



Policy Name:	Complementary and Alternative Therapies		
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Policy Author:	Head of Healthcare and Nursing, MMT, Dietitians, Practice Development Nurse.		
Policy Owner:	Head of Healthcare and Nursing		
Management Committee Approved By:	Clinical Governance Committee		
Governor Committee (where appropriate) Approved By:	Not applicable		
For Action By:	Nurses, and all student facing staff		
For Information to:	Students and families School, College and Residential Managers		
Approval requested to upload on the Treloar's Website:	Yes ☒ (tick if requested)		
Who is carrying out EIA?	Head of Health Care and Nursing	Date of EIA?	January 2020
Have we shown due regard for the 9 protected characteristics within the policy/procedure?	Yes ☒ No		
Are all opportunities to promote equality taken within the policy/procedure?	Yes ☒ No		
Refer Policy/Procedure to EDI Co-ordinator for further assessment	Yes ☒ No ☐		

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Aims of policy/procedure

- To provide guidance to students, parents and staff on complementary and alternative therapies
- To clarify Treloar's position on complementary and alternative therapies, and dietary supplements

Policy/procedure details

Treloar's believes that all administered preparations should be overseen by a prescriber, with knowledge of the student, their health needs and their current medicine regimen. This policy seeks to consider the safety of students, where we are asked to administer preparations which are not currently prescribed.

Complementary, alternative therapies and dietary supplements are not medicines

Complementary, alternative therapies and dietary supplements are not medicines, and are not usually prescribed. Many of these items remain untested and their use is poorly monitored or not at all, there is an inadequate knowledge of how they work, risk of adverse reactions, contraindications, and interactions with prescribed medications, and often their efficacy and safety are unknown (Ekor, 2014).

Nurses are bound by the Nursing and Midwifery Council (NMC) code to practice in line with the best available evidence (NMC, 2018) and cannot therefore administer, or delegate the administration of items that have little or no evidence base, and especially those not endorsed by medical teams. Since nurses cannot delegate the administration of these preparations, student support staff cannot administer them in the same way they do medicines. Our contracted GP, medicines management technician(s), and dietitians are registered health professionals also with a duty to practice according to the evidence available.

Promoting independence

At Treloar's, we encourage independence and open conversations with students, parents and local authorities, about self-care and self-medication (where a student chooses their own treatment/therapies). We are therefore aware that decisions about preparations and whether they are provided, supported or enabled at Treloar's, can be difficult to make, and may involve conflict between desire to offer safe, evidence-based care, and with respecting individual's right to self-determination and to their own preferences.

Checks for all items

All preparations purchased by the student, or on their behalf, and brought into Treloar's are checked by the Health Centre team, for us to consider if they are suitable for use, in date and stored according to the manufacturer guidance. Students and parents are asked to label each non-prescribed item with the student's name. For liquids and creams, we request the item to have a label with the open date and expiry.

Homely remedies

Homely remedies are not considered to be complementary or alternative therapies. A homely remedy is a medicinal preparation used for conditions that are self-limiting and do not require medical advice or treatment as it will clear up on its own; and/or a condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy (NHS, 2025). Homely remedies enable self-care and reduce the demand on prescribers, but health care professionals must use their own judgment and seek medical advice if there are concerns for interactions with other medication, and for those with long term conditions. **See CG001** Medicines Policy and Standard Operating Procedures.

Parental, or if applicable, student agreement is needed (form HC2), available from the Health Centre, for all items.

Homely remedies will be added to eMAR to be available on each student's MAR chart and stored in the student's medicine safe.

Dietary supplements

We will respect student's rights to state their preferences in terms of their diet, and acknowledge that these preferences may be based on ethical, religious or cultural underpinnings. In this case, we will support students to take supplements provided that the student or parent is aware of any clinical contraindications or risks and is making an informed choice about this (CQC, 2023).

If not prescribed, dietary supplements will be considered within this policy. Examples of dietary supplements: multi vitamins and minerals, cod liver oil, probiotics, turmeric capsules, fiber.

- Our dietitians will review dietary supplements against the student's nutritional needs and prescribed medicines
- Agreement for administration at Treloar's is needed (form HC2), available from the Health Centre, for all items
- If agreed by dietitians, items will be added to eMAR and stored in the student's medicine safe.

