

# SAFE USE OF SENSORY EQUIPMENT AND SENSORY ROOMS

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY / KEY POINTS

- The purpose of this document is to provide procedural guidance on the safe use of sensory equipment and sensory rooms within the SCHN Network. This guideline will provide Safe Work Practices to guide therapeutic use of sensory equipment and sensory rooms as well as for cleaning, storage and maintenance of sensory equipment.
- Sensory equipment and sensory rooms are located on both sites. This document specifically relates to the Psychological Medicine Department, Hall Ward and Wade Ward (Children's Hospital at Westmead) and Saunders Unit and C3 South (Sydney Children's Hospital). Whilst the acuity of patients admitted to these wards may vary, the standard operating procedures remain consistent across all wards.
- The following document should be read in conjunction with the following guideline:
  - GL2015\_001 [Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services](#)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> August 2020	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Occupational Therapist	<b>Area/Dept:</b> Mental Health

## CHANGE SUMMARY

- N/A – New document

## READ ACKNOWLEDGEMENT

- This document is for all staff working in SCHN mental health services and adolescent wards that use sensory equipment and sensory rooms.
- Training required for all staff that may facilitate use of sensory equipment with patients. This may include but is not limited to Nursing staff, Allied Health and Medical staff.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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# 1 BACKGROUND

## 1.1 About this document

The purpose of this document is to provide procedural guidance on the safe use of sensory equipment and sensory rooms within the Sydney Children's Hospital Network. This specifically relates to the Psychological Medicine Department, Hall Ward and Wade Ward (Children's Hospital at Westmead) and Saunders Unit and C3 South (Sydney Children's Hospital).

This document provides guidelines on the therapeutic use of sensory equipment and sensory rooms. It also gives information on Safe Work Practices for cleaning, storage and maintenance of sensory equipment. It identifies a range of strategies to be used in maintaining the cleanliness and safe operation of various items of sensory equipment.

This document is relevant to all staff working in SCHN mental health services and adolescent wards that use specific sensory equipment and sensory rooms.

## 1.2 Key definitions

**Cleaning:** the removal of visible soil, inorganic and organic contamination from devices or a surface using the physical action of scrubbing with either a surfactant / detergent, water or with appropriate chemical agents.

**Disinfection:** Destruction of pathogenic and other kinds of micro-organisms by thermal or chemical means.

**Sensory modulation:** "Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner" (Bundy, Lane & Murray, 2002).

**Sensory tools / equipment:** resources include weighted, movement, tactile, vibrating, squeeze and auditory modalities.

**Sensory room / quiet room:** a sensory based therapeutic space specifically utilised to promote recovery and rehabilitation with different age groups and populations, where clients have opportunities to manage distress and agitation using sensory modulation.

**Seclusion:** the confinement of the client at any time of the day or night alone in a room or area from which free exit is prevented.

**Restraint:** the restriction of an individual's freedom of movement by physical or mechanical means.

## 1.3 Legal and legislative framework

The NSW Guidelines *GL2015\_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services* was developed to provide procedural guidance on the safe use of sensory equipment and sensory rooms, with a focus on cleaning, storage, safe usage and maintenance for NSW Local Health Districts (LHDs) and Specialty Networks mental health services.

The NSW Guideline promotes the use of sensory approaches and tools in minimising and managing disturbed behaviour as part of a comprehensive approach to reducing the need to use seclusion and restraint.

This Practice Guideline has been developed to provide specific procedures to be used within the Sydney Children's Hospital Network at the identified services listed above.

The following documents should be read in conjunction with this Practice Guideline:

- GL2015\_001 [Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services](#)
- PD2020\_004 [Seclusion and Restraint in NSW Health Settings](#)
- PD2020\_022 [Cleaning of the Healthcare Environment](#)
- PD2018\_013 [Work, Health and Safety: Better Practice Procedures](#)
- PD2017\_013 [Infection Prevention and Control Policy](#)

## 2 OVERVIEW OF SENSORY MODULATION

NSW Mental Health services promote the use of sensory approaches and tools in minimising and managing disturbed behaviour as part of a comprehensive approach to reducing seclusion and restraint. They are also being increasingly used to promote client self-regulation, behaviour and participation.

