

Justice Health NSW Procedure

Sensory Rooms and Sensory Equipment

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Sensory Rooms and Sensory Equipment

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Procedure Function Safe Practice and Environment

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Risk Rating Low

Summary This procedure provides guidance on the use of sensory rooms and sensory equipment in the Forensic Hospital.

Responsible Officer Services Director Forensic Hospital

Applies to

- ☐ Administration Centres
- ☐ Community Sites and programs
- ☐ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☐ Long Bay Hospital
- ☒ Forensic Hospital

CM Reference PROJH/6095

Change summary Minor formatting and grammatical updates.
Updated how sensory items are stored and managed.
Removed duplicate information and instruct staff to refer to OT for sensory room and sensory equipment queries.
Addition of sensory room and equipment review by OT.

Authorised by Forensic Hospital Policies, Procedures and Guidelines Committee

Revision History

#	Issue Date	Number and Name	Change Summary
1	July 2021	DG87738/23	-
2	May 2025	DG81332/24	DG81354/24

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2. Preface

Sensory Modulation is a treatment modality which uses specific assessment tools, sensorimotor activities, sensory modalities, and environmental modifications to assist patients with self-regulation of sensory input. This treatment facilitates empowerment; self-organisation; sensory awareness; increased ability to communicate needs; reality orientation; activity tolerance and general awareness of self, peers, and the environment. The use of sensory modulation techniques can be used to modulate arousal levels to promote self-regulation, behaviour and participation. Furthermore, mental health services promote the use of sensory modulation as a de-escalation tool, and to reduce the use of seclusion, restraint and PRN. In summary, the use of sensory modulation techniques within Forensic mental health services can reduce the impacts of institutionalisation by providing individualised sensory enriching opportunities within secure sensory deprived environments.

Providing access to therapeutic sensory spaces is an essential component of sensory modulation. Sensory rooms are a therapeutic environment that provide a person-led, sensory-supportive space. They are designed to be a multidisciplinary treatment space which offer a suite of therapeutic activities and calming options that reduce the need for more coercive interventions when patients become distressed. The use of sensory rooms should not be viewed as a reward for an individual patient, but as a specific therapeutic intervention in times of stress, hyperactivity, boredom, fatigue, or distress. Sensory rooms are utilised as distinct therapeutic areas where a patient can be supported to de-escalate/ reduce distress, or in some cases improve/increase arousal when drowsy or bored.

While sensory rooms are envisaged to be a place where a patient can 'wind down', relax and lower their arousal levels (which may lead to sleep), the sensory room is not to be used as a replacement bedroom or routine place for sleep. Where appropriate, sensory rooms may also be utilised for other therapeutic interventions, such as occupational, cultural or spiritual programs. They may also be used as a therapeutic space for conducting individual counselling or therapy with patients, which may be especially appropriate for Aboriginal patients, or patients from culturally and linguistically diverse backgrounds. A patient's clinical response will dictate the frequency of their use of the sensory room and can be a process of negotiation. Research suggests that the use of the sensory room (or similar) is most effective when it is regarded as a 'special space' for therapy (Champagne, 2003).

3. Procedure Content

3.1 Sensory Specific Assessment

1. A patient or their Multidisciplinary Team (MDT) may request for an Occupational Therapist (OT) to assist in exploring a patient's sensory preferences in order to assist the patient to develop emotional regulation skills and identify strategies and/or tool kits to improve behaviour and participation. This can be completed via standardised sensory assessment such the Sensory Profile or non-standardised sensory exploration techniques.
2. A patient's *JUS060.850 Safety Plan* (paper form) and/or the sensory assessment should inform the sensory information outlined in the patient's TPRIM. This information will guide clinicians when facilitating the use of the sensory room.
3. It is important to note, that all patients can access the sensory room and sensory equipment regardless of a documented sensory assessment or sensory specific interventions being

outlined in the patient's TPRIM. Furthermore, all staff play a role in ensuring the sensory room and sensory equipment is being used effectively with a patient and should access in-services/training to improve confidence in use of same.

3.2 Prior to Using Sensory Rooms

1. Clinical staff can identify suitable times and encourage use of the sensory rooms by engaging and observing the patient's behaviour and responses, and utilising the patients TPRIM, patient safety plan, and/or sensory assessment as a guide to determine times when this intervention may be useful. Alternatively, the patient can request to use the sensory room to reduce feelings of distress, agitation, anxiety or to help them self-regulate low/high arousal levels.
2. Patients level of supervision when using the sensory room is guided by the TPRIM and clinical assessment. For patients with high acuity of mental health symptoms their use of the sensory room should be pre-determined by the MDT and documented in the TPRIM to be used as a guide. Clinical assessment prior to use of sensory room for highly acute patients is essential, as they will require increased supervision and support to effectively and safely utilise the sensory room.
3. Prior to a patient accessing the sensory space, clinical staff must assess the patient's:
 - a) Mental state.
 - b) Current risks - degree of risk of harm to self, others and to the environment.
 - c) Level of agitation and cognition.
 - d) Ability to manage self in the room.
 - e) Subjective self-report of distress prior to the use of the sensory space.
 - f) Physical health.
4. It is recommended that assessment of the patient's presentation prior to and after use of the sensory room should be documented in the patient's health record in addition to what sensory tools were utilised and duration of time utilising same. This will support data collation and communication to all staff of a person's preferred methods of regulation in live time.
5. Staff must be aware of the patient's ability to egress the sensory space into non patient areas, whilst ensuring that they (the staff member) have easy egress should it be required.

