checker is set to the English UK dictionary to avoid americanisation of words such as organisation/organization.

- If you include the history of a particular treatment and mention dates, remember to leave out that rogue apostrophe: i.e. 1930's is incorrect, while 1930s (with no apostrophe) is correct.

### **Style and layout**

- The logo must be used in the colours it is designed with. The only exception is if producing a black and white advert where black can be used.

Ash Brown on a light background (Pantone Warm Grey 11 CMYK C00 M17 Y34 K62)  
Eggshell Cream on a dark background (Pantone 614 CMYK C00 M00 Y15 K05)

- The image can be enlarged or shrunk as required but must always retain the same aspect ratio i.e. it must not be stretched or distorted
- Use a font that is not too small and not too ornate or 'busy'. (For example, "Comic Sans" is more legible than "Vivaldi")
- Avoid hyphenation as this can make your text illegible
- Be consistent. For example, if you start off using the "&" symbol, don't switch to "and" and then back again, in the same document – actually the word "and" in full is preferable
- Make sure items are aligned correctly
- Allow some "white space" in your leaflet. People can find lots of crammed in text rather off putting, so remember the saying "less is more"

**Ask a friend to read your literature for you, as it can be hard to spot your own mistakes.**

## **APPENDIX D PROFESSIONAL CONDUCT PROCEDURE**

### **1. PURPOSE AND SCOPE**

- 1.1 Membership of and Association with the Federation of Holistic Therapists (“FHT”) is a privilege and a responsibility. Membership and Association is granted at the discretion of FHT acting through its staff and Governing Board who retain the right to suspend or cancel membership of FHT when necessary. All FHT members have a responsibility to uphold the Code of Ethics and Professional Practice and to act professionally at all times. When an Individual has failed to do so either by any act or omission, the following Professional Conduct Procedure will be used.
- 1.2 It is the responsibility of the FHT member and any complainants to ensure that they fully understand the Professional Conduct Procedure. This procedure forms an essential part of FHT’s commitment to the protection of the public and the Membership of and Association with the FHT. Members and Associates are required to inform any client who indicates that they have a complaint or grievance about the existence of this procedure. If requested to do so, the Individuals should inform their clients about how they may obtain further information concerning these procedures. Further information may be obtained by contacting FHT directly.
- 1.3.1 This procedure is not contractual, but is intended as a statement of current policy. The FHT reserves the right to amend this procedure as necessary to meet any changes in requirements.

### **2. INTRODUCTION**

#### 2.1 Aim

The aim of the Professional Conduct Procedure is to afford protection to the public, to protect the name of the FHT, and the Members and Associates of the FHT.

#### 2.2 Bringing an allegation of complaint and/or notification of misconduct

An **allegation** can be brought by either:

- 3.1.2 a member of the public seeking or using a service provided by a member of the FHT; or
- 3.1.3 a member against another member; or
- 3.1.4 an interested third party against a member, or
- 3.1.5 notification of removal from another voluntary or state regulated professional body, or
- 3.1.6 the Governing Board of the FHT against a member.

#### 2.3 Timescale

- 2.3.1 An allegation should be lodged within one year of the alleged breach. Exceptions to this rule will be considered dependant on the severity of the allegation.

2.3.2 All records, excluding the details of the formal complaint, the formal response, the decision of the Professional Conduct Panel, Appeal decision and sanction, which are kept for six years, will be kept for a period of two years only.

### **3. MAKING AN ALLEGATION**

3.1 The allegation must satisfy the following conditions:

3.1.2 It is a breach of the Code of Ethics and Professional Practice of the FHT in force at the time the alleged breach occurred and/or concerns an allegation of one or more of the following Heads of Complaint: professional misconduct, professional malpractice, or bringing the FHT into disrepute. (See Section 4 below.)

3.1.3 The member is named AND is a current member of the FHT

3.1.4 It is in writing and received by the Chief Executive.

A complaint not satisfying the above conditions will be rejected.

