

2004 - 2005

Family Issues

B.C.'s CHILDREN'S HOSPITAL NEWSLETTER FOR FAMILIES



An Agency of the Provincial
Health Services Authority
4480 Oak St., Vancouver, BC V6H 3V4

Family Issues

is a publication of Partners in Care (parent advisory committee) and the Dept. of Patient/Family Education. It cannot cover all your information needs. Ask until you get what you need.

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As we see it: Parents are Partners

The family is a child's strength and support. The parents are the expert on their child. Health professionals are the experts on health and disease. Everyone's role is important. What we do together is greater than what either of us can do separately to achieve the best health for children. We encourage you to become an active partner on your child's healthcare team.

Partnerships work best when health professionals and families:

- treat each other, students, volunteers and other families with respect and consideration;
- freely exchange information;
- make choices and decisions together and collaborate to plan care;
- help each other with the care and emotional support of the patient and value each other's contribution to this care;
- follow through with plans, and are honest with each other if either is unable to do as s/he agreed;
- have reasonable expectations of each other and are understanding about the stress of lives in and outside of the hospital;
- take account of each other's beliefs, values and views;
- help make the hospital a safe place and maintain the privacy and confidentiality of all.

Sharing the care

In the hospital, the medical and safety needs of the children must come first. We know that the quality of care means more than this and do our best to provide it. Because staffing is not set up to give one to one nursing care to every child, nurses rely on the family to help support their child whenever possible. But our expectations of each other must be reasonable.

Families should not expect that the staff will be able to meet all their child's needs without delays. When a family member is not able to be with a child, the child may have to wait a little longer to be fed, bathed or comforted. This is not too different from a busy home environment where everyone's needs can't be met at once. It is important for staff to understand that it is not always possible for a family member to be at the bedside at all times. We recommend that a parent and the nurse make a daily plan together. Plans should take account of the time when the child will be on his/her own. Parents can do much of the care, but, need not do more than is comfortable. Plans may change each day.

As partners in care, it is important for parents and staff to speak with each other when either feels the expectations are unrealistic.

Wanted

Parent members for the parent advisory committee at Children's Hospital.

Partners in Care is a group of parents and staff who work to promote the respectful partnership between parents and health care professionals in the hospital. We help problem solve the concerns of families and make life in the hospital as comfortable as possible. If you are interested in joining the committee call the Parent Line, local 3500, leave a message and someone will call you back. Partners in Care meetings are held monthly – check noticeboards in the elevators for dates and times. We'd love to have you attend a meeting!

Want to learn how to talk so health professionals will listen, and listen so health professionals will talk?

Ask in the Family Resource Library for “Partners” a self-instructional program (manual and videotape) that helps parents participate as respected and respectful partners on a health care team.

Your child's health care team

Note their names and positions here

Problem Solving

A message from the professionals and staff of the hospital:

We hope you will feel the spirit of partnership in the hospital. Sometimes we may not live up to our good intentions. If we are not doing our part **please prompt us!**

If we don't introduce ourselves and explain our role, **ask us.**

If your privacy or confidence isn't protected, **tell us.**

If no one explains what is happening or going to happen and why, **remind us that you need this information.**

If you are not given choices and are concerned about plans for your child, **ask us to explain all available options.**

If you need time with any member of the team to review your child's situation, **ask for an appointment.**

If your stated opinions or wishes are disregarded, **ask us to explain why.**

If you have concerns about any aspect of your child's care, **talk this over with the person responsible.**

If you are not satisfied with the responses you get, **discuss the issues with the Program Manager for your unit.**

If your concerns are about medical treatment or relationships to physicians, **discuss these with the Medical Director of the unit.**

If you need support and guidance around discussing your concerns, call the Parent Line 604-875 3500. Leave a message with information on how you can be reached. A parent from Partners in Care will call you back within 24 hours to give you some advice.

It takes a team to treat a child

Knowing who is doing what and why

Many different health care professionals will treat your child. Meeting so many people in a short time can be confusing.

- As each new person comes to the bedside, introduce yourself by the name you wish to be called (otherwise you may be “Mom” or “Dad”).
- Ask the person to explain his/her role and what s/he will do for your child. Use the space at the side of this page to make notes to remind you of who is who.

Always remember that you are an essential part of your child's care team. The touch of your hand, the sound of your voice and the familiar ways that you comfort are important to healing.

Wanted

Tips on how to learn more about your child's condition.

