

So You Want to Start an Aromatherapy Program? Webinar | “Chat” Question Responses

(Provided by Jodi Baglien, Certified Clinical Aromatherapist, Jodi Baglien, LLC, Osseo, MN; and Cindy Gall, LPN, QA Coordinator, Wishek Living Center, Wishek, ND)

Q	<i>It was stated that there were no negative results from the Alina study, but what about patients/staff that had allergies to smells. How was that handled?</i>
A	For direct patient care - patients were /are assessed prior to offering aromatherapy for any health history that would remove them from this option. Staff was educated in the use of the oils, and had an option to opt out if desired. If a TRUE allergy to the exact essential oils used by any staff was present, they of course do not provide the treatment. We don't use oils in common area, most interventions in clinical settings are individualized rather than common use areas. Education as to the difference between someone - sensitive to smells, or allergic to the plants used in essential oils is part of the education needed.
Q	<i>In our nursing home they have said I need an MSDS to have the oils. Is anyone else having difficulty finding or putting all of this together?</i>
A	MSDS sheets are provided from any reputable essential oil company. If you cannot get that from the company you are buying from, I would consider using a professional aromatherapy company that would provide this for you.
Q	<i>How is the therapeutic levels addressed with the FDA saying that we cannot diagnosis, treat, etc.?</i>
A	We do fall under "cosmetic labeling laws" under the FDA, and we promote that the oils relax, calm, and improve well being. We target symptoms, not disease. You are providing comfort care, helping to relax, ease upset stomachs. Not treating pain etc. Use proper terminology – that is under your scope of practice as a nurse.
Q	<i>Do you need an MD order to use aromatherapy?</i>
A	Each state and each facility has to make that final decision, but the use of Aromatherapy/ essential oils falls under scope of practice for most nurses. Again, use proper terminology. You have to look into your State law regarding this. It is the choice more often than not, to not have a Dr.'s order needed to provide comfort care.
Q	<i>Did you say you DON'T have to have a Dr.'s order?</i>
A	Yes, only in rare circumstances have homes used Dr.'s orders.
Q	<i>What brand of oils do you recommend? What vendors are recommended to use?</i>
A	I would recommend that you consider working with a Certified Aromatherapist, who understands the industry and can guide you in that process. Look for: proper labeling and a seller with expertise in oils used for therapeutic purposes. I would also caution purchasing from the large, multi-level marketing companies. You will pay much more than you need to, and someone will be profiting as an upline if they work for your company. These companies work like Amway, home party version of aromatherapy. You can see my essential oils on my website.
Q	<i>Do you assess each resident for allergies or breathing issues?</i>
A	Yes, this is why I feel it is imperative that the use of essential oils in a clinical environment needs nursing staff to initially evaluate the resident/patient for a variety of health concerns before using essential oils.
Q	<i>How do you clean your diffusers?</i>
A	There are too many various styles to say "how." The type I set up homes with comes with a clear how to tip sheet and offers repairs and troubleshooting support.
Q	<i>Do you mostly have to have the doctor's order for topical use?</i>
A	The method of use is not the issue. The issue is you can not treat a diagnosed condition. You can offer comfort where there is discomfort. Also, most doctors have no working knowledge of essential oils so that also adds to the process!
Q	<i>How much is the average start-up cost to begin a program?</i>
A	This depends, because you can do this a few ways. From me, my Core Training program I primarily offer is around \$3500 for all the consulting prep, training and follow up support. Oils are not included in that price.
Q	<i>Is one brand of essential oil better than another?</i>
A	Another aspect of this question - or a way to think about it is like this - If I was going to start a herbal therapy and use herbs to help with some conditions, I would seek the advice of a trained herbalist - not just a company selling herbs. So my stock answer to the "who should I buy from question" remains - seek help from an expert in the field.

	We go to through extensive training, we know who is who in the business, and we understand the markers of quality essential oils.
Q	<i>What are some of the oils that are too "hot" to use?</i>
A	Primary concerns are cinnamon, clove, oregano and certain species of Thyme. Again, you need education, resources to "how" to use "each" oil on "who."
Q	I recently attended a conference in the cities at Allina Health with Julie. At this conference she stated that diffusers are NOT allowed in a healthcare setting. Is there a difference for diffuser in a hospital setting versus a long term care center?
A	So glad you were here for that workshop! Diffusers are a mixed bag, but that was an ALLINA decision not industry decision. Your question "is there a difference for diffuser in a hospital vs. long term care" - I am not quite sure exactly what you are asking, but here is what I see. Most Hospitals are not using diffusers - reasons being everything from standing water (safety), lack of training, diffusing in common areas is an issue if there are scent preferences, acute care - scents can be difficult, allergies, and just finding oils acceptable. I teach Long Term Care use very carefully. We select the oils, the qty, and only use them on intermittent settings.
Q	<i>Would anyone be willing to share their policy and data safety info?</i>
A	Safety data sheets need to be provided by your essential oil supplier. Policy is something that should be created after you have a clear understanding of the guidelines of an professional aromatherapy program entails. It is part of the learning process and should be created along with program development. Polcy comes "after" a well thought out program to implement is established.
Q	<i>In regards to cleaning the diffusers, it is in relation to infection control--preventing bacteria from growing and being dispersed into air?</i>
A	Some hospitals ask that you use sterile water. Provide a cleaning chart showing the process and when completed. I know that the oils are anti microbial and deter unwanted microbes, but this is not recognized in conventional medicine.
Q	<i>Are you able to put an essential oil into a CPAP machine? Not necessarily a resident's CPAP.</i>
A	DO NOT PUT Essential Oils into a CPAP Machine! They will eat the plastic. If you want to provide aromatherapy for someone in this situation, you need to have a consultation.
Q	<i>FDA is requiring that if the essential oils are used for treatment (such as pain or anxiety) that it is considered a drug and it would require a doctor's order. We were under the impression that we could use it under our nurse practice act and did not need a doctor's order. What can we say to the FDA or a board of nursing that is requiring an MD order?</i>
A	It's a terminology issue. Instead of treating pain, anxiety, nausea, insomnia: you are providing care for discomfort, over stimulation, upset stomach and non-rest. Once we use these non-diagnostic terms you should be covered under our nursing scope of practice.

For additional information, feel free to contact:

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