



# Code of Conduct, Ethics and Practice

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## INTRODUCTION

The IFA is the voluntary regulator for aromatherapy worldwide, established in 1985. Those on our register have met the national occupational standards of practice and aromatherapy core curriculum requirements as a minimum, are of good character and are fit to practise.

### Once registered the individual must:

- Act in keeping with the spirit of these Codes as well as the specific wording, which are binding on all registrants displayed on the register.
- Undertake Continual Professional Development (CPD) each year to ensure their knowledge and skills remain current.
- Hold adequate public liability insurance.
- Hold a current first aid certificate (if a sole trader)
- Declare if any circumstance would impede their fitness to practice, do not have a criminal record and have not been disciplined by any other body.
- Co-operate when asked to provide any information that we require in order to perform our regulatory function.

More information can be found in our Member Terms and Conditions. You can check that a practitioner is registered with the IFA by visiting our website [www.ifaroma.org](http://www.ifaroma.org).

## PURPOSE

The purpose of the Code of Conduct, Ethics and Practice is to detail the quality of care that clients can expect from an IFA registrant. The standards set out herein apply to all the categories of membership listed on the IFA register (ASSOCIATE/FULL/PEOT) regardless of their employment status or work environment e.g. self-employed, voluntary or within the NHS etc.

All registrants must be able to account for and justify their actions when asked. For registrants, this document is a useful resource providing links to further information to the relevant laws that affect their practice e.g. data protection, safeguarding and how to continually meet the standards. It also sets out the standards you will be measured against, in the event of a complaint. This guidance is not exhaustive and is reviewed periodically.

## REGISTRANTS RESPONSIBILITIES

In applying to be added to the register, practitioners are voluntarily agreeing to be bound by this document and any future version hereof. The IFA will publish the latest version of the Code on its website. When this document is updated, the IFA will inform its members accordingly. It is, however, ultimately the registrant's responsibility to ensure they have read and comply with this document and, when considering its contents, are referring to the most up-to-date version. Any member who fails to adhere to the Code of Conduct, Ethics and Practice will be subject to the disciplinary procedure and may be removed from the register.

## DUTY OF CARE

All registrants have a duty of care to protect the health and wellbeing of their clients. To do this they must engage in 'Evidence Based Practice'. The most common definition of Evidence-Based Practice (EBP) is from Dr David Sackett. "EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision-making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)"

The IFA Code of Conduct, Ethics and Practice below, sets out how to meet these standards and ensure registrants are always acting in the best interests of the client's health and wellbeing.



## **A. YOU MUST PROVIDE A GOOD STANDARD OF CARE AND PROFESSIONAL JUDGEMENT**

### **A1. CLIENT WELFARE**

**1.1 )** The comfort and welfare of the client must take priority over any other requirement.

**1.2)** You must practise your skills to the best of your ability and assess the most appropriate care plan for each client.

**1.3)** You must appreciate that each client is individual and care plans must reflect the client's individuality and requirements.

**1.4)** You must always use your professional judgement to decide how to achieve the best outcome for the client.

**1.5)** You must involve other healthcare practitioners in the client's care if it is in the best interests of the client to do so and means their health needs will be met more effectively, either by referral or by co-managing the client's care.

## A2. LIMITATIONS OF PRACTICE

**2.1)** You must recognise and work within the scope of your own knowledge and skills.

**2.2)** You may only provide care and advise clients within your area of competence, e.g. in areas which you have received the proper training and qualification.

**2.3)** You must not knowingly treat any person requiring medical treatment without the approval of the client's doctor.

**2.4)** You must not contradict instructions given by the client's doctor or another healthcare professional responsible for their care.

**2.5)** You must treat clients on a 'complementary' basis and not suggest the treatments you provide are an alternative to orthodox medical treatment. You should also tell clients to inform their doctor what complementary treatments they are receiving as an adjunct to their orthodox medical treatment.

**2.6)** Aromatherapy is a Complementary and Alternative Medicine (CAM) discipline, defined to promote health, relieve sickness and alleviate a variety of medical conditions. You must never claim to cure or diagnose a medical condition (unless you are medically qualified to do so), only assist in bringing about and maintaining optimum health.

**2.7)** You must use your professional judgement to identify your own limitations and where appropriate:

- **2.7a)** Refer clients to other healthcare practitioners when the client's needs are outside your scope of practice e.g. to an osteopath, GP etc.
- **2.7b)** Collaborate or co-manage the clients care with another healthcare practitioner.
- **2.7c)** Seek counsel from an appropriate source if the complexity of the client's case is beyond your own knowledge and skills.

## A3. ASSESSMENT OF A CLIENT

### 3.1) PROVIDE INFORMATION

When you first come into contact with a new client you must assess the client before you care for them and explain:

- **3.1a)** How you will assess their care e.g. by completing the consultation form to build a case history
- **3.1b)** The necessity of acquiring that information
- **3.1c)** Your findings from the initial assessment so the client can make an informed decision regarding their care plan
- **3.1d)** Provisions for reassessments at relevant future stages.
- **3.1e)** See C.2 for more general information you should provide to clients.

### 3.2) CASE HISTORIES

Case histories inform the type of health needs the client has. You must obtain and document the client's case history which will enable you to draw sound conclusions before prescribing or commencing a care plan.

The following is a guideline of information to collate:

- **3.2a)** The client's medical history e.g. contra-indications, if they are pregnant etc.
- **3.2b)** The client's reason for wanting care.
- **3.2c)** Elements of the client's overall lifestyle e.g. stress levels, occupation, exercise routine, known triggers etc.

Only information that is relevant to the treatment must be included in the consultation.

The consultation form must be signed and dated as a true record, by you and the client or an appropriate adult. When providing taster treatments, a consultation must still take place but is not required in as much detail, and again, must be signed.



### **3.3) PHYSICAL EXAMINATION**

If you want to gain more information about a client's health by physically examining them then you may do so, with the client's permission.

### **3.4) IDENTIFY WHEN FURTHER INVESTIGATIONS ARE REQUIRED**

You must identify when further investigations are required and act on this without delay. You must:

- **3.4a)** Carry out further questioning and research to ensure compliance with good practice guidelines and any relevant legislation.
- **3.4b)** Only conduct further investigations to confirm the information you require e.g. on a condition they may have and if it is within your scope of practice, alternatively refer the client to an appropriate practitioner.
- **3.4c)** Use your professional judgement to interpret the results on any further investigations.
- **3.4d)** Record the results of the further investigation and act on the necessary information.

### **3.5) CEASING ASSESSMENT**

If a client asks you to stop the assessment at any point, then you must cease. You may also choose to cease an assessment if the information the client provides means it would be inadvisable for you to care for them (see E.6 contra-indications).

#### **Useful links to further information:**

##### **Consultation Template**

You can download a consultation template form in the member's area of the IFA website:

[www.ifaroma.org](http://www.ifaroma.org)

##### **COVID Guidance**

You can download Hygiene Secure Practice Guidance, risk assessment template form in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

## A4. APPLY APPROPRIATE CARE

The care plan you decide must be:

**4.1)** Based on your clinical expertise, the client's values, and the best available research evidence.

**4.2)** Appropriate and proportionate to the client's current health needs and minimise risk of harm.

## A5. RATIONALE FOR CARE

Only after obtaining the client's case history can, you arrive at a rationale for care and draw upon your professional judgement to select the safest and most suitable care plan for the client.

**5.1)** When making decisions you must consider relevant factors such as:

- **5.1a)** The history and longevity of any healthcare complaint of the client and the likelihood of recurrence and need for long term management.
- **5.1b)** Relevant contra-indications and the benefits and risks of care.

**5.2)** If you are working as a locum, you may rely at first on the rationale developed by the practitioner for whom you are acting.

## A6. CARE PLAN

Every client is an individual and care plans must reflect the individual's health needs and interests in having care. You must develop and record care plans in discussion with the client.

