GUIDELINES FOR THE USE OF SENSORY MODULATION EQUIPMENT AND SENSORY/COMFORT ROOMS FOR HHC PSYCHIATRIC INPATIENT SERVICES

JANUARY 2011

OFFICE OF BEHAVIORAL HEALTH
MESSAGE FROM THE
CORPORATE CHIEF MEDICAL OFFICER

I am pleased to provide you with "Guidelines for the Use of Sensory Modulation Equipment and Sensory/Comfort Rooms for HHC Psychiatric Inpatient Services." It contains suggestions for safely and effectively applying sensory techniques and using sensory equipment.

Please share the guidelines with your leadership team. Additionally, you will receive a copy of a training presentation to assist staff on the use of sensory modulation techniques, the development of a sensory/comfort room and policies for safe implementation. Questions/inquiries about these guidelines should be directed to the Office of Behavioral Health at Suite 423, 125 Worth Street, NY, NY 10013, and telephone 212/788-3465.

It is my hope that these guidelines will assist your staff in becoming better equipped at using sensory techniques and that this will ultimately further our corporate-wide effort to increase the effectiveness of the patient-centered care that we provide at HHC.

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Introduction

Using sensory modulation approaches and tools on an inpatient psychiatric service is an emerging best practice. Sensory modulation is a valuable tool that inpatient teams can use to address patient agitation and to assist patients in developing awareness and self-calming skills useful on the unit and after discharge. It also reduces the need for coercive measures such as seclusion or restraint. At HHC, the use of sensory modulation equipment and the development of sensory/relaxation/comfort rooms is one component of an overall effort to increase patient-centered therapeutic treatment strategies. As part of HHC’s Seclusion/Restraint Reduction Initiative, HHC facilities have received some training and a “starter kit” of sensory modulation equipment for each inpatient unit. As this is an emerging best practice, emphasis is being placed on the effective use of sensory modulation. The New York State Office of Mental Health (SOMH) has asserted the relevance of sensory modulation techniques as a preventative tool in the reduction of use of seclusion and restraint. A link for the SOMH toolkit containing suggestions for implementing sensory modulation is provided on page 23 (see David Robertson, PARS Grant). Recently, SOMH reiterated the importance of sensory modulation in a guidance regarding the use of PRN medications in emergency situations by stating “When early signs of tension and anxiety exist, individualized de-escalation strategies (such as sensory modulation techniques) need to be employed first.”

The Office of Behavioral Health has written these guidelines with the expectation that staff will become more interested, better equipped and confident in the use of sensory modulation equipment, while sending a message of empowerment to our patients and an affirmation of their ability to exercise self-control.

The Office of Behavioral Health wishes to extend its appreciation to Karen Moore, OTR/L and Tina Champagne, M.Ed., OTR/L, for providing valuable training to our behavioral health staff. We also acknowledge the resources and technical support that they made available for the development of these guidelines.

The guidelines are applicable for use of sensory equipment and sensory spaces for inpatient adult, child and adolescent units. Attention must be paid to the developmental level of the patient in determining appropriate use of sensory equipment. Throughout the body of these guidelines, information has been highlighted to provide clarity to potentially sensitive issues and emphasize a particular practice or recommendation.

These guidelines were developed with attention to the sensory equipment that most facilities were provided. However, on page 23, there are website addresses of sources for additional sensory equipment that might be useful.

It is important to note that the material covered in this manual can be applied by multiple clinical disciplines as effective strategies for treating patients. The sensory interventions offered are not meant to diagnose but to augment treatment. There are other sensory interventions that are used for diagnostic purposes. However, that degree of technique requires a higher level of training and skill than is covered in this manual.
What Is Sensory Modulation?

Before discussing specific equipment or approaches, it is important to start with a definition of sensory modulation. Sensory modulation is:

The ability to regulate and organize reactions to sensory input in a graded or adaptive manner. It is the balancing of excitatory and inhibitory inputs and adapting to environmental changes. Sensory processing refers to the way the nervous system receives, organizes and makes sense of sensory information. This includes information received from within the body and from the surrounding environment. (Ayres, 1979)

Individuals process and experience stimuli through several different information pathways. Patients may have deficits or limitations in sensory integration or sensory processing disorders that may be the result of traumatic or highly stressful interpersonal experiences. Use of sensory equipment provides effective methods for successful coping with internal and external stimuli. Sensory modulation is an active practice whereby patients learn which environmental factors are helpful in their process of learning how to regulate themselves. Use of this equipment facilitates an empowering environment in which patients may develop self-directed positive behavior. Sensory modulation is a highly individualized process, requiring identification of patient preferences. It is important to note that such preferences are not static and may change from day to day.

What Are the Potential Benefits of Sensory Modulation?

It is our intention that the incorporation of sensory techniques into the array of therapeutic activities and approaches on HHC inpatient services will not only increase the range of therapeutic options for patients and provide an opportunity for patients to have greater input into their treatment plans but will also help our patients learn self-regulation skills that will be valuable throughout their lives. It is also anticipated that these sensory methods will continue to support our efforts toward use of alternatives to seclusion and restraint, while increasing overall safety and promoting staff knowledge of therapeutic alternatives.

Potential benefits of incorporating sensory modulation into treatment include:
- Increased self-control and self-organization
- Enhanced attention span and alertness
- More emotional regulation
- Awareness of self-soothing
- Increased feelings of safety
- De-escalation of agitation
- Improved communication and positive interactions
- Increased feelings of centeredness and grounding.

Which Patients Will Benefit from Sensory Modulation?

Research has shown that the use of sensory modulation strategies by trained staff has positive effects among patients of varied ages, diagnoses, and cognitive functioning. One study found that 98% of the participants described a positive change in self-perceived stress levels, with the largest change in those reporting the highest stress levels prior to the intervention (Champagne, 2003). For a list of suggested sensory treatment strategies for common psychiatric problems see Page 15.
Sensory information is processed by way of the five senses — smell, taste, sight, hearing and touch. There are many variables that mediate one's sensory experience, those include intensity, frequency, duration, familiarity, receptivity, environment, mood, meaning and sensory processing.

Sensory stimuli can be grouped into the following categories — proprioceptive, vestibular, tactile, auditory, olfactory, visual and taste. Sensory modulation can be effective by achieving focus, attention, relaxation, etc., through managing appropriate stimulation in any of these categories:

**Proprioception** refers to sensations derived from muscles, tendons, ligaments, joints, and are most effectively received by deep pressure or movement against resistance.

- Examples of proprioceptive equipment options are the BOSU balance trainer, exercise bands, brain gym, beanbag tapping, therapy ball, beanbag chair, stress ball, hand held equipment, weighted blanket, lap pad, weighted vest, jumping rope, hopping, clay work, and playing with putty.

**Vestibular** refers to sensations derived from stimulation to the vestibular mechanism of the inner ear, occurring through changes in position and movement.

- Examples of vestibular options include a rocking/glider chair, rolling, swinging, swaying, chair balls, exercise band rowing, head rolls.

**Tactile** refers to the somatic sensation or sensing of the feeling of objects, through pressure, vibration, temperature, pain or pleasurable sensations.

- Examples of tactile options — hand massage, vibrating mat.

**Auditory** refers to sensations that sound soothing, or are distracting, and have an exciting or calming influence to muscle tone and equilibrium.

- Examples of auditory options are music, sound machines, musical instruments.

**Olfactory** refers to sensations that have a scent and they also have a direct impact on the limbic system. Particular attention should be given as the olfactory system can be quite sensitive.