The following criteria will be followed:

Vitamin D3

Vitamin D3 will be accepted for oral consumption up to a maximum dose of 400 IU per day as per NHS guidelines. For use via gastrostomy, vitamin d3 can only be considered if it is a prescribable item. Examples of this are: Invita D3 2400iu/ml, Invita D3 2740iu/ml, Pro D3 liquid 2000iu/ml. If use of Vitamin D3 is agreed it will be added to eMAR.

Multivitamins

Only standard dose multivitamins will be considered for use by the dietitian in conjunction with recommendations from the NHS, British Dietetic Society and the BNF/BNFC (NICE). The Dietitian will check contraindications or interactions with current prescribed items then discuss with the Medicines Management Team before confirmation of use can be agreed. If use of the multivitamins is agreed they will be added to eMAR.

Individual Vitamins and Minerals

Individual vitamins e.g., iron, vitamin c, will only be considered based on evidence of clinical need. If use of the individual vitamin or mineral is agreed it will be added to eMAR.

Probiotics

As per the British Dietetic Association (BDA) recommendation, other probiotics can be trialled for a maximum period of four weeks to establish benefit before decision to use on an ongoing basis. If when starting at Treloar's, the student has been on a probiotic for a period of time already and the benefit of continuing taking the probiotic can be evidenced, it's use can be continued. Liquid branded probiotics, if agreed for use by the dietitians, will be administered via plunge feeding for gastrostomy use and administered only by staff members competent in plunge feeding gastrostomy skills. If use of the probiotic is agreed it will be added to eMAR.

Prebiotics

Prebiotics cannot be accepted at Treloar's because clinical evidence is currently unavailable to support its use.

Omega 3 (essential fatty acids)

There are three main types of omega-3 fatty acids: Eicosapentaenoic Acid (EPA), Docosahexaenoic Acid (DHA), and Alpha-Linolenic Acid (ALA). The BDA recommend that Omega 3 is obtained through the diet. Fish remains the optimal source of the most bioavailable forms of omega-3 essential fatty acids,

General use of Omega 3 cannot be accepted at Treloar's because clinical evidence is currently unavailable to support its use (BDA 2025). However, where the dietitian and medical team acknowledge that needs cannot be met through diet alone, there is guidance when agreeing these supplements, dietitians will:

- Advice products labelled as omega-3 rather than fish liver oil
- Check for vitamin A content (total daily intake from food and supplements should not exceed 1.5mg/1500µg)
- Verify DHA and EPA content on the label
- Advice supplements providing approximately 450mg of combined EPA and DHA daily
- Advice age-appropriate formulations, as children require lower doses than adults

Self-administration

For all dietary supplements, we can assess students to see if they can make these decisions and manage these preparations themselves under our self-administration policy (CG002); in this case they will be treated as a *complementary therapy*.

Prescribed supplements

Some dietary supplements are prescribed by a registered medical practitioner (e.g. GP) in response to a dietary or medical need. These will be considered “medicines” and Treloar’s Medicines Policy CG001 should be followed.

Dietary supplements via gastrostomy

As a general rule we do not administer supplements via gastrostomy unless prescribed.

Dietary supplements are regulated as foods in the UK, but the concept of “off-label” use (as in medicines) is still applied when:

- A supplement is administered via a route not intended (e.g., via gastrostomy tube when labelled for oral use only)
- A product is used in a population or condition it wasn’t designed for
- The form is altered, such as crushing tablets or opening capsules, in a way that hasn’t been tested or advised by the manufacturer

Even though supplements don’t have a medicinal *license*, their label still carries intended-use instructions. Deviation from these (e.g., oral use given enterally) involves:

- Potential clinical risks (e.g., clogging a feeding tube, reduced absorption)
- Legal/professional liability
- Documentation needs – a multidisciplinary team (e.g., dietitian, pharmacist) may be required to justify and support the decision.

Exceptions

Where there is a specific dietary need acknowledged by both the dietitian (Treloar *and* community dietitian) and medical consultant, that cannot be met through diet alone, exceptions to this rule may be considered. In the first instance, a prescription should be requested.

