

Psychosocial interventions Policy using physical equipment in inpatient settings

Authors:	Clinical Psychologist
Responsible Lead Executive Director:	Clinical Director of Old Age Psychiatry
Endorsing Body:	NHS Lanarkshire
Governance or Assurance Committee	Older Adult Psychiatry Clinical Governance Group
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Responsible Person	Clinical Psychologist, Psychological Therapies for Older People

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	<ul style="list-style-type: none"> • C. Stewart, Clinical Psychologist • M. McVey, Occupational Therapist • G. McDermid, Consultant Psychiatrist • B. McVey, Senior Charge Nurse
Consultation Process / Stakeholders:	<ul style="list-style-type: none"> • NHSL Infection Prevention and Control Team
Distribution:	<ul style="list-style-type: none"> • Inpatient ward staff

CHANGE RECORD			
Date	Author	Change	Version No.
29/04/16	C.Stewart		1
01/05/18	C.Stewart	GDPR statement added into section 3 and updated name of Data Protection Act	2
30/08/18	C. Stewart	Reviewed policy – no changes	3
17/08/21	C.Stewart	Title change to inpatient settings (not just old age psychiatry)	4
		Minor changes to introduction to expand definition from dementia (pg. 3)	
		Weblink to Data Protection Notice updated (pg. 4)	
		Additional COVID-19 considerations added (pg.7)	
20/04/22	C.Stewart	Reviewed and no changes needed	5

1. INTRODUCTION

- Psychosocial interventions are evidence-based approaches to maintain psychological well-being and to prevent and reduce distressed behaviour in patients with mental health disorders and cognitive or neurological problems such as dementia or an intellectual disability. They are used to meet a patient's psychological needs, and cover a wide range of activities including, but not limited to, hand massage, doll therapy, music, games and crafts, sensory stimulation, relaxation, physical exercise and reminiscence. Animal assisted therapy is also a psychosocial intervention, but is covered by a separate policy so will not be included in this policy. Best practice guidelines indicate that non-

pharmacological interventions should be used as a first line intervention in response to distressed behaviour (Ayalon et al, 2006).

2. AIM, PURPOSE AND OUTCOMES

1. AIM

- To prevent spread of infection while using physical equipment.
- To prevent harm to patients by inappropriate use of equipment.
- To prevent harm to patients by poorly maintained equipment.
- To ensure any risks of allergies to equipment are reduced.
- To increase staff knowledge of the legislation that supports psychosocial interventions in healthcare settings.

2. OBJECTIVES/OUTCOMES

- To ensure that staff are fully aware of the policy content and control measures required to minimise infection from using equipment.
- To ensure that staff are fully aware of the policy content and control measures required to minimise harm to patients from using equipment.

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

- The benefit of staff, patients, family members, visitors and other relevant individuals.
- To minimise risk in terms of cross contamination, harm and infection control.
- NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at [Data Protection Notice | NHS Lanarkshire \(scot.nhs.uk\)](https://www.scot.nhs.uk/data-protection-notice/) or ask a member of staff for a copy of our Data Protection Notice.

3.2 Who are the Stakeholders

- All staff within the service who comes into contact with the patient and environment
- Patients
- Carers of the patient

4. PRINCIPAL CONTENT

4.1

- NHS Lanarkshire acknowledges the contribution that psychosocial interventions provide to the quality of life experienced by patients. NHS Lanarkshire is concerned that the risk of harm and infection to patients is minimised.

4.2

- There is some risk of harm and infection when physical equipment is used in a hospital environment. However, providing reasonable care is taken, and all staff are aware of and compliant with the policy, the psychological and physical benefits of therapeutic interventions outweigh the risk of infection in certain situations.

4.3

- The holistic benefits of psychosocial interventions can apply to everyone working in both hospital and community settings. Using non-pharmacological interventions to reduce distress rather than medications reduces a patient's risk of falls, morbidity and mortality.

LEGISLATIVE FRAMEWORK

4.4

- This policy informs staff of their legislative requirements relating to Disability Discrimination Act (2005 amended).

4.5

- The Act states that anyone who provides services, goods or facilities to the public cannot refuse to provide their service to a disabled person for a reason relating to that person's disability. It also encourages services to be proactive in creating an inclusive approach and where appropriate in 'more favourable treatment' can be provided to a disabled person.

4.6

- The policy informs staff of their legislative requirements relating to their Health and Safety at Work Act (1974); Public Health (Infectious Diseases) regulations (1998); Management of Health and Safety at Work Regulations (1992) and Control of Substances Hazardous to Health (2002) which requires the provision of a safe environment for services users and staff.

4.7

- There is a balance to be struck in complying with all legislation and therefore each situation will require to be risk assessed by taking into consideration many and variable factors by the person in charge of each clinical area and intervention type. Each clinical area should ensure that local guidelines are available to manage the use of psychosocial interventions.

