Guideline

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Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services

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Summary The guidelines provide procedural guidance on the safe use of sensory equipment and sensory rooms by NSW Local Health Districts (LHDs) and Specialty Networks mental health services. It provides information to enable LHDs/Specialty Networks to develop their own Standard Operating Procedures for cleaning, storage, safe usage and maintenance of sensory equipment. This document does not cover the therapeutic use of sensory equipment and sensory rooms. Therapeutic guidelines should be developed at a local level by organisations.

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Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations, Public Hospitals

Audience Mental health staff, clinical, allied health, nursing, emergency departments

Distributed to Public Health System, Health Associations Unions, Ministry of Health

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NSW GOVERNMENT Health

GUIDELINE SUMMARY

SAFE USE OF SENSORY EQUIPMENT AND SENSORY ROOMS IN NSW MENTAL HEALTH SERVICES

PURPOSE

The purpose of these guidelines is to provide procedural guidance on the safe use of sensory equipment and sensory rooms for NSW Local Health Districts (LHDs) and Specialty Networks mental health services. It provides information to enable LHDs / Specialty Networks to develop their own Standard Operating Procedures for cleaning, storage, safe usage and maintenance of sensory equipment.

This document does not cover the therapeutic use of sensory equipment and sensory rooms. Therapeutic guidelines should be developed at a local level by organisations.

KEY PRINCIPLES

The document identifies a range of strategies to be used in maintaining the cleanliness and safe operation of various items of sensory equipment. These strategies also include the assessment of clients for physical conditions that may preclude their use of the sensory equipment (i.e. open wounds, all infections etc) as well as a mental health risk assessment.

These guidelines should be read in conjunction with the Environmental Cleaning Standard Operating Procedures that are updated continually and are available at http://www.cec.health.nsw.gov.au/programs/hai.

The cost of equipment is significant and the governance of the asset / repair / maintenance needs to be included in local governance systems. Local documentation should contain a clear statement around asset protection / repair / regular maintenance and inspection of the sensory equipment.

General care and maintenance of all sensory equipment should be the responsibility of one designated staff position. There should be an up-to-date sensory equipment register at all facilities.

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 staff member designated responsibility of the sensory equipment.

Examples of procedural processes can be found in Section 4 of the guidelines.

USE OF THE GUIDELINE

This document is relevant to all staff working in NSW Health mental health services that use specific sensory equipment and sensory rooms. Local Health Districts and Specialty Networks should have their own local procedures informed by these guidelines.

Services should develop local business rules and governance systems for the use of sensory equipment and sensory rooms. It is up to the individual service as to whether the sensory room remains locked whilst not in use. 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 following documents should be read in conjunction to these guidelines:

PD2012_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW

http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_035.html

PD2012_061 Environmental Cleaning Policy

http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_061.pdf

PD2013_005 Work Health and Safety: Best Practice Procedures

http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_005.html

PD2007_036 Infection Control Policy

http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf

REVISION HISTORY

Version	Approved by	Amendment notes
January 2015 (GL2015_001)	Deputy Director General, System Purchasing and Performance	New guideline.

ATTACHMENTS

1. Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services – Guidelines.

Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services

NSW GOVERNMENT Health

GUIDELINES

Issue date: January-2015

GL2015_001

CONTENTS

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, with a focus on cleaning, storage, safe usage and maintenance for NSW Local Health Districts (LHDs) and Specialty Networks mental health services.

It provides information to enable LHDs / Specialty Networks to develop their own Standard Operating Procedures for cleaning, storage, safe usage and maintenance of sensory equipment. Local Health Districts and Specialty Networks must have their own local procedures informed by these guidelines.

The document 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 NSW Health mental health services that use specific sensory equipment and sensory rooms.

The document is divided into the following sections:

Section 1 Background

Section 2 Overview of sensory modulation

Section 3 References

Section 4 Appendices

Section 5 Implementation planner.

In this document the term:

• **should** – indicates a recommended action that should be followed unless there

are sound reasons for taking a different course of action.

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 equipment.

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 Procedure *PD2012_035 Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* was developed to reduce and where possible, eliminate the use of seclusion and restraint in public mental health services. This procedure aligns with guidance from the National Mental Health Seclusion Reduction Project – National Safety Priorities in Mental Health: a National Plan for Reducing Harm.

The NSW Procedure 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.

All public health organisations and their staff have a duty of care under common law to take all reasonable steps to safeguard clients, visitors and staff from infection (PD2012_061). These procedures should be read in conjunction with the Environmental Cleaning Standard Operating Procedures that are updated continually and are available at http://www.cec.health.nsw.gov.au/programs/hai.