Where a prescription is not agreed or possible, the medical consultant must provide a written recommendation to include: Specifics of supplement, dose and route to include mixing or crushing requirements; they must also be asked to confirm that there are no safety issues related to the student's diagnosis and other medicines/products being taken.

Exceptions need to be considered within the context of delegation, and a wider discussion with Dietitian, Head of Health Care and Lead MMT needs to occur.

Approval process for dietary supplements

Dietitians can use their professional judgment to agree or recommend the consumption of dietary supplements within the scope of this policy. Dietitians and MMTs aim to complete the approval process within 7 days.

If parents or students are requesting administration of the item as part of the medicine regimen before the approval process can take place, they will be advised to seek a prescription from a registered prescriber.

For a dietitian to agree or recommend dietary supplements:

- Supplements must have a manufacturing label and expiry date
- Doses must be within the acceptable/recommended dose
- Supplement labels must state amounts and doses of ingredients
- There are no known contraindications or adverse effects
- The supplements must not have any known contraindications with the students prescribed medicines (resource: <https://bnf.nice.org.uk/interaction/>)
- If already on prescribed nutrients, the dietitian will check to see if additional supplements are within safe nutrient intake levels (Resource: Dietetics Practice; Dietetics Pocket guide).
- Supplements are in a suitable form/consistency
- For oral use, dietitian can contact SLT, and review notes section of eMAR
- Supplements must comply with all relevant food law
- Form HC2 is filed on Nourish by Health Centre Administrators.

For dietary supplements that are the students or parents' choice and have not been recommended by the dietitian, but meet the criteria above, dietitians will document on Nourish that the item 'has been agreed, but not recommended, by the dietitian'.

Supplements will be transcribed onto the 'dietetic supplemental log' and forwarded to the Medicines Management Technician(s) (medicines@treloar.org.uk). The MMT will review and transcribe onto eMAR. Dietitians will upload the dietetic supplemental log to Nourish, and MMT will file a hard copy.

Since the items are not prescribed, they will be added to eMAR with an additional note ***Home supplementary item***. This is defined as 'agreed but not recommended by the dietitian'

Storage: Dietary supplements on eMAR can be stored in the student's medicine safe. Supplies must be requested from home, not the Health Centre.

Training: Staff administering dietary supplements must be signed off as competent to administer medicines.

IRIS: All errors related to dietary supplements (unless prescribed) should be logged as an incident; they will not be recorded as a medication error, but will be categorised as 'care'.

Where agreement is not given, dietitians can signpost parents to <https://www.food.gov.uk/business-guidance/food-supplements#legal-requirements>

Clinical decisions will be documented within Nourish dietetics notes.

Complementary or alternative preparations

At Treloar's, we cannot administer complementary or alternative preparations, since they are not regulated or medically approved treatments. However, we can assess students to see if they can make these decisions and manage these preparations themselves under our self-administration policy (CG002).

Complementary and alternative 'medicines' (CAMs) are 'treatments' that fall outside of mainstream healthcare (NHS 2025). When a non-mainstream practice is used together with conventional medicine, it's considered "complementary". When a non-mainstream practice is used instead of conventional medicine, it's considered "alternative".

CAMs range from acupuncture and homeopathy, to aromatherapy, meditation and colonic irrigation (NHS, 2025). This policy is mostly concerned about non-prescribed preparations to be ingested, and the term *preparations* will be used throughout this policy. In contrast, medicines are medically approved items following rigorous clinical trials to prove they are a *treatment*. These preparations do not undergo clinical trials or the same legislative regulation processes and cannot claim to be a *treatment*.

Where a student (or potentially their family) wishes to engage in a particular complementary or alternative therapy we would always recommend that they discuss this with their GP or consultant responsible for their care, as the preparations may not be suitable for people taking other medicines or for those with serious health conditions (NHS, 2025).

Herbal therapy

Herbal therapies are those with active ingredients made from plant parts, such as leaves, roots or flowers (NHS, 2025). Many of them remain untested and their use is poorly monitored or not monitored at all; an inadequate knowledge of their mode of action, potential adverse reactions, contraindications, and interactions with 'mainstream' pharmaceuticals and functional foods, means that efficacy and safety are unknown (Ekor, 2014).