3.2 Notification

The member will be notified that an allegation has been received, given a copy of that allegation including the complainants name and details of the procedure to be followed. The member is not required to respond at this stage, but will be given an opportunity at a later stage if the allegation is accepted by the Chief Executive under the Professional Conduct Procedure (see section 5 below).

3.3 Receipt

3.3.1 The allegation will be submitted to the Chief Executive;

3.3.2 The Chief Executive will decide whether to accept the allegation to be dealt with at a Professional Conduct Hearing, refer it back for further information/clarification, or reject it. The Chief Executive has discretion to interview relevant parties including the Complainant and/or member if deemed appropriate

3.3.3 If further information/clarification is requested, upon receipt of the same, the allegation will be re-submitted to the Chief Executive who will decide whether to accept it to be dealt with at a Professional Conduct Hearing, or reject it;

3.3.4 If the allegation is rejected by the Chief Executive, the member and the Complainant will be formally notified in writing. The decision of the Chief Executive will be final.

#### **4. MISCONDUCT**

4.1 A breach of the Code of Practice and Professional Conduct and/or finding under one or more of the Head(s) of Complaint will be misconduct.

4.2 Heads of Complaint

4.2.1 Professional Misconduct

A finding of 'professional misconduct' signifies that the member has contravened the ethical and behavioural standards that should reasonably be expected of that individual's profession.

4.2.2 Professional Malpractice or Negligence

A finding of 'professional malpractice or negligence' signifies that the service(s) for which the member is responsible have fallen below the standards that would reasonably be expected of that Individual's profession.

4.2.3 Bringing the FHT into disrepute

A finding of 'bringing the FHT into disrepute' signifies that the member has acted in such a way that the public's trust in the FHT might reasonably be undermined if they were accurately informed about all the circumstances of the case.

4.3 Gross Misconduct

A finding of gross misconduct is appropriate if the breach of the Code of Ethics and Professional Practice and/or relevant Heads of Complaint is sufficiently serious to merit a termination of Membership or association with the FHT.

#### **5. THE PROFESSIONAL CONDUCT PROCEDURE**

5.1 Acceptance

The Complainant and member will be notified in writing that the allegation will proceed to a Professional Conduct Hearing.

5.2 Responding

At the time of notification of acceptance of the allegation, a full copy of the formal complaint will be submitted to the member, who will have 14 days to respond to the complaint. Any response must be sent in writing to the Chief Executive.

5.3 Evidence

All evidence submitted by either the Complainant or the member shall be available to the parties involved in the complaint. The Chief Executive will distribute to the parties copies of all submissions made.

#### 5.4 Conduct

It is the duty of all parties involved in the Professional Conduct Procedure to comply with the Professional Conduct Procedure. Any failure to comply may result in the termination of the Professional Conduct Procedure or termination of Membership and Association with the FHT.

#### 5.5 Suspension and termination of rights of membership or association with the FHT

The Chief Executive may suspend the rights of membership or association of the member, pending the finalisation of the Professional Conduct Procedure when, having regard to the nature of the complaint, it appears appropriate and just to do so in all the circumstances.

The Chief Executive may terminate the rights of membership or association of the member if; following the finalisation of the Professional Conduct Procedure, this is the appropriate sanction. This may be done prior to any Appeals Procedure.

The Chief Executive will notify the member of any suspension or termination of membership or of any rights of membership or entitlement to the Association.

No liability for any loss suffered, or expenses incurred, will attach to the FHT for the suspension or termination of membership or rights of membership or association even where a complaint is not upheld.

Suspension and termination of membership or association with the FHT may entail the loss of all rights and privileges given by FHT. This may include the loss of access to the FHT's Group Scheme Insurance cover and cancellation of policies held by the Individual.

#### 5.6 Lapsed Membership

Failure to renew membership or associate links by an Individual member during the Professional Conduct Procedure will not normally terminate the process.

