

RAINBOW VOLUNTEER HANDBOOK



The Science of Health. *The Art of Compassion.*

Rev 8-10-2020

RAINBOW UNIT VOLUNTEER HANDBOOK

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UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

ABOUT UH RAINBOW BABIES & CHILDREN'S HOSPITAL

A nationally ranked leader in pediatric health care, UH Rainbow Babies & Children's Hospital is a 244-bed, full service children's hospital, serving as a trusted partner to Northeast Ohio families for more than 130 years. UH Rainbow Babies & Children's Hospital, home to the only Level I Pediatric Trauma Center in northern Ohio, combines family-centered quality care, advanced treatments and the latest innovations to deliver the complete range of pediatric services for more than 750,000 patient encounters annually. Among the nation's leading academic medical centers, UH Rainbow is part of University Hospitals Cleveland Medical Center and an affiliate of Case Western Reserve University School of Medicine, a nationally recognized leader in medical research and education.



UH Rainbow Babies & Children's Hospital offers the most expansive pediatric care network in Northeast Ohio, with more than 130 service locations. The vast network includes nationally ranked UH Rainbow Babies & Children's Hospital – Cleveland's only full-service, freestanding children's hospital with a medical staff of more than 745 physicians – along with a primary care network with more than 200 pediatric and family medicine providers at 83 locations, two inpatient hospital locations, 14 pediatric emergency departments, six urgent care centers, five surgery centers, 20 medical and surgical specialty clinics, and seven advanced newborn and maternal/fetal medicine service locations.

THE IMPORTANCE of VOLUNTEERS in a PATIENT'S RAINBOW EXPERIENCE

Volunteers are an integral part of the team at University Hospitals Cleveland Medical Center and UH Rainbow Babies & Children's Hospital. Our volunteers are exceptional individuals who take the extra steps that make a difference in the lives of our patients, their families and our visitors.

We are here to support you in your volunteer experiences. We hope your experience is fun and meaningful for you. You may see, hear and be involved in experiences that tap into your emotions or make you wonder what to do in a situation. The Volunteer Services staff members and your Rainbow Supervisors (**CLS** = Child life Specialist ; **CLA** = Child Life Assistant ; **RN** = Nurse ; etc.) are available and want to help you navigate your volunteer experience.



WHAT'S on EACH FLOOR?

Below is an overview of key areas and patient units within Rainbow Babies & Children's Hospital and Horvitz Tower. (** = An area that Rainbow Volunteers are assigned)

RAINBOW BABIES & CHILDREN'S HOSPITAL and HORVITZ TOWER
BASEMENT / LOWER LEVEL
<p>Trisha O'Brien Pavilion</p> <ul style="list-style-type: none"> An indoor open space used for special events
<p>Courtyard</p> <ul style="list-style-type: none"> A small outdoor space for kids to play that is accessible from the Trisha O'Brien Pavilion
<p>Emergency Department</p> <ul style="list-style-type: none"> The pediatric and adult emergency department is located in another connected building. The Rainbow Reception Desk on the first floor will have written directions for families.
1st FLOOR
<p>Rainbow Lobby</p> <ul style="list-style-type: none"> Families and child visitors receive their "Fast Pass" (ie. ID Badge) at the Rainbow Reception Desk The Volunteer Sign-In Kiosk is located in the Rainbow Lobby Volunteer parking vouchers are available from the receptionists for more than 2 hours of volunteering Receptionists are available 24 hours/7 days a week ... someone is always there
<p>Family Resource Center **</p> <ul style="list-style-type: none"> Rainbow's library MANY resources are available to borrow ... children and adult books, magazines, DVDs, portable DVD players, laptops, phone charger, consumer health books, etc. The health librarian is available to ask questions and provide information packets on any topic
<p>Zagara's Pediatric Specialty Clinic</p> <ul style="list-style-type: none"> A pediatric outpatient clinic for patients with appointments with pediatric specialists (ex. neurologists, otolaryngologists, gastroenterologists, etc.)
<p>Atrium, Cafeteria, Gift Shop</p> <ul style="list-style-type: none"> The Atrium is an indoor area with tables, seating and garden beds Food options that are located within the Atrium ... the cafeteria, vending machines, and the Einstein Bagel Co. kiosk (bagels, sandwiches, pastries, drinks) The Atrium Gift Shop is located in the Atrium Vending machines and an ATM machine are located by the cafeteria
2nd FLOOR
<p>Pediatric Intensive Care Unit (PICU) **</p> <ul style="list-style-type: none"> A 20-bed intensive care unit Patients are very sick Patient ages: infant through 18 years
<p>Cardiac Stepdown Unit (CSDU) **</p> <ul style="list-style-type: none"> An 11-bed inpatient cardiac unit Patients with cardiac diagnoses Patient ages: birth through young adult 1 Activity Center

<p>Ronald McDonald Family Room</p> <ul style="list-style-type: none"> • A quiet space for families (no patients) to relax with recliners, computer access and a small kitchen area • The kitchen area has light snacks and beverage options free of charge for families
<p>Prentiss Surgery Unit</p> <ul style="list-style-type: none"> • Patients arrive for surgery either directly from home or from an inpatient unit. Some patients stay in the hospital after surgery and some patients will go home after surgery • Patient ages: infant through young adult • A play space is located in the waiting area for patients and sibling/child visitors **
<p>Horvitz Tower 2 (HT2) / Rainbow 2 (R2)</p> <ul style="list-style-type: none"> • A 7-bed inpatient adult unit • Patients ages: 18 years and older with a genetic pulmonary diagnosis
<p>3rd FLOOR</p>
<p>Horvitz Tower 3 (HT3) / Rainbow 3 (R3) **</p> <ul style="list-style-type: none"> • A 16-bed inpatient surgical/trauma unit • Patients awaiting surgery or recovering from surgery • Patient ages: infant through 18 years old • A balance between patients having short-term and longer admissions • 1 Activity Center
<p>Child and Adolescent Psychiatry Unit (CAPU)</p> <ul style="list-style-type: none"> • An inpatient psychiatric unit provides stabilization of an acute mental health illness
<p>4th FLOOR</p>
<p>Neonatal Intensive Care Unit (NICU) **</p> <ul style="list-style-type: none"> • A 43-bed neonatal intensive care unit • Very sick babies that have not been discharged to home after birth
<p>Horvitz Tower 4 (HT4) / Rainbow 4 (R4) **</p> <ul style="list-style-type: none"> • A 44-bed inpatient neonatal transitional care unit • Babies that have graduated from the NICU and/or newborns that have not been discharged to home after birth • Many babies are admitted for a longer period of time
<p>Pediatric Epilepsy Monitoring Unit (PEMU) (Located on the 4th floor of the Lakeside building)</p> <ul style="list-style-type: none"> • A 6-bed inpatient neurological monitoring unit • Patients receive continuous video EEG monitoring of their brainwaves • Patient ages: infant through 18 years old
<p>5th FLOOR</p>
<p>Horvitz Tower 5 (HT5) / Rainbow 5 (R5) **</p> <ul style="list-style-type: none"> • A 33-bed inpatient general medical unit • Patients with pulmonary, trach/vent, neurology and renal diagnoses • Patient ages: infant through 18 years old • A balance between patients having short-term and longer admissions • 1 Activity Center
<p>6th FLOOR</p>
<p>Horvitz Tower 6 (HT6) / Rainbow 6 (R6) **</p> <ul style="list-style-type: none"> • A 31-bed inpatient general medical unit • Patients with gastrointestinal (GI), endocrine, behavioral diagnoses • Patient ages: infant through 22 years old • A balance between patients having short-term and longer admissions • 1 Activity Center – usually quite busy!

7th FLOOR

Horvitz Tower 7 (HT7) / Rainbow 7 (R7) Hematology Oncology Inpatient Unit **

- A 24-bed inpatient hematology/oncology unit
- Patients with hematology and/or oncology diagnoses
- Patient ages: infant through young adult
- Patients may be admitted long-term or with a higher frequency
- The unit can have a “family feeling” with many of the patients and families becoming a support system for each other
- 1 Activity Center and 1 Teen Lounge

8th FLOOR

Horvitz Tower 8 (HT8) / Rainbow 8 (R8) / Angie Fowler Hematology Oncology Outpatient Clinic **

- A 25-room outpatient hematology/oncology clinic which sees an average of 30 patients a day
- Patients with hematology and/or oncology diagnoses or patients receiving infusion therapies
- Patient ages: infant through young adult
- Patients return frequently to the clinic for routine exams and treatments
- 1 Activity Center and 1 Teen Lounge

9th FLOOR (a staff member is needed to provide access on the elevator)

Angie’s Rooftop Garden

- An outdoor area that provides an opportunity for a breath of fresh air, connection with nature, relaxation, respite, and activities for patients, families and staff members

Horticultural Therapy (HT) Suite

- An indoor space used for programming, activities, education and/or relaxation

SAFETY

HIPAA: PRIVACY, CONFIDENTIALITY and SECURITY

Patients and families have the right to assume that confidential information about them will not be discussed among staff and volunteers. You have a legal and ethical duty to maintain their confidentiality. Complete information about HIPAA is found in the UH Orientation Manual.

A FEW REMINDERS ABOUT YOUR ROLE as a VOLUNTEER

Volunteers SHOULD ...

- Carefully dispose of confidential information and notes about patients in confidential shredding bins located on each unit at the end of your shift. Please ask a staff member to help you locate a bin.
- Be especially careful with all verbal communication including discussing information of a sensitive or confidential nature in the hallways or public areas.
- Report any errors or mistakes immediately.



Volunteers SHOULD NOT ...

- Leave paper information (ex. sign-in sheets, notes on patients, etc.) unattended where other people may view it. All sign-in clipboards should have a cover sheet over the sign-in sheet.
- Share confidential patient information with the patient's extended family or friends.
- Invade a patient's right to privacy by asking why they are in the hospital.
- Take photographs of patients and/or families on cameras or phones.
- Disclose confidential information about patients, their families, employees, donors, other volunteers or hospital business.

Failure to observe confidentiality policy may result in the volunteer's dismissal from the program and can have legal consequences.

INFECTION CONTROL - PROTECTING YOURSELF and OUR PATIENTS

Volunteers must follow UH Rainbow Babies & Children's Hospital infection control policies and procedures. These policies and procedures are in place to protect patients, visitors, staff and volunteers from getting or spreading an infection while in the hospital.

HEALTH CARE ASSOCIATED INFECTIONS

Everyone has some microorganisms (microbes) on their skin; that is very normal. When you are healthy and have no breaks in your skin, these microbes probably do not cause any problems. However, when a person is very sick, very young, has a surgical wound or a break in the skin, normal friendly microbes may cause problems. Microorganisms that frequently cause illness (ex. cold or flu viruses, strep, etc.) often spread from person to person on the hands, which is why it is so important for everyone to wash their hands to prevent spread of the organisms to others or from others to yourself.

In addition to hand hygiene limiting the spread of germs, please do not sit on a patient's bed, even if a child asks you to do so. Their bed is their personal space. Please pull a chair next to the child's bed instead.

HAND HYGIENE and HANDWASHING

Hand Hygiene means either washing your hands with soap and water or using waterless alcohol-based hand sanitizer. Hand hygiene is the single most effective method to prevent the spread of infections. Please remind patients and visitors to wash their hands or use waterless hand sanitizer after leaving their room, before entering the Activity Center and as they are returning to their room.

Handwashing is a 15-30 second process ...

1. Have a paper towel ready
2. Wet hands
3. Lather hands for 20 seconds washing between fingers as well as the fronts and backs of hands and wrists
4. Rinse hands and wrists (*keep water faucet on*)
5. Dry hands with a paper towel (*patting hands dry rather than rubbing will help reduce drying and chapping*)
6. Use paper towel to turn off the water faucet (*this is because the handles were contaminated when you turned them on ; if you touch the dirty handles with your clean hands, you will contaminate your clean hands*)



Waterless alcohol-based hand sanitizer is available throughout the hospital and is an acceptable alternative to handwashing unless it is posted otherwise or your hands are visibly dirty. When using hand sanitizer, make sure all surfaces of your hands are coated and continue to rub until sanitizer is absorbed.



Volunteers are required to wash their hands ...

- When arriving at and before leaving the hospital.
- When entering and exiting a patient room and the Activity Center ... Remember to **“Go In Clean ... Go Out Clean”**.
- Before putting on gloves **and** after taking gloves off.
- Before and after touching a patient or his/her belongings.
- After handling potentially contaminated items.
- Before and after cleaning/disinfecting toys and equipment.
- After coughing, sneezing, blowing your nose or using the restroom.
- Before and after meals and breaks.
- When hands are dirty.

STANDARD PRECAUTIONS

As a hospital volunteer, you will have no more risk of being exposed to an infectious disease than you would in your daily life. We consider ALL blood and body fluids as potentially infectious. This is called **Standard Precautions**. To follow Standard Precautions, wear **Personal Protective Equipment (PPE)** such as gloves, gowns, and/or masks when contact is likely with any body fluids or blood (ex. wear gloves if you are helping a child wipe their nose with a tissue; wear gloves if you are wiping up a spill; wear a gown if you are holding an infant or young child, etc.) or when you are with a patient in a Transmission-Based Isolation room. It may be helpful to think, “What do I need to wear to protect myself (ex. my clothes, my hands, my mouth) right now?”

PERSONAL PROTECTIVE EQUIPMENT (PPE) ... MASKS, GOWNS and GLOVES

Required PPE (ex. mask, gown and gloves) will vary from patient room to patient room depending on the precaution signage. When the signage requires PPE, put on the required PPE listed on the precautions sign **before entering** the patient’s room. You can say “hello” and introduce yourself to the patient at the threshold of the patient’s door. However, you must be wearing your PPE once you have crossed the

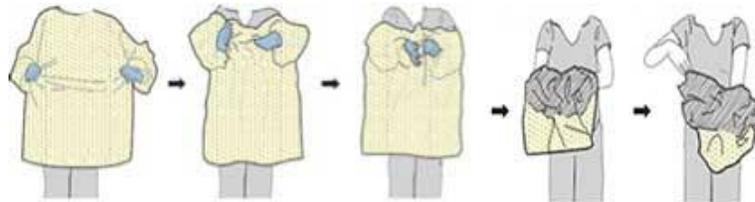
door's threshold. When exiting the patient's room, remove all PPE **before exiting** and discard it in the patient's trashcan **inside** their room. Always preform hand hygiene when leaving the room.

Please put on and remove PPE in the correct order (as recommended by the CDC) ...

- Sequence for **PUTTING ON PPE BEFORE ENTERING** a patient's room
 1. **Preform Hand Hygiene** before putting on PPE
 2. **GOWN** ... your gown must be tied at your waist in the back or the front
 3. **MASK** ... fit your mask's flexible band over the bridge of your nose and elastic bands around your ears ; fit the mask snug to your face and below your chin
 4. **GLOVES** ... extend your gloves to cover the wrists of your gown



- Sequence for safely **REMOVING PPE BEFORE EXITING** a patient's room
 1. **GOWN and GLOVES** ...
 - The gown front and sleeves and the outside of the gloves are dirty/contaminated
 - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp the gown in the front and pull away from your body so that the ties break, touching the outside of the gown only with gloved hands
 - While removing the gown, fold or roll the gown inside-out into a bundle
 - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands
 - Discard the gown and gloves in the patient's trashcan inside their room



2. **MASK** ...
 - The front of the mask is dirty/contaminated. Do not touch it.
 - If your hands get contaminated during mask removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp the elastics around the ears and remove without touching the front of the mask.
 - Discard the mask in the patient's trashcan inside their room



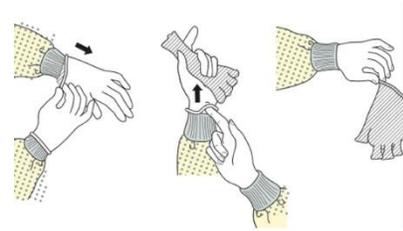
3. **Preform Hand Hygiene** immediately after removing all PPE

Depending on the Rainbow unit, PPE is located either in a caddie/holder hanging on the outside of a patient's door or in a cabinet directly outside each patient's room.

