


Infection Control Manual			
	Policy Name	Pediatric Play Facilities and Child Life	
	Policy Number	IC 0053	
	Date this Version Effective	May 2017	
	Responsible for Content	Hospital Epidemiology	

I. Description

This policy addresses the infection control management of patients receiving services from Child Life, the pediatric play facilities and Hospital School programs (e.g. Wonder Connection).

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II. Rationale

Child Life and the pediatric play facilities provide services to patients at UNC Health Care. An effective infection control policy is necessary to minimize the spread of infection among patients

III. Policy

A. Personnel

Personnel should adhere to guidelines established by the hospital Occupational Health Service (OHS). (See policy entitled "Infection Control and Screening Program – OHS.")

1. Healthcare personnel must adhere to guidelines found in the Infection Control Policy: Infection Control and Screening Program: Occupational Health Services IC0040.
2. Healthcare personnel must adhere to the Infection Control Policy: Isolation Precautions Policy IC0031.

Personnel must adhere to the Infection Control Policies: Exposure Control Plan for Bloodborne Pathogens IC0021 and the Tuberculosis Control Plan IC0060.

Personnel should adhere to all personnel guidelines in the Infection Control Policy: Infection Control Guidelines for Adult and Pediatric Inpatient Care IC0030.

3. Hand hygiene will be performed in accordance with the Infection Control Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation IC 0024.
4. Personnel exposed to communicable diseases (e.g., hepatitis A, meningococcal infection, or tuberculosis), should report the exposure to their supervisor, fill out an incident report, and be seen in OHS so that follow-up may be instituted if necessary. Hospital Epidemiology (4-7500) or the Infection Preventionist on call (123-7427) should be notified to initiate the exposure evaluation.
5. Pregnant staff may be at increased risk in terms of maternal/fetal infections when attending patients with certain communicable infectious diseases. Refer to Pregnant and Post-Partum Health Care Personnel: Recommendations from Infection Prevention and Hospital Epidemiology.
6. Personnel must be familiar with and follow the guidelines in the Exposure Control Plan for Bloodborne Pathogens, Isolation Precautions, and the Tuberculosis Control Plan, which are located on the Infection Control website.
7. Infection control education, including OSHA education for bloodborne pathogens and TB, must be completed annually via LMS.
8. There will be periodic review by Hospital Epidemiology to assess compliance with established Infection Control policies.

B. Screening Visitors for Play Facilities

Visitors under the age of 18 should be screened for possible communicable diseases by nursing staff. Those deemed free of communicable diseases by screen (see Appendix 2) will be given a clearance sticker filled out by nursing staff.

C. Patients

1. The play facilities are available for pediatric inpatient therapy use. Patients must be free of transmissible infection/colonization or when applicable, manage patients according to the Isolation Precautions Policy to prevent transmission to others.
2. Neutropenic patients may have therapy together and participate in therapeutic activities together with Child Life when an order has been written by the medical care provider, the patient is > 4 years of age, will keep a mask on, and follow directions.
3. Patients whose body fluids can be contained (e.g., diaper, ostomy, dressing) and are not known to have an infectious process may visit the play area at the discretion of the medical and nursing staff. Hospital Epidemiology should be consulted when necessary (47500 or if after hours paged at 123-7427). Contamination/spills should be cleaned up immediately utilizing appropriate PPE as per the Environmental Services Infection Control Policy.
 - a. Any patient who cannot control body secretions or has a behavioral problem that could lead to injury (e.g., biting) will be allowed to use the play facilities only when other patients are not present. Arrangements for these patients should be made with the Child Life staff.
 - b. Pediatric outpatients scheduled for appointments in participating specialty clinics (i.e., Hematology Oncology, Genetics, Sickle Cell) may visit play facilities. They should be screened for possible communicable diseases by nursing staff prior to admittance to the play areas by following the screening procedures for visitors to the Play Facilities. Those deemed free of communicable disease by screen will be given a clearance sticker filled out by nursing staff.

- i. Outpatients visiting the play facilities on the 7th floor of NC Women's Hospital should be assessed for history of multidrug resistant organisms (MDRO) which is communicated in the electronic medical record. If the patient is flagged in the EMR for MDRO, the patient cannot visit the play facilities or must participate in therapies on Contact Precautions in one-on-one with a staff member or trained volunteer.
4. Patients with Cystic Fibrosis (CF)
 - a. Management of the Cystic Fibrosis patient requires special consideration. Follow IC 0012: Patients with Cystic Fibrosis.
 - b. CF patients should not be allowed in play facilities with other patients present since these diseases can be transmitted via direct contact or indirect contact with inanimate objects.

D. Volunteers

- a. Volunteers with cystic fibrosis (CF) should not work with CF patients.
- b. Volunteers with communicable infection [respiratory infection with fever, conjunctivitis, nausea, vomiting, diarrhea, open draining lesions, active oral herpes (cold sore), chicken pox, herpes zoster/shingles should not have direct patient contact until evaluated by OHS. (See policy, "Infection Control and Screening Program – OHS.")

E. Isolation Precautions

1. Personnel are responsible for following the Isolation Precautions Policy.
2. Patients who have been placed on Airborne, Airborne/Contact, Droplet/Contact or Droplet Precautions will not be allowed in the recreation areas.
3. Patients with suspected or known infectious gastroenteritis (i.e., Norovirus, Rotavirus, *C. difficile*, *Salmonella*, *Shigella*) and/or who are on Enteric Contact Precautions will not be allowed to visit the recreation areas.
4. Patients on Contact Precautions should not be allowed in recreation areas with other patients present since these diseases can be transmitted via direct contact or indirect contact with inanimate objects.
 - a. After the patient leaves the recreation area, surfaces and items touched by the patient should be cleaned using an EPA-registered hospital disinfectant.
 - b. Patients on Contact Precautions are allowed to go outside of the hospital with a recreational therapist or other healthcare personnel for therapeutic purposes ordered by a physician.
5. Patients on Protective Precautions may be together in the recreation areas at the discretion of the physician or nurse. The patient must be able to wear a mask, be free of symptoms of active infection or communicable diseases, and be afebrile and off antipyretics for the past 24 hours. Patients on Protective Precautions are not to go outside the hospital during therapies.

F. Preparation of Food

1. The Department of Recreational Therapy and Child Life maintains kitchens where patients prepare food. The department will follow the Nutrition and Food Services Infection Control Policy in the purchasing, cooking, serving, and storing of foods. In addition, the following guidelines will be followed:
 - a. Food cooked by patients as part of their therapy should be consumed immediately. The size of the portions should be kept small to minimize the generation of leftovers. All

leftover food should be stored according to the food/refrigeration policy located in IC 0030 "Infection Control Guidelines for Adult and Pediatric Inpatient Care"

- b. Temperatures should be monitored on patient related refrigerators (e.g., medication, patient nourishments), and recorded daily or be monitored via the RFID system.
- c. The refrigerator will be cleaned on a routine basis (e.g. monthly) and when visibly soiled. Only dishwashing detergent with chlorine bleach should be used in the dishwasher. Ideally, all eating utensils, plates, cups, and kitchenware used by patients should be washed in the dishwasher or disposable. If kitchenware is not dishwasher safe or items are needed immediately, they may be hand washed in the sink. The kitchenware must be washed in a dishwashing detergent containing chlorine bleach and rinsed well. Dishes should be air dried in a dish drain rather than being towel dried. After each use, dishcloths/sponges must be washed in the dishwasher or soaked for 5 minutes in a 1:10 bleach solution or discarded.
- d. A routine should be established for cleaning the drawers, oven cabinets, and microwave. (e.g., the drawers should be cleaned bi-annually and when visibly soiled; the microwave should be cleaned weekly and when visibly soiled; the oven should be cleaned when visibly soiled).
- e. The countertops should be cleaned after each use and when visibly soiled using an EPA registered hospital disinfectant (e.g. Sanicloth or Metriguard).
- f. Staff should not use fresh eggs for cooking because of the risk of bacterial contamination from the eggs. In accordance with the Nutrition and Food Services Infection Control Policy, only pasteurized eggs should be used in cooking. Please contact Nutrition and Food Services to determine where to purchase the pasteurized regular eggs. For patients whose diets allow, egg substitutes may be used.
- g. All HCP and patients involved in food preparation should wash hands and wear plastic/vinyl gloves before handling food and throughout meal preparation. If someone gets a cut during preparation, the food that is exposed will be thrown out, and the person with the cut will receive medical attention immediately.
- h. Expiration dates will be checked routinely and stock rotated to use goods in the order in which they are received. All food supplies should be from an approved source, either grocery store or dietary department. Cleaning products will be stored separately from food products. Food will be dated when it is received.
- i. Staff food may not be stored in refrigerators which are dedicated for patients.

G. Pets and Animals

1. Refer to UNC Health Care Policy, "Animal-Assisted Activities and Animal-Assisted Therapy."

H. Natural Products / Objects

1. Therapies that involve the use of organic items found in nature (e.g., feathers, pumpkins, seashells) may be approved for recreational activities on an as-needed basis by Hospital Epidemiology.
2. Horticultural activities will be acceptable under the following conditions:
 - a. Patients have intact skin
 - b. Patients wear gloves when working with plants, soil, or sand
 - c. No patients on Protective Precautions or those who have Pica are involved in the gardening activities

- d. There is no standing water (e.g., water in flower pot holders)
- e. Hands are washed with soap and water after activity

I. Environmental Services

- 1. The Environmental Services Infection Control Policy will be followed for appropriate cleaning procedures and schedules. The Play Atrium floor cleaning will be done by Environmental Services. Allow for adequate drying time before use by patients.

J. Implementation

- 1. The implementation and enforcement of this policy is the joint responsibility of the Departments of Rehab Therapy, Nursing, Volunteer Services, and Pediatrics.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions

Revised on Jan 2006, Apr 2008, April 2011, May 2014, May 2017

Appendix 1: Toys and Equipment

Equipment:

Shared equipment that has contact with the patient's intact skin must be cleaned on a routine basis and when visibly soiled. An EPA- registered hospital disinfectant (Metriguard or Sani-cloth) should be used for cleaning equipment. If shared equipment is taken into an isolation room, it is best to leave it with the patient until no longer needed. If removed from the isolation room, it should be thoroughly cleaned and then disinfected with an EPA-registered hospital disinfectant (e.g. Sani-cloth, Metriguard,)

General Information Regarding Toys

- Items to be used by younger children (who have a tendency to put things in their mouth) should be made of a cleanable material.
- Used cleanable toys (e.g., non porous items such as plastic blocks, etc) are cleaned with an EPA- registered hospital disinfectant (Metriguard or Sani-Cloths). If the EPA- registered disinfectant contains bleach, accelerated hydrogen peroxide or quaternary ammonium compounds, the toy should be rinsed or wiped with tap water and dried following the use of the disinfectant.
- Non-cleanable toys (e.g., porous items such as puzzles, cardboard, books, etc.) may be used by children who do not place toys in their mouths, or which do not become contaminated by secretions.
- When non-cleanable toys become soiled (e.g. with secretions) they should be given to the patient or disposed of.
- New toys brought into the play areas do not need to be sterilized or disinfected.
- Washing plastic/vinyl toys in the dishwasher with chlorine bleach detergent is acceptable, on the hottest water setting.
- Computers, Gaming Systems, Touch Screen Devices and/or Personal DVD Player Use by Patients
 - Mobile and/or laptop computers and other electronic devices shared between patients must be disinfected between patient uses with an EPA registered hospital disinfectant.
 - It is preferable to have a plastic cover on the keyboard to prevent damage to the keyboard from liquids and to ease disinfection of the keyboard.
 - Touch screen devices with protective case (e.g. Otter box) should be disinfected with an EPA registered hospital disinfectant. Allow the disinfectant to have at least a one minute contact time. This disinfection may be followed by wiping with plain water to remove any "film" that may be caused by the cleaning/disinfection agent.
 - Touch screen device without a protective case must be disinfected per manufacturer's recommendation using an EPA registered hospital disinfectant. If the manufacturer does not approve disinfection with one of these two options, the device must be in a protective

- case (e.g. iPads require a protective case which encompasses the entire iPad including the screen).
- Shared devices that cannot be cleaned with bleach per manufacturer's recommendations cannot be used by patients on enteric contact isolation.

Patient on Isolation Precautions:

- Preferably, a child on contact, droplet, enteric, or airborne isolation will have his/her own toys or be given toys he/she may keep.
- After use with a patient on Contact, Droplet, Airborne, or Enteric Precautions, games, puzzles, playing cards and books that cannot be cleaned with an EPA registered disinfectant, should be isolated in storage for six months, be thrown away, or be given to the patient to keep.
- Pool table felt does not have to be disinfected, but cue sticks, balls, and racking triangle will be disinfected using an EPA-approved product after use by a patient on Contact Precautions.

Appendix 2: Pediatric Play Facility Use Screening Policy for Pediatric Visitors

The purpose of this policy is to outline the pediatric facility use by pediatric visitors/siblings less than 18 years of age at UNC Hospitals. The screening process must be completed at each visit to the pediatric facilities for each visitor <18 years of age including siblings or visitors.

1. Visitation should occur during approved visiting hours and a responsible adult must accompany the visiting child in order to maintain safety in the areas if necessary.
2. The patient's nurse/staff on the patient care unit will be responsible for assessing at each visit whether the patient's visitor (e.g. sibling) represents a risk for transmission of a communicable disease by screening for the communicable diseases listed below.
3. The child should visit only the patient care area assigned.
4. Screened visitors/siblings will be required to wear the designated clearance sticker.
5. These guidelines do not replace the ADMIN 0181 policy: Hospital Visitation. All aspects of the Hospitals' Visitation Policy must be followed for every patient.

PEDIATRIC PLAY FACILITY SCREENING ASSESSMENT

NURSING STAFF TO ASSESS FOR EACH DAILY VISIT

The hospitals reserve the right to revoke visitation for any length of time if the presence of a child on the patient care area will interfere with or endanger patient care.

Visitors are screened for the following:

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Cough, sore throat, or runny nose (cold symptoms)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Vomiting, diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Skin rash, boils
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Conjunctivitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. At the discretion of the Unit Medical Director, the exposure to measles, mumps, chickenpox, whooping cough, or zoster (shingles) in the past 3 weeks*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. At the discretion of the Unit Medical Director, exposure to any contagious illness in the family, school, or other group activities within the last 3 weeks*
Interviewer:			Signature/relation to child:

Appendix 3: Play Facility Use Stickers

All siblings and visitors (under 18) must have a clearance sticker on to use the facilities.

REMEMBER that all siblings and visitors (< 18 years) are required to have NURSING clearance to use the Play Facilities. A completed sticker communicates all necessary information. The sticker alerts play facility staff of:

- **Visitor Name**
- **Patient Name and Room Number** – the patient's name that is being visited must be included on the visitor's sticker so that we know who is responsible for the individual.
- **Issuing staff and the date** – **TO BE ISSUED BY NURSING** so that the Recreational Therapy staff knows whom to contact if the need arises.
- **Specialty Clinics** – All siblings, visitors and outpatients in participating specialty clinics under 18-years-old **MUST BE SCREENED** for signs/symptoms of illness.

Note: Teen visitors cannot use the teen lounge unless accompanied by the teen patient.

Appendix 4: Children's Lookout Terrace Infection Prevention Environmental Safety Recommendations

Patients Allowed to Visit:

- Excluded Patient Populations:
 - Patients housed in the bone marrow transplant unit or patients who are housed in other protective environments
 - Patients who are on protective precautions
 - Patients who have non-intact skin which cannot be covered with a bandage
 - Patients who are immunocompromised who cannot wear a mask
 - Patients who are currently excluded from the play areas (e.g. enteric contact, droplet, or airborne precautions)
- Patient Populations Requiring a Physician Order
 - Burn patient (PDX)
 - Bone marrow transplant patient (guidelines posted on the PEDS BMT site on the BMT website)

Hand washing:

- Everyone must wash their hands with soap and water upon entering and leaving the Lookout Terrace

Cleaning:

- EVS cleans the area on a routine basis
- EVS should be called for additional cleaning of blood and body fluid spills, standing water, pollen, bird droppings

Food/drink:

- Food and drink are not permitted in the Lookout Terrace. This includes the sunroom.
- Food and drink are limited to special events only and will be cleaned up immediately

Plants/animals:

- No live plants or soil are permitted in the Lookout Terrace.
- Only service animals are allowed.

Access through Main Door

- An airlock was created to prevent outside air from entering the highly filtered air of the Hospital
- Each door of the airlock is equipped with a sensor which prevents both doors from being opened at the same time.
- Once entering/exiting the hallway where the sink is, the door to the sunroom will not open until the main door is closed.

Access through Hospital School

- When accessing the Lookout Terrace through the Hospital School you must create an airlock using the following process:
 1. Close the hallway door
 2. Open the door to the Lookout Terrace
 3. Once the door to the Lookout Terrace has been closed both the exterior and hallway doors must remain closed for at least 30 minutes before any patients can enter the hospital school.
 4. *This allows sufficient time for the exterior air which entered the Hospital School to be recirculated through the Hospital HVAC system

Weather/Safety Issues:

- Any Hospital/Campus Alerts will move all activities inside.
- Weather radio must be on the person or the staff member responsible for the access.
- Warning for tornadoes and severe weather will require all people outdoors to move indoors.
- There will be no access to outdoor activities
 - Wind >45 miles per hour
 - Visible Lightning
 - Audible Thunder
 - Rain, Snow, Sleet
 - Air quality rating Red/Orange
- Hospital Alerts for impending tornado activity will move all staff and patients back to their units or to designated storm shelter areas as directed.
- Utilize the Child Care Weather Watch chart/system to determine if outside activities can occur.
- Sustained winds 25-35 miles per hour based on underlying weather conditions and discretion of the employee accompanying patient
- No chemotherapy agents allowed in the Lookout Terrace

Emergencies:

- Code team can enter Lookout Terrace through the Hospital School for faster access
- There is a box with a key to the door entering the Lookout Terrace from the Hospital School Classroom just to the left of the door.

Appendix 5: Wonder Connections's Hippoie Creek Cart

Wonder Connection's Hippoie Creek (creek cart) Protocol:

Background Information

- Wonder Connection is a part of the North Carolina Botanical Garden's Education Department, in collaboration with UNC Hospital School.
- Hippoie Creek, with a re-circulating stream (with a 0.35 micron particle filter and UV filter), will provide a tactile connection to the natural world outside of the hospital environment.

Therapeutic Value

Several studies point to the potential benefits of using this cart with hospitalized children.

- Children improve when they have access to "activities that allow the child's direct involvement in a variety of sensory experiences" (Jessee et al., 1986).
- Professional medical staffs in many hospitals feel that patient involvement in activities allows their mind and body to relax, which can enhance the effect of drugs utilized to treat their disease (Haynes 1996).

Screening for patient use:

Questions for Operator of Natural Wonder Cart:

1. Is child over five years old/able to function at the cognitive level of a five year old?
2. Are they able to follow directions?
3. Do they have predictable behavior?
4. Have they been visited by this program or the school program before?

**Must answer YES to all questions*

Questions for Patient's Nurse:

1. Is child neutropenic?
2. Does child have gastrointestinal symptoms or on Enteric Contact Precautions?
3. Is child actively coughing/sneezing/having a runny nose or on Droplet Precautions or Droplet/Contact Precautions?
4. Is the child on Contact Precautions?

**Must answer NO to all questions.*

Maintenance/Cleaning protocols

Before USE

- Cart begins the day empty, clean and dry.
- All surfaces are impermeable, including epoxy-covered rocks.
- Make sure valves are pointing in the correct direction (towards the blue dot)
- Pour 4 gallons of water into top of stream bed.
- Plug into wall, open door, reset GFI, then turn on pump to check operation of pump and cart prior to use, also look for leaks. Run the cart for 10 minutes to make sure all of the water has circulated through the filters.
- Children will be screened by cart operators AND their nurse and use will be documented.
- Child washes hands with soap and water before visit.

After Use

- Child washes hands with soap and water after visit.
 - Bring cart back to a non carpeted area such as laminate or tile floor.
 - Put gloves on.
 - Place funnel into hole in water reservoir. Add 1500mL of Clorox Bleach into water.
 - Plug cart into wall, turn on pump and run for 10 minutes.
 - While bleach water is running, take paper towel, dip in bleach solution and wipe down exterior of creek bed. Wipe down cart surface with sani-wipes.
 - Unplug cart from wall.
 - Lay towel on floor under stream bed.
 - Switch valves to red position, place drain hose into sink, turn on pump, pump until no more water comes out.
 - Swish bleach water around in gallon jug, transfer to other gallon jug, swish, dump out and let air dry (this ensures that the jugs are clean).
- The entire surface (top and sides) of the cart will be cleaned with and EPA registered hospital disinfectant and allowed to air dry.

Maintenance and Storage

- After the cart is empty and clean, it will be stored in the hospital school classroom's closet on the 7th floor. It will only be used by the Wonder Connection Program Manager or trained volunteers. The cart will not be accessible to students when not in use. Volunteers will be thoroughly trained and will only use the cart under Wonder Connection staff supervision (for set up and cleaning).
- Cartridge Filter will be replaced every 12 months by Wonder Connection Program Manager and will be documented.

References

Haynes, Lyn. (1996). Teaching Science in Hospital. *School Science Review*, 77(281), 103-104.
Jessee, P., Strickland, M., Leeper, J., & Hudson, C. (1986). Nature Experiences for Hospitalized Children. *Children's Health Care*, 15(1), 55-57.

Appendix 6: WonderSphere Protocol

Wonder Connection's Wonder Sphere Protocol:

Background Information

- Wonder Connection is a part of the NC Botanical Garden's Education Department, in collaboration with UNC Hospital School.
- The WonderSphere will provide a safe connection to plants within the hospital environment.

Therapeutic Value

Several studies point to the potential benefits of using this cart with hospitalized children.

- Children improve when they have access to "activities that allow the child's direct involvement in a variety of sensory experiences," (Jessee et al., 1986).
- Professional medical staffs in many hospitals feel that patient involvement in activities allows their mind and body to relax, which can enhance the effect of drugs utilized to treat their disease (Haynes 1996).

Screening for patient use:

Questions for Greenhouse Operator:

1. Is child over five years old/able to function at the cognitive level of a five year old?
2. Are they able to follow directions?
3. Do they have predictable behavior?
4. Have they been visited by this program before?

**Must answer YES to all questions*

Questions for Patient's Nurse:

1. Does child have gastrointestinal symptoms or are they on enteric precautions?
2. Is child actively coughing/sneezing/having a runny nose or on Droplet Precautions or Droplet/Contact Precautions?
3. Is patient on Airborne isolation?

**Must answer NO to all questions*

Patients who are neutropenic or patients on Protective Precautions may participate in this program with physician approval to participate.

Maintenance/Cleaning protocols

- WonderSphere begins the day empty, clean and dry.
- All surfaces are impermeable.
- Any natural materials (soil, plants) will be added to the greenhouse in the UNC hospital school, in a room without patients present. The greenhouse will be securely clamped closed.

Before USE

- Children will be screened by greenhouse operators AND their nurse and use will be documented.
- Child washes hands with soap and water before visit
- Child will don gloves before placing hands in the attached Greenhouse gloves.
- All six clamps will be checked. Seal will be checked to make sure no debris is in the way of the seal.
- All three glove/sleeve combinations will be checked at the wrist and at the glove port hole to ensure that they are connected and sealed.
- Check hand size using gloves and extra glove ring.

During Use

- *No scissors or other sharp objects will be used.*

After Use

- Child washes hands with soap and water after visit.
- Entire unit will be wiped down with an EPA registered hospital disinfectant (e.g. Sani-cloth).
Gloves will be turned inside out and will be cleaned as well.
- Materials will only be taken out of the WonderSphere in the UNC Hospital School, in a room without patients present.

Maintenance and Storage

- After the WonderSphere is empty and clean, it will be stored in the hospital school classroom's closet on the 7th floor. It will only be used by Wonder Connection Program Manager and will not be accessible to students when she is not using it.
- If the gloves or exterior rip or tear, they will be thrown away and replaced.

References

Haynes, Lyn. (1996). Teaching Science in Hospital. *School Science Review*, 77(281), 103-104.
Jessee, P., Strickland, M., Leeper, J., & Hudson, C. (1986). Nature Experiences for Hospitalized Children. *Children's Health Care*, 15(1), 55-57.