

## Sensory Modulation

## Procedure Responsibilities and Authorisation

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## Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
02		November 2015	This procedure considers the use of sensory modulation as an intervention across MH&AS and replaces the use of the sensory room in inpatient areas
03	Joanne Parker	January 2019	Inclusion of the use of sensory modulation facilities in other organisations Audit indicators updated
04	Kim Sharp	February 2023	Change to current Te Whatu Ora Waikato Quality and Patient Safety Procedure template Change of wording for sensory rooms to reflect multi use spaces Removed Level 2 training as a requirement for OTs. Change from Sterigel to antibacterial hand rub, and from Tuffie wipes to V-wipes. Change to patient information section Increased focus on Māori health needs Inclusion of the environment in addition to equipment

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## Sensory Modulation

### 1 Overview

#### 1.1 Purpose

Sensory modulation is a clinical tool for use in mental health and other clinical areas. From Te Pou (website 2023) “Sensory modulation involves supporting and guiding people in using senses such as sight, sounds, smells, touch, taste, movement to self-manage and change emotional state.” The origins of the therapy come from the field of occupational therapy but can be used across all disciplines.

This procedure aims to

- Guide all staff in the use of sensory modulation, in the Mental Health and Addiction Service (MH&AS), as a therapeutic clinical intervention for use within inpatient units and in community setting including homes of tāngata whaiora
- Provide guidance for the use of the sensory modulation room, the activities and equipment and to ensure a safe environment
- Ensure safety of tāngata whaiora and staff in all aspects of sensory modulation across the Mental Health and Addictions Service
- Ensure staff are able to be offered sensory modulation as one of the choices available to support them to achieve their wellbeing goals and are supported by staff with the necessary skills and knowledge to safely do so
- Ensure there is a partnership approach in sensory modulation to promote equitable health care outcomes for Māori.

#### 1.2 Staff group

Clinical staff in the Mental Health and Addictions Service.

#### 1.3 Patient / client group

Tāngata whaiora across the Mental Health and Addictions Service.

#### 1.4 Exceptions / contraindications

Staff working in the community setting need to be mindful of tāngata whaiora own choice in their homes.

#### 1.5 Definitions and acronyms

<b>Occupational life roles</b>	Occupational life roles are the roles that we do in everyday life that define who we are
<b>Sensory Equipment</b>	The use of specific equipment which caters to all of the senses. This enables the development of personal knowledge about sensory processing, an understanding of sensory preferences and individuals' response to environments, situations, activities and people.
<b>Sensory Modulation</b>	The capacity to regulate and organise the degree, intensity, and nature of responses to sensory input in a graded and adaptive manner. This

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	allows the individual to achieve and maintain an optimal range of performance and to adapt to challenges in everyday life (Miller & Lane, 2000)
<b>Sensory profile</b>	An assessment of a person's responses to sensory stimuli in everyday life
<b>Sensory Room</b>	A therapeutic environment specifically designed to promote self-organisation and positive change. Sensory modulation rooms can be used for de-escalation and for identifying new skills and preferences that can be transferred to other environments
<b>Sensory Toolkit</b>	A sensory toolkit consists of a group of sensory items gathered together appropriate to an individual to use for calming or stimulating their sensory system

## 2 Clinical management

### 2.1 Roles and responsibilities

#### Registered 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 its specialised space i.e. "Sensory Room")
- Orientates staff on use of sensory modulation modalities and use of the sensory modulation room
- Ensure all sensory modulation documentation i.e. booking diary, equipment monitoring log and tāngata whaiora visitor book is completed. Individual health record documentation, including goals and outcomes is maintained
- Responsible for ensuring personal safety is maintained through the use of current and effective clinical assessment, use of personal duress alarms, and ensuring visual access is available at all times when sensory equipment / tools are being used
- Adhere to cleaning and hygiene guidelines as per Infection Prevention and Control Procedure for Reprocessing of Healthcare equipment
- Following use of the sensory tools, all items must be cleaned and disinfected and returned to respective locations. Items are not to be removed from sensory rooms or kits unless specifically discussed with the Occupational Therapist
- Where a sensory modulation session is delegated to an approved non registered person, a risk assessment must be made, and they must ensure the delegated person knows when and from whom to seek assistance, and ensure the session outcome is documented in the progress note in CWS. The decision to delegate the supervisory role must be clinically driven at all times, and be cognisant of the most appropriate person for the individual tāngata whaiora.