The following documents should be read in conjunction to these guidelines:

PD2012_035 Aggression, Seclusion & Restraint in Mental Health Facilities in NSW

http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_035.html

PD2012_061 Environmental Cleaning Policy

http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_061.pdf

PD2013_005 Work Health and Safety: Best Practice Procedures

http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_005.html

PD2007_036 Infection Control Policy

http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf

2 OVERVIEW OF SENSORY MODULATION

The 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.

Internationally, sensory tools and strategies are being increasingly used to reduce the need for seclusion and restraint in mental health inpatient units and to promote client self regulation, behaviour and participation in all settings.

The essence of being human is embedded in the sensory events of daily life (Dunn 2001). When a person is diagnosed with a mental illness the symptoms of their illness influence every part of them, including their sensory and motor systems. Mental health clients have unique sensory experiences and needs that contribute to or detract from their ability to participate in daily activities and cope with stressful situations.

Sensory approaches help treatment providers and clients understand each person's sensory needs, and in so doing, they can help clients develop strategies to experience more success in all areas of life including in school, at work, at home and in the community.

2.1 Procedures

Procedural processes should be followed before, during and after a client has used the sensory room and/or any sensory equipment. Examples of procedural processes can be found in Section 4 and at the following link:

Environmental Cleaning Standard Operating Procedures
http://www.cec.health.nsw.gov.au/__documents/programs/hai/environmental-cleaning-sop/ecsop-module-3.2.pdf

Services should undertake a collaborative risk assessment in the first instance prior to the development of local business rules and governance systems for the use of sensory rooms. It is up to the individual service as to whether the sensory room remains locked whilst not in use. 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 equipment is significant and the governance of the asset / repair / maintenance needs to be included in local governance systems. Local documentation should contain a clear statement around asset protection / repair / regular maintenance and inspection of the sensory equipment.

Overall responsibility of all sensory equipment should be the responsibility of one designated staff position e.g. Service Manager / Operations Manager. The general care and maintenance should be allocated to a dedicated role within the service e.g. Nurse Unit Manager. There should be an up-to-date sensory equipment register at all facilities.

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 staff member designated responsibility of the sensory equipment.

2.1.1 Risk assessment and observation

Guidelines developed by Local Health Districts and Specialty Networks should include risk assessment, management and observation levels in the development of local guidelines. Staff need to consider the risk status of each client prior to the use of the sensory room or any sensory equipment.

2.1.2 Sensory equipment

A range of sensory equipment is to be kept in the sensory room, locked cupboard or sensory equipment trolley. These resources include weighted, movement, tactile, vibrating, squeeze and auditory modalities. There may also be a range of miscellaneous sensory equipment available in clinical areas that these guidelines may or may not be applicable to.

2.1.3 Sensory rooms

The sensory room provides opportunities for client engagement in prevention and de-escalation strategies as well as offering nurturing, person-centred and sensory supportive environments to facilitate empowerment, self-organisation, relaxation, sensory awareness, communication, reality orientation, activity tolerance and general awareness of self, peers and the environment. Appropriate use of sensory rooms offers skills development for staff and clients (Champagne 2003).

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 local service.

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 chose.

2.1.4 Education and training

Staff should have access to training and education regarding specific cleaning tasks / procedures, Safe Operating Procedures, documentation and audit of sensory equipment. All staff are responsible for ensuring a safe environment and should comply with these guidelines when using sensory equipment and sensory rooms.

2.1.5 Exclusion criteria

The following is a list of issues and / or conditions that will exclude a client from the use of shared/communal sensory equipment:

- Scabies / lice infestations
- Current viral, bacterial or fungal infections
- Unexplained, acute onset of fever or fever with accompanying cough
- Vomiting or diarrhoea

- Skin abscesses, boils or open wounds.

Weeping or oozing wounds covered with an intact dressing will not exclude a client from using shared/communal sensory equipment.

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.

2.1.6 Recommended cleaning equipment/materials

For equipment:

- Neutral detergent
- Detergent impregnated cleaning cloths.

For clients and staff:

- Alcohol-based hand rub.

2.1.7 Recommended cleaning methods

The following lists are to be used as an example only. These lists are not exhaustive and services may choose to add further items of equipment specific to their service.

