Sensory Modulation Intervention Guideline

MHAPPM/8103

	Approved by:	General Manager – Mental Health & Addiction	First Issued:	April 2012		
	Signature:	David Warrington	Review Date:	August 2022	KINA IMPROVEMENT AKINA IMPROVEMENT RARANCATETRA PARTNERSHIP TAUWHIRO CARE	
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Purpose

The purpose of this document is to provide guidance to staff on how use of the sensory modulation intervention, sensory rooms and equipment.

This document is to be used in conjunction with MHAPPM/8953 – <u>Mental Health and Addiction Group</u> <u>Policy</u> which outlines the shared vision and expectations for the direction, values, principles, attitudes and ways of working to deliver a values based service.

Principles

All Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke's Bay documents are based on and link back to our values; **He Kauanuanu** (respect), **Ākina** (improvement), **Raranga Te Tira** (partnership) and **Tauwhiro** (care), and are detailed so all persons are provided with clear information on the way they are expected to practice and undertake tasks.

Scope

All staff involved in Sensory Modulation practices within both inpatient and community service settings.

Definitions

Refer to the Mental Health Service Definitions Glossary <u>\\FS3\share\Public\All Users\MHS Policy</u> review\DEFINITIONS FOR WORDS AND TERMS IN USE WITHIN THE MENTAL HEALTH SERVICE.docx.

Term/Abbreviation	Meaning
Sensory Modulation	The capacity to regulate and organise the degree, intensity and nature of responses to sensory input in a graded and adaptive manner. This allows the individual to achieve and maintain an optimal range of performance and adapt to challenges in daily life (Miller & Lane, 2000).
	Sensory modulation is a clinical intervention that aims to limit the use of seclusion and restraint in mental health acute inpatient units, and involves deploying a range of prevention tools in a soothing and stimulating environment i.e. the sensory room.
Sensory Modulation Room	A supervised, therapeutic environmental room equipped with sensory based tools which supports people to recognise his/her own individual sensory preferences, thereby aiming to make the person orientated, grounded and safe.
	These rooms/spaces are specifically designed to deliver stimuli to various senses, using lighting effects, colour, sounds, music, and scents.

Term/Abbreviation	Meaning
Weighted modalities	Blankets and soft toy animals which have weights added.
Standard Precautions	Standard precautions are strategies used to protect healthcare workers from cross infection. They include use of gloves, gowns, aprons, management of linen waste and sharps to prevent the transmission of infection in healthcare settings.
	Equipment is maintained and infection control principles are applied.

Roles and Responsibilities

Role	Responsibility
Clinical Nurse Manager	 Identify and support staff to attend sensory modulation training and maintain workforce skills. Ensures the sensory modulation equipment is maintained and resourced. Identify non-registered staff members, who have undertaken appropriate training to undertake supervisor sensory modulation, within a framework of direction and delegation.
Occupational Therapist	 Drives, supports and maintains use and safety of rooms and its contents. Monitors documentation. Orientates staff on use of sensory modulation modalities and use of the sensory modulation rooms. Supports training needs for all clinical and identified non-registered staff members. Has oversight of the maintenance, cleaning and requests for purchasing of appropriate equipment.
Clinical staff	 Attend training in sensory modulation prior to using the sensory modulation room and/or equipment. Be orientated to the use of the sensory modulation resources (including weighted blankets) and the identified rooms. Ensure all sensory modulation use is documented in the tāngata whaiora's health record, including goals and outcomes. Responsibility for safety of self and tāngata whaiora is maintained through the use of current and effective clinical assessment, use of personal alarms, and ensuring that team members are aware of their location. Adhere to cleaning and hygiene guidelines after use of equipment and that all items are returned and the room left tidy and clean. Where sensory modulation session is delegated to an approved non-registered person, they remain responsible for oversight of the session and ensure the session outcome is documented. The decision to delegate the supervisory role must be clinically driven at all times.
Non Registered staff member	 Must be approved by Clinical Nurse Manager, Associate Clinical Nurse Manager or delegate, to undertake a sensory modulation supervision role. They must have sufficient skills and experience to safely undertake the role, know who to go to for help and be able to report back to the delegating clinician observations and outcomes of the session.

