

Policy Name: Clinical Aromatherapy
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1. Scope:

1.1. Applicable Entities:

This policy applies to all hospitals.

1.2. Applicable Departments:

All inpatient and outpatient departments, (depending upon facility decision may excludes any newborn, pediatric or neonatal intensive care patients)

2. Purpose:

- 2.1. To outline the management of patients receiving clinical aromatherapy treatment to promote relaxation, stress reduction and physical, emotional or spiritual well-being

3. Policy Statement(s):

- 3.1. Certified Clinical Aromatherapy Practitioners (CCAP) (or qualified aromatherapist – minimum of 200 hours of training) will supervise/direct the use of essential oils for therapeutic purposes. Non-CCAP staff, family members and visitors may follow the instructions for the application of essential oils if directed by a CCAP
- 3.2. Each practitioner must adhere to his/her licenses and scope of practice

4. Policy Guidance:

4.1. General Overview

Essential oils used should be purchased by the entity and from an approved source. Management of clinical aromatherapy treatment is not to be done using essential oils from an outside source or brought in by the patient or family

- 4.1.1 Request for clinical aromatherapy services. Request for services may be made by the patient, friend, family member or any member of the care team

4.2. Assessment and Selection

4.2.1 Assess patient for:

- Allergies
- Sensitivities
- Skin integrity
- Aroma likes/dislikes
- Chronic diseases (uncontrolled): for example, seizure disorder or hypertension
- Estrogen-dependent tumors

4.2.2 Review physical assessment

4.2.3 Assess for current symptoms/reason for clinical aromatherapy request

4.2.4 Assess the environment for factors such as dual/multiple occupancy that would affect the method of treatment

4.3. Discuss Application

4.3.1 Discuss possible choice of essential oils

4.3.2 Discuss methods of application. Options may include:

- Inhalation (direct or indirect)
- Topical application to the skin with appropriate dilution in a carrier oil

- Bath

4.3.3 Discuss safety considerations, if applicable

4.4. Patient Agreement

4.4.1 Obtain verbal permission from patient and document in the “notes” section of the EHR (Electronic Health Record)

4.5. Patch Testing (if indicated for direct topical application to skin)

4.5.1 Two drops of essential oil mixture at double the concentration to be used are put on an adhesive bandage (or non-adhesive technique, if allergic to adhesives), attached to the patient’s upper arm and left for 12 hours

4.6. Perform Treatment

See Attachment A regarding instructions for assembling and using a nasal inhaler when applicable

4.7. Evaluate Effect of the Essential Oil(s)

1. Immediate effect

4.8. Document

4.8.1 Assessment

4.8.2 Treatment

4.8.3 Outcome or immediate effect

4.9. Safety Considerations

4.9.1 Practitioner-related, when applicable:

- a. Maintain good ventilation in treatment area. Whenever possible, essential oils should be used in enclosed areas (close patient’s door) to prevent the aromas from spreading
- b. If needed, open door to ventilate room
- c. Allow a minimum of 5 minutes breathing fresh air between treatments
- d. Wash hands before and after applying essential oils.
- e. Do not take essential oil bottles into patient rooms. This will prevent the possibility of cross contamination of the bottles and contamination into a patient rooms

4.9.2 Patient-related, when applicable

- a. Essential oil in the eye:
 - 1) Irrigate the eye with prolonged continuous flush with water
 - 2) Keep the bottle to show which essential oil was being used
 - 3) Notify medical care provider, if patient involved
 - 4) Report to Employee Health, if staff involved
- b. Accidental Ingestion of 5 ml (or more) of essential oil taken orally
 - 1) Give whole milk to drink
 - 2) Keep the bottle to show which essential oil was being used
 - 3) Essential oils when taken in amounts greater than 5 ml by mouth should be treated as poisons
 - 4) Notify medical provider, if patient involved
 - 5) Report to Employee Health, if staff involved
- c. Broken bottle with essential oil and glass on floor
 - 1) Use paper towels to soak up oil and collect glass
 - 2) Put mixture in paper and dispose in double-sealed plastic bag

4.9.3 General safety with essential oils – SDS (Safety Data Sheets) will be available in areas where essential oils are used

- a. Storage
 - 1) Out of reach of children
 - 2) Store in tightly closed containers in a cool, secure area
 - 3) Away from foods or drink
 - 4) Date bottles when opened, expiration date is 1 year from opening
 - 5) Expired essential oils must be disposed of in the hazardous waste
- b. Labeling – all bottles containing essential oils should be clearly marked with indelible labels that include the following:

