

Safeguarding and Welfare Requirement: Health

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

6.4 Nappy changing

Policy statement

No child is excluded from participating in 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 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

- Our staff have a list of personalised changing times for the children in their care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Each child has their own bag to hand with their nappies or pull ups and changing wipes.
- Aprons and gloves are provided for staff to use when changing nappies.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children 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.
- We encourage children 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.
- 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. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If 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 records.

- Staff record when they changed the child and whether they 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. The child may be constipated so their food may need to be adjusted. 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 immediately to collect their child, who must be taken to the doctor. The child must have passed at least 2 formed stools before returning.
- Sometimes a child may have a sore bottom. The child may be teething, or 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.