**6.1)** You must take into account the client's personal preferences as far as it is safe and suitable to do so and explain to clients the various care plan options available and the advantages and disadvantages of each option.

**6.2)** You must inform clients of the fees related to their care plan and ensure that any ongoing care fee structures are easily accessible.

**6.3)** It is also good practice to provide optimum information to clients (see section C.2) so that clients do not have any unrealistic expectations.

**6.4)** Allow clients time to think about their options and inform them they can change their mind.

**6.5)** Where appropriate, you must also make clients aware of any arrangements in place should you be unavailable, which might include being cared for by a colleague, locum or local practice, as long as that rationale is consistent with your own professional code of conduct.

## **A7. REVIEWING THE CARE PLAN**

You must continuously review the rationale for care while you care for a client.

**7.1)** You must continuously review the client's health needs and evaluate the effectiveness of treatments, especially if a client has come to you for preventative or remedial purposes.

**7.2)** Treatment outcomes and any possible risks associated with the care plan must be discussed with the client prior to the commencement, and their records updated. Outcomes such as increased urination following a massage may be defined as 'normal' responses to treatment.

**7.3)** If a care plan is no longer achieving the desired effect, you must review the original care plan and modify the care plan where appropriate, keeping in mind the desired outcome.

**7.4)** In the event the client reports an adverse reaction, during or after the treatment, this must be noted on the client's records, alongside any relevant advice you provide. You must also detail information regarding the type and length of treatment and products used. If the reaction was severe or allergic in nature, it must also be noted on the client's records that these treatments/products must not be used in the future.

**7.5)** You must discuss modifications with the client at the relevant stage and get the consent of the client to modify the care plan.

**7.6)** Modifications must be recorded.

## A8. CHAPERONE

You must identify when there is a need for another person to be present whilst assessing or caring for a client and make appropriate arrangements to enable this to happen.

**8.1)** If a client requests to have someone with them during their programme of care this must be respected.

**8.2)** If you are concerned that a client does not fully understand what you are explaining to them or is incapable of making a decision regarding their care, you must insist a third party is present, even if the client has not requested it, in the best interests of the client and to safeguard yourself.

**8.3)** You must only treat minors under the age of 16 in the presence of an appropriate adult or guardian. See section C5 and C8 regarding treating minors and vulnerable adults. This is to protect the client as much as the practitioner in a physical contact therapy



## **B. YOU MUST RESPECT CLIENTS' INDIVIDUALITY, DIGNITY AND PRIVACY**

### **B1. EQUALITY & DISCRIMINATION**

You must treat all clients fairly and equally as per the Equality and Human Rights Acts, which is a legal responsibility for anyone providing services to the public.

**1.1)** You have the right to choose who you accept as a client, but you must not refuse a client on grounds that are discriminatory under the Equality and Human Rights Acts.

**1.2)** You must not refuse a client or lower your standard of care on discriminatory grounds including; disability, gender, race, age, marriage or civil partnership, sexual orientation, religion or beliefs; otherwise known as 'protected characteristics'.

**1.3)** You must not allow your own personal beliefs and values regarding a client's protected characteristics to prejudice your care programme. However, you must take into account relevant factors of a client's lifestyle, and modify treatments accordingly, which directly impact on their health when formulating a care plan.

**1.4)** You must not offer services on different terms to different people or groups of people.

**1.5)** If you are an employer, you are also legally responsible for any discriminatory actions by your employees in the course of their employment.

**1.6)** Where, and if, practically possible, you should consider how to make your services as accessible as possible to clients with disabilities and ways in which to attract a diverse client base.

**1.7)** If you are employed in the public sector e.g. NHS you may also have other legal responsibilities promote equality.

#### **Useful links to further information:**

##### **Equal Opportunities**

<http://www.legislation.gov.uk/ukpga/2010/15/part/3>

##### **Human Rights**

<https://www.equalityhumanrights.com/en>



## **B2. DIGNITY & MODESTY**

You must be respectful and sensitive to a client's dignity and modesty. It is important to note that everyone has different opinions of what it means to respect their privacy. To avoid any possible misunderstandings, you must:

- 2.1)** Ask clients if they are sensitive regarding removing clothing and act according.
- 2.2)** Explain to clients why they need to remove clothing and offer a gown or towel when changing to respect their modesty.
- 2.3)** Offer clients the opportunity to have a third-party/chaperone present during their care, especially if the client is particularly nervous.
- 2.4)** Ensure that clients are comfortable once clothing has been removed.
- 2.5)** Only request that the client remove clothing that is necessary for their treatment e.g. they may only need to partially undress.
- 2.6)** Ensure that only the client removes their own clothing. The only exception to this is if the client is physically unable to remove their own clothing e.g. has poor mobility, in which case you must ask permission before removal or if they have brought a chaperone ask their chaperone to assist them undress.
- 2.7)** Ensure that when clients are removing clothing you either leave the room for an appropriate time and knock before re-entering or put up a suitable partition/screen, so the client is not exposed.
- 2.8)** If a client does not want to remove clothing, you must respect their wishes. No pressure must ever be placed on the client to remove items of clothing if it is against their wishes. You may of course bring to the client's attention the limitations of the treatment by doing this, but ultimately it is the client's decision.
- 2.9)** Ensure the client is covered as much as possible during the treatment with a towel to respect their dignity and only expose the areas that are being treated.
- 2.10)** Provide the client with clear guidance how to position towels in such a way that respects their modesty when lying on a massage couch.
- 2.11)** Inform the client if you need to adjust a client's underwear during the treatment, and it would be impractical for the client to make the necessary adjustment themselves, and ask the client permission to do this, before doing so.
- 2.12)** Where appropriate ensure that a client's hands are positioned under the towel when working on other areas to avoid any unnecessary contact during the treatment.
- 2.13)** Ensure that the client does not remain undressed any longer than is necessary.

## **B3. CONFIDENTIALITY**

Confidentiality is essential to the relationship between an aromatherapist and their client. The information your client provides to you is personal and may be highly sensitive. Breaches of client confidentiality have significant implications by reducing public confidence in not only you as a practitioner but the profession as a whole.

**3.1)** You must treat all clients' information as strictly confidential and only use the information for the purpose for which it was obtained.

**3.2)** If you work with others who are able to access personal data it is important that they are also informed of the requirements of confidentiality, regardless of if it is in their employment obligations.

**3.3)** You must not discuss or share a client's details with third parties without their permission, see B7 and E8 for exemptions to this rule.

## **B4. DATA PROTECTION**

**4.1)** In order to safeguard a client's best interests, you must collect certain personal and special category data (formerly known as sensitive data) which must be treated in accordance with the relevant Acts. The Data Protection Act and General Data Protection Regulation (GDPR) set out the requirements for processing and handling personal and sensitive data.

**4.2)** Personal data is data that directly or indirectly identifies an individual. For example, it can be anything from a name, a home address, a photo, an email address or bank details. Sensitive personal data includes information about racial or ethnic origin, religious beliefs or other beliefs of a similar nature, physical or mental health condition, and sexual orientation.

**4.3)** The processing of personal data, includes but is not limited to all forms of obtaining, retaining, disclosing and recording a person's data, which applies to all forms of paper retention, images and media.

**4.4)** Under the GDPR rules, clients have more access rights to their personal data which imposes a number of additional requirements on data controllers (i.e. you). The data subject access rights mean that clients can ask to access the personal information you hold on them, and for you to, correct and erase data.

**4.5)** Before you begin collecting or processing personal data directly from a client you must ensure that an appropriate privacy notice has been issued to the client. The content of the privacy notice must provide accurate, transparent and unambiguous details of the reasons why you require the information you hold on them and for how long you propose to process the client's personal information. You must include information about the client's access rights to their personal data and most importantly, the notice must also explain how you will keep the information secure and protected against unauthorised use.

**4.6)** Where you intend to collect data indirectly from a third party e.g. where a client gives a family member's medical background (if they are named) to illustrate familial conditions, you must ensure that a privacy notice is issued to them within a reasonable period of time of obtaining their personal data and no later than one month.