Provide specialist skills and input in sensory modulation to provide:

- Specialty sensory assessments
- Specialty interventions
- Specialty guidance / leadership on sensory modulation

- Identify and support staff to attend sensory modulation training and to maintain knowledge and skills
- Support the ongoing provision of sensory modulation interventions through promotion of its therapeutic benefit and contributing to a confident attitude amongst staff
- Support the ability for tāngata whaiora to have the choice of using sensory modulation to support their recovery
- Actively promote the therapeutic benefits of sensory modulation as one approach to support tāngata whaiora to recognise and reduce their level of distress
- Ensures the budget recognises the need to maintain and purchase therapeutic resources, as recommended by clinical staff who have specialist training in sensory modulation
- Will ensure sensory modulation equipment is maintained and replaced as required
- Drives, supports and maintains use and safety of the sensory room and sensory equipment
- Has overall responsibility for the maintenance, cleaning and purchase of appropriate equipment.

- Discuss and agree the use and anticipated therapeutic effects of sensory modulation for use in a person's individual treatment plan.
- Seek specialised occupational therapy support as required.

- Must be approved by Charge Nurse Manager, Associate Charge 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.

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- Complete a physical health assessment. For sensory modulation purposes this is important to confirm physical health, safe prescribing of essential oils and infection status.

All staff using sensory modulation have completed sensory modulation training.

## Inpatient Environment

- Consideration of the whole inpatient environment sensory impact for tāngata whaiora must be a continuous process by all staff.
- Sensory modulation equipment that caters for all the senses, is to be stored safely within the sensory rooms and/or kits. The equipment is easily accessible for inpatient staff, as per specific guidelines
- Equipment must meet the Te Whatu Ora Waikato standards for Infection Prevention and Control, purchase of equipment and electrical safety testing. All equipment purchased must be a suitable quality and standard to be functional for the purpose intended.

- Sensory modulation equipment available for staff to use when supporting tāngata whaiora is to be safely stored and easily accessible for community staff

### 2.4.1 Assessment Phase

Sensory modulation as a therapeutic intervention is identified by the health professional and tāngata whaiora to support emotional regulation and wellness following the comprehensive assessment and/or occupational therapy initial assessment.

Sensory modulation as an intervention is discussed and agreed by the multidisciplinary team prior to further assessment.

A suite of assessments need to be considered for sensory modulation

- Appropriately trained clinical staff with specialist competencies will conduct the sensory modulation assessments
- A physical health assessment is undertaken as soon as possible following an inpatient admission by medical staff or nurse practitioner. Where sensory modulation is agreed by the multidisciplinary team the medical staff will confirm physical health in relation to using essential oils and infection status
- Assessment of Sensory Precautions is essential including: Allergies, Trauma History, Seizure History, Environmental effects – lighting, background noise etc., Respiratory /

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Cardiac Precautions, Pregnancy, Migraine triggers, Medication changes and side effects

- In conjunction with the sensory modulation assessments staff will conduct appropriate risk assessment and mental state examination as per standardised processes
- Consider cultural needs in assessment for sensory modulation e.g. Māori healing, taonga, connection with whenua and wai.

Documentation of the assessment process will be completed and uploaded in electronic clinical records including: triggers, early warning signs and identified sensory preferences.

### 2.4.2 Set Goals and Plan Intervention Phase

1. Recovery goals are negotiated and mutually agreed upon between the clinician and the tāngata whaiora (and others, as appropriate).
2. An intervention plan with clear actions is developed. Goals and intervention plans reflect sensory preferences and functionality of sensory modulation specific to the tāngata whaiora needs and context.
3. Assessment, goals and intervention plan will be presented and discussed with the tāngata whaiora, whānau, keyworker and their multidisciplinary team across MH&AS.
4. Recovery goals, identified through the assessment process will be documented into electronic clinical records, specifically in the recovery plan as sensory modulation tools and strategies.

