Intimate care and nappy changing policy

Times of the day such as intimate care and nappy changing make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

For children still in nappies

- Young children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. Where the layout of the setting makes this difficult to achieve, the setting manager completes a risk assessment to ensure that alternative arrangements are in place. Children will not be changed in play areas or next to snack table.
- Key persons have a list of personalised changing or checking times for the children in their care.
- Key persons undertake changing their own key children wherever possible; back up key persons change them if the key person is absent. The key person when nappy changing will let another member of staff know so they can observe them.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are objects of interest to take the child's attention.
- Each child has their own bag containing their nappies and changing wipes which is kept on their coat peg.
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for wet/soiled nappies.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
- Key persons never turn their back on a child or leave them unattended on a changing mat.
- Key persons are gentle when changing; they allow time for communicating with the child, talking, and responding to the child.
- Key persons avoid pulling faces and making negative comment about the nappy contents.
- Key persons do not make inappropriate comments about child's genitals, nor attempt to pull back a boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.
- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child's parents. Where this is not possible it is explained to parents the reasons why. The

use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.

Nappy changing records.

- Key persons record when they changed the child and whether the child passed a stool and if there was anything unusual about it e.g. hard and shiny, soft and runny or an unusual colour.
- If the child does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents will be informed. The child may be constipated so their diet may need to be adjusted.
- A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.
- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called to inform them, and that if any further symptoms occur, they may be required to collect their child.
- Sometimes a child may have a sore bottom. This may have happened at home as a result of poor care; or the baby may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the child without a nappy in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure in Administering Medicines Policy.

Young children, intimate care and toileting

- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked. A note is to be made on the toileting form if this occurs.
- Key persons are responsible for changing where possible. Back-up key persons take over in the key person's absence, but where it is unavoidable that other members of staff are brought in, they must be briefed as to their responsibilities towards designated children, so that no child is inadvertently overlooked and that all children's needs continue to be met.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- A selection of spare clothes are kept by the setting and they are checked to ensure they are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

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To be reviewed annually