



Nappy changing, toileting and intimate care policy

Policy Statement

All children can attend our setting whether they are toilet trained, toilet training or 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 make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill as specified in the Early Years Foundation Stage Curriculum, that children have the opportunity to learn with the full support and non-judgemental concern of adults.

The Deputy Manager or Lead Practitioner is responsible for ensuring that all children's changing needs are met every session.

Nappy Changing Procedures

- Information about a child's changing/toileting routine should be obtained from the parents by the key person prior to the child starting at Pre-School; this information should be regularly reviewed and updated to ensure that the changing needs of the child are met.
- All staff are aware of the changing needs of all children during each session. This is displayed in the changing area. All children are changed at least once per session and more if required.
- Children should either wear nappies or 'pull ups' with side openings for ease of changing.
- Noticeably wet/soiled nappies will be changed as soon as is practicably possible.
- Key persons undertake changing young children in their key groups; as this is not always possible back up key persons change them, as delegated by the Deputy Manager/Lead Practitioner, if the key person is absent.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Key persons do not make inappropriate comments about young children's genitals when changing nappies.
- 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 to hand with their nappies or 'pull ups', changing wipes and if applicable nappy cream; nappy cream will only be applied at the parents/carers request and upon receipt of a signed consent form.
- Gloves and aprons are put on before changing starts and the areas prepared.
- The changing station is wiped with antibacterial spray before use.



- Fresh paper towel is put down on the changing station for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Nappies are put into the nappy bin which is emptied weekly.
- Any wet/soiled clothing is rinsed and given to the parent/carer in a plastic bag with a record of when their child was changed.
- Details of nappies changed are detailed on the Record of Personal Care Form.

Toileting Procedures

- As a child moves from nappies to being fully toilet trained, the parent/carer and key person will meet and agree how best they can work together to support and assist the child during these early stages.
- Children access the toilet when they have a need to and are encouraged to eventually be independent.
- Staff members only assist children to use the toilet when it is necessary and appropriate.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk.
- Children are encouraged to wash their hands and have soap and towels to hand. They are allowed time for some play as they explore the water and soap.
- Anti-bacterial hand wash liquid or soap is not used for young children.
- Children who are fully toilet trained are encouraged to use toilet paper to wipe themselves and flush the toilet.
- Details of children changed are detailed on the Record of Personal Care Form.

Intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of the genitals. Examples include care associated with continence.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at the setting work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The setting is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The setting recognises that there is a need to treat all children with respect when



intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes.
- There is careful communication with each child who needs help with intimate care, in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children will be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as they can.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child's needs help with intimate care. Where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the Safeguarding Lead. A clear record of the concern will be completed and referred on if necessary. (See Safeguarding Children Policy)
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process, in order to reach a resolution. The child's needs will remain paramount. Further advice will be taken from outside agencies if necessary.

Any member of staff changing a child will always make another member of staff aware that they are about to do so beforehand.

If young children are left in wet or soiled nappies, 'pull ups' or clothes in the setting, this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.

This policy was adopted by	Silsoe Pre-School
Date	July 2020
Review date	July 2021