### 2.4.3 Intervention Phase

Implementation of the sensory modulation plan. The staff continually adapt and grade occupations and specific interventions to enable goal achievement.

Use of Sensory Room – “The sensory modulation room offers a nurturing, person centred, sensory supportive environment and interdisciplinary treatment space. It is used to facilitate empowerment, self-organisation, relaxation, sensory awareness, communication, reality orientation, activity tolerance, uplifting activities, and general awareness of self, peers and the environment.” Champagne (2011, p.241). See Appendix A – Guidelines for Use of Sensory Rooms

When using a sensory room within the community e.g. Life unlimited – sensory room

- Adhere to the organisation procedures and protocols for use of their room including health and safety and infection control
- Complete the specific training requirements prior to using the sensory room

**Use of Weighted Blankets** – The weighted blanket is a therapeutic modality used to “facilitate self-organisation, reality orientation, sensory awareness, activity tolerance and general awareness of one’s self in the environment” Champagne (2011, p.243). The weighted blanket is never to be used as a restraint. The term “weighted blanket” is used to cover all weighted modalities (including weighted animals). See Appendix B – Guidelines for Use of Weighted Blankets.

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All staff are responsible for documenting sensory modulation interventions used and outcomes in clinical notes, including: behaviour, mental state, time spent in the sensory room, sensory modalities used and any adverse events reported. Cultural and sensory interventions are to be incorporated into the recovery plan.

The purpose of evaluation in the sensory modulation process is to ascertain to what extent the tāngata whaiora goals have been achieved and to re-evaluate, set new goals with action plans or discontinue intervention.

#### 2.4.5 Transfer of Care

Tāngata whaiora will have a collaborative plan developed to assist in integrating sensory modulation techniques and strategies into their daily lives. This may include but not limited to early intervention strategies such as advance directives, crisis plans Wellness Recovery Action Plan (WRAP), de-escalation and calming techniques.

Tāngata whaiora will identify valued activities, equipment and resources to support personal sensory modulation to enable recovery and develop a personalised sensory kit. This may include sensory preferences and activities in daily life to achieve a state of emotional regulation through engagement of the senses.

Clinicians who use sensory modulation will provide clear rationale supporting the sensory modulation tools and strategies to colleagues in their multidisciplinary teams and shared care multidisciplinary teams.

Tāngata whaiora with staff will communicate sensory modulation as part of their transfer of care from inpatient to community and community to inpatient environments.

Clinicians will facilitate, through effective clinical reasoning, the purchase of individualised sensory modulation equipment to meet specific tāngata whaiora needs.

- Verbal explanations are provided to tāngata whaiora on sensory modulation.
- Handouts on sensory modulation resources are provided as required to tāngata whaiora / whānau.

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### 4 Audit

#### 4.1 Indicators

1. Sensory modulation assessment and interventions are documented within CWS for tāngata whaiora referred for sensory modulation
2. All staff using sensory modulation have completed training in sensory modulation.

#### 4.2 Tools

1. Clinical Audit of sensory modulation within tāngata whaiora documentation
2. Monitoring of sensory modulation education completed.

### 5 Evidence base

#### 5.1 Bibliography / References

- Brown, C. Stoffel, V.C. (2011) Occupational Therapy in Mental Health: A vision for Participation. F.A. Davies Company, Philadelphia
- Champagne, T. (2011) Sensory Modulation & Environment: Essential Elements of Occupation, third edition revised. Pearson Australia Group Pty Ltd.