Sometimes only gloves are needed to perform an action such as helping to wipe a child's nose or when cleaning/disinfecting toys and equipment using a hospital approved disinfectant.

- **Safely REMOVING GLOVES ...**

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off the first glove
- Hold removed glove in the gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a trashcan



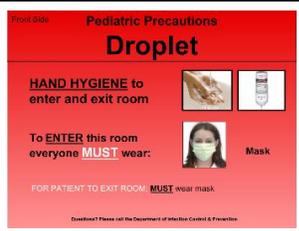
TRANSMISSION-BASED PRECAUTIONS

When a patient is known or suspected of having a virus or communicable disease, a Transmission-Based Precautions sign will be posted outside a patient's door. You may hear the staff referring to the patient as "being in isolation" or "on precautions". Additionally, all patients with respiratory symptoms (ex. runny nose, coughing, sneezing) will be on precautions, regardless of the reason they are admitted. Review the color-coded precautions outside the patient's door sign before entering their room. Sometimes you might witness staff not following the instructions for using the required PPE for a patient's room. Unfortunately, this sends a confusing message to everyone. Volunteers must follow all the PPE directions that are listed on the precaution signs. If you are unclear about the precautions or the PPE required, please talk with the patient's nurse, the CLS, CLA or your supervisor for further explanation.

Patients on precautions should not leave their room unless medically necessary. This decision is evaluated and implemented by the medical team. To limit the spread of germs, **when a patient has a precautions sign on their door, the patient, their siblings and/or child visitors are NOT permitted in Activity Centers, group activities or Angie's Rooftop Garden areas.** However, toys, crafts and play items can be brought to a patient's room. The signage (below) for families regarding this policy is posted on all the Activity Center's door.



Types of Precautions Signage

INFECTIOUS CONTROL – PRECAUTION SIGNAGE		
SIGN	TYPE of PRECAUTIONS	WHAT THIS MEANS for a VOLUNTEER
 <p>Front Side Pediatric Special Precautions</p> <p>HAND HYGIENE to enter and exit the room</p> <p>To ENTER this room everyone MUST wear:</p> <p>Mask + Gloves + Gown</p> <p><small>Questions? Please call the Department of Infection Control & Prevention.</small></p>	Special Precautions	<ul style="list-style-type: none"> To Enter room ... <ul style="list-style-type: none"> Wash hands with soap & water or hand sanitizer PPE – 1) Gown, 2) Mask, and 3) Gloves To Exit room ... <ul style="list-style-type: none"> Remove PPE Wash hands with soap & water or alcohol-based hand sanitizer
 <p>Front Side Pediatric Precautions Contact</p> <p>HAND HYGIENE to enter and exit the room</p> <p>To ENTER this room everyone MUST wear:</p> <p>Gloves</p> <p>For PATIENT CONTACT everyone MUST wear:</p> <p>Gloves + Gown</p> <p>FOR PATIENT TO EXIT ROOM: Check with nurse</p> <p><small>Questions? Please call the Department of Infection Control & Prevention.</small></p>	Contact Precautions	<ul style="list-style-type: none"> To Enter room ... <ul style="list-style-type: none"> Wash hands with soap & water or hand sanitizer PPE – 1) Gown, and 2) Gloves To Exit room ... <ul style="list-style-type: none"> Remove PPE Wash hands with soap & water or alcohol-based hand sanitizer
 <p>Front Side Pediatric Precautions Contact PLUS</p> <p>HAND HYGIENE to enter the room</p> <p>To ENTER this room everyone MUST wear:</p> <p>Gloves + Gown</p> <p>HAND WASHING with SOAP and WATER ONLY to exit room</p> <p>>Use BLEACH for cleaning equipment and environment</p> <p><small>Questions? Please call the Department of Infection Control & Prevention.</small></p>	Contact Plus Precautions	<ul style="list-style-type: none"> To Enter room ... <ul style="list-style-type: none"> Wash hands with soap & water or hand sanitizer PPE – 1) Gown, and 2) Gloves To Exit room ... <ul style="list-style-type: none"> Remove PPE Wash hands with ONLY soap & water Orange Top Wipes (bleach) used for all games/toys/equipment removed from patient room
 <p>Front Side Pediatric Precautions Droplet</p> <p>HAND HYGIENE to enter and exit room</p> <p>To ENTER this room everyone MUST wear:</p> <p>Mask</p> <p>FOR PATIENT TO EXIT ROOM: MUST wear mask</p> <p><small>Questions? Please call the Department of Infection Control & Prevention.</small></p>	Droplet Precautions	<ul style="list-style-type: none"> To Enter room ... <ul style="list-style-type: none"> Wash hands with soap & water or hand sanitizer PPE – 1) Mask To Exit room ... <ul style="list-style-type: none"> Remove PPE Wash hands with soap & water or alcohol-based hand sanitizer
 <p>Front Side Airborne Precautions</p> <p>Keep Door(s) Closed Negative Pressure Room</p> <p>STOP DO NOT ENTER BEFORE CHECKING WITH NURSE STOP</p> <p>WASH OR SANITIZE HANDS TO ENTER AND EXIT ROOM:</p> <p>To ENTER this room Health Care Staff MUST wear: N95 Respiratory Mask Visitors: MUST wear surgical mask when in patient's room</p> <p>FOR PATIENT TO LEAVEROOM: Must wear surgical mask Cover rash if present</p>	Airborne Precautions	<ul style="list-style-type: none"> VOLUNTEERS MAY NOT ENTER Keep patient room door closed Specially fitted mask for medical staff is needed
 <p>Front Side Pediatric Protective Precautions</p> <p>HAND HYGIENE to enter and exit room</p> <p>EVERYONE ENTERING THIS ROOM MUST WEAR A MASK WITH ANY RESPIRATORY SYMPTOMS</p> <p>PATIENT MUST WEAR MASK TO EXIT ROOM</p>	Protective Precautions	<ul style="list-style-type: none"> To Enter room ... <ul style="list-style-type: none"> Wash hands with soap & water or hand sanitizer To Exit room ... <ul style="list-style-type: none"> Wash hands with soap & water or alcohol-based hand sanitizer

	<p align="center">Special Alert Precautions</p>	<ul style="list-style-type: none"> • To Enter room ... <ul style="list-style-type: none"> ○ Please check with the nurse • Visitors may be limited to specific medical personnel and/or family members
	<p align="center">Rainbow Handprint</p>	<ul style="list-style-type: none"> • To Enter room ... <ul style="list-style-type: none"> ○ Please check with the nurse • This patient may have certain sensory or behavioral needs
	<p align="center">Rainbow</p>	<ul style="list-style-type: none"> • The patient is not on any precautions. This sign is used on some units as a cover page and some units use a blank page

EXPOSURES

Your exposure to blood and body fluids is very unlikely. If you have an exposure (ex. splash of body fluids, bitten by a patient, get blood on your skin, or other type of exposure), first wash the area thoroughly with soap and water (or flush with water if in the eyes or mouth). Any mucous membrane (ex. eyes, nose, mouth, open sore) exposed to blood or body fluid should be washed for at least 15 mins. After washing, immediately notify the nurse, your CLS, CLA or supervisor **and** the Rainbow volunteer coordinator. You will need to go to Employee Health or the Emergency Department if the occurrence is during the weekend or evening. An incident report will also need to be filed which your supervisor or nurse can help complete.

If you get body fluids or blood on your clothes while volunteering, please contact your CLS, CLA or your supervisor and/or the charge nurse. We will give you something clean to wear home.

PATIENT SAFETY

IDENTIFICATION

Everyone in the hospital will have a visible form of identification: patients, families, visitors and staff members. Every patient must wear an ID bracelet at all times. ID bracelets are usually worn on a patient's wrist but also can be worn on a patient's ankle. The ID bracelets will have the patient's name and birth date but will not have their room number. Always confirm that a patient has an ID bracelet on

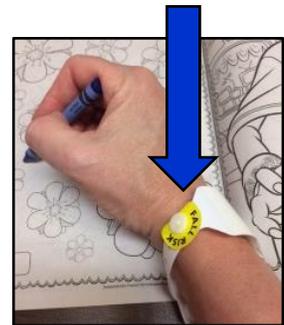
before transporting them out of their room. Please let a nurse know if a patient does not have an ID bracelet.



All parents, siblings, adult visitors and child visitors must visibly wear a **FAST PASS** Visitor ID. A **FAST PASS** is an ID with the name of the parent or adult visitor, their photo and the patient's room number they are visiting. Siblings and child visitors are issued a duplicate of the ID created for their parent or adult escort. All siblings and child visitors must wear their **FAST PASS** when in the Activity Center. Families and visitors can obtain their **FAST PASS** from the Rainbow Reception Desk anytime of the day or night.

PREVENTING PATIENT FALLS

We are all expected to do what we can to reduce the risk of falls and keep a safe environment. Some patients are designated a "High Falls Risk" or "Moderate Falls Risk" by a **yellow chip** on their ID Band and they may also have a sign outside their door. Whether a patient is designated a high falls risk or not, we still need to keep a safe environment. A good question to ask the child's nurse, CLS, CLA or your supervisor would be, ***"Is there anything I need to know to work with _____ (patient's name) safely?"***



You may see environmental adaptations and/or personal equipment for a child to reduce their risk of falls and keep them safe. Examples may include a helmet for a child, floor mats by a child's bed, side rail pillow protectors on a child's bed, or Posey Beds (an encased mesh tent over a patient's bed to prevent the child from exiting the bed).

Steps you can take to help keep a safe environment ...

- Keep crib side rails in the UP position and locked in place when leaving a child in their room or when turning your back to them (ex. playing at bedside with crib rail down and need to pick up a fallen toy).
- Keep beds in the lowest possible position to the ground.
- Keep wheels locked on beds, wheelchairs, strollers, highchairs, etc.
- Help the child with walking.
- Place the remote for the TV/RN call light and important personal items within the patient's reach, especially when you are leaving the child in their room.
- Patients wear nonskid slippers or footwear (yellow nonskid slippers indicates a child is at higher risk of falling).
- Everyone uses walking feet, even kids (Rainbow is a No Running Zone except for staff during medical emergencies).
- Keep rooms lit and the floors clear of cords, toys, clothing and other items.

- Always use safety straps on highchairs, strollers, swings, bouncy seats and wagons.
- Be aware of cords, IV poles and tubing. Make sure a child's IV pole is close to them.
- Notify the nurse when the child will be in their room alone (the nursing staff will check on the child more frequently or will find someone to stay with them).

CRIBS and BEDS

Crib side rails must be in the highest position when patients are unattended. Put the side rails up, even if you turn your back, stoop to pick up a toy or walk away from the crib for just a moment. Always check the side rails to ensure they are locked by pushing down on them.

Sometimes children like to push the buttons on their beds and raise them to unsafe levels. Beds should always be kept in the lowest position.

PICKING UP INFANTS and TODDLERS

Extra care may be required when a child has stitches, bandages, tubes or maybe very sore from a medical condition, procedure or surgery. **Always** talk with a child's nurse, the CLS or the CLA prior to picking up an infant, toddler or moving a child to and from their bed. A staff member may need to help you by placing the child in your arms when you are sitting in a chair. A younger child may feel more comforted when a volunteer holds and/or rocks them. If you feel sleepy while rocking/holding an infant or you notice an adult appearing drowsy while holding an infant, please call for the nurse to help place the infant back in their crib.

TOYS and EQUIPMENT / SUPERVISION and CHOKING HAZARDS

Set aside toys and items that may be questionable in terms of safety for your CLS, CLA or your supervisor to assess further (ex. broken toys, squeeze toys, latex toys or balloons, toys or games with missing pieces, etc.). Supervision is required for all activities involving paint, scissors, glues, beads or small craft items. Also, toys should be removed from a patient's bed when he or she is sleeping.

Smaller items pose a choking risk for children under 3 years old or older children who put things in their mouth. Test small objects to find out if they are a potential choking hazard. If a toy is small enough to fit inside the opening of the **Choke Tube** tester, it poses a choking hazard for children under the age of 3 years or older children who put objects in their mouth. Choke Tubes are available in each Activity Center or with a CLS or CLA.



Single-Use Items are items that cannot be cleaned and disinfected such as crayons, coloring pages, books with paper pages, porous toys (ex. wooden, cardboard, etc.), playdoh, Barbie's, stuffed animals, toys/items with cloth, etc. Single-Use Items are labeled with a pink or white sticker and families are encouraged to take these items home. Small cloth items such as handmade knitted hats are individually bagged and larger blankets are stored in a plastic bin. Both large and small items are labeled with a sticker that encourages the recipient to wash before using.



IV POLES

Keep IV poles close to a child's side at all times. Be mindful of where the child's IV tubing is located and avoid any pulling or tangling of the tubing or tape. Please call for the child's nurse with any concerns.

If a child's IV pump begins to beep and the pump display says "Low Battery", simply plug it into the wall outlet. It should stop beeping. If a child's IV pump alarms and displays anything other than low battery, contact the child's nurse. DO NOT attempt to fix it yourself. Additionally, while it may seem fun, patients should not ride on IV poles ("feet need to stay on the ground!"). Keep IV poles close to a child's side and be mindful of where the child's IV tubing is located



MOBILITY and TRANSPORTING PATIENTS

When medically able, we encourage patients to be out of their rooms (ex. patients that are not in transmission-based precautions, patients who are medically stable or do not have other restrictions, etc.). Always check with the child's nurse before leaving their room or the unit (ex. to the Activity Center, walking the hallways, Angie's Rooftop Garden, etc.). A patient's nurse must be aware of where their patients are at all times. The nurse may also need to give the child medicine, adjust their IV, etc. before they leave their room or go off the unit.

TRANSPORTING by STROLLER, WAGON or RIDING CAR



Verify with a child's nurse that the child is able to ride in a stroller, wagon or use a riding car. Never leave a child unattended.

Always use the safety straps in strollers, wagons or riding cars (when available). You can say, *"We need to buckle-up just like you do when you sit in your car seat/booster seat in a car"*. If the child refuses to buckle-up then he/she is not be permitted to ride in their "transportation".

Maneuver wagons and riding cars with caution, taking wide slow turns so they don't tip over. When stationary, stroller wheels should be in a locked position.

A disposable cover or a blanket may be used in a stroller's seat. Please ask the nurse, PCNA/NAII, CLS or CLA with questions. Wagons, riding cars and wheelchairs should always be cleaned and disinfected after use.

TRANSPORTING by WHEELCHAIR

Verify with the patient's nurse that it is appropriate to use a wheelchair and request for the nurse to help transfer the patient to (and from) the wheelchair. Also, ask the nurse if the patient is able to safely transfer themselves in an out of the wheelchair unassisted, if needed (ex. transfer to a chair once you reach the Activity Center, etc.).

Use the brakes and lift the foot rests up/down when the patient gets into and out of the wheelchair. Have the patient place their arms in their lap while being transported and use safety straps when available. Place the brakes on when you have reached your destination.



Push the wheelchair from behind. Stay close and put your weight into pushing. Make sure you can push the patient safely without injuring the patient or yourself. Back wheelchairs into elevators. If the elevator isn't even with the floor, lift the rear wheels a bit. When the elevator doors open, back the wheelchair through. Use caution when approaching corners and doorways. Some hallways have mirrors which help you see around the corner.

