**Jumping Beans Greenhithe** 09 Childcare practice procedures

**09.9 Prime times – 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.

* Young children are usually changed within sight or hearing of other staff whilst always maintaining their dignity and privacy. Where the layout of the setting makes this difficult to achieve, the setting management completes a risk assessment to ensure that alternative arrangements are in place
* Practitioners have a list of personalised changing or checking times for toddlers in their care.
* Practitioners are on a rota to undertake changing children
* Nappy changing areas are warm; there are no bright lights shining down in children’s’ eyes.
* There are objects of interest to take the child’s attention.
* Each child has their own bag to hand, 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 soiled nappies. Masks are to be worn in high contagious outbreaks e.g. covid outbreak
* All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
* Practitioners ensure that nappy changing is relaxed and a happy time for children.
* Practitioners never turn their back on a child or leave them unattended on a changing mat.
* Practitioners are gentle when changing; they allow time for communicating with the child, talking, and responding to the child
* Practitioners avoid pulling faces and making negative comment about the nappy contents.
* Practitioners do not make inappropriate comments about babies’ 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 changing records.**

* Practitioners record when they changed the baby and whether the child passed a stool and if there was anything unusual about it e.g. hard and shiny, soft and runny or an unusual colour.
* 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. Constipation in children is not ‘normal’ and every effort is made with the parent to help them adjust the diet until soft, formed stools are passed.
* 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 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 use of nappy cream. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure 04.2 Administration of medicine.

**Young children, intimate care and toileting**

* Young children from two years may be put into ‘pull ups’ as soon as they are comfortable with this and if parents agree but the setting promotes the use of pants/knickers as an aid to potting training.
* Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are mobiles or other objects of interest to take the child’s attention.
* 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 basket to hand with their nappies/pull ups and changing wipes.
* Practitioners 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. They should be allowed time for some play as they explore the water and the soap.
* Practitioners are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
* Wipes 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 achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not ‘single use’ or disposable.
* Practitioners 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 staffs do not wipe older children’s bottoms unless there is a need, or unless the child has asked
* Parents are encouraged to provide enough changes of clothes for ‘accidents when children are potty training.
* 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.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting management so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.