

Subject:	Weighted Modalities		
Section:	Patient Care and Medical Directives (Programs and Patient Care)		
Issued By:	Senior Director, Professional Practice and Clinical Information	Approval Date:	May 8, 2018
Approved By:	Senior Management Team	Effective Date:	May 17, 2018

1. **Purpose:**

The purpose of this policy is to provide information and direction that supports the use of weighted modalities as a therapeutic intervention for patients at Ontario Shores Centre for Mental Health Sciences (Ontario Shores).

2. **Policy:**

For patients who experience challenges with interpreting sensory input within their environment, weighted modalities may be beneficial to their recovery.

Medical Physician/Nurse Practitioner:

- As part of the screening and assessment process, the Occupational Therapist (OT) will consult with the medical physician and/or nurse practitioner.

Nursing and other Allied Health professionals:

- Work collaboratively with patients and families to safely and effectively implement the weighted modality as outlined in the Plan of Care and Sensory Diet of the patient. Staff are encouraged to consult with OTs regarding safe and effective use of weighted modalities. Education will be provided by OTs at any opportunity as they arise.

Occupational Therapist (OT):

- Will work collaboratively, based on feedback from the patient and assessment outcomes, with the patient and family to determine the best modality.
- OTs will ensure that consent for use is always obtained by the patient and/or Substitute Decision Maker (SDM) prior to use.
- Prior to implementing the use of a weighted modality, OTs will consult and educate assigned staff regarding the use of that particular weighted modality as stipulated in the procedure section below.

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3. **Definitions:**

Weighted Modalities: a sensory tool that applies weight and deep pressure to a patient's receptors in skin, muscle and joints to facilitate calming, relaxation, sleep, and bringing the patient's attention level to an optimal level. Weighted modalities can be either a weighted blanket, weighted lap pad, weighted vest, or weighted neck wrap.

4. **Procedure:**

The OT will consult with a patient who has either self-identified or has been identified by their SDM/family or by staff as being someone who may benefit from weighted modalities in their recovery. OTs will ensure the patient and family is provided with information that supports the process of collaborative decision making. Further, OTs will follow the procedure identified in the [Consent to Treatment](#) Policy and Procedure prior to initiating the use of a weighted modality.

OTs will complete a comprehensive assessment during the assessment phase that will include:

1. Assessing the patient's comfort level and past history of using a weighted modality.
2. Medical Conditions of the patient:
 - Respiratory conditions
 - Cardiac conditions
 - Circulatory conditions
 - Medical conditions such as surgery, brittle bones, previous injuries or osteoporosis
 - Pregnancy
 - Skin integrity
 - Hypertonia (serious)
 - Trauma history
 - Claustrophobia
 - Any other physical conditions that may impede the therapeutic benefit of using weighted modalities

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3. Modality to be utilized:

- Weighted Blanket: to be utilized when the patient is lying down or when seated
- Weighted Vests: to be utilized to allow the patient to be ambulatory
- Weighted Lap Pad: to be utilized when the patient is in the seated position
- Weighted Neck Wrap: to be utilized when the patient is in the seated position

Patients must be able to remove the modality on their own.

If using the weighted blanket, the blanket must fit on top of the patient's mattress, free from hanging over the sides of the bed in order to prevent falls. The blanket should never cover a patient's head and a patient should never be rolled in the blanket.

Weight selection and placement: Weight selection and placement will be determined by the OT on a case-by-case basis based on the comprehensive assessment as well as evidence based practice. The exact weight will clearly be documented in the patient's EMR. Weights that are removed from the blanket are required to be replaced by an OT for proper placement.

Documentation Standards: Assessments and recommendations are to be completed in the patient's EMR following the College of Occupational Therapists of Ontario, as well as the [Documentation Standards](#) Policy and Procedure.

All staff will refer and adhere to the Plan of Care for directions on how to implement the weighted modalities.

The level of engagement during use of a weighted modality will vary on a case-by-case basis. For each case, the instructions for use will be clearly articulated within the patient's Plan of Care. Prior to each use, staff are to refer to the Plan of Care to determine engagement level required. Should the patient or Interprofessional Team decide the level of engagement should be increased then this should be taken into consideration, documented within the patient's EMR and discussed among the members of the Interprofessional Team. Vital signs must be observable and assessed throughout the duration of use.

The weighted modality should be removed if the patient demonstrates or communicates:

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- They want to discontinue the use of the modality
- Difficulty breathing

- Nausea
- Increase in temperature
- Anxiety
- Discomfort
- Excessive sweating
- Pallor
- Increase in heart rate
- Dilated pupils
- Or any other behaviour which indicates the patient may be experiencing an adverse reaction

Any concerns noted with its use should be documented and directed to the OT for follow up.

Infection control measures are to be maintained while using weighted modalities. Weighted modalities are to be cleaned when soiled and when used between different patients. Proper hand hygiene is to be followed before and after patient contact.

Weighted modalities are not to be utilized as a reinforcement, restraint, or punishment. The weighted lap pad and blanket should never be placed on top of a patient's head and/or neck.

Storage of weighted modalities not assigned to patients will be within the OT office or as designated by the OT and Clinical Leadership Team (i.e., program manager). Weighted modalities assigned to a patient will be stored in an area easily accessible by the team and documented in the Plan of Care.

5. **Appendices**

[Appendix A: Evidence-Based Research](#)

6. **References:**

Alberta College of Occupational Therapists Adhoc Task Force, (2009). "Position Statement on Use of Weighted Covers". Alberta College of Occupational Therapists.

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Champagne, T., Mullen, B., & Dickson D. (2007). "Exploring the Safety & Effectiveness of the Use of Weighted Blankets with Adult Populations". 2007 American Occupational Therapy Association's Annual Conference Presentation.

College of Occupational Therapists of Ontario. "Standards for OT Assessments". (2013). Retrieved from: [http://www.coto.org/pdf/Standards for OT Assessments 2013.pdf](http://www.coto.org/pdf/Standards_for_OT_Assessments_2013.pdf)

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College of Occupational Therapists United Kingdom, 2011. "The Safe use of Weighted Blankets". Professional Practice. Southwark, London.

Fdmt Educational Materials and Sensory Tools. "Weighted blanket." Retrieved from: <https://www.fdm.ca/>

Milwaukee County Behavioural Health Division, (2010). "Therapeutic Use of Weight". Policy and Procedure, MS 3.1.3.15 NS 238 "W" Admin 017.

7. **Reviewed By:**

Director, Enterprise Risk Management
 Infection Prevention and Control
 Integrated Quality, Programs and Services Committee
 Interprofessional Practice Advisory Committee
 Leader, Patient Safety
 Leader, Policy & Risk
 Medical Advisory Committee
 Nursing Council
 Occupational Therapy Council
 Patient Advisory and Recovery Committee
 Professional Practice Leader, Occupational Therapy
 Risk Manager
 Senior Management Team
 VP Practice, HR, Research, CEOD and CNE

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8. **Revision History:**

Original Date: September 8, 2014

Revision Date(s): May 8, 2018

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