

Transporting by Cart, Bed or Crib

- :: All side rails must be up during transport.
- :: To avoid injury, keep the patient's arms and legs in the bed at all times.
- :: Patients must be lying down or sitting when in transport.

Transporting by Stroller or Wagon

- :: Use safety straps when available.
- :: Patients in wagons should be sitting or lying down with pillows and blankets for support.
- :: Do not leave children unattended in a stroller or wagon.

Assisting an Ambulatory Patient

- :: Make sure the patient is wearing slippers or shoes.
- :: Verify with the staff that the patient can walk the entire distance on their own.
- :: Never allow a child to walk or run with a straw or lollipop in his or her mouth.

Interacting with Children

Each child experiences hospitalization differently. While children are in the hospital they are constantly meeting new people, which may be overwhelming for them. Some patients experience fears, pain and boredom; others enjoy the extra attention. When you approach a child for the first time, use special care and consideration. The following are some helpful hints for interacting with children:

- :: 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 level and remember to use their name when addressing them.
- :: 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.
- :: State suggestions or directions to children in a positive rather than a negative form. This lets them know what you expect them to do rather than what not to do. (e.g. "Sally, we need to walk to your room", rather than "Sally, don't run.")
- :: Do not ask a child why he or she is in the hospital or how long the stay will be. If the patient wants you to know, they will tell you.


- :: Listen actively and with respect. Whether the message is verbal or non-verbal, you can listen carefully and reflect back the feeling you hear expressed.
- :: Use language geared to the child's developmental level. Consider the vocabulary you choose as well as the complexity.
- :: Avoid the use of intimidating, threatening, preaching and judging statements. "If you don't cooperate, we'll have to call your mother/father." "You're a big boy now. You don't need to cry." "You are being such a grouch today. Just cheer up." "I won't leave until I get a smile."
- :: Treat each child as an individual.
- :: Try to remember the child's name.
- :: Do not refer to a patient as his/her medical condition.
- :: Treat patients as if they are normal, even if they don't look that way.
- :: 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 or offended if a child is rude, manipulative or uses bad language.
- :: Provide a supportive, encouraging climate with your presence.
- :: Make allowances for individual abilities and limitations.

Interacting with Families

When relating with family members, please remember they are undergoing extreme stress. Having a child in the hospital can be numbing, frightening, 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. Parents experiencing these emotions have a hard time thinking straight and are often not able to express their needs, desires or appreciation very well. Here are some tips to help you:



- :: Don't be intimidated by apparent unresponsiveness or disinterest. Explain the type of help you can offer and wait for a response, or check back after giving the parents time to think.
- :: Most parents want to be with their child as much as possible, but the constant vigil can be very exhausting. Therefore, taking a child to an activity or playing with a child while a parent takes a short break can be extremely helpful.
- :: If Mom or Dad wants to talk, try to be a good listener. They don't want advice or to hear about your experiences or problems. They just want to tell somebody about what they are going through. Please let a staff person know if you think the parents could use the help of a chaplain or social worker, or if they have a complaint about the hospital.

- 
- :: Talk about yourself and your family only when asked or when applicable to the situation. Divert the conversation back to the patient. Don't discuss personal problems.
 - :: Do not offer medical advice.
 - :: Remember to respect cultural, religious, family and personality differences.
 - :: Be optimistic, but don't encourage unrealistic goals or attitudes.
 - :: Some parents will not have the parenting skills we might wish. Try to model good behavior for them. Should you observe truly abusive behavior, let a staff member know.
 - :: Maintain confidentiality unless the information shared would be important to the staff in caring for the patient. (e.g. the patient tells you she is discouraged and just does not want to live anymore.)
 - :: Do not accept gifts.
 - :: It is up to you as the volunteer to create a therapeutic (healing restorative) relationship with a patient. It is **not** up to the patient or family to know where the boundary lines should be drawn. By creating a one-way relationship, which is supportive of the patient and family you are being:
 - :: Empathetic
 - :: Compassionate
 - :: An advocate
 - :: Patient-centered

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 offensive in others.

Families may practice religions which involve different beliefs and behaviors from your own religion and may have special requirements. We want to treat all belief systems with respect and make all possible accommodations to their required practices.

Family dynamics also differ from culture to culture, family to family. Interactions between family members, authority and decision making, and discipline of children may vary. Sometimes many family members may want to visit the patient and family in the hospital since this is a way of demonstrating support and caring.

The safest way to learn about the special needs of a family is simply to ask before you act. You may say, "I want to be helpful to you and am not sure how. Will you please tell me about your special needs? I will 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 which is valued by all.

Interacting with Staff

Staff experience a unique kind of stress. Many deal with complex and highly emotional situations every day. It is sometimes difficult for them to balance their work assignments and direct time to delegating tasks to volunteers.

You can establish good working relationships with staff by:

- :: Being reliable. Staff know which volunteers they can count on to come in when scheduled and to complete tasks enthusiastically.
- :: Learning as much as possible so you can work independently.
- :: Asking for clarification if you are not sure how to do something.
- :: Being a part of the team and willingly accepting instructions and assignments from staff.
- :: Looking at the broad picture. If you are asked to do something that does not sound like fun, 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, volunteer to do it. You do not always have to wait to be assigned a task (as long as you have been trained to do it).

Nationwide Children's Hospital Staff Dress Colors

To help the volunteers to distinguish the different staff members in the hospital, here is a brief list of the staff member and their color coded pants.

RNs : wear **royal blue pants**

PCAs: wear **jade green pants**

UCs : wear **purple pants**

RTs: wear **ceil blue pants**

RN = [Registered Nurse]: You will see them all over the facility and primarily perform direct patient/family care.

PCA = [Patient Care Assistant]: You will see them working on units and elsewhere helping the nursing staff with direct/indirect patient/family care.

UC = [Unit Coordinator]: You will see them primarily behind the desks on the various units and clinics. They are responsible for entering orders, answering the phone, computer work and managing the unit.

RT = [Respiratory Therapist]: You will generally see them on the patient units conducting breathing exercises, managing ventilators and supporting physicians and nurses with any respiratory task.

Disciplinary Action

Nationwide Children's Hospital Family and Volunteer Services reserves the right to reassign or dismiss volunteers when such action is in the best interest of the volunteer and/or the hospital.

Reasons for dismissal include, but are not limited to:

- :: Inappropriate use of confidential information
- :: Sporadic attendance
- :: Failure to wear volunteer uniform and identification
- :: Misconduct or insubordination
- :: Volunteering under the influence of alcohol or controlled substances
- :: Theft of property or misuse of equipment or materials
- :: Mistreatment of patients, co-workers or others
- :: Failure to satisfactorily meet physical or mental standards
- :: Failure to abide by Nationwide Children's Hospital policies
- :: Failure to satisfactorily perform assigned duties
- :: Possession of a firearm on the hospital campus
- :: Inappropriate use of phones or computers
- :: Use of personal electronic devices in patient areas