ASSISTING an AMBULATORY PATIENT

Ambulatory patients means that patients that are able to walk (or "ambulate") on their own. Verify with the patient's nurse, CLS or CLA if a patient is steady enough on their feet to walk safely and make sure the patient is wearing non-skid slippers or shoes. Depending on the assistance needed by the patient, the nurse may need to help the patient and not a volunteer. Also, check with nurse, CLS or CLA if a patient can walk an entire distance on their own (ex. walk to the Activity Center or Angie's Garden).

Sometimes it may be helpful to bring a wheelchair just in case the patient becomes too tired to walk or begins not to feel well. Never allow a child to walk or run with a straw, food or toy in his/her mouth.

LEAVING and RETURNING to the UNIT

Often times there are special events in the Trisha O'Brien Pavilion, group activities in Angie's Garden or a patient would like to go to the Family Resource Center to for books or a DVD. Patients need permission from their nurse to leave the unit and must be accompanied by an adult (ex. parent/adult family member, staff member or volunteer). A high school volunteer may not take a patient off the unit by themselves. A community or college volunteer or staff member must accompany the high school volunteer and patient. When off the unit, the ratio of volunteers to patients is 1:1. However, more than one volunteer can accompany a patient. Please travel to only one destination, not multiple destinations. For example, if you told the nurse that you and the patient are going to Angie's Rooftop Garden, do not make a stop in the Family Resource Center too. This would make it difficult for the nurse to find you and the patient if needed.



Prior to leaving the unit with a patient ...

1. Ask permission from the patient's nurse.
2. Identify where you and the patient are going in case the nurse would need to find the patient (only **one** destination, not multiple destinations).
3. Discuss with the nurse, CLS or CLA the best mode of transportation (ex. walking, wheelchair, stroller or wagon).
4. Ask the nurse the best way to call them if you should need them while off the unit (ex. IV started beeping, child feels sick, etc.). The nurse may give you the unit's phone number and have you ask for them.
5. Confirm with the nurse the time needed to return to the unit.
6. Make sure the patient has their ID bracelet and non-skid slippers or shoes.
7. Take a blanket or robe (the patient can wear a gown backwards like a robe) for the patient's privacy and warmth.
8. Sign out the patient on the Patient Sign-Out/ Sign-In Sheet located at the unit's nurse's station. Confirm with the nurse if she/he will do this or if you should do this.
9. When you and the patient return to the unit, sign them back in on the Patient Sign-out/Sign-In Sheet.



10. Notify the nurse that the patient has returned and where they are currently (ex. Activity Center with you, in their room by themselves, etc.).

A few other things to note ... Ensure the patient's hand hygiene prior to leaving their room and upon return to the unit. If you are unsure about transporting a patient, please talk with the patient's nurse, the CLS or CLA about your concerns or questions. Always use elevators. Patients are not to use stairwells except in the case of emergencies.

CLEANING and DISINFECTING TOYS and EQUIPMENT

All toys and equipment that are touched by people can be an open opportunity for the spread of germs. Good hand hygiene prior to entering the Activity Centers is a must. Your help is greatly appreciated with cleaning and disinfecting toys and equipment. While toy cleaning may not be "fun", it is a safety necessity to prevent the spread of infections. All volunteers are expected to spend a portion of every shift cleaning toys, game systems carts, wagons, etc.

There is a standard process of how to clean and disinfect toys and equipment. However, the location of where to place and where to wash dirty toys and items may be different on each unit. Please refer to **APPENDIX D: Job Aid – Cleaning and Disinfecting Toys and Equipment** for complete instructions. Your supervisor will review with you the specifics of cleaning and disinfecting toys and equipment as they pertain to your unit.

LOCATION of DIRTY TOYS and EQUIPMENT

Dirty toy receptacles are located on each unit. The Activity Centers have a **Green Dirty Toy Receptacle**. Some Utility Rooms have plastic bins that are labeled "Dirty Toys". If your area does not have a **Green Dirty Toy Receptacle** or a dirty toy bin, ask your CLSs, CLA or supervisor where toys/items that need to be cleaned and disinfected are placed.

Rainbow 7 has a specific room that is designated just for Toy Washing! On Rainbow 7, toys/items from patient rooms are placed in the Toy Washing Room and toys/items from the Activity Center's **Green Dirty Toy Receptacle** should be transported in a bin to the Toy Washing Room for cleaning/disinfecting. Volunteers are encouraged to help with transporting, cleaning and disinfecting toys and equipment.



Where to place dirty toys and equipment

- **All toys/items from a patient's room ...** are placed in the dirty toy receptacle in the unit's Utility Room or the Toy Washing Room (on Rainbow 7). These toys/items need to be cleaned/disinfected in the Utility Room or Toy Washing Room (ie. dirty toys/items **cannot** be

moved out of this room to be cleaned/disinfected in another area). A staff person (CLA, CLS or PCNA/NAII) will usually clean/disinfect the toys/items in the Utility and not a volunteer. However, volunteers are encouraged to help clean/disinfect toys/items in the Toy Washing Room on Rainbow 7.

- **Toys/items used in the Activity Center** ... are placed in the **Green Dirty Toy Receptacle**. All toys/items that are used while in the Activity Center need to be placed in the **Green Dirty Toy Receptacle** so they can be cleaned/disinfected before another child plays with them. This cleaning/disinfecting is done in the Activity Center on all units except on Rainbow 7 where there is a specific Toy Washing Room. On Rainbow 7, toys/items in the Activity Center’s dirty toy receptacle should be transported in a bin to the Toy Washing Room for cleaning/disinfecting. Please refer to the process outlined in **APPENDIX D: Job Aid – Cleaning and Disinfecting Toys and Equipment** for complete instructions.
- **Large Equipment from a patient’s room** (ex. game systems, wagons, riding toys, play mats, etc.) ... are cleaned/disinfected outside the patient room before being moved to the Activity Center, another patient room or upon a patient’s discharge.
 - Large equipment items that volunteers, CLAs and CLSs clean/disinfect include ... game system carts, wagons, riding toys and play mats.
 - Large equipment items that PCNAs/NAIIs clean/disinfect include ... highchairs, strollers, baby seats and swings.



PRODUCTS USED and PROCESS for CLEANING / DISINFECTING TOYS and EQUIPMENT

Approved hospital cleaning products to clean and disinfect toys and equipment include Super Sani-Cloth (we refer to these as “**Purple-Top Wipes**”) and PDI Sani-Cloth Bleach (we refer to these as “**Orange-Top Wipes**”). The **Orange-Top Wipes** contain bleach and will bleach fabric that it contacts.



CLEANING / DISINFECTING PRODUCTS and INSTRUCTIONS

PURPLE-TOP WIPES ... SUPER SANI-CLOTH	ORANGE TOP WIPES ... PDI SANI-CLOTH BLEACH
<ol style="list-style-type: none"> 1. Used to disinfect <u>non</u>food contact surfaces only (use Orange-Top Wipe for toys that have been mouthed or are visibly dirty with unknown substances). 2. Unfold a clean Purple-Top Wipe and thoroughly wet the surface. 3. Treated surfaces must remain visibly wet for a full 2 mins. Use additional wipe(s) if needed to assure continuous 2 min wet contact time. 4. Allow the item/surface air dry on a clean towel. 5. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting. 	<ol style="list-style-type: none"> 1. Use for toys/items from Contact Plus rooms and toys/items that have been mouthed (ex. rattles) or are visibly dirty with unknown substances (ex. possible blood or body fluids). 2. Unfold a clean Orange-Top Wipe and thoroughly wet the surface. 3. Treated surface must remain visibly wet for a full 4 mins. Use additional wipe(s) if needed to assure continuous 4 min wet contact time. 4. Rinse the item/surface with water (ex. running water or clean wet washcloth) or a Purple-Top Wipe to remove the bleach film before use. 5. Allow the item/surface air dry on a clean towel. 6. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting.

CLEANING / DISINFECTING PROCESS

<ol style="list-style-type: none"> 1. Perform hand hygiene and put on gloves. 2. Use Orange-Top Wipes to wipe down the designated toy-washing space (ex. sink basin, faucet & handles, countertop, colander, etc.). Treated surfaces must remain visibly wet for a full 4 mins. Rinse the surface with a clean wet washcloth (tap water) or a Purple-Top Wipe to remove the bleach film. 3. Spread clean towel(s) on the designated space (ex. countertop, cart) where the cleaned toys/items will be placed to air dry. 4. Clean and disinfect toys/items using the appropriate products (Purple-Top Wipes or Orange-Top Wipes) and following the directions listed above. <ul style="list-style-type: none"> ○ For Ease of Cleaning Lego's or Other "DUNKABLES" items ("dunkable items" = items that will not hold water) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1ST Step: To Clean ...</p> <ol style="list-style-type: none"> 1. Fill the disposable bowl with hot water and dish soap. 2. Place items into soapy water and swish around to thoroughly clean items. 3. Place the items in a colander and rinse the items under clean running water. </div> <div style="width: 45%;"> <p>2ND Step: To Disinfect ...</p> <ol style="list-style-type: none"> 1. Disinfect toys/items using the appropriate products (Purple-Top Wipes or Orange-Top Wipes) and directions as listed above. 2. Allow items air dry on a clean towel. </div> </div> ● For Books and DVDs (hardcover, paperback or board books) ... <ul style="list-style-type: none"> ○ Return all books and DVD's labeled with a Family Resource Center sticker to the Family Resource Center's Drop Box on the 1st floor (rm HT 1610). They will be cleaned/disinfected by the Family Resource Center staff members. 7. Use Orange-Top Wipes to wipe down the toy-washing area (ex. sink basin, faucet & handles, countertop, etc.), in addition to the wagon, cart and/or bin used to transport the dirty toys to the toy-washing space. Treated surfaces must remain visibly wet for a full 4 mins. Rinse the surfaces with a clean wet washcloth (ex. tap water) or a Purple-Top Wipe to remove the bleach film. 5. Remove gloves and perform hand hygiene. 6. Prior to putting away the cleaned and dried toys/items, wipe the shelf surface with a Purple-Top Wipe following the directions listed above.

DEVELOPMENTAL CONSIDERATIONS

THE IMPORTANCE of PLAY in the HOSPITAL

Volunteers are essential in Rainbow because your MAIN job is to provide comfort, play and interaction with kids and teens and to help create experiences that are normal **and** supportive to their development while they are in the hospital.

Play is a powerful tool. It allows a child to ...

- Gain comfort through familiarity. Play is a normal part of a child's life.
- Learn about their environment and make sense of the world.
- Communicate their feelings naturally and effectively.
- Release energy.
- Develop social skills and build relationships.
- Make choices and problem solve (important because they have limited choices in a hospital environment).
- Counterbalance feelings of helplessness.
- Build confidence and self-esteem.
- And it's a motivation for movement.



Play is one of the few *places of comfort* that kids can return to on a regular basis during times of stress. The pleasure of play allows kids to **relax** and therefore reduce anxiety and possibly their defensiveness.

You are our eyes and ears when you are with a child. A child may feel relaxed enough to open up and share how they are dealing with their experiences. A child may tell you about their experiences that may be scary or sad. Or, perhaps you may see aggressive play. As a volunteer, you want to validate their feelings but not try and solve their problems. Try saying, *“You have lots of big feelings about being here. Let's share this with your CLS.”* It is important to communicate these experiences you have with a child (or family member) with your CLS, CLA, the child's nurse or your supervisor. Your experiences may add a puzzle piece that helps explain how a child may be dealing with their hospitalization. We will then be better able to provide supportive help to the child and their family.

Play provides children a place where they can restore themselves ... a place that has healing potential. You, as a volunteer, have the opportunity to provide a caring and safe environment for kids to have these experiences when they are at Rainbow.

DEVELOPMENTAL CHARACTERISTICS and KEYS to SUCCESS



Remember, every child is unique. A child’s age and their developmental level are two different things. A child’s age is their chronological year of age (“Hannah just had her 4th birthday. She’s 4 years old!”) while her developmental cognitive, social or emotional skills and interests may be developmentally lower (“Hannah is 4 years old but developmentally she is thinking and functioning at a 2 year old level”). Additionally, no matter what the age of a person, when people are under stress, such as when they are in the hospital, they may regress in their development and coping abilities.

The following **Characteristics** and **Keys to Success** are guidelines according to a person’s chronological age.

INFANT (newborn to 1 year)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Strong bond to caregiver • Stranger anxiety (begins 3-6 months old) • Responds to and imitates sounds and facial expressions • Learns through senses (ex. putting things in the mouth) • Developing purposeful communication (ex. waving, pointing) • Communicates needs and wants through crying • Poor sense of balance 	<ul style="list-style-type: none"> • Ask a nurse before picking up • Respond to a baby’s cues • Smile, talk, sing softly • Mimic baby’s facial expressions and sounds • Read books (talking to a child is important in their development) • Hold and rock • Make and hold eye contact • Provide soft music, lullabies • For older infants - play with rattles, simple cause & effect toys and games (ex. drop & pick up, peek-a-boo, hide and seek with a toy under a small blanket) • For a crying baby - hold them close, breathe slowly and calmly ; the baby may begin to feel your calmness and begin to quiet <div style="text-align: right; margin-top: 10px;">  </div>

TODDLER (1 year to 2 years)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Begins to use words to communicate and understands more than can say • May be afraid of strangers and separation from a known caregiver may elicit tears • Learns by active exploration • Responds to simple commands • Impulsive, assertive and wants to be independent • Short attention span 	<ul style="list-style-type: none"> • Needs constant watching • Read books and talk about pictures in books • Likes to explore so take a walk, look out the window, stroller/wagon rides with seatbelts fastened • Likes to imitate • Likes cause & effect toys and play - putting things in and taking things out of objects, building towers and knock them down

PRESCHOOL (3 years to 5 years)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Learning right from wrong • Identifies with people • Sensitive to other's feelings • Begins to tell stories about pictures • Strong imagination • Inquisitive ... asks "why" • Uses play to make sense of experiences • Literal interpretation of words 	<ul style="list-style-type: none"> • Provide opportunities to be independent but may need some help • Ask open-ended questions ("Tell me more ...") • Offer acceptable choices (2 choices) • Provide opportunities for hands-on learning • May need guidance and limit setting with clear rules • May like playing dress-up and pretend play 

SCHOOL AGE (6 year to 12 years)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Developing social skills and learning to get along with others • Active and curious learners and "do-ers" • Self-esteem is influenced • Seeks independence from adults but also look for approval • Able to reason and compromise • Conscious of being different and focused on fitting in 	<ul style="list-style-type: none"> • Respect privacy • Provide acceptable choices and allow them to make decisions • Encourage acceptable social behavior and peer interaction • May like to help • May like board games, card games, puzzles, crafts, video games or watching a movie 

ADOLESCENT (13 years to 18 years)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Very aware of overall appearance • Developing new interests and relationships with both sexes • Building close relationships • May shift between mature and child-like behaviors • May challenge authority 	<ul style="list-style-type: none"> • Provide acceptance and privacy • May express feelings, especially about hospital experiences ; listen rather than give advice • May like board games, card games, puzzles, crafts, video games or watching a movie 

YOUNG ADULT (18 years +)	
CHARACTERISTICS	KEYS to SUCCESS
<ul style="list-style-type: none"> • Establishes closeness with others • Sets values and career goals 	<ul style="list-style-type: none"> • Recognize choices without judgement • May like board games, card games, puzzles, crafts, video games or watching a movie

INTERACTING with PATIENTS and THEIR FAMILIES

FAMILY-CENTERED CARE and RESPECTING DIFFERENCES

Everyone wants to be treated with respect and compassion. However, respect and compassion may be expressed differently in different cultures. Shaking hands or touching someone may be alright in some cultures but seem impolite in others. People may be very aware of social distancing.