#### 5.2 Associated Te Whatu Ora Waikato Documents

- [Mental Health and Addictions Integrated Care Pathway](#) policy (1703)
- Te Whatu Ora Waikato Infection Prevention and Control procedures via Lippincott Procedures
- Specific assessment tools for sensory modulation
- Te Whatu Ora Waikato [Medicines Management](#) policy (0138)
- Te Whatu Ora Waikato [Clinical Records Management](#) policy (0182)

#### 5.3 External Standards

- Ngā Paerewa Health and Disability Services Standards NZS8134:2021

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## Appendix A – Guidelines for Use of Sensory Rooms

Guidelines for Use of Sensory Rooms	
<b>Tāngata whaiora involvement</b>	The sensory room will be shown to tāngata whaiora as part of their orientation to the ward
	Tāngata whaiora will access the sensory room on a voluntary basis
	The use of the sensory room will be guided by an effective clinical process and clinical reasoning
	Tāngata whaiora are to be invited to complete the guest book kept in the Sensory Modulation Room (if applicable). The guest book provides information to help measure the effectiveness of the room, and to identify which modalities are most effective.
<b>Staff responsibilities of registered staff and unregistered staff who have completed sensory modulation training and have been delegated sensory tasks</b>	All staff members working with tāngata whaiora will be registered health professionals who have undertaken in-service education on sensory modulation when using the sensory room or sensory tools.
	At times delegation of the supervision of sensory modulation sessions to unregistered staff members occurs. In these circumstances the responsibility must be given under the direction and delegation of a registered health professional. The decision to delegate must be clinically driven at all times.  Where the supervision of sensory modulation is delegated, the person using the sensory modulation intervention must have already been approved for sensory modulation treatment and be familiar with the room, the equipment and aware of the most effective treatment regime.
	When using the sensory modulation room with tāngata whaiora, staff should not be interrupted unless in an emergency.
<b>Sensory Room requirements</b>	Sensory rooms may be a multi-use space tāngata whaiora may access for reasons other than sensory modulation, often alone time. When the room is accessed for a reason other than sensory modulation, sensory tools are suitably locked away. At all times use of sensory rooms is assessed based on individual risk.
	For safety purposes, the sensory room must be locked at all times between uses. This is to manage risk factors of items kept in the room – combined with the pre-requisite that a trained staff member is present at all times to support people using the room.
	Access to the sensory modulation room is 'as available' or through pre-booking a regular treatment time in the diary. In the event of pre-booking, half hour gaps must be left available for urgent PRN use. This will ensure the maximum time a person may wait for access to the room during an acute

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	clinical need is 30 minutes. The registered nurse and / or occupational therapist will determine priority of clinical need if required.
	Any additional sensory equipment must not be brought into the room and no sensory equipment will be removed from the room, without having been previously discussed with the responsible staff.
	Sensory modulation equipment must be stored in a secure safe place. Sensory trolley keys are stored in appropriate locations for each team / ward.
	Electrical equipment will be regularly checked and serviced as per requirement.
	The room must be left in a clean and orderly condition.
	An inventory of sensory modulation equipment is kept for each team.
<b>Infection Prevention and Control requirements</b>	Staff must adhere to the Infection Prevention and Control procedures regarding the cleaning of all items.
	All tāngata whaiora and staff must clean hands with an antibacterial hand rub on entering and exiting the sensory modulation room.
	A clean hospital towel must cover the massage chair inserts when in use.
	Sensory modulation equipment must be cleaned as per cleaning schedule.
	Surfaces are to be cleaned and disinfected between each use with V- wipes or alternatively with diluted hyposal – 10 mls hyposal in a litre of water.
	Sensory modulation equipment that is cracked, broken, chipped or in poor repair should be given to the Occupational Therapist who will decide on the course of action, i.e. repair or discard the item. This will also ensure monitoring of activities / equipment life and therefore usefulness.
	When purchasing sensory modulation equipment consider whether the item can be cleaned or disinfected between uses. Seek advice and guidance from Infection Prevention and control on equipment suitability.

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## Appendix B – Guidelines for the Use of Weighted Blankets

## Guidelines for the Use of Weighted Blankets

The following guidelines must be used in conjunction with the clinical reasoning of health care professionals who are skilled and trained in the use of weighted blankets.

These guidelines will provide the rationale for the use, safety considerations, cleaning and maintenance of the weighted blankets.