Homeopathic therapy

Homeopathic remedies consist of substances that have been diluted many times in water until there's none or almost none, of the original substance left (NHS, 2018), either presented as clear liquid or sometimes mixed into a powder to make a pill. There is 'no clear or robust evidence to support the use of homeopathy on the NHS (NHS, 2025).

Specific to homeopathic therapy only, companies making homeopathic remedies can apply to have homeopathic preparations accepted as regulated products in the UK and in line with this we prefer students use preparation which have an appropriate authorization (Gov. UK 2024). These products are labelled with the manufacturer's batch number, the homeopathic registration number and the words 'Homeopathic medicinal product without approved therapeutic indications'.

Capacity to make the decision to self-administer

Where a student aged 16 is considered to have capacity to make decisions about preparations then we will work alongside that student to ensure that they are provided with all relevant information to make an informed decision about this. This may involve recommending that the student discuss proposed therapies with their GP or a pharmacist.

Where a student aged 16+ is assessed as not having capacity to make decisions about complementary or alternative therapies then Treloar's will act in line with the Mental Capacity Act 2005 and the Mental Capacity Code of Practice. This broadly means that if the student, due to a disorder of mind or brain, lacks the ability to retain, understand, weigh up or communicate this decision, then they do not have the capacity to make the decision themselves at that point in time. A best interest's decision meeting can therefore be requested.

Please see SMT003 Mental Capacity policy for further information.

Children (students under 16 years of age)

- If a student has sufficient maturity and understanding of the issues (Gillick competence) and is deemed competent to make an informed decision, preparations may be seen as an expression of a student's individual preferences
- A nurse can make this assessment through conversations with the student
- The student themselves must want to take them – in this context parental preference cannot override an individual student's personal preference
- Students who are under 16 years and lacking the competence to make this decision, will not be supported to administer these preparations.

When a student is deemed competent to self-administer

- Agreement is needed (form HC2), available from the Health Centre, for all items
- The house nurse will request a headed letter from the recommending therapist and upload the document to the medication care need on Nourish
- The medication care need will state '*complementary or alternative therapies are being taken*'
- The house nurse will arrange a discussion with the student and document the conversation
- The documented conversation must include:
 - Confirmation that it is the students own decision (not someone else's)
 - Confirmation the student understands that the preparations may not have an effect, and may actually cause harm
 - That there are unknown and potential risks of these therapies, and a risk of them affecting other prescribed medications
 - Advice to discuss with their GP or consultant
- This text can be copied and pasted:
I have confirmed the decision to take the preparations is the student's own, they have shown they understand that the preparations may not have an effect, and may actually cause harm, and that there is a risk of these products affecting other medications they are taking. They have been able to retain the information I have provided, and make their opinion known to me. I have advised them to make their GP or medical teams aware.
- Where there is known evidence of potential harm, the nurse will discourage the student from continuing, and if ignored, inform the student they will share this information with the Head of Safeguarding
- Where there are impairments to dexterity, Treloar's staff will provide manual assistance under the direction of the student
- Complementary and alternative therapies are not to be stored in the student's medicine safe and not added to eMAR

- A lockable drawer should be used and the student retains responsibility for safe storage
- Each dose does not need to be recorded. The completed HC2 form will be uploaded onto the medication care need. eMAR or Treloar's paper MARS will not be used, however the student can request a memory prompt in the form of a list or blank chart from the Team Leader.
- Errors should be logged as an incident; they will not be recorded as a medication error, but will be categorised as 'care'.