Families may practice religions or traditions which involve different beliefs and behaviors from your own religion or traditions and may have special requirements (ex. the Orthodox Jewish religion doesn't allow the use of electricity on the Friday Sabbath so a mom may ask you to turn on/off the light switch for her). We want to treat all belief systems with respect and make all possible accommodations to their required practices.

The safest way to learn about the preference and needs of a family is simply to ask before you act. You could say, *"I want to be helpful to you and am not sure how. Will you tell me about your special needs? I would appreciate learning from you."* The fact that you asked with sincerity is a sign to the family that you are a caring person; a quality that is valued by all.

Family dynamics also differ from culture to culture and family to family. Interactions between family members, authority and decision making, and discipline of children may vary widely. It is incredibly important not to place judgement on a patient and their family because we are not fully aware of their family circumstances and the hurdles they may face. Sometimes many family members visit the child who is in the hospital since this is a way of demonstrating support and caring. While in other circumstances, parents and/or family members may not be able to visit their child frequently due to job and family responsibilities or personal struggles. For example, a parent may lose their job if they miss one day of work or they have other children at home with little to no support resources that would allow them to frequently visit their child in the hospital. It is important to keep in mind that there is always a bigger picture to a situation than meets the eye.

INTERACTIONS with PATIENTS and CHILD VISITORS



Each person experiences hospitalization differently. While patients are in the hospital, they are constantly meeting new people which may be overwhelming for them. Some patients experience fears, pain and boredom while others may enjoy the extra attention. When you approach a child for the first time, no matter their age, use special care and consideration.

HELPFUL HINTS

- **Move toward children slowly and quietly.** Some children need more time to accept strangers and may need to make the first move.
- **Tell the child your name.** A first name is usually easier for the child to understand and to remember. Also, explain why you are there.
- When speaking to children, **stoop or sit at their eye level** and remember to use their name when addressing them.
- **Smile!** Maintain a positive attitude. A friendly smile is always appreciated.



- **Do not promise anything you are not absolutely sure will happen.** Before you state a fact to a child, verify it with someone who knows or tell the child you do not know. For example, unless you know for sure don't say, "The Activity Center will be open later today and another volunteer will be here to play with you".
- **Do not ask a child why he or she is in the hospital or how long they will be here.** If a patient wants you to know why he/she is in the hospital, they will tell you. Also, some patients will be here for a long, long time and some may never get better. It is best to comment on the time you spend together. For example, *"I had a great time coloring with you today"* instead of *"I hope you get better soon"*, *"I hope you go home soon"* or *"I'll see you next time I'm here."*

- **Listen actively and with respect.**
Whether the message is verbal or non-verbal, you can listen carefully and reflect back the feelings you hear expressed. However, please do not offer advice. Instead, validate their feelings and direct to appropriate help. You might say, *"It sounds like you've been through a lot and that may be scary. Your CLS (or nurse) can help you with this. Let's let them know what you've shared."*



- **Use language appropriate to the child's developmental level.** Developmental level and chronological age are different. Consider the vocabulary you choose as well as the complexity and nonverbal cues. For example, giving a child a 2-step direction is appropriate for preschool age child but may also be necessary for an older child with a short attention span or who is developmentally delayed.
- **Treat each child as an individual.**
- **Try to remember the child's name** (and the correct pronunciation).

- **Do not refer to a patient as his/her medical condition** (ex. “the trach baby”).
- **Do not awaken a patient who is sleeping, unless specifically instructed by staff.**
- **Remember that we have all kinds of children as patients.** Do not be shocked, offended or take something personally if a child is rude, manipulative or uses bad language. Please talk with your CLS, CLA or Supervisor for guidance. Limits may need to be set for children and your CLS, CLA or supervisor can help support you and/or intervene with the child.
- **Provide a supportive and encouraging environment with your presence.**
- **Be aware of and flexible with different abilities and limitations of people.** Respond to the child’s nonverbal and verbal cues. It’s ok for a child to change the rules or do things differently as long as it is not hurting someone or something. Many activities can be adapted as needed.
- **Children may have different needs when they are in the hospital.** If you have concerns with how a child is playing or interacting with others, please bring this to the attention of the CLS, CLA, your supervisor or the child’s nurse.

CHILDREN and YOUNG ADULTS with SPECIAL NEEDS

Growing, learning and playing are primary goals in childhood. All children learn to make sense of the world through play. And this includes children with special needs too. However, some children and young adults with special needs may present with certain challenges during play. Some examples may include ...

- Physical or medical limitations that make it difficult to play with some toys. Sometimes it is helpful if we play for them.
- Limited social interaction skills that make interacting and playing with peers difficult.
- Attention problems that make concentrating on a game or activity difficult.



Nevertheless, many children have some capacity to engage in play, whether it may be as simple as listening to you read a story or you watching for and responding to their nonverbal cues. Adaptations and support provided by volunteers can help children and young adults experience a wide range of play activities that provide comfort and enjoyment.

CHOOSING TOYS and ACTIVITIES

Toys can be viewed as “tools” for play. When choosing toys for a typical child or a child/young adult with special needs, it is important to choose toys that are developmentally appropriate. This means that the toys should meet their current abilities and interests, yet at the same time be able to provide the potential for enjoyment, enhancing self-esteem and sometimes improving skills. It may be helpful to ask

the nurse, CLS or CLA, “What types of toys or activities would be appropriate for Johnny? ... Does he like certain types of toys? ... Does he have any limitations or certain developmental needs?”. The toys selected should provide a “just right” challenge without frustrating the child. You may need to get creative with your use of toys. How can you use the toy in different ways than intended? For example, an animal puzzle with big plastic pieces may be used to create a story or sing “Old MacDonald had a Farm” in addition to actually doing the puzzle.

Some things to keep in mind when choosing toys ...

- **Versatility** – Toys that have open-ended play potential can be played with in different ways. Examples of versatile toys include stacking cups (stacking, scooping, pouring, practicing the concepts of in and out) ; balls (for tossing, catching, rolling, bouncing, kicking), etc.
- **Adjustability** – Look for toys with adjustable height, speed, sound volume, levels of difficulty to adapt to the child’s changing needs.
- **Multi-sensory appeal** – Many children are attracted to toys which engage their senses. For example, children with visual impairments need toys with various textures, sounds and/or scents. Sighted children love toys that are visually stimulating with contrasting colors or lights.
- **Potential for social interaction** – Toys should encourage social interaction with others to improve communication skills.



Take an active role in playing with the child but follow the child’s lead and build on their interest. Wait to see at what point the child needs assistance before providing it. Gradually reduce the assistance until the child is able to do the activity independently. For example, a child with fine motor skill difficulties might be struggling to rotate a large knobbed puzzle piece to fit in the puzzle. At signs of increasing frustration, you may consider stepping-in and doing the following before the child gets discouraged ...

1. Provide hand-over-hand assistance to help the child to rotate the puzzle piece so that it fits.
2. Repeat several times with both verbal and physical prompts.
3. Gradually reduce the number of physical prompts. You could say, “Remember, turn your hand this way.”
4. With repeated practice to solidify her learning, the child may be able to fix the puzzle independently.

A challenge you may find is not being able to locate a variety of toy choices in the Activity Centers. We rely on donations from the community to replenish our supply of toys and equipment. Please let your CLA or CLS know if you are looking for certain toys, equipment or have suggestions for certain activities.

PROVIDING GUIDANCE and SETTING LIMITS

A few thoughts about kids, activities, setting limits ... and it is ok to set appropriate and safe limits! We want volunteers to provide an enriching but safe environment for kids.

- **Keep in mind that children tend to regress to what feels comfortable when they are under stress, are sick or in the hospital.** When you are trying to figure out something to do with a child, instead of asking “How old are you?” try rephrasing to, “*What do you like to do or play with?*” Remember, the child’s chronological age may not reflect their interests or abilities.
- **Allow the child to choose toys, games or activities according to their interest or developmental level.**
 - Make sure the activity is appropriate for the ability of the child (ex. small beads for a 3 year old would not be a safe choice).
 - Limit younger children to 2 choices at a time.
 - Make suggestions for an activity if you wish ... but don’t insist on it.
 - Don’t casually mention an activity to a child without knowing that the activity is a definite choice for that child (ex. going to the Angie’s Rooftop Garden or Activity Center)
- **Guide the child (or children) to clean up one activity before starting another.** Try to avoid a child (or children) from getting EVERYTHING out of the cabinets (that means lots of toy washing!!). It’s ok to say, “*Let’s try playing this a little longer before we get something else out*” or “*We need to clean this up before we start something new.*”
- **Give all directions in the positive.** Tell the child what they CAN do instead of what they cannot do. For example, “*Please walk to the playroom*” instead of “*Don’t run*” or “*Draw on the paper*” instead of “*Don’t draw on the table*”.
- **Pay attention to good behaviors.** Acknowledge the behaviors you want to be continued, “*You do a great job picking up your toys*”. Avoid the use of judgmental, preaching, intimidating or threatening statements. For example, “*I won’t leave until you smile*”, “*You’re a big boy, you don’t need to cry*”, “*You’re being such a grouch today, just cheer up*” or “*If you don’t listen to me, you won’t be allowed in the Activity Center.*”
- **Ignore negative behaviors** (unless there is a potential safety risk). Whenever possible, ignore these little attention-getting behaviors. If you do respond, make sure it is in a calm way.



- **Encourage peer to peer interaction.** If you notice a child standing near and you are playing a game with another child, find a way for that child to join you.
- **Involve the child in solving problems.** When you have a conflict, let the child know how you see the problem (ex. *“Johnny wants to ride in the car too”* or *“Two kids want a game system in their room”*). Then listen to his/her response and work out a mutually agreeable solution, especially with teens. If a child says *“I can’t color because I have an IV in my hand”*, you can present an alternative. Try saying, *“Let’s figure another way ...you can try coloring with your other hand. It may take some practice but you might surprise yourself. I’ll hold the paper for you.”*
- **Avoid competitive play.** Try **not** to say, *“Let’s see who can paint the best picture”* or *“Who can get done faster?”*. Try instead, *“You are using lots of colors in your picture!”* or *“What color cars should be put in the basket first?”*.
- **Prepare the child for the end of an activity.** *“In 10 mins it will be time to clean up. Let’s begin to bring this project to a close”*. Avoid mentioning meals (*“it’s almost time to eat lunch”*) because a child may have dietary restrictions or be unable to eat.
- **ALWAYS check with a child’s nurse before providing something to eat or drink.** A child may be **NPO**, meaning *“nothing by mouth”*. A child may not be allowed to eat or drink because of a scheduled test, upcoming surgery or because the doctors may want to give the child’s tummy a rest from food. Please let a child’s nurse know if they have eaten something without asking first. Be vigilant, sometimes kids will eat anything (including playdoh!).



INTERACTIONS with FAMILIES

When interacting with family members, please remember they are undergoing extra stress. Having a child in the hospital can be frightening, numbing, depressing, guilt-causing, aggravating and heartbreaking. In addition to worrying about their child, they may also be concerned about finances, missing time from work, other children at home and strain on their marriage and other relationships. Family members experiencing these emotions may have a hard time thinking straight, become angry easily and may not be able to express their needs, desires or appreciation very well. Unfortunately, sometimes their feelings get displaced on to unassuming staff members or volunteers.



HELPFUL HINTS

- **Avoid assuming what the caregiver’s role is with the child.** For example, don’t assume the adult that is with the child is their parent. It could be their grandparent, sister, aunt or foster parent. Instead, introduce yourself and ask them for introductions (ex. *“Hi my name is Lissy and I’m a volunteer. And you are ...?”*)
- **Don’t be unsettled by apparent unresponsiveness or disinterest.** Explain the type of help you can offer and wait for a response. Or, ask the family member if you can check back with them a little later after giving them time to think.
- Some family members may not have the parenting skills we might wish. **Try to model positive interactions and behavior.** Please let the nurse, CLS, CLA or your supervisor know if you observe concerning behavior.
- **Most parents want to be with their child as much as possible, but that can be very exhausting.** Therefore, taking a child (or sibling) to an Activity Center or playing with a child at bedside while a parent takes a short break or nap can be extremely helpful.
- Some parents are unable to stay with their child in the hospital, visit infrequently or visit during evening or nighttime hours when many people don’t see them. You may see and/or hear that *“Susie’s parents/family never visit”*. However, there may be a variety of reasons for a parent’s visitation schedule or their infrequent visitation. **Please avoid making any judgements.**
- **If the caregiver wants to talk, try to be a good listener. They don’t want advice or to hear about your experiences or problems.** They may just want to tell somebody about what they are going through. Validate their thoughts and keep a neutral but caring demeanor (*“You and Sarah really have gone through a lot”, “You have a lot of things on your mind, have you talked with your nurse about this?”*). Please share these types of conversations or interactions with the patient’s nurse, CLS, CLA or your supervisor. We also like to know if a parent has a complaint about their hospital experiences. When we have this information, we are better able to provide additional support services to or interventions for the family.
- **Do not offer advice or share your thoughts or perspective about their situations.**
- **Sometimes parents look forward to having a regular conversation with an adult since they have spent so much time with their child and have been immersed in their medical experience. They may ask you more personal questions** (ex. *“Are you in college?”, “What is your major?”, “What do you want to do when you graduate?”, “Where do you live?”, “Do you have any kids?”, “How old are they?”, “Tell me about them?”, “Where do you work?”, etc.*). Simple answers are ok but use caution with how much personal information you share about yourself. When sharing personal information, the conversation’s focus can quickly turn from the child or the service you are providing to more of a focus on you. By creating a one-way



relationship, which is supportive of the patient and family, you are being empathetic, compassionate, an advocate and patient-centered.

- It is up to you as the volunteer to create a therapeutic (ie. a healing and restorative) relationship with a patient and family members. It is not up to the patient or family to know where the boundary lines should be drawn. (See *PROFESSIONAL BOUNDARIES* section below).

PROFESSIONAL BOUNDARIES

Human warmth and caring is an asset that you bring to volunteering. As a volunteer you have the opportunity to interact with patients and their families in a very special way. A key element in fulfilling your role is being able to relate to the patient and/or family but also remain separate enough to distinguish between their feelings and your own needs. Establishing and maintaining this balance is not always easy.

WHAT are PROFESSIONAL BOUNDARIES?

One of your most important responsibilities of volunteering is the ability to separate your own needs from the needs of the child and family. These are **Professional Boundaries** and to do this, it takes self-awareness.



Professional Boundaries are guidelines for maintaining a positive and helpful relationship with the patients and families. Understanding these boundaries helps caregivers avoid stress and misconduct, recognize boundary crossings and provide the best possible care for a patient and their family. A good question to ask yourself ... ***“Are my actions more about MY needs than about the needs of the patient and/or family?”***

WHY are PROFESSIONAL BOUNDARIES IMPORTANT?

Professional Boundaries assures a **therapeutic relationship** with a patient and/or family member, not a social relationship with them. **You are not friends with the patient or family member. Instead, you are friendly with them.** You are staying in the zone of helpfulness.

Professional Boundaries ...

- **Respects the family’s privacy.** For example, at Target you see a child and their family that you played with in the Activity Center. Do you initiate a hello and begin talking with them? Instead, let it be up to them if they would like to say hello first. They may want to keep their hospitalization a private experience.