- Tell team members up front that you want to be informed about the condition and kept up to date on test results and treatment changes.
- Write down your questions so you don't forget them. Make them as specific as possible. Careful questions are more likely to get quality answers.
- If you need an in depth discussion phone the attending physician's office for an appointment. This is better than grabbing her/him in the corridor.
- The nurses, therapists, pharmacists and other health professionals can often give you the information you need. They may be more available to talk with you.
- Different health professionals may give you somewhat different answers to your questions. Some parents find this frustrating. They feel that there is confusion among the team and worry that their child is not getting the best care. Medicine is not an exact science. Each person may view the medical situation with a different experience. These differences can in fact add to your understanding and to your child's care.

Treatment decisions are made taking everyone's experience into account. If you are confused or worried about what you hear or read, ask to speak to the attending physician.

- Do some reading about your child's condition in the Family Resource Library to increase your understanding.

Who's the doctor?

There are consultants, attending physicians, specialists, residents and fellows – who's our doctor? All of them may be your doctor.

The attending physician is a **specialist** in child health (pediatrician) who takes overall charge of your child's health care plan. The attending physician may also have a more specific specialisation such as cardiology (hearts) or oncology (cancer).

Consultants are doctors who have specialized in one particular body system. They give expert advice to the team.

Residents and **fellows** are fully qualified doctors who are now training as specialists. They provide most of the day to day medical care. They work under the guidance of the specialists.

Students in the hospital: Making sure tomorrow is at least as good as today B.C.'s Children's Hospital is a teaching hospital and a research centre

The hospital provides training and clinical experience for the doctors, nurses and other health professionals of the future. Our children benefit from the expertise that the teaching staff provide and from the extra care that the students give. Without this practical training tomorrow's health professionals could not gain experience. Please be encouraging and helpful to the students. However, if you have just settled your child, you can talk with the student about coming back another time. Families have much to teach young students about the care of children. You can teach how to reassure and comfort a child. You can teach respect for their sleep and play needs. This is important knowledge.

Signing Consents

All surgery and many treatments require special consent. Legally your child cannot be treated without it.

Some families do not feel comfortable asking about the procedure. However, you really cannot give an informed consent without good information. Learn about the procedure, do some research in the Family Resource Library, make a list of questions, write down answers so you can review them later. Be aware that in some emergencies you won't have time to ask anything. You and the healthcare professionals will have to act immediately.

Here are some questions you may want to ask

1. How will this procedure be of benefit?
2. How is "success" for this procedure defined? What is the best outcome we can hope for? What is the worst outcome that might happen?
3. Are there other options to get similar results? What will happen if we do nothing?
4. How much time do we have to make a decision? Why is it better to do it now rather than later?
5. What are the most common complications and how often do they occur? What is the major complication and how often does it occur? What are the complication rates reported in the literature? How do yours compare?
6. Who will perform the surgery/procedure? What experience has s/he had with this type of surgery/procedure? How successful have the others been?
7. What are the risks and complications of the anesthesia planned for this procedure?

Hint: Repeat back information to make sure you have understood it correctly.



Lost again!

Find more information about Partners in Care, the Family Centred Care Awards, and the Registry of Hospitals in BC, go to www.cw.bc.ca/_partnersincare/home.asp.

Finding your way around is a challenge. The hospital is spread across 3 buildings: the Children's Hospital building, The Ambulatory Care Building (ACB) and the Shaughnessy building. Most of the wards are on the 3rd floor of Children's with a few exceptions. Most clinics are in the Ambulatory Care building and testing areas are on the main floor of all the buildings. The buildings are arranged in blocks labelled A, B, C, etc. Within each block the rooms are numbered. The Information/Registration desk in the lobby of the Children's Hospital will give you a room number and directions.

Use this formula to figure out:

The first number refers to the floor – 3F will be on the third floor in F block. If the number is before the letters – 3F – the room is in the Children's Building. If the letter is before the number – F3 – the room is in the Shaughnessy building. The numbers that follow – 3F10 – give you the number of the room within that block. Watch for directional signs on the walls and overhead. In the new Ambulatory Care Building e.g. K2-125, K refers to the building, 2 is the 2nd floor, and 125 is the room number.

Where can I find . . . ?

BANK MACHINES

Children's lobby,
Shaughnessy Café B1,
Ambulatory Building lobby.

LIBRARY

Health care information:
Family Resource Library,
Rm K2-126.

