



Weighted Equipment Guidelines

Learning Disability Occupational Therapy

From January 2019

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Contents

1.0	Introduction	3
2.0	Considerations prior to prescription.....	4
3.0	Considerations for prescription and safe usage	5
4.0	Considerations for safe discharge.....	6
	References	7
	Useful Supplementary Reading	9
	Useful Websites:.....	10
	Appendix 1: Weighted Equipment Assessment/Review: Flowchart.....	11
	Appendix 2: Weighted Equipment Usage Protocol	11
	Appendix 3: General Guidance on use of Weighted Equipment	14
	Appendix 4: Sample Letter seeking information	16

1.0 Introduction

- 1.1 In 2008, Gabriel Poirier, a 9-year-old child with autism suffocated to death under a weighted blanket in his special school in Canada. He was wrapped in it by his own class teacher to manage his disruptive behaviour. He died alone and unobserved. The coroner ruled that the guidance provided by Occupational Therapists were not followed e.g. in terms of positioning, observations, and placement (OEQ, 2008).
- 1.2 In 2011, in response to Gabriel Poirier's death, then BAOT (British Association of Occupational Therapists), produced a briefing on weighted blankets that set out the duties and responsibilities of Occupational Therapists who not only assess and prescribe weighted equipment but also become aware of its usage (COT, 2011).
- 1.3 This document has been developed by Learning Disability Occupational Therapists both from the community and in-patients in response to specific requests for weighted equipment or setting up therapy protocols for privately purchased weighted equipment.
- 1.4 This document aims to set out the duties and responsibilities of the Occupational Therapists assessing and prescribing weighted equipment and their duty of care; and to set out clear processes and pathways to support this role within the existing Occupational Therapy structure, workforce and processes.
- 1.5 The Occupational Therapists in Learning Disability services adopt a person centred approach to enable people with learning disability to participate in everyday activities that are essential and meaningful. The current accepted clinical model in Learning Disability Occupational Therapy is the Model of Human Occupation and one of the approaches is Sensory Integration approach (COT, 2013) where weighted blankets can be used as part of the therapeutic input. The Ayres Sensory Integration (ASI ©) therapy is not practiced.
- 1.6 Weighted equipment has some reported benefits in helping reduce insomnia (Gee et al, 2016; Gringras et al, 2014), reduce anxiety (Novak et al, 2012; Chen et al, 2013; Champagne et al, 2015), improve attention to tasks (Buckle et al, 2011; Lee & Song, 2015; Lin HY et al, 2014; Zimmerman et al, 2018) and reduce behaviours for stimulation or harm (Davis et al, 2013; Fretel et al, 2003). However, some research (Kane et al, 2005; Hodgetts et al, 2011; Reichow et al, 2010; Leew et al, 2010; Losinski et al, 2017) and all systematic reviews (Case-Smith, 2015; Losinski et al 2016; Weitlauf et al, 2017; France et al, 2018; Bodison & Parham, 2018) have not favoured the efficacy of the usage of weighted equipment mainly due to lack of methodological rigor like loose protocol setting, low sample size and single case designs. But it has been recognised there is strong support from Users, Carers and Occupational Therapists (Olson, 2004; Leew, 2010) regarding its efficacy with recommendation for exploring this area further.

- 1.7 This document applies to the use of the following weighted equipment – weighted blankets, weighted vests, weighted backpacks and wrist and ankle weights.
- 1.8 These guidelines acknowledge that there are privately purchased weighted equipment without due assessment or recommendation from occupational therapists. In such circumstances, drawing from the Royal College of Occupational Therapists (RCOT, 2019) briefing on weighted blankets usage, the guidance information on safe usage will be sent to the involved stakeholders to ensure that clients are supported safely in its usage (see appendix flowchart and guidance)