- **Assures all patients and families are treated fairly.** For example, you may feel inclined to buy a child something special or bring them something from home. Consider ... Are you able to provide something to all the patients on the unit instead of singling out only one patient? If another child/parent discovered that you provided a present to a child, they may wonder why you didn't do the same for them. Also, giving a child a gift may make a parent feel like they are not able to provide adequately for their child. It's important to consider how your actions impact the bigger picture of the child's and family's experiences.
- **Avoids burnout.** Do you feel a sense of responsibility for a patient (ex. "no one else cares like me", worrying about a child or their family's stressors while you are at home, etc.)? Your job as a volunteer is to provide for the needs of the child or family member at the moment ... company, play, distraction, a positive and comforting experience. If you are feeling worried in some way, please talk with your CLS, CLA or your supervisor.
- **Helps a volunteer to be seen as a professional.** It is ok to explain to a family that you are unable to do or say certain things due to professional and volunteer guidelines (ex. babysitting or visiting outside the hospital, giving advice, accepting a gift, keeping secrets, etc.).



GETTING BACK IN-BOUNDS

Have you ever crossed or thought about crossing any professional boundaries (ex. talking about personal experience you may have in common, taking a photo of a child, accepting a FB friend request, accepting or giving a gift, etc.)? Have you observed a staff member or another volunteer step over that line? What should you do if you believe you may be stepping over a boundary?

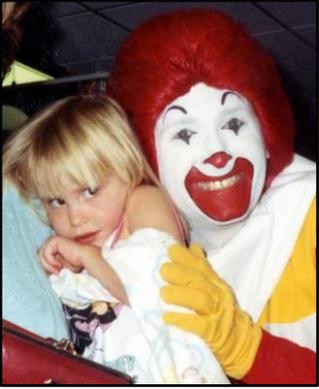
- Talk with your CLS, CLA, supervisor and/or Rainbow volunteer coordinator.
- Explain to a family that you are unable to do or say certain things due to professional and volunteer guidelines (ex. babysitting for them outside the hospital, giving advice, accepting a gift, keeping secrets, etc.).
- Draw a line between your volunteer life and your personal life to protect yourself from becoming too attached to a child or family.
- If needed, talk with your Rainbow volunteer coordinator, CLS, CLA or supervisor about a re-assignment (ex. different area or responsibilities). Working with children and families in the hospital can be a challenging and emotional experience for many people.

TYPES of BOUNDARY CROSSINGS

The following are different ways volunteers and healthcare workers can over step their professional boundaries and thoughts on how to stay in-bounds.

SHARING PERSONAL INFORMATION	HOW to STAY IN-BOUNDS ...
<p>It may be tempting to talk to patients and family members about your personal life and even share your challenges or experiences that may be similar to theirs. As a result, the patient/family member may take on your worries as well as their own. Also, sharing personal information may cause the patient/family member to see you as a friend instead of seeing you as a volunteer. You are not friends with the patient or family member. Instead, you are friendly with them.</p> 	<ul style="list-style-type: none"> • Use caution when talking to a patient/family member about your personal life. <ul style="list-style-type: none"> ○ Don't share your personal contact information or career (ex. you may receive questions about legal advice if you share that you are an attorney). ○ No social networking, even if it is initiated by the patient/family (ex. no Facebook friends, Instagram, SnapChat, etc.). ○ Do not socialize with patients or families outside the hospital setting, including providing babysitting services or attending a child's birthday party, etc. ○ Be vague in your answers then redirect conversation back to them. • Do not share advice. • Do not share information because you feel the need to talk or to help yourself feel better. Sometimes this is challenging to recognize within yourself. • Remember that your relationship with the patient/family member must be therapeutic, not social or a friendship.
<p>Children and families in the hospital are in a vulnerable position and emotions can run very high. Sometimes we react emotionally to the actions of a child/family member and forget those actions by a child/family member may be caused by stress, medication, a disorder or disease (ie. their behavior is symptomatic of something). Our personal emotional responses to a child and/or family member can cause us to lose sight of our role or miss important information about a child/family. <i>(ex. a parent snaps or yells at you ... but maybe they are sleep deprived and very stressed about their child being sick ; a child continually misbehaves when you are with him/her ... but maybe they are missing their family and just angry or don't understand why their family members are not here with them)</i></p>	<p>Children and families in the hospital are in a vulnerable position and emotions can run very high. Sometimes we react emotionally to the actions of a child/family member and forget those actions by a child/family member may be caused by stress, medication, a disorder or disease (ie. their behavior is symptomatic of something). Our personal emotional responses to a child and/or family member can cause us to lose sight of our role or miss important information about a child/family. <i>(ex. a parent snaps or yells at you ... but maybe they are sleep deprived and very stressed about their child being sick ; a child continually misbehaves when you are with him/her ... but maybe they are missing their family and just angry or don't understand why their family members are not here with them)</i></p>  <ul style="list-style-type: none"> • Don't necessarily take the child's/family member's behavior personally. Sometimes this may be hard to do. Please talk with your CLS, CLA or supervisor about your experiences. • Understanding that a child's/family member's behavior may be a result of the stress they are under, medications or underlying behavioral issues. • If you are about to respond emotionally, defensively or reflexively to the negative behavior of a child/family member, take a breath and politely excuse yourself. Talk with your CLS, CLA or supervisor. • Note that the child/family member may think their action is the best way to solve a problem or fill a need. • Ask yourself if there is a way to problem solve and help the child/family member communicate or react differently.

NICKNAMES and ENDEARMENTS	HOW to STAY IN-BOUNDS ...
<p>Calling a child or family member “sweetie”, “honey”, “mom” or “dad” may be comforting to that child or family member or it might be perceived as a more personal interest than you intend. It might also suggest that you favor one child or family over another.</p> <p>Some children and/or family members may even find the use of nicknames or endearments disrespectful or offensive.</p> 	<ul style="list-style-type: none"> • Avoid using terms like “honey” and “sweetie”, etc. • If a child has a nickname that his/her family uses, ask what he/she would like you to call him, since you are not a family member. • Ask the child and/or family member how they would like to be addressed. <ul style="list-style-type: none"> ○ Some family members may be fine with you using their first name. Some parents might prefer a more formal approach like Mr., Mrs., Ms., or Miss. ○ Some children may want their nickname to be used by just their family members. • Remember ... the way you address a child and family member shows your level of professionalism.

TOUCH	HOW to STAY IN-BOUNDS ...
<p>Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Gauge a person’s nonverbal cues. Touch should be used sparingly and thoughtfully.</p> 	<ul style="list-style-type: none"> • When using touch, be sure it is serving the child’s and/or family’s needs and not your own. <ul style="list-style-type: none"> ○ Don’t ask for a hug. If the child/family member initiates a hug, it’s ok to return the hug if you feel comfortable. ○ Don’t ask a child to smile. You may want to make the child happy but the child may not feel that way. Allow them to have their feelings. • Use touch only when it will serve a good purpose for child and/or family member. • Ask the child and/or family member if he/she is comfortable with your touch. • Be aware that a child and/or family member may react differently to touch than you intend. • Don’t sit on a child’s bed (<i>infection control!</i>) and consider the child’s age if he/she is sitting on your lap (<i>ex. 2 to 3 years old – may be ok ; 4 years old and up – sit next to the child or encourage the child to sit next to you</i>).

UNPROFESSIONAL Demeanor	HOW to STAY IN-BOUNDS ...
<p>Demeanor includes appearance, tone and volume of voice, speech patterns, body language, and how you carry yourself, etc. Your demeanor affects how others perceive you. Listening actively with eye contact, smiling, a tall posture and being respectful, reliable, responsible and collegial are all professional behaviors.</p>	<ul style="list-style-type: none"> • Body language, eye contact and facial expressions speak volumes to those around you. Present yourself in a calm, positive and friendly manner. • A child and/or family member may be upset or confused by louder voices and/or fast talk. • Good personal hygiene (ex. no perfume) is a top priority due to close proximity to patients and families. 

	<ul style="list-style-type: none"> Use humor carefully. Children and families may be confused by or not understand sarcasm or humor as it is intended.
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SPECIAL FAVORS and GIFTS	HOW to STAY IN-BOUNDS ...
<p>Doing a special favor for or giving gifts to a patient or family member (ex. buying chips from the vending machine, loaning money for parking) blurs the line between a personal relationship or friendship and a professional one. It can be seen as special treatment by another child or family member. A family member may also feel uncomfortable that you provided something they are not able to provide for their child.</p>  <p>** Remember - Your gift is your time that you spend with the child.</p>	<ul style="list-style-type: none"> Please do not bring gifts from home for a child or family. If you are feeling tempted, ask yourself, “Can I provide this to every child on the unit?” Do not buy a child food from the vending machine even if it’s only a nominal amount of money. If a family tries to give you a gift, say “no” graciously. It’s ok to tell a child/family member that you are not allowed to accept gifts. It is ok to accept something a child makes for you (ex. making a craft or drawing a picture, etc.). However, please do not ask them to make something for you. To protect yourself, tell your CLS, CLA or supervisor about any gift offers you receive.

OVER- and UNDER-INVOLVEMENT	HOW to STAY IN-BOUNDS ...
<p>Of course you may be drawn toward some children more than others ... some kids just capture your heart. Pay attention to the kinds of children and the behaviors which attract you and those that you may have a hard time with. Then consider the role that your own needs play into this attraction or dislike. This helps you set your personal preferences aside and concentrate on the child’s needs instead.</p> <p>Signs of over-involvement may include spending too much time with a particular child and/or family member, wanting to give special favors to a child, wanting to hurry back just to see this child and feeling that you are the one who best understands them, wanting to maintain the relationship after the child leaves the hospital (ex. babysitting, social visit, etc.).</p> <p>Signs of under-involvement may include disinterest, dislike or avoidance of a particular child and/or family member (ex. the patient/family values, behaviors or parenting style clash with your own views).</p>	<ul style="list-style-type: none"> Focus on the needs of the child you are with, rather than personalities (ex. “Oh, she’s sooo cute!”). Don’t confuse the needs of the child/family with your own needs (ex. how much gratification are they providing you?, “They make me feel so good to be around them”, “I need to hold ‘my baby’ today”). Maintain a helpful relationship, treating each child/family member with the same quality of care and attention, regardless of your emotional reaction to the child/family. Ask yourself ... Are you becoming overly involved with the child and family’s personal life? If so, discuss your feelings with your CLS, CLA or supervisor. If you find that you might be avoiding certain patients or families, talk with your CLS, CLA or supervisor. Please keep in mind that sometimes the hardest kids to be with have the most needs. 

SECRETS	HOW to STAY IN-BOUNDS ...
<p>Secrets between you and a child or family member are different than patient confidentiality. A patient’s confidential information is shared with other members of the healthcare team providing care to a child and family.</p> <p>Personal secrets compromise role boundaries and can result in the neglect of a child’s medical and emotional needs.</p> 	<ul style="list-style-type: none"> • Do not keep personal or health-related secrets with a patient or family member. • Remember, in your role, you need to accurately report any concerning behaviors in the child’s condition to the child’s CLS, CLA and/or nurse. If a patient or family members says “Please keep this confidential between you and me. Promise not to tell my nurse I told you this”, please tell them that you are not able to do this.

ROMANTIC FEELINGS or RELATIONSHIPS	HOW to STAY IN-BOUNDS ...
<p>A volunteer or any health care professional is never permitted to have a romantic relationship with a patient or family member.</p> 	<ul style="list-style-type: none"> • Developmentally, teenagers are beginning to explore different kinds of relationships. A teenage patient might become flirtatious with volunteers, especially if you are around their age. Take care not to encourage this interaction with your verbal and nonverbal responses. • Discourage flirting or suggestive behavior by the teen. • If you feel that this might be an issue with a patient or family member, please bring this to the attention of your CLS, CLA or supervisor.

Adapted from: Professional Boundaries for Caregivers – Facilitator Guide, University of Wisconsin Oshkosh Center for Career Development, March 2010, www.uwosh.edu/ccdet/caregiver.

INTERACTING with STAFF

Health Care Professionals experience a unique kind of stress. Many deal with complex and highly emotional situations every day. Sometimes it may be difficult for them to balance their work assignments and delegate tasks to volunteers. All Rainbow staff members want to be helpful and supportive to volunteers but sometimes staff may look too busy to ask a question. However, please still ask ... your questions are important! There is a good chance that we that we can either help you right away, answer your question(s) or find someone else that is able to help you. The health care staff will let you know if we need to come back to you. We appreciate everything you do for us, the patients and the families.

ESTABLISH a GOOD WORKING RELATIONSHIP with STAFF

- **Be reliable.** Staff know which volunteers they can count on to come in when scheduled and to complete tasks enthusiastically. They look forward to seeing you!
- **Learn as much as possible so you can work independently.** However, you are never alone. Someone (nurse, CLA, CLS and/or your supervisor) is always available to provide help, problem solve with you or talk through a challenging situations with you.
- **Ask for clarification if you are not sure how to do something or have a question about working with a patient or family member.**
- **Be a part of the team and willingly accept instructions and assignments from staff.**
- **Look at the broad picture.** If you are asked to do something that does not sound like fun (ex. washing toys, organizing a cabinet, etc.), remember that by doing it you are freeing up a professional to do their job.
- **If you see something you think you could help out with, please volunteer to do it.** As long as you have been trained to do the task, you do not always have to wait to be assigned to do it.
- **If you have a particular skill or interest, please let us know!** For example, are you crafty, artistic or have an idea for a craft project (ex. origami, making slime)? Let us know and we may be able to get the supplies for you to facilitate a project with the patients. Do you like to organize? Let us know, there are always things that need organizing!
- **Communicate with us!** Let the CLS, CLA or your supervisor know what you did during your shift. If we are not there to talk with you at the end of your shift, please write in the Volunteer



Communication Log. We welcome phone calls or emails if you need to talk further about your experiences. Also, please reach out to us if you are unable to volunteer for your shift (ex. woke up sick, vacation, end of school year, etc.).

YOUR RESOURCE PEOPLE and OTHER HELPFUL RAINBOW STAFF MEMBERS

Your supervisor, in addition to everyone that works at Rainbow, is a resource person for you and we want to be helpful in your role as a volunteer. A resource person is someone you can go to for help, to ask a question, and to find patients to work with or tasks to do. For Rainbow Unit Volunteers, the CLS and CLA are your Supervisors so they will be your primary Resource People. There is not a CLS or CLA assigned to Rainbow 4 and NICU so Rainbow 4/NICU volunteers' primary resource people will be the charge nurse and the unit's nurses.

WHO'S WHO?

Rainbow is a busy place and there are many professional disciplines. Various Rainbow staff members that you may interact with on the units are ...

- **RN = Registered Nurse**

An RN provides direct patient medical care according to the doctor's orders. Depending on the unit and the acuity of patient needs (ie. how sick the patient's are), an RN may take care of 5-6 patients. In the intensive care units, an RN may take care of 1-2 patients.

(An RN is an excellent resource person for volunteers, especially for evening volunteers and Rainbow 4/NICU volunteers)



- **Charge RN**

A Charge RN oversees the unit's patient care needs and nursing assignments. There is one Charge RN on each unit and the Charge RN will change each shift and each day. The Charge RN has an overall sense of what the needs are on the unit.

(A Charge RN is an excellent resource person for volunteers, especially for evening volunteers and Rainbow 4/NICU volunteers)

- **PCNA and NA-II = Patient Care Nursing Assistant and Nursing Assistant-II ...**

A PCNA and an NA-II perform the same duties. They assist the RNs with direct and indirect patient and family care. A PCNA and an NA-II take patient's vital signs, bathe and feed patients and provide general assistance. A PCNA and an NA-II also replenish supplies in patient care and storage areas.

(A PCNA and an NA-II are excellent resource people for volunteers, especially for evening volunteers and Rainbow 4/NICU volunteers)

- **RT = Respiratory Therapists**

An RT provides direct patient care conducting breathing treatments, managing ventilators and supporting physicians and RNs with respiratory tasks.

