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## OEQ position statement on the use of weighted covers

On May 20, 2008, Coroner Catherine Rudel-Tessier filed her report on the causes and circumstances of the death of a nine-year old child that occurred on April 19, 2008. According to her report, made public on June 19, 2008, the child “died of suffocation under a weighted cover in which he had been rolled by his teacher, at the special school he attended.” Analysis of the context in which the event occurred indicated that the child had been left without supervision for some twenty minutes and that the instructions given by the occupational therapist on the proper use of the weighted cover had not been followed by the educators or the teacher. In one of her conclusions, the coroner stated that the child’s death could have been avoided, and she made a specific recommendation to the Ordre des ergothérapeutes du Québec (OEQ), one element of which was to that it should clear instructions to its members on how to use such covers.

The purpose of this position statement is to respond to her recommendation by issuing guidelines to occupational therapists. It is divided into two sections:

1. The usual rules to follow for the safe use of weighted covers as part of an occupational therapy plan;
2. The instructions linked to the participation of an occupational therapist in training intended to result in the independent use of the weighted cover by other caregivers and professionals.

*This position statement gives guidelines for the appropriate use of a weighted cover. By issuing this position statement, the OEQ does not in any way express a position on the therapeutic value of the weighted cover or the sensory integration approach.*

In preparing this position statement, the OEQ consulted the specialized literature and occupational therapists working in different settings and with a paediatric clientele. Thus, some fifteen clinicians from various regions of Quebec, working at university medical centres, private clinics, schools and school boards, took part in the consultation.

It is important to mention that this position statement is only on guidelines for the safe use of a weighted cover. In it, the OEQ does not express any opinion on the therapeutic value of the weighted cover or the sensory integration approach<sup>1</sup>, which constitutes the theoretical foundation for the use of this type of therapy. Furthermore, since the scientific literature does not offer a proven indication for the use of weighted covers in children, the guidelines expressed here have been derived essentially from consulting occupational therapists and represent generally accepted practices

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<sup>1</sup> Occupational therapists interested in this subject are invited to consult the following publication, which contains an analysis of the scientific evidence associated with the sensory integration approach: No. Pollock, *Keeping Current in Sensory Integration*, CanChild Centre for Childhood Disability Research, McMaster University (on line), 2006. [[www.canchild.ca](http://www.canchild.ca)] (October 22, 2008).

for the appropriate use of this form of intervention. In fact, the occupational therapists consulted individually issued many converging opinions, tending to indicate a certain degree of standardization in this practice. Based on the information collected, the professional standards expected from every occupational therapist<sup>2</sup> and the Code of Ethics of Occupational Therapists, the OEQ issues the following guidelines:

#### SAFE USE OF WEIGHTED COVERS AS PART OF AN OCCUPATIONAL THERAPY PLAN

- The occupational therapist should assess the child and be able to justify the use of this treatment approach on the basis of this assessment and analysis.
- The occupational therapist should determine whether the child's health presents any contraindications to the use of the weighted cover. Among the possible contraindications are:
  - breathing problems
  - cardiac problems
  - epilepsy
  - serious hypertonia
  - skin problems including certain allergies
  - circulatory problems.
- The use of a weighted cover should be part of a treatment plan designed to meet precise objectives. These should be re-evaluated periodically to assess whether they have been achieved and to determine the relevance of continuing the use of the weighted cover.

*A weighted cover must never be used as a restraint.*

- The parents or legal guardian of the child must consent to the treatment plan, including the use of proposed measures like a weighted cover. Their consent must be linked to the treatment plan defined for the child: a general consent to occupational therapy services is not enough. And although a minor, the child must also consent to the use of the cover. Any sign of refusal, verbal or non-verbal, must be respected.
- A weighted cover must never be used as a restraint. The child must always be able to get free of it by himself.
- The weighted cover must be used under the close supervision of a person who has received appropriate training.
- A child must never be left without supervision because special attention has to be paid to signs that mean the cover must be removed. These include breathing difficulties, nausea, behavioural or physical reactions showing discomfort or anxiety in the child, etc.

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<sup>2</sup> "Compétences et responsabilités professionnelles" [Professional Competencies and Responsibilities] *Guide de l'ergothérapeute* (OEQ, 2004)

- The child's head and neck must be free at all times.
- Except in exceptional circumstances, the cover should not be used for more than 20 consecutive minutes.
- The weight and size of the recommended cover be appropriate to the child's physical characteristics. Generally, the occupational therapists consulted recommend a ratio of 10% of the child's weight as the limit for the weight of the cover. As a result, a single weighted cover cannot be used universally for all children. There must be a personalized recommendation.
- The occupational therapist must take the manufacturer's instructions on the recommended use of the equipment into account. Any use not complying with these instructions must be justifiable<sup>3</sup>.

*With respect to the recommendation for the use of a weighted cover by third parties as part of the application of an occupational therapy plan.*

- The occupational therapist must make sure that anyone using a weighted cover will be able do so while respecting the safety instructions and the child's treatment plan.
- The forms of communication for feedback on the child should be defined before the care is begun (written or verbal feedback, observation grid, frequency of communication, etc.).
- Written documentation should be given to the various users of the weighted cover involved in applying the treatment plan. This documentation may be of two types:
  - general: for example, a protocol explaining the customary rules for using a weighted cover;
  - specific: specific instructions associated with the application of the child's treatment plan.

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<sup>3</sup> For more details, refer to the following article, published in *Ergothérapie express*: "Normes de sécurité et aides techniques" (December 2006), available on the OEQ Web site [[www.oeq.org](http://www.oeq.org)].

## **PARTICIPATION BY THE OCCUPATIONAL THERAPIST IN A TRAINING PROGRAM INTENDED TO RESULT IN THE INDEPENDENT USE OF THE WEIGHTED COVER BY OTHER CARE GIVERS AND OTHER PROFESSIONALS**

Administrators of certain facilities sometimes ask occupational therapists to prepare protocols on the use of a weighted cover by other caregivers. Such use would occur outside the occupational therapist's care plan. The objective in these cases is to develop the skills of other caregivers or professionals so that they can themselves decide whether to use this treatment method with a child. Such training is intended to enable these persons to develop the skills to:

- recognize the situations in which use of a weighted cover would be relevant for a child, by the application of decision-making tools designed expressly for this purpose (e.g. observation grid, critical path, etc.).
- apply this form of treatment safely and so that it is personalized for the child involved.

An occupational therapist who becomes involved in such training is responsible for the quality of its content, the teaching methods used to develop the participants' skills and the decision-making tools and materials made available to the participants. Thereafter, the caregivers and professionals become personally responsible for their decisions and their use of a weighted cover.

Finally, if occupational therapists observe situations in their workplace that present risks to child safety, they must not hesitate to discuss them with the persons concerned or the local authorities.

*The OEQ wishes to thank the occupational therapists who kindly contributed to the consultation process by completing the questionnaire sent to them.*

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