**Document Details**

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<tr>
<th>Title</th>
<th>Policy and Guidelines for using wax as a therapeutic treatment</th>
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<td>Trust Ref No</td>
<td>1920-51329</td>
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<td>Main points the document covers</td>
<td>This policy provides a framework and guidance for the use of wax as a therapeutic treatment modality</td>
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<td>Who is the document aimed at?</td>
<td>All physiotherapists and therapy staff who are involved in using paraffin wax as a treatment modality</td>
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<td>Owner</td>
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**Approval process**

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<td>Initial Approval Date</td>
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<td>Full Equality Impact Assessment</td>
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<td>Lead Director</td>
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**Distribution**

| Who the policy will be distributed to | All Physiotherapists and Physiotherapy Assistant staff via email |
| Method                               | Electronically to senior staff and available to all staff via the Trust Website |

**Document Links**

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**Amendments History**

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<tr>
<td>1</td>
<td>29 October 2015</td>
<td>New policy or to reflect SCHT policy framework</td>
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1.0 Introduction
This Policy outlines the use of wax as a therapeutic treatment modality.

2.0 Purpose
This document is to provide a framework and guidance for the use of wax as a therapeutic treatment modality for the hand and wrist. The aim of this document is to provide clear instructions and guidelines to the physiotherapy and physiotherapy assistant staff working within the Shropshire Community Health NHS Trust involved in using paraffin wax as a treatment modality.

3.0 Duties
Team Leaders must ensure that physiotherapists and physiotherapy assistants act in line with the SCHT policy ‘Consent to examination or treatment’.

All new physiotherapists and physiotherapy assistant staff members should be inducted in the safe use of the wax bath and a training record should be maintained.

4.0 Preparation procedures to be followed

4.1 Assessment
Assessment of patients and suitability for wax treatments will be carried out by a fully trained physiotherapist who works within the professional codes of conduct and standards set by the Chartered Society of Physiotherapy (CSP) and will be governed by the ‘Code of Members’ Professional Values and Behaviour (2011). Verbal consent from the patient must be gained in line with ‘Consent to Examination or Treatment Policy’.

4.2 For wax treatment
A therapist must always undertake a patient assessment prior to introducing them to wax treatment, including suitability for wax treatment. Patient contraindications/precautions for wax therapy must be adhered to at all times see (see section 6.2.1/6.2.2).

4.3 Thermal Skin Test
Always undertake a thermal skin test of affected hand/wrist (see section 6.3) prior to introducing a patient to wax therapy. Outcome of the thermal skin test must be documented in the patient notes. If a patient has loss of temperature discrimination they are deemed not suitable for wax treatment.

4.4 Temperature of Wax
Ensure that the wax is set at the appropriate temperature, 49° - 55° C max. Temperature of the wax must be checked with a digital thermometer, recorded and signed before first patient use of the day. If the wax exceeds 55°C, remove the lid and leave off until the temperature has been documented to have reduced to an acceptable level. If a patient reports the wax as feeling too hot, always undertake a temperature check and document to ensure safe temperature control before next usage.
4.5 Care of Wax Bath
Always keep the lid on the wax bath when not in use

5.0 Wax application

5.1 Patient Instruction

Advise patient to remove rings, bracelets and or watches. If the patient is wearing false nails wax treatment should not take place until the patient has followed recommendations to remove them at home. Instruct patients to wash and dry their hands before using the wax. If rings etc. cannot be removed, paraffin wax treatment can still go ahead if the patient wishes, however, the risk of infection must be explained to all clients before they immerse their hands into the wax bath. No damage will occur to the artefacts. The patient’s skin condition must be checked, including the skin beneath jewellery that the skin is intact and free from any wounds or conditions where treatment would be contraindicated before immersion

5.2 Immersion Technique

Demonstrate or discuss the immersion technique for the treatment (see below) and always supervise the patient throughout.

- Place whole hand into the wax for 1 – 2 seconds. Instruct the patient never to place the hand on the bottom of the bath as this is the hottest area due to the element.
- Remove the hand from the bath for 3 seconds.
- Repeat this procedure 3 – 4 times.
- Wrap the hand in a paper towel then in an insulated mitten.
- Set timer for 20 minutes or as desired.
- After the treatment has finished, advise the patient to remove the mitten and paper towel and peel wax from the hand like a glove.
- Squeeze wax into a ball and place in an appropriate container for cleaning/disinfection
- Advise patients to wash their hands in warm water and dry afterwards
- Each mitten should be stored in a clean container/bag and clearly labelled with the individual patient’s details in between their treatments.
6.0 Health and Safety

6.1

All of the above stated procedures should be adhered to at all times particularly in relation to patient assessment (see sections 4.1; 4.2; 6.2.1; 6.2.2); skin testing (6.3;) and wax temperature testing (4.4).

6.2 Contraindications and Precautions

All therapists must assess a patient and adhere to and exclude any contraindications/precautions as stated below. These include:

6.2.1 Contraindications

- Malignancy (local)
- Local Circulatory insufficiency
- Actively bleeding tissue
- Insensate hands
- Infection to skin and other general infections, including colds, respiratory infections and influenza, diarrhoea and vomiting and for at least 48 hours after symptoms have resolved
- Rheumatoid Arthritis - patients with an acute inflammatory flare up of their wrists and hands
- Open or very newly healed wounds. Loss of temperature discrimination
- Allergies to paraffin or other ingredients
- Acute dermatitis/eczema and psoriasis

6.2.2 Precautions

- Devitalised tissue (e.g. after deep x-ray therapy)
- Skin grafts (must be well taken and healed)
- Newly healed wounds that may still be fragile
- Skin sensitivity to heat following trauma.

