

Policies, Procedures, Guidelines and Protocols

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4								
5								

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1 Introduction

This policy has been developed to help ensure consistent, safe practice where Shropshire Community Health NHS Trust (SCHT) Physiotherapists are using electrotherapy treatment for the benefit of their patients.

2 Purpose

This policy describes the way in which safe electrotherapy treatment will be provided by Physiotherapists working within SCHT. It includes a grid of contra-indications to treatment and checks of sensation that represent good practice with regard to safety.

Qualified physiotherapists must comply with the standards laid down by the Chartered Society of Physiotherapy in the Code of Members' Professional Values and Behaviour (2011). This policy on electrotherapy is in addition to that code.

3 Definitions/Glossary

"Electrotherapy" refers to any of the following modalities: Interferential, Laser, Shortwave or Pulsed-Shortwave Therapy, Transcutaneous Electro-Neural Stimulation (TENS) and Ultrasound.

Abbreviations used:

CSP - Chartered Society of Physiotherapy

LPS - Laser Protection Supervisor

MES – Medical Engineering Services

MSK - Musculoskeletal

SCHT - Shropshire Community Health NHS Trust

4 Duties

This policy applies to all SCHT Physiotherapists who use electrotherapy.

It is the responsibility of Team Leaders to ensure all staff act in accordance with this policy and CSP Standards.

Electrotherapy will be offered within the Trust at various locations.

5 Use of Electrotherapy

Team Leaders must ensure, where electrotherapy is used, that clinicians act in accordance with this policy. It is, however, the duty of individual Physiotherapists to ensure that they "Limit their professional activity to those areas in which they are competent and qualified to work safely." (CSP, 2011). Therefore, where significant training needs are identified, Physiotherapists should refrain from using electrotherapy until these needs have been met and they are competent to use electrotherapy as a treatment. Where student Physiotherapists are learning to use electrotherapy modalities, appropriate teaching and supervision of practice must be given by the clinical educator.

- Consent. Consent must be gained in order to carry out electrotherapy treatment. Consent may be written or oral and the law does not require *written* consent for physiotherapy treatment. (It is recommended, however, that written consent *is* obtained for interventions such as acupuncture that are invasive.) Physiotherapists should ensure that service users have the capacity to consent, give consent voluntarily without coercion, and have sufficient information on which to make this decision as per the SCHT Consent Policy.
- **5.2 Effects, Warnings and Expectations.** The effects of the treatment and any appropriate warnings such as the need for the patient to inform the Physiotherapist of any sensations of discomfort, warmth or heat should be explained. A sign may be placed to emphasise this warning (Appendix 2). The expected sensation, if any, during treatment should be explained to the patient.
- **Visual inspection.** A brief but thorough visual inspection should be made of equipment prior to its use to detect any obvious safety problems. Where faults are detected the equipment should be withdrawn from use and arrangements made for inspection and repair. A check should be made that the equipment is still within date following MES servicing.
- 5.4 Contraindications. A thorough assessment of the presence of any contraindications to treatment (Watson, 2007) with the specific modality that the Physiotherapist proposes to use must be carried out prior to electrotherapy treatment being applied. A grid showing the contraindications is available at http://www.electrotherapy.org/Assets/Downloads/contraindications%20grid%20march%2007.pdf (with acknowledgement to Professor Tim Watson) and an example is shown in Appendix 1. It is recommended that this chart is printed out and displayed in SCHT Physiotherapy departments for staff's use.
- **Ergonomics** The patient, the electrotherapy equipment and the Physiotherapist should be positioned to ensure safety and comfort. The Physiotherapist should consider the positioning and support of the patient, their own position and that of the equipment including any trailing electrical wires that could form trip hazards. Plinths should be set at an appropriate height and in suitable shape to ensure safety and comfort for the patient and Physiotherapist.
- Shortwave machines. People who have cardiac pacemakers, those with hearing aids and pregnant women must not be within three metres of an operating Shortwave Diathermy or Pulsed Shortwave Diathermy machine. Signs should therefore be placed on the equipment as appropriate to inform the Physiotherapy team of the presence of such people when they are in a department to ensure that they are not put at risk (Appendices 3,4 and 5). Signs should also be placed to act as a prompt to people who have a pacemaker fitted, wear a hearing aid and pregnant women to tell their Physiotherapist that this is the case (Appendix 6).
- Infection Prevention and Control. Electrodes used in conjunction with Interferential and TENS machines must be single-person use and stored in the original packaging and in the patient's notes between sessions. Ultrasound gel should be delivered to the head of the ultrasound from a small bottle and the top of the bottle should not touch the head. The bottle lid must be closed after the gel is dispensed and single use sachets of gel should be available for use if required, i.e. for known infected patients Bottles should be disposed of once empty or at date of expiry if sooner and must not be refilled. Gel is removed at the end of treatment from the patient and the equipment using a clean tissue. The equipment is then to be cleaned using a detergent wipe and labelled as 'clean' using an appropriate sticker to be removed before next use.

- **Documentation.** The Physiotherapist is responsible for contemporaneous recording in the patient notes of the treatment given as detailed in the CSP Code of Members' Professional Values and Behaviour (2011) and SCHT Clinical Record Keeping Policy
- Loan of electrotherapy equipment e.g. TENS units. A visual inspection of equipment and brief check to ensure correct operation should be carried out by the Physiotherapist immediately before loan of equipment to patients. Clear verbal instruction on its use should be provided, together with a paper copy for reference. With the patient's consent, demonstration of the use of the equipment should ideally also be performed. Electrodes are single-patient use and, if they are returned by the patient with the equipment, should be disposed of. The TENS equipment should be cleaned with detergent wipes and stored in a cool, dry place.
- **Servicing.** Team Leaders must ensure that Electrotherapy equipment is electrically serviced to the appropriate schedule by Medical Engineering Services (MES), in accordance with the service level agreement between SCHT and MES. They will also ensure that any new equipment is checked by MES before being used.
- **5.11** Laser. Team Leaders must ensure that radiation safety regulations (IEC-60825) are followed if their team uses laser. They must appoint a Laser Protection Supervisor (LPS) who is trained to supervise the work of the physiotherapists using the laser equipment.