### 2.1 Procedures

Procedural processes should be followed before, during and after a client has used the sensory room and / or any sensory equipment. Guidelines on procedural processes can be found in section 2.1.6.

A collaborative risk assessment has been completed in the development of all sensory based intervention within the SCHN. Sensory rooms on both sites may be locked or unlocked at the discretion of staff. Sensory equipment should be stored in a locked cupboard / room at staff discretion if it is believed that the item may be used inappropriately or unsafely.

The cost of sensory equipment is significant and the governance of the asset / repair / maintenance is significant. To ensure that sensory equipment is appropriately maintained, sensory equipment should be inspected by the Nursing Unit Manager and Occupational Therapist attached to the ward / service on a yearly basis.

Staff aware of any damaged equipment should remove the damaged equipment and follow the local procedures for the initiation of repairs immediately. Damage should be reported to the Nursing Unit Manager. The Nursing Unit Manager and Occupational Therapist will maintain an up-to-date equipment register to ensure preservation of sensory equipment.

### **2.1.1 Risk assessment and observation**

Comprehensive risk assessments are completed for each patient on admission to the Mental Health Unit and documented appropriately. In addition to this, regular mental state examinations and patient engagement / observations are conducted and documented on the electronic patient record. These assessments are used to determine an individual's risk for the use of sensory equipment. Level of risk should be considered for patients on medical wards and outpatients prior to use of sensory equipment.

Supervision for low risk sensory equipment including fidget tools, weighted blankets / items, rocking chairs, putty, bean bags, and gym mats and mp3 / radio / tablets, should be supervised according to their therapeutic supervision level (TSL) as advised by Medical Staff.

High risk equipment includes items that may have cords, be easily breakable or have a high likelihood of causing injury to self or others, for instance, a body sock, heavy weighted modalities, Wii balance board and controls, light projectors, digital piano and lamps. During periods where high risk equipment is in use, the patient should be provided with direct line of sight supervision.

If patients are observed to be experiencing a higher level of distress or are observed to be using sensory equipment inappropriately, their care level should be increased as appropriately and if necessary, the patient should be supported to transition to a more suitable piece of sensory equipment.

### **2.1.2 Sensory equipment**

Low risk sensory equipment that can be used without direct supervision may be left in the sensory room. This includes light weighted blankets (less than 10-15% of the patient's body weight), Sensit chair, weighted lap toys, and diversional activities (jigsaw puzzles, textas and colouring in etc.). Sensory equipment that should be used with supervision, or after assessment of a patient should be kept in a locked cupboard or sensory equipment trolley as it is considered high risk. This may include heavy weighted items (more than 15% of a patient's body weight), items requiring batteries, items that have a cord for power or charging and items which may be broken or used for self-harm if used inappropriately.

While the sensory room is envisaged to be a place where a client can calm down, relax and possibly fall asleep, it is not to be used as a bedroom / place for clients to sleep. The sensory room may be used by night staff to assist a client to calm down / relax prior to bedtime but it should not be used instead of their bedroom.

When it is decided that a client will use the sensory room, the staff member will ensure that the room is open and provide direction and instruction of what is expected behaviour and the desired outcome for the client.

It is up to the discretion of the clinical team to allow more than one client to use the sensory room at any one time. Groups facilitated by staff members can be held in the sensory room at the discretion of the staff members involved.

The recommended length of time for use in the sensory room is at the discretion of the local service or customised to the client and service needs. The client may leave the sensory room or stop using the sensory equipment at any point in time that they choose.

Evaluation of the use of sensory equipment and sensory rooms should occur at the discretion of each site. See appendices 4.2-5.1 for evaluation and implementation tools which may be adapted to each specific service.

### **2.1.3 Education and training**

Staff are to be provided with training and education regarding specific procedures related to Safe Work Practices, cleaning, storage, documentation and audit of sensory equipment. Staff are to be provided with training and education about the appropriate therapeutic guidelines that are in place for use of sensory equipment. Training will be conducted by nominated Occupational Therapists at both sites. All staff are responsible for ensuring a safe environment and should comply with these guidelines when using sensory equipment and sensory rooms.