**4.7)** Under the Data Protection Regulations May 2018, every organisation or sole trader that processes personal information must pay a data protection fee to the Information Commissioner's Office (ICO), which is typically £35.00 for sole traders. Some exemptions apply.

**4.8)** Under the Privacy and Electronic Communications Regulations 2003 you must not send any marketing material or advertising electronically to a client unless they have consented to receive it e.g. 'opted in' to receive newsletters about any deals or products you may advertise and must be given the opportunity to 'opt out' at any time. You should not automatically assume or rely on the fact that as a customer they would want to receive electronic communications or that it constitutes consent. You must ensure that an appropriate clause is included in your privacy policy, and you have a system of recording the individual's consent.

**4.9)** If you breach Data Protection Regulations, you must inform the Information Commissioner's Office (ICO) within 72 hours of the breach.

**4.10)** The ICO defines a personal data breach to be: "a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes."



## Useful links to further information:

### Data Protection Act

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

### Data Protection Charges

<http://www.legislation.gov.uk/ukdsi/2018/9780111165782/contents>

### Data Protection Charge Exemption

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/exemptions/>

### Information Commissions Office (ICO)

<https://ico.org.uk/>

### General Data Protection Regulation (GDPR)

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

### Privacy Policy Template

You can download a privacy policy template in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

## B5. PROTECTING CONFIDENTIAL & PERSONAL INFORMATION

You have a responsibility to protect your client's personal and confidential information from improper disclosure. The personal data you hold must be kept secure and only processed by authorised personnel.

**5.1)** You must not disclose the information of a client, including all third parties' information you obtain either directly or indirectly, without the written consent of the individual or the client's legal representative. This applies indefinitely even after the client has ceased using your services.

**5.2)** You must ensure that a client's personal data is stored in such a way that it cannot be viewed by unauthorised or unnecessary personnel.

**5.3)** You must only disclose what is absolutely necessary to authorised personnel. If, for example, you employ a book keeper, the book keeper must see all financial transactions but must not be able to view the client's health records. If pursuing late payments, minimum information must be specified, especially if given to a third party to pursue on your behalf.

**5.4)** You must have in place appropriate and proportionate technical and organisational measures to protect against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, data e.g. that the system is safely backed up on a regular basis. Appropriate obligations should also be incorporated into any third-party contracts.

**5.5)** To avoid improper disclosure, you must:

- **5.5a)** refrain from discussing clients where you could be overheard
- **5.5b)** refrain from leaving client records where they could be viewed by others
- **5.5c)** refrain from storing data in electronic form on a shared hard drive e.g. install a system with access permissions
- **5.5d)** ensure record systems cannot be accessed by others when you are on or off the premises.

**5.6)** It is good practice to inform clients at their first appointment who else has access to their records apart from the client themselves (or appropriate guardian if applicable) e.g. you, managers, receptionists, other practitioners in your absence.

**5.7)** Records must be disposed of securely and in a way that maintains client confidentiality e.g. shredding.

**5.8)** If you are winding down your practice you must obtain your clients' consent to transfer their records. You must ensure the new practice owner understands the necessity of confidentiality and the obligation to provide the clients with access to their information.



## B6. SHARING INFORMATION WITH THIRD PARTIES

Gaining consent from clients to disclose their information is essential to the working relationship between you and your clients.

**6.1)** You must get express consent from clients before providing their personal details to any third parties. For example: to the client's GP, during discussion of client cases with other practitioners during supervision, for research audit purposes or case studies for publication.

**6.2)** Express consent is permission given specifically and can be, either verbally or in writing. Express consent contrasts with implied consent, which is an assumption of permission that is inferred from actions on the part of the individual. It is in your best interests to seek written consent to safeguard yourself against any possible misunderstanding.

**6.3)** You must:

- 6.3a) only disclose what is absolutely necessary to third parties;
- 6.3b) remove all personally identifiable data where possible e.g. for case studies, names and addresses;
- 6.3c) anonymise data if this will serve the same purpose to the person requesting the information;
- 6.3d) reassure your client about the necessity of disclosure of the information;
- 6.3e) inform the client they may object and/or seek a second opinion if they want to.

**6.4)** When writing to third parties, you must explain your responsibilities towards your client before providing the specific information to them.

**6.5)** If a client consents for you to give their details to a regulated healthcare professional for example, you may assume that the individual will treat the information as confidential.

## B7. DISCLOSURE IN THE PUBLIC INTEREST

In exceptional circumstances you may need to disclose information in the 'public interest', which supersedes the right of the individual to confidentiality.

**7.1)** Disclosure in the public interest is when it is in the interest of the general public to be informed of information for their own protection (in contrast to the interest of the individual person, group, or company). It can also be disclosure for the protection of the individual by informing the relevant third parties e.g. if you believe they are in danger.

**7.2)** When making decisions as to whether to disclose information you must weigh up the potential harm that the disclosure may cause against the interest of society/the individual.

**7.3)** You may disclose information in the public interest when it is not practical to anonymise the data and you are able to demonstrate that it is absolutely necessary to provide that information.

**7.4)** The law may also stipulate that you have to disclose the information (dependent on the individual case) or you may be directed to disclose by an official having a legal power to order disclosure. You must seek appropriate advice, if you are advised that disclosure should be made in the public interest.

**7.5)** If you are disclosing a client's personal data, even in the public interest, you must at first, and if appropriate, try to inform the client of what you intend to do and discuss your concerns with them (if they have the mental capacity) or with their appropriate guardian e.g. if you suspect a child or vulnerable adult is at risk of abuse or neglect. Explain your reasons for disclosure and provide details of exactly what personal information will be disclosed.

**7.6)** If you still have concerns, then you should discuss it with a colleague or other agencies and contact the relevant social services department.

**7.7)** As a general rule, the exceptional circumstances for disclosing to third parties is if it is in the best interests of the client's health and wellbeing. For example, if you suspect a client may be suicidal or at risk of death or serious harm to themselves or to others. You must, in this instance, share the relevant information with the proper authorities. In such instances as these you may not be able, or it may not be appropriate, to inform the client before disclosure takes place e.g. to avoid disrupting an investigation, the likelihood of a violent response etc.

**7.8)** When you disclose confidential information, you must record in writing the reasons for disclosure, to whom it was made, how it was made e.g., written, or oral and the date the disclosure was made. If the client was not informed before the disclosure was made the justification for this must also be recorded.

### **Useful links to further information:**

#### **Public Interest Disclosure Act**

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

#### **Safeguarding Children**

<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>



## **C. YOU MUST RESPECT CLIENTS' RIGHTS TO BE INVOLVED IN THEIR CARE**

### **C1. EFFECTIVE COMMUNICATION**

Effective care is a partnership based on openness and trust. Encourage and support patients to talk openly to you so that you can gain a better understanding of their unique concerns, personal preferences, expectations, and values; allowing them to play an active part in their care.

**1.1)** Part of showing respect for your clients is by listening to them, acknowledging their views and exploring various care options with them.

**1.2)** It is also good practice when creating a care plan to guide the client on how to improve their own health at home.

**1.3)** When a client's care plan needs to be modified, you must discuss this with them, explain the rationale for doing so and gain consent from the client before proceeding.

**1.4)** Accept that your client has the right to make their own decisions about the lifestyle and care.

### **C2. PROVIDE CLEAR & ACCURATE INFORMATION**

Clients have a right to receive information, explained in a way understandable to them, to enable them to make informed decisions about their healthcare.

**2.1)** Clients' questions must be answered clearly, accurately and honestly.

**2.2)** You must also include details of any other healthcare related options you identify that would benefit the client, where appropriate.