6 Consultation

Consultation was carried out with SCHT MSK Physiotherapy Team Leaders via email and discussion and with Infection Prevention and Control via email and telephone.

Colette Bourne Market Drayton Clinic, Physiotherapy Team Lead
Claire Strickland Whitchurch Community Hospital, Physiotherapy Team Lead
Annie Vale Bridgnorth Community Hospital Physiotherapy Team Lead
Beverly Terrington Ludlow Community Hospital Physiotherapy Team Lead
Kathy Davenhill Newport Community Clinic Physiotherapy Team Lead
Liz Watkins Head of Infection Prevention and Control, SCHT

7 Dissemination and Implementation

The policy will be disseminated electronically to team leads in SCHT via Datix alert and available to all staff via the Trust Intranet.

8 Monitoring Compliance

Compliance will be monitored by the Team Leads in SCHT via supervision, the appraisal process and audit.

Datix Ref: 1270-52022

9 References

CSP Quality Assurance Standards (2012)

CSP Code of Members' Professional Values and Behaviour (2011)

Fox, J.E., Sharp, T.N. (2007), Practical Electrotherapy: A guide to safe application, Churchill Livingstone.

International Electrotechnical Commission (IEC) IEC-60825) The identification and control of major hazards associated with medical lasers

Watson, T. Electrotherapy on the web at http://www.electrotherapy.org

Watson, T. (2007) Contraindications Grid at http://www.electrotherapy.org/contraindications

10 Associated Documents

SCHT Consent to Examination or Treatment Policy.

SCHT Hand Hygiene Policy

SCHT Cleaning and Disinfection Policy

SCHT Clinical Record Keeping Policy

11 Appendices

Appendix 1. Example of contraindications grid.

Grid available at http://www.electrotherapy.org/contraindications

	Pregnancy (around foetus)	Pregnancy (anywhere)	Malignancy	Specialised Sissue	Active Implants - in c Pacemaker	Active Epiphysis	Metal implant	Local circulatory insufficiency	Epillepsy	Actively Bleeding Tissue	Devitalised	THERMAL SK IN TEST	SHARP/BLUN T SKIN TEST
MODALITY													
NON THERMAL													
ULTRASOUND (NON THERMAL)	CI		LOCAL CI	EYE, TESTIS	LOCAL CI	LOCAL CI		Р		CI	P	if thermal	0
PULSED SHORTWAVE	CI	CI	LOCAL CI	EYE, TESTIS	CI	LOCAL CI	Р	Р		CI	P	0	0
LASER	CI		LOCAL CI	EYE, TESTIS		LOCAL CI		Р		CI	Р	0	0
ELECTRICAL STIMULATION													
GENERIC	CI		LOCAL CI	EYE, TESTIS	CI	LOCAL CI		Р	CINECK	CI	Р	0	1
TENS	CI		LOCAL CI	EYE, TESTIS	CI	LOCAL CI		Р	CINECK	CI	Р	0	1
INTERFERENTIAL	CI		LOCAL CI	EYE, TESTIS	CI	LOCAL CI		Р	CINECK	CI	P	0	-
OTHER LOW FREQUENCY	CI		LOCAL CI	EYE, TESTIS	CI	LOCAL CI		Р	CINECK	CI	Р	0	1
HEAT													
INFRARED			LOCAL CI	EYE				Р		CI	Р	-	0
WAX			LOCAL CI	EYE				Р		CI	Р	- /	0
SHORTWAVE (CONT/PULSED)	CI	CI	LOCAL CI	EYE, TESTIS	CI	LOCAL CI	CI	CI		CI	Р	-	0
MICROWAVE	CI	CI	LOCAL CI	EYE, TESTIS	CI	LOCAL CI	CI	CI		CI	Р	-/	0
ULTRASOUND (THERMAL)	CI		LOCAL CI	EYE, TESTIS	LOCAL CI	LOCAL CI	CI	CI		CI		-	0
HOT PACK			LOCAL CI	EYE		Р	P	CI		CI	Р	1	0
OTHER8													
BIOFEEDBACK (NO STIMULATION)												0	0
COLD THERAPY	Р		LOCAL CI	EYE				CI			Р	_	0
ULTRA VIOLET RADIATION	Р	Р	LOCAL CI	EYE					CI	CI	LOCAL CI	8PECIAL	0
		CONTRAINDICATION LOCAL CONTRAINDICATIO		ON									
		PRECAUTION											
		NO KNOWN	ADVERSE EF	FECT									
Updated March 2007													

Appendix 2.

Warning

If You Feel Any Undue Heat or Discomfort Please Inform Your Physiotherapist Immediately.

Do Not Use.

There Is a Patient With a Pacemaker In The Department.

Appendix 4.

Do Not Use.

There Is a Patient With a Hearing Aid In The Department.

Appendix 5.

Do Not Use.

There Is a Pregnant Patient In The Department.

Appendix 6.

Please inform your Physiotherapist if you are

- Pregnant
- Have a Pacemaker or
- Use a Hearing Aid

Thank you.