

Intimate care and nappy changing

Prime times of the day 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.

Nappy Changing

- Children are changed at the changing table in the preschool toilets, the toilet door will remain in open to ensure that this is within sight or hearing of other staff whilst maintaining their dignity and privacy at all times.
- Children are checked or changed regularly at key points during the day, and are changed as soon as they are soiled.
- Where possible, key persons undertake changing their children, with back up key persons if the key person is absent.
- Nappy changing areas are warm; there are no bright lights shining down in children's eyes.
- There are mobiles or other objects of interest to take the child's attention.
- Each child has their own bag to hand, containing their nappies and changing wipes.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
- 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 happy time for children.
- 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. They allow time for play and 'rituals' that the child enjoys, such as gently tickling tummies or toes.
- Key persons avoid pulling faces and making negative comment about the nappy contents.
- Key persons do not make inappropriate comments about babies' genitals, nor attempt to pull back a baby boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.

Nappy changing records.

- Key persons record when they changed a 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.
- 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 must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. If this includes the use of a medicated nappy cream such as Sudocrem, this must be recorded in line with our Administration of medicine procedure.

Young children, intimate care and toileting

- Wherever possible, key persons undertake changing young children in their key groups; back-up key persons change them if the key person is unavailable.
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- 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 mobiles or other objects of interest to take the child's attention.
- 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.
- Each young child has his/her bag to hand with their nappies/pull ups and changing wipes.
- 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 are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- 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.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- The procedure for dealing with sore bottoms is the same as that for during a nappy change.
- 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.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- Spare clothes are kept by the setting, which 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.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.