Sensory Inclusive Clinical Spaces: Guidance for Providers

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Outline

1. Sensory rich clinical spaces
2. The Patient Care Frontier
3. Approaches to Sensory Sensitivity: A Case Study/Emergency Dept Care
4. Approaches to Sensory Sensitivity: Outpatient Care
5. Additional Tools
6. Benefits
7. Summary
Our sensory world: Sensory rich clinical spaces

- Imagine a clinic or hospital
  - Sights
  - Sounds
  - Smells
  - Textures
  - Tastes
Our sensory world:
Sensory rich clinical spaces

• BUSY
• NOISY
• BRIGHT
Our sensory world-
Our sensory sensitive patients

• Autism
• PTSD
• Anxiety
• Concussions
• Hearing loss/vestibular disorder
• Chronic fatigue syndrome
• Pain disorders
• Dementia
• Altered mental status
Sensory Sensitivity: A Barrier to Health Care

• “Fear, anxiety, embarrassment, or frustration keeps me from getting primary care”

• “My behaviors are misinterpreted by my provider or staff”

• “My providers do not take my communications seriously”

• 30% say facilities contribute to sensory issues

The Patient Care Frontier

• 1 in 44 children will eventually be diagnosed with ASD - CDC
• 90% of persons with ASD have a medical or psychiatric comorbidity
• 30-90% of persons with ASD have sensory sensitivities
• Higher rates of medical use
• Return to in-person medical care

Approaches to Sensory Sensitivity

Emergency Care
Emergency Care

- Children’s of Alabama Birmingham
  - Task force created
  - Families interviewed
  - Nursing & medical staff trained
Emergency Care

• Environmental Modifications
  • “Calming paint colors: Soothing blue”
  • Blank walls with a few children’s artwork
  • Sounds/alarms only at nursing stations
  • Lights replaced with LED bulbs with dimmers
  • Sensory cart
  • Visual charts
Emergency Care

• Staff Training
  • Autism explained & methods of presentation
  • Methods to approaching patients
  • Communication methods
  • Ask about sensory sensitivities
Emergency Care

- Workflow in the ED
  - Sign “Autism & Sensory Sensitivity Friendly”
  - Sensory pathway created for early identification
Sensory Sensitivity Workflow

1. Triage nurse asks if patient has sensory sensitivity diagnosis
2. Patient will not be sent to waiting room
3. Patient given a bed and isolated room
4. Survey provided to family about sensory sensitivities
Patient Example
Outcomes

• Process applied to adult ED
• Process applied throughout the hospital
• Improved staff satisfaction and patient management
• Improved patient satisfaction
Approaches to Sensory Sensitivity

Outpatient Care
Clinic Care Challenges

1. Crowded spaces
2. Bright lighting
3. Inaccessible washrooms
<table>
<thead>
<tr>
<th>Solution</th>
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<tbody>
<tr>
<td>Reduce noise</td>
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<tr>
<td>Remove bright and flashing lights</td>
</tr>
<tr>
<td>Provide accessible bathrooms</td>
</tr>
<tr>
<td>Welcome caregivers</td>
</tr>
<tr>
<td>Provide food and drink</td>
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<tr>
<td>Develop clear and concise</td>
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<tr>
<td>Create sensory-friendly hours</td>
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Clinic Care Solutions: Reduce Noise

- Separate waiting rooms/quiet zones
- Earplugs or headphones
- Eliminate background music
- Sensory friendly map (quiet & loud areas)
- Allow waiting in car
Clinic Care Solutions: Reduce Bright Lights/Flashin Lights

• Windows/natural lighting
• Dimmable lighting in rooms/lamps
Clinic Care Solutions: Accessible bathrooms

- Ensure wheelchair accommodations
- Reduce bright lights
Clinic Care Solutions: Caregivers

- Welcome caregivers
- Allow involvement and presence as much as possible
- Provide food & drink
Clinic Care Solutions: Clear concise instructions

• User friendly systems
• Visible signs
• Staff support
Clinic Care Solutions: Sensory Friendly Hours/Appointments

- Dedicated time for minimal crowds (early/late)
- Sensory toys
- Encourage to bring support toys/tools
- Longer time visits if possible
Clinic Care Solutions: Considerations for Adults

- Welcome identification of sensory sensitivity
- Consider providing a survey to review with patient
- Offer separate room for discussion/questions with patient if possible
- Allow questions
- Create sensory plan
Clinic Care Solutions: Providing Care

