

Nappy changing and Intimate Care Procedure

EYFS 2017 Safeguarding and Welfare Requirement: Health

3.60. Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.

Policy statement

Fennies Day Nurseries are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise 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, embarrassment or pain.

This Nappy changing and Intimate Care Procedure has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

This policy should be read in conjunction with other policies, for example:

- Safeguarding children
- Health & Safety Policy
- Safer Recruitment Policy
- Administration of Medication

The aims of this document and associated procedures are:

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

The management of all children with intimate care needs will be carefully planned. A child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

A Nappy changing and intimate care risk assessment has been completed for each nursery and is stored in the health and safety file.

Definition of intimate care

- Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability,

special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

- Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.
- In some cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Vulnerability to abuse

- All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. Staff should be encouraged to listen.
- It is essential that all staff are familiar with the nursery's Safeguarding Procedures.

The following are factors that can increase a child's vulnerability:

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated safeguarding lead.

Safeguarding and allegations of abuse

- 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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.
- When intimate personal care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, and out of view of non-personnel. Where changing areas are positioned away from the children's rooms, or are separated by a solid door, the door must be wedged open sufficiently to aid supervision of the child and member of staff.
- Other members of staff should be within earshot and / or view and be able to support both the child and the Key Person.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated safeguarding lead.
- 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.
- If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the nursery management team.

Where there is an allegation of abuse, the guidelines in the 'Procedure to follow if an allegation of abuse is made against a member of Fennies Nurseries' should be followed.

The Voice of the Child

- The nursery team should agree appropriate terminology for private parts of the body and functions to be used by staff.
- It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.
- It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- 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.

Toilet Training

- 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.
- Children are ready for potty training between about 18 months and 3 years old.
- 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 will enable a two-way exchange between parents and key persons so that information is shared about nappy changing and toilet training in a way that suits the parents and meets the child's needs. Parents will be engaged in the process of potty training and supported to continue potty training with their child at home.
- We discourage the use of 'pull ups' as they do not help the child to be aware of when they are wet or have soiled, so may hinder the toilet training process.

Continence problems

The age at which children are toilet trained has gradually increased and the majority of children are now not fully toilet trained until around the age of 3 years, with the rest becoming fully trained by the time they are 4 years. This tells us that some children start nursery school at 3 years still in nappies so nurseries and schools need to be aware of this trend. Most of these children will become toilet trained quite quickly without much formal intervention and will go on to have no further problems.

However, there will be a group of children who may require extra support until full toilet training is achieved and another smaller group of children who, because of underlying medical problems will require on-going support for toileting and changing.

We are committed to working closely with the family and healthcare professional involved with the child to ensure a proactive approach to managing the child's problem is taken and appropriate treatment plans are put in place.

We follow, and share with parents, the advice given by ERIC, The Children's Bowel & Bladder Charity:

<https://www.eric.org.uk/>

Partnership with Parents

Partnership with parents is a vital principle in any early years or educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities. Prior permission must be obtained from parents before Intimate care procedures are carried out.

Safer Recruitment

- Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- Recruitment and selection of candidates for posts involving intimate care must be made following Disclosure and Barring Service, the Equality Act 2010 and with regard to guidance and legislation detailed in Keeping children safe in education 2017.
- At least one person on each interview panel must be accredited in safer recruitment.
- Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.
- Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.

Staff development

- All staff members should be aware of procedures which support safeguarding and these should be explained to them as part of staff induction. This includes the Safeguarding children policy; the Promoting positive behaviour policy, the Staff Handbook; and the role of the designated safeguarding lead.
- Staff who are new to role and working with children under 2 years old must complete the 'Real work environment training: baby room'.
- All staff members should also receive appropriate child protection training which is regularly updated in line with advice from the LSCB.
- The designated safeguarding lead should undergo updated child protection training every two years.
- Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- Where appropriate staff must receive Moving and Handling training annually.
- Newly appointed staff should be closely supervised until completion of a successful probationary period.
- Whole nursery staff training should foster a culture of good practice and a whole nursery approach to intimate care.
- The nursery management team must keep a dated record of all training undertaken.

Nursery management team

The nursery management team must:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Ensure staff are aware of all appropriate procedures, Safeguarding children, Health & Safety Policy etc.
- Ensure staff understand the needs of children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole nursery approach to intimate care

Procedures

- Our key persons have a list of personalised changing times for the children in their care who are in nappies; and change nappies according to this schedule, or more frequently where necessary.
- Our key persons undertake changing children in their key groups; buddy key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child's attention.
- Children's creams are labelled in a box and the nappies are all stored in a basket close to hand
- Our staff put on gloves and aprons before changing starts and the areas are prepared.
- 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 hygienically. Soiled nappies are bagged and put in the bin. Where cloth nappies, trainer pants and ordinary pants have become wet or soiled, for reasons of hygiene these are bagged and disposed of.
- 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.

Ensuring good hygiene practice

Fennies staff MUST adhere to the following procedure to ensure that good hygiene practices are implemented.

- Wash hands before and after changing a nappy, including after taking off disposable apron and gloves.
- Ensure you have everything ready when you are changing a nappy so you are never tempted to leave the child
- You MUST have one hand on the child at all times
- If other children in the bathroom need assistance then you MUST call for another member of staff
- Wear disposable aprons and gloves at all times
- Gloves to be changed at every nappy change, aprons to be changed only if a child has a soiled nappy.
- Spray changing mat with sanitiser and wipe and clean after each use.
- When the nappy changing has been completed, wash changing mat and surrounding area sanitiser.
- Ensure creams and lotions are not shared between children, use a gloved finger to apply cream. Each child should have own cream which should be labelled and should be supplied by parents.
- Dispose of all nappies by placing directly into yellow sack.
- When yellow sack is two thirds full remove and take outside to bin. Clean disposable gloves and apron must be worn when disposing of nappy sacks.
- Nappy bins to be cleaned with hot water and sanitiser at the end of each day.
- Children must not use the "nappy bin" to discard paper towels after using the potty or toilet

- Nappies, wipes, disposable gloves and aprons to be replenished at the end of each day to ensure a ready supply for the next session.
- Soiled clothing, staff must flush solid waste away and place soiled items in nappy sack and place immediately in child's bag to take home for parents to wash at home. Disposable apron and gloves must be worn

Internal use only

This policy was adopted on	Signed on behalf of the nursery	Date disseminated to staff	Date for review
<i>August 2019</i>			<i>August 2020</i>