### **2.1.4 Exclusion criteria**

Patients who present with the following issues and / or conditions are to be excluded from the use of shared sensory equipment and sensory rooms:

- Head lice
- Current viral, bacterial or fungal infections or illnesses
- Unexplained, acute onset of fever or fever with accompanying cough
- Vomiting or diarrhoea
- Skin abscesses, boils or open wounds
- Any other infectious conditions

Weeping or oozing wounds covered with an intact dressing will not exclude a client from using shared sensory equipment or the sensory rooms. Exclusion from the use of the equipment should only be for the period during which the client is infectious. Once the infection or infestation has been effectively treated, or wounds have healed, the client should then be re-assessed for suitability to use the equipment.

Additional exclusion criteria for use of weighted blankets can be found in section 2.1.8, Therapeutic use guidelines.

### 2.1.5 Recommended cleaning equipment / materials

For equipment:

- Detergent impregnated wipes
- Neutral detergent

For clients and staff:

- Wash hands before and after use, or
- Alcohol-based hand rub

### 2.1.6 Recommended cleaning methods

The following table lists specific cleaning information for sensory equipment. Where sensory equipment is used with inpatients, the inpatient should be encouraged to follow the recommended cleaning method if possible (e.g. if the surface of the sensory equipment is to be wiped down with detergent impregnated wipes). If the inpatient is unable to do this, the staff member who is looking after the inpatient should ensure that this is completed. Weighted blanket covers should be machine washed by Nursing Staff or Occupational Therapist.

Where sensory equipment has been given to outpatients for trial at home, families are to ensure that it is appropriately cleaned prior to returning it. The Occupational Therapist who prescribes the equipment should ensure that the family are aware of the cleaning requirements.

All items of equipment require cleaning after each use as follows and must be allowed to air dry before being used by the next client.

Equipment	Frequency of cleaning	Cleaning method
Weighted blanket / vest	Following each use unless used by one client only over a period of time.	Machine wash outer cover at 60 degrees.  Wipe down internal cover (if plastic / vinyl). If fabric, machine wash at 60 degrees.
Weighted toy / weighted lap bag / weighted cushion	Single client use only with soft fabric cover.  Following each use for hard / vinyl cover.	Machine wash removable cover at 60 degrees.  Wipe down hard / vinyl cover with detergent impregnated wipes.
SenSit chair	Following each use.	Machine wash outer cover at 60 degrees.  Machine wash inner cover at 40 degrees.  Wipe down cover with



		detergent impregnated wipes.
Rocking chair, glider chair	Following each use.	Wipe down surface and chair arms with detergent impregnated wipes.
Move and sit cushion, Disc o Sit	Following each use.	Wipe down surface with detergent impregnated wipes.
Tunnel, body sock, pressure vest	Following each use unless used by one patient over a period of time.	Machine wash at 60 degrees.
Massager, massage toy	Following each use.	Wipe down surface with detergent impregnated wipes.
Vibrating pillow	Single client use only with soft fabric cover.	Sponge down cover with detergent impregnated wipes.
Massage chair	Following each use.	Wipe down surface with detergent impregnated wipes.
Putty	Single client use only with putty or play dough.	Wipe down surface with detergent impregnated wipes.
Squeeze ball / stress ball / small sensory toy / fidget toy	Following each use unless used by one client over a period of time.	Wipe down surface with detergent impregnated wipes.
MP3 player / radio / tablet	Following each use.	Wipe down surface with detergent impregnated wipes.
Wii console, balance board, remote control	Following each use.	Wipe down surface with detergent impregnated wipes.
Light projector, artificial candle	Following each use.	Dry dusting or wipe down surface with detergent impregnated wipes for heavier soiling.
Optic fibre lamps, jelly fish tanks, Oggz	Following each use.	Dry dusting or wipe down surface with detergent impregnated wipes for heavier soiling.
Bean bag	Following each use.	Wipe down surface with detergent impregnated wipes.
Gym mat	Following each use.	Wipe down surface with detergent impregnated wipes.
Digital piano	Following each use.	Dry dusting or wipe down surface with detergent impregnated wipes for heavier soiling.
Exercise resistance bands	Following each use.	Wipe down surface with detergent impregnated wipes.