- **DS = Division Secretary**

A DS assists with answering phones, greeting families gaining access to and from the unit as well as facilitates communication within the unit and with staff. Usually one DS is on each unit and can be located primarily at the main Nurse's Station.

- **CLS = Child Life Specialist**

A CLS helps patients and their families learn about their medical experiences, reduce their stress



and anxiety, increase their coping skill development, enhance their cooperation and express their feelings during their hospitalization. Working with a CLS can ... provide education and/or preparation for procedures, surgeries, illness/injury or any new experience ; help in managing current medical events or challenging situations ; provide non-pharmacological pain management such as Comfort Positioning, coping strategies, distraction, etc. ; address special developmental needs or considerations

; and address concerns about siblings and/or other family members.

(A CLS is an excellent resource person for all volunteers)

- **CLA = Child Life Assistant**

A CLA provides growth and developmental play opportunities and activities at bedside or in the Activity Center to normalize the hospital experiences. CLA's supervise the Activity Centers and volunteers.

(A CLA is an excellent resource person for all volunteers)



- **MTs = Music Therapists**

A MT helps children and family members increase their coping skills, reduce their stress and



anxiety, process their medical experiences and express their feelings during their hospitalization through the music experience. Working with a MT can ... assist in coping skill development ; support healthy growth and development ; encourage relaxation, stress reduction and pain management ; provide opportunities to explore and express feelings ; allow children and teens to control their environment ; and support positive self-esteem through task mastery.

- **AT = Art Therapist**

An AT helps children and family members increase their coping skills, reduce their stress and anxiety, process their medical experiences and express their feelings during their hospitalization through the art experience. Working with an Art Therapist can ... offer opportunity for choice and control ; provide a way to express experiences without relying on words ; help reduce anxiety and increase relaxation ; help with memory making and creating legacy pieces ; aid in growth and development ; and supports self-esteem through artistic accomplishment.



- **School Teacher**

A School Teacher support academic needs and continuity of schoolwork, provide bedside tutoring, coordinate assignments with child's home school, and provide supplies and resources necessary to successfully complete assignments. School teachers are available to patients PreK through 12th grade who are enrolled in public, private or parochial schools. School is an important part of a child's hospital stay because it is a normalizing activity. It allows a patient to maintain contact with activities outside the hospital. Schoolwork is nonmedical, future-oriented and can provide a sense of accomplishment. The Rainbow School Teachers can also facilitate the transition back to the child's home school.



- **FRC Staff = Family Resource Center Health Librarian and Family Resource Center Liaison**

The FRC staff provides books, DVDs and reference services for inpatient, outpatient families, visitors, staff and anyone else with a question. The **Health Librarian** creates customized packet of information (InfoPacket) on any topic ; helps families search the internet (and other library resources) and evaluate search results effectively. At the Family Resource Center a family can ... meet with the Health Librarian and ask questions ; get help preparing to meet with doctors ; request a packet of information on any topic ; find a relaxing place to read and talk ; borrow books, magazines & DVDs (*Inpatient only*) ; use computers & internet ; borrow a laptop, tablet or e-reader overnight (*Inpatient only*) ; use photocopying & fax services ; charge mobile devices at the charging station ; use a digital camera. (*Inpatient only*) ; make keepsakes with materials from the Scrapbooking Cart (*Inpatient only*) ; and ask for printed word puzzles, Sudoku, coloring sheets and other activity pages.



- **Angie’s Rooftop Garden staff = Horticulturalist and Greeters**
The Angie’s Garden staff provides a welcoming and relaxing indoor and outdoor area for patients, families and staff members to connect with nature. The **Horticulturalist** creates and maintains therapeutic outdoor and indoor spaces ; leads hands-on gardening and nature-based activities utilizing literature, plants and materials found in nature for patients and families. Activities can be structured or unstructured. (The Horticulturalist and Greeters are excellent resource people for all volunteers).



- **EVS = Environmental Service Worker**
An EVS worker helps to keep everything clean on units from daily cleaning of patient rooms, cleaning patient rooms at discharged, general cleaning (ex. floors, horizontal surfaces and emptying trash cans) of common areas such as hallways, alcoves, Family Lounges, and Activity Centers. An EVS worker also can help get paper towels and soap for the Activity Centers and empty trash cans.
- **UH Police**
The UH Police provide safety and security services to patients, visitors and employees of UH. The UH Police can be reached from any hospital phone at x44357 (x4HELP) and is available 24 hours a day, 7 days a week.

FINDING a PATIENT’S NURSE

The **Patient Census** is the nursing staff’s daily reference sheet that has the list of patients on the unit, their room numbers, and the nurses and PCNA/NA-II that are assigned to take care of each patient. If you are a Rainbow unit volunteer, your CLS or CLA may have adapted the daily Patient Census Sheet for volunteers to reference. The CLS or CLA may include notes on specific patients such as what patients to check on or not to check on, what patients may need toys or activities, what patients to play with at bedside or what patients to bring to the Activity Center, etc. The Patient Census Sheet is kept in the Activity Center in the Volunteer Binder. Your CLS or CLA will show you how to find a patient’s Nurse and PCNA/NA-II from the Patient Census Sheet. As needed, the CLS or CLA will also include information which would be helpful to know to work with the child safely (ex. temperament, likes/dislikes, ideas to do, precautions, etc.).

How to find a patient’s nurse ...

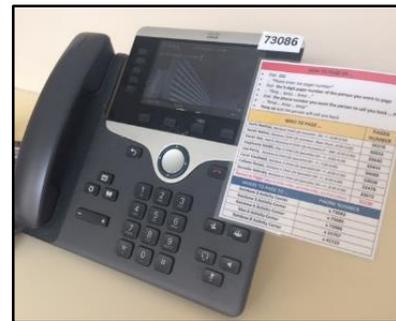
- **From a patient’s room ...** The easiest way to find a patient’s nurse when you are in the patient’s room is by pushing the patient’s nurse call light on the patient’s TV Remote. A light will be activated outside the patient’s room and the nurse will be notified. A staff member may call into the patient’s room using the room’s intercom or someone may come to the room personally. Please call for the nurse anytime you have a question.



- **From the Activity Center ...** The easiest way to find a nurse is by ducking your head out of the Activity Center door and ask any staff member if they could help you or find “Johnny’s” nurse. Let the staff member know why you need “Johnny’s” nurse. It may be something that they can easily help with and wouldn’t need to find his specific nurse. You might say, *“Excuse me, can you help me find Johnny’s nurse. He has to go to the bathroom. I have a few kids in the Activity Center that I need to watch and I can’t leave the Activity Center.”*
- **Before going into a patient’s room ...** As you become more familiar with staff, you will begin to recognize and remember their names. It may be easiest to just ask any nurse, PCNA/NA-II in the hallway, *“Do you know who Johnny’s nurse is? I wanted to see if he can come to the Activity Center”* or *“I was going to play with Johnny at bedside but wanted to check with you to see if there is anything special I need to know before I go in”*

HOW to PAGE a CLS or CLA

You can ask a nurse or PCNA/NAII to page the CLS or CLA or you can do this yourself. The Activity Center phones have a cheat sheet of paging directions, pager numbers, and the unit CLSs and CLAs as well as their days of work and approximate times. You are welcome to page the CLS or CLA if you need us and don’t see us.



- **Pick up any phone**
- **Dial 222**
(a recorded voice will say “please enter the pager number”)
- **Dial the 5-digit PAGER NUMBER of the person you’d like to call**
(you will hear, “beep ... beep ... beep”)
- **Dial the EXTENSION of the phone you’d like the CLS/CLA to call you back** (listed on the phone)
- **Press #**
(you will hear, “beep ... beep ... beep”)
- **Hang up ... the CLS or CLA will call the extension back**
(if the CLS or CLA does not call back, they are in the middle of something they cannot pull away from ... please find an Nurse for your question)*

FREQUENTLY ASKED QUESTIONS and “WHAT IF” SCENARIOS

The following are a series of questions and scenarios that Rainbow volunteers have experienced. Many of the questions relate to volunteers on Rainbow inpatient or outpatient units and in Activity Centers (ex. CSDU/PICU, Rainbow 3, Prentiss Waiting Area, Rainbow 4/NICU, Rainbow 5, Rainbow 6, Rainbow 7 and Rainbow 8). However, if you are in a Rainbow volunteer role other than a Rainbow unit volunteer (ex. volunteers with the Book Cart, Pet Pals, Smiles with Style, Project Sunshine, Valiant Vikes, Craft Cart, etc.), you may find the information discussed in each of the questions below helpful to you in thinking through scenarios that may occur in your specific role. We always encourage you to discuss any questions you might have with your supervisor and/or how the following scenarios and subsequent actions might be adapted to your specific volunteer role.



QUESTION 1

“It’s my first day and my supervisor isn’t here. What do I do?”

The CLS, CLA or your supervisor always tries their best to meet you during your volunteer shift and especially on your first day of volunteering. However, sometimes they may have an urgent patient/family need that they must attend to. This may delay or prevent them from meeting with you. Communication is important to us. Please look for a note from your CLS, CLA or supervisor by the Volunteer Sign-In Clipboard or on the Patient Census in the Volunteer Binder. If you are an evening or weekend volunteer on an inpatient unit, please connect with the nurses on your unit for patients to check on.

Please refer to **Appendix A: Activity Center Volunteer Checklist** for a detailed outline of what to do. However, some parts of this checklist may not pertain to certain units. Please ask your CLS, CLA or supervisor for the process on your unit.

QUESTION 2

“My supervisor asked me to check on a few patients. I’ve never done this before and I’m a little nervous. How do I do this and what do I say?”

Sometimes this may not be as comfortable or as easy as it sounds. Consider this like knocking on someone’s door to their home (their hospital room is their “hospital home”). You don’t know what you

may be interrupting behind the closed door or curtain ... could they be sleeping or resting, not feeling well, in the bathroom, talking privately with the medical team or looking for someone to play with? Be understanding that families and kids get many interruptions during the day as well as meet many new people. Checking-in with a child and/or family can be very much appreciated OR may feel like another interruption to them.

As you knock on the door (or if the door is open, knock on something that signifies that you are there), a good approach is to assume the patient and/or family member may be sleeping or resting. Use a softer and quieter voice as you open the door to say hello. If they are sleeping, quietly close the door. If they are awake, increase your voice as needed and respond to their verbal and nonverbal cues. Please do not stand in front of the door and just peer into the doorway or windows. This is a bit more intrusive and doesn't respect the child's/family's privacy.



Let's role play what you might say ...

- **Parents of an Infant or Child ...** *"Hi my name is _____. I'm a volunteer. I'm just checking to see if you need anything. Would you like me to bring a toy or something to do from our Activity Center or can I bring anything for you? If you'd like a break, I'm happy to stay with your little one while you step out for coffee, food or fresh air."*
- **A Child that Needs to Stay in Their Room (ie. you are providing bedside activities) ...** *"Hi my name is _____. I'm a volunteer. My job at Rainbow is to play with kids. I can stay with you for a while. Would you like me to bring something that we can do together? What kind of things do you like to play with? Would you like toys, a game, crafts, coloring ... or would you like me to read some books to you?"*
- **Checking on a Child to Come to the Activity Center ...** *"Hi my name is _____. I'm a volunteer. My job at Rainbow is to play (or hang-out) with kids. I've checked with your nurse and she/he said you can come the Activity Center to play. Would you like to come play for a little bit?" (or "I am going to let a few other kids know that the Activity Center is open. I'll be in there in a few minutes").*

QUESTION 3

"I knocked on a child's door, introduced myself and the child wouldn't look at me and refused to talk to me. What should I do?"

There are many things that might play into their behavior. Think about this from the child's perspective. Despite maybe not feeling well, the child may have met many new people while they've been here and they will continue to meet many more. You are also a stranger to them and we don't know what their

parents may have taught them about strangers (ex. don't talk to strangers). Or the child may not really understand that you are not going to do something to them (ex. vitals, take blood, listen with a stethoscope), that you really do just want to play. The child may also have a shy demeanor or a slow-to-warm-up temperament. Children need to be sure in their mind that you are a safe person to talk or play with and they will make that decision at their own pace. Look for cues (verbal and non-verbal) and adjust your behavior and actions as necessary.



Some helpful tips ...

- **Stoop down to the child's eye level and use a softer voice.** It's often scary for young children to have people tower over them, especially in an unfamiliar environment.
- **Respond to the child's nonverbal cues.** If they won't make eye contact, you may want to say, *"It looks like you have some cuddly stuffed animals that are resting on your bed with you"*. The child may respond by looking at the stuffed animals which shows their acknowledgement. You can continue a gentle conversation about their stuffed animals (ex. *"I see one with stripes. He's next to a yellow one ... Hmmm, I wonder if they have names?"*)
- **State what you are doing before you are doing it** (ex. *"I see a toy with colorful buttons on it. I'm going to press the yellow one and see what happens"*).
- **For an older infant that seems apprehensive, play through the crib's side rails first.** Once they seem a bit more warmed up, you may want to say, *"I'm going to put your side rail down so we can play better."*
- **Maybe bring something to them like crayons and a coloring book. Let them know you will check back on them.** Sometimes it takes a "warm-up" experience before a child is ready to engage. Make sure you follow through on your promise of checking back in with them!
- Ask, *"Would you like me to stay with you? We could just watch a movie together"*. **Sometimes your presence is all that is needed.** Just being present without talking or doing anything can be very comforting.
- **Don't ask the child to smile.** It's ok for them to have their feelings whatever they may be (ex. sad, mad, lonely, frustrated, etc.). Consider that it may be making you feel uncomfortable or helpless when someone is crying or has these feelings. However, it is not about your feelings or if you are able to resolve their feelings. It is about the child and you being present with them during their feelings. It's ok to say, *"Your tears show me you may be sad ... I'll stay with you a bit"*. If your presence and/or interactions helps the child feel a little less sad or stop crying, then that is a bonus. If the child continues to feel sad or continues to cry, it's ok. However, you may want to notify the nurse, CLS, CLA or your supervisor to provide you with guidance or reassurance.



QUESTION 4

“I was walking down the hallway and saw a child alone in her room. She had a precautions sign next to her door but she was not on my list from my CLA for me to check on. I have some time that I could spend with her at bedside. What should I do?”

Walking by this patient’s room, it is correct to think that the child may benefit from having a volunteer spend time with them since there isn’t an adult in their room. However, there may be a reason why your CLA did not include this patient on your list of kids to check on. It would be helpful to check with your CLA (or if not available, ask the child’s nurse) to see if the patient would be a good candidate to spend some time with at bedside.

If the CLA, or nurse, responds “yes, please spend some time with her”, it would be helpful to ask the CLA or the nurse, *“Is there anything special that I would need to know to work with her safely?”* On the other hand, the CLA or nurse may prefer that volunteers not be with the patient. In this case, ask the CLA or nurse if there is anything



that you could bring for the child since it looks like they may need something to do. The patient may have restrictions on items they are allowed to have. The CLA or nurse can suggest appropriate items for you to get and they can give the items to the patient.

If you are able to spend some time with the patient, you’ve correctly noticed the precautions sign next to their room door. Introduce yourself to the child at the doorway but do not cross the door’s threshold yet. Ask the child if they would like to play with you and find out what they would like to do. You may need to go back to the Activity Center to get a few items. Then once you are ready, perform hand hygiene and put on the appropriate PPE at the child’s doorway while they are watching you. To help explain and normalize this process you may choose to say, *“I need to put on a gown, mask and gloves before I come in to play. This helps to keep everything really clean.”* ; *“Sometimes when I put on this yellow gown, kids say I look like Big Bird!”* ; *“When I put on my mask it covers my nose and mouth but you can still tell when I am smiling because my eyes kinda smile too! ... See!”* For older infants or toddlers, playing peek-a-boo with your mask over your nose and mouth before you enter the room may be helpful too.