- Examples of olfactory options — scent machines, scented candles, oil, herbs, aromatherapy.

**Visual** refers to sensations that are alerting or activating.

- Examples of visual options are art, bubble lamps, fiber optics, colored glasses, kaleidoscopes, mobiles, flashing lights, aquariums.

**Taste** refers to oral sensations, stimulation to help comfort and increase attention

- Examples of gustatory options herbal tea, chewing gum, sucking thick liquids with a straw, crunching ice chips, sucking hard candy (e.g., peppermints) (Champagne, 2008).

It is important to note that some sensory modulation tools target multiple sensory pathways at the same time.
Getting Started

There are many things to consider when planning to use sensory modulation as part of your therapeutic milieu.

**Which staff will be responsible? What discipline will spearhead implementation?**
Throughout these guidelines there is reference to Activity/Creative Arts Therapy and Nursing staff being the disciplines that will spearhead implementation of this equipment. However, all clinical staff should understand how to incorporate sensory modulation into their work with patients.

**Where will you provide the services?**
Some facilities have already developed a sensory/relaxation room, other facilities may have space limitations and will implement a sensory cart/cabinet with equipment being utilized in treatment rooms or patient rooms.

**Which services do you feel staff are competent to provide and how will you insure competence?**
Several staff have participated in sensory modulation training and have received training materials. Those staff who completed the training should have reviewed their materials and re-familiarized themselves with the sensory equipment. Use of the equipment should be discussed with treatment team members and types of sensory interventions can be incorporated into your facility’s therapeutic milieu.

**How will you assess your patients?**
Assessment of patients’ sensory preferences best occurs as part of the intake process, as this provides valuable information to guide the choice of calming/de-escalating activities. After careful assessment of triggers and risks, the treatment team can identify the appropriateness of sensory approaches with each specific patient. Sample assessments on pages 26-31 help determine the types of activities that may be helpful to an individual on the unit or upon his or her return to the community. Staff should familiarize themselves with the administration of this assessment as well as integration of the outcomes into the treatment plan.

**How will the service be documented in the patient’s treatment plan?**
Information from the sensory preference assessment informs the plan of care for each patient. The sensory diet checklist and subsequent identification of specific equipment enables the treatment plan to be tailored the use of these methods to each patient as part of the development of coping skills and relaxation/calming skills. This helps reinforce the value of sensory modulation for long-term self-care by patients after discharge. Additionally, the self-rating assessment should be completed after use of sensory equipment and maintained in the patient’s chart.

**How will you measure the impact of the use of sensory modulation to determine its effectiveness?**
Each unit implementing sensory techniques should collect data that helps assess and target the use of these methods. This might include:

- Documentation of mood state, before and after the use of sensory equipment, whether individually or in a group, via the Sensory Rating Tool (page 21) and completed by each patient.
- Documentation of sensory modulation approaches in treatment plans to see if the modality is impacting targeted problems.
- Review of incident reports, specifically comparing occurrence of: (1) frequency of assaults/fights, (2) frequency of IM medication use in an emergency situation, and/or (3) use of seclusion/restraint. These statistics can be collected for comparison of occurrences before implementation of sensory equipment with frequency rates after implementation and monthly ongoing. The expectation would be that use of sensory modalities will support the decrease of seclusion/restraint and assaults. You may be able to compare a unit using sensory modulation to one that does not.
Sensory Approaches

There are many different sensory modalities and interventions that can be useful in psychiatric settings. Examples include but are not limited to the following:

- Relaxation techniques
- Pet therapy
- Aromatherapy
- Sports/exercise activities
- Weighted modalities
- Art therapy
- Brushing or tapping
- Music/sound therapy

Some examples of these sensory approaches are effective for use during both assessment and treatment, including therapeutic use of self and a variety of sensorimotor activities. When determining whether to use sensory equipment, it is necessary to consider the patient’s cognitive functioning, emotional state, symptomatology, the environment, and interests and preferences. The decision must be made as to what type of stimulation is needed: calming or alerting?

Sensory Diet Exploration: Activity Checklist

An integral element in the process of determining the most effective sensory techniques/equipment for each patient is a sensory preferences assessment. Two Sensory Diet Exploration Activity Checklists are found in the Appendix on Pages 26-31, one for the hospital stay and one to be completed prior to discharge for use at home. The inpatient checklist is best completed by each patient during the initial psychiatric assessment upon admission. This checklist will be useful in preparing for sensory activities and will provide an appraisal of patients interests while increasing their own self-awareness and empowerment for decision making and goal setting. Please note that this checklist may sometimes need to be adapted for an individual’s cognitive ability, otherwise frustration and/or misinterpretation may occur. Preferences that have been identified may change from day to day, therefore, allowance for exploration of sensory interests outside of those identified is encouraged. The completed checklist should be placed in the patient’s chart and incorporated into the treatment plan.

Things to Consider Before You Use Sensory Modulation

Cognition: It is critical that any sensory treatment approach used with a patient matches his/her cognitive ability. You therefore need to assess their current general level of cognitive functioning, including problem-solving ability, capacity to generalize and engage in abstract thought. This information will have a significant bearing on the level of support needed for certain sensory equipment as well as the degree of appropriateness of a sensory modality.

Age: The age of each patient must be considered, including estimated developmental level, and age-appropriateness of equipment being used.

Trauma History and Symptoms: When considering types of stimulation, attention must be given to symptoms. Weighted modalities may offer supportive calming stimulation for someone experiencing anxiety, but perhaps not for a patient with an abuse/trauma history.
**Diagnosis:** These guidelines provide recommendations for types of sensory modulation equipment and techniques that are beneficial with particular diagnoses. This is in no way meant to restrict use, but is offered as a guide, and as this equipment is increasingly used, your experiences will enhance your knowledge of diagnosis-specific modalities.

**Medical Problems:** Careful assessment of medical problems is of vital importance. Medical clearance to use weighted modalities is required. Issues of mobility/ambulation must be considered when implementing large movement modalities. Attention to respiratory illness is necessary if incorporating olfactory techniques.

**Culture/Ethnic Affiliation:** Attention to religious/ethnic culture must be given in the selection of equipment or modalities that may require closer than may be comfortable proximity, or use of items that may be perceived as inappropriate or taboo.

**Skill Level:** Use of sensory items that complement a patient’s abilities will promote interest and use, whereas items that exceed the patient’s skill level for mastery may increase anger and frustration.

**Safety:** Safety should be a continual focus. Prevention of injury while using new equipment requires heightened attention. Careful attention is to be paid to possible ingestion/choking hazards of certain items. Precautions for use of electrical and battery operated items are included in this manual.

**Changes in Psychological Status:** Changes in status including deterioration or improvement in functioning will impact selection of sensory modality and it is therefore important to regularly review the patient’s chart prior to implementing any of these modalities.

**Intensity, Rhythm, Frequency and Duration of the Sensory Intervention:** The intensity, rhythm, frequency, and duration are all factors that will impact a patient’s tolerance for a specific modality. Adjustment or regulation of sound and intensity is important when using vibrating equipment. Exposure to sensory items for brief periods of time may be preferable and sensory items should be introduced gradually.

**Transfer of Learned Skills:** Throughout the inpatient treatment process, it is important to consider how the skills learned from sensory modulation interventions may be transferred/adopted to the community/home setting. It is critical that patients are introduced sensory tools and techniques that may be easily accessed in their environment and promote their continued recovery.