Books/Magazines:
3A/3C Playroom,
3rd floor Kiosk.

Medical library:
Hamber/UBC library,
2nd floor,
Rm 2H44.

CHANGE TABLES

In washrooms:
Children's – Admitting,
1A, 1D corridors,
2C1. Shaughnessy –
Clinics A2 and A3.

LOCKERS

In chairbeds on the wards. Ask if you need a locker. Keys available from Family Resource Library, Rm. 3D23.

CHAPEL

2N30, 2nd Floor of Women's Hospital.

COFFEE NIGHTS

M / W / Th
7:30 - 9:30 pm
Open to all adult family members
Room #3D3 –
Children's 3rd Floor (Red Cross Family Support).

MICROWAVE

Shaughnessy Café and at the nourishment stations on the 3rd floor wards.

OUTDOOR PLAY AREAS

3rd Floor, use exit doors of your unit or from 3A / 3F / 3M and 1B.

E-MAIL ACCESS

Family Resource Library, K2-126 and 3rd Floor Kiosk.

PARKING PASSES

Purchase from the pay stations or from the cashier in the B.C. Women's Hospital Lobby. See page 8 for detailed parking information.

EMERGENCY CLOTHING / SUPPLIES

Ask hospital staff or Red Cross Volunteers. These clothes are for patients / family in emergency situations only.

PARENT LOUNGES

Adults only in these lounges. They are one of the few places where parents can take a break from children: 3B / 3M / ICU / SCN.

FAX MACHINE

Family Resource Library, K2-126.

PHARMACY

Lobby of Ambulatory Care Building
Mon. to Fri. 9:00 am to 12:30 pm, 1:30 pm to 4:30 pm. Closed statutory holidays and hospital closure days.

ICE MACHINE

3rd Floor, near 3A / 3C Playroom.

PHOTOCOPIER

Family Resource Library, K2-126.

LAUNDRY FACILITIES

3F48, next to green elevators (\$1.00 per load).

PLAYROOMS

3rd Floor,
3A / 3C, 3M.

LOST & FOUND

Call Security loc. 2999.

QUIET ROOM

A private space, 3rd Floor, Room 3D18, beside 3B; telephone available. Please don't sleep in here! It means other parents have no where to go when privacy is urgent.

SECURITY GUARD

Non-emergency: ext. 2999;
Emergency: ext. 8400.
Will escort you to your car at night.

SHOWERS

3rd Floor, 3B Parent Lounge, 3M or your child's room.

SOMETHING TO EAT

Second Cup – Children's Lobby; Shaughnessy Café – B1; On the Go Bistro – BCW lobby; Starbucks, ACB

STAMPS, FILM, PERSONAL CARE ITEMS

Gift Shop – Lobby of Children's.

SUGGESTION BOXES

Parent Lounges, most Clinic Waiting Rooms, outside 3rd Floor elevators.

TAXI PHONE

Children's lobby, beside parking elevator.

TELEPHONES

Lobby of Children's (near Second Cup), Parent Lounges, Outpatient Clinics (ask the Unit Clerk). TTY machine available in Emergency Department.

VIDEOTAPES FOR KIDS

Video cupboard on each unit.

T.V.

Four free channels and 2 video channels available in patient rooms. T.V. also available in the parent lounges.

VENDING MACHINES

Children's main floor off lobby. Shaughnessy Café, Ambulatory building.

WHEELCHAIR / STROLLER / WASHROOMS

Children's Admitting, 3M, Daycare Surgery.

SMOKING AREA

Covered area outside Children's cafeteria. Patio outside Shaughnessy cafeteria. **Please do not smoke on the balcony outside the 3rd floor wards.**

Some titles in the Family Resource Library

Child not eating?
Depressed youth?
Want to know more about a treatment or drug?
Child diagnosed with a condition you know nothing about?

The Family Resource Library is free and here to help you with information

Surf the web
Check your email
Use MSN Messenger
Look for health information
Use the fax, photocopier, printer or video player

Find us at:
Room K2-126, Area "11"
2nd floor of the
Ambulatory Care Building

Hours:
Monday to Friday 10 am-4pm

Call: 604.875.2345, ext. 5102
Toll free: 1.800.331.1533, ext. 2
Fax: 604.875.3455

Email: famreslib@cw.bc.ca
Website: www.cw.bc.ca/library

Mail:
Room K2-126,
B.C. Children's Hospital,
4480 Oak Street,
Vancouver BC V6H 3V4

Services to help cope with the distress of illness:

- Spiritual Care: Chaplain on-call 24 hours/day, 7 days/week, pgr. local 2161
- Social Work: local 2149
- Psychology: ask for a referral
- Child Life specialist: local 3400

Some of us need a little help managing needles and other Owies!

