

IRISH ASSOCIATION FOR EMERGENCY MEDICINE



IAEM Clinical Guideline

Enabling a Neurodiversity-Friendly Environment in the Emergency Department

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DISCLAIMER

IAEM recognises that patients, their situations, Emergency Departments and staff all vary. These guidelines cannot cover all clinical scenarios. The ultimate responsibility for the interpretation and application of these guidelines, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Revision History

Date	Version	Section	Summary of changes	Author
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GLOSSARY OF TERMS

ED	Emergency Department
EM	Emergency Medicine
HCP	Healthcare Providers
ID	Intellectual Disability

PARAMETERS

Target Audience This guideline is targeted at Emergency Medicine clinicians, Emergency Department (ED) nurses, and auxiliary staff caring for neurodivergent patients in the Emergency Department.

Target Patient Population Patients who present to the ED and who identify as, or who may present as, neurodivergent.

AIMS

To provide guidance to Emergency Medicine (EM) clinicians and Emergency Departments on how to support neurodivergent patients presenting to the ED through the use of communication tools, environmental considerations, and multidisciplinary training.

Enabling a Neurodiversity-Friend Environment in the Emergency Department

INTRODUCTION

Neurodiversity is a non-medical term to describe how people experience and interact with the world around them in many ways. It encompasses the different ways in which people's brains work, as they are natural biological variations of humanity. These differences are embraced and encouraged. It is now estimated that 15–20% of the world's population exhibits some form of neurodivergence, and understanding in the healthcare profession is increasing.^{1,2}

Neurodivergent individuals encounter unique challenges in Emergency Departments, from sensory overload to difficulty communicating their needs.³ Crowded, noisy environments can be overwhelming and exacerbate anxiety. Lack of understanding from healthcare professionals, and lack of appropriate clinical space may further hinder effective delivery of care, complicating already stressful situations. Enabling a neurodiversity-friendly environment in the Emergency Department is crucial to ensuring equitable and inclusive healthcare for all individuals, regardless of their brain type.^{3,4}

Conditions Associated with Neurodiversity

Neurodiversity is an umbrella term. Some of the conditions (which may or may not have been formally diagnosed) that are most common among those who are described as neurodivergent include:

- Autism (this includes what was once known as Asperger's Syndrome)
- Attention-deficit Hyperactivity Disorder (ADHD)
- Dyscalculia (differences in understanding numbers)
- Dysgraphia (differences turning thoughts to written language for their age and ability to think)

- Dyslexia (differences with reading, spelling, writing, and related cognitive/processing differences)
- Dyspraxia (differences with coordination and movement)
- Intellectual disabilities
- Sensory processing differences.

It is important to remember that when you have met one person who identifies as neurodivergent, you have met one neurodivergent person. Everyone is different and may identify with one or more of the above conditions, and have a unique set of needs.

Communication Challenges

Some neurodivergent individuals can find aspects of communication challenging. This can include non- or minimally speaking communication. Some may have good language skills but struggle to use their speech in social settings. Speak directly, not in metaphors. Some may find it difficult to interpret metaphors (“it’s raining cats and dogs”) or the behaviour of others. Some individuals may speak, some may not, and some may use alternative ways to communicate, such as typing or images.

Sensory Challenges

Sensory processing differences (hypersensitivity and hyposensitivity) are a common challenge for neurodivergent people. Loud noises (alarms, buzzers, shouting, crying), bright lights, and unfamiliar textures or touch (saturation probes, blood pressure cuffs, abdominal examination, stethoscopes, cannulation etc) may all be distressing or physically painful.

Recognising Self-Regulating Behaviour

Stimming

Some neurodivergent patients stim. Stimming is a self-stimulating behaviour.

There are many forms of self-stimulating behaviour. For example, neurodivergent people may stim by flapping their hands, rocking back and forward, repeating phrases, flicking their fingers, or hum.