Staff should always follow the manufacturer's instructions on cleaning of items. Services should specify at a local level who is responsible for cleaning of equipment following use. 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 and lap bag	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
Weighted toy	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	Not to be used if wooden	Wipe down cover and chair arms with detergent

Equipment	Frequency of cleaning	Cleaning method
	Following each use	impregnated wipes
Move and sit cushion, Disc o Sit	Following each use	Wipe down cover with detergent impregnated wipes
Tunnel, body sock	Following each use	Machine wash at 60 degrees
Bean bag chair, bean bag	Vinyl covers only Following each use	Wipe down cover with detergent impregnated wipes
Massager, massage toy	Following each use	Wipe down cover with detergent impregnated wipes
Vibrating pillow	Single client use only with soft fabric cover	Sponge down cover with detergent
Massage chair	Following each use	Wipe down cover with detergent impregnated wipes
Fidget toy	Single client use only with putty Following each use	Wipe down cover with detergent impregnated wipes
Squeeze ball	Following each use	Wipe down cover with detergent impregnated wipes
MP3 player	Following each use Single client use only earphones	Wipe down cover with detergent impregnated wipes
Wii console, balance board, remote control	Following each use	Wipe down cover with detergent impregnated wipes
Light projector, artificial candle	Following each use if necessary	Dry dusting or wipe down cover with detergent impregnated wipes for heavier soiling

2.1.8 Identified operating risks

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

Equipment	Risks
Weighted blanket, vest and lap bag	Choking Suffocation
SenSit chair	Suffocation
Rocking chair, glider chair	Finger entrapment Falls
Bean bag	Choking Suffocation
Light projector, colour changing lamp	Electrocution Burns Eye damage Radiation exposure
Magic light, OGGZ egg	Electrocution
Massager, vibrating pillow	Electrocution Laceration
Wii console, balance board	Electrocution Laceration Falls
CD player, cassette player, radio	Electrocution Fire
MP3	Hearing loss Electrocution Fire
Oil diffuser	Electrocution Burns
Massage chair	Electrocution Burns Fire

3 REFERENCES

1. Dunn W (2001) *The sensations of everyday life: empirical, theoretical, and pragmatic considerations.* American Journal of Occupational Therapy, 55(6), pp608-620.
2. Bundy, A.C, Lane, S.J & Murray, E.A (eds) (2002) *Sensory integration: Theory and practice* (2nd Ed) Philadelphia: FA Davis
3. Champagne, T (2003) *Sensory modulation and environment: Essential elements of occupation.* Champagne Conferences: Southampton, MA
4. Work Health and Safety Act 2011 New South Wales

   http://www.legislation.nsw.gov.au/maintop/view/inforce/act+10+2011+cd+0+N

4 APPENDICES

4.1 Safe Operating Procedures (examples)

EQUIPMENT: **BEAN BAGS**			
DEPARTMENT:		SIGN-OFF DATE:	
		REVIEW DATE:	
HAZARDS:	**CHOKING SUFFOCATION**	RISK:	**MODERATE**

THERAPEUTIC RISK

1. Risk Assessment

- A thorough risk assessment must be undertaken by the treating team to determine the following:
  - the consumer's safety while using the equipment (e.g. potential for harm to self or others,)
  - the consumer's suitability for using this equipment (e.g. physical capacity and/or susceptibility to seizures and/or falls, etc.)
- Risk assessments in relation to the use of the sensory equipment should be discussed at team meetings and ward rounds.

2. Supervision During Use of Equipment

- The individual items will be assigned a 'supervision' or 'observation' rating, which will be similar to, but independent of, the observation levels determined under the existing policy (Patient Care Levels for Acute Inpatient Units - 2006/01 V3).
- The Bean Bags will be assigned to **supervision level C**- requiring staff to check on the use of the equipment at least every 30 minutes.
- However, in the interest of maintaining safety and consistency, the Patient Care Levels for Acute Inpatient Units overrides the 'Equipment Supervision' category in cases where a patient's observation category is higher than the supervision level of the equipment being used – i.e. if a patient is on Category 1 observations, and they want to use a piece of equipment that only requires 10-minutely checks, then the patient's own observation category takes precedence.

RISKS (According to Manufacturer's Operating Manual)