An Individual's resignation from membership or association with the FHT will not terminate nor invalidate the hearing by the FHT.

### **6. THE PROFESSIONAL CONDUCT HEARING**

#### 6.1 Professional Conduct Panel

The Professional Conduct Panel will be made up of two Vice Presidents of FHT.

#### 6.2 Purpose

The purpose of the Professional Conduct Hearing is to examine the allegation and decide whether it is proved or not. If proved, the panel will decide whether or not any sanction should be imposed.

6.3 Declaration of interest

Members of the Professional Conduct Panel have a duty to declare any interest, which may be considered to affect their impartiality or is likely to be thought to do so.

6.4 Venue

Professional Conduct Hearings will be held at or within the vicinity of the FHT's head office, other than in exceptional circumstances.

6.5 Presence of a companion/support person

When appearing at the Professional Conduct Hearing, a companion who may confer with and support the party concerned and address the Professional Conduct Panel, but who may not otherwise speak on behalf of the party concerned may accompany each the Complainant and member.

6.6 Written evidence

The Complainant and the member must submit written evidence and/or submissions and witness statements in advance. The Chief Executive must receive such papers not less than 14 days prior to the date fixed for the Professional Conduct Hearing. Such papers will be circulated to the Professional Conduct Panel, the Complainant and the member, within a reasonable period prior to the hearing. The Professional Conduct Panel may take advice on these papers, any other evidence, and procedural matters from the FHT's solicitor or such other relevant person as may be deemed appropriate.

6.7 New evidence

The Professional Conduct Panel will determine whether or not new evidence will be accepted on the day of the hearing.

6.8 Attendance by witnesses

The Professional Conduct Panel, Complainant and member may call witnesses to attend the hearing. Parties wishing to call witnesses must notify the Chief Executive of the names and details of such witnesses not less than 14 days prior to the date fixed for the hearing. The panel has discretion to refuse attendance by a witness if it reasonably believes that such attendance is not relevant or will not add any weight to the issue(s) under consideration. The panel may question witnesses and either party connected with the case.

6.9 Failure to attend the Professional Conduct hearing

6.9.1 Where a Complainant or member fails or refuses, without good reason or notice, to attend a Professional Conduct hearing; the Professional Conduct Panel has the power to decide either:

- i) To proceed with the hearing in the absence of one of the parties;
- ii) To adjourn the hearing to a date not less than 14 days in advance;
- iii) To terminate the proceedings.

6.9.2 What constitutes good reason shall be solely at the discretion of the Professional Conduct Panel.

#### 6.10 Notification of findings

The decision of the Professional Conduct Panel will be notified in writing to the parties within 14 days of the Professional Conduct hearing.

### 7. SANCTIONS

7.1 The Professional Conduct Panel, having regard to the findings, may impose one or more of the sanctions detailed below.

#### 7.1.1 Stage 1 - First Warning

If as a result of the Professional Conduct hearing, disciplinary action is deemed necessary, then a formal warning will be given to the member (confirmed in writing). This warning will give details of the following:

- (i) A description of the conduct or performance complained of.
- (ii) In a case where improvement is required, the nature of that improvement and how the member is expected to achieve this must be specified. The period in which this improvement (if any) is expected to take place and the need to sustain the required standard thereafter must also be listed.
- (iii) The consequences of failing to improve as required or of further misconduct. It will warn that further, more severe disciplinary action will be taken if there is further misconduct and/or a failure to improve.
- (iv) The Individual's right to appeal.

A first stage warning will remain active for a period of six months.

#### 7.1.2 Stage 2 - Final Written Warning

In the event of further repetition of the misconduct or a failure to comply with the request for improvement, the member will be invited to attend a Professional Conduct hearing. In the case of misconduct or failure to comply with standards, which do not amount to gross misconduct but warrant a first and final warning, this stage can be commenced without the need for Stage 1. If as a result of this

hearing, disciplinary action is deemed necessary then a final written warning will be given. This will give details as follows:

- (i) A description of the allegation.
- (ii) The improvement required (if any) and the time scale for this to take place.
- (iii) The consequences of failing to improve as required or of further misconduct. It will warn that termination of membership and associate links will result if there is further misconduct or no satisfactory improvement.
- (iv) The Individual's right to appeal.