**Sensory Modulation Considerations with Child and Adolescent Populations**

In the 1970’s, A. J. Ayres, one of the early adopters and researchers on the use of sensory modulation, focused her work on techniques for children with sensory-processing difficulties. Over the past three decades, research has been expanded, and applicability of sensory techniques to child, adolescent and adult populations in psychiatric settings has become widely adopted. Special attention must be paid to issues of developmental appropriateness of interventions, specifically, the child’s level of understanding of usage of an item. Caution must also be exercised with regard to the size of the child and hazards that may present when using smaller manipulative items that could potentially be a choking hazard. As with adults, when utilizing weighted items, the 10% of their body weight rule, as referenced in the guidelines, must be observed.
Sensory Rooms

What Is a Sensory Room?
A room that is used for sensory modulation can be called a sensory modulation room, relaxation room, comfort room, or tranquility room. In this manual, we will use the term “Sensory Room.” A Sensory Room offers a nurturing, patient-centered, supportive environment and can be an integral component in multidisciplinary treatment programs. It can be useful in reducing agitation, facilitating self-regulation and assisting patients in effective self-soothing.

What Kind of Space Is It?
Many facilities currently have seclusion/restraint rooms. These spaces are optimal for conversion into a sensory room. In 2007, SOMH put forth an initiative, the Positive Alternatives to Restraint and Seclusion (PARS) Project that includes focus on the development of therapeutic, calming comfort rooms. In the comfort rooms, manual distributed by SOMH, it is suggested that these spaces should be a room that is a designated space designed to be calming to the senses and inclusive of therapeutic visual, auditory, tactile and olfactory stimuli. In developing your sensory space you are encouraged to consult with your facilities management/maintenance staff. Sensory rooms should be visually soothing, therefore selection of appropriate paint colors and therapeutic wall art/murals requires special attention. Comfortable furniture and lights that can be dimmed are helpful. The goal in using the sensory room and equipment is to develop practical coping skills that can be used by patients while in inpatient settings to decrease agitation and after discharge to maintain healthy functioning.

A sensory room should be a designated room on the unit that can be used daily for group therapy activities, individual therapy or a specialized group that teaches coping through the senses, all require supervised access. A patient’s involvement in any sensory activity is totally voluntary. Staff must ensure the safety of all using the room and the appropriate use and caretaking of sensory equipment. When staff are not utilizing the space with patients, it is to remain locked. The space is not to be used as a staff lounge. Use of the sensory room and equipment is restricted to those staff who have received sensory modulation training. As part of their orientation to the unit, patients should be made aware of the sensory room and equipment. Such availability of equipment and/or dedication of space should be made with clear guidelines, adequately transmitted and updated to all staff, as to the safe track of and access to this equipment.

Use of the sensory space and equipment is encouraged for both patients approaching distress as well as with patients as an integral element in their treatment for the development of coping skills. Staff may suggest that a patient take advantage of the sensory space or equipment as a means of gaining self-control or in early stage crisis de-escalation or patients may request use of the space.

When a patient requests use of the space, they should be allowed to access it for a specified time frame and for as long as they refrain from destructive, aggressive behaviors while in the space. If a patient has demonstrated an ability to independently use the sensory room and a staff person is not present in the room with a patient, use should be monitored every 15 minutes, or more frequently as needed. As part of a patient’s plan of care, when documented in the treatment plan, specific sensory equipment may be taken out of the sensory room for use by a patient at staff’s discretion when deemed an appropriate intervention.
Use of the room and the names of staff signing out sensory equipment and the patient using the equipment must be recorded, along with time and date on a log sheet (see page 34) kept at the nurse’s station. Before and after each use of the sensory room or equipment a sensory rating scale is completed by each patient. Adherence to the infection control policy regarding cleaning of patient items is necessary. Please reference the cleaning guidelines found in the Appendix.

Who Should Champion the Effort?

Identifying staff who will champion the use of your facility’s sensory room and sensory equipment requires consideration of interest and skill. Occupational and Activity Therapists are generally the most knowledgeable about the use of environment and equipment for therapeutic purposes and therefore within the HHC system of inpatient psychiatric units it is suggested that Activity Therapists should be considered the discipline that takes the lead within our multi-disciplinary treatment teams for implementation of sensory modalities. However, some facilities may desire nursing staff to spearhead implementation of sensory modalities. It is vital that emphasis is placed on the benefit that all disciplines — medicine, nursing, psychology, social work can derive from use of this equipment. All inpatient — staff should receive in-service training on the use of sensory modalities in order that equipment can be effectively incorporated into treatment plans, for daily activities, group and individual therapy.

Measuring the Impact

This modality promises to be highly beneficial not only for the treatment of agitated patients but also as a strategy for providing more person-centered treatment and aiding in the reduction of staff burn-out as well as reducing seclusion and restraint use. Each facility is encouraged to collect and maintain comparative data on variables including reduction of level of agitation, decreased use of IM medication, and decreases in staff assault following implementation of sensory equipment and/or sensory room on your inpatient unit.

General Patient Precautions

It is necessary to review the patient’s chart and consult with medical staff prior to utilization of the sensory room and equipment. Be aware of medication side effects that may require increased monitoring.

Particular attention should be given to handling the following issues:

- Allergies
- Seizure history
- Diagnostic considerations
- Trauma history
- Respiratory considerations
- Cardiac precautions
- Medication side effects.

General Staff Recommendations

As with any major implementation of a new therapeutic practice, support from the leadership is important, along with a strong sense of accountability by a specific discipline for guiding its implementation. Again, it is suggested that Activity Therapy staff may be the best choice to spearhead
the integration of this modality into treatment plans for your inpatient services. However, it is important to emphasize the benefit that this equipment can have when integrated throughout your multi-disciplinary treatment teams. The lead discipline is responsible for distributing educational material, coordinating in-services based on training received, and maintaining and monitoring the equipment and its usefulness. Infusing training on sensory modulation into new staff orientation and staff meetings is recommended. Incorporating interactive sensory activities into staff and treatment team meetings can be extremely helpful for staff and leadership buy-in. Revision of unit and crisis response policies to incorporate sensory modulation techniques is also recommended.

At the patient level, the staff responsible for sensory practices should:

- Consult with other staff and review patients chart prior to initiating use of sensory equipment
- Request permission from the patient to touch them or introduce new stimuli
- Respect patients’ decisions to decline or terminate an activity
- Observe changes in mood, increases in agitation, distress, and be aware of non-verbal cues
- Avoid surprises, prepare patients in advance for new activities by describing them
- Avoid wearing jewelry than can be grabbed, and strong fragrances

**Sensory Space Guidelines**

In the event that your facility does not have sufficient space to allow for an entire room to be dedicated as a sensory room, use of a container, cart or cabinet that contains sensory items can be effective. An equipment inventory log must be maintained, itemizing equipment contained, name of staff removing an item, date, time and the name of patient with whom the equipment is being used. **Whether using a sensory room, station, corner, cart or bin, the equipment in use should foster a therapeutic relationship and facilitate a sense of safety and stability through provision of nurturing options for sound, visual, movement and touch modalities.**

Sensory items should be:
- Fire resistant.
- Latex free.
- Washable/wipeable.
- Routinely cleaned, between each person’s use (at a minimum).