QUESTION 5

“I was holding a baby in his room and a staff member asked me to keep holding him while they took his blood. They said it would only take a minute, the baby looked so relaxed in my arms and I would help calm him down after. What should I do?”



This is a very simple answer ... **PLEASE DO NOT DO THIS!** This is not in your Volunteer Service Description. Regardless of your profession, being a parent or feeling comfortable, this is not your role.

A Child Life Specialist's professional training is to work with and guide a child and family through their medical experiences, focusing on their psychological, emotional and developmental needs. Also, nursing staff have been trained on the model of care called Rainbow Comfort Measures which involves skills and techniques to help children and families manage stressful events. Most medical staff are aware that volunteers are not permitted to be present with or hold a child during a procedure or stressful event. They will ask you to come back when the procedure is completed and the child is ready to play again. However, there have been volunteers that have been caught in this predicament;

being asked to hold or stay with a child during a procedure, test, something stressful or go to the treatment room with a child. Politely say to the medical staff person, *“As a volunteer I am not allowed to do this. I'll call for the nurse or the child life specialist to help”*. There are numerous reasons why we do not allow volunteers to hold or be with a child during tests or procedures. One being, if you find yourself holding a child during a medical procedure, one thing may quickly lead to another (ex. can't get enough blood, the child moves, etc). This puts you in a very awkward position that you as a volunteer are not trained to handle. Please talk with your CLS, CLA or supervisor if an experience like this happens.

On a side note ... medical experiences should NOT happen in the Activity Center. This would include such things as taking a child's vital signs, taking medicine, hooking/unhooking IV tubing, listening with a stethoscope, having a conversation with a parent on their child's treatment plan, etc. These events may not seem like they would be scary to a child. However, consider this ... we do not know how the child has responded to past or similar experiences ... we do not know how he will respond to this experience ... and we do not know the experiences or responses of other patients that may be in the Activity Center and watching this unfold. The Activity Center is a place where all children do NOT need to worry about anything medical happening. If this should happen while you are in the Activity Center, you could say to the child, *“Susie, I'll keep your place in the game until you come back. You can take your medicine in your room then we'll finish our game”*. Please talk with your CLS or CLA if something like this happens.



QUESTION 6

“A child is not following the limits I set or the rules in the Activity Center. What should I do?”

First, **assess** ... Why isn't the child following your limits? Do they understand the limits or the reason for the rule? Then, **listen actively to the child and with respect**. Whether the message is verbal or non-verbal, you can listen to the child carefully and reflect back the feelings you heard expressed.

Sometimes it's as easy as redirecting the child's attention to something else. This works well for toddlers and younger children. Sometimes you may need to talk them through what is ok and what is not ok to do. For example, when a child misbehaves ...

- Label the behavior ... *“You've smashed Matt's tower”*
- Tell the child what you want him to do instead ... *“You may not smash Matt's tower. You can build a tower and smash your own tower.”* You may need to put space between the two kids.
- You may need to give the child a warning. If the behavior continues after the warning, let him know that he can't play with the blocks. Suggest something else for him to do or have him help you with something.
- If the behavior continues, becomes unsafe or inappropriate, let him know he will have to go back to his room.



If there is an accident or someone gets hurt (ex. an IV gets pulled out accidentally, a child falls out of a wagon, a child bumps his head, etc.), always call for the nurse and let the CLS or CLA know as well. Also, know where the oxygen hook ups are in the Activity Center so you can direct staff during an emergency.

QUESTION 7

“OH NO! ... There are too many busy kids in the Activity Center! I feel so overwhelmed! What should I do?!”

Safety should be your number one priority. If you feel overwhelmed, duck your head out of the Activity Center door and there should be nurses in close proximity. Ask a nurse if they are available to help get a child or a few kids back to their rooms (ex. maybe the kids that have been in the Activity Center the longest, a child who has a parent in their room that could watch them, or a baby that is in a stroller that could hang out with a nurse or PCNA/NA-II). On occasion, an available PCNA/NAII may be available to stay in the Activity Center and help supervise with you.

Let's say you are feeling comfortable supervising the number of children in the Activity Center but probably not any more kids. Then a nurse brings another child, Johnny, to the Activity Center to play. You see that Johnny may be a bit energetic and may need more supervision than you can safely provide. What do you do? Please don't feel you need to take on more than you can handle. You might say, *"We've got a full house in here. I'm not sure I can supervise everyone safely. Would you be able to take another child back to their room so Johnny could stay and play for a bit?"*



There is no required ratio of patients to supervising adults. What matters most is whether you feel that you can provide a safe environment for the children in the Activity Center. Sometimes 8 kids can be in the Activity Center and it is calm and very manageable. Sometimes having one busy child is all that you can handle because they have an IV pole and they want to walk everywhere so you would need to be right along with them.

QUESTION 8

"A mom started yelling at her child in the Activity Center. What should I do?"

You will see many different parenting styles and dynamics. It is not for us to place judgement. We don't know the whole situation or what the parent or child is experiencing (consider Professional Boundaries: Not Seeing a Behavior as Symptomatic). Rainbow is a "No Hitting Zone" which addresses behavior in the hospital setting. We ask that adults refrain from hitting or spanking and keep conversations quiet/private for the courtesy of other patients and families in the hospital.

A Rainbow staff member should address situations like this. However, if a situation like this occurs in the Activity Center or another area where you are the only Rainbow representative **and** if you feel comfortable, you can approach the parent (or person). Your calm, sympathetic, physical presence is probably the most effective response. It will be helpful to have a variety of lead-ins that you can comfortably use depending on the situation specifics. Suggestions include ...



- ***"Is anything wrong?"*** (allows both parent and child to respond ; alerts parent that others are observing what is going on ; creates a break in the behavior but doesn't criticize or reprimand the parent)
- ***"May I help with anything?"*** (again, nonjudgmental and may be all you need to disrupt the behavior)

- ***“Most 2 yr olds have a hard time sitting still/behaving for long periods, would it help if I found something for him to play with?”*** (use distraction as a discipline tool ; highlights that the child’s behavior is developmentally normal, not “bad”)
- ***“You’ve been waiting a long time”*** or ***“Active and curious kids your son’s age can be a handful”*** or ***“You’d probably rather be anywhere else but here right now”*** (or some other statement that is sympathetic to the parent’s stress and needs but doesn’t make the child look/feel bad)
“May I give you a break?” or ***“May I get you a drink of water?”*** or ***“May I get him a toy?”*** or ***“May I take him to the activity center?”***

If you are feeling uncomfortable, sense that you may need help or the situation seems extreme, please notify a nurse, the CLS, CLA or your supervisor. Also, even if you successfully diffused a situation, please let the CLS, CLA, your supervisor or a nurse know about your interactions. These are not comfortable situations to be in. We want to be supportive of you and your experiences as well as provide the needed support to the child and family.

QUESTION 9

“A child came to the Activity Center and had a significant abnormality (or injury ... or has lots of medical equipment ... or is very developmentally delayed). How do I avoid staring? I’m not sure how to interact with the child? How do I respond if another child or parent asks what’s wrong with him?”

Some people and things that you see may in the hospital make you curious or perhaps startle you. That’s a normal feeling. Remember, a child is most importantly a child first and not defined by how they look, what they have or what they can do or can’t do. Look for something that most everyone has in common. A child wants to play, find comfort or have a bit of fun. This may look differently for each individual. For example, David, who is unable to speak, move his arms or legs, may love to be read to, talked to about what is going on around him and be in the Activity Center where he can see people around him.



Provide a welcoming presence with your verbal and nonverbal interactions. If you are startled or overwhelmed by the appearance of a child or their medical equipment, please self-check your facial expression. Make sure your demeanor and actions are welcoming for the patient and family. Please talk with your CLS, CLA, supervisor or the child’s nurse to gain more understanding and comfort to help with your feelings, responses and interactions with the child and/or their family. We will not ask you to do something that you don’t feel comfortable doing but your comfort level may rise with knowledge, insight and reassurance. We are here to support you and provide a positive experience for you.

There are a few responses to an adult visitor, parent or another child if they ask, “What is wrong with him?” or “Why is he here in the hospital?”

- If a child or adult asks you about a patient, you may say, *“Everyone is here for a different reason”* and follow up with a positive like, *“David loves to watch others kids play. Let’s keep playing our game and we’ll include him in our conversation”* or *“Susie loves to play with the kitchen just like other kids do.”* Then direct the child back to their activity or a common activity everyone is doing together.
- If the child or adult asks the patient directly *“Why are you here?”* or *“What’s that in your nose?”*, depending on the age of the patient you may want to see if they responds first. Sometimes a patient is comfortable responding to this sort of question. However, be alert to notice if the question makes the patient feel uncomfortable. You will want to step in quickly if it is. Your response can be similar to the above with a redirection to a common activity. For example, *“Everyone is at Rainbow for a different reason. It’s kinda fun to be in the Activity Center making bracelets. What color bead are you going to choose next?”*

QUESTION 10

“I was playing a game with a child in their room and the child’s parent came back. I think the child wanted me to stay but the parent told me I could leave. I didn’t know how to make that transition?”

When a parent returns, try to make the transition back to the parent easier whether you are holding their baby or playing with their child. Sometimes a parent would like you to continue being with their child while they settle in or continue to rest. Sometimes the parent would like you to leave because they are back. Sometimes you need to leave when a parent comes back because it’s the end of your shift or you need to check on other children.



Whatever the case, it is helpful to make some sort of a transition when a parent returns. Recap with the parent what you and their child have been doing and what you both are currently doing. Encourage the parent to move into your position. If you or CLS, CLA or nurse don’t know of other patients or families that are in need of volunteer assistance, you can continue to play with that child if the parent encourages you to do so. Examples of transitions may be ...

- *“Hi, my name is ____ and I’m a volunteer. Anna’s nurse asked me to hold her. She was a bit fussy for a little bit but calmed down as I held and rocked her. She’s been asleep for about 15 minutes now. Would you like to hold her or would you like me to put her back in her crib?”*

- *“Hi, my name is ____ and I’m a volunteer. Tommy and I have been playing Connect Four and he’s beat me twice! Would you like to take my place? Or, I’m happy to stay and continue playing. I’m available until 4:00.”*

QUESTION 11

“There are no patient needs on the unit and I’ve washed all the toys. What else can I do? Can I check for volunteer needs on another Unit?”

While you are volunteering, your priority is to work with patients and families in the Activity Center and at bedside. However, some days you may find it rather slow and no patients are available to spend time with. Please refer to the list of suggestion in **APPENDIX C: What To Do When Things Get Slow** (also available in the Activity Centers and Volunteer Binders). Your flexibility and willingness to help with the “behind-the-scenes” tasks is incredibly helpful. We need your help with these indirect patient care tasks in order to provide positive patient and family experiences! Your CLS, CLA, the charge nurse or your supervisor may have additional suggestions that are specific to your unit or volunteer role.



Can I help out on another unit if there are no needs on my assigned unit? Before considering this, please make sure the Activity Center is cleaned and organized and all dirty toys have been cleaned, disinfected and put back where they belong. Also, talk with your CLS, CLA or supervisor to see if going to another unit would be an option.

- **Rainbow 4/NICU volunteers must stay on Rainbow 4 and/or NICU.** This is due to infection control reasons. However, on a rare occasion, we may need a Rainbow 4/NICU volunteer to be with a baby on a unit other than Rainbow 4/NICU. If this happens, this would be approved by your supervisor and you would not be able to return to Rainbow 4/NICU during your shift on that day. The next time you volunteer, you would report to Rainbow 4/NICU as usual.
- Sometimes volunteers are cross-trained for other units (ex. HemOnc inpatient and outpatient units ; PICU and CSDU ; Prentiss Surgery Waiting Area and Rainbow 3). In this case, your CLS or CLA will review what to do and how to communicate with them where you are.
- Sometimes a CLS or CLA will reach out to you because there is a need on another unit. We will help you transition to the other unit and introduce you to the patient or the patient’s nurse.
- Sometimes when one Unit doesn’t have any volunteer needs, you can check with another Unit. Please talk with your CLS or CLA to make sure this is an option for you. If it is, there are a few things you can do ...
 - A “phone and pager cheat sheet” is available on each Activity Center’s phone. In addition to the all the Activity Centers phone numbers, the cheat sheet has instructions

on “How to Use the Pager System” as well as the CLS and CLA pager numbers. You can call other Activity Centers to see if they need help. When calling, please make sure you are talking with the CLA or a volunteer because a child or parent may answer the phone. You can say, *“Hi! This is ____ and I’m a volunteer on Rainbow 5. I’m calling to see if you need help because we were pretty slow on Rainbow 5.”*

- If you are needed, please let your CLS or CLA know you are going to another Activity Center. If your CLS or CLA is not available to tell in person, please leave a note for them. This way they will know where you are if they should need you. If your CLS or CLA is not available, please let the charge nurse know that you are going to help on another unit.
- Communication is very important. If you are checking on another unit, it is helpful to connect with the CLA or CLS on that unit to let them know you are available. The CLS or CLA can direct you to possible patients to check on or things to do.
- For evening volunteers ... Since CLSs and CLAs are not scheduled to work in the evenings, please check-in with another unit’s charge nurse for possible things to do or patients to check on. Remember to ask the very important question, *“Is there anything that I would need to know to work with _____ safely?”*

QUESTION 12

“My volunteer shift is ending but there are still kids and families in the Activity Center that want to play. There isn’t another volunteer coming to supervise the Activity Center. What should I do?”

All children need to have adult supervision in the Activity Centers. However, depending on the unit, sometimes it is ok if a parent is supervising their child (ex. Rainbow 7, Rainbow 8, Rainbow 3). On other units, the Activity Center is only open during supervised times by the CLA or volunteers and it remains locked at all other times (ex. Rainbow 5 and Rainbow 6). On all units, nursing staff has access to the Activity Center’s keys when it is closed and can get toys and activities for patients and families. Please ask your CLA or CLS how to handle this situation specific to your unit.

So, if your shift is ending at 4:30 and there is not another volunteer or CLA to continue to supervise the Activity Center, think about how much time you would need to get the child(ren) back to their room(s), finish cleaning up the Activity Center and writing in the Volunteer Communication Log ... maybe 20 mins? Work backwards ... you will need to close the Activity Center at 4:10 to head the kids back to their rooms. It is helpful to give the children a 10 minute warning, around 4:00, letting them know that the Activity Center will be closing soon. You may say something like, *“The Activity Center will be closing soon. We have about 10 mins to finish up your ideas and help clean-up. You can also think about something you’d like to bring back to your room.”* Then, help the kids back to their rooms and let their nurses know that the Activity Center is closed now.



Please refer to **APPENDIX A: Activity Center Volunteer Checklist** for opening and closing the Activity Centers. Please ask your CLS or CLA if there are any differences to the checklist for your specific unit.

WE THANK YOU!

Being a part of a thriving health care organization like Rainbow Babies & Children's Hospital, is both challenging and interesting. With sophisticated medical technology and specialized care, Rainbow provides the best possible medical care available for children and young adults. Yet it is the people who make Rainbow a special place. And some of our most special and important people are you, our volunteers.

We thank you for your commitment to caring and generously giving your time, energy and compassion to the children and families at Rainbow.