<p><b>Tāngata whaiora involvement</b></p>	<p>Voluntary Use:</p> <p>The weighted blanket is never to be used as a restraint, the person must be willing to use/trial the weighted blanket.</p>
	<p>A variety of weighted modalities are available for individual use, the following factors must be considered:</p> <ul style="list-style-type: none"> <li>• Collaboratively determine initial plan for use with the tāngata whaiora and appropriately trained staff</li> <li>• Tāngata whaiora spine needs to be appropriately supported prior to weighted blanket use</li> <li>• Tāngata whaiora may choose to utilise the weighted blanket in a sitting or lying position. If in a lying position, respiratory function must be unimpeded.</li> <li>• Have the tāngata whaiora trial the use of the weighted modality, at their self-preferred amount of weight and in the positioning of their choice</li> <li>• Remind the tāngata whaiora that they can remove it at any time, especially if it becomes too heavy or too hot.</li> <li>• The tāngata whaiora must be able to remove the weighted blanket at will.</li> <li>• Consider climate / temperature and whether this will affect the person using the weighted blanket</li> </ul>
	<p>Every time either a weighted or light blanket is used, a hospital drawsheet must be used under it to protect the blanket from direct contact with the person.</p>
<p><b>Staff responsibilities</b></p>	<p>The use of weighted modalities will be indicated following assessment by appropriately trained staff.</p>
	<p>Staff need to use caution and good clinical judgement when introducing a weighted modality.</p>

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	<p>Staff need to review each person's medial and trauma history. Some people who have experienced trauma will experience a sense of being trapped and have an adverse reaction to the use of a weighted modality.</p> <p><b>Weighted blankets must never be used over heads.</b></p>
	<p>Medical clearance may be required prior to use of weighted modalities</p> <p>Medical clearance will be documented in clinical records</p> <p>If not medically cleared, an alert will be placed in the tāngata whaiora clinical records not to use the Weighted Blanket.</p> <p>If the tāngata whaiora then asks to use the Weighted Blanket, the appropriately trained staff will determine the clinical appropriateness of the use.</p>
<b>Contraindications</b>	<p>Tāngata whaiora presenting with any of the following contra-indications will require vital signs monitoring (before, during and after use) and additional observations for safe use (before, during and after use). There are some people who will not be able to use weighted modalities due to general medical conditions, including the following:</p> <ol style="list-style-type: none"> <li>1. Respiratory precautions</li> <li>2. History of cardiac or circulatory problems</li> <li>3. Skin integrity issues including open wounds or fragile skin</li> <li>4. Heavy lifting precautions</li> <li>5. Orthopaedic concerns: broken or fractured bones</li> <li>6. Pregnancy</li> </ol> <p>If in doubt, seek medical clearance from doctor.</p>
<b>Transportation of weighted blankets</b>	<p>If blankets need to be transported out of the room for cleaning purposes, never carry weighted blankets weighing more than 10% of their body weight for ergonomic reasons. A trolley may be used to transport weighted blankets.</p>

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## Appendix C - Infection Prevention and Control – Key expectations

Infection Prevention and Control – Key expectations	
To ensure Sensory Modulation Equipment is kept clean and fit for its purpose, all staff should be abide by the following key points:	
1.	Before and after using sensory modulation equipment, staff and tāngata whaiora must perform hand hygiene using antibacterial hand rub.
2.	Antibacterial hand rub must be available at the entry to any Sensory Rooms. (Availability of antibacterial hand rub is to be the responsibility of the staff member rostered on the cleaning schedule).
3.	Sensory modulation equipment must come into contact with intact skin only.
4.	A person who is visibly dirty should not be allowed to use the sensory modulation equipment.
5.	Where clothing is soiled or might be soiled, a sheet, or paper sheet or similar should be placed between the person and the sensory modulation equipment. Any sheets (or washable items) should be sent to the contracted laundry service via the usual procedures.
6.	Any hard surfaces of sensory modulation equipment are to be cleaned and disinfected after each use as per the equipment cleaning schedule.
7.	Any fabric covers on sensory modulation equipment are routinely laundered (either on-site by private arrangement, or by arrangement with contracted laundry services depending on local arrangements).
8.	Tactile sensory equipment / items that are difficult to clean and disinfect between uses (and/or are purchased from the \$2 or \$5 shops) must not be shared between tāngata whaiora. These items should be purchased, stored and dedicated for individual tāngata whaiora; the items can either be discarded or gifted to the individual on their discharge.
9.	For weighted blankets with covers, all blankets/weights must be removed prior to laundering. Blankets/weights should be stored in an appropriate location whilst covers are being laundered. These should also be cleaned if soiled.
10.	Responsibilities for cleaning schedules must be clearly defined, documented and available. Responsibility for cleaning schedules is likely to be delegated by the team manager.