- 1) Full botanical names
 - 2) Relevant safety information
 - 3) Quantity of oil(s)
- c. Packaging – all pure essential oils should be packaged in colored glass bottles that may include an integral dropper of standard (20 drops per ml) size
- d. Blends of essential oils and carrier oil for single patient use may be stored in a plastic bottle (See labeling 4.9.2.b)

5.0 Definitions

- 5.1 Bath - Mix five (5) drops of essential oil in one (1) teaspoon of liquid soap and swirl into bath water after the bath is full
- 5.2 Carrier Oil - A material used to “carry” or act as a vehicle for administering the essential oils to the body. Carrier oils have specific properties. Culinary oils are not suitable
- 5.3 Clinical Aromatherapy - The controlled use of essential oils to enhance health and well-being
- 5.4 Direct Inhalation - Is targeted to a single individual. Examples include:
- 5.4.1 Applying two (2) to five (5) drops of essential oil to a cotton ball, breathing normally for up to 15 minutes or placed under the pillowcase
- 5.4.2 Nasal inhaler - fifteen (15) to twenty (20) drops of essential oil on cotton wick placed inside an inhaler. It is acceptable to place 4 drops of a carrier oil (fractionated coconut oil or jojoba as a fixative on the wick) See instructions in Attachment A
- 5.5 Indirect Inhalation - Use a diffuser or a nebulizer only for a patient in a private room to diffuse fine particles of essential oil within a room

6.0 Responsible Parties:

- 6.1 Certified Clinical Aromatherapy Practitioners
6.1.1 Provide care to patients

7.0 External References:

- 7.1 Buckle, J. (2014). *Clinical aromatherapy: Essential oils in practice*. 3rd ed. Philadelphia: Elsevier
- 7.2 Price, S. & Price L. (Eds.). (2007). *Aromatherapy for health professionals*. Philadelphia: Elsevier

7.3 Tiren, D. (2000). *Clinical aromatherapy for pregnancy and childbirth*. 2nd ed. Edinburgh: Elsevier

7.4 Tisserand, R & Young, R (2014) *Essential Oil Safety* 2nd ed.; Churchill Livingstone Elsevier

8.0 Related Documentation and/or Attachments:

Applicability of external clinical practice/procedure guidelines and other clinical resources may be dependent upon resources available at the hospital or a health care professional's licensure and/or certification

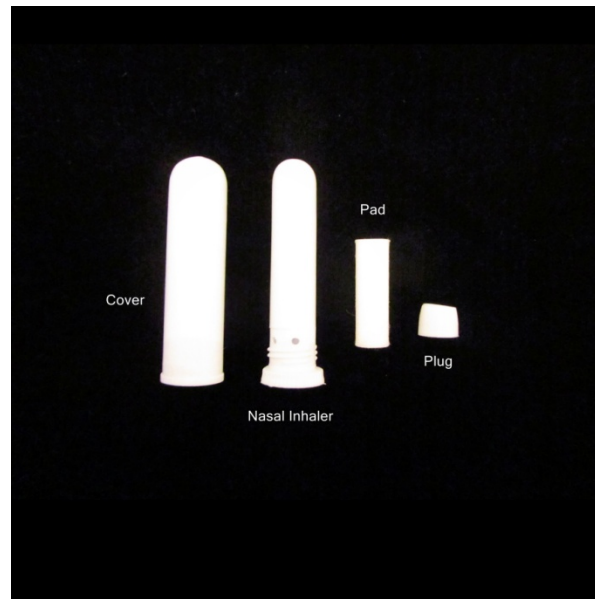
8.1 Attachment A - Instructions for Assembling and Using a Nasal Inhaler

9.0 Required Statements:

9.1 This policy represents the collaborative effort of the system entities to determine and direct the recommended practice for the care anticipated under this policy and includes the input of clinical subject matter specialists.

As no policy or published procedure can anticipate every clinical and/or medical presentation, this policy is a guideline and is not intended as a substitute for the clinician's clinical judgment and/or experience

Instructions for Assembling and Using a Nasal Inhaler



1. Drop 15-20 drops of desired essential oil or blend onto absorbent wick. Insert the wick into the inhaler. It is acceptable to place 4 drops of a carrier oil (fractionated coconut oil or jojoba as a fixative on the wick).
2. Insert the base into the bottom of the inhaler and push until it is firmly in place.
3. Screw the cap over the inhaler for storage.
4. Place adhesive label on the cover identifying oil or blend or write information on the cover with a permanent marker.
5. To use the inhaler, unscrew and remove the cover. Place the opening at the top of the inhaler just inside one nostril (blocking the other one) and then repeat in other nostril. Inhaler may simply be held closely to the nostrils, and inhale. Use as needed. Replace cover when not in use.

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Instructions from RJBuckle Clinical Aromatherapy for Healthcare Professionals