

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.



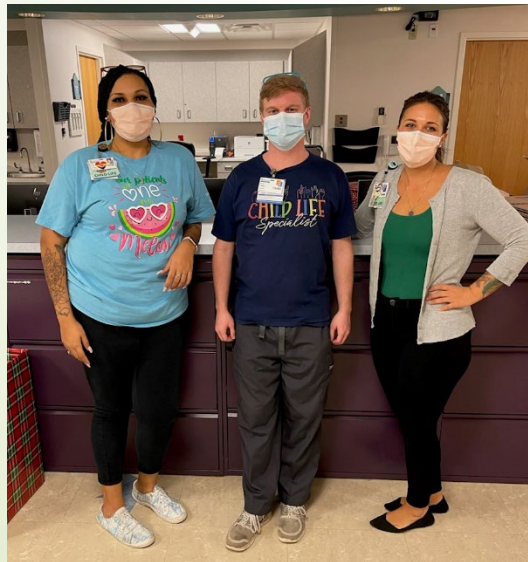
What we do:

- ❖ 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 activity rooms, maintain the safety and cleanliness of the activity rooms.
- 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 activity room.
- 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.

Activity Room/Play Deck Information

Activity Room Rules and Guidelines

Patients: All patients must be signed in/out of the activity room and must be wearing a hospital ID band. Patients on isolation, with fevers, or seizure precautions may not come to the activity room.

Siblings: All siblings must be signed in/out of the activity room 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 activity room.

Safe Space: No medical procedures or treatments of any kind may happen in the activity room.

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 Activity Room: In order to keep our patients safe please walk with patients of all ages to and from the activity rooms.

Toys/Beside Activities: Can be pulled from any open and accessible activity room for patient unit. Items may be utilized from 8th, Teen Room, 5th and PICU activity rooms. See Child Life staff for assistance with any needs selecting or finding specific items to take to the bedside.

8th floor Activity Room



Activity Room Information

Activity Rooms and Hours

Locations: 8th Floor (Main Activity Room)
7C (Teen Room)
5B (H/O Activity Room)

Hours of operation may vary for each activity room, and all activity rooms may not be open daily. For example, the Teen Room will be locked when not in use.

Patients will receive a ticket for their designated activity room to come anytime during our open hours.

Sign-in Sheet

For infection control reasons, it is very important that patients and their siblings are signed in and out of the activity rooms. 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 activity room won't have an ID band, and patients are required to have an ID band on at all times). Siblings may visit the activity room with or without patient present and parent must complete "health screen form." We also require parent to stay with sibling. 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 activity room.

Crafts

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

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

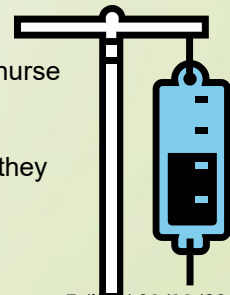
Please help us conserve supplies by using small containers (medicine cups) to take beads, sand, glitter, paint, etc. to patient rooms, as many of these items have to be discarded after patient use.

IV Poles

When an IV pump starts alarming with a "low battery" message, we can find an outlet in the activity room 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.



Need to Know

Important numbers / how to call a nurse

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

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 activity room to their rooms and vice versa, regardless of how old the patient may be. If you need help transporting a patient to the activity room, let a staff member know. A wagon must be used to transport infants/toddlers. Infants may not be carried in the hallways.

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 activity room for any incident involving blood, breathing problems, 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. Please do NOT enter enhanced precaution rooms.
- 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, 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 40-45.
- ❖ 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 activity rooms. 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 activity room. 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.

Please follow the link for a video
on proper

[Hand Hygiene.](#)



Nail Policy

- ▶ **Nail Policy For Volunteers with Patient Contact**

- ▶ Child Life
- ▶ NICU
- ▶ Buddy Brigade

- ▶ Our policies for nail hygiene are aligned with other children's hospitals. These policies are also compliant with the Association of periOperative Registered Nurses (AORN) standards.

- ▶ **Nail Protocol/Hygiene**

- ▶ Natural nails must be ¼" or less in length.
- ▶ No nail polish of any type, artificial nails or other artificial fingernail enhancements (e.g. shellac, acrylic, gel overlays, nail jewelry, wraps, gels, silks, fiberglass, bonding, powder dipped nails, glued/stick-on nails etc.) is permitted for any hospital personnel, including volunteers, with a patient contact assignment.

Handwashing

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.



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.
 - **LIMITED CONTACT** precautions is a level down from contact precautions and requires volunteers wearing gloves only, no gown.
- 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 **ENHANCED CONTACT DROPLET** and **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 activity room.

Required Personal Protective Equipment (PPE) for Isolation Rooms

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

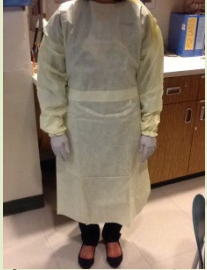
- Limited Contact Precautions (Neon yellow sign):** gloves only
- Contact Precautions (Neon green sign):** gown & gloves
- Droplet Precautions (Neon orange sign):** mask and goggles
- Airborne Precautions (Neon pink sign):** Do not enter. Nursing or Child Life Staff can take activities in to these patients.
- Enhanced Contact and Droplet Precautions (Purple sign):**
- 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



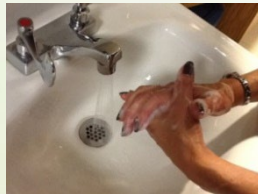
Gown & Gloves Required

Limited Contact Precautions



Gloves Required

Neutropenic Precautions



Good Hand Washing

Airborne Precautions

DO NOT ENTER

Droplet Precautions

Mask & Goggles Required

Isolation Signs

STOP CONTACT PRECAUTIONS ALTO
PRECAUCIONES POR CONTACTO





Hand hygiene on entry/exit
 Higiene de las manos a la entrada/salida

Gown and gloves to enter
 Bata y guantes para entrar

Use dedicated or single-use equipment
 Disinfect after each use

Visitors: Please follow instructions above. Check with the nurse for assistance.
 Visitantes: Por favor siga las instrucciones descritas más arriba. Vea a la enfermera si necesita ayuda.

STOP DROPLET PRECAUTIONS ALTO
PRECAUCIONES POR GOTAS




Hand hygiene on entry/exit
 Higiene de las manos a la entrada/salida

Facemask and eye protection to enter

Visitors: Follow hand hygiene instructions above. Must wear facemasks to enter.
 Visitantes: Siga las instrucciones para la higiene de las manos descritas más arriba. Debe ponerse máscara para entrar.

STOP LIMITED CONTACT PRECAUTIONS ALTO
PRECAUCIONES POR CONTACTO LIMITADO










Hand hygiene on entry/exit
 Higiene de las manos a la entrada/salida

Gloves to enter
 Guantes para entrar

Use dedicated or single-use equipment
 Disinfect after each use

Visitors: Please follow instructions above. Check with the nurse for assistance.
 Visitantes: Por favor siga las instrucciones descritas más arriba. Vea a la enfermera si necesita ayuda.

STOP ENHANCED CONTACT/DROPLET PRECAUTIONS ALTO
PRECAUCIONES OPTIMIZADAS DE TRANSMISIÓN POR CONTACTO/GOTAS

Hand hygiene on entry/exit
 Higiene de las manos a la entrada/salida

Gown, gloves, eye protection to enter
 Bata, guantes, protección para los ojos para entrar

Facemask for routine care and non-aerosol generating procedures

N-95 respirator for aerosol generating procedures




Use dedicated or single-use equipment
 Disinfect between use

*minimize staff in room for aerosol generating procedures, N-95 mask for hospital staff only.

Visitors: No visitors other than parent or guardian. Must wear facemask outside of room.
 Visitantes: No se permiten visitantes a menos que sean padres o tutores legales. Deben llevar máscaras fuera de la habitación

STOP AIRBORNE PRECAUTIONS ALTO
PRECAUCIONES POR TRANSMISIÓN AÉREA

RESPIRATOR REQUIRED

Hand hygiene on entry/exit
 Higiene de las manos a la entrada/salida

N95 respirator to enter

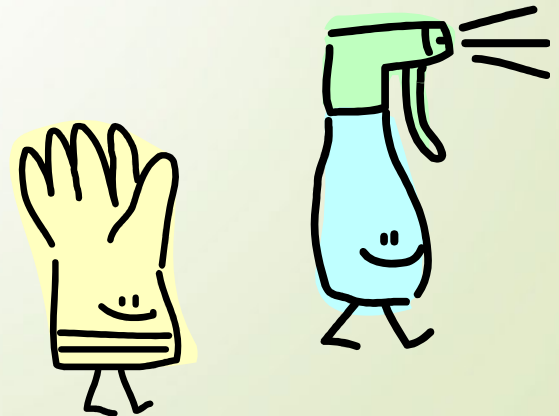
Keep door closed at all times with alarm on

Visitors: No visitors other than parent/guardian. Must wear facemask outside of room
 Visitantes: No se permiten visitantes a menos que sean padres/tutores legales. Deben llevar máscaras fuera de la habitación

Toy Cleaning

Infection Control: Toy Cleaning

- Dirty toy bins are located in each activity room. 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. All toys returned from a patient room, as well as playroom 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 1 minute. 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).



Cleaning Plastic Toys

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. Put on gloves
2. Do not place item on any surface nor hold it against your body before it has been disinfected; with the exception of inside the strainer in the sink for items you can spray.
3. Spray disinfectant spray on washcloth or disinfectant wipes and wipe entire item, allow to sit for prescribed time on bottle. (1 minute) RINSE AFTER 1 MINUTE **ONLY** IF TOY IS A TEETHING TOY
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, remote control toys, light up toys)

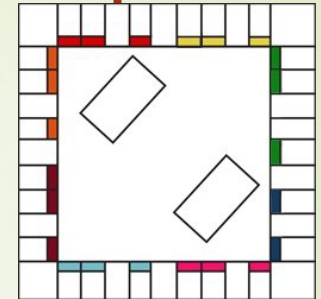
1. Put on gloves
2. Do not place item on any surface nor hold it against your body before it has been disinfected.
3. Spray disinfectant spray on washcloth or use disinfectant wipes and wipe entire item.
4. Place on towel to air dry for prescribed time (1 minute)
5. Ensure toy is completely dry before putting it away



Sanitize or Toss?

Board Games & 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 minute
4. For any hard plastic game pieces, follow procedure for hard plastic items
5. Ensure game is completely dry before putting it away because it will grow bacteria if put away wet.



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 board books with durable pages and wipe each page
3. Place on towel to air dry for prescribed time – 1 minute
4. Ensure book is completely dry before putting it away

Items that may not be cleaned:

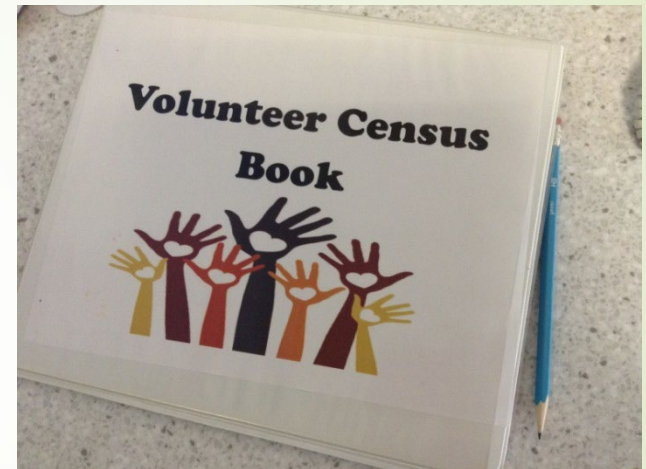
The following items must either be given to the patient to keep or thrown away:

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



Volunteer Census Book

- The volunteer census book for the 5th, 7th and 8th floors is located in the 8th floor activity room 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 room number. 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 activity room is quiet or if you're not sure what to do after seeing patients.



| Room | Name/Age | Activity Level | Staff Notes | Morning Report | Afternoon Report | Evening Report |
|----------------|--------------------------------|---|--|-----------------------------|------------------|----------------|
| 710 | Bruce 10y | AR BS LC C D dev. delay non-verbal | Seizure precautions See nurse list Scoop & water handwashing | CS Brought activities | | |
| 711 | Nemo 9y | BS LC C D dev. delay non-verbal | Seizure precautions See nurse list | ↑ in AP | ↑ in AP | |
| 712 | Crush 14y (Spreiner prawns) | AR BS LC C D dev. delay non-verbal | Seizure precautions See nurse list offer activities may go home | TT went home | | |
| 713 | | AR BS LC C D dev. delay non-verbal | Seizure precautions See nurse list | | | |
| 714 | Elmo 3wks | AR BS LC C D dev. delay non-verbal | Seizure precautions See nurse list offer crib aquarium | CS Brought aquarium | | |
| Treatment Room | | AR BS LC C D dev. delay non-verbal | Seizure precautions See nurse list | | | |

Date: _____

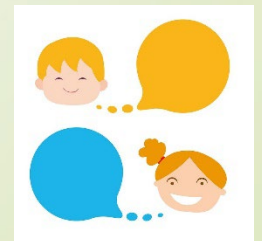
Communicate with Staff

Communication with nursing staff is important.

- Try to touch base with the nurse before 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 activity room 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 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 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.



Be Professional

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 activity room phone and/or cell phone use and texting) while playing with patients in the activity rooms and at bedside. Cell phone volume 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 or within 24 hours of your next assigned shift, please call **668-8129**. 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.

Attire

➤ Appropriate Attire

- Badge above waist
- Blue volunteer smock, t-shirt, or polo visible
- Khaki or black pants
- Scrub pants (any color)
- Closed toed shoes
- Non-offensive tattoos

➤ Inappropriate Attire

- Large jewelry (dangle/hoop earrings)
- Leggings/Yoga pants
- Jeans / Sweatpants
- Hats
- Jackets/Sweatshirts over uniform
- Perfume/Cologne or Scented lotions
- Artificial nails and nail polish of any kind

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

Pat-a-cake

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

Nesting cups

Peek-a-boo

3-6 Months (Can reach and grasp):

Infant gyms

Squeeze toys

Teething rings

Rattles

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.