**2.3)** Information that must be provided to clients include:

- **2.3a)** the aims and rationale for care
- **2.3b)** the purpose of the assessment methods (consultation for risk assessment and insurance purposes)
- **2.4c)** any foreseeable risks, including contraindications
- **2.4d)** findings from assessments and reassessments, if applicable
- **2.4e)** their freedom to consult a different therapist as to the best programme of treatment
- **2.4f)** their right to have a chaperone
- **2.4g)** if treatments are provided in a group setting or linked to a research program
- **2.4h)** reasons for referral to other healthcare providers in part or full of the care program, if appropriate
- **2.4i)** the financial implications of the recommended care

**2.5)** All information collected will be used only for their care and stored in accordance with the law and none will be used or shared without the clients consent.

**2.6)** You should direct clients to suitable accurate and reliable information related to their care on request e.g., educational literature or you may direct them to the IFA's website for more information.

**2.7)** You should check that clients have understood what information they have been given, can remember what you have said and are able to decide and express what their care should be and explain further if necessary. Especially, for example, if the client needs an interpreter or would benefit from having a friend or family member present, in such cases you must ensure the client makes the necessary arrangements for that to happen before starting their care.

**2.8)** It is useful to ask clients:

- **2.8a)** the reasons for their treatment
- **2.8b)** reasons for referrals in part or full (if applicable)
- **2.8c)** hopes and expectations from treatment
- **2.8d)** confirm they have understood the information given

**2.9)** If a client refuses to receive this information then you must record this in your client record notes.

### C3. AFTERCARE INFORMATION

Suitable aftercare advice must be given to clients following a treatment so that they may continue their care at home. The information provided should also include any details in accordance with your insurance policy.

**Useful links to further information:**

#### **Aftercare Information Template**

You can download an aftercare information template in the member's area of the IFA website. [www.ifaroma.org](http://www.ifaroma.org).

### C4. RESPECT CLIENTS' DECISIONS

- 4.1) You must respect clients' decisions, regardless of whether you believe they are irrational or wrong.
- 4.2) If you believe they are irrational or wrong you must explain your concerns to the client and outline the possible consequences to them.
- 4.3) Do not, however, pressurise a client to accept your advice.
- 4.4) Clients have the right to refuse care (in part or full) even if it would benefit their health and wellbeing.
- 4.5) The choice of treatment remains with the client, but you must refuse their choice of treatment, if you consider this to be inappropriate or potentially unsafe.
- 4.6) If a client is mentally incapable of making a decision regarding their care, by law, another person must make a decision on their behalf as per the Mental Capacity Act 2005. Please refer to the link provided below for the categories of people who can make a decision on their behalf should this happen.
- 4.7) If a previously competent client has refused certain parts of care while they were competent, these decisions should be respected if that client then becomes incompetent.

**Useful links to further information:**

#### **Mental Capacity Act**

<http://www.legislation.gov.uk/ukpga/2005/9/contents>



## C5. GAINING CONSENT

It must be assumed that a client is capable of giving consent. Enough information must be given to a client in a suitable form for them to make an informed decision on their treatment.

- 5.1) This consent must be obtained before caring for a client, or from someone able to act on their behalf.
- 5.2) Clients must fully understand what they are giving consent for, that they have the right to withdraw their consent at any time during treatment, and how they can withdraw their consent.
- 5.3) You must gain consent from a client before introducing or incorporating any new techniques or treatments into the client's care plan.
- 5.4) Consent must be given voluntarily and you must ensure they are not under any form of pressure or influence at the time consent is given.
- 5.5) Consent should preferably be received in writing and kept with the client's records, signed and dated. Consent, however can also be given orally or implied, for example by the client positioning themselves on the massage couch in preparation. Your employer may also have their own policies relating to how you should obtain consent.
- 5.6) If, for any reason a client is unable to communicate consent in writing e.g., if the client is unable to write, then this must be noted in the client's record.
- 5.7) Consent is a continual process, throughout a client's care. You must ask the client to sign to confirm that their health records have not changed before commencing each treatment.
- 5.8) If consent is given verbally, then you must ensure the client signs a statement confirming this.
- 5.9) If you are saving records electronically, the software must have a safeguarding log, that shows all amendments made to the client's record, and when these amendments were made. The client will still need to provide a signature (for example, using a scanner, stylus pen or keyboard).
- 5.10) If consent has been sought from the client's doctor or other medical professional responsible for their care, and the doctor or medical professional has not responded within a reasonable time frame, then you must use your professional judgement whether or not to proceed with the treatment in the absence of medical consent. The client's wishes must also be respected and involved in the decision to continue. You must be sure that you are acting in the client's best interests.

**5.11)** If the client's doctor or other medical professional responsible for their care has expressed any concern about the client having treatment, then you must respect their medical opinion and not proceed with treatment.

**Useful links to further information:**

**Guide to consent:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/138296/dh\\_103653\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1.pdf)

**Consent Template Form:**

You can download a client consent form template in the member's area of the IFA website. [www.ifaroma.org](http://www.ifaroma.org).

## C6. CAPACITY TO CONSENT

**6.1)** You may assume that an adult has the capacity to consent unless it is proven otherwise.

**6.2)** Consent cannot be given by a third party on behalf of a client if the client has the capacity to make that decision themselves. Only if the adult does not have the capacity to consent can a third-party consent on their behalf (see C.7).

**6.3)** A person has the capacity to consent if they can understand and remember what you have told them to form a decision:

- **6.3a)** ask them to repeat what you have said (the person must demonstrate they are able to retain the information).
- **6.3b)** ask them their understanding of what you said (the person must demonstrate they are able to understand the information relevant to their decisions. The person may need information given in a suitable form in order for them to understand the information).
- **6.3c)** ask them questions relating to their proposed programme of care and provide options so that they can weigh up various possibilities before making a decision, demonstrating their understanding. (the person must be able to demonstrate they are able to weigh up that information as part of the process of making the decision)

**6.4)** You must not accept a client's consent until at least one of these requirements have been met.

**6.5)** The person should be allowed time to make a decision themselves with the help they need to make it.

**6.6)** You must identify if a client needs support to make a decision e.g., an interpreter and ensure that happens before accepting their consent.

**6.7)** Under Section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own healthcare treatment and can be presumed to have the capacity to give consent for themselves.

**6.8)** In the event a client makes an unexpected decision, this does not necessarily mean the client lacks the capacity to provide consent or is incompetent, it may simply mean that you will need to explain in further detail. It is important to remember that a client may lack capacity to make a complex decision but is able to make straightforward decisions, which is why it is vitally important that information is communicated in a straightforward way.

**6.9)** You must take all reasonable steps to help the client make their own decisions before forming the judgement that they lack capacity. If this means enlisting the assistance of the client's friends or family members then you should make sure this happens.

**6.10)** If a client does not consent in writing or does not make a decision on their care you must not provide care to them.

## **C7. INCAPACITY TO CONSENT**

**7.1)** The Mental Capacity Act sets out a two-stage test of capacity:

- **7.1a)** Does the person have an impairment of the mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
- **7.1b)** Does the impairment mean the person is unable to make specific decisions when they need to?

People can lack capacity to make some decisions but have the capacity to make others. Mental capacity can also fluctuate with time - some may lack capacity at one point in time but be able to make the same decision at a later point in time. All this must be taken into account when accepting the consent of a client.

**7.2)** The Mental Capacity Act states a person is unable to make a decision if they cannot:

- **7.2a)** understand the information relevant to the decision
- **7.2b)** retain the information you have provided to them
- **7.2c)** use or weigh up the information as part of the process of making the decision
- **7.3c)** is not of age to consent (under 16-year-old)

**7.3)** You can only provide care to minors under the age of 16 with the consent of an appropriate adult or guardian as per the Children Act 1989. Under the Act this includes: the child's parents or the child's legally appointed guardian, whether or not the mother and father of the child were married at the time of conception. A parental responsibility agreement also has a bearing, so you must always refer to the Act for the different possibilities. As with adults, consent is only valid if the child's appropriate guardian gives their consent voluntarily. However, unlike with adults, the refusal of a competent person aged 16 to 17 may in certain circumstances be overridden by the appropriate guardian or a court.

**7.4)** Depending on your employer's requirements, a Disclosure and Barring Service (DBS) check will usually be required of you when working with children or vulnerable adults.