2.0 Considerations prior to prescription

- 2.1 The Occupational Therapist must have a completed comprehensive Occupational Therapy Shareable Assessment to have adequate information to set goals and actions. Further sensory assessments and intervention must be carried out following the agreed sensory pathway.
- 2.2 The therapist must be aware of the wider MDT care plan and ensure that any sensory based interventions like remedial interventions, sensory accommodation or adaptation, sensory diet programs, environmental modifications and training (AOTA, 2017) are included in the Positive Behaviour Support (PBS) plan and outcomes based approach followed to monitor efficacy.
- 2.3 The final decision to prescribe weighted equipment must be justified when the individual continues to demonstrate proprioceptive/tactile seeking behaviour affecting their engagement in activities of daily living and it is not sufficiently managed through current sensory recommendations within a PBS plan.
- 2.4 Occupational Therapists can consider the use weighted equipment for the following therapeutic purposes:
 - To support self-regulation
 - To lower heightened state of arousal
 - To reduce anxious or agitated behaviour
 - To support attention and function during daily activities
- 2.5 The Occupational Therapist must determine whether the individual's health presents any contraindications to the use of weighted Equipment. Possible contraindications include and are not limited to
 - Respiratory, cardiac or circulatory concerns
 - Fractures or Osteoporosis or Arthritis
 - Frail individuals
 - Broken skin or open wounds
 - Allergies

- If the individual gains or loses significant weight
- Presence of low tone (hypotonia)
- Claustrophobia
- Poor thermoregulation
- Individual unable to move the weighted equipment off themselves
- Individual unwell at that time e.g. Upper Respiratory Infections, Urinary Tract Infections etc.
- Epileptic seizures triggered by temperature/temperature fluctuations or unpredictable seizures (ensure epilepsy is controlled)
- On blood thinners or individuals with clotting disorders

2.6 The Occupational Therapist must seek out support from a senior clinician while considering prescription of weighted equipment.

3.0 Considerations for prescription and safe usage

3.1 The therapist must continue to seek out peer support and engage in supervision sessions to allow for reflection and discussion.

3.2 Specific informed consent must be sought and recorded prior to prescription and development of treatment protocol of weighted equipment. Informed consent must be sought from the patient or if under the Adults with Incapacity Act, a Section 47 Part 5 must be in place or informed consent obtained from the welfare guardian.

3.3 The Occupational Therapist must ensure that the sensory profile is current and treatment goals are clear and measurable. DisDat must be completed for all individuals with communication difficulties.

3.4 The Occupational Therapist must assess that the usage of the weighted equipment would not compromise the health or well-being of the individual and ensure that it must not be used in the following manner

- The individuals head and neck should not be covered
- In a manner that vital signs aren't observable at all times
- Not used as a method of restraint or over any restraints
- In a manner that inhibits the individual removing it or freeing themselves from it
- To restrict movement such as being rolled in it, it should be placed over them
- Not used to cover the individual when sleeping and shouldn't be draped over the sides of the bed , with it being removed if an individual falls asleep during use
- Not used to cover the individual who may engage in risky behaviours that cannot be observed under the weighted equipment
- The individual should be not be left unsupervised when using the weighted equipment

- The weighted equipment use should not deviate from manufacturer’s guidelines as a minimum standard
 - A blanket’s weight should be no more than 10% of the individual’s body weight and be of a suitable fabrication for the individual and the environment in which it is used
 - A blanket should be used for no more than periods of 20 minutes at a time as per guidance from The Royal College of Occupational Therapists (RCOT, 2019).
- 3.5 The Occupational Therapist must complete a risk assessment along with involved professionals and care givers to ensure that risks for usage are identified, rated and management strategies are discussed and agreed prior to usage. It must be agreed that the individual is not left alone at any time during its usage.
- 3.6 The treatment protocol must be completed prior to order and provision of weighted equipment and it must reflect the overall treatment goals. It must take into consideration the staff/people resources available for safe implementation of the treatment protocol.
- 3.7 The Occupational Therapist must provide a demonstration session on the usage of the weighted equipment and complete the agreed equipment check visit form.
- 3.8 The Occupational Therapist must review the efficacy of the weighted equipment after an agreed timescale and may recommend to modify/continue/withdraw the use of the weighted equipment.