4.8

- Further advice may be obtained by contacting the Infection Prevention and Control Team.

PSYCHOSOCIAL INTERVENTIONS

4.9

- Consideration should be given to the type of intervention, length of session and environment when implementing a psychosocial intervention. This should be informed by an individualised assessment of the patient and their psychological needs.

4.10

- Staff will provide the equipment needed for the intervention, for example, "footer" boards, dolls, giant lego, "twiddlemuffs" etc.

4.11

- Where the intervention takes place, for example, in the patient's room, the day room or a quiet room will be determined by individual assessment and based on the patient's needs, risk, and the activity being used.

ALLERGIES

4.12

- Some individuals may be allergic to certain fabrics, lotions or oils. This often manifests itself as skin irritation or inflammation. Those administering psychosocial interventions should be mindful of this and take appropriate action if any of these symptoms present. Screening tools and risk assessments carried out prior to clinical sessions may highlight any known allergies.

STORAGE

4.13

- All equipment for psychosocial interventions will be stored in a locked cupboard on the ward.

INFECTION PREVENTION AND CONTROL

4.14

- All equipment will have cleaning guidelines and a cleaning schedule, and will be cleaned by staff before and after use by each patient.
- There is a risk that equipment intended for use by one patient will be picked up and used by another patient. In the event that other individuals use the equipment, staff will attempt at all times to wipe clean the equipment between individuals when possible.

4.15

- Where equipment is made of fabric, for example, doll's clothing and "twiddlemuffs", it will be machine washable and regular laundering organised according to a cleaning schedule. This will stipulate that they will be washed every time a different patient handles the item.

4.16

- Hand hygiene should be performed by patients/clients, staff and others before and after contact with the equipment (in accordance with NHS Lanarkshire Hand Hygiene Policy).

4.17

- Hard surfaces should be appropriately decontaminated in compliance with NHSL policy prior to, and following, psychosocial interventions and at other times when necessary.

4.18

- In line with COVID-19 guidance, physical distancing and use of FRSM masks for patient and staff member should be implemented during interventions.

EQUIPMENT MAINTENANCE

4.19

- All equipment used for psychosocial interventions will be maintained, and damaged, broken and worn equipment removed. Prior to planned maintenance, equipment will be appropriately decontaminated, and a decontamination form completed.

4.20

- Electrical equipment will be tested in accordance with NHS Lanarkshire policies.

5. ROLES AND RESPONSIBILITIES

ALL STAFF

5.1

- Must adhere to the policy
- Are responsible for minimising the potential of cross infection.
- Are responsible for adhering to the Disability Discrimination Act (2006) and other relevant legislation

MANAGERS

5.2

- Are responsible for ensuring that staff are aware of the policy and any associated legislation and that it is adhered to.
- Are responsible for putting in place systems of work to manage the use of psychosocial interventions to provide a safe environment for patients, staff and visitors.

6. RESOURCE IMPLICATIONS

6.1

- This policy does not require any new staff, education or training. Although there is a wide range of equipment to provide psychosocial interventions already available on the ward, new items may need to be purchased when the need is identified. This policy is interdependent with a range of other policies that are all in place with specific education/training requirements e.g. PAMOVA, Responding to Stress and Distress in Dementia, Hand Hygiene, DATIX.

7. COMMUNICATION PLAN

7.1

- A copy of the final document will be presented at the Old Age Psychiatry Clinical Governance Group and the Psychology Clinical Governance Group.
- The authors aim to forward a copy of this document to all Heads of Service within Old Age Psychiatry and Psychology, and Senior Charge Nurses on inpatient wards and Hospital Based Complex Clinical Care wards. It will then be the responsibility of Management to ensure the document is distributed to **ALL** members of staff within their team or department.
- The policy will be available on the Corporate Policies web site through Firstport

8. QUALITY IMPROVEMENT – Monitoring and Review

8.1

- The document will be reviewed after a 24 month period
- A feedback questionnaire will be attached to the document when initially forwarded to Heads of Service/Departments

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA



(tick box)

10. REFERENCES

- Ayalon, L., Gum, A. M., Feliciano, L. and Arean, P. A. (2006). Effectiveness of nonpharmacological interventions for the management of neuropsychiatric symptoms in patients with dementia: a systematic review. *Archives Internal Medicine*, **166**, 2182–2188.

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- Cohen-Mansfield, J. (2001). Non-pharmacological interventions for inappropriate behaviors in dementia: a review, summary, and critique. *American Journal of Geriatric Psychiatry*, **9**, 361–381.
 - Vernooij-Dassen, M., Vasse, E., Zuidema, S., Cohen-Mansfield, J., Moyle, W. (2010). *Psychosocial interventions for dementia patients in long-term care*, **22**, pp. 1121-1128.