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## Appendix D – Guidelines for the Safe Use of Essential Oils for Aroma Based Sensory Modulation

## Guidelines for the Safe Use of Essential Oils for Aroma Based Sensory Modulation

These guidelines have been formulated to provide clear structure for the use of essential oils for aroma based sensory modulation. The dose of oil absorbed by the tāngata whaiora during sensory modulation should be so low that it does not cause any direct pharmacological effect and therefore this use of essential oils is not addressed by the Te Whatu Ora Waikato Medicines Management Policy. However caution is still required and all tāngata whaiora must have a medical assessment prior, and the responsible doctor must give approval before starting this therapy.

For the purpose of sensory modulation essential oils will be used to enhance and engage the olfactory sense for emotional regulation and therefore enhance engagement and participation in life roles.

People respond differently to different smells, so individuals should trial different smells and explore preferences. The method of exploring personal choice of oils to smell will be achieved by providing a sample of the essential oil via a couple of drops of oil onto cotton wool in a small pot. The tāngata whaiora will not be provided with the essential oil bottle undiluted or directly to smell.

Essential oils will only be used through an electric aromatherapy oil burner or as a scent on cotton wool in a small pottle.

Following clear risk assessment the pottles with scented cotton wool may be provided to the tāngata whaiora for individualised and agreed use.

The following guidelines must be used in conjunction with the clinical reasoning of health care professionals who have knowledge of safe use of essential oils.

<b>Assessment</b>	Review each tāngata whaiora medical history for any medical conditions that would affect utilising essential oils. (Asthma, skin sensitivities, pregnancy etc.)
<b>Essential oils approved for use at Te Whatu Ora Waikato</b>	Essential oils for the purpose of aroma based sensory modulation will include: Sweet orange, lavender, bergamot, lemon grass, lemon oil and peppermint. For guidance on Use of these specific Essential Oils – see Appendix 5
<b>Application method and use</b>	Vapourise 2-7 drops onto water in a suitable electric aromatherapy oil burner  2-3 drops on cotton wool in small pottle
<b>Handling Essential Oils</b>	Do not apply undiluted essential oils directly to the skin, especially avoid contact with eyes and skin around the eyes  Always wash hands after handling undiluted essential oils  Take care not to get any essential oils into eyes or onto any mucous membranes

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<b>Storage</b>	<p>Essential oils are to be stored in the locked carts or locked cupboards</p> <p>Store in well-fitted airtight amber glass bottles at a temperature not exceeding 25 degrees C</p> <p>Protect from light</p> <p>Essential oils will be replaced annually or within expiry date or if there is any obvious product deterioration (e.g. cloudy or dark oil colour, or alteration in smell)</p> <p>In-use expiry: maximum of 12 months from date of opening, if shorter as stated in specific essential oil descriptor</p>
<b>Precautions</b>	<p>Use the minimum quantity of essential oil</p> <p>Use of essential oils for the purpose of aroma based sensory modulation should be avoided in people who:</p> <p>are pregnant or breast feeding. If the person is pregnant, medical advice must be sought from the tāngata whaiora GP or midwife before using essential oils</p> <p>asthma or known allergies / sensitivities</p> <p>May irritate skin, eye and mucous membranes (people using the oil and people in the vicinity)</p> <p>May trigger respiratory difficulties, asthma or migraines in susceptible individuals who are sensitive to odours</p> <p>Any suspected adverse reaction to essential oils should be reported in accordance with the Te Whatu Ora Waikato Medicines Management Policy (0138) and Clinical Records Management Policy (0182)</p>
<b>Contraindications &amp; adverse effects</b>	<p>Hypersensitivity or allergy to any essential oil or its constituents</p>
<b>Toxicity</b>	<p>Medical assessment and observation is recommended for symptomatic tāngata whaiora following small ingestions and significant symptomatic skin exposures and all eye exposures. For further information refer to <a href="http://toxinz.com">http://toxinz.com</a></p> <p><i>Ingestion:</i> small ingestions should not normally require treatment. Aspiration may occur regardless of amount ingested. Administration of oral fluids and decontamination is not recommended due to risk of vomiting and pulmonary aspiration.</p> <p><i>Eye:</i> irrigate immediately. Full eye examination should be undertaken</p> <p><i>Skin:</i> remove contaminated clothing or jewellery. Area should be blotted with tissue to remove the oil, repeat this step if required. Wash affected area thoroughly with soapy water.</p> <p><i>Inhalation:</i> remove tāngata whaiora from the exposure. Provide fresh air.</p>