All final written warnings will remain active for a period of 12 months.

#### 7.1.3 Stage 3 – Termination of Membership or Association with the FHT

In the event of further misconduct or a failure to improve, a Professional Conduct hearing will be called with the member. If disciplinary action is felt to be necessary as a result of this meeting, then the membership and association of the FHT may be terminated without notice. The outcome of this meeting will be confirmed to the member in writing, along with details of the Individual's right to appeal.

#### 7.2 Failure or refusal to comply with sanction

Failure or refusal to comply with the sanction may result in termination of membership and association. The Chief Executive will notify any such decision to the member, in writing.

### 8. GROSS MISCONDUCT

In cases of gross misconduct or where a member therapist is removed from another Professional Body either Statutory or Voluntary, the membership and association with the FHT will normally be terminated without warnings or notice.

### 9. DISCIPLINARY SANCTIONS

- | ~~9.29.1~~ Any sanction imposed will depend upon the Professional Conduct Panel's assessment of the seriousness of the offence, and, where appropriate, a consideration of the Individual's existing disciplinary record. The usual disciplinary sanctions will either be a first warning, a final written warning or termination of membership and association with FHT. The Individual will be given an explanation for any disciplinary sanction imposed.

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- 9.2 No Individual will be dismissed for a first breach of discipline except in the case of gross misconduct.

### 10. APPEALS PROCEDURE

- 10.1 The member may appeal on the grounds detailed in paragraph 10.3 below. An appeal against the finding of the Professional Conduct Panel must be

submitted in writing by the deadline given (see paragraph 10.4), be accompanied by any supporting documentation and sent to the Chief Executive.

10.2 An appeal can be made against the findings of the Professional Conduct Panel and/or sanction imposed.

10.3 An appeal will be considered on any of the following grounds:

10.3.1 That the facts were found against the weight of evidence.

10.3.2 That the sanction is disproportionate to the finding of the Professional Conduct Panel and is unjust in all the circumstances.

10.3.3 There is evidence to suggest that a procedural impropriety may have had a material effect on the finding and decision of the Professional Conduct Panel.

10.3.4 There is new evidence that was not available at the time of the Professional Conduct Hearing.

10.4 Timescale for appeal

Any appeal must be in writing, specify which grounds it is submitted under and be accompanied by any supporting documentation and served upon the Chief Executive within 14 days of notification of the decision and/or sanction of the Professional Conduct Panel.

10.5 Format of Appeal Hearing

The President of FHT shall conduct appeals. Where there is an appeal this shall be by way of a re-hearing of the evidence. The same rules on having a companion present will apply to the Appeal Hearing as per the original hearing.

10.6 Notification of decision

10.6.1 The President of the FHT will report the panel's decision to the Chief Executive who will implement its decision. This decision will be final.

10.6.2 The decision of the President of the FHT will be notified to the respective parties in writing within 14 days of the appeal hearing.

*This publication is dedicated to the memory of the Founder and President of FHT, Wallace S. Sharps (1962-2005) whose lifelong dedication to the promotion of high standards of professionalism in our industry is the inspiration behind this Code.*

*With many thanks to the Code Revision Committee of FHT who put in many hours of work to produce this authoritative document including: Wendy Arnold, Lorraine Davis, Chrissie Carroll, Marcia Henderson, Jennifer Wayte, Tina Reid, Cheryl Cole, Carina Fagan and Jacqueline Palmer, Ian Watson, Environmental Health Officer, Westminster City Council, Steven Ridout and Annie Walling for administrative support and the Working Party of London Consultants in Communicable Disease Control and Community Infection Control Nurses.*