The sensory room/cart should
- Be secured.
- Have a schedule for access.
- Be free of clutter.
- Have adequate lighting.
- Have attractive walls (art work).
- Have soothing sounds.
- Be free of sharp cornered furniture and long cords.
- Be routinely cleaned, minimally on a daily basis.
Recommendations for Use of Specific Sensory Equipment

The Office of Behavioral Health provided facilities with a range of sensory modulation equipment, reflective of tools that would be useful in each of the sensory areas. The equipment provided by OBH includes the following: sensory ball set, full-body massage mat, vibrating pillow, sensory critters, weighted blanket, CD/cassette portable player, sensory music CDs, tactile brushing set, big bug massager, glider rocker, soft rocker, jumbo teddy bear, animal hand puppets, dazzling dough set, foam ball, the nest, mobile storage cabinets, and vibrating slippers. There are a variety of sensory items that can be purchased to augment your equipment. A list of websites for additional supplies can be found on page 23.

Guidance on the Use of Weighted Items

Use of the weighted blanket/lap pad/vest

Weighted items such as blankets, lap pads and vests offer a positive method of providing proprioceptive input, decreasing hyper-responsiveness, and promoting calmness and concentration. They are effective in increasing attention, calming, self-soothing, decreasing self-injury, relaxing, reducing over-stimulation and increasing reality-awareness.

It is recommended that weight amounts not exceed 10% of a person’s body weight

This is generally safe for most people. However the following guidelines are to be observed. Medical Clearance for use of weighted modalities will be required by the physician or nurse practitioner. If medically cleared for the use of weighted items, the activity therapist or head nurse will determine the clinical appropriateness and response to the use of weighted treatment modalities. A sample weighted blanket policy can be found in the appendix, page 35.

Additional issues to bear in mind with weighted items

- Weighted items should never be used as a restraint aid.
- Never allow patient to cover head with a weighted item.
- A weighted blanket should not be introduced when a patient is lying down.
- The lap pad is primarily used while in a seated position.
- The weighted vest is an active use weighted modality that allows the patients to ambulate while wearing it.
- Again, patients may only use a maximum vest weight that is not more than 10% of their body weight, unless it is determined after initial trial that a greater weight is something that the patient desires, and it is deemed medically safe and therapeutically appropriate.
- Patients must never carry the weighted blankets when weighing more than 10% of their body weight, for their own physical safety.
- Maximum amount of weight that can be used with the geriatric population is 10 pounds.
- If the patient is using a weighted modality that is more than 10% of the person’s body weight, vital signs and oxygen saturation rate shall be monitored. The patient should also be frequently monitored and asked if they are experiencing any discomfort.
- Caution use with patients having trauma history (be aware of potential claustrophobic feelings).
- Allow patient trial use of various weights beginning with low weight and gradually increasing weight as tolerated.
- Patients with orthopedic, circulatory, respiratory, thermoregulation problems should not use weighted objects in excess of 5 pounds.
- Provide reminders that the weighted item can be removed whenever they want.
• Document follow-up experience with sensory rating scale.
• Whenever there are questions or concerns regarding a patient’s use of the weighted blanket, they must be directed to the Activity Therapy staff or to the charge nurse when the Activity Therapy staff is not available.
• Follow infection control standards for cleaning after use by each patient and when soiled.

When using weighted equipment, special attention is to be given to patients presenting with any of the conditions listed below. If a weighted item is used on a patient with one or more of the following conditions, they will need to receive assessment of vital signs, of oxygen saturation, and of effects of the use of the weighted item on each shift:

• Respiratory precautions
• History of cardiac or circulatory problems
• Skin integrity issues including open wounds or fragile skin
• Heavy lifting precautions
• Orthopedic considerations such as broken or fractured bones.

Caring for Sensory Weighted Vests or Pierced-Top Weighted Blankets

Wash the sensory critters, weighted vest/pierced-top weighted blanket in cold or warm water with regular detergent. Before washing, remove the weights. The vest can be dried with other laundry. However, be careful not to over dry the vest. To avoid shrinkage, lay the quilted top blanket flat to dry. If washing at night, place the vest on a hanger and let it dry. Cloth items are to be washed when soiled and at a minimum on a weekly basis with a log maintained for date of washing and staff completing the task. A sample log can be found on page 33.

The Activity Therapy or nursing staff who signed out the specific sensory equipment are responsible for the proper laundering and storage of the weighted blankets, lap pads and vests. Weights must be taken out prior to laundering. They are to be washed and dried in the unit’s washer and dryer after use by each patient and then returned back to the sensory room/cart/cabinet.

At no time should loose weights be located anywhere on the unit except in the storage bin/cart. Staff must adhere to the infection control policy regarding the cleaning of all items. Staff aware of any damaged blankets should follow the hospital wide guidelines for the initiation of repairs immediately and notify activity therapy staff.

Tactile Brushing

Tactile brushing offers patients a complete range of tactile stimulation experiences useful in sensory calming/alerting. Deep Pressure and Proprioceptive Technique (DPPT) is effective when used on arms and legs, light to firm brush strokes upward and downward. The brushing portion of the DPPT applies firm pressure, which begins at the arms and works down toward the feet. The stomach and chest areas should be avoided due to the potential to influence the urge to vomit or urinate when applied over these areas.

Brush Maintenance

Surface clean with a damp mild disinfecting wipe. If bristles get wet, allow to air dry completely before storing to prevent mold growth.
Tactile/Tabletop

Sensory calming glittery gel in various colors and removable textures useful for patients with tactile defensiveness/intolerability. Surface clean with a damp mild disinfecting wipe.

Dazzlin’ Dough

Reusable, long-lasting, all-natural, scented modeling dough can be air-dried, baked, microwaved, and then painted. It is non-toxic.

Fidgets and Sensory Balls

TANGLE® Therapy

Twist it/turn it therapy fun offers calming tactile stimulation. Surface clean with a damp mild disinfecting wipe.

Flex Ring

Soft, plastic ring with rounded disc “beads” can be twisted or squeezed for tactile and visual stimulation. Surface clean with a damp mild disinfecting wipe.

Fuzzy Rainbow Squeeze Ball

Visual and tactile stimulation when squeezing the items enclosed in the ball. Surface clean with a damp mild disinfecting wipe. It is recommended that these items not be used with individuals with significant cognitive impairments as the balls may constitute a swallowing/choking hazard.

KOOSH Ball

This ball’s brightly colored tentacles stretch and bounce at the pull of your fingers. Safe and great for building eye/hand coordination. Surface clean with a damp mild disinfecting wipe.

Bouncy balls and flexible rings are ideal for catching and throwing and offer excellent visual and tactile stimulation. Also great for building eye/hand coordination and perceptual training. Surface clean with a damp mild disinfecting wipe.

Bounce Foam Ball

Can be hit, thrown, bounced indoors and outdoors and are stingless. Surface wipe with a cloth dampened with water.
**Vibrating Items**

**Big Bug Massager**

Plastic device provides stimulating sensory feeling with 4 massaging feet. Great for back, neck, shoulders, legs, and arms. Surface clean with a damp mild disinfecting wipe. Do not submerge in water.

**Vibrating Pillow**

Pillow springs to vibrating life when you touch it. Remove pressure and it stops. Fun to play with and great for relieving muscle stress. Surface wash with a mild fabric safe detergent. Do not submerge in water.

**Vibrating Foot Slippers**

Comfy slippers feature knobby, battery-operated insoles that provide invigorating foot massage. Surface wash with a mild fabric safe detergent. Do not submerge in water.

**Manipulatives**

Manipulatives include such items as Animal Hand Puppets. Non-threatening, cuddly, plush hand puppets are ideal for language development or fine-motor activities for children on the unit. Use your fingers to articulate the arms and head. They should be machine washable.