6.3 Thermal Skin Test

- Collect two clean, dry test tubes. (These should be washed in warm soapy water, dried thoroughly, and stored inverted in between each patient if they are not single use)
- Fill one test tube with hot water from an appropriate source.
- Fill the other test tube with cold water.
- Place the hot and cold test tubes alternatively against the skin of the affected hand; palmar and dorsal aspects, including the wrist. Ask the patient to identify the temperature of the test tube when placed against the skin.
- If a patient is unable to discriminate which test tube is warmer, they are deemed not suitable for wax treatment.
6.4 Cleaning/Storage of wax mittens (heat insulating fabric wrap)

All mittens must be washed and dried as per the SCHT Linen and Laundry Policy. Clean, dry mittens must be stored in a sealable container/bag and labelled showing the date when last cleaned, when not in use.

7.0 Sterilisation of paraffin wax

7.1 Procedure for manual sterilization

- Paraffin wax should be cleaned/sterilised ideally daily but weekly as a minimum and the whole wax bath changed monthly or as per manufacturer’s guidelines and recommendations
- Paraffin wax is sterilised in a wax boiler.
- Switch on wax boiler and set temperature to 100° C.
- Amber light will switch off when the temperature is reached.
- Allow wax in the boiler to boil for 10 minutes.
- Switch off wax boiler after 10 minutes and leave the wax in the boiler to cool down for 12 hours (overnight) until solid.
- Switch the wax boiler on to heat for a very short period of time e.g. 1 – 2 minutes, sufficient to allow the wax to free itself from the bottom and sides of the boiler.
- Switch off the wax boiler and remove the wax from the container with appropriate tools onto a large cleaned piece of plastic sheeting. This will ensure all work surfaces are kept free of wax residues and allow for easier cleaning of surfaces.
- Scrape the dirt from the bottom of the boiler and dispose of the wax in a yellow bag.
- Cut clean wax into small sections and return this to wax bath for reuse.
- Any residual wax should be cleaned from the work surfaces using a detergent wipe and a j-cloth. The plastic sheeting may be discarded.
- The bottom of the wax boiler needs to be wiped with a detergent wipe to clean excess residue.

7.1.1 Procedure for self-sterilizing paraffin wax baths

- The paraffin wax should be sterilized once per week as per the manufacturer’s guidelines
- Press the sterilization switch to on.
- The control lamps for heating and sterilization should now light up
- Paraffin wax is heated to approximately 135 degrees
When this temperature is reached the heater switches off and control lamps go out. The paraffin wax will cool down to the pre-set thermostat temperature. This completes the sterilisation process.

Every 3 months the machine needs to be turned off, to allow the wax to solidify. Remove the solidified wax from the machine and remove any dirt from the wax with a suitable implement and discard. Remove any residual dirt from the machine by wiping it with a detergent wipe. The clean wax is then returned to the machine and heated up to 50 degrees and is ready for reuse.

7.2 Treatment environment

Patients receiving wax treatment should be seated in a treatment cubicle.

8.0 Consultation

Liz Watkins, Head of Infection Prevention and Control

Physiotherapy Team Leads of Shropshire Community Health Trust: Beverley Terrington – Ludlow; Claire Strickland – Whitchurch; Andy Laing, Shrewsbury; Collette Bourne – Market Drayton; Kathy Davenhill - Newport

9.0 Dissemination and Implementation/Training

- This policy will be disseminated electronically to senior staff and available to all staff via the Trust website.
- All physiotherapy staff using wax therapy to treat patients will have prior training from a qualified physiotherapist and competency must be documented prior to use. The physiotherapist will follow the procedures identified in this document to ensure the provision of a safe and effective treatment.
- Any additional training/support for any physiotherapist or physiotherapy assistant who declares to have gaps in their competence/knowledge with regards to wax treatment will be supported by the Team Lead responsible.
- All physiotherapists are responsible for maintaining their own required Continued Professional Development (CPD) levels as set out by the Chartered Society of Physiotherapists (CSP).
10.0 Monitoring Compliance

10.1 Responsibility of Team Leads/Clinical Leads/Members of Staff

- Compliance will be monitored by the Team Lead responsible for each physiotherapist and therapy staff member.

- Ensure that the wax bath is electrically serviced at 6 monthly intervals and is appropriately maintained through the relevant Medical Engineering Services (MES).

- Reports or faults to the Wax Bath must be reported to MES and, if necessary, remove the wax bath from use.

- Datix forms must be completed and submitted for any incidents arising from the use of the wax bath.

11.0 References

Electrotherapy.org. (Professor Tim Watson) 2011 - Paraffin wax section.

Chartered Society of Physiotherapy code of Members' Professional Values and Behaviour (2011)

Consent to Examination or Treatment Policy

12.0 Associated Documents

Policy and Guidance for the Use of Electrotherapy by Physiotherapists SCHT

Consent Policy

- SCHT Hand Hygiene policy
- SCHT Cleaning and Disinfection policy
13.0 Appendix: Wax Bath Temperature Recording

**WAX BATH TEMPERATURE RECORDING**
Wax Bath should be set at recommended temperatures of 49 – 55 degrees centigrade

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If the wax temperature exceeds 55 degrees, remove lid and leave off until the temperature of the wax recorded has reduced to recommended levels. Always undertake a temperature check of the wax if a patient reports the wax as feeling too hot and document to ensure safe temperature control levels before next usage.