If your child is stressed by medical tests and procedures ask the child life specialist in your area to help. Child life specialists can support the child through the procedure. They can also teach both of you some techniques to play the hurt away or, for youth, use relaxation and imagination to master the stress.

When you need a bite to eat

Meals on the food service carts are for the patients. Ask the catering associates for information about parent/visitor meals.

Shaughnessy Café is in B1. It has the greatest variety of food. It is open 7:00 am to 7:00 pm Monday to Friday; 8:00 am to 6:30 pm on Saturday and Sunday; and 8:00 am to 5:30 pm on statutory holidays. Hot meals and freshly made sandwiches are available. If you want a full service evening meal, be sure to get to the Cafe at least 15 minutes before closing time. Specific opening times for meals are listed on the wall in the Cafe.

Second Cup coffee bar is in the lobby. Specialty coffees, drinks and baked items are available from 6:30 am to 10:00 pm daily.

On the Go Bistro is in the BC Women's Hospital lobby and features Tim Horton's coffee, baked goods, fresh salads and sandwiches. Monday to Friday from 6:30 am to 5:00 pm.

Buying meals can get expensive if you are here for a long time. Here are some other alternatives:

Each ward has a kitchen nook called a "Nourishment station". It is usually stocked with drinks and snacks for the patients only. (Please do not offer these snacks to anyone who is not a patient.) But, you can use the fridge, microwave, kettle and toaster in this area. Label the food you bring in with your name and the date. Make the label large! Bring your own mug and plate if possible. Please clean up after yourself.

- It is possible to order in food from restaurants. Ask the unit clerk at the desk how to do this.
- Ask family and friends to bring something in for you to eat.

Parent caught napping!

There is space, and a fold up cot or chairbed, for one parent to stay beside his/her child in most rooms. Space is very scarce in the hospital so if there are other family members who need accommodation please check the "In the vicinity" pamphlet or the "Accommodation File" in the Family Resource Library for some suggestions.

Even with a bed, if you are here for a long stay, you are going to get desperate for sleep. You may need to organise a night outside the hospital from time to time.

Please don't sleep in the Quiet Room. This is the only place a family can go for a few minutes of privacy, prayer or quiet reflection. In the hospital a family may need this space urgently at any time of the day or night. As parents we need to help each other.

Visitors

Parents are not visitors. They are part of the 24 hour care team. The best time for others to visit is between 2:00 pm and 8:00 pm.

Very sick children need rest and calm. The more people there are, the more stressful the environment. Please think about this if many visitors arrive at the same time. Too many visitors can be a problem when you are sharing a room with other families.

Brothers and sisters are welcome. Long visits can get very boring for them so keep their visits short. Children under 12 years shouldn't ever be left without an adult. Child life specialists can sometimes include siblings in play programs if they have enough volunteers to help.

Protect the children from infections

Infections spread quickly and are more dangerous when children are already sick. We can all play a part in protecting children in the hospital:

Ask any visitor who is not feeling well to **stay away** from the hospital.

Ask your family or friends not to visit if they have been with anyone who may be infectious. **(Chicken-pox can be very dangerous for already sick children.)**

Wash your hands often and well. Handwashings help control the spread of infection.

It's just routine - "wait a minute - it's not our routine"

The medical needs of the child – tests, treatments – come first. Other routines must give way. But, just so you have some sense of a hospital day, it goes something like this.

7:00 am

Nursing shifts change. This can be a hectic time when the nurses coming on duty learn what has happened for the patients during the last shift and plan the care for their shift. If possible, postpone calling for a nurse during this first half hour. Parents get up and tidy away the bed etc. Breakfast arrives sometime before 8:00 am.

9:00 am – 11:30 am

School children who are well enough go to the schoolroom. Vancouver School Board teachers help them keep up with their work. Preschool children can join the play program in the playroom closest to their ward. Ask the Child Life Specialist for more information about play opportunities for your child.

Noon

The food service cart comes a little before or after.