**Jumbo Teddy Bear**

Non-threatening oversized bear provides gentle tactile input. Surface wash with a mild fabric safe detergent. Follow instructions on bear's tags for further cleaning instructions.

**Auditory Stimuli**

All CD’s are stimulating, yet are an effective calming strategy and can be comforting music for the classroom or treatment room.

Sensory music—Rejuvenate CD: Rhythmic and contemporary music is designed to renew the senses.

Sensory music—Sleep CD: Soft, warm, ambient melodies encourage restful, peaceful sleep.

Sensory music—Escape CD: Unique arrangements combine with inspiring instrumentation.

Sensory music—Le Grande Bleu CD: Lovely piano melodies inspired by the ocean mix with the gentle sounds of the sea.

Sensory Music—Tranquility CD: This soothing collection sets a peaceful mood for relaxation.
Use of Beanbag Tapping

Beanbag tapping can provide deep pressure touch to the body and is useful in enhancing body awareness, alertness, increases positive sensory feedback, provides healthy touch experience.

- Taps should be firm but not hurtful
- Tap with attitude of kindness
- Begin tapping on patients palm and back of hand, working up the arm, shoulders chest across to other side of body
- Tap back, legs, thighs, shins, feet
- Do not tap neck, face, forehead, stomach, or near private areas

Cleaning the Bean Bag

Use water and a mild detergent to remove general dirty areas of the bean bag. Liquid dish soap is an example of a mild detergent. Do not use abrasive cleaners because they may scratch the fabric. Use a (soft bristle) toothbrush for stubborn marks. Use a clean non-abrasive cloth to wipe the fabric dry.

Rocker, Massage Pad and Vibrating Boots

Rocking provides vestibular input and provides effective calming stimulation through slow and rhythmic motion. This offers several benefits including stress reduction, calming restless behavior, physical stimulation. Use of the massage pad provides tactile stimulation through vibration and promotes positive body awareness. Wipe clean after each use with a non-abrasive cloth.
Precautions for all Electrical/Battery-Operated Equipment

There are certain important safeguards that the staff should be aware of when using electrical products. First, basic safety precautions should always be followed, including the following:

- Read all instructions in order to avoid electrocution.
- Always unplug the appliance from the electrical outlet immediately after using and before cleaning.
- DO NOT reach for an appliance that has fallen into water. Unplug it immediately.
- DO NOT use while bathing/showering.
- DO NOT place or store an electrical appliance where it can fall or be pulled into a tub or sink and DO NOT place in or drop into water or other liquid.
- NEVER use pins or other metallic fasteners with these appliances.
- Keep electrical items dry. DO NOT operate them in wet or moist conditions.

To reduce the risk of burns, electrocution, fire or injury to persons:

- An appliance should never be left unattended when plugged in.
- Unplug electrical items from outlet when not in use and before putting on or taking off parts or attachments.
- DO NOT carry electrical appliances by their power cord or use the cord as handle.
- To disconnect, turn all controls to the “off” position, then remove plug from use.
- Electric products should never be used by any individual suffering from any physical ailment that would limit the user’s capacity to operate the controls or who has significant sensory/thermoregulation deficiencies.

Suggested Use of Specific Equipment for Various Stress/Distress Levels

<table>
<thead>
<tr>
<th>Calm</th>
<th>Slightly Anxious</th>
<th>Very Agitated</th>
<th>State of Escalating Distress</th>
<th>Highly Distressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music</td>
<td>Handheld tools</td>
<td>Weighted lap pad</td>
<td>Walking/pacing</td>
<td>Weighted blanket</td>
</tr>
<tr>
<td>Fragrance</td>
<td>Weighted hat</td>
<td>Weighted animal</td>
<td>Weighted blanket/ lap/pad/</td>
<td>blanket</td>
</tr>
<tr>
<td>Bubble lamp</td>
<td>Fragrances</td>
<td>Deep breathing</td>
<td>pad/vest</td>
<td>Spandex wrap</td>
</tr>
<tr>
<td>Colored glasses</td>
<td>Bubble lamp</td>
<td>Stress ball</td>
<td>Fragrance</td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td>Exercise band</td>
<td>Fragrances</td>
<td>Deep breathing</td>
<td>Rocking chair</td>
</tr>
<tr>
<td>Beanbag tapping</td>
<td>Beanbag tapping</td>
<td>Spandex wrap</td>
<td>Rocking chair</td>
<td>Rocking chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spandex wrap</td>
<td>Tight tucking</td>
</tr>
</tbody>
</table>

(Moore, 2009)

Suggested Sensory Treatment Strategies for Common Psychiatric Problems

**Anxiety, Agitation, Panic Attacks:**

- tactile manipulatives such as “worry” stone/beads, Koosh or stress ball
- movement and exercise and activities that provide strong sensory input (including walking)
- activities with strong proprioceptive input (exercise band rowing)
- rocking chair/glider (vestibular input)
- gum or sucking on a hard candy or sipping something thick through a straw
- relaxing, calming music
- deep abdominal breathing (encourage daily use for 15-20 minutes)
- tight tucking, spandex wrap
- weighted vest, blanket, lap pad, cap.
Depression:
rocking chair/glider
movement and exercise and activities that provide strong sensory input
weighted lap pad, blanket, stuffed animal
uplifting, favorite music
aromatherapy
beanbag tapping.

Poor Reality Orientation:
strong deep pressure and proprioceptive input
external cues, sound, light, tactile brushing
simple sensory activities.

Sensory Distortions:
make environmental adjustments to minimize aversive stimulation
use room-restriction or “Safe Space” to reduce stimulation
activities with strong sensory input.

Sensory Defensiveness:
problem solve for triggers and ways to avoid aversive stimuli
eliminate aversive sensory stimulation
strong sensory stimulation to help normalize the sensory system.

Disorganization
sensory activities that help with self awareness, tapping, band rowing
sensory cues, activities that provide strong, organizing sensory input.

Cognitive Problems
alerting activities to help with attention (weighted vest, cap, hand manipulatives, music)
body or sensory system instead of mindfulness techniques
provision of sensory cues and environmental adaptations.

Substance Abuse
explore alternative ways to feel good and have fun
discuss ideas for healthy sober leisure
involvement in the Sensory Group models having fun in simple ways and encourages socialization
develop plan for stress management and balance of routine.

Dissociation
strong alerting sensory stimulation for grounding, deep pressure strategies
calming sensory input once patient is grounded in reality
grounding techniques (scent box, weighted modalities, tapping, movement, sometimes ice)
deep abdominal breathing (use for short amounts of time to refocus).

Self-injurious behaviors/ Self-Harm
calming sensory input (rocking, “tight wrapping” in bedding or blanket)
strong sensory stimulation
beanbag tapping.

(Moore 2007)
How Do You Know if a Sensory Item Is Not Working?

The following are warning signs that a patient may be having difficulty tolerating the modality and the activity should be stopped:

- Increased anxiety
- Confusion
- Increased irritability
- Extreme resistance to the activity
- Paranoia
- Lightheadedness
- Increased perspiration
- Flushing
- Shortness of breath
- Distressed crying
- Nausea
- Fearful expression
- Increased anger.

Always document the patient’s sensory experience with the sensory rating scale found in the appendix.

Final Thoughts

We urge you to maximize the use of your sensory room and equipment through integration into treatment plans, crisis de-escalation plans, daily activities, group and individual therapy.

Explore patient preferences for sensory equipment and utilize the sensory rating for ongoing feedback.

Incorporate ongoing in-service training into staff meetings, treatment team meetings, disposition meetings and new staff orientation.