- Create a soothing environment
- Limit number of staff
- Team approach
- Care giver involvement
- Interaction techniques
<table>
<thead>
<tr>
<th>Review</th>
<th>Review sensory sensitivities</th>
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<tbody>
<tr>
<td>Explain</td>
<td>Explain process and maintain space</td>
</tr>
<tr>
<td>Allow</td>
<td>Allow patients time to process and ensure understanding</td>
</tr>
<tr>
<td>Avoid</td>
<td>Avoid physical contact until necessary</td>
</tr>
<tr>
<td>Explain</td>
<td>Explain what will be done prior to doing so</td>
</tr>
<tr>
<td>Move</td>
<td>Move slowly, perform exams proximal to distal</td>
</tr>
<tr>
<td>Assume</td>
<td>Assume person’s competence (especially if non-verbal)</td>
</tr>
<tr>
<td>Ensure</td>
<td>Ensure method of communication for non-verbal (paper, symbols)</td>
</tr>
</tbody>
</table>
### Clinic Care Solutions: Interaction Techniques

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<table>
<thead>
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<tbody>
<tr>
<td><strong>Speak</strong></td>
<td>Speak in simple phrases, use age-appropriate terms</td>
</tr>
<tr>
<td><strong>Allow</strong></td>
<td>If a person becomes fixated on an object or has the need to perform self-stimulating activities or body movements, do not interrupt unless necessary</td>
</tr>
<tr>
<td><strong>Notify</strong></td>
<td>Notify if needs to move to another room or procedure</td>
</tr>
<tr>
<td><strong>Prevent</strong></td>
<td>Some patients may become self-injurious or have fight or flight responses to challenging situation</td>
</tr>
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</table>
Clinical Care Solutions: **SCRAMBLE**

- **S**ensory management that reduces stimuli
- **C**ommunications kept simple
- **R**educed or limited staff involved in care
- **A**llow for extra time
- **M**edication reconciliation
- **B**ox of sensory support items
- **L**istening
- **E**xamination and treatment modification
Additional Tools
Other
Tips/Solutions
Hospital Passport

Please do not assume there is nothing wrong with me if I don't express pain the in the same way.

How I experience pain:
For example, do you rub the part of your body that hurts?
For other examples of what to put here, see the guidance notes at www.autism.org.uk/health-passport

How I communicate pain:
For example, do you groan when something is hurting you?
For other examples of what to put here, see the guidance notes at www.autism.org.uk/health-passport

Things I struggle with that cause me distress:
For example, are you scared of needles?
For other examples of what to put here, see the guidance notes at www.autism.org.uk/health-passport

Ways to help me avoid distress:
For example, does being told you're getting an injection and you can look away help?
For other examples of what to put here, see the guidance notes at www.autism.org.uk/health-passport
Other Tips/Solutions

• Coping plan
• Sensory box/kit
Other Tips/Solutions

• Ambulance
• Occupational Therapist in hospital
Other Tips/Solutions for Providers

• Minimize going ‘back and forth’
• Make your environment comfortable for you as well!
Benefits of Applying Sensory Support Means

• Improved care
• Improved patient experience
• Attracts more patients and families

Universal Benefit

• All patients can benefit from modifications
• Solutions are low cost or free
Bottom Line: Sensory Inclusive Clinical Spaces

1. Soothing environment (lights low, sound low, less people)
2. Soothing tools (Sensory box, food, space)
3. Soothing approach (Calm & clear)
Simple changes support all our senses & create a better environment for care!
Thank you for attending!
A link to view the recording will be emailed to all registrants.
We hope to see you next month!

Next webinar: Tues. 10/18/22
4-5pm EST

AIR-P Presents: Standing desks, rocking chairs and bouncy balls...in school?! Evaluating the use of flexible seating for neurotypical and neurodivergent children.

Presented by: Laura Crane

In this webinar, Laura will begin by discussing the research to practice gap in autism education, before emphasizing the need to take a collaborative approach when it comes to meeting the needs of autistic young people in school. Laura will then focus on a case example of a research-practice partnership, where researchers at the Centre for Research in Autism and Education (CRAE) worked collaboratively with staff from an inclusive school for children aged 4-11 years, to evaluate the use of flexible seating in classrooms.
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