4.0 Considerations for safe discharge

- 4.1 The Occupational Therapist must ensure that the updated treatment protocol is shared with the involved professionals and care givers
- 4.2 The Occupational Therapist must provide adequate information on the following to the people involved in the implementation of the treatment protocol
- Advice on following manufacturers guidelines on cleaning and maintenance
 - Not to use the weighted equipment for another individual
 - Not to leave the individual unattended during its usage
 - To contact the local team if there are any queries
 - To stop using the weighted equipment if individual does not wish to use it, the use is not having the intended effect or if there is a new diagnosis of any of the contraindications listed.
 - To adhere to review timescales and process

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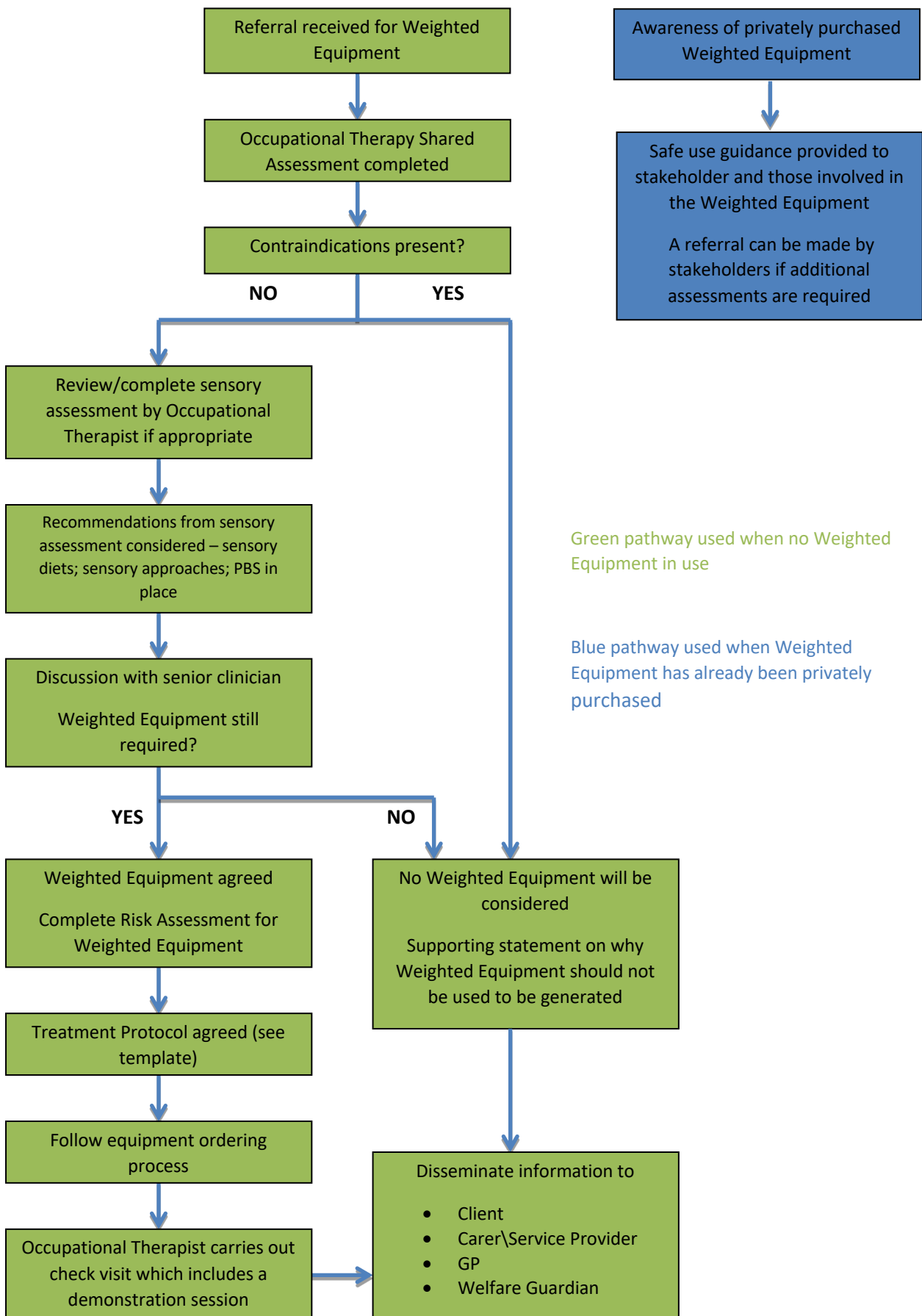
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Appendix 1: Weighted Equipment Assessment/Review: Flowchart