**7.5)** If you identify that a client is a vulnerable adult, then the presence advice of an appropriate adult must always be sought.

#### Useful links to further information:

##### **Children's Act 1989**

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

##### **DBS**

<https://www.gov.uk/dbs-check-applicant-criminal-record>

##### **Family Law Reform Act 1969**

<https://www.legislation.gov.uk/ukpga/1969/46/section/8>

##### **Safeguarding Vulnerable Adults**

<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults>

## C8. MAINTAINING CLIENT RECORDS

Good record keeping is essential and protects you should a complaint be raised. In the event of a dispute or potential insurance claim, you will have to rely on these records in court to justify your actions.

**8.1)** Client records must be timely, legible and accurate; and be a true representation of your interaction with the client.

**8.2)** A client's records must include the following information:

- **8.2a)** the client's persona data
- **8.2b)** the client's case history
- **8.2c)** the client's consent to assessment and care or an appropriate guardian's consent on their behalf
- **8.2d)** the care provided to the client
- **8.2e)** the assessment and reassessment of the client's care
- **8.2f)** any adverse reactions during or after care
- **8.2g)** details of when their program of care will be reviewed
- equipment and products used
- **8.2h)** any aftercare advice provided to the client
- **8.2i)** details of any third parties/chaperones present
- **8.2j)** details of referrals and reasons for referral to other healthcare providers in part or full of the care programme
- **8.2k)** copies of correspondence
- **8.2l)** client feedback and write down any distinctive comments they make during or after their treatment

**8.3)** Your records must also make clear who has created, updated or amended a client's records - whether this is at the request of the client or by a colleague involved in their care. All amendments must be initialled by the person who made the amendment.

**8.4)** You must store client records safely and maintain them in good condition (see B4 & B5).

## C9. PROVIDING CLIENTS ACCESS TO THEIR RECORDS

You must give clients access to their personal records, on request, as per the General Data Protection Regulation. You must respond to access requests without undue delay and provide the information within one month of receipt. This should be provided free of charge or up to a maximum of £10.00.

## C10. CHANGES TO CLIENTS' RECORDS

If a client requests that changes be made to their records, you must rectify any inaccurate or outdated information.

## C11. RECORD RETENTION

You must keep a client's record for a minimum of 8 years from the date of their last treatment in keeping with NHS guidance or, if the client is a child, until his or her 26th birthday if the client was 17 at the date of their last treatment. You must inform clients how long you will retain their records for or have an appropriate record retention policy on your website.

## C12. FINANCIAL RECORDS

You must keep financial records in keeping with the relevant law of your country.

Use links to further information:

**UK HMRC Guidelines**

[www.hmrc.gov.uk/index.htm](http://www.hmrc.gov.uk/index.htm)

## C13. WINDING DOWN YOUR PRACTICE

**13.1)** If you close your practice you must ensure the continued storage of client records for the required period.

**13.2)** You must also make such arrangements in the event you die before closure e.g., insert a provision in your will of how records can be released and storage information.

**13.3)** If you are an employee your employment contract may make arrangements to transfer responsibility to another practitioner so it is important that you check these.

On closure you must publicise these arrangements to your clients, so they know how to obtain their records.





## **D. YOU MUST JUSTIFY PUBLIC CONFIDENCE IN AROMATHERAPY**

### **D1. POLITENESS AND CONSIDERATION**

You must be polite and considerate and treat clients, colleagues and those you come into contact with in your professional capacity with respect at all times.

### **D2. HONESTY AND INTEGRITY**

You must act with honesty and integrity and never impose your views on other people.

### **D3. FITNESS TO PRACTICE**

You must maintain and improve your professional knowledge and skills as per the IFA's Continual Professional Development Policy and declare any health issues that may impact on your ability to practice.

As part of your declarations, you must also affirm that you have not been convicted of a criminal offence or received a conditional caution that is unspent and have not been subject to any disciplinary or civil proceedings brought against you in relation to your practice.

### **D4. CONDUCT**

You must conduct yourself and your practice in such a way that is a credit to the profession. Always keep in mind that the way in which you present yourself to others can affect public confidence in the profession and may also affect the public's perception of other healthcare professions as well.

## D5. PRESENT A UNITED FRONT

It is important for the validity of the profession that aromatherapy is presented in an informed and uniform voice. Your website, social media, articles, press releases and publications must not contain any information promoting the oral ingestion of essential oils or promoting the unsafe or contraindicated use of essential oils (e.g. applying neat essential to the skin) unless you are a medically qualified and registered doctor and an aromatherapist, with specific training in this area (usually found in France).

## D6. PERSONAL APPEARANCE

When providing an assessment or care, you must dress professionally and appropriately at all times.

- 6.1) Uniform's must be professional and practical with tops coming above the elbow.
- 6.2) Adaptations to uniforms may be made for religious and cultural purposes.
- 6.3) Nails must be trimmed and hair tied back, worn in a style that does not require frequent re-adjustment.
- 6.4) You should not wear jewellery or only the very minimum.

## D7. ESTABLISHING PROFESSIONAL BOUNDARIES

You must set and maintain clear professional boundaries between yourself and your clients.

- 7.1) A professional distance must be maintained at all times to avoid potential misunderstandings. This also includes empathising with your client to such an extent that they may become emotionally dependent on you. Should this happen you must refer them to another appropriate healthcare professional.
- 7.2) You must not abuse your position of trust and exploit the client in any way.
- 7.3) To avoid any misunderstanding:
  - 7.3a) You must always stick to the allocated times for the client's treatment and which the client has paid for.

- **7.3b)** You must avoid inappropriate attire, touch or conversation with clients.
- **7.3c)** You must be cautious when massaging near intimate areas of the body and explain boundaries to clients before commencing a treatment.
- **7.3d)** You must not pressurise clients to allow you to massage or touch a part of their body they do not feel comfortable with. If this impedes the effectiveness of the treatment then you can explain this, but ultimately, it is the client's decision and treatments should be modified accordingly.

## D8. ESTABLISHING SEXUAL BOUNDARIES

Professional relationships between a therapist and their client are based on confidence and trust. A practitioner who displays sexualised behaviour towards a client breaks the trust between clients and their therapist, damages public confidence in the profession, and may also be committing a criminal act.

**8.1)** The Professional Standards Authority (PSA) defines sexualised behaviour as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'.

**8.2)** You must establish and maintain clear sexual boundaries with clients.

**8.3)** If you are attracted to a client, you must not act on these feelings and recognise the damage those feelings could cause.

**8.4)** If you become concerned that it will affect your professional relationship and you will no longer be objective, you must take suitable action e.g., finding an alternative therapist for the client. If this is the most appropriate course of action, you must also ensure the appropriate transfer of records to the other aromatherapist taking over their care.

**8.5)** Following the same principle, if you become concerned a client is attracted to you and it will affect your professional relationship you must take the same suitable action by finding them an alternative aromatherapist.

**8.6)** It may also be appropriate to seek advice from a colleague or an appropriate professional body, to help you decide the most suitable course of action but you are reminded to respect client confidentiality.

### **Use links to further information:**

[https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20\\_8](https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=a8c77f20_8)

## D9. PROFESSIONAL BEHAVIOUR

You must avoid acting in a way that could undermine public confidence in the profession or bring the profession into disrepute. You must be mindful that this also extends to the way in which you conduct yourself in your personal life which may also impact on public confidence in the profession.