Stimming can help neurodivergent people to stay calm and to regulate their emotions, particularly in stressful situations (such as being unwell or attending the ED). Routine and structure can also help with this– an ED visit has neither of these, is very unpredictable, and can be frightening for individuals.

Meltdown

A meltdown is an intense response to an overwhelming situation. It happens when someone becomes completely overwhelmed by their current situation and temporarily loses control of their behaviour. This loss of control can be expressed verbally (e.g., shouting, screaming, crying), physically (e.g., kicking, lashing out, biting) or in both ways. They are not “tantrums”. The person is not choosing to behave badly or to be antisocial. Trying to convince someone having a meltdown to “calm down” will not help. Providing the environment and support to enable them to regulate their emotions can.

Suggested Tools that Emergency Department Staff can Use to Support Neurodivergent Patients

Use of Inclusive, Non-Judgemental Language

If applicable, it is best to ask directly about a person's preferred language, and how they prefer to be addressed. For example, the majority of the autistic community tend to prefer identify-first language (“an autistic person”) but some may prefer person-first language (“a person with autism”).

Multidisciplinary Understanding and Training

Multidisciplinary understanding and training enables healthcare professionals to provide tailored care, minimise distress, and improve patient outcomes.⁵ Effective communication strategies and tools such as a **hospital passport** can enhance the patient experience for neurodivergent individuals in the Emergency Department. These strategies at departmental- and caregiver level are detailed in Tables 1 and 2.

Table 1: Communication Strategies and Tools at Departmental Level

Example	Details
Hospital Passport	<p>The hospital passport (or equivalent) is a document designed to help patients to communicate their individual healthcare needs with healthcare professionals when they are unable to do so in other ways. There are many different versions available.^{6,7}</p> <p>It may contain information such as past medical history and medication, and can provide additional valuable information. This can include how a person might show you they are in pain, their preferred method of communication, an insight into things they may find distressing and how you can make them feel safer and secure in the Emergency Department.</p>
Team Approach	<p>All team members should approach the care of the patient in the same way. Examples of members of the team within the Emergency Department include medical staff, nursing staff, intellectual disability clinical nurse specialists, medical social workers, occupational therapists, physiotherapists, catering staff, and patient liaison officers.</p>
Caregiver Involvement	<p>Encourage and use caregiver involvement during medical treatments. Having a familiar and trusted person present can be crucial for effective treatment and care in the Emergency Department.</p> <p>Balance caregiver involvement with directly engaging the patient.</p> <p>Ask for help with procedures.</p>
Provide Structure for Medical Consultation	<p>Structure can make things easier to understand. Let patients know what they are waiting for and, if possible, give realistic timescales.</p>

	<p>For some, a “First and Then” board can help – words, symbols or pictures to remind them what is going to happen.</p> <p>Visual schedules may be of benefit for some individuals for each task a practitioner needs to do, such as blood taking, taking vital signs, etc.</p> <p>These visual schedules could be kept in a folder and bring a patient through the process of having that procedure done.</p>
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Table 2: Communication Strategies and Tools at Caregiver Level

Example	Details
Standardised Messaging	<p>It is useful for the staff group to use a predictable script, for example all team members should use the same introduction when meeting the patient;</p> <ul style="list-style-type: none"> • “Hello, my name is _____, I am your Emergency Medicine doctor today. How can I help you today?” • “Hello, my name is _____, I am your nurse today.” <p>All team members should use same medical terminology, as appropriate for the patient and situation, in every interaction with the patient.</p>
Simple and Direct Questions	<p>Ask one question at a time.</p> <p>Use simple clear terms and avoid jargon.</p>
Take your Time	<p>Wait for an answer.</p> <p>Allow significant additional time per interaction in order to build trust and rapport, accommodate for cognitive differences, and support communication preferences.</p>

	It may take some individuals longer to respond to you than you anticipate or typically expect.
Explain to Enable Cooperation	Provide a stepwise explanation of a task and how it benefits the patient.
Mirroring	This is the act of copying the behaviour or phrases of another person and is something that some neurodivergent individuals do. Example: if the patient is sitting down, also get a chair and sit down near them.
Precise Language	Avoid metaphors and euphemisms. ⁸ Say exactly what you mean.
Touch and Feel First	Allow the patient to hold and touch equipment before you use it on them. Warn the patient about sensations e.g., blood pressure cuff.

