



## **Nappy Changing, Toilet Visits and Intimate Care Policy**

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### Version Control Log

Date	Date agreed with Managers	Overview of changes
May 2018	TBC	Revised policy to reflect improved practice after receiving constructive feedback from a parent.
March 2019	March 2019	Review in line with the PLA new policy.

## **Nappy Changing and Toilet Visits**

### **Policy statement**

No child is excluded from our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents/carers towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **Procedures**

#### **Nappy changing**

- Two members of staff are always present.
- The Key Person who is on the rota will check children who are on nappies and on toilet training every half an hour or more frequently where necessary.
- During prolonged periods of outdoor play, children who are in nappies or are toilet training will be checked at least every 15 minutes or more regularly if needed.
- ALL checks MUST be recorded on the nappy changing log, regardless of whether or not the nappy or clothes have been changed, i.e. if a child's nappy is clean and dry and does not require changing, this must be recorded.
- An additional nappy check will take place around the time the child is due to go home to avoid travelling in a soiled/soaking wet nappy'
- Nappy changing records are retained in a secure area.
- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own bag with all necessary changing equipment, supplied by the parent/carer.
- Gloves and aprons are put on before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Key persons are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Staff should never turn their back on a child or leave them unattended whilst they are on the changing mat.
- 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 should be encouraged to wash their hands and have soap and 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 for young children.

- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically and in accordance with legislation. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for parents/carers to take home.
- We often have students in our setting. As part of the teaching process, long term students (with a college/placement DBS) are permitted to change nappies, under close supervision from a member of staff.
- NB 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. Settings have a 'duty of care' towards children's personal needs.

### **Intimate Care and Toileting**

Little Owls will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence will be refused admission.
- No child will be sent home or have to wait for their parents/carer due to incontinence.
- Adjustments will be made for any child who has delayed incontinence.
- During toilet visits of the children, two staff needs to be present - one to assist the child if needed, the other to witness events.
- The toilet door MUST remain open at all times.
- When taking children to wash their hands for snack, two staff must be present.
- Staff has a separate toilet area for their use only.

### **Best Practice**

When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child.

All staff working in early years setting must have a DBS check.

Particular staff members may be identified to change a child with known needs and they plan and record their work with that child.

### **Intimate Care Tasks**

Intimate Care covers any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

### **Dealing with body fluids**

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by double bagging the relevant items. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children's clothing with be

bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

### **Partnership with Parents/Carers**

Staff at our setting work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together we will produce a care plan. The care plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required then the reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following (delete as appropriate):-

- Spare nappies
- Wipes, creams, nappy sacks etc
- Spare Clothes
- Spare underwear

### **Safeguarding**

Staff are trained on the signs and symptom of child abuse which in line with Devon Safeguarding Children's Board guidelines and are aware of the DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Designated Safeguarding Officer (DSO) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the DSO/Manager will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the DSO/Manager will seek advice from other agencies; complying with any Data Protection/Information Sharing regulations, legislation etc.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding AND Managing Allegations Policies will be followed.