



## Early years practice procedures

### **Prime times – Intimate care and nappy changing**

Prime times of the day make the best of routine opportunities to promote links to the child's personal and emotional development and to create opportunities for learning. A child's privacy is maintained during nappy changing and toileting, whilst balanced with safeguarding considerations.

#### **Nappy changing/Toileting and intimate care**

- Babies/young children are usually changed within sight or hearing of other staff whilst always maintaining their dignity and privacy.
- Staff have a list of personalised changing or checking times for the babies and toddlers in their care.
- Nappy changing areas are warm and provide calming surrounding with mobiles and or other objects of interest to engage the child.
- Each child has their own basket/draw to hand, containing their nappies, wipes and cream. Cream will be applied when required.
- Aprons are available for staff 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.
- Staff never turn their back on a child or leave them unattended on a changing mat.
- Staff are gentle when changing; they allow time for communicating with the child, talking, and responding to their level of communication i.e., baby's sounds, single words.
- Staff do not make inappropriate comments about a child'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.
- From 18 months we will introduce the toilet and encourage each child to sit on the toilet during their personal care time to help them become familiar and comfortable ready for their next stage.

- During the introduction to the toilet boys will be encouraged to sit down and not standing up as this can create issues with their bowel movements.
- Within the nursery we will avoid the use of a potty as this promotes a smoother transition without the need for a second transition from potty to toilet.
- We encourage and guide a child to sit on the toilet for a minute of their age and waiting an hour and a half between visits to the toilet if they do a wee and don't ask to go again within this time frame. If they do not do a wee on the first occasion, we will attempt again every 20 minutes.
- 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.
- 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.
- 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 partnership with the child's parents/carers.
- Older children use the toilet when needed and are encouraged to be independent with the child always insight or sound. Staff are on hand to support when needed.
- Parents/carers are encouraged to provide enough changes of clothes for 'accidents when children are toilet training.

### **Nappy changing / toileting records.**

- All nappy changes are documented on the App and details are added if required; for example, loose stool, sore bottom. During the toileting process we also document visits to the toilet and any accidents.
- 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.
- Exceptionally 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/carer should be informed, and that if any further symptoms occur, they may be required to collect their child.
- Sometimes a baby may have a sore bottom. This may have happened due to poor care; or the baby may have eaten something that, when passed, created some soreness. The baby 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 suggesting that a stronger nappy cream is provided in some circumstances. If a medicated nappy cream is prescribed by the doctor, this must be recorded as per procedure - Administration of medicine.