Overview

	Can we give?	Transcribed	Stored	Possible for self admin
Homely remedies	Yes	On eMAR	Safe/Medicine's Fridge	Yes
Dietary supplements	Yes if in line with policy	On eMAR	Safe/Medicine's Fridge	Yes
Complementary or alternative preparations	No	No	Locked drawer	Yes

Key points

- All preparations (administered at Treloar's or elsewhere) must be disclosed to Treloar's nursing staff. This is to ensure that if a homely remedy or other treatment (e.g. emergency medication or treatment) is required that the pharmacist or the professional prescribing can consider the potential for drug interactions and side effects, in line with guidance from NICE
- Where there is a health need for medical intervention, nurses will assess and intervene accordingly – despite whether any complementary or alternative therapies are being taken, since these preparations lack the evidence to *treat*
- Nurses will assess students for competency in self-administration and communicate the outcomes to both student and parent/guardian where applicable (see Appendix 1 Flow Diagram)
- Assessment to self-administer can involve these preparations only, and does not necessarily have to include all the student's medications
- CG002 - Self-administration of Medication Policy, Appendix 2 form for Assessing decision making capacity for self-medication administration will be completed. Where not applicable, write N/A.

Implications of the policy

Due to the strength of feeling students and parents have for complementary and alternative therapies, this policy will be phased in over 3 years (to end 2026). New students will be advised of the position Treloar's takes, and further involvement in these preparations will not be continued outside of the limits of this policy.

Training requirements

Medicines theory training will signpost staff to this policy.

Communication Requirements

How will the Policy/procedure be communicated:	SharePoint Team Meetings Supervisions	
Who will ensure the above communication is carried out:	Head of Quality Head of Healthcare and Nursing Head of Residential Services	
Do the changes made to this policy/procedure affect any other policies/procedures? If yes, has this been communicated to the policy/procedure author/owner	Completed CG001	

Accessibility requirements

If you require this document in an alternative format, such as large print, audio description or a colour background, please contact Jo Cox at jo.cox@treloar.org.uk

Monitoring and Review

Practice will be monitored through nursing input, and medicine audits which will identify errors.

Links to other related policies, procedures or documents (internal)

- CG001 Medication Policy and related procedures
- CG002 Self-administration of Medication
- SMT003 Mental Capacity Act Policy

References

CQC (2023) Over the counter medicines and homely remedies

CQC (2023) Regulation 14 Meeting nutritional hydration needs
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs>

Ekor M (2014) The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Front. Pharmacol. 4:177.

Gov. UK (2024) Register a homeopathic medicine or remedy, available at
<https://www.gov.uk/guidance/register-a-homeopathic-medicine-or-remedy> accessed 17/01/2020

NHS (2025) Complementary and alternative medicine. Available at
<https://www.nhs.uk/conditions/complementary-and-alternative-medicine/> accessed 23/04/25

BDA (2025) What are Omega-3 fats? Available at
<https://www.bda.uk.com/resource/omega-3.html> accessed 02/05/2025

Definitions

Complementary and alternative medicines (CAMs) are treatments that fall outside of mainstream healthcare (NHS, 2025). When a non-mainstream practice is used together with conventional medicine, it's considered "complementary". When a non-mainstream practice is used instead of conventional medicine, it's considered "alternative".

Homeopathic 'remedies' consist of substances that have been diluted many times in water until there's none or almost none, of the original substance left (NHS, 2025), either presented as clear liquid or sometimes mixed into a powder to make a pill. There is 'no clear or robust evidence to support the use of homeopathy on the NHS (NHS, 2025).

Herbal 'medicines' are those with active ingredients made from plant parts, such as leaves, roots or flowers (NHS, 2025).

Revision History

Listed below is a brief audit trail, detailing amendments made to this policy procedure in last 4 years

Page/para No.	Brief description of the change(s)	Change made by	Date
Mainly page 5/6	Review of practice re dietary supplements, following eMAR2 changes to permissions; consent log removed – consent on HC2 only.	Sally Nissen with input from dietitian, nursing and MMT	May 2021
All	Addition of agreed guidelines for dietary supplements (vitamin d, multivitamins, individual vitamins and minerals, pro and prebiotics, omega 3)	Robyn Jones	May 2023
Mainly pg 5 and 6	Omega 3 amended; exceptions to GT rule clarified to reflect practice	Sally Nissen	May 2025

IMPORTANT NOTES:

It is essential for those with designated responsibilities to familiarise themselves with the sources of information, referred to above.

Policy documents describe mandatory minimum standards and will be subject to audit and review. Line managers are required to ensure suitable and sufficient arrangements are in place to meet policy requirements, including the provision of information and instruction to staff.

Appendix 1 Flow diagram