3.3 Use of the Sensory Room

1. Where it is determined that the patient may benefit from using the sensory room, clinical staff must ensure the following occurs:
 - a) Check all equipment is present and in working order prior to the patient using this space.
 - b) Unlock (if applicable) the sensory room and provide guidance, direction and/or instruction of expected behaviour whilst using the space and discuss the desired outcome with the patient.
 - c) The patient implements the sensory strategies that assists them with emotional regulation as outlined in their TPRIM. Staff should assist patients in developing their emotional regulation skills via co-regulation if appropriate.

2. Patient can request or initiate use of the sensory room to reduce feelings of distress, agitation, anxiety, or to help them self-regulate low/high arousal levels.
3. The patient may leave the sensory room at any time. The patient may also be asked to leave the space if staff assess the level of risk as increased and being unable to be managed in that environment.
4. Patients level of supervision when using the sensory room will be guided by the TPRIM and clinical assessment.
5. Clinical staff must search the Sensory Room routinely as part of unit based environmental search schedule to ensure that all sensory equipment is accounted for, and in good working order.

3.4 Mobile Use of Sensory Equipment

1. Sensory equipment can be transported and used in different parts of the unit when the patient cannot access the sensory room (e.g. heightened arousal, staffing, and motivation) but sensory modulation is indicated.
2. Clinical staff can prepare a sensory kit with suitable equipment from the sensory space and transport these to a more suitable location (i.e. in patient bedrooms or communal areas). The contents of the patients' sensory kit must be informed by the Safety Plan and/or the sensory assessment.
3. Clinical staff must follow the processes when using the sensory equipment as outlined in [section 3.2](#) to ensure the safety of the patient, staff and equipment.
4. Patients level of supervision when using the sensory kit will be guided by the TPRIM and clinical assessment.

3.5 Following the Use of Sensory Rooms and Sensory Equipment

1. Clinical staff must ensure that sensory items/equipment is cleaned with disinfectant wipes after use.
2. Clinical staff should provide the patient with feedback regarding their use of the sensory room or sensory kit.
3. Clinical staff should facilitate discussion with the patient to explore what worked well or did not work well for the patient when they used the sensory space.
4. Clinical staff who facilitated the use of the sensory room or sensory kit must document the following in the patient's health record following the use of the sensory space:
 - a) Objective signs of the patient's behaviours/responses. Attention should also be given to their ability to reintegrate and re-socialise with their fellow patients.
 - b) Patients self-report.
5. Clinical staff should provide information on the patient's use of the sensory room and/or sensory kit during clinical handover (shift clinical handover, MDT Clinical handover, MDT Meeting) and this should be recorded in the patient's notes on JHeHs.

3.6 Maintenance of the Sensory Room and Sensory Equipment

1. If a staff member requires skill development for Sensory Modulation, they should consult with their ward based OT for support or attend in-service training provided within the FH on a routine basis. When sensory rooms are not in use, the door should be locked to ensure

security of the resources unless otherwise risk assessed. In addition, each unit will have a locked storage cupboard to store items requiring more restricted access. This cupboard may be located inside the sensory room or in a staff only area.

- a) Individual units may elect to keep the sensory rooms unlocked following an MDT and WHS risk assessment. Leaving sensory rooms unlocked allows for more self-directed and patient-initiated use of sensory modulation strategies.
2. Sensory spaces are to be left clean and tidy after each use, to ensure it is ready for its next use.
3. Some items may be identified as single use only. Staff must use their discretion in removing or allocating items to individuals if there is high degree of an infection control risk.
4. Any damaged equipment should be immediately removed from use by the staff member who identifies the damaged item. The NUM and unit-based OT must be informed in person and/or via email of removal of any damaged equipment, and follow the local procedures for the initiation of repairs immediately.
5. Sensory spaces must be searched as per [Procedure 9.015](#) Searches and the unit based environmental search schedule.
6. The unit-based OT or delegate AHA will conduct a review of the Sensory space and equipment on a 6 monthly basis to ensure all equipment is present and in good working order.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Related documents

Legislation

Justice Health NSW
Policies, Guidelines and
Procedures

[Policy 1.319](#) Patient Engagement and Observation – Forensic
Hospital and Long Bay Hospital Mental Health Unit

[Policy 5.110](#) Work Health and Safety

[Procedure 6.100](#) Clinical Risk Assessment and Management (CRAM)
– Framework and Documentation

[Procedure 9.015](#) Searches

Justice Health NSW Forms

NSW Health Policy
Directives and Guidelines

[PD2020_004](#) Seclusion and Restraint in NSW Health Settings

[GL2015_001](#) Safe Use of Sensory Equipment and Sensory Rooms in
NSW Mental Health Services

Other documents and
resources

Champagne, T., and Stromberg, N. (2004). Sensory approaches in
inpatient psychiatric settings: innovative alternatives to seclusion and
restraint. Journal of psychosocial nursing and mental health services,
42 9, 34-44. DOI: [10.3928/02793695-20040901-06](https://doi.org/10.3928/02793695-20040901-06)