### 2.1.7 Identified operating risks

All items must be risk assessed annually and tested as per biomedical engineering processes.

Equipment	Risks
Weighted blanket / vest	Suffocation Ingestion / choking Overheating Muscle strain if carrying over extended period / distance Infection control
Weighted toy / weighted cushion / weighted lap top	Suffocation Overheating Ingestion / choking Trip hazard Used as a projectile Infection control
Sensit chair	Suffocation Infection control Overheating Muscle strain
Rocking chair / glider chair	Infection control Finger entrapment Falls Used as a physical barrier Throwing hazard
Move and sit cushion, Disc o Sit	Used as a projectile Self-harm Trip hazard Infection control
Bean bag	Ingestion / choking Suffocation
Tunnel, body sock, pressure vest	Infection control Self-harm (strangulation)
Massager, massage toy	Used as a projectile Ingestion / choking Infection control
Vibrating pillow	Infection control Overheating Ingestion / choking Electrocutation
Massage chair	Infection control Overheating Self-harm Trip hazard Electrocutation Fire
Squeeze ball / stress ball / small sensory toy / fidget toy	Used as a projectile Ingestion / choking Self-harm Trip hazard

	Infection control
Putty	Used as a projectile Ingestion / choking Self-harm Trip hazard Infection control
MP3 player / radio / tablet	Self-harm Used as a projectile Ingestion / choking Electrocution Hearing loss Fire
Wii console, balance board, remote control	Overheating Electrocution Trip hazard Self-harm Used as a projectile Choking / swallowing hazard Muscle strain Infection control
Light projector, artificial candle	Overheating Electrocution Trip hazard Self-harm Eye damage Radiation exposure Burns
Optic fibre lamps, jelly fish tanks, Oggz	Overheating Electrocution Trip hazard Self-harm Used as a projectile Choking / swallowing hazard
Gym mat	Infection control Strain injury Trip hazard
Digital piano	Electrocution Trip hazard Self-harm
Exercise resistance bands	Used as a projectile Self-harm (strangulation) Trip hazard Infection control

### **2.1.8 Therapeutic use guidelines**

All patients should be assessed as being appropriate to use sensory equipment and the sensory room by the Occupational Therapist responsible to the ward or service prior to use. If patients are observed to be experiencing a higher level of distress, their care level should be increased prior to entering the sensory room to ensure more frequent monitoring by nursing staff. Where patients are deemed to be at high risk of harm to themselves or others,

their care level should reflect the level of observation required when using sensory equipment.

Not all sensory equipment is appropriate for use when a patient is experiencing a high level of distress. Items which may be used as a projectile or to self-harm should not be provided to a patient at these times.

Equipment	Therapeutic guidelines	Safety considerations
Weighted blanket / vest	<ul style="list-style-type: none"> <li>• Patient to use weighted blanket in a static position, either lying down or sitting.</li> <li>• Patient may choose whether they prefer to use a heavy or light weighted blanket.</li> <li>• Patients may use the weighted blanket for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> <li>• Weighted vests should not exceed 10% of the patient's body weight.</li> <li>• Weights in a vest should be distributed evenly.</li> <li>• Weighted vests should be worn for a maximum of 60 minutes with a 60 minute break prior to wearing the vest again.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient should not walk around with blanket wrapped around them.</li> <li>• Should not be used as a restraint.</li> <li>• Should not be placed over the head or face of the user.</li> <li>• Should be removed if it becomes uncomfortable / too hot.</li> <li>• Patients with medical complications such as respiratory precautions, cardiac or circulatory concerns, skin integrity issues (open wounds or fragile skins), heavy lifting precautions, pregnancy and orthopaedic considerations (sprains, broken or fractured bones) will require medical clearance prior to use of a weighted blanket or vest.</li> </ul>
Weighted toy / weighted cushion / weighted lap top	<ul style="list-style-type: none"> <li>• Patients may use the weighted item for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be placed over the head or face of the user.</li> <li>• Should not be used as a restraint</li> </ul>
Sensit chair	<ul style="list-style-type: none"> <li>• Patients may sit in the Sensit chair with the weighted components on or off.</li> <li>• Patients may use the</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used as a restraint.</li> <li>• Weighted chair arms should not be placed over the head or face of</li> </ul>

