09 Childcare practice procedures

**9.7 – 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.

* Children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. We use our disabled toilet area for nappy changing, we also use this area for changing wet or soiled clothes, this may also be done in the toilets, staff will notify another member of staff they are 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.
* There are pictures books or other objects of interest to take the child’s attention. 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, talking, and singing songs.
* Each child has their own back pack to hand, containing their nappies and changing wipes and spare clothes.
* Young children may be put into ‘pull ups’ as soon as they are comfortable with this and if parents agree.
* 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.
* 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 a handryer there are also 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.
* Older children use the toilet when needed, staff will let them out to the toilet area and remain close by. The children are encouraged to be independent.
* The children are encouraged to wipe their own bottoms . Staff may wipe the child’s bottom when needed to avoid the child becoming sore.
* Parents are encouraged to provide enough changes of clothes for ‘accidents when children are potty training.
* Spare clothes are kept by the setting, they are in clean, 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 members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
* Key persons will not pull faces or make negative comment about the nappy contents.
* Key persons do not make inappropriate comments about children’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.

**Nappy health**

* 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 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 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 **Administration of medicine.**

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