

# CHKD Child Life Volunteer Orientation



# Welcome!

Dear Child Life Volunteer,

Welcome to CHKD! Thank you for taking the steps to becoming a Child Life volunteer. Included here are important hospital policies and practices that pertain to your role. To ensure the safety of our patients, please read this information carefully and jot down any questions you may have. After reading this information, please also complete the accompanying quiz. **The completed, submitted quiz will be your ticket into Child Life orientation.** Thank you so much for volunteering, and we look forward to meeting you on orientation day!

- The CHKD Child Life Staff



# Child Life

## What is Child Life?

Child life services are designed to reduce the negative effects of hospitalization by promoting physical healing and the emotional well-being of children. To help kids and their family members cope and adjust to the hospital environment, child life staff offers a variety of services including: developmentally appropriate play opportunities, procedural preparation, and coping techniques.



## What we do:

- ❖ Give the child a sense of control and trust.
- ❖ Help normalize the hospital environment through play.
- ❖ Try to minimize the effects of hospitalization.

# Child Life Roles

## Child Life Assistants...

- ❖ Manage the playrooms, maintain the safety and cleanliness of the playrooms.
- ❖ Support and supervise volunteers.
- ❖ Work closely with the Child Life Specialist to meet the play and psychosocial needs of the patients and families.



## Child Life Specialists...

- ❖ Meet the play and psychosocial needs of the patients and families on their units.
- ❖ Help the family, siblings, and patients cope with the effects of hospitalization and procedures.
- ❖ Provide non-pharmacological pain management.
- ❖ Provide education for patients and families before procedures and distraction for patients during procedures.
- ❖ Incorporate legacy building into activities with patients.
- ❖ Provide bereavement support for siblings and other family members.



# The Child Life Volunteer Role

## **Child Life Volunteers...**

- ❖ Help us to normalize the hospital environment and minimize stress through play.
- ❖ Play in the activity room/play deck (with staff supervision) as well as with patients at the bedside who can't come to the playroom.
- ❖ Work with patients of all ages, from infants to teenagers. Sometimes even young adults in their early twenties.
- ❖ Help us meet the play needs of more patients.

Patient Confidentiality: Child Life staff members are unable to give you a patient's diagnosis, however, we will give you enough information so you don't go into a room unprepared. Please don't ask the patients/families why they are here. (If they choose to tell you on their own, that's fine). Any patient information that is shared with you by staff, patients, and family members is considered confidential.

# Playroom/Play Deck Information

## Playroom Rules and Guidelines

- **Patients:** All patients must be signed in/out of the playroom and must be wearing a hospital ID band. Patients on isolation, with fevers, or seizure precautions may not come to the playroom.
- **Siblings:** All siblings must be signed in/out of the playroom and must be accompanied and supervised by a parent/guardian. A health screen form must be filled out by guardian and child life staff, and siblings visiting a patient on isolation precautions will not be allowed in the playroom.
- **Safe Space:** No medical procedures or treatments of any kind may happen in the playroom.
- **No Food/Drinks:** Often patients are on special diets, or food/drink restrictions. Never give a patient something to eat or drink without a nurse's permission.
- **If a Patient Needs the Restroom:** Patients should use the restroom in their own room unless it is an emergency.
- **All Patients Must be Escorted to and From the Playroom:** In order to keep our patients safe please walk with patients of all ages to and from the playrooms.



# Playroom Information

## **Playrooms and Hours**

### Monday - Friday:

8B Playroom is open from 10am - noon, and 2:30-5pm.

7C Playroom is open throughout the day for patients accompanied by an adult family member/caregiver.

### Saturday and Sunday:

8B Playroom is open from 10am – noon, and 2:30-4pm (or as staff is available).

7C Playroom is open throughout the day for patients accompanied by an adult family member/caregiver.

Individual Sessions: Child Life staff schedules private, individual play sessions for patients who are unable to be in the playrooms with other patients. These sessions typically take place from 1-2:30pm or between 4-6pm.