Guideline

General Precautions

Prior to using Sensory Modulation, staff must consider the individual Tangata Whaiora:

- Mental state
- Arousal level
- Risk assessments
- Sensory preferences
- Allergies
- Trauma history
- Environmental effects (lighting, back ground noise etc)
- Respiratory /cardiac precautions
- Pregnancy
- Cultural considerations
- General physical health conditions
- Age

Documenting Sensory Preferences

Collection of Sensory Preferences should be attempted within 72 hours of admission to Ngā Rau Rākau and recorded in the tāngata whaiora Go To Plan, Clinical notes, Sensory Preference form; Treatment Plan; DBT Management Plan.

Tangata whatora are to be invited to complete the guest book kept in the Sensory Modulation Room (if applicable). The guest book provides information to help inform us about the effectiveness of the room, and to identify which modalities they found to be the most effective.

Sensory modulation interventions used and outcomes must be documented in the clinical notes and relevant care plans.

Staffing

Only staff trained in how to use sensory modulation (registered and unregistered staff) are able to supervise the use of the room/space. All staff are required to have basic training in sensory modulation. The staff member remains with the tangata whatora during the time that the room is being utilised.

Sensory Modulation Room

Use of Designated Sensory Modulation Rooms

- The Sensory Modulation Room may be used for individual and small group sessions.
- Dedicated sensory modulation rooms are used for sensory modulation purposes only.
- Following use, the room must be left in a clean and orderly condition.
- Following mental state assessment/risk assessment/sensory preference assessment, a tangata whaiora may use the sensory room unsupervised and checked at a minimum of 30 minute intervals.
- Signage to indicate when the room is in use is to be used at all times.
- Minimum expected time frames for using the room is approximately 20-30 minutes.
- Sensory modulation resources are to be keep in the locked cupboard when not in use.

Access to Sensory Modulation Rooms

Tāngata whaiora have access to a sensory room/or space by making a request to their allocated registered nurse.

When a tangata whatora uses the room/space for the first time the process, including the reasons for use, is explained. A sensory plan, outlining the tangata whatora's preferences for using the room is developed when using the room for the first time.

A sensory modulation plan should be developed on admission to the Mental Health Service and be covered in the person's single, on-going plan:

- The tangata whaiora can choose to talk or not to the staff member.
- The process is designed to be self-regulating and can be replicated in the home.
- The tangata whatora can identify resources for making their own sensory kit as well as planning for a sensory area within their home environment.

Multi-purpose Sensory Modulation Rooms

- Multi-purpose sensory rooms must be supervised when sensory modalities are in use.
- Multi-purpose rooms may remain unlocked when not in use for sensory modulation, but sensory modulation resources must be stored in a locked area when not in use.

Note: The use of the room must always be on a voluntary basis.

Sensory Modulation Equipment

Equipment

- An inventory of sensory modulation resources is kept by a designated person.
- Sensory cart and cupboard keys are stored in identified location that is accessible to all staff.

Note: Sensory Modulation Educational resources and literature are available on the intranet.

Weighted Blanket

The weighted blanket is a client-centered, therapeutic modality which is used to facilitate self-organisation, self-regulation, reality orientation, sensory awareness, activity tolerance and increased activity participation.

Note: All staff using weighted blankets as a therapeutic tool must have completed the sensory modulation training and be signed off to use weighted blankets.

Medical Clearance

Prior to the introduction of a weighted modality, staff must review each tāngata whaiora's medical and trauma history. Some tāngata whaiora who have experienced trauma may have an adverse reaction to the use of a weighted modality.

Tāngata whaiora may not be able to use weighted modalities due to general medical conditions, including:

- Respiratory problems
- History of cardiac or circulatory problems
- Skin integrity issues including open wounds or fragile skin
- Muscular-skeletal problems (for example, back pain)
- Orthopedic concerns such as broken or fractured bones
- Pregnancy

If a tangata whatora has any of the above medical conditions, medical clearance is required prior to using a weighted modality, and must be documented in the tangata whatora's electronic record (ECA).

Where medical clearance is not given to use a weighted modality, an alert will be placed in ECA. Weighted modalities may not be used until clearance is given by a doctor and documented.

Trialling and Use of Weighted Blanket

- A variety of weighted modalities are available for individual use.
- The tangata whatora must be physically supported and comfortable prior to and during the use of a weighted modality.
- The tangata whatora may choose to utilise the weighted modality in a sitting or lying position. If in a lying position, respiratory function must be unimpeded.
- An initial plan for use must be developed collaboratively between the tangata whater and staff.
- Tāngata whaiora must be made aware that they can remove the weighted modality at any time.