1. Polystyrene 'beans' within the Bean Bags may present a choking hazard

2. The item should be inspected prior to use to ensure that it is undamaged, and that no seams have been opened

3. Don't allow the user to open the Bean Bag to access the interior of the item

4. Ensure that the Bean Bag is not used to cover the user's head and face

5. If the user becomes distressed or agitated while using the item, cease use immediately.

SAFETY RULES	
1.	Read 'Clinical Guidelines for Weighted Modalities' before initial use of the device and follow all warnings and instructions marked on the product.
2.	Use of the apparatus is to be observed and monitored by a staff member according to Item 2 in Therapeutic Risk.
3.	Check manufacturer's instructions for further information regarding trouble shooting, maintenance and care.
PROCEDURE	
1.	Prior to using the Bean Bag, complete the appropriate checklist, including the equipment inventory, to ensure the item is in working order.
2.	Ensure that the user understands the purpose of the item (i.e. it is designed to have a calming influence, by giving them a sense of comfort)
3.	If being used for the first time, explain to the user that they may experience some discomfort initially, but if it worsens, they should stop using the item immediately.
4.	The supervising clinician should review the effect of the Bean Bag periodically.
5.	Once the user has finished with the item, the clinician should inspect for any damage or staining, and then complete the post-use component of the checklist.
CLEANING / INFECTION CONTROL PROCEDURES	
1.	The staff member responsible for providing the Bean Bag to the consumer must ensure that it is clean prior to use.
2.	The Bean Bags are intended for multiple/frequent use by consumers, and can be wiped down between uses with a detergent-impregnated wipe following use and allowed to dry prior to returning it to storage.
3.	For further information regarding cleaning and infection control issues, please refer to the Area Mental Health Service Business Rule – Infection Control & Cleaning)

N.B. Supervision Levels for Equipment	
Supervision Level A	1:1
Supervision Level B	10 minutes
Supervision Level C	30 minutes
Supervision Level D	60 minutes

EQUIPMENT:	**WEIGHTED BLANKETS**		
DEPARTMENT:		SIGN-OFF DATE:	
		REVIEW DATE:	
HAZARDS:	**CHOKING SUFFOCATION**	RISK:	**MODERATE**

THERAPEUTIC RISK

1. Risk Assessment

A thorough risk assessment must be undertaken by the treating team to determine the following:

- The consumer's safety while using the equipment (e.g. potential for harm to self or others)
- The consumer's suitability for using this equipment (e.g. physical capacity and/or

  susceptibility to seizures and / or falls, etc.)

Risk assessments in relation to the use of the sensory equipment should be discussed at team meetings and ward rounds.

2. Supervision During Use of Equipment

The individual items will be assigned a 'supervision' or 'observation' rating, which will be similar to, but independent of, the observation levels determined under the existing policy (Patient Care Levels for Acute Inpatient Units - 2006/01 V3).

All weighted modalities will be assigned to **supervision level B** - requiring staff to check on the use of the equipment at least every 10 minutes.

However, in the interest of maintaining safety and consistency, the Patient Care Levels for Acute Inpatient Units overrides the 'Equipment Supervision' category in cases where a patient's observation category is higher than the supervision level of the equipment being used – i.e. if a patient is on Category 1 observations, and they want to use a piece of equipment that only requires 10-minutely checks, then the patient's own observation category takes precedence.

RISKS (According to Manufacturer's Operating Manual)

1. Plastic pellets within the weight pouches may present a choking hazard

2. The item should be inspected prior to use to ensure that it is undamaged, and that no seams have been opened

3. Don't allow the user to open the weight pouches or other components of the item or to access the interior of the item

4. Ensure that the weighted blanket is not used to cover the user's head and face

5. If the user becomes distressed or agitated while using the item, cease use immediately.

SAFETY RULES	
1.	Read 'Clinical Guidelines for Weighted Modalities' before initial use of the device and follow all warnings and instructions marked on the product.
2.	Use of the apparatus is to be observed and monitored by a staff member according to Item 2 in Therapeutic Risk.
3.	Check manufacturer's instructions for further information regarding trouble shooting, maintenance and care.

PROCEDURE	
1.	Prior to using the Weighted Blanket, complete the appropriate checklist, including the equipment inventory, to ensure the item is in working order.
2.	Ensure that all of the weight pouches have been inserted into the appropriate pockets in the Weighted Blanket.
3.	Ensure that the user understands the purpose of the item (i.e. it is designed to have a calming influence, by giving them a sense of comfort and of being held).
4.	If being used for the first time, explain to the user that they may experience some discomfort initially, but if it worsens, they should stop using the item immediately.
5.	The supervising clinician should review the effect of the Weighted Blanket periodically.
6.	Once the user has finished with the item, the clinician should inspect for any damage or staining, and then complete the post-use component of the checklist.