Examples of actions that undermine public confidence and constitute as misconduct:

- 9.1) Involving and/or informing clients, other members, members of other professional bodies and/ or members of the public about arguments between you and other healthcare professionals or members.
- 9.2) Enticing or soliciting other healthcare professionals' clients or those of a previous employer
- 9.3) Falsification of qualifications, documentation or information.
- 9.4) Breach of duty regarding non-disclosure within the specified timescales.
- 9.5) Certain types of conflicts of interest (see section D8).
- 9.6) Disclosure of personal and/or confidential information relating to clients, other members, or other healthcare professionals to third parties without consent or the absence of justifiable reason for disclosure.
- 9.7) Areas of your personal life that undermine public confidence or bring the profession into disrepute include:
  - 9.7a) misuse of drugs and alcohol
  - 9.7b) abusive and threatening behaviour
  - 9.7c) violence
  - 9.7d) sexual misconduct
  - 9.7e) discrimination
  - 9.7f) convictions for fraud or dishonesty
  - 9.7g) harassment
  - 9.7h) criminal acts

Please note you do not necessarily have to have been subject to criminal proceedings in relation to any of the above to be removed from the register as the misconduct itself does not necessarily have to directly affect your practice. In all cases the IFA will consider the nature of the incident in terms of your fitness to practice.



## D10. CONFLICT OF INTEREST

You must act in the best interests of your client at all times and identify when your personal interests may affect the advice you provide to clients and effectively manage this. Examples of interests that give rise to conflict include:

- **10.1)** The amount of time you recommend that the client should dedicate to their care programme (must be proportionate).
- **10.2)** If you are referring a patient to another healthcare practitioner you must inform the client of any prior relationship you have with the individual or company.
- **10.3)** You must not offer or give any inducement to other healthcare professionals. No form of commission or split fee may be paid or accepted for referral.
- **10.4)** If you recommend products to clients you must inform clients if you have a vested interest in the brand, e.g. if you are a shareholder or agent.
- **10.5)** You must not accept gifts or hospitality from a client, which could potentially be perceived as a 'bribe', in a situation where it may alter the way in which you care for the client or refer clients.
- **10.6)** You must ask the client's permission if you wish to use their information as part of a research project and ask the client if they have any interest in the company who is funding the research if those arrangements are in place.

It may also be in your best interests to ask the client on their first appointment how they heard about your services or why they are visiting you, to find out if it has been by referral and to gain an understanding of the client's overall intentions.

## D11. REFUSING A CLIENT CARE OR DISCONTINUING THEIR CARE

If you refuse a client or discontinue a client's care you must clearly justify your reasons, which must be communicated sensitively and professionally and, where appropriate, refer them to other healthcare professionals who may be more appropriate to care for them.

Justifiable reasons for refusing or discontinuing a client's care include:

- 11.1) if you feel at risk or the client has put a colleague at risk e.g. if the client is aggressive or violent
- 11.2) if you believe the client has an ulterior motive
- 11.3) if the client is under the influence of alcohol or recreational drugs
- 11.4) if the client is reliant on forms of care that do not promote health and wellbeing
- 11.5) if the client shows sexualised behaviour towards you
- 11.6) if you are attracted to the client and believe this may affect the professional relationship
- 11.7) if the client constantly questions your professional judgement
- 11.8) if a client acts against your professional advice
- 11.9) if the client adversely affects your overall client base
- 11.10) if you obtain information that it is inadvisable to care or continue to provide care for a client e.g. contra-indication
- 11.11) if a client has withheld information that may affect the safety of the treatment
- 11.12) if the care your client requires is beyond your scope of skills
- 11.12) If a client has unreasonable expectations of the outcomes from the care and treatment you are providing



## D12. ADVERTISING YOUR PRACTICE

When advertising your practice, you must ensure the content:

**12.1)** Is accurate, factual, legal and responsible.

**12.2)** Only includes claims that are backed by evidence – case studies, research etc. Please note research is ever evolving and may not always be to a sufficient standard to rely on to substantiate claims you make in your advertising.

**12.3)** Do not make claims to cure a client or guarantee successful treatment for a medical condition. This not only abuses the public's trust and confidence in the profession but can also break the law e.g., Cancer Act.

**12.4)** Must not undermine another health practitioner or discipline.

**12.5)** Must not support or condone a product about which claims are made that cannot be justified.

**12.6)** Must not put pressure on people to use your services. The IFA does not approve of pyramid selling.

**12.7)** Must not bring the profession into disrepute.

These principles are not limited to advertisements but extend to all dealings with the public whether provided orally or otherwise. All advertisements must comply with the Advertising Standards Authority's code of practice. If you are in any doubt you should check your advertisements with these organisations before going to print.

### **Links to useful information:**

#### **Cancer Act 1939**

<https://www.legislation.gov.uk/ukpga/Geo6/2-3/13/section/4>

#### **Advertising Standards Authority:**

<https://www.asa.org.uk/>

#### **Template Description:**

You can download an aromatherapy description, approved by the Advertising Standards Authority (ASA) in the member's area of the IFA and crib sheet website [www.ifaroma.org](http://www.ifaroma.org)

## D13. ADVERTISING YOUR QUALIFICATIONS

**13.1)** You must not mislead the public by using any unsubstantiated title or qualification.

**13.2)** If you use the title 'Doctor' you must make it clear to clients that you are not a registered medical practitioner unless you hold dual registration with the General Medical Council (GMC).

**13.3)** You must not infer that other qualifications you hold in other disciplines are recognised by the IFA.

**13.4)** You should state your qualifications after your name. Members on the IFA practitioner register may use the post-nominal letters MIFA after their name. Standard information you should provide about yourself include: your name, qualifications, relevant professional activities, address, telephone number, practice hours and service fees.

## D14. RESEARCH

Clients may ask you about evidence that supports the effectiveness of aromatherapy. You should explain the different types of research evidence that supports aromatherapy or direct them to the IFA's website. You must keep in mind current clinical evidence and credible research to ensure you continue to engage in evidence-based practice.

### **Links to useful information:**

In the member's area of the IFA website, you can download a description of the different types of research and gain access to our research search facility where you can find links to filtered clinical trials and research papers by essential oil, carrier oil, medical condition, ailment and/or by a natural progression in the body.



## **E. YOU MUST PROTECT CLIENTS FROM RISK OF HARM**

### **E1. SELF EVALUATION**

You must monitor your own health and wellbeing and identify when your own mental or physical health may put your clients at risk. If this happens you must suspend or limit your practice during this time and seek appropriate advice.

### **E2. HEALTH AND SAFETY**

You must ensure the health and safety of yourself, your clients and the people you work with, at all times. You must ensure you identify risks and manage your working environment in keeping with health and safety laws. These include, health and safety at work, control of hazardous substances, handling and controlling infection and environmental protection.

You must carry out a risk assessment of your working environment to identify any potential hazards and implement the necessary precautions to protect clients and yourself from harm.

Health and Safety Executive (HSE) offers five steps to risk assessment:

- 2.1) Identify the hazards;
- 2.2) Identify who might be harmed and how;
- 2.3) Evaluate the risks and decide on precautions;
- 2.4) Record your findings;
- 2.5) Review the assessment and implement the necessary changes.

Risks can arise from you as a person, the working environment e.g. poor ventilation, faulty equipment, or there could be social risks such as bullying, harassment in the work place or physical risks e.g. violence.

#### **Useful links to further information:**

##### **Health & Safety at Work Act**

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

##### **Risk Management**

<http://www.hse.gov.uk/risk/>

##### **Risk Assessment**

<https://www.hse.gov.uk/simple-health-safety/risk/index.htm>

##### **Health & Safety Policy**

You can download a health and safety policy template in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

##### **Risk Management Template**

You can download a risk management template in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

##### **COVID Guidance**

You can download Hygiene Secure Practice Guidance, COVID risk assessment template form in the member's area of the IFA website. [www.ifaroma.org](http://www.ifaroma.org).

## **E3. CONTROLLING INFECTION**

**3.1)** You must assess and manage risks of infection which may arise as a result of having various clients visiting your practice.

**3.2)** You must comply with Control of Substances Hazardous to Health (COSHH) regulations if working with substances that may be hazardous and dispose of all waste materials appropriately.