2:00 pm – 3:30 pm, Tuesday to Sunday

9:30 am – 11:30 am, Weekends

Play sessions can be arranged with the Child Life Specialist as needed and the playroom is accessible at all times. Teachers can help children at the bedside on weekdays.

5:00 pm

The food service cart comes around now.

7:00 pm

Nursing shift change.

8:00 pm

Visitors should leave and children settle for the night.

Medical rounds are a daily event but they happen at different times on each unit. The specialists are joined on their rounds by residents, students and other members of the health care team.

Give me a break!

Being here can be emotionally draining and physically exhausting. The longer you are here the more important it becomes to take a little time out. You will do better if you do things like:

- take the occasional walk
- take a break with a friend who is a good listener. Step out onto the balcony or go into the parent lounges that are for adults only. Please respect this adult space. If you have other children with you use the closed courtyard area off 3M.
- go to a Red Cross coffee evening held Mon., Wed., Thurs. evenings in Room 3D3.

A good time for you to shower, eat, or take a break of some sort, is during play programs when there are child life specialists and volunteers to care for the children in the playroom. You can also ask the child life specialist if there is a volunteer who can be with your child while you rest.

Reminders

For important information about laundry, sleeping, smoking areas, etc. see pages 4 and 5.

Breast pumping room – 2C2; | Rentals – Rm A109, call loc. 3020 for times. Help with breastfeeding – call Lactation Services, loc. 2282.

Immunizations: The current recommended schedule for immunizations begins when most babies are 2 months. Children routinely are immunized at these ages:

- 2, 4, and 6 months
- 18 months
- 4-6 years old
- in Grade 6
- 14-16 years old

Adults need a *tetanus* booster every 10 years after Grade 9. The ages are guidelines only - it is never too late to start. Children at high risk due to illnesses or treatments may require more vaccines; others with critical illnesses may have to wait briefly for certain shots. Check with your child's doctor to see if a different vaccination schedule should be followed.

Health & Wellbeing: Advice from the pro's

Protecting all children: Immunizations

As parents, you make many choices about how to keep your child happy and healthy. One such choice is whether or not to immunize your child against certain illnesses. Immunizations can help by making the immune system create antibodies that fight against some illnesses caused by microbes or "bugs". If your child is exposed to that microbe after getting immunized, his or her body is more capable of fighting the infection before becoming ill. By getting children immunized, we are decreasing their chances of getting some diseases that are unpleasant, harmful and sometimes life threatening. Immunizing your child also helps protect others around them who may have a decreased immunity, such as children who are very sick or very young.

Some parents worry about possible harm coming from immunizations. Usually this worry comes from stories read or heard about children who get side effects. The side effects of immunization vaccines are usually mild such as a sore arm or a slight fever. Talk to your community health nurse or your physician about your concerns, and know what to look for with the side effects and what you can do to help. A website some parents find helpful is www.immunize.org/stories/

The immunization schedule is available at www.cdc.gov. Some vaccines can be combined when given. The benefits of immunization to the health of your child and their community far outweigh the studied risks. Because of this, almost all of the necessary ones are free.

This information came from the Centre for Disease Control and Prevention.

Helpful Hints from Families with Bitter and Sweet Experiences:

"As an extra safety check, I ask the nurse to say out loud the name and dose of the medication each time before she gives it to Lucy."

"I kept daily records of treatments, new drugs, doses and side effects. I wrote about Jeff's mood, sleep pattern and appetite. I became a more reliable member of the team caring for him."

"I asked the nurse each morning for the plan for the day. This helped me prepare my son for tests. If I heard about a test or new procedure my child was to have I asked him "What do you think will happen at this test?" It

helped me learn his fears and give him some information about it. He often told me about fears I wouldn't have thought about. I had great support from the child life specialists when I asked them to help me explain things to him."

"My child likes me to be with her during the procedures so I always ask who makes that decision about whether we can be with her and how can we let them know that we want to be there."

"I made sure the staff knew my kid as a person not just a sick child. I pasted a

picture of her on the whiteboard and wrote things like: Jan's favourite juice is grape. She never goes to sleep without her bunny – Cuddles."

"Make a list of things you need done and when friends ask if there is anything they can do for you – ask them to pick something from the list. I wish I had had the guts to do that more often. I really did need help and the friends whom I asked told me afterwards that it made them feel so good." There is a pamphlet #206 "YES YOU CAN HELP" to give your friends and family some ideas. Pick it up from the Family Resource Library."

Parking

The hospital parking has been reorganized over the past months. Many more parking spaces have been added. Some spaces have been marked as “patient only”, most of which are located along the back wall of the parkade under Children’s Hospital. Five new “ATM style” automated pay-stations have also been added. **The pay-stations allow you to pre-pay at them when you leave so you do not have to get in line at the cashier.** You then have 15 minutes to exit after paying.

Health care budgets do not cover the provision of parking facilities. Parking fees pay the costs to provide, maintain, and operate parking facilities at C&W. **To help with parking costs for those using the hospital often, we offer the following general parking passes:**

- 1-week pass \$30.00
- 2-week pass \$50.00
- 1-month pass \$95.00

You buy these 3 types of passes from any of the pay-stations. Put in your “entry ticket” into the machine. A “menu” will come up from which you can select which type of pass you want to purchase. You can pay with cash or credit card.

There are two other passes that are available only for families:

- **Family 30-hour pass \$40.00**

This multiple hourly pass is for people who must make many clinic visits. The maximum daily charge is 5 hours.

- **Family 30-day pass \$55.00**

This Pass is for families of long stay patients. You can use it as much as you need for 30 days after issue. *Families must get a form from their ward/social worker that shows that they are entitled to the 30-day pass.*

You cannot buy these 2 discounted “Family Passes” at the pay machines. Families must go to the cashier’s office in the Women’s Hospital lobby for payment and issuance of the 30-hour pass and the 30-day (with form) pass. Hours: Weekdays 8:00 am to 3:45 pm

Note: The cashiers at the parking booths do not sell passes.

Disability parking spaces closest to Children’s Hospital:

- Parkade – (5) next to elevator entrance
- Emergency – (2) in front of entrance
- Ambulatory Care Building – (2) at east end parking lot

There are also 29 additional spaces in other lots and along the ring road

Short-term parking spaces:

These spaces are designed to provide turn-over at critical areas. Please read the signs for the space in which you park. Cars parked in short-term parking spaces beyond the allowed time are ticketed.

Current Happenings

Patient Charts – Whose information is it anyway?

As an active member of your child’s healthcare team, you may find yourself wondering what caregivers are putting and writing in the chart and how much access you have to your child’s health care record or their chart. After recent study, we have shifted from

“We don’t give the chart except for exceptions”

to

“we do give the chart except for exceptions.”

To access your child’s chart:

Ask a hospital staff member involved in your child’s care. They will:

- Check that you are the patient or the legal guardian of the patient.
- Give a “Chart Access Information Form” to you to read and sign.
- Check that there are no exceptions.

The exceptions where you may not be given access to a chart are:

- The child has been identified as one in need of protection.
- The chart contains third party information that may be harmful. A third party is a person who is NOT the patient, the legal guardian, or a hospital staff member, doctor or volunteer.
- The staff member has a reason to believe that the patient or their legal guardian has not given consent freely.
- The chart has been secured for legal reasons.

If there is an exception, the “Information & Privacy Coordinator” is called to make a decision based on legal expertise to protect your child’s rights and safety.

As a parent, you always have the right if:

- The patient is an infant or a young child. If your child is able to understand the information in the chart, then they own the information and you will need to get their permission to see the chart. (Unless admitted under the Mental Health Act).

To put it simply, most parents need to just ask a member of your healthcare team if you can see the chart.

If you have any questions, please call the Information & Privacy Coordinator at BC Children’s Hospital at 604-875-3202 or 604-875-2915.

Safety Alert

- Call **Security local 2999** if you want someone to walk with you to your car at night.
- Make sure the railings of the child’s cot/bed are up when you leave the bedside.
- If you take your child off the ward, please tell the nurse where you are going.
- Please don’t pick up someone else’s child even though it is hard to hear a child crying. Call a nurse if you are concerned.
- Stay with the toaster or kettle that you have switched on – burnt toast sets off the fire alarms.
- **Lock away your valuables or better still leave them at home. The only lockers available are under the chairbeds. If you have a need to lock stuff away, ask for a chairbed and get the key from the Family Resource Library. You will need a \$5.00 deposit.**
- Help us keep corridors free of clutter. Please don’t push chairs or your cot into the halls.
- Report suspicious people and activities to staff, call Security at local 8400.
- If a fire/emergency alarm sounds, stay at, or return to, your child’s bedside. Wait until the all-clear bells sound or you receive further instruction from staff.

