

# How to safely support and promote play within health care settings



# Acknowledgements

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Helen Dunn, Consultant Nurse Infection Prevention & Control and Director of Infection Prevention & Control (DIPC), Great Ormond Street Hospital for Children NHS Foundation Trust

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Rose Gallagher, Professional Lead, Infection Prevention and Control, Royal College of Nursing

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## This guidance may be useful to:

- play specialists
- play therapists
- infection prevention and control practitioners or link nurses
- nursing and other health professionals working in children and young people settings; including registered nurses, nursing support workers, health care assistants, assistant practitioners, nursing assistants, trainee nursing assistants and nursing students
- midwives
- health visitors
- staff working in departments that use toys to support interventions in children: eg, radiology
- school nurses and those working in educational settings
- parents caring for children at home who receive support from health and care.

## Background

Toys and play are a key element in the developmental process of children and young people. This guidance acknowledges that all children and young people should have access to play within health care. It seeks to provide guidance on how that can be achieved in a safe manner whilst ensuring the needs of the individual are met, as well as any safety or infection prevention control considerations.

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## 2. The importance of play

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- is spontaneous (although it may be stimulated by an adult) and pleasurable
- is intrinsically motivated
- is about the process not a product
- is an activity where children have ownership of what takes place
- allows the child a willing and active participant
- builds on the child's first-hand experiences
- is a defining feature of childhood.

## Stages of development

Play is important at every stage of a child's life and it is important that parents/carers, teachers, and all those who have responsibility for children, ensure that adequate provision for play is made at home, in schools and in the community.

The tables below describe the different physical, social, speech and cognitive skills children usually have at different developmental ages; and suggested toys and resources to facilitate play within these age brackets.

0-3 months	Head lags when not supported Raises head 10 (sn)-6.7 (d l)-7.8-19.6 (nt)tng				

7-15 months	Sits well Develops: crawling, pull to standing, walking skills Grasping and fine motor skills	Babbles loudly; eg, dad-dad, mam-mam Imitates adult's playful sounds Uses voice to attract attention By 12 months knows and responds to own name Understands simple instructions with gestures Vocalises in conversational cadences	By 12 months has object permanence Understands name and can follow simple instructions By 12 months starts to point at objects/pictures	Plays peek-a-boo and other simple games Beginning to interact with other adults/babies and children Wary of strangers	Board books/simple stories Sensory toys Larger rattles Musical toys with buttons to press Stacking cups/posting boxes Messy play/sensory Music/musical toys Outdoor play – sit on and push along toys
16 months - 2 years	Walking independently by 12-15 months Developing more refined fine motor skills By two years developing running and climbing skills Can throw a small ball More complex skills developing by age of two	Has two-six recognisable words (18 months) and by age of two uses 6-20+ words Able to form simple sentences Joins in nursery rhymes and songs and can sing by age of two Receptive language more advanced than expressive language By two years refers to self by name	Object permanence Beginning of symbolic thinking and moving towards more complex toys and understands sequence of putting toys /puzzles together by age of two Beginning to develop make believe play	Solitary play moving towards parallel play Socially interactive Developing some independence by age of two Imitates role play Clings tightly in affection, fatigue, and fear Defends own possessions Tantrums – not able to control own emotions	Simple picture and story books Building blocks Doll/teddy Shape sorters and musical toys Simple jigsaw( t)10.1 (o (i)-4.3  pnt-1.40 (r)-9.7 (s a)-2.7 (n)-12





## **Play, preparation and distraction**

Play is a valuable tool in providing normalising and recreational play experiences for children and young people during a hospital admission or health care interaction. Play is also valuable in reducing anxiety and increasing a child's/young person's participation in the development of coping strategies when undergoing medical/surgical treatments and procedures, helping them to have a more positive experience. This enables them to build a foundation to support them through the challenges they may face in life.

### **Preparation**

## Distraction

“During normal growth and development, children strive to be in control of their bodies and the world around them. Illness and the accompanying diagnostic and therapeutic procedures place an additional burden on children’s ability to cope. Providing children with cognitive strategies helps to lessen their discomfort and allows them some control in the medical procedure” (Kachoyeanos and Fried, 1993, p. 14-19).

Some procedures a child/young person experiences in hospital are straightforward, causing little distress. Procedures anticipated to cause pain, inevitably cause distress and anxiety, to the child/young person. How they cope with this distress or anxiety depends on the individual: some put on a brave face, others show signs of distress but remain co-operative, and for others it can be an agonising struggle from beginning to end.

A technique that can be used is distraction. This is the facilitation of an effective coping strategy for children and young people undergoing treatment or procedures, according to the situation and the child’s/young person’s individual needs. It is a non-pharmacological method used to enable a child to reduce any anxiety and pain by focusing on something

	Short story books/pop-up books/musical books/counting books
	Bubbles
	Songs/rhymes
	Simple search and find books
	Noisy cause and effect toys
	Sensory toys
	iPad/tablet
	DVD
	Search and find books
	Kaleidoscope
	Songs/rhymes
	Guided imagery
	Talking and coaching
	Breathing techniques
	iPad/tablet
	DVD
	Handheld computer games/VR sets
	Music
	Sensory toys
	Reading aloud
	iPad/tablet
	DVD
	Handheld computer games
	Music
	Guided imagery
	Breathing and relaxation techniques
	Conversation, talking and coaching
	Word games
	Sensory toys
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## **Maintenance of preparation and distraction resources**

The use of preparation and distraction resources is paramount in supporting children and young people through treatments and procedures. Careful consideration should be taken with the cleaning and maintenance of these resources. See the section on the decontamination of toys for further information.









## Frequency of toy cleaning

The frequency that a toy needs cleaning will vary from setting to setting and depend on

## Toy materials/types

Whilst this policy will not provide information on how to clean each toy that may be used to facilitate play, it will provide guidance on the use of different cleaning considerations and materials of toys when thinking about their potential for transmitting infection and ability to be cleaned.

Plastic	Ensure smooth surface as this is easier to clean.
Books	Hard back or board books can be cleaned between use. Paper books cannot be cleaned so should not be shared in high-risk areas.
Electronic devices	Wipe down between use, consider washable keyboards on computers. iPads can be sealed. There may need to be some consideration to build up of dust in the vents with immunocompromised children and young people.
Construction toys, Lego™, etc	Difficult to clean but will need immersion and agitation if reused. For patients in medium and high-risk areas they should be single use and gifted to the family to take home.
Dolls and dressing up, including fabrics	Clothes and fabrics must be laundered regularly. Any wipeable surfaces/equipment wiped down between each use.
Compost and gardening	Shared play not suitable for patients where transmission-based precautions are in place or specialist paediatric settings in health care. Should not be used for children who are immunosuppressed.
Water	Shared play not suitable for patients who are in transmission-based precaution but can still be facilitated on a one-to-one basis. Should not be used for children who are immunosuppressed.
Sand	Shared play not suitable for patients who are in transmission-based precaution but can still be facilitated on a one-to-one basis. Should not be used for children who are immunosuppressed. Building sand should not be used but there are many recipes to create sensory like sand material.
Playdough	Shared play not suitable for patients who are in transmission-based precaution but can still be facilitated on a one-to-one basis. Homemade playdough should only be used on a one-to-one basis, and should not be used with immunosuppressed children.
Wood	Ensure porous wood is not used and inspect regularly for signs of damage. Sealed or varnished wood, although less cleanable and subject to deterioration over time, may be used.

## Methods of cleaning

The table below provides information on different primary methods of cleaning which can be considered for use within health care facilities for the decontamination of toys. Any additional measures such as ultra violet and hydrogen peroxide vapour decontamination may be considered in line with local organisational policy.

Note: different care settings can consider alternatives to single use wipes where risks are low for the transmission of infection. For example, in the home setting cleaning with detergent and water and a cloth may be suitable.

## 5. Toy safety

### Toy procurement/purchasing

It is important to ensure that the toys and play resources we provide for children and young people to utilise in health care, meet the required safety regulations.

Since July 2011, all toys sold in the European Union must comply with the European Toy Safety Directive 2009/48/E. The UK version of this is the Toys (Safety) Regulations 2011.

The British Standard (BS) EN 71, which comes in many parts, explains how manufacturers should meet the requirements of the European Toy Safety Directive 2009/48/E. British Standard EN 71 states how toys should be manufactured and tested and the safety warnings they must carry.

Consideration should be given to the patient safety alert for 'urgent assessment/treatment following ingestion of 'super strong' magnets':

CE marking will continue to be recognised in Great Britain (GB) after Brexit, until 30 June 2023. This will also include certificates issued by EU-recognised notified bodies until this time. From 1 July 2023, UKCA mark must be used. UKCA marking is available on a voluntary basis currently.

The EU no longer recognises UK notified bodies. As such, UK notified bodies are no longer able to issue CE certificates.

### What is a toy?

For the purpose of toy safety, a toy is as any product 'designed or intended, whether or not exclusively, for use in play by children under 14 years of age' (BSI, 2017).

Some toys are specifically excluded from the directive, including:

- toys with steam or combustion engines
- playground equipment for public use
- kits for assembly of scale models
- sports equipment and swimming aids
- computer games
- babies' soothers.

(BSI, 2017)





## Bringing toys into health care settings

Many toys within health care are donations from staff or the public. Any donation of toys must be either new or as good as new, and be assessed for ease of cleaning. Toys that are difficult to clean should not be accepted or used. Ideally, toys should be plastic and capable of being wiped clean. Donations of used soft toys made from fabric cannot be accepted. Only brand new soft toys can be accepted and must only be used by one child who should be given the toy to take home on discharge. Prior to donation, check that any toy accepted is not broken or damaged in any way.

Donated electrical equipment (such as games consoles, DVD players, etc) must be P.A.T tested before use. DVDs can be accepted.

## Toy replacement

Toys will need to be regularly assessed as part of their decontamination. If they are damaged then they should be replaced.

## 6. Sustainability

Awareness of the impact of human activity on the planet is increasing, alongside recognition that change is required to ensure planetary and human health in the future. The definition of sustainability is broad but focuses on the principle of meeting needs of the present without compromising the ability of future generations to meet their needs.

Globally, the [Sustainable Development Goals](#), also known as global goals, are integrated and aim to end poverty and protect the planet through economic, social and environmental actions.

Within manufacturing processes this involves consideration of energy efficiency, pollution, emissions, waste, ethical labour standards and fair employment practices.

Toy manufacturers are required to take the same actions to support sustainable manufacturing as are other industries. The toy industry is quoted as being one of the most plastic intensive industries in the world (The World Counts, 2021).

Examples of how toys are evolving to be more sustainable include:

- manufacturers committing to sustainability strategies and net zero ambitions
- removal of plastic, or increased use of recycled plastics, in toys
- recycling of toys
- reduced packaging
- reuse of toys through donations.

For health care organisations using toys to support children and young people's care and development, the following should be considered:

- inclusion of toys in organisations' 'green plans' or local sustainability strategies
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## 7. Appendix 1

COVID-19 has led to significant restrictions being introduced within hospitals and health care in general. This appendix is designed to provide users with some common examples they may experience within their place of work, and some considerations as to how play can be safely facilitated, given its importance for children and young people.

### Outpatient areas/waiting rooms

Environments such as play areas and toy boxes draw on children's natural playfulness and encourage children to come together to explore and move freely, however these must be modified to avoid encouraging children to play together. Ideally, play equipment should be removed, if this is not possible it should be covered.

Parents and carers should be encouraged to bring some play resources for their child during the appointment.

Communal toys of all kinds should be removed from the area.

Communal toys, games and home corners provide comfort, distraction and fun. They reduce the sense of waiting and anxious-anticipation and encourage play which can take children and young people out of their frame of being a patient who is poorly. As an alternative, single use toys, activities or play materials can be offered.

### Example of 'single patient play packs'

Inside a paper bag (thinking about sustainability) include the following:

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- rattle/bells/shaker
  - section of foil blanket
  - tulle (colourful netting like sensory scarfs) - alternative fabrics such as felt, bubble wrap, corrugated card can be used
  - something that can light up
  - a mini slinky
  - items like a sensory ball or fidget style item, such as bendy people.
- 
- paper – all kinds of paper is great for folding and making especially lightweight card
  - paper with a printed figure and stickers
  - printed puzzles and mini pencils
  - self-sticking shapes and squares of card, printed prompts
  - paper plate with holes and some coloured wool
  - paper dolls with paper clothes.

### **w c**

- small bubbles
- lolly sticks and elastic bands
- small slinky
- squidgy ball
- little spinning top
- mini puzzles.

## **Resources**

Although this may seem like an additional expense that is out of reach, there are many organisations willing to support this cause and many items can be sourced either for free or for a small fee. Charitable organisations who may be able to help support with resources, include:

- Starlight - can help with isolation packs and distraction toys
- Rays of Sunshine
- Spread a Smile.

Local or national charities, such as the National Lottery, may be positive sources of support, similarly local charity groups who are eager to support may be able to source or and pack the bags.

## **Play rooms**

Playrooms must be closed in line with general guidance regarding social mixing, when the most severe restrictions are in place.

In situations where easing occurs, rooms could first be opened on a single child use basis with further easing later in line with your organisations policies. Record keeping of who is using the space is essential to enable any retrospective track and trace to take place.

## **General use of toys**

Children and young people should still be provided toys to facilitate play in line with the guidance mentioned previously in this document.

## **Remote sessions**

The most creative and connective sessions can be delivered via online video platforms and enable children and young people to connect with each other and benefit from the expertise of a creative workshop delivery. In a session delivered online, consider

# References



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## RCN quality assurance

**t**

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

**C**

This publication aims to provide guidance to staff working across the health and care setting on the use of play materials or equipment to facilitate play. The importance of play cannot be underestimated and consideration of infection prevention and control elements is central to supporting its continuity for children and young people receiving care.

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