**3.3)** Although risks are relatively low, you must reduce the possibility of infection by:

- **3.3a)** washing your hands after each treatment
- **3.3b)** providing each client with a clean towel or gown
- **3.3c)** apply fresh couch roll for each client
- **3.3d)** keep your nails are trimmed and hair tied back
- **3.3e)** wear shoes with enclosed toes
- **3.3f)** not eat, drink or smoke whilst working
- **3.3g)** cover any cuts or abrasions with a waterproof dressing
- **3.3h)** ask clients who have a cut or abrasion to cover it and also avoid it during the treatment.
- **3.3i)** not have pets or animals in or passing through the treatment or consultation room. This is particularly important for those who work from home, because of hygiene and a client having a potential allergy. The only exception would be guide dogs, and in those circumstances the area must be rigorously disinfected after the client has left the premises.

**3.4)** You must contact Public Health England and/or an appropriate environmental health officer if you have any concerns regarding communicable diseases and infection control. They will be able to advise on specific preventative measures.

NB. Communicable diseases are infectious diseases that are transmittable from one person to another. Infection control refers to various methods to minimise the risk of spreading infections, especially in hospitals and health care facilities.

#### Useful links to further information

##### Public Health England

<https://www.gov.uk/government/organisations/public-health-england>

##### Infection Protection & Control

<http://www.nice.org.uk/guidance/cg139/chapter/key-priorities-for-implementation>

##### COVID Guidance

You can download Hygiene Secure Practice Guidance, COVID risk assessment template form and more in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

## E4. PREMISES

Your premises or clinic must be maintained in such condition as to reflect credit on the profession.

- 4.1) You must confirm with clients that they are happy with the environment in which they are receiving care.
- 4.2) Consultation and treatment rooms must be clean, adequately lit, properly ventilated and in a good state of general repair.
- 4.3) A sign indicating "consultation / treatment room in use" may be placed in the relevant position if necessary.
- 4.4) All entrance ways to consultation / treatment rooms must be maintained in a good state of repair.
- 4.5) Toilet facilities must be clean and easily accessible.
- 4.6) In the UK, licensing for premises offering aromatherapy treatments may be a requirement of your local council. IFA registration means that you may be exempt in certain London borough and a selection of other counties. If your borough is not on the licensing exemption list then we strongly advise you to contact your local council for guidance.

### Useful links to further information

[https://ifaroma.org/application/files/8614/9788/8706/Licensing\\_Exemptions.pdf](https://ifaroma.org/application/files/8614/9788/8706/Licensing_Exemptions.pdf)

## E5. EQUIPMENT

- 5.1) You must only use such products and equipment in which you have received training and have the relevant knowledge to use.
- 5.2) You must ensure equipment is maintained at an adequate level of hygiene and made of quality material e.g. massage couches, trolleys and chairs are sturdy, safe and disinfected.
- 5.3) Any equipment or products you use must be clean, well maintained, and safety checked as appropriate (such as PAT tests carried out regularly for electrical equipment).
- 5.4) Trolleys, table tops and work surfaces must have an impermeable surface.
- 5.5) All manufacturer instructions and guidelines must be adhered to regarding relevant safety, testing, storage, maintenance and disposal.



- 5.6) Towels and gowns must be cleaned regularly, and a new set of towels used for each client.
- 5.7) All products and equipment must be systematically disinfected and sterilised.
- 5.8) Essential oils should be kept in dark coloured glass to filter out the sun's ultra-violet rays.
- 5.9) Essential oil bottles must be stored in a dark, cool, dry position to avoid accelerating oxidation.
- 5.10) We recommend that all essential oils are stored in a box to reduce exposure to fluctuations in temperature.
- 5.11) Essential oils are flammable so should be kept away from any heat generating electrical equipment, naked flames or spirits.
- 5.12) Essential oils should be stored safely and securely and out of reach of children.

## E6. CONTRA-INDICATIONS

A contra-indication is a condition or factor that serves as a reason to withhold treatment due to the risk of harm that it may cause the client. Where contra-indications are identified, and dependant on the severity, you must:

- 6.1) Ask the client to gain consent from their GP or midwife for example, before commencing treatment or gain consent from the client to write to the GP on their behalf.
- 6.2) Modify the care plan and avoid treating the specific area e.g. a verruca
- 6.3) Suggest an alternative treatment or healthcare practitioner.
- 6.4) Stop or decline further treatment and tell the client to seek medical advice.
- 6.5) In any case if a GP or any other medical professional refuses to give consent you must stop treating the client immediately, even if the client wishes to continue.
- 6.6) You must not advise a client to stop taking their medication or any other treatment that has been prescribed or recommended by a Doctor.
- 6.7) If you are concerned regarding any medication a client is taking, you may inform the client of the possible side effects of the prescription and how that might affect the care plan you can provide to the client.

**6.8)** If you have well informed concerns regarding the effects the prescription is having on the client's health you should advise your client to speak to their doctor and discuss these concerns or ask the client's permission if you can contact the GP yourself.

**6.9)** You must get clients to sign the consultation form before each treatment to confirm that no new contra-indications have occurred between treatments. Any changes to the client's details or health status must be dated and recorded and taken into consideration when providing further treatments. Even if there are no changes to the client's health this must be recorded.

### **GP Template Referral Letter**

You can download a GP template referral letter in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

## **E7. SKIN SENSITIVITY PATCH TESTING**

When presented with a client who has skin sensitivity, allergies or if they have not applied essential oils to their skin before, you should conduct a skin patch test to minimize the risk of an adverse reaction. This may or may not be a requirement within your insurance policy, in which case you must conduct a patch test.

**7.1)** If a client indicates that they are allergic to a specific product which is included in their treatment plan, then you must not do a patch test using that specific product or use it in any future treatments.

**7.2)** You may proceed with the treatment 24 hours after the skin patch test has shown to have had no adverse reaction.

**7.3)** We recommend that anyone carrying out a treatment with heated or cooled products conduct a thermal test prior to treatment.

**7.4)** At all times you must note in your records that such tests have been conducted.

## E8. SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

If you work with children, young people or vulnerable adults you must safeguard their welfare.

**8.1)** If you suspect a child or vulnerable adult is at risk of abuse or neglect you must try to discuss your concerns with the individual or relevant guardian and gain their agreement before referring it to the relevant authorities.

**8.2)** This may not always be possible however, if you believe that by doing this it may place the individual, yourself or your colleagues at risk of significant harm.

**8.3)** If you still have concerns you must discuss it with a colleague or other agencies or contact the relevant social services department.

**8.4)** Employer's will require you to have a Disclosure and Barring Service (DBS) check certificate when working with children or vulnerable adults and when working in the NHS for example. Self employed registrants can also apply for a basic DBS check.

### Useful links to further information

#### Safeguarding Children

<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>

#### Safeguarding Guidelines

In the member's area of the IFA website you can find safeguarding guidance.  
[www.ifaroma.org](http://www.ifaroma.org)

## E9. DUTY OF CANDOUR

**9.1)** Every healthcare professional must be open and honest with clients when something goes wrong with their provision of care which causes, or has the potential to cause, harm or distress. This means that you must tell the client (or, where appropriate, the client's carer or family):

- **9.1a)** when something has gone wrong
- **9.1b)** offer an apology
- **9.1c)** offer an appropriate remedy or support to put matters right (if possible)
- **9.1d)** explain fully to the patient the short- and long-term effects of what has happened.

**9.2)** You must also be open and honest with colleagues and employers and take part in reviews and investigations when requested. You must support and encourage one another to be open and honest, and not stop someone from raising concerns.

**9.3)** You must be open and honest with your regulators and insurance providers. Before you speak to the client, you must notify your insurance provider with full details of what has happened.

In the member's area of the IFA website you can find your appointed regional mentor. [www.ifaroma.org](http://www.ifaroma.org).

## E10. RAISING CONCERNS

**10.1)** If you believe that a client is at risk due to the incompetence or ill-health of another healthcare practitioner then you have a duty to report it to the relevant manager or regulatory body. If you do not report suspected malpractice and it is allowed to continue, this can result in loss of confidence in your business or place of work as well as in the profession.