	<p>Sensit chair for as long as they experience a therapeutic benefit from it at the discretion of staff.</p>	<p>the user.</p> <ul style="list-style-type: none"> <li>• Patient should remove weighted components if they become uncomfortable / too hot.</li> </ul>
Rocking chair / glider chair	<ul style="list-style-type: none"> <li>• Patients may use the rocking chair / glider chair for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> <li>• If patients have restrictions on the amount of exercise they can engage in, they may be directed to other sensory equipment at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• If a patient is not demonstrating safe / appropriate behaviour during use of the rocking chair, remind them how to use it safely. If unable to do this, support them to move to an alternative soothing activity / environment.</li> </ul>
Move and sit cushion / Disc o Sit	<ul style="list-style-type: none"> <li>• Patients may use the move and sit cushion / Disc o Sit for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low level distress (not appropriate for highly agitated patients).</li> </ul>
Bean bag	<ul style="list-style-type: none"> <li>• Patients may use the bean bag for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Should not be used as a restraint.</li> <li>• Bean bag should not be placed over the head or face of the user.</li> <li>• Patient should not use the bean bag if they become uncomfortable / too hot.</li> </ul>
Tunnel / body sock / pressure vest	<ul style="list-style-type: none"> <li>• Should be used with direct supervision and as part of a therapeutic activity guided by a trained staff member.</li> <li>• If patients have restrictions on the amount of exercise they can engage in, they may be directed to other sensory equipment at</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low level distress (not appropriate for highly agitated patients).</li> <li>• Should always be used with supervision.</li> </ul>

	<p>the discretion of staff.</p> <ul style="list-style-type: none"> <li>• Body sock / tunnel / pressure vest should be appropriate size for patient – to be assessed by Occupational Therapist.</li> </ul>	
Squeeze ball / stress ball / small sensory toy / fidget toy	<ul style="list-style-type: none"> <li>• Sensory items may be offered to patients to help them self-soothe or manage low-moderate levels of distress.</li> <li>• Patients may use it as frequently as they like as long as they are able to use it safely and appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low-moderate level distress (not appropriate for highly agitated patients).</li> <li>• Remove item if patient is not using it safely or appropriately.</li> </ul>
Putty	<ul style="list-style-type: none"> <li>• Putty may be offered to patients to help them self-soothe or manage low-moderate levels of distress.</li> <li>• Patients may use it as frequently as they like as long as they are able to use it safely and appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low-moderate level distress (not appropriate for highly agitated patients).</li> <li>• Remove putty if patient is not using it safely or appropriately.</li> </ul>
MP3 player / radio / tablet	<ul style="list-style-type: none"> <li>• May be offered to patients to help them self-soothe or manage low-moderate levels of distress.</li> <li>• Patients may use it as frequently as they like as long as they are able to use it safely and appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low-moderate level distress (not appropriate for highly agitated patients).</li> <li>• Ensure batteries are checked by staff prior to giving to patient and when collecting it.</li> </ul>
Wii console, balance board, remote control	<ul style="list-style-type: none"> <li>• May be offered to patients to help them self-soothe or manage low-moderate levels of distress.</li> <li>• Patients may use the wii console, balance board and remote for as long as they experience a</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients who are experiencing low levels of distressed (not appropriate for highly agitated patients).</li> <li>• Should be used with direct staff supervision at all times.</li> </ul>