Appendix 2: Weighted Equipment Usage Protocol

Service User Name:	CHI No:
Address:	Diagnosis: (Mental and Physical)
Form Completed by:	
Title/Profession:	
Weight of person :	10% Calculation (This indicates the recommended equipment weight)
Date of Completion:	

Consent					
Patient		Section 47 Part 5		Welfare Guardian	

Communication	
Disdat present	YES / NO
Communication Passport present	YES / NO
How is pleasure / displeasure indicated? (Please describe)	

Equipment Use
Describe equipment (Please include as much detail as possible, including, Origin of equipment, Manufactures details, Weight of equipment Size (S, M,L) and Colour)
Reason for equipment (Please describe)
When to use/ not use equipment (Please describe)
How to use/ not use equipment (Please describe)
Where to use/ not use equipment (Please describe)
Who will monitor the equipment during use (Please state)

IF THERE ARE ANY CONCERNS OR ISSUES WITH EQUIPMENT OR PATIENTS WELLBEING PLEASE STOP USING EQUIPMENT IMMEDIATELY.

CONTACT LEARNING DISABILITIES TEAM

Appendix 3: General Guidance on use of Weighted Equipment

Weighted Equipment can be a safety risk if not used correctly

Recommendations for safe use:

- The individuals head and neck should not be covered
- In a manner that vital signs aren't observable at all times
- Not used as a method of restraint or over any restraints
- In a manner that inhibits the individual removing it or freeing themselves from it
- To restrict movement such as being rolled in it, it should be placed over them
- Not used to cover the individual when sleeping and shouldn't be draped over the sides of the bed, with it being removed if an individual falls asleep during use
- Not used to cover the individual who may engage in risky behaviours that cannot be observed under the weighted equipment
- The individual should not be left unsupervised when using the weighted equipment
- The weighted equipment use should not deviate from manufacturer's guidelines as a minimum standard
- A blanket's weight should be no more than 10% of the individual's body weight and be of a suitable fabrication for the individual and the environment in which it is used
- A blanket should be used for no more than periods of 20 minutes at a time as per guidance from The Royal College of Occupational Therapists (RCOT, 2019).

Contraindications

Weighted equipment should not be used if the following contraindications are evident:

- Respiratory, cardiac or circulatory concerns
- Fractures or Osteoporosis or Arthritis
- Frail individuals
- Broken skin or open wounds
- Allergies
- If the individual gains or loses significant weight
- Presence of low tone (hypotonia)
- Claustrophobia
- Poor thermoregulation
- Individual unable to move the weighted equipment off themselves
- Individual unwell at that time e.g. Upper Respiratory Infections, Urinary Tract Infections etc.
- Epileptic seizures triggered by temperature/temperature fluctuations or unpredictable seizures (ensure epilepsy is controlled)

- On blood thinners or individuals with clotting disorders

Observations during use

Watch for any negative reactions shown by the client when weighted equipment are used. These could include:

- Difficulty breathing
- Nausea
- Increase in temperature
- Any behavioural or physical reactions demonstrating the client's discomfort or anxiety.

Appendix 4: Sample Letter seeking information

Dear Patient

**Area Health and Social Care Partnership
Learning Disability Team**

Date
Patient/Guardian/Service Provider
Address

Re: Patient name (CHI:) Address

Weighted Equipment



**Area Learning Disabilities Team
Address**

Ph: 0141 201 4109

Fx: 0141 201 3181

We have now become aware that [Patient](#) has been using weighted [equipment](#). I have attached the general guidance on the safe use of weighted equipment.

If you have any queries or wish to make a referral please do not hesitate to contact us at the address/telephone number included.

Yours sincerely

Occupational Therapist

Adult Learning Disabilities Team

CC: [GP](#), [SW involved](#), [HCC if present](#)

Attached: General Guidance on Safe Use of Weighted Equipment