## **Sign-in Sheet**

For infection control reasons, it is very important that patients and their siblings are signed in and out of the playrooms. When signing a patient/sibling in and out, please record the date, room number, first name, time in, and time out., Ensure that the patient has an ID band on (siblings trying to enter the playroom won't have an ID band, and patients are required to have an ID band on at all times). Record whether or not an individual session is taking place, and record who is supervising the patient (mom, dad, child life, etc.). Remember that a health screen form must be filled out by a parent/guardian for each sibling that visits the playroom.

## **Crafts**

A variety of crafts are available in each playroom for use in the playroom as well as to take to the patient rooms.

Please see staff for bedside crafts. Certain items, such as craft kits, are limited to 1 a day.

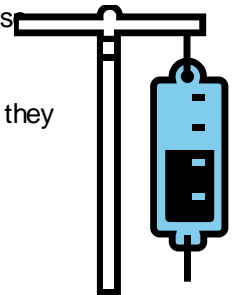
Please help us conserve supplies by using small containers (medicine cups) to take beads, sand, glitter, paint, etc. to patient rooms, as many of these items have to be discarded after patient use.

## **IV Poles**

When an IV pump starts alarming with a “low battery” message, we can find an outlet in the playroom to plug the pump in. A nurse must be called when a pump’s alarm says anything other than “low battery.”

Be aware of clear IV tubing as it is a tripping hazard and can easily be stepped on.

Patients who are engaged in active play may need to be reminded to stay close to their IV pole or to bring the pole with them as they move. All patients with IV poles should be closely monitored at all times to prevent pulling on or stepping on IV tubing.



# Playroom Information

## **Important numbers / how to call a nurse**

A list of important numbers (nursing, playrooms, security, environmental services, etc.) is listed by the phones in each playroom.

## **How to handle a spill**

The area should be covered with a towel and a child life staff member should be informed right away.

The spill will be cleaned by environmental services staff; please help keep children away from the area.

You are never required to touch body fluids (Ex. cleaning up spills, helping patients to the restroom, changing diapers, etc.) Please inform a staff member if a patient needs help.

## **Patients must be escorted to and from their rooms by a volunteer, staff member, or a responsible adult family member**

A volunteer, staff member, or a responsible adult family member must walk with patients from the playroom to their rooms and vice versa, regardless of how old the patient may be. If you need help transporting a patient to the playroom, let a staff member know.

Patients need to use the restrooms in their rooms; they should not use the restrooms in the hallway.

## **Emergency “staff assist” button/ how to handle a patient emergency**

A red “staff assist” button is located in each playroom for any incident involving blood, breathing problems, vomit, injuries, or seizures. Please press the button first, and then attend to the patient. Do not hesitate to push the button if you are unsure whether the situation warrants it.





# Visiting Patients at Bedside

## Tips for Bedside Interactions

- Before entering a patient's room, it is always a good idea to inform the nurse that you are there to interact with a patient.
- Remember to check the door for any isolation signs and locate and wear any needed PPE before going into the room. You must wear the proper PPE even if you are going to have a brief visit.
- Knock on the door and enter slowly.
- Allow a patient who is sleeping to continue sleeping, unless otherwise instructed.
- Introduce yourself to patient and any family members present and ask the patient his/her name.
- Get on eye level with the patient; use developmentally appropriate language when talking with patient.
- Offer developmentally appropriate games, toys, and activities.
- Let them know what we have available when offering activities and find out the types of things they like to do.
- Always ask for assistance when transferring a patient from the bed/crib. Do not attempt to lift a patient on your own, even if the patient is very small.



# Visiting Patients at Bedside

## Tips for Bedside Interactions (cont'd.)

- You may hold or play with a patient at bedside after getting assistance from the bedside nurse.
- Encourage interaction with yourself or family member.
- Please step out of the room if any invasive medical procedures are taking place. (Ex. IV starts, blood draws, dressing changes, etc.) Inform a Child Life staff member if the patient seems anxious or upset about a procedure.
- Two “staff assist” pull cords (one by the toilet and one in the shower stall) are located in each patient restroom for any incident involving blood, breathing problems, vomit, injuries, or seizures. Please pull the cord first, and then attend to the patient. Do not hesitate to pull the cord if you are unsure whether the situation warrants it.
- Always leave bedrails/crib-rails up and locked when leaving the room.
- Inform nursing when leaving patients unattended who don't have family present.



