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Registered Charity Number: 1044583

Ofsted number: 253986

**Intimate care and nappy changing Policy**

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.

**Young Children**

* Young children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. The member of staff changing the nappy will alert another member of staff before doing so.
* Key persons undertake changing children in their key groups wherever possible; back up key persons change them if the key person is absent.
* Nappy changing areas are warm and welcoming.
* There are wall motifs to gain the child’s attention and promoting communication and language skills.
* Each child has their own bag from home, 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 nappy changes.
* 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 are gentle when changing; they allow time for communicating, talking, and responding to the child’s sounds.

* 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 the child and whether the child has passed a stool.
* 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, 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 child 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. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure **Administration of medicine.**

**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 absent.
* 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.
* 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 own bag to hand with their nappies/pull ups and changing wipes and a change of clothes.
* 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.
* 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 babies.
* Older children use the toilet when needed and are encouraged to be independent.
* Members of staff do not wipe older children’s bottoms unless there is a need, or unless the child has asked.
* 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 overlookedand 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.
* If spare clothes are kept by the setting, they are ‘gender neutral’ i.e. neutral colours, and 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.
* All nappy changes, bathroom assistance and personal care is recorded in the care diary signed by the member of staff and the witness.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables.