



## **Guidelines to members treating babies and children**

### ***Basis of the guidelines***

IFPA has adopted National Health Service (NHS) protocols regarding Consent to Treatment in developing guidelines for members. Young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with parental responsibility can consent for them. Additional information may be found at <https://www.nhs.uk/conditions/consent-to-treatment/children/>

### ***IFPA treatment guidelines for babies and children***

## **Treatments must be delivered within the relevant the legal context**

- Signed informed consent and agreement from the parent or guardian is required. If the informed consent is questionable it is reasonable to contact the parent or guardian to check.

Consent forms and therapeutic records should be retained by the practitioner for seven years in a form that can be easily accessed and referenced in the future. Practitioners should check their insurance, which may require that records for children and young people are to be kept for a set period following their 18th birthday.

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- Insurance must be in place to cover the treatment offered by the practitioner.
- If, in the course of treatment, the practitioner has any concerns regarding the child's safety, welfare or well-being the practitioner must report their concerns to their local authority's Children's Safeguarding Board. In this instance, the definition of a 'child' is anyone under 18 years old. Every local authority in the UK has a Child Safeguarding Board which has procedures in place for dealing with safety and wellbeing concerns. Members can find contact details of their local safeguarding board from their local council. If the practitioner has concerns about a child whilst working for another organisation they must report their concerns to the designated safeguarding officer or senior manager at that organisation. In the UK the National Society for the Protection of Cruelty to Children has established a helpline to provide advice on 0808 800.
- Under no circumstances is it appropriate for the therapist to question the client/subject regarding abuse - it must be referred on.
- In NHS settings, other public body and voluntary sector/charity settings, a Disclosure and Barring Service (DBS) check will be required if working with children or vulnerable adults. Currently, individual members can apply for the basic check. Organisations typically require enhanced level checks for anyone working with children. This can only be applied for via organisations and accredited agents. More information is available at [www.dbscheckonline.org.uk](http://www.dbscheckonline.org.uk)



**Treatments must be modified by the practitioner based on the profile of the client/child/baby. Detailed treatment records must be kept.**

The client profile is determined by:

- Age.
- Medical history.
- Required outcome from the treatment.
- Cognitive function/understanding and context e.g. Is this a 17-year-old referring themselves for exam stress or disabled child.
- Parental/guardian views/input.
- Any other relevant factors.

**Some adaptations that may be applied**

- Minimum levels of essential oils on the skin should be diluted in carrier oil (peanut oil should never be used as a carrier).
- ***Up to a maximum of 1% depending on age*** (Note that for babies under 3 months IFPA recommends not to use essential oils on the skin and to choose alternative options). However, this is advice not a directive as parental/guardian views and the opinion of the professional qualified Aromatherapist are relevant in the context of the list above and other relevant factors.
- Where appropriate (especially for infants), consider indirect options for application of essential oil e.g. diffusion (not naked flame), drops on pillow, dispersed then added to bath water.
- When massaging, avoid any areas that might be considered invasive e.g. chest, buttocks and inner thighs. For example, a female gymnast who might need treatment for strain to the pectoral muscles should be referred on to a physiotherapist or sports massage therapist but potentially could be treated with anti-inflammatory or pain relieving essential oils by the Aromatherapist to inhale or a body oil to self-apply at home.
- Simple blends of no more than three oils avoiding oils with higher risk of sensitisation.
- Patch test first where appropriate.



- Children would normally be chaperoned but with vulnerable adults there is flexibility and the therapist can make a judgment based on profile and context. Members must record the identity of the chaperone and justify any decision not to use a chaperone considering clients wishes, their profile and other relevant factors.