**10.2)** All members of the IFA have a duty to inform the IFA about their own or another IFA member's conduct that may potentially bring the IFA and/or profession into disrepute. This includes but is not limited to:

- **10.2a)** If you become aware that a member is disciplined by another professional body in the field.
- **10.2b)** If you become aware that a member is suspended by their employer in relation to their practice.
- **10.2c)** If you become aware that a member has been convicted of a criminal offence.
- **10.2d)** If you become aware of any other action that could undermine public confidence.

**10.3)** The IFA will only accept complaints that concern current IFA registrants. We are a voluntary regulator and do not have monopoly over all aromatherapy practitioners. We stress to the public that they should only seek aromatherapy treatments from those that are regulated and are part of a professional body, like the IFA, for their own protection. You should therefore, display your qualification certificate in your place of work alongside your insurance certificate (if a sole trader), as well as for commercial purposes.

**10.4)** Before raising a complaint, you must:

- **10.4a)** Establish the facts and ensure your concerns are justified
- **10.4b)** Talk to the practitioner about your concerns (usually complaints can be resolved at this stage)

**10.5)** If your concerns are about a sole practitioner who is not willing to discuss this with you, or the management does not take effective action, you must report your concerns to the practitioner's relevant regulatory body.

## **E11. MANAGING COMPLAINTS**

You must have a written complaints procedure in place, which should be made easily available to clients should they wish to raise concerns. If you are an employer, you must also ensure all your staff are aware of the policy and know what to do if a complaint is raised.

**11.1)** From the outset you must inform clients who is accountable for their care, who is responsible for their client records and who to approach should they wish to question or complain about their care, especially if this is someone other than yourself e.g. a line manager.

**11.2)** Complaints must be addressed promptly and professionally. If you are unable to resolve the issue with the client you must inform them of their right to complain to the IFA and provide a link to our complaint's procedure.

**11.3)** As a general rule you should monitor the services you and/or your employees provide to identify and resolve any issues identified so they do not become more serious.

### **Useful links to further information:**

You can download the IFA's Complaints Policy on our website and a complaint policy template in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).



## 12. INSURANCE

You are personally liable to your clients for any assessment or care you provide.

**12.1)** All those displayed on the register must hold and maintain adequate public liability insurance to practice in the UK and any other insurance the law requires you to have e.g., Public and Product Liability.

**12.2)** If you are an employee, it is a legal requirement that your employers hold Employers' Liability insurance cover.

**12.3)** You must either display your insurance certificate or make it easily accessible should a client request to view a copy.

**12.4)** You must inform your insurance company of any changes in circumstances that may affect your policy and ensure you are covered until the day you finish practicing.

**12.5)** If you are unsure of the full extent of cover under your insurance package you must direct all questions to your insurance provider.

**12.6)** We advise you not to embark on any training courses without checking with your insurance provider that these qualifications will be accepted.

**12.7)** If you receive a complaint or are threatened with a claim or legal action, you must contact your insurance provider and inform the IFA.

## 13. FIRST AID

Under the Health and Safety Regulations Act 1981 all employees must have access to first aid provisions and have a person on the premises that can perform first aid when required.

**13.1)** Although it is not a legal requirement, self-employed registrants must hold a first aid certificate and have a first aid kit available whilst practicing should an injury/illness occur.

**13.2)** A first aid emergency person or appointed person training course is the minimum requirement; qualified nurses, GPs and other similarly qualified medical professionals are exempt as per the IFA's First Aid Policy.

**13.3)** All employers, as part of their risk assessment for potential hazards and risks, should and have a certain amount of first aid providers and provisions per employee and ensure the contents of their first aid boxes are fit for purpose as a result of this assessment.

**13.4)** If you are an employer, you are also responsible for ensuring that your employees receive immediate attention if they are taken ill or are injured at work.

**Useful links to further information:**

**First Aid at Work**

<http://www.hse.gov.uk/firstaid/legislation.htm>

**IFA First Aid Policy**

You can download the IFA's First Aid Policy on the [IFA's website](http://www.ifaroma.org) [www.ifaroma.org](http://www.ifaroma.org).

**Accident & Incident Log**

You can download an accident and incident log template in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).

## **F. YOU MUST COOPERATE WITH OTHER HEALTHCARE PROFESSIONALS**

### **F1. RESPECTING THE CONTRIBUTION OF OTHERS**

You must respect the care that other healthcare professionals can provide and not discriminate against or unjustly criticise another health professional.

### **F2. CO-OPERATING WITH OTHER HEALTHCARE PROFESSIONALS**

You must foster good relations with other aromatherapists and healthcare professionals and work in the spirit of cooperation.

### **F3. COMMERCIAL COMPETITION**

Any commercial competition between you and other healthcare practitioners must be conducted in a fair and reasonable manner.

### **F4. INVOLVING OTHER HEALTHCARE PRACTITIONERS**

You must refer a client's assessment or care to other healthcare practitioners if it is in the best interest of the client to do so or if the client has asked for a second opinion.

**4.1)** You must liaise with medical doctors and other healthcare practitioners where you see fit and must never contradict or seek to undermine a medical professional's instructions.

**4.2)** If you are unable to provide a treatment that meets the specific needs of the client due to changes in your circumstances e.g. you become pregnant or develop an allergy that would require avoiding the use of certain essential oils or products that would be most appropriate for the client's needs, you must refer the client to another aromatherapist during this time or employ a locum.

## **F5. AGREEING RESPONSIBILITIES & TERMS BETWEEN THIRD PARTIES**

**5.1)** You must agree and clearly record who holds responsibility for the client's care and records when co-managing clients with other healthcare professionals. This is particularly important due to GDPR regulations, please refer to B.4 'data protection'.

**5.2)** You must inform clients: who is accountable for their care, who has responsibility for their records and who to contact if they wish to raise any concerns.

**5.3)** We recommend that before you enter into co-managing arrangements you put in writing what will happen if the partnership should come to an end and other appropriate arrangements to minimise any areas of possible future contention.

**5.4)** We recommend that you periodically review the services you provide to see if there is any room for improvement. If any changes are proposed, you should first discuss and agree these with your colleagues and inform your service users before they come into place.



## F6. REFERRALS

Referral means that another healthcare practitioner has passed accountability and responsibility for the client's care to you. If a client is referred to you by another healthcare practitioner, you will be responsible and accountable for the client's care from that point.

**6.1)** In cases of referral no form of commission or split fee may be paid or accepted, as this would be deemed a conflict of interest.

**6.2)** If you receive a formal referral from another healthcare professional e.g. a doctor or multi-discipline practitioner, to provide an assessment or care, you must firstly gain consent from the client and then report back to the professional that you received the referral from.

**6.3)** If you receive a formal referral from medical practitioner, following an assessment, you should report back your findings in writing for the purposes of records and after appropriate stages of care have ended. This is so that both parties can keep sound and complete records for clients. The client should also receive a copy of the report.

**6.4)** It is good practice for reports to use appropriate terminology and be presented in an appropriate format when corresponding with GPs.

**6.5)** The report should include: rationale for care, the client's satisfaction with the care previously provided, number of times of treatment where applicable, assessment review and follow up plans and any additional third-party referrals you think would be appropriate.

**6.6)** If the referral is only for the sake of meeting reimbursement requirements for healthcare insurance cash back purposes, you would not be required to supply a report back.

## F7. RESPONDING TO REQUESTS FOR FURTHER INFORMATION

As a general rule you should reply to requests for information from other healthcare professionals and third parties. When providing a report these must be clear and concise and adopt the requesting parties' standard format (if they have one). You may make a reasonable charge for providing this information.

### Useful links to further information

**GMC:** [https://www.gmc-uk.org/-/media/documents/DC9089\\_Referral\\_Guidance.pdf](https://www.gmc-uk.org/-/media/documents/DC9089_Referral_Guidance.pdf) [66767403.pdf](#)  
[GP Referral Template](#)

You can download a referral templates to for GP's and other healthcare professionals in the member's area of the IFA website [www.ifaroma.org](http://www.ifaroma.org).