

## Specialist Equipment Information Pack

### 'Safe space' insert picture as one example



Safe spaces can be used for children who can be sensitive or over responsive to their sensory environment such as the sounds, smells, sights and also the presence of others. This over responsiveness can lead to a child feeling overwhelmed and possibly anxious and for some may lead to behaviours which are defensive in nature such as hitting out. Some children may also attempt to use self-regulatory behaviours which can cause them harm such as banging their heads.

A safe space may provide an environment which can help reduce this over stimulation and support them to feel less under threat by the sensory environment. It is anticipated that this environment may reduce risk to themselves and to others.

Safe spaces are typically considered by health professionals who have experience working with children with sensory difficulties and behaviours which challenge. However, prior to the consideration of this equipment it is expected other positive behaviour management plans and sensory strategies would have been explored and would continue to be used in combination with the safe space.

It would be expected that a multi-disciplinary assessment would have been completed before a safe space would be considered as it is deemed to be a multi professional, therapeutic decision.

If a safe space is deemed to be appropriate to meet the needs of the child and their family clear guidelines would be provided for its use. These guidelines would be as a result of a risk assessment specific to the child, taking into account the potential risks with and without the equipment. It is essential that the guidelines for use are fully understood by the child and/or the family/carers and that they have signed to confirm that they have understood and agreed to the terms of use. These guidelines for use

will be based on sound clinical reasons and will have been agreed by the multi disciplinary/professional team. The plan must be agreed with the following in mind:

- The best interests of the person, including an assessment of available alternative interventions and individual risk assessment
- Person centred approaches, which enhance the quality of life
- An appropriately designed schedule of positive reinforcement
- The current legislative, guidance and policy framework for supporting behaviour that challenges. including Duty of Care, Health and Safety and Restraint as a Last Resort

### **Equipment used to ensure safety whilst sleeping**



*Fig 1*



*Fig 2*

Some children have limited mobility or extraneous involuntary movements, which can put them at risk of harm when sleeping in a bed on their own. There are a number of pieces of equipment which can be used to reduce the risk of them falling out of the bed. Fig 1 is an example of equipment provided by health services.

Specialist beds and/or specialist equipment added to beds which are aimed to reduce the above mentioned risk would again be as a result of an individual risk assessment completed by health professional. Any equipment considered and/or recommended by a health professional would have guidelines for use. It is essential that the guidelines for use are fully understood by the child and/or the family/carers and that they have signed to confirm that they have understood and agreed to the terms of use. These guidelines for use will be based on sound clinical reasoning.

Please be aware many families self-fund off the shelf bed guards (fig 2). Manufacturers guidelines should be followed in these instances.

## **A Guide to Using a Bear Hug/Pressure Vest**



### **Why might my child/young person need it?**

Some children find it particularly difficult to sit still and focus on activities for increased periods of time. This may be because:

- They have some reduced body awareness finding it difficult to know where their body is in space in relation to objects/people
- Your child/young person may become easily overwhelmed by too much sensory information and they may not be able to calm themselves to allow themselves to attend to daily activities.

### **How it Helps**

- The Bear Hug vest is designed to be worn over the top of clothing.
- The goal for a child/young person wearing the Bear Hug is for them to find it easier to feel calm, focus and concentrate on tasks. The bear hug provides a firm 'hug' which enables these feelings.
- The vest should be used for approximately 20-30 minutes at a time, during times when the child needs to calm and focus their attention,
- At home or school, the vest could be used before mealtimes or before times the child becomes anxious or unsettled. The vest can be used to prepare their body for the activity e.g. when the child/young person is required to sit and focus on an adult led activity e.g. doing homework or sitting for meal times or when going out shopping in the community.

### **How do you know if it is helping?**

- Observe your child/young person's behaviour when wearing the vest to judge if they appear to find it easier to concentrate. Make a note each day after certain activities of their behaviour to help you judge if the bear hug is useful.
- Remove the vest if the child/young person becomes too lethargic or 'dreamy' to engage in activities or if your child/young person becomes distressed wearing it

## Weighted blanket guidelines



How heavy?

- 10% of the user's body weight and add one pound.
- Body weight (in lbs) x 0.1, then +1
- e.g. A 100 lb person would start with an 11 pound blanket.
- This is the starting weight and many personal variables can factor in to that equation, in which the user would like the blanket heavier or lighter.
- A 5lb blanket is for children who weigh around 40lb (2st 12lb) A 10lb blanket is for children who weigh around 90lb (6st 6 lb)
- The child's head must never be covered
- Child's vital signs should be observable
- The child must be able to remove blanket if they wish (never to be used as a restraint)
- Do not roll the child in the blanket
- Check medical and trauma history (e.g. cardiac, respiratory problems, open wounds, fragile skin, claustrophobia)

ALSO

- For sleeping:
- Blanket should fit on the top of the mattress and not hang over the sides of the bed
- Remind child they can remove blanket at any time if feeling too heavy or hot
- An equipment issue form should be completed by staff member issuing the blanket.

References: Coroner C Rudel-Tessier, Quebec, 2008

2007 American Occupational Therapy Association's Annual Conference  
Presentation, Champagne et al, 2007