	<p>therapeutic benefit from it at the discretion of staff.</p> <ul style="list-style-type: none"> <li>• Patients may use it as frequently as they like as long as they are able to use it safely and appropriately.</li> </ul>	
Light projector, artificial candle	<ul style="list-style-type: none"> <li>• Patients may use this for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> <li>• Patients should not directly hold or use these items.</li> <li>• Patients should be supported to ensure that during use, they are not in the direct light path to prevent damage the eyes.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low level distress (not appropriate for highly agitated patients).</li> <li>• Should be used with direct supervision at all times.</li> </ul>
Optic fibre lamps, jelly fish tanks, Oggz	<ul style="list-style-type: none"> <li>• Patients may use this for as long as they experience a therapeutic benefit from it at the discretion of staff.</li> <li>• Patients should not directly hold or use these items.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low level distress (not appropriate for highly agitated patients).</li> <li>• Should be used with direct supervision at all times.</li> </ul>
Gym mat	<ul style="list-style-type: none"> <li>• Should be used with direct supervision and as part of a therapeutic activity guided by a trained staff member.</li> <li>• If patients have restrictions on the amount of exercise they can engage in, they may be directed to other sensory equipment at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low-moderate level distress (not appropriate for highly agitated patients).</li> <li>• Should be used with direct supervision at all times.</li> </ul>
Digital piano	<ul style="list-style-type: none"> <li>• Patients may use this for as long as they experience a therapeutic benefit from it at the</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low-moderate level distress (not appropriate for</li> </ul>



	<p>discretion of staff.</p> <ul style="list-style-type: none"> <li>• Patients may use with headphones, if assessed as being safe to use.</li> </ul>	<p>highly agitated patients).</p> <ul style="list-style-type: none"> <li>• Should be used with direct supervision at all times.</li> </ul>
Exercise resistance bands	<ul style="list-style-type: none"> <li>• Should be used with direct supervision and as part of a therapeutic activity guided by a trained staff member.</li> <li>• If patients have restrictions on the amount of exercise they can engage in, they may be directed to other sensory equipment at the discretion of staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable for patients experiencing low level distress (not appropriate for highly agitated patients).</li> <li>• Should be used with direct supervision at all times.</li> </ul>

### 3 REFERENCES

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## 4 APPENDICES

### 4.1 Safe Work Practices

[SWP 1 – Weighted Blanket / Vest](#)

[SWP 2 – Weighted toy / lapbag / cushion](#)

[SWP 3 – Sensit Chair](#)

[SWP 4 – Rocking Chair](#)

[SWP 5 – Move and Sit Cushion](#)

[SWP 6 – Tunnel / Body Sock / Pressure Vest](#)

[SWP 7 – Vibrating Pillow](#)

[SWP 8 – Massage Chair](#)

[SWP 9 – Small Sensory Items](#)

[SWP 10 – MP3 Player, Radio, Tablet](#)

[SWP 11 – Wii, Balance Board](#)

[SWP 12 – Sensory Projector](#)

[SWP 13 – Lamps](#)

[SWP 14 – Portable Gym Mats](#)

[SWP 15 – Digital Piano](#)

[SWP 16 – Exercise Resistance Bands](#)