Ongoing Monitoring

All tangata whatora must be monitored during weighted modality use for any signs of distress, such as:

- Change in respiration
- Sweating, increase in body temperature
- Pain
- Change in skin colour, circulatory issues
- Restlessness
- Requests to remove the weighted modality immediately

If any of the above signs of distress are observed, the use of the weighted modality should stop immediately and the tangata whaiora supported to calm.

Transportation of Weighted Blanket

When weighted blankets need to be transported, staff must never carry weighted blankets weighing more than 10% of their own body weight. A trolley or wheeled suitcase can be used to transport weighted blankets.

Cleaning

- Weighted blanket covers must be clean and refreshed between users -covers must be removed from weighted blankets prior to laundering.
- When not used with a cover, weighted modalities must be wiped with Te Matau a Māui, Hawke's Bay approved disinfectant before and after use.

Essential Oils

Essential oils must be used in accordance with the manufacturers' recommendations for use.

Review of Medical History

• A review of the tangata whatoras' medical history must occur prior to use of essential oils, and contraindications identified.

Pregnancy

- If the woman is pregnant, medical advice must be sought from her GP or midwife before using essential oils.
- Essential oils must not be used during the first trimester.
- Once medical clearance has been obtained, oils should only be used at a 1% concentration, which is half the normal strength.
- Do not use essential oils at any time during pregnancy if there is a history of miscarriage.

Use

- Essential oils are never to be used internally.
- Essential oils must be diluted into massage oils and spray bottles.
- Avoid steam inhalation if the person has asthma.
- Many essential oils are flammable, never use or put bottles of essential oil near a source of heat except electric oil burners with timers.

Note: Do not apply undiluted essential oils directly to the skin, and eyes.

Storage

• Essential oils must be stored in the locked carts or locked cupboards, in a cool dry place away from heat and light.

Essential Oils approved for Clinical Use

- Orange
- Lavender
- Bergamot

Infection Control

Hygiene

- Adequate hand hygiene with soap or hand sanitiser as per MoH and Te Whatu Ora Te Matau a Māui guidelines must be used by staff and tāngata whaiora before and after touching sensory modulation equipment.
- Sensory modulation equipment must not come into contact with broken skin.
- Where clothing is soiled a sheet or paper sheet (known as couch roll), or similar should be placed between the person and the sensory modulation equipment, and laundered or disposed of at the end of the session.
- Weighted blankets should be used with clean covers and covers laundered afterwards. In absence of a suitable cover, weighted blankets can be wiped with Te Whatu Ora Te Matau a Māui approved disinfectant.
- **Note:** Factors relating to risk of disease transmission should be thoroughly considered when deciding to use Sensory equipment during outbreaks of infectious disease. Relevant Te Whatu Ora Te Matau a Māui infection control protocols during these times must be diligently observed.

Cleaning Sensory Modulation Equipment

- Ensuring sensory modalities are cleaned before and after use is the responsibility of the staff member supervising use of the equipment.
- Disposable gloves should be worn when cleaning equipment and handling used fabrics such as blanket covers.
- Ensure that all Sensory Modulation equipment is wiped with Te Whatu Ora Te Matau a Māui approved disinfectant (wipes or spray) or warm soapy water, and weighted animals sprayed with Te Whatu Ora Te Matau a Māui approved disinfectant spray before and after use.
- Staff should not take SM equipment home to wash.
- At each use, modalities should be checked that they are in good working order and surfaces are intact. Faulty or broken modalities should not be used.
- All staff are responsible for informing the designated person when items are in need of replacement or repair.

One Person Only Use

• If essential oils are used in balms, the balms are not to be shared between individuals.

Measurable Outcomes

People are able to access the Sensory Modulation rooms, within an agreeable timeframe.

Use of seclusion and/or pharmacological intervention is reduced over time.

Improved experience of people using the service, monitored via feedback and visitors' book.

Staff report positive outcomes for people regarding presentation and therapeutic rapport and service experience.

Principles of sensory modulation are being used by people following discharge.

Related Documents

MHASPPM/8953 – Mental Health and Addiction Group Policy

References

Waitemata DHB Specialist Mental Health Services Sensory Modulation Protocol

The delivery of sensory modulation by persons other than Registered Nurses, Occupational Therapists, Psychologists or Social Workers: A position paper May 2011/ version one Te Pou

<u>Te Pou – The National Centre of Mental Health Research, Information and Workforce Development.</u>

http://www.tepou.co.nz/file/Research-projects/seclusion/sensory-modulation-factsheet-24-june-2011.pdf

Keywords

Sensory Modulation Sensory preference Distress Comfort

> For further information please contact the Clinical Nurse Manager – Mental Health Intensive Service