People may not respond how you typically expect. If there are any concerns surrounding capacity, a formal capacity assessment should be performed. You should, however, always presume that the person has the capacity to make any decision in question.

Guidance for Emergency Departments to Curate a Supportive Environment

The medical condition of the patient takes precedence in all circumstances. An unstable patient typically requires one-to-one monitoring in a resuscitation cubicle.

Where possible and applicable (it is acknowledged that Irish Emergency Departments are currently challenged with crowding and insufficient clinical space), prepare a low sensory environment; use of a quiet, plain room with minimal staff.⁹⁻¹⁰ The patient may require ear defenders/ear plugs and/or sunglasses to reduce sensory input from the environment. Provision of a sensory kit with tools such as a weighted blanket, aromatherapy, colouring books, fidget toys, and calming music may also be helpful.¹¹

Where resources are available, consideration should be given to the design of a sensory room. A sensory room is designed to allow a patient to self-regulate. It should be a safe space away from stimulation and may also provide opportunities for engagement in prevention and crisis de-escalation strategies. Sensory rooms can promote self-care, self-nurturance, resilience and recovery.¹² These considerations are detailed below in Table 3.

Table 3: Considerations for Designing a Sensory Room in the Emergency Department

Example	Details
<p>Layout & Structure</p>	<ul style="list-style-type: none"> • Ideally the room needs to be closed off to reduce noise stimulation. The access door would have two-way glass to allow the healthcare professionals to still see into the room from outside. • There would be no trolley in the room. • Provide alternative seating options (which meet local infection prevention and control protocols) including benches, mats, balls, bean bags, etc. • There should be adequate space for a wheelchair-user to turn comfortably in the room. • Colour of the room should reflect a calming environment– avoid stimulating colours (red, orange, yellow, bright neon shades).

	<ul style="list-style-type: none"> • The room should be free of wires, noisy machines, or instruments. Mobile monitoring equipment can be wheeled in and out as required. • Access to a window for natural lighting. • Consider reviewing the lighting design within the ED, for example some fluorescent lights may flicker in a manner that some autistic people may find stimulating. • Consider placement of thermostat in the room in order to allow individual heat control. • Greenery within the room can provide natural therapeutic benefits.¹³
Lighting	<ul style="list-style-type: none"> • The room should have a controllable light switch (dimmer switch) within the room
Resources	<ul style="list-style-type: none"> • A variety of items should be available to patients which may include fidget toys, noise-cancelling headphones, ‘white-noise’ machine, tablet computers, bubble tubes, and weighted blankets.⁸ • Use of visual cues to aid communication should be adapted– picture boards, demonstration of procedures on a caregiver, first/then visual. • As all items will not be kept in the room for safety reasons, a pamphlet listing all available resources should be available along with clear images (ideally photographs rather than symbols) on a white background so that patients can indicate which item(s) they would like. • Bluetooth speaker. • Projector.

<p>Patient Flow</p>	<ul style="list-style-type: none"> • Patients who may benefit from the use of a sensory room should be identified as early as possible in their ED presentation. Screening questions around sensory and environmental needs at triage may identify such patients. • This information could be stored in the patients electronic health record in the hospital for future presentations. • Individuals who are seen in a sensory room should have as many procedures and tests done in that room as possible in order to reduce patient movement and give time for them to adjust to their surroundings.
<p>Follow-Up Beyond the ED</p>	<ul style="list-style-type: none"> • GP or inpatient teams should consider referral to specialists as required by each individual, such as Speech and Language Therapy for communication supports.

COMPANION DOCUMENTS

[Appendix 1: Suggested Resources](#)

[Appendix 2: Guideline Stakeholders](#)

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