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Flammability	<p>Staff members supporting tāngata whaiora in sensory modulation will observe and be responsible for the use of specified electric aromatherapy oil burners for essential oils at all times.</p> <p>Only use electric oil burners with timers and always use these timers (typically a timer should be set for 15-30 minutes or less).</p> <p>Many essential oils are flammable, so never use or put bottles of essential oil near any other source of heat.</p>
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## Sensory Modulation

### Appendix E

Refer to Appendix D for information on application method, dose, storage, precautions and contraindications.

#### Pharmacy Disclaimer

This guide has been prepared by Te Whatu Ora Waikato Medicine Information Service for use by Te Whatu Ora Waikato staff to support the use of sensory modulation as a therapeutic intervention.

<b>Name</b>	<b>Bergamot</b>
<b>Botanical name (plant part used)</b>	Citrus bergamia (zest or peel)
<b>Appearance/ Properties</b>	Light coloured (clear to pale yellow) oil with a sweet citrus aroma and top note.
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing

<b>Name</b>	<b>Lavender</b>
<b>Botanical name (plant part used)</b>	Lavandula angustifolia (flowers, leaves and stems)
<b>Appearance/ Properties</b>	Thin essential oil, almost colourless with a sweet, floral scent and top note.
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing.

<b>Name</b>	<b>Lemongrass oil</b>
<b>Botanical name (plant part used)</b>	Cymbopogon citratus (dried leaves)
<b>Appearance/ Properties</b>	Lemony, sweet smell and is dark yellow to amber and reddish in colour, with a thin consistency
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing

<b>Name</b>	<b>Lemon oil</b>
<b>Botanical name (plant part used)</b>	Citrus limonum (fruit peel or zest)
<b>Appearance/ Properties</b>	Has a sharp, fresh smell, is pale greenish-yellow in colour and is watery in viscosity
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing
<b>Storage</b>	Has a shorter shelf-life, 8-10 months only

## Sensory Modulation

<b>Name</b>	<b>Sweet Orange oil</b>
<b>Botanical name (plant part used)</b>	Citrus sinensis (fruit peel)
<b>Appearance/ Properties</b>	Clear, pale yellow to orange in colour and watery in viscosity. Has a sweet, fresh and tangy smell.
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing and improving mood.

<b>Name</b>	<b>Peppermint oil</b>
<b>Botanical name (plant part used)</b>	Mentha piperita (flowering plant)
<b>Appearance/ Properties</b>	Thin oil. Light yellow to clear in colour. Aroma is fresh and has a menthol smell with a hint of woody undertones.
<b>Uses</b>	Aroma based sensory modulation for alerting and stimulating, mental agility and improving concentration.

<b>Name</b>	<b>Sandalwood oil</b>
<b>Botanical name (plant part used)</b>	Santalum album from the Santalaceae family (wood)
<b>Appearance/ Properties</b>	Oil is thick in viscosity and has a very light yellow colour. It has a warm, woody sweet aroma.
<b>Uses</b>	Aroma based sensory modulation for calming and relaxing