Monitor your sensory modulation results at the individual patient level and on an aggregate basis. Look at the impact of the use of sensory modulation on the use of seclusion/restraints, use of IM, patient satisfaction, staff satisfaction, etc. Share materials received from training and discuss knowledge and experiences gained through use of the equipment and lessons learned from implementation.
Self-Rating Tool: Using Sensory Interventions
What helps you feel better?

Name: ____________________
Date: ____________________
Time: ____________________

How did I feel before I used the sensory modulation room/equipment?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tense</td>
<td>Relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle a number)

After use how do I feel?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tense</td>
<td>Relaxed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle a number)
Circle all that helped you

**Touch**

- Fidget tools
- Stress ball (T-2)
- Heavy Blanket
- TANGLE therapy
- Flag house glitter gel pad
- Uncoated foam ball
- Sensory ball
- Movement
- Rocking chair
- Foot massager
- Big bug massager
- Pressure Touch
- Mat massager
- Sitting in a bean bag chair
- Using a weighted blanket
- Heavy Jacket
- Auditory
- Classical music
- Nature sounds
- Waterfall sounds
Internet Resources and Supplies

For a copy of the SOMH’s “Comfort Rooms: A Preventative Tool Used to Reduce the Use of Restraint and Seclusion in Facilities that Serve Individuals with Mental Illness,” contact David Robertson, PARS Grant
cqadar@omh.state.ny.us

For general information on sensory modulation, contact:
Karen Moore  www.sensoryconnectionprogram.com; or
Tina Champagne  www.ot-innovations.com

Sensory Equipment Sources:
Bosu Balance Trainer   www.bosu.com

ROM Dance Program - Gentle exercise and relaxation Videos
www.taichihealth.com/indexrom.html

Strong Women and Men Books Great safe exercise programs!
www.strongwomen.com/books/

Infinity Walk Program
www.infinitywalk.org/index.htm

Tool Chest for Teachers, Parents and Students  HenryOT
Tools for Teens
www.ateachabout.com

Weighted Modalities
Salt of the Earth Weighted Blankets and Vests
www.saltoftheearthweightedgear.com/index.html
Weighted Wearables Comforter
www.weightedwearables.com/blacket.html
Dream Catcher Weighted Blankets
www.weightedblanket.net/

Wall Murals
www.muralsuperstore.com/index.htm

Lava and Motion Lamps - Target
Aroma Therapy Supplies - Target
HoMedics Sound SPA Relaxation Sound Machine - Target
Beanbag Chairs and Video Rockers - Target
www.target.com

Biodots

Miscellaneous Inexpensive Supplies
Oriental Trading Company    www.oriental.com
Rhode Island Novelty  www.rinovelty.com
<table>
<thead>
<tr>
<th>Item</th>
<th>Soap and Water</th>
<th>Sanitizing Wipes</th>
<th>Create Barrier Sheet/Socks/Pajama top/Chucks</th>
<th>Machine Wash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Ball Set</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items Made of Rubber/Vinyl Items /foam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twin Quilt Weighted Blanket *</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓ * Do not Dry, remove weights “Cover Only”</td>
</tr>
<tr>
<td>Foot Massage Pillow * Wash cover</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage Pillow</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Bag Massager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mat Massager</td>
<td></td>
<td></td>
<td></td>
<td>“Cover Only”</td>
</tr>
<tr>
<td>Tangle</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangle Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Koosh Balls</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Odd Balls</td>
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</tr>
<tr>
<td>Uncoated Foam Balls</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bean Bag Chair</td>
<td></td>
<td></td>
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<tr>
<td>Teddy Bear</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Tactile Brushing Set</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighted Vest</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓ Remove weights</td>
</tr>
<tr>
<td>Puppets on Child/Adolescent</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Playdough Do Not Reuse</td>
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<td></td>
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<tr>
<td>Soft Rocker</td>
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<td></td>
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</tr>
<tr>
<td>Slider Rocker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boom Box</td>
<td></td>
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</tr>
</tbody>
</table>
Sample Policy for Use of the Sensory Room and Equipment

I. PURPOSE:
The sensory room/comfort cart/sensory items will be available for all patients under the supervision of staff. Patients will be afforded opportunities for alternative sensory modulation approaches as a coping skill.

II. POLICY:
Activity therapy staff will practice infection control policies in the management of sensory equipment and for patient use in the sensory room. The comfort cart is to remain locked at all times except when in use by a patient under supervision of a trained member of the staff or during group activities.

Sensory room and items in the cart will remain clean and not provide a source for infection.

III. STANDARD OF CARE:
Patient safety will be maintained by keeping the sensory room and items clean and ready for each patient's use.

IV. STANDARD OF PRACTICE:
Activity therapy staff has primary responsibility for ensuring that patient safety is maintained for each patient by minimizing opportunities for infection, followed secondarily by nursing staff.

V. PROCEDURE:
1. Items in the cart are to be itemized and kept on the inventory Log sheet.
2. Each time an item is removed there is to be documentation noting the patient #, time of removal, time of return and staff initials, place a check mark in the box marked
3. In addition there will be a documented note placed in the patient record recording the effectiveness or non-effectiveness of the item used.
4. Patients will be asked to complete a sheet documenting their reaction to the item used.
5. The comfort cart is to be checked by the night staff each night to determine if there are any missing items.
6. Items are to be cleaned after each use.
7. Additional items included on the cart are: cleansing wipes, sheets, pillow cases, chucks and socks.
8. Large and/or stationary items should be cleaned when obviously soiled or minimally on a daily basis. A soap and water wash followed by clear water rinsing and air drying should be adequate. Disinfectant is not required.
Sensory Diet Exploration: Activity Checklist While in the Hospital

The following is a checklist of things people may use or do in order to help decrease and/or prevent distress. Please take a moment to check off those things that seem to be helpful for you. Each of these activities uses all or most of the sensory areas. However, they are categorized to help you identify some of the specific sensorimotor qualities you may want to focus on while in the hospital. This will assist our staff in designing a plan of care for you that will promote effective coping skills.

Movement

__Walking/hiking
__Aerobics
__Dancing
__Stretching/isometrics
__Lifting weights
__Yoga/Tai Chi
__Jumping on a trampoline
__Rocking in a rocker/glider
__Rocking yourself
__Bean bag tapping
__Shaking out your feet/hands
__Playing an instrument
__Doodling
__Re-arranging furniture
__Taking a shower
__Cleaning
__Building things

Others: _______________________________________________________________
**Types of Touch & Temperature**
- Blanket wrap/weighted blanket
- Getting a massage
- Holding/chewing ice
- Using arts/crafts supplies
- Pottery/clay work
- Petting a dog, cat, or other pet
- Holding a dog, cat or other pet
- Warm/cold cloth to head/face
- Hot/cold shower
- Hand washing
- Using a stress ball
- Fidgeting with something
- Twirling your own hair
- Going barefoot
- Washing or styling your hair
- Bean bag tapping/brushing
- The feel of certain fabrics
- Being hugged/held
- Knitting/crocheting/sewing
- Being in the shade/sunshine
- Rubbing on powders/lotions
- Playing a musical instrument

Others: _____________________________________________________________________

**Auditory/Listening**
- Enjoying the quiet
- Using the telephone
- Listening to musical instruments
- Birds chirping
- The sound of a fan
- People talking
- White noise
- Music box
- Wind chimes
- Whistling

- Radio shows
- Use of a walkman/MP3 Player
- Humming/singing
- The sound of a water fountain
- Rain
- Ocean sounds
- Ticking of a clock
- Relaxation or meditation CDs

