



Intimate Care & Nappy Changing (Prep School) Policy

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Description: This policy outlines the School's approach to intimate care in the Prep School		

OUR SCHOOL AIMS

- ❖ *To be a safe and trusted foundation for our pupils to achieve their individual academic, social and creative potential.*
- ❖ *To cultivate the skills, knowledge, self-awareness and academic credentials our pupils will need to confidently meet the challenges of our rapidly changing world.*
- ❖ *To instil and nurture a strong sense of social responsibility, integrity and environmental awareness so our pupils positively contribute to a sustainable and just society.*
- ❖ *To guide each pupil in the discovery, delight and development of their individual gifts, talents and character.*
- ❖ *To create and sustain an inclusive and contemporary school culture, where diversity, difference and individuality are recognised and celