

How to safely support and promote play within health care settings

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

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1. Introduction

Document scope

The words ‘toys/games’ in the context of this policy refers to all toys used for recreational, therapeutic, or educational purposes by children and young people (CYP) and their families or by health care staff.

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

It will be useful for infection prevention and control (IPC) teams to understand the importance of play within a child’s development and treatment pathway, to enable them to evaluate the infection risks associated with play and put control measures in place. Likewise, to support play workers and health play specialists to understand how to integrate the prevention of infection in their work. This publication also contains information on when distraction or preparation techniques may be used which are often carried out through facilitated play or using play equipment.

Exclusions

Although the principles in this document may be helpful in all surroundings, this guidance is specifically aimed at health and care settings. Educational or childcare settings should refer to local guidance for additional advice.

Recommendations

- Every organisation should have a play policy in place that outlines the management of toys from procurement/donation to end of life.
- All health care providers (NHS and independent) should ensure a toy procurement budget is available to support the procurement of fit for purpose safe and sustainable toys.
- When purchasing/procuring toys, it is recommended that consideration is given to the ability to effectively decontaminate the item and the potential environmental impact if the toy is single use.
- Organisations where children and young people receive health interventions should ensure that play can be effectively facilitated through joint working of the infection control teams/links and play specialists.

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.

This guidance was developed at the request of RCN members who have raised concerns regarding the limitations of existing guidance and issues relating to advice from health regulators on the provision and maintenance of toys. All health care regulators in the UK expect service providers to meet standards associated with cleanliness and decontamination of equipment. This applies to all care settings.

Toys and regulatory requirements

The RCN frequently receives enquiries from members asking if toys are permitted in health and care settings from a regulatory perspective, due to the risk of potential spread of infection. This is a particular area of concern for GP practices.

In England, the Care Quality Commission (CQC, 2018) do not provide any specific guidance or regulations which specifically forbids GP practices from having toys in their waiting room and, in fact, accept that toys are beneficial for keeping young children occupied. Toys are not an area of focus in routine inspections (CQC, 2018) or infection prevention control policy requirements. All toys available should be found clean on inspection. A similar situation exists within Scotland, Wales and Northern Ireland. CQC guidance states that a GP practice should follow [the Health and Social Care Act 2008: code of practice on the prevention and control of infections](#) and related guidance when considering infection control and cleanliness arrangements. The code makes no reference to toys and states that GP practices should: “Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”.

All health and care services in England must also comply with national standards for infection prevention and control (for example, the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance) or other relevant national standards when considering infection control and cleanliness arrangements.

2. The importance of play

Understanding the importance of play and the impact of removing this, or reducing the ability of a child to play, should be a core requirement of all those providing services for children and young people. There have been many attempts to define play or understand why children play, but all those who write on the subject agreed that it is virtually impossible to produce a concise definition (Power, 2000; Smith, Cowie and Blades 2003; Burghardt, 2005). To an adult, play suggests relaxation, but for a child, play is their work. A playing child is not simply idling away time until the next important event organised by an adult; they use the time to practice and learn vital life skills. Play is a right for all children (*United Nations Convention on the Rights of the Child – Article 31*), and a fundamental need of every child and young person. Children who know how to play and have the opportunity to play, thrive and do well in life and develop into well-rounded individuals.

Play enhances every aspect of a child's development, helping them to develop control of their body, perfect physical skills and muscular coordination and refine their sight, hearing and other senses. In 2007, in the *Journal of American Paediatrics*, Ginsburg suggests play contributes to the cognitive, physical, social and emotional wellbeing of children and young people. Play begins at birth, providing the building blocks to independence and successful functioning. It is not merely a means to an end and continues through to adult life; even adults still enjoy playing.

Play England's *Charter for Children's Play* states: "Play is a fundamental way that children enjoy their childhood, it is essential to their quality of life as children ... children's own culture is created and lived through their play" (2009, p.1-2). The Welsh Assembly Government Policy (2002) states that society should seek every opportunity to support and create positive play environments to foster children's all-round development, allowing free access to play as, if denied, this will inhibit or constrain a child's development. This is supported by Fair Play (2000) who state play requires opportunity, environment, resource and respect.

All types of play are important for a child's physical, emotional, cognitive and social development and are as vital as food and rest. (Gleave and Cole Hamilton 2012) Play is the way children learn about themselves and their world, enlarging their horizon, whilst reducing the world to manageable proportions. Play enables the child to make sense of the flood of impressions pouring in from the outside world, acting as an integrating mechanism for every aspect of experience. Piaget (1951) highlighted the significance of providing children with the opportunity to express their emotion in providing a child with a unique individual experience and language to express their feelings, thus laying down the foundations of normal emotional development. Through play, children create other worlds where they can test out reality and discover who they are.

During the early years as children's brains grow dramatically and they move from one developmental stage to the next, play remains central to their growth and development. Play helps to build relationships between themselves and their parents, caregivers and teachers. This allows adults to observe a child's behaviours and participate in their play but also to gain an insight about a child's perceptions and feelings and how they understand the world.

Toys and play resources stimulate and prolong play, allowing the child to discover what they like and what they are good at. Play and its resources have a paradoxical effect in increasing a child's concentration skills, supporting their health and promoting the achievement of developmental milestones.

Play:

- 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.

| | Physical | Language | Cognitive | Social/Emotional | Suggested toys/ Resources |
|------------|--|---|---|--|--|
| 0-3 months | Head lags when not supported Raises head slightly when lying on stomach Hands tightly closed Briefly grasps objects Moves legs and arms in response to adult attention | Makes low throaty noises Smiles at six weeks Coos in response to adult interaction | Briefly watches objects Is egocentric Repeats movements to master them | Cries when hungry/ uncomfortable Responds to familiar voices Follows familiar faces at close range | Colourful mobiles Lullaby lights/music Baby mirrors Black/white shapes Comfort blanket Supportive baby chair Tactile toys |
| 4-6 months | Switches from reflex to voluntary body movements Rolls from front to back Learns to sit without support (by six months) Kicks legs strongly, legs alternating | Responds to familiar voices Vocalises tunefully to self and others Laughs and chuckles Squeals aloud in play | Fixes and follows objects Reaches and grasps for objects Takes everything to mouth Passes toy from one hand to another | Visually alert Screams with annoyance Shows interest in others Enjoys the company of others | Play gyms and mats Small rattles Activity centres Cloth baby books Musical toys Music and singing Nursery rhymes Sensory toys |

| | Physical | Language | Cognitive | Social/Emotional | Suggested toys/ Resources |
|---------------------|---|--|--|---|---|
| 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 puzzles Messy play, crayons, paper Small world play Figures/pretend play Duplo Outdoor play – balls, play slides, bicycles, sit on toys Sensory toys |
| 2- 3 years | Throw/kick a ball Catch ball using arms and body Stand on one leg momentarily Able to go up and down stairs by self Pedal a tricycle by age of three Developing more complex gross and fine motor skills | Increasing vocabulary and formation of sentences By three years of age is questioning: what, who and where Follows simple instructions Understands you, me, and I By three years of age is starting to use expressive language | Developing colour recognition and numbers Count to 10 by age of three Enjoys make-believe play – moving towards imaginative play By three years of age beginning to understand the concept of sharing Making sense of the world and its rules Interested in the world outside | Continues to develop independence, separates from parent/ carer Can dress self with support Developing self-care skills; eg, toileting needs Not able to control emotions Enjoys being with other children, developing friendships Participates in parallel play | Small world play Figures/pretend play Dolls Items such as cars and trains Messy play, painting, gluing and sticking, crayons/pencils for drawing Building blocks Shape sorters, jigsaw and other puzzles Books Interactive toys Sensory toys Outdoor play - balls, bikes, sit on and ride-on toys, slides |

| | Physical | Language | Cognitive | Social/Emotional | Suggested toys/ Resources |
|-------------|---|---|--|---|--|
| 3-5 years | Walks and runs Hops on one foot Riding bike by age of five Improving fine motor skills and hand-eye co-ordination, for example, using scissors | Vocabulary more extensive Uses personal pronouns and plurals correctly Receptive language better than expressive till age of four | Developing counting, colour recognition and drawing skills Vivid imagination - difficulty in separating fact from fantasy Developing concept of time by age of five | Friendships developing Begins to understand right from wrong Can be ego-centric Developing own emotions Becoming more independent away from parents By age of five demonstrates co-operative play Able to regulate emotions | Messy play Art/crafts/drawing Books Music Puzzles Duplo, Lego Interactive toys Pretend play items, eg, toy kitchen, small world play Outdoor play, sit-on and ride-on toys Simple board games Sensory toys |
| 6-9 years | Full range of gross motor and fine motor skills | Full range of verbal skills both receptive and expressive language skills | Able to separate fact from fantasy Logical and abstract thinking skills Has an understanding of others' perspectives by age of eight | Peer groups important Understanding of others' emotions Follows rules Understands right from wrong Independent Socially interactive | Lego Books Arts/crafts Music Board games Hobbies/interests Dolls More complex puzzles/imaginative play resources Games consoles/ tablet based Outdoor play |
| 10-12 years | Full range of gross motor and fine motor skills Body changes associated with puberty | Full range of verbal skills both receptive and expressive language skills | Starting to control emotions Thinks in concrete terms – logical thought process Accurate perception of events Developing coping skills Can self-reflect | Peer groups important Privacy important Friendships important Socially interactive Independence developing Self-conscious regarding body image Interest in social media | Hobbies/interests Art/craft activities Computer/tablet-based Game consoles Outdoor activities Music Drama Life skills |
| 13 years + | Full range of movements Body changes associated with puberty | Full range of verbal skills both receptive and expressive language skills | Able to understand advance levels of communications High level of comprehension and vocabulary Thinks hypothetically, abstractly and logically Understands how their behaviour affects others | Privacy important Concerned about body image Friendship based on loyalty Positive self-image Desire for independence away from family Takes on more responsibility Morality - avoids punishment; self-interested exchanges | Outdoor activities Sports Music Drama Life skills Hobbies/interests Computer/games Console/tablet based Art/crafts Social media |

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

“Preparation in its widest context is an age-defined activity which facilitates an age-related level of understanding, enabling the development of effective coping strategies for children/young people and their families; helping to reduce anxiety and stress, supporting them throughout their hospital experience”. (NAHPS, 2018)

Techniques such as play preparation and distraction, which use specially adapted resources (for example, dolls, books or medical equipment) for children and young people, can be used to effectively help them to gain information and develop an understanding of their illness and/or reason for admission, to enable them to prepare for hospital treatments and/or procedures. Using play in this way provides a safe space for them to work through any fears and or anxieties they may have. This allows for choice, control and informed consent; as well as co-operation and decision making (Unicef, 2000; Patient Experience Network, 2013). It offers familiarisation, reassurance and acts as a visual re-enforcement. This promotes self-esteem and confidence which enhances their resilience, providing a positive experience and the development of coping strategies.

Suggested preparation resources

- Specially adapted books, dolls and teddies.
- Medical play sets.
- Puppets.
- Dressing up clothes.
- Medical equipment; for example, bandages, syringes, needles, anaesthetic mask.
- Play Mobil™ or other mini figures.
- Lego™ MRI/inflatable.
- Computer/tablet-based apps.

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 other than the procedure itself. Health play specialists (HPS) enable them to cope with medical procedures by providing a wide range of techniques and interventions and are an important part in the distraction process.

The use of distraction may relieve fears and anxieties that a child may experience during painful or traumatic procedures. It enables the child to manage fears and anxieties more effectively, allowing the child/young person to have some control over the situation, reinforcing positive behaviour; the coping strategies they develop can be used for future admissions. Distraction can also assist medical and nursing staff to carry out procedures more effectively. Parents/carers and staff alike will be more comfortable if children cope without showing signs of distress. When children are relaxed, they can be treated more quickly, and are happier and less fearful of further treatment.

Suggested distraction resources

| | |
|------------------|-----------------------------|
| Infants | Dummy |
| | Cuddling |
| | Positive touch |
| | Rattles |
| | Noisy toys |
| | Bubbles |
| | Music |
| Toddlers | Tactile soothing toys |
| | Bubbles |
| | Sensory toys |
| | Pop-up/Musical books |
| | Simple story books |
| | Noisy cause and effect toys |
| Songs and rhymes | |

| | |
|---|---|
| Pre-school | 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 |
| School-age children | 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 |
| Young people | Reading aloud |
| | iPad/tablet |
| | DVD |
| | Handheld computer games |
| | Music |
| | Guided imagery |
| | Breathing and relaxation techniques |
| | Conversation, talking and coaching |
| | Word games |
| Sensory toys | |
| Children and young people with special needs | Fibre optic lights |
| | Musical/noisy toys |
| | Bubbles |
| | Sensory tactile toys and equipment |
| | iPad/tablet |
| | DVD |
| | Tac-pac™ |

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.

3. Infection prevention control: Considerations for children and young people

Transmission of infection risk

The prevention of infection is particularly important within the paediatric environment, due to the diverse needs and susceptibilities of these patients (Posfay-Barbe et al, 2008). Paediatric infections acquired in health care differ from those normally observed in adult populations. Children interact closely with their environment, through toys and other objects, and therefore environmental contamination poses a unique risk (Posfay-Barbe et al., 2008; Velasco et al., 2009). They also utilise shared ward areas more frequently than adult patients and due to the movement of both patients and their families through hospital environments, person-to-person spread may be a higher risk than other patient populations. Even children not receiving care in acute health care settings such as hospitals, interact with their environment more than an adult, with young children often exploring the environment around them widely.

Infections in children and young people associated with health care settings

Many viral infections are first acquired in childhood and may be associated with prolonged infectivity and increased viral load (Posfay-Barbe et al., 2008). It has been demonstrated that 12.2% of paediatric patients developed health care acquired infections with respiratory or gastrointestinal viruses (Kinnula et al., 2012). Additionally, children who become colonised with multi-drug resistant (MDR) bacteria may be colonised (carried on their skin or in their gut) for prolonged periods with continuous self-contamination. Both factors mean children can become an important source of environmental contamination and a reservoir for other forms of transmission in health care settings.

To reduce the risk of transmission of either bacteria or viruses, it is important to ensure that toys which are accessed by multiple patients have a smooth, non-porous surface (ie, plastic) that is easy to clean. Where this is not possible, but the toy is still required to facilitate play, single patient use should be considered. A risk assessment to support decision making may be appropriate in some instances.

Types of health care settings

Health care in the widest sense, encompasses a wide range of settings including community care (such as GP practices, community health centres) through to acute trusts and tertiary care hospitals. It is important that appropriate conditions and equipment are provided so children using these services have access to age-appropriate play resources. The risk assessment later in the document provides information on how you can assess the risk in your organisation and consider what types of toys may be appropriate.

Within larger organisations such as integrated care systems, hospice groups and hospital trusts/boards, it may be appropriate to have a local policy or guideline based on the principles outlined in this document but containing more detailed descriptions of the local facilities and risk assessment.

Common pathogens

As children interact with their environment differently and more frequently than adults, many of the organisms that they are colonised with, even when not infected, can contaminate the items they interact with. These include bacteria that are found in the gut and respiratory tract, as well as viruses that may be carried asymptotically. Therefore, even when children are not in isolation due to symptomatic infection, there is a risk that the bacteria they carry as part of their normal flora will be passed onto those who are interacting with toys subsequently.

It has been established that when bacteria and viruses contaminate toys and other surfaces they are frequently able to survive for a period of hours or even months. Therefore, the need to be able to decontaminate or control the risk of spread to others does not diminish with time. The table below provides information on how long some common microorganism can survive on surfaces if they are not adequately decontaminated.

| Organism | Duration of survival on surfaces |
|----------------------------------|---|
| Staphylococcus aureus | 7 days – >1 year |
| Clostridioides difficile* | 5 months |
| Klebsiella spp. | <1 hour – 30 months |
| E. coli | <1 hour – 16 months |
| Acinetobacter spp. | 3 days – 5 months |
| Adenovirus | 7 days – 3 months |
| Norovirus* | Norovirus (including <i>Feline calicivirus</i>) 8 hours – 14 days |
| Coronavirus SARS-CoV-2 | 4 hours – 3 days |
| Pseudomonas aeruginosa | 6 hours – 16 months |
| Vancomycin-resistant enterococci | 5 days – 4 months |

* Use a chlorine-based agent to clean equipment (including toys) and the environment, following suspected or confirmed exposure to these micro-organisms.

4. Decontamination (cleaning) of toys

Staff working within the health care setting, where toys are used, must ensure that they are aware of their responsibilities regarding the decontamination of toys.

Areas where children and young people access health care must consider the number of children, including whether they are particularly vulnerable to infection or likely to be carrying infection, when considering the frequency of cleaning; for example, a waiting room full of children with coughs and colds will lead to greater contamination more quickly than a clinic seeing one or two children per day. As a minimum, toys must be inspected and cleaned weekly, however some areas will do this more frequently based on local need.

Consideration must also be given for children who have prolonged admissions (over a week) to ensure toys are regularly cleaned. This may be achieved in a number of ways but could include a wipe down of toys in use daily as part of a bedside clean, rotation of toys to be cleaned at home (if fabric).

If a toy is grossly contaminated (covered in bodily fluid such as vomit or saliva) and cannot be effectively cleaned it must be thrown away.

A local cleaning schedule **must** be devised and kept in an accessible place for communal toys. All staff with responsibility for toy cleaning should be aware of this and comply with its requirements. Compliance with this schedule should be recorded and can be used as evidence if needed for regulatory authorities.

Methods of decontamination

Careful consideration must be given to how toys will be kept clean and maintained before they are purchased. Toys for general use (eg, in a waiting room/playroom) should be able to be cleaned and decontaminated easily and have a non-porous surface (ie, plastic) that is easy to clean. Soft fabric toys should be discouraged in health care settings as these are difficult to clean.

Any toys/games with fabric parts must be able to be laundered in a washing machine at temperatures held at 71°C for three minutes or 65°C for 10 minutes to achieve thermal disinfection; and then dried thorough. Consideration of access to washing machines should be taken before purchasing and the advice of the local infection control team sought if necessary. Consideration should be given as to whether the facility has an accessible laundry suitable for health care items. In trusts with no laundries, parents/ carers may be asked to take soft toys home regularly to launder.

There are a number of different methods of decontamination, as shown in the table below.

| | | |
|---------------------|---|--|
| Cleaning | A process that physically removes contamination but does not necessarily destroy microorganisms. | Examples include using soap and water to clean a toy or a detergent wipe. |
| Disinfection | A process used to reduce the number of microorganisms but may not destroy bacteria spores or some viruses but is considered to reduce the number to a level that is safe. | Examples include using a disinfectant-based liquid or a disinfectant wipe. |

Frequency of toy cleaning

The frequency that a toy needs cleaning will vary from setting to setting and depend on whether toys are shared or allocated to specific children. Those in hospital will need to be cleaned more frequently than in a community child and adolescent mental health clinic, where children are generally physically well. Examples could include:

- after individual patient use
- at the end of sessions (where more than one child has been involved in play, cleaning is only necessary at the end of the session)
- on a daily basis
- on a weekly basis
- mouthed toys should be washed daily and cleaned between patients.

When cleaning toys or play resources, the highest level of cleaning should be achieved at each intervention to reduce risk, wherever possible. Manufacturer's instructions must be considered as part of the decontamination process.

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.

| Toy material | Considerations |
|--|--|
| 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.

| Item used to clean | | Considerations |
|--------------------|-------------------------------------|---|
| Single use wipe | Detergent | These wipes provide cleaning of toy surfaces. The majority of the micro-organisms are removed through physical removal. |
| | Disinfectant | These wipes provide physical cleaning as well as disinfection level cleaning through breakdown of the cell walls of the micro-organisms. |
| | Alcohol | These wipes are not appropriate for cleaning and should only be used where manufacturer's instructions stipulate. |
| | Chlorine | These wipes provide physical cleaning as well as disinfection level cleaning through breakdown of the cell walls of the micro-organisms. Check manufacturer's instructions for compatibility with chlorine. |
| Liquid agent | Detergent | Traditional soap and water with a single use cloth used to provide agitation. Another example could be a washing machine. As detergent is used, cleaning is achieved with this process. |
| | QUAT (Quaternary Ammonium Compound) | These agents combine activity against bacteria and some viruses with good detergency. Their antimicrobial activity is more selective than that of other disinfectants as they don't work well against non-enveloped viruses, such as norovirus. As well as physically removing micro-organisms disinfection is also achieved by the destruction of the cell wall of most micro-organisms. They are inactivated by organic soil, and they should not be diluted in hard water. |
| | Chlorine | These agents have a good broad-spectrum activity against both bacteria and viruses. These agents do not leave toxic residues, are unaffected by water hardness. As well as physically removing micro-organisms, disinfection is also achieved by the destruction of the cell wall of most micro-organisms. They can discolour fabric surfaces and can be inactivated by high levels of organic soil. |

Milton should not be used for the cleaning of any equipment used for play in health care settings. It does not contain any detergent, so will not support removal of contamination.

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':

<https://www.england.nhs.uk/2021/05/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)

BS EN 71 series

Before toys reach the shelves, they must undergo rigorous testing to ensure they are safe for children to use. Safety testing a teddy bear, for example, might include tugging its eyes to make sure a young child couldn't easily pull them out and swallow them, and setting it alight to check whether a child holding a teddy which caught fire would have time to drop it before being burnt.

There are lots of different toys to test, from chemistry sets to swings and slides, and things to test for, such as:

- making sure toys cannot stab, trap, mangle or choke
- checking the fire safety of high-risk products such as fancy-dress costumes, play houses and soft toys
- ensuring children aren't at risk from elements such as lead, cadmium and mercury when sucking or chewing toys, with limits and test procedures for more than 80 potentially dangerous substances, such as solvents and preservatives
- regulating the ingredients in finger paints and requiring that these taste bitter to deter a child from swallowing them.

There are a number of British standards which apply to toy safety standards, in addition to a separate standard which covers the electrical safety of toys. These are:

Key standards

BS EN 71-1:2014+A1:2018: Safety of toys - Mechanical and physical properties

BS EN 71-2:2011+A1:2014: Safety of toys - Flammability

BS EN 71-9:2005+A1:2007: Safety of toys - Organic chemical compounds. Requirements

BS EN 71-10:2005: Safety of toys - Organic chemical compounds. Sample preparation and extraction

BS EN 1176: Standards on children's play safety

BS EN 14960:2013: Inflatable play equipment. Safety requirements and test methods

BS EN 62115:2005+A12:2015: Electric toys. Safety

Labels and warnings

There are a number of labels and warnings which toys can carry to either demonstrate they meet safety standards or to show that they may not be suitable for certain age groups.



All toys on sale in the UK must carry CE marking. This shows that the manufacturer has declared that the toy meets the requirements of the European Directive and is intended for sale in the European community.



Toys may also carry the Lion Mark which indicates to consumers that the manufacturer follows the British Toy and Hobby Association code of practice and guarantees that the toy meets the requirements of BS EN 71.



Toys that might be dangerous for children under three years old must state: Warning. Not suitable for children under 36 months, together with an indication of the risks, such as choking on small parts. They may also include the optional symbol pictured.

Various other labels on certain toys, as required by the European Directive, for example:

- toys such as slides and climbing frames should state: 'For domestic use only', and specify whether they are for indoor or outdoor use
- food that contains toys should state: 'Toy inside: adult supervision recommended'
- water toys such as inflatables must state: 'Warning: only to be used in water in which the child is within its depth and under supervision'.

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 **UN 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
- including sustainability requirements in procurement decisions and careful selection of manufacturers where possible who are committed to sustainable practices
- considering donation or recycling of toys to align with circular economy approaches to achieving net zero.

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:

Sensory bag:

- 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.

Craft bag:

- 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.

Toys and general:

- 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 either low cost/no materials or find a way to deliver standardised resources to every child. Children in isolation can really benefit from this kind of group session online, as it provides an opportunity to mix safely with others. A skilled facilitator, who works to create a relaxed atmosphere that is welcoming and supportive as well as playful, is key in making these sessions successful.

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Further resources

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RCN quality assurance

Publication

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.

Description

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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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact **publicationsfeedback@rcn.org.uk**

Evaluation

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