Others: ____________________________
**Vision/Looking**

Looking at:
- Photos
- The sunset/sunrise
- Snow falling
- Rain showers
- Fish in a tank
- Autumn leaves
- Art work
- A bubble lamp
- A mobile
- Waterfalls
- Stars/clouds in the sky
- Ocean waves
- Watching sports
- Movies
- Animal watching
- Window shopping
- Photography
- Reading
- Looking through different colored sunglasses
- A flower
- Water or fish swimming in a lake
- Looking through picture books

Others: _________________________________________________________________

**Olfactory/Smelling**

- Scented candles
- Herbs/spices
- Essential oils
- Scented lotions
- Cologne/perfume
- Incense
- Baking/cooking
- Coffee
- Aftershave
- Freshly cut grass
- Flowers
- Citrus fruits

Others: _________________________________________________________________
**Tasting/Chewing**
- Chewing gum
- Crunchy foods
- Sour foods
- Chewing ice
- Sucking a thick milkshake through a straw
- Chewing on a straw
- Yawning
- Deep breathing
- Biting a lemon
- Eating a lollipop
- Drinking coffee/cocoa
- Drinking herbal or regular tea
- Drinking something carbonated
- Listerine strips
- Mints
- Hot balls
- Spicy foods
- Eating a popsicle
- Blowing bubbles
- Chocolate

Others: _________________________________________________________________________________

**Additional Questions**

What kind of music is calming to you? _________________________________________________________

What kind of music is alerting to you? _________________________________________________________

Do you prefer bright _____ or dim lighting _____ when feeling distressed?

Are there other things that are not listed that you think might help you? If so, what?

_________________________________________________________________________________________

After reviewing all of the activities you have checked off and listed, what are the top five things that are the most helpful when you are feeling distressed?

1. ___________________________________________________________________________________
2. ___________________________________________________________________________________
3. ___________________________________________________________________________________
4. ___________________________________________________________________________________
5. ___________________________________________________________________________________

Adapted from Wilbarger, 1995 and Williams & Shellenberger 1996; Champagne, 2004
Sensory Diet Exploration: Activity Checklist When at Home

The following is a checklist of things people may use or do in order to help decrease and/or prevent distress. Please take a moment to check off those things that seem to be helpful for you. Each of these activities uses all or most of the sensory areas. However, they are categorized to help you identify some of the specific sensorimotor qualities you may want to use to help you with coping when you are at home.

**Movement**
__Riding a bicycle
__Running/jogging
__Swimming
__Gardening
__Yard work
__Shopping
__Driving
__Going on amusement park rides
__Chopping wood
__Washing/waxing the car
__Skiing/skating

**Different Types of Touch & Temperature**
__Soaking in a hot bath
__Warming up to a fire/wood stove
__Planting or weeding
__Washing the dishes
__Getting a manicure/pedicure
__Cooking/baking

**Auditory/Listening**
__Plays/Theater __Whistling
__Live concerts __Relaxation or meditation CDs
__Enjoying the quiet __A cat purring
__Using the telephone __Use of a walkman/MP3 Player
__Listening to musical instruments __Humming/singing
__Birds chirping __The sound of a water fountain
__Wind chimes __Music box
__Radio shows __Ocean sounds
__Rain __Ticking of a clock
__Wind chimes __Sound of a fan
<table>
<thead>
<tr>
<th>Vision/Looking</th>
<th>Gustatory/Chewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photos</td>
<td>Chewing gum</td>
</tr>
<tr>
<td>The sunset/sunrise</td>
<td>Crunchy foods</td>
</tr>
<tr>
<td>Snow falling</td>
<td>Sour foods</td>
</tr>
<tr>
<td>Rain showers</td>
<td>Chewing ice</td>
</tr>
<tr>
<td>Fish in a tank</td>
<td>Sucking a thick milkshake through a straw</td>
</tr>
<tr>
<td>Autumn leaves</td>
<td>Chewing on a straw</td>
</tr>
<tr>
<td>Art work</td>
<td>Yawning</td>
</tr>
<tr>
<td>Waterfalls</td>
<td>Deep breathing</td>
</tr>
<tr>
<td>Stars/clouds in the sky</td>
<td>Biting a lemon</td>
</tr>
<tr>
<td>Ocean waves</td>
<td>Eating a lollipop</td>
</tr>
<tr>
<td>Watching sports</td>
<td>Drinking coffee/cocoa</td>
</tr>
<tr>
<td>Movies</td>
<td>Drinking herbal or regular tea</td>
</tr>
<tr>
<td>Animal watching</td>
<td>Drinking something carbonated</td>
</tr>
<tr>
<td>Window shopping</td>
<td>Listerine strips</td>
</tr>
<tr>
<td>Photography</td>
<td>Chocolate</td>
</tr>
<tr>
<td>Reading</td>
<td>Mints</td>
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<tr>
<td>A flower</td>
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<tr>
<td>Water or fish swimming in a lake</td>
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<tr>
<td>Looking through picture books</td>
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<tr>
<td>Olfactory/Smelling</td>
<td></td>
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<tr>
<td>Chopped wood</td>
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<tr>
<td>Smell of your pet</td>
<td></td>
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<tr>
<td>Linens after being hung outside to dry</td>
<td></td>
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<tr>
<td>Scented candles</td>
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<tr>
<td>Essential oils</td>
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<tr>
<td>Cologne/perfume</td>
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<tr>
<td>Baking/cooking</td>
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<tr>
<td>Coffee</td>
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<tr>
<td>Aftershave</td>
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<tr>
<td>Freshly cut grass</td>
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<tr>
<td>Flowers</td>
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<tr>
<td>Citrus fruits</td>
<td></td>
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<tr>
<td>Herbs/spices</td>
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</tbody>
</table>
## Sensory Modulation Equipment Provided by HHC

### CHILDREN AND ADOLESCENT UNITS

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Sensory Ball Set</td>
<td></td>
</tr>
<tr>
<td>Full-Body Massage Mat</td>
<td></td>
</tr>
<tr>
<td>Vibrating Pillow</td>
<td></td>
</tr>
<tr>
<td>Sensory Critters Weighted Blanket 50&quot; X 75&quot; /8-10 lbs. - Bold Primary Colors</td>
<td></td>
</tr>
<tr>
<td>Califone CD/Cassette Portable Player</td>
<td></td>
</tr>
<tr>
<td>Sensory Music CD's - choice (5 each facility)</td>
<td></td>
</tr>
<tr>
<td>Tactile Brushing Set</td>
<td></td>
</tr>
<tr>
<td>Big Bug Massager</td>
<td></td>
</tr>
<tr>
<td>Glider Rocker - Adult size -sapphire blue</td>
<td></td>
</tr>
<tr>
<td>Soft Rocker - Adult Size</td>
<td></td>
</tr>
<tr>
<td>Jumbo Teddy Bear 3' tall</td>
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<tr>
<td>Animal Hand Puppets Set</td>
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<tr>
<td>Dazzlin Dough Set</td>
<td></td>
</tr>
<tr>
<td>Foam Ball</td>
<td></td>
</tr>
<tr>
<td>The Nest</td>
<td></td>
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<tr>
<td>Mobile Storage Cabinets with handles and locks</td>
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</tbody>
</table>