MY VOLUNTEER INFORMATION

MY AREA / UNIT: _____

MY SHIFT: _____

MY SUPERVISOR(S):

NAME: _____

PHONE NUMBER: _____ PAGER: _____

EMAIL: _____

NAME: _____

PHONE NUMBER: _____ PAGER: _____

EMAIL: _____

MY RAINBOW VOLUNTEER COORDINATOR:

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

APPENDIX A

Activity Center Volunteer Checklist

Activity Center Volunteer Check-List

- When you arrive for your shift ...**
 - Sign-In at the Volunteer Kiosk** located in the RBC Lobby OR outside the Volunteer Office
 - Unlock the AC** (key location may be different on each unit)
 - In the AC, sign-in** for your shift on the “**Volunteer Sign-In, Sign-Out**” Clipboard
 - On the AC door, turn the AC sign to “OPEN”** and turn on AC’s lights
 - On the AC door, flip the clock over to “OPEN”**
 - Check the census from the CLS or CLA for notes on patients, families or other things to do.** If the census or a note is not provided, check with the nursing staff and begin to do your “rounds” on the unit

- Inform staff, patients and families how long the AC will be open** (ex. “The Activity Center will be open from ___ to ___ . Please let us know if you have any patients that we should invite.”) ...
 - Check with the CLA or CLS to see if there are any planned activities or special events happening that you can share with patients and families

- When patients, families, siblings, child visitors or staff arrive to the AC ...**
 - Provide a warm welcome and ask the staff or family member to sign-in the child to the AC on the clipboard
 - Inform the child and family how long the AC will be open
 - Ensure a child has proper ID visible before the family member or staff member leaves ...**
Patient – ID Bracelet on wrist or ankle ; **Sibling/Child Visitor** – FAST PASS ID sticker with their adult’s information

- If the AC is empty and/or no kids are able to come to the AC at that time ...**
 - Check Utility Room and the AC’s Green Dirty Toy Receptacle** for dirty toys to clean/disinfect
 - Check on patients at bedside**
 - Remember to flip the door sign to “CLOSED”** if you leave the AC during your shift
 - Use the clock on the door** to indicate when you plan to return to the AC
 - Lock the door when you are not in the AC**

- Give patients and family members a time warning if they are still playing in AC towards the end of the scheduled hours** (ex. “ The Activity Center will be closing in 10 minutes”) ...
 - If needed, assist the patients or families with finding appropriate toys, games or art supplies to bring to their room
 - If available, offer patients and families a weekly calendar with AC hours, activities and events (extra calendars and/or event flyers may be available by the AC sign-in sheet)

- Before the end of your volunteer shift ...**
 - If time, clean toys and surfaces used during your shift and/or make sure dirty toys are placed in the AC's **Green Dirty Toy Receptacle**
 - Ensure all art supplies and cleaning supplies are locked in the proper cabinets
 - Complete the **Volunteer Communication Log** in the Volunteer Binder and **sign-out on the Volunteer clipboard**

- If you are the last volunteer shift or the next scheduled volunteer has not arrived by the time you are leaving ...**
 - On the AC door, flip the clock and set the clock hands to the next scheduled volunteer shift
 - On the AC door, turn the green AC sign to **"CLOSED"**
 - Turn off AC's lights
 - Lock the AC cabinets and door and return the keys to the proper location

- Sign-Out at the Volunteer Kiosk located in the RBC Lobby**

APPENDIX B

Volunteer Communication Log



VOLUNTEER COMMUNICATION LOG

YOUR NAME: _____

DATE: ____ / ____ / ____ **YOUR SHIFT TIME** (ex. 9:30-12:30): _____

**** FOR STUDENTS IN THE HOSPITALIZED CHILD COURSE at CWRU/JCU ****

Please have a signature from the Charge Nurse if your CLS or CLA is not here during your shift:

HOW WAS YOUR TIME SPENT HERE TODAY? Please let us know which kids you worked with today, what you did with them and how they responded. Please also let us know of any issues that may have come up (ex. feelings about being in the hospital, a illness, etc.). Did you work with siblings? ... Run an errand for a parent? ... Wash toys? ... Organize cupboards? Please use the back of the sheet if you need more room.

CHILD'S FIRST NAME	AGE	ROOM	COMMENTS

OTHER THINGS I DID TODAY ...

THANK YOU FOR GIVING YOUR TIME AND TALENT TO THE KIDS AND FAMILIES AT RAINBOW!

APPENDIX C

What To Do When Things Get Slow

WHAT TO DO WHEN THINGS GET SLOW ...

While you are volunteering, your priority is to work with patients and families in the Activity Center and at bedside. However, some days you may find it can be slow. Your flexibility and willingness to help with the “behind-the-scenes” tasks is incredibly helpful. We need your help with these indirect patient care tasks in order to provide positive patient experiences.

1. **Check the census** (*located in the Volunteer Binder or on a clipboard in the Activity Center*) **and/or with the nurses** for children or siblings that would benefit from your time or that may need something (ex. come to the Activity Center, play at bedside, need toys or books, a parent may need a break). Your Child Life Specialist and/or Child Life Assistant may have left you some notes.
2. **Check to see** if children and/or families who can come to the **Activity Center know it is open**. If needed, accompany the child to the Activity Center after notifying the child's nurse.
3. Check to see if there are any children **who are alone** and may want **toys ... or someone to spend time with them at bedside or in the Activity Center**.
4. Check to see if any other children need toys ... or if **parents would like you to sit with their children while they take a break**. Make sure you ask them how long they intend to be gone and let them know if you only have a specific amount of time you can give (ex. if your shift ends in 20 minutes).
5. Check with the child's nurse to see if you can take the child and/or family member(s) to **Angie's Rooftop Garden** (the rooftop garden has an indoor and outdoor areas). When there, connect with the Horticulturalist and/or Greeters for ideas to do ... enjoy the outdoors, work with plants inside or outside, do a craft, or just for a change of scenery. A staff member will need to help you access the elevator (*If you have no takers, go explore this area yourself so you can describe it better to families*)
6. Check with the child's nurse to see if you can take the child and/or family member(s) to **Family Resource Center** (on the first floor). When there, connect with the Health Librarian and/or FRC Liaison for resources ... check out a book, comic book or movie, read stories in the FRC or just for a change of scenery. If a child is unable to leave their room, you can visit the FRC to check out books and movies on the child's behalf. (*If you have no takers, go explore this area yourself so you can describe it better to families*)
7. **Wash toys**. Directions are in the Volunteer Binder and posted where toys are washed. Everyone should do a part of this during each volunteer shift.

8. **Wash the Activity Center countertops and furniture** especially tables (tops, underside and legs), chairs (seats, undersides and legs), phone, countertops, sink area, air hockey table, basketball hoop, play kitchen, train table, wagons, cars, game systems, etc.
9. **Organize cabinets.** For **toy cabinets**, make sure toy items are put back in proper containers (should have labels). For **craft cabinets**, make sure items are in properly labeled containers and throw away any broken or unusable items.
10. **Are there random toy pieces in cabinets or on toys shelves?** Please find what they go to or with. If you can't find a home for it, throw it away.
11. Look through the **board games** and puzzles to see if they are complete. If not, throw them away but keep any pieces to fill in games in the future.
12. **Laminate cards and cards for board games.** The CLA and/or CLS can provide the laminator and laminating sheets.
13. **Check toys with batteries to make sure they work** (*on some divisions, batteries and screwdrivers are in drawer to right of sink*). The CLA and/or CLS can also provide batteries.
14. **Check markers to see if the markers still work.** Throw away any that don't work.
15. Place **"Single-Use Item" sticker on single-use items** (ex. coloring books, crayons, books, etc.)
16. **Look through books and movies to see if any belong to the Family Resource Center** (they will have a sticker labeling them as such) and take books and movies back there on your way out.
17. **Check empty rooms** (*that have no patient names by doors*) to see if there are toys or movies that need to be cleaned and returned.
18. **Make new decorations.** Take down **outdated decorations/pictures** (but do not throw away) and any tape on the walls/windows. All paper decorations need to be laminated before hanging.
19. **Are we low on Activity Center Sign-In Sheets or Volunteer Sign-In Sheets?** Use copy machine at nearest nursing station.
20. Look through the toys and supplies in the Activity Center. Feel free to **make a list of things you think we need** (or need more of) in the Activity Center and we will do my best to make it happen.
21. Check to make sure **all toys are labeled "Child Life" with a permanent marker.** If not, please label them.
22. **Unbox new toys and label "Child Life" with a permanent marker.**

23. Ask the Division Secretary if there are any **Admission Packets that need assembling.**
24. **For R3, R5 and R6 Volunteers ... Call another Activity Center** (*phone numbers are listed on the phone*) to see if they are busy and in need of your help. If so, please page the CLS or CLA to let them know you are leaving your division and helping on another floor (... or if you are volunteering when a CLS or CLA is not working such as in the evenings, let the Charge RN).
25. **Page the CLS or CLA** to let them know you are not busy. We may know of other needs in Rainbow or have other projects that you can help with.

Thank you so much for your time and your dedication to volunteering.

We appreciate all that you do!

APPENDIX D

Job Aid – Cleaning and Disinfecting Toys and Equipment

FAMILY AND CHILD LIFE SERVICES

INFECTION CONTROL: INSTRUCTIONS for TOY / EQUIPMENT CLEANING and DISINFECTING

WHERE TO PLACE and CLEAN / DISINFECT DIRTY TOYS and EQUIPMENT
<ul style="list-style-type: none"> ● Toys / Items FROM PATIENT ROOMS ... <ul style="list-style-type: none"> ○ Place in the dirty toy receptacle in the Unit's Utility Room or the Rainbow 7 Toy Washing Room. ○ Toys/Items placed in the Utility Room or Toy Washing Room need to be cleaned/disinfected in that room. ○ Toys/Items from a Contact Plus patient room must be identified (ex. place toys/items in a plastic bag labelled "Contact Plus"). These items will be cleaned with Orange-Top Wipes. ● Toys / Items USED IN THE ACTIVITY CENTER ... <ul style="list-style-type: none"> ○ Place in the Activity Center's dirty toy receptacle (ex. Green Dirty Toy Receptacle). ○ Toys/Items need to be cleaned/disinfected in the designated location in the Activity Center. Patients or visitors should not be present during cleaning/disinfecting process. ○ On Rainbow 7, toys/items in the Activity Center's dirty toy receptacle (ex. Green Dirty Toy Receptacle) should be transported in a bin to the Toy Washing Room for cleaning/disinfecting. ● LARGE EQUIPMENT from PATIENT ROOMS (ex. game system carts, wagons, riding toys, play mats, etc.) ... <ul style="list-style-type: none"> ○ All large equipment items from patient rooms are cleaned/disinfected outside the patient room before being moved to the Activity Center, another patient room or upon a patient's discharge. ○ Equipment with cloth seats covers/inserts (ex. highchairs, baby seats, swings, etc.), use the blue "CoverMe" Disposable Covers to protect the seat. <ul style="list-style-type: none"> ▪ Patients in transmission-based precaution and/or when cloth seat covers/insert become soiled, the cloth seat covers/inserts must be placed in Purple Laundry Bag for laundering at an outside facility.

CLEANING / DISINFECTING PRODUCTS and INSTRUCTIONS	
PURPLE-TOP WIPES ... SUPER SANI-CLOTH	ORANGE TOP WIPES ... PDI SANI-CLOTH BLEACH
<ol style="list-style-type: none"> 1. Used to disinfect <u>non</u>food contact surfaces only (use Orange-Top Wipes for toys that have been mouthed or are visibly dirty with unknown substances). 2. Unfold a clean Purple-Top Wipe and thoroughly wet the surface of the item. 3. Treated surfaces must remain visibly wet for a full 2 mins. Use additional wipe(s) if needed to assure continuous 2 min wet contact time. 4. Allow the item/surface air dry on a clean towel. 	<ol style="list-style-type: none"> 1. Use for toys/items from Contact Plus rooms and toys/items that have been mouthed (ex. rattles) or are visibly dirty with unknown substances (ex. possible blood or body fluids). 2. Unfold a clean Orange-Top Wipe and thoroughly wet the surface. 3. Treated surface must remain visibly wet for a full 4 mins. Use additional wipe(s) if needed to assure continuous 4 min wet contact time.

<p>5. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting.</p>	<p>4. Rinse the item/surface with water (<i>ex. running water, wet washcloth</i>) or a Purple-Top Wipe to remove the bleach film before use.</p> <p>5. Allow the item/surface air dry on a clean towel.</p> <p>6. For heavily soiled surfaces, use a wipe to pre-clean prior to disinfecting.</p>
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CLEANING / DISINFECTING PROCESS

7. Perform hand hygiene and put on gloves.
8. Use **Orange-Top Wipes** to wipe down the designated toy-washing space (*ex. sink basin, faucet & handles, countertop, colander, etc.*). Treated surfaces must remain visibly wet for a full 4 mins. Rinse the surface with a wet washcloth (*tap water*) or a **Purple-Top Wipe** to remove the bleach film.
9. Spread a clean towel(s) on the designated space (*ex. countertop, cart*) where the cleaned toys/items will be placed to air dry.
10. Clean and disinfect toys/items using the appropriate products (**Purple-Top Wipes** or **Orange-Top Wipes**) and follow instructions as listed above.
 - **For Ease of Cleaning Lego’s or Other “DUNKABLES” items** (*“Dunkable Items” = items that will not hold water*)

<p>1ST Step: To Clean ...</p> <ol style="list-style-type: none"> 1. Fill the disposable bowl with hot water and dish soap. 2. Place items into soapy water and swish around to thoroughly clean items. 3. Place the items in a colander and rinse the items under clean running water. 	<p>2ND Step: To Disinfect ...</p> <ol style="list-style-type: none"> 1. Disinfect toys/items using the appropriate products (Purple-Top Wipes or Orange-Top Wipes) and directions as listed above. 2. Allow items air dry on a clean towel.
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 - **For Books and DVDs** (hardcover, paperback or board books) ...
 - Return all books and DVD’s labeled with a Family Resource Center sticker to the Family Resource Center’s Drop Box on the 1st floor (rm HT 1610). They will be cleaned/disinfected by the Family Resource Center staff members.
11. Use **Orange-Top Wipes** to wipe down the toy-washing area (*ex. sink basin, faucet & handles, countertop, etc.*), in addition to the wagon, cart and/or bin used to transport the dirty toys to the toy-washing space. Treated surfaces must remain visibly wet for a full 4 mins. Rinse the surfaces with a wet washcloth (*ex. tap water*) or a **Purple-Top Wipe** to remove the bleach film.
12. Remove gloves and perform hand hygiene.
13. Prior to returning the cleaned and dried toys/items to the cabinets, wipe the shelf surface with a **Purple-Top Wipe** following the directions listed above.

A NOTE ABOUT SAFETY

- Cleaning supplies are kept in a designated **locked cabinet** away from patient reach.
- Patients or family members should **not** be present in the room when cleaning/disinfecting the toys/equipment.
- Always use **gloves** when cleaning/disinfecting the toys/equipment.
- When the cleaning/disinfecting process is complete, remove gloves and perform hand hygiene.

- Set aside toys that may be questionable in terms of safety for the Child Life Specialist or Child Life Assistant to further assess (*ex. squeezed toys, broken toys/items, missing pieces, questionable single-use items, etc.*).
- **Choke Tubes** are located in a designated place in each Activity Center. If a toy seems too small for a child to use safely for their age and development, use the Choke Tube to assess its safety. Directions are located with the Choke Tube. Smaller items that fit inside the Choke Tubes must be used with adult supervision or not at all depending on the child's age/developmental abilities. Some smaller craft items will be located in locked cabinets and will require adult supervision (*ex. craft beads, etc.*).
- **Single-Use Items** are items that cannot be cleaned and disinfected. They are labeled with a "Single-Use Item" sticker. Families are encouraged to take these items home (*ex. crayons, coloring books, Barbie's, toys/items with cloth, playdoh, cardboard puzzles, wooden toys and puzzles, paper supplies, etc.*)

(REV 8-10-20 ; approved by RBC Pediatric Infection Control)