## 4.2 Sensory Room Utilisation / Risk Assessment

Name:	Diagnosis:	Time In:
MRN:	Sensory Room Initiated By: Patient / Staff	Time Out:
Age:		Duration:
<b>Behaviours BEFORE Sensory Room Use:</b>  <input type="checkbox"/> Physical Aggression __ / 10 <input type="checkbox"/> Pacing ___ / 10 <input type="checkbox"/> Loud ___ / 10 <input type="checkbox"/> Irritable ___ / 10 <input type="checkbox"/> Intrusive ___ / 10 <input type="checkbox"/> Paranoid ___ / 10 <input type="checkbox"/> Elevated ___ / 10 <input type="checkbox"/> Anxious ___ / 10 <input type="checkbox"/> Settled ___ / 10 <input type="checkbox"/> Calm ___ / 10 <input type="checkbox"/> Withdrawn ___ / 10 <input type="checkbox"/> Property Damage __ / 10 <input type="checkbox"/> Verbal aggression __ / 10 <input type="checkbox"/> Deliberate Self Harm __ / 10	<b>Behaviours AFTER Sensory Room use:</b>  <input type="checkbox"/> Physical Aggression __ / 10 <input type="checkbox"/> Pacing ___ / 10 <input type="checkbox"/> Loud ___ / 10 <input type="checkbox"/> Irritable ___ / 10 <input type="checkbox"/> Intrusive ___ / 10 <input type="checkbox"/> Paranoid ___ / 10 <input type="checkbox"/> Elevated ___ / 10 <input type="checkbox"/> Anxious ___ / 10 <input type="checkbox"/> Settled ___ / 10 <input type="checkbox"/> Calm ___ / 10 <input type="checkbox"/> Withdrawn ___ / 10 <input type="checkbox"/> Property Damage __ / 10 <input type="checkbox"/> Verbal aggression __ / 10 <input type="checkbox"/> Deliberate Self Harm __ / 10	<b>What interventions were tried?</b>  <input type="checkbox"/> Sensit Chair <input type="checkbox"/> Weighted blanket / vest <input type="checkbox"/> Rocking chair / glider chair <input type="checkbox"/> Move and sit cushion <input type="checkbox"/> Tunnel / body sock / pressure vest <input type="checkbox"/> Massager / massage toy <input type="checkbox"/> Putty / Stress ball / fidget toy <input type="checkbox"/> MP3 / radio / tablet <input type="checkbox"/> Wii and balance board <input type="checkbox"/> Light projector <input type="checkbox"/> Optic fibre lamps / jellyfish tanks <input type="checkbox"/> Bean bags <input type="checkbox"/> Exercise bands <input type="checkbox"/> Musical instruments <input type="checkbox"/> Talking with staff <input type="checkbox"/> Magazine / book <input type="checkbox"/> Listened to music <input type="checkbox"/> Guided relaxation <input type="checkbox"/> iPad Therapeutic apps <input type="checkbox"/> Journal/ Art / craft <input type="checkbox"/> Stretches / yoga <input type="checkbox"/> Puzzles / games <input type="checkbox"/> Warm drink <input type="checkbox"/> Holding ice / ice dive Other: _____
0 Not Observed      1 – 3 Mild      3 – 6 Moderate      6 – 8 Moderate / Severe 9 – 10 Extreme Distress		
Patient Self Report Distress level <b>BEFORE</b> use (please rate out of 10)		Patient Self Report Distress level <b>AFTER</b> use (please rate out of 10)
/ 10		/ 10





## 4.4 Sensory Modulation Equipment Cleaning Register

Item	Date	Initial	Date	Initial	Date	Initial	Date	Initial
Weighted blanket / vest								
Weighted toy / lap bag / cushion								
SenSit chair								
Rocking chair / glider chair								
Move and sit cushion / Disc o Sit								
Tunnel / body sock / pressure vest								
Massager / massage toy								
Vibrating pillow								
Massage chair								
Putty								
Squeeze ball / stress ball / fidget toy								
MP3 player / radio / tablet								
Wii console / balance board / remote control								
Light projector / artificial candle								
Optic fibre lamps / jelly fish tanks / Oggz								
Gym mat								
Digital piano								
Exercise resistance bands								

## 4.5 Sensory Modulation Equipment Inventory

Item	Working Order Y/N	Amount	Date and Initial	Working Order Y/N	Amount	Date and Initial
Weighted blanket / vest						
Weighted toy / lap bag / cushion						
SenSit chair						
Rocking chair / glider chair						
Move and sit cushion / Disc o Sit						
Tunnel / body sock / pressure vest						
Massager / massage toy						
Vibrating pillow						
Massage chair						
Putty						
Squeeze ball / stress ball / fidget toy						
MP3 player / radio / tablet						
Wii console / balance board / remote control						
Light projector / artificial candle						
Optic fibre lamps / jelly fish tanks / Oggz						
Gym mat						
Digital piano						
Exercise resistance bands						

## 5 Implementation Planner

### 5.1 Implementation Checklist

<b>Assessed by:</b>		<b>Date:</b>		
<b>Implementation Requirements</b>	<b>Not Commenced</b>	<b>Partial Compliance</b>	<b>Full Compliance</b>	
1. Responsibility is assigned to personnel for implementation of Safe Use of Sensory Tools and Sensory Rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
2. Relevant staff receive appropriate training and education in the safe use of sensory tools and sensory room procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
3. Sensory modulation equipment infection control / cleaning guidelines are present in all clinical areas where sensory tools are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
4. Sensory modulation equipment inventory (working order) are present in all clinical areas where sensory tools are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
5. Sensory modulation equipment staff training registers are maintained by personnel assigned responsibility for the implementation of Safe Use of Sensory Tools and Sensory Rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
6. Clinical guidelines for weighted modalities are present in all clinical areas where weighted modalities are used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			