### FORENSIC AND ADULTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Sensory Ball Set</td>
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<tr>
<td>Full-Body Massage Mat</td>
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<tr>
<td>Vibrating Pillow</td>
<td></td>
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<tr>
<td>Sensory Critters Weighted Blanket 50&quot; X 75&quot; /8-10 lbs. - Bold Primary Colors</td>
<td></td>
</tr>
<tr>
<td>Glider Rocker - sapphire blue</td>
<td></td>
</tr>
<tr>
<td>Califone CD/Cassette Portable Player</td>
<td></td>
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<tr>
<td>Sensory Music CD's - choice</td>
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<tr>
<td>Tactile Brushing Set</td>
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<td>Big Bug Massager</td>
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<tr>
<td>Foam Ball</td>
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<tr>
<td>Vibrating Slippers</td>
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<tr>
<td>The Nest</td>
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<tr>
<td>Mobile Storage Cabinets with handles and locks</td>
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</tbody>
</table>
## Cleaning Log for Sensory Modulation Equipment

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Date</th>
<th>Time</th>
<th>Item/Equipment</th>
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</thead>
<tbody>
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</tbody>
</table>
Sensory Equipment Use Log

To be completed when sensory tools are removed from sensory room/cart for individual patient use

Unit________________________

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Staff person approving use</th>
<th>Name of patient using equipment</th>
<th>Location of patient using equipment</th>
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</thead>
<tbody>
<tr>
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Weighted Blanket Guidelines

Disclaimer: The following guidelines must be used in conjunction with the clinical reasoning of licensed healthcare professionals who are skilled in the use of weighted blankets (WBs). These guidelines are based upon research conducted with adult mental health populations using up to thirty (30) pounds, which may not be directly generalizable.

The weighted blanket (V1/4/13) is NEVER to be used as a restraint, and never allow a person to put it over his or her head.

Obtain medical clearance or a doctor's order.

Review each person's medical and trauma histories and address the following;
   Any medical considerations that would effect utilizing the WB?
   Any trauma considerations that would effect using the WB?
   Any tendency to feel claustrophobic?

Explore weight and fabric preferences with the person and customize the blanket used to the person's preferences; modify for any/all safety concerns.

Have the person trial the use of the WB, at their self-preferred amount of weight (and weight placement when optional) and collaboratively determine initial plan for use.

   • Remind the person that he or she can remove it at any time, especially if it becomes too heavy or too hot.

   • Some people like to sleep with the WB, this may be done when used safely and regularly monitored by staff.

When using the WB overnight, follow up with the person the next day or as warranted for safety.

   • Ask the person how it went; explore desired changes to amount of weight or weight placement (when an option), any changes to style or fabric preferences?

Assist patients in self-rating the influence of the use of the blanket over time and when it seems to be most helpful.

User preferences must be documented, placed in a central location for staff, caregivers and patients to, reference and review in treatment team/placed on the treatment plan.

A licensed professional, who is skilled in the use of the WB and in the proper procedures for use and maintenance, must fully train any staff providing the WB to patients.

Infection control standards must be followed and the WB must be cleaned properly after and between use by different individuals, and when soiled.

Assess often when used in warm climates and when the client requests use during a restraint event to self-soothe, due to any possibility of problems with thermoregulation.

Compiled by Tina Champagne, 2008
Guidance regarding the use of PRN medications

THE New York State Office of Mental Health (OMH) believes that recipients and families are most effectively served when decisions are made after consideration and discussion of all relevant clinical information, including the risks and benefits of any treatment. A working alliance with a recipient is best achieved by inviting the individual to identify personal and treatment goals (potentially through advance directives), and in collaborating with the recipient to achieve those goals. However, as with all medical illnesses, emergency situations may arise which require urgent interventions to ensure the health and safety of the recipient or others.

Individuals have the right to refuse treatment in hospital settings and are presumed competent to do so, unless proven otherwise. The Rivers vs. Katz decision (67 NY2d 489 (1986)) requires a written court order or an imminent emergency situation to mediate an individual over his/her objection.

The administration of medications in emergency situations requires the input of a physician. Medication treatment over objection in emergency circumstances can be construed as a “drug used as a restraint.” Thus, a physician “STAT” order is needed in all instances of this intervention. Because all OMH operated or licensed hospitals are required to have physician coverage, 24/7, all facilities can obtain a physician “STAT” order in a timely manner when these circumstances arise.

Both “STAT” and PRN orders can be used appropriately to treat agitation—as long as the treatment is voluntary. Agitation, however, in and of itself, is not an emergency situation that warrants treatment over objection.

The Federal Center for Medicare and Medicaid Services (CMS) has cited psychiatric hospitals in New York for writing PRN orders for agitation but not defining “agitation.” Therefore, it is the expectation of OMH that if agitation is a target symptom for medication administration, it should be explicitly defined in the treatment plan—as a target symptom. OMH also expects that every PRN for agitation order will specify that its use is voluntary. In instances where the PRN order is IM (intramuscular) for agitation we presume that the order to deliver a psychotropic medication IM is involuntary since few individuals would voluntarily agree to take an IM medication of this class of drug on a PRN basis.

OMH stresses that early recognition and intervention are extremely important in treating clinically unstable individuals and are an indication of high quality medical care. The appropriate management of agitation requires the use of primary prevention strategies that reduce stress and coercion and encourage the use of coping skills. Working in collaboration with individuals receiving care, caregivers must identify triggers for stress and early warning signs and take measures to modify the environment (e.g., light, noise, activities, staff-consumer and consumer-consumer interactions) to create a calm and soothing atmosphere. When early signs of tension and anxiety exist, individualized de-escalation strategies (such as sensory modulation techniques) need to be employed first. Offering reassurance, soothing kits, compassionate treatment, active listening, and kind, nurturing care often prevents power struggles which can lead to agitation and disruptive behaviors.

OMH urges that staff be well trained in non-pharmacologic primary prevention and intervention techniques. Training should help staff recognize environmental triggers that may precipitate violence and early warning signs that warrant their concern and response.


In addition, OMH has developed a resource guide regarding the creation of Comfort Rooms, available at: http://www. omh.state.ny.us/omhweb/resources/publications/ comfort_room/

If you have additional questions on PRN use, e-mail Dr. Gregory Miller at: gregorym@ dhcc.state.ny.us. For questions concerning primary prevention activities, contact Jaime Van Bramer at: jaimev@omh.state.ny.us.

In summary, we offer this guidance:

- Effective alliance, advance directives, and shared decision-making should be actively sought for all recipients of services, and their families when appropriate.
- Early detection and intervention are always desirable when caring for clinically unstable individuals.
- STAT orders should be used in emergency situations, not PRN orders.
- Every PRN Agitation Order must stipulate that use is always voluntary.
- ANY psychotropic medication (IM or otherwise) administered over objection must meet Rivers vs Katz criteria (pursuant to a court order or if used in an emergency situation ordered STAT).

Terms used in this guidance:

Drug used as a restraint means a drug or medication when it is used as a restriction to manage a patient’s behavior or restrict his/her freedom of movement and is not a standard treatment or dosage for the patient’s medical or psychiatric condition, or as otherwise defined in federal regulations of the Centers for Medicare and Medicaid Services.

Emergency means a situation in which the patient engages in dangerous conduct.

IM means “intramuscular.”

Medication over objection means that a patient verbally or behaviorally objects to the administration of medication and staff uses force to administer the medication or tells the patient that, despite his/her objection, the medication will be administered using force if necessary.

PRN (pro re nata) means “as needed.”

STAT (statim) means “immediately,” on a one-time basis.
References


New York State Office of Mental Health (2008). Comfort Rooms: A preventative tool used to reduce the use of restraint and seclusion in facilities that serve individuals with mental illness.