## Swank Movie System and Video Game Checkout:

- ❖ The Swank movie system offers patients and families a variety of movie channels. Lists of scheduled movies are available from Child Life staff. To access the Swank movie channels, please help the patient tune the television set to channels 30-35.
- ❖ Patients and families also have the option to bring in movies and video game systems from home,
- ❖ A very limited number of video game systems are available for patients who are unable to play video games in the playrooms. Please see a Child Life staff member for details.

# Infection Control

## Infection control: Hand Washing

- Wash hands with soap and water before & after your shift, after using the restroom, and before & after eating, or when you can smell or see anything on your hands. This is the most effective way to prevent the spread of infection.
- Use Purell when entering and exiting patient rooms and before coming back into the playroom. Some patient rooms may have special signage requiring soap and water hand-washing.



## Antiseptic Hand Sanitizer (Purell) Procedure

1. Apply product to palm of hand.
2. Rub product over all the skin surfaces. Be sure to include backs of hands, wrists, between fingers, and under fingernails. Rub until hands are dry.



# Infection Control

## General Procedure for Hand Washing with Soap and Water

1. Adjust water to the proper temperature and wet the hands and wrists. (Avoid hot water since this may increase the risk of dermatitis.)
2. Obtain soap and rub hands to create friction and lather.
3. Treat each finger individually giving special attention to nails, knuckles and spaces between the fingers. Wash wrists using a circular motion.
4. Hands should be washed for a **minimum** of 20 seconds.
5. Rinse hands and wrists well, holding them downward.
6. Dry thoroughly with paper towels.
7. Use a dry towel to turn off water tap, if not knee or foot controlled.
8. Personnel are required to use the hand-washing solution provided by the hospital. Volunteers who are sensitive to the soap must inform Child Life.





# Infection Control

## Infection Control: Isolation Precautions

- Patients who are potentially contagious to others are placed on isolation precautions.
- Patients placed on **CONTACT** precautions could be contagious with an organism that can live on surfaces (skin, sheets, bedside tables, etc.) Volunteers need to protect their clothing and skin while interacting with these patients, by wearing gown and gloves.
- Patients placed on **DROPLET** precautions could be contagious with an organism that can travel through the droplets that are expelled when a patient coughs or sneezes. Volunteers need to protect their noses and mouths while interacting with these patients by wearing a mask. If volunteers are going to be within close proximity to a coughing patient's face (for example, when holding an infant,) eye protection/goggles should also be worn.
- Patients placed on **AIRBORNE** precautions could be contagious with an organism that can travel directly through the air. Oftentimes, a special mask is required to enter these rooms that volunteers are not equipped to use. Therefore, patients on airborne precautions are "staff only." Toys and activities can be taken into rooms of airborne patients by Nursing or Child Life staff.
- Patients placed on **NEUTROPENIC** precautions have a low white blood cell count and are susceptible to infections. Unlike patients on other types of isolation, these patients are more at risk from catching an infection from us than we are from them. If you have had a recent illness, please avoid visiting neutropenic patients. Meticulous hand washing is required when visiting neutropenic patients. These patients must wear a mask when walking through the hallways or visiting the playroom.

# Infection Control



## Required Personal Protective Equipment (PPE) for Isolation Rooms

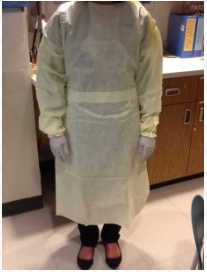
The following must be worn **before entering a patient's room** on isolation precautions:

- Contact Precautions (Neon green sign):** gown & gloves
- Droplet Precautions (Neon orange sign):** mask (and goggles if your face is in close proximity to a coughing patient).
- Airborne Precautions (Neon pink sign):** Do not enter. Nursing or Child Life Staff can take activities in to these patients.
- Neutropenic Precautions:** must wash hands thoroughly with soap and water; do not go in this room if you feel sick at all or if you have been sick any time in the last two weeks.