CLEANING / INFECTION CONTROL PROCEDURES	
1.	The staff member responsible for providing the Weighted Blanket to the consumer must ensure that it is clean prior to use.
2.	If intended for a single use only, the Weighted Blanket must be washed in a washing machine following its use and allowed to dry prior to returning it to storage.
3.	If intended for multiple / frequent use by a single consumer, washing is only required once the consumer has ceased to use the item, or if the item becomes soiled.
4.	For further information regarding cleaning and infection control issues, please refer to the Area Mental Health Service Business Rule – Infection Control & Cleaning

N.B. Supervision Levels for Equipment	
Supervision Level A	1:1
Supervision Level B	10 minutes
Supervision Level C	30 minutes
Supervision Level D	60 minutes

4.2 Sensory room utilisation form/risk assessment (example)

Name:	Principal diagnosis:	Time In:
MRN:	Sensory room Initiated by: (please circle) Patient / Staff	Time Out
Age:		Duration:
Behaviours BEFORE Sensory Room use: (Rate only behaviours observed) ❒ Physical Aggression ----/10 ❒ Pacing ----/10 ❒ Loud ----/10 ❒ Irritable ----/10 ❒ Intrusive ----/10 ❒ Paranoid ----/10 ❒ Elevated ----/10 ❒ Anxious ----/10 ❒ Settled ----/10 ❒ Calm ----/10 ❒ Withdrawn ----/10	Behaviours AFTER Sensory Room use: (Rate only behaviours observed) ❒ Physical Aggression ----/10 ❒ Pacing ----/10 ❒ Loud ----/10 ❒ Irritable ----/10 ❒ Intrusive ----/10 ❒ Paranoid ----/10 ❒ Elevated ----/10 ❒ Anxious ----/10 ❒ Settled ----/10 ❒ Calm ----/10 ❒ Withdrawn ----/10	What interventions were tried? ❒ Talking with staff ❒ Magazine / book ❒ Listened to music ❒ Guided relaxation ❒ Guided relaxation CD ❒ Nature pictures ❒ Journal ❒ Fitball ❒ Stress ball ❒ Massager / creams ❒ Art / craft equipment ❒ Stretches / yoga ❒ Scents / aromatherapy ❒ Therapeutic cards ❒ Puzzles / games ❒ Warm drink ❒ Other:_____

Behaviour Observations Scale

0 Not Observed 1- 3 Mild 3-6 Moderate 6- 8 Moderate- severe
9-10 Extreme Distress

Patient Self report Distress level BEFORE use (please rate out of 10) /10	Patient Self report Distress level AFTER use (please rate out of 10) /10

Patient Self Report Distress Scale

0 Not Observed 1- 3 Mild 3-6 Moderate 6- 8 Moderate- severe
9-10 Extreme Distress

Medication Administered: (please circle)	Restraint or Seclusion involved: (please circle)
yes no	yes no

Name of staff initiating Sensory Room:	Signature:	Date:
OT Use:		
Stats recorded electronically: yes no	Signature:	Date:

4.3 Sensory modulation equipment cleaning register (example)

ITEM	DATE	INITIAL	DATE	INITIAL	DATE	INITIAL	DATE	INITIAL
Weighted blanket – size 2								
Weighted blanket – size 3								
Beanbags								
Rocker board								
Move & sit cushion (2)								
Weighted turtle								
Weighted ball								
Xbox & controllers								
Ipod shuffles & headphones								
CDs								
Cards								
Books								
Fit balls								
Large air mattress								
Turtle animal massager (2)								
Donkey vibrating pillow								
Therapressure brush (2)								
Fidget tools (multiple)								
Theraputty (multiple)								
Vibrating turtle								
Disco sit								
Yacker tracker								
Pencil grips (multiple)								
Blind folds (6)								
Balls (multiple)								
Pilates ring (2)								
Yoga mats (6)								
Motor skills items (multiple)								
Vibrating pen (3)								
Giggle stick (4)								
Cozy puppy (3)								
Bubbles (multiple)								
Inflatable target game								
Small animal bean bags (multiple)								
Hula hoops (multiple)								
Disco light								
Fairy light projectors								
Therabands								

5 IMPLEMENTATION PLANNER

5.1 Implementation checklist

Assessed by:		**Date of Assessment:**	
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**
1. Responsibility is assigned to personnel for implementation of Safe Use of Sensory Tools and Sensory Rooms.	❑	❑	❑
	Notes:		
2. Relevent staff receive appropriate training and education in the safe use of sensory tools and sensory room procedures.	❑	❑	❑
	Notes:		
3. Sensory modulation equipment infection control/cleaning guidelines are present in all clinical areas where sensory tools are used.	❑	❑	❑
	Notes:		
4. Sensory modulation equipment inventorys (working order) are present in all clinical areas where sensory tools are used.	❑	❑	❑
	Notes:		
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.	❑	❑	❑
	Notes:		
6. Clinical guidelines for weighted modalities are present in all clinical areas where weighted modalities are used.	❑	❑	❑
	Notes:		