## Before leaving a patient's room on isolation precautions:

- Take off the PPE and throw away in the room
- Never reuse PPE; Always change PPE between patient rooms (includes shared rooms)
- Never wear PPE in hallways or pods after it has been worn in a patient's room

## Contact Precautions



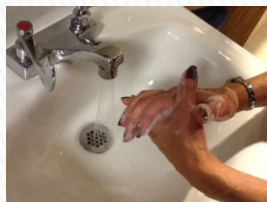
**Gown & Gloves Required**

## Droplet Precautions



**Mask Required**

## Neutropenic Precautions



**Good Hand Washing**

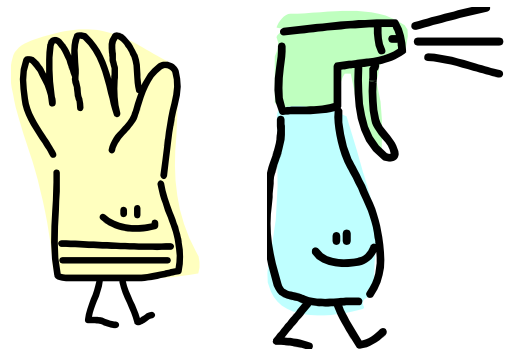
## Airborne Precautions

**DO NOT ENTER**

# Infection Control

## Infection Control: Toy Cleaning

- ▶ Dirty toy bins are located in each playroom. Child Life staff will help retrieve dirty toys from the soiled utility rooms on each unit and place them in the dirty toy bins to be cleaned.
- ▶ Hospital approved disinfectant spray and/or wipes are used to clean toys (see the following box). All toys returned from a patient room, as well as toys that have been mouthed, drooled on, or soiled, must be returned to a dirty toy bin to be cleaned.
- ▶ After being cleaned with disinfectant spray, toys must sit for 5 minutes. After being cleaned with disinfectant wipes, toys must sit for 1 minute. All toys should be completely dry before being put away or given to a child.
- ▶ Gloves must always be worn when handling dirty toys, disinfectant spray, or disinfectant wipes.
- ▶ The outside surfaces of toys must be wiped off before placing them on the counter for further cleaning (ex. Board games).



# Infection Control

## Infection Control: Toy Cleaning

### Hard Plastic Toys (No Openings)

For items that are solid plastic with no batteries or parts that could be damaged by water (ex: Legos, beads, shape sorters, plastic blocks)

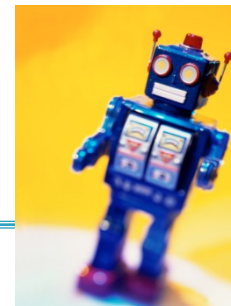
1. Place in sink (or in strainer for smaller items)
2. Spray disinfectant spray on washcloth and wipe entire item, or wipe entire item with disinfectant wipes
3. Allow to sit for prescribed time (1 - 5 minutes, depending on cleaning solution)
4. Place on towel to air dry
5. Ensure toy is completely dry before putting it away



### Plastic Toys with Batteries or Openings:

(ex: radios, keyboards)

1. Spray disinfectant spray on washcloth and wipe entire item, or wipe entire item with disinfectant wipes
2. Place on towel to air dry for prescribed time (1 - 5 minutes, depending on cleaning solution)
3. To rinse, wet a separate washcloth with plain water and wipe entire item
4. Place on towel to air dry
5. Ensure toy is completely dry before putting it away





# Infection Control

## Infection Control: Toy Cleaning

### Board Games, Puzzles, & Cards:

1. Spray disinfectant spray on washcloth, or use a disinfectant wipe
2. Wipe outside of box, board, and each card/puzzle piece
3. Place on towel to air dry for prescribed time (1 - 5 minutes, depending on cleaning solution)
4. For any hard plastic game pieces, follow procedure for hard plastic items
5. Ensure game is completely dry before putting it away



### Books:

1. Make sure books with paper pages are given to patients to keep; books with paper pages are not washable and will be thrown away when patients are discharged
2. Spray disinfectant spray on washcloth, or use a disinfectant wipe on books with durable pages wipe each page
3. Place on towel to air dry for prescribed time (1 - 5 minutes, depending on cleaning solution)
4. Ensure book is completely dry before putting it away



### Items that may not be cleaned:

The following items must either be given to the patient to keep or thrown away:

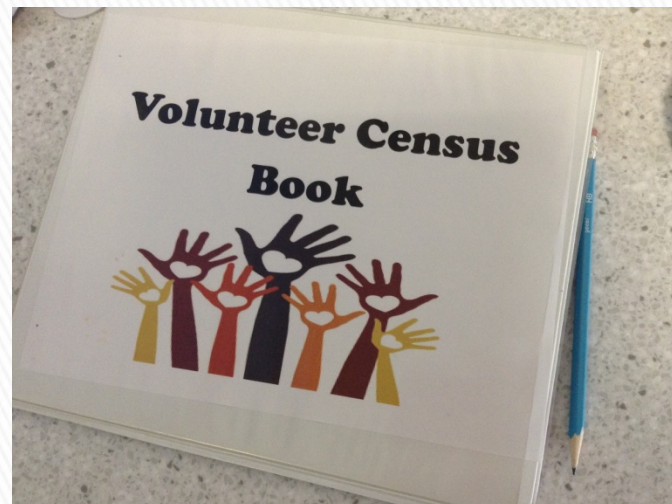
- play-doh
- paper
- stuffed animals
- dolls
- glitter
- glue
- anything made of cloth or paper



# Communication

## Communication: Volunteer Census Book

- ▶ The volunteer census book for the 7<sup>th</sup> and 8<sup>th</sup> floors is located in the 8<sup>th</sup> floor playroom and lists the patients that volunteers can visit each day.
- ▶ The pages in the census book will list important information for volunteers to know, including priority level, patient room numbers, name, age, activity level (whether the patient can be up or not,) and medical information including isolation status.
- ▶ Higher priority patients will be notated with an asterisk (\*) next to the patient's name. Please check priority status and isolation status first before going to see patients.
- ▶ Initial next to patients before going to see them, so that multiple volunteers don't visit during a short time frame. Always briefly jot down your patient interactions (what took place when visiting the patient) in the notes section after seeing patients.
- ▶ Check the **"When it is slow" list** in the front of the volunteer census book if the playroom is quiet or if you're not sure what to do after seeing patients.



# Communication

## Communication: Staff Communication

### Communication with nursing staff is important.

- ▶ Try to touch base with the nurse before to visiting with a patient at bedside.
- ▶ Have **the nurse** help the patient in/out of bed/wheelchair.
- ▶ You can transport a patient by yourself only if you are comfortable. Let a nurse, child life staff member, or parent know if a child is requesting to visit the playroom and you need assistance.
- ▶ Inform the nurse/doctor that you must step out if a medical procedure is being performed.
- ▶ Let the nurse know if you have left the bedside of a patient who is very active and/or is alone.

### Communication with Child Life staff is important.

- ▶ Check in with a child life staff member upon arrival and before leaving. Please let child life staff know if there is a change in your schedule for the day.
- ▶ Inform/page a child life staff member if any safety/infection control problem arises, if you feel a patient is having difficulty coping, or if you observe any unusual behavior.
- ▶ Question and inform/page a child life staff member If you're ever not sure of something.
- ▶ Be sure to write down in volunteer census or verbally report interactions with patients / families to Child Life staff.



# Communication



## Communication: Volunteer Communication

### Professional boundaries:

- ▶ Volunteers and staff are not allowed to buy gifts or food for patients. If a patient is celebrating a special event, please do not purchase gifts from the gift shop or pharmacy. A Child Life staff member can provide a gift for a special occasion or circumstance.
- ▶ Volunteers and staff are not allowed to contact patients at home / exchange personal information, including Facebook, media, and other website information.
- ▶ Please be conscious of appearing to develop favorites. Other patients notice.

### Personal phone use:

- ▶ To ensure the safety of our patients, please remember to refrain from personal phone use (including the playroom phone and/or cell phone use and texting) while playing with patients in the activity rooms and at bedside. Cell phones should be turned off during your volunteer shift and may be turned on during your break time. If you have an unusual circumstance, please let staff know.

### What to do when you cannot come in to volunteer:

- ▶ If you are sick or need to call out for an unexpected reason, please call the Child Life Volunteer voicemail number. The number is **668-8134**. Child Life Staff checks this line every morning and throughout the day so we will know which volunteers to expect that day.
- ▶ If you are a self-scheduling adult volunteer, please remove your name from the online calendar.
- ▶ If you have a planned absence, please let a child life staff member know. You can record the date(s) on the posted calendar on the "Volunteer Info. Bulletin Board" in the office in 8B playroom.



# Developmentally Appropriate Play Ideas

## Infants (0-12 Months)

The play environment should consist of a large space with a soft, warm floor or play mats. This promotes opportunities for physical exercise to help meet developmental milestones such as rolling, crawling and standing.

The area should be clear of all safety hazards including sharp objects and any object small enough to fit through a toilet paper roll (choking hazards).

Encourage parents to participate in play activities which can be continued at home.

Listed below are examples of appropriate toys/play:

### ***Under 3 months:***

Humming, singing or playing musical toys  
Mobiles  
Rattles

### ***3-6 Months (Can reach and grasp):***

Infant gyms  
Squeeze toys  
Teething rings  
Rattles



### ***6-9 Months (Sit up and may crawl):***

Nesting cups  
Peek-a-boo  
Pat-a-cake

### ***9-12 Months (May pull up and cruise):***

Rolling a ball  
Simple picture books  
Blocks  
Stacking Rings

# Developmentally Appropriate Play Ideas

## Toddlers (1-3 years)

- The play environment should be spacious for active play and exploring
- Toddler play should be constructive, creative and manipulative.
- Toddlers learn by imitating others and through dramatic play.

Listed below are examples of appropriate toys/play for the toddler:

- Riding Toys
- Plastic dishes, cups, utensils
- Telephones
- Dolls
- Board books
- Doctor Kits



## Preschoolers (3-6 years)

- The play environment should be spacious for active play and allow for socialization and cooperative play.
- Play for preschoolers should foster fantasy/pretend play for their growing imagination. Preschoolers are also developing their fine motor skills.

Listed below are examples of appropriate toys/play for the preschooler:

- Balls
- Peg puzzles
- Games such as Chutes and Ladders
- Paint
- Dress up items



# Developmentally Appropriate Play Ideas

## School Age (6-9 years)

- The school age child has an increasing attention span, so play can be more organized and controlled. Play for the school aged child should be purposeful, increase coordination and include peer interaction.

Listed below are examples of appropriate toys/play for the school age child:

- Dolls
- Simple word games
- Puzzles
- Craft projects
- Board and Card games



## School Age (9-12 years)

- This age group needs peer interaction and opportunity for team activities. They also need to have an outlet to express new ideas.

Listed below are examples of appropriate toys/play for the school age child:

- Sports equipment
- Craft projects
- Card and board games
- Magic sets

# Developmentally Appropriate Play Ideas

## Adolescents (13-21 years)

- Adolescents need room for privacy as well as peer socialization opportunities.

Listed below are examples of appropriate activities for the adolescent:

- Arts & Crafts
- Hobby Sets
- Card and Board games
- Jigsaw puzzles
- Projects to help younger children



## Patients Who Are Developmentally Delayed

- Developmentally delayed patients, like typically developing children, vary in abilities and likes and dislikes. Oftentimes, it is ideal to check in with the patient's parent or caregiver to find appropriate activities.

Listed below are examples of appropriate activities for severely delayed patients:

- Brightly colored books with simple passages
- Nursery rhymes, finger plays, or stories with rhyming words
- Sensory play activities (tactile balls, play doh, etc.)

## Patients on Seizure Precautions

- Please check with nursing before bringing toys to patients on seizure precautions. In some cases, toys with flashing lights and that make loud noises may be too over-stimulating for these patients. Quiet activities like books, board games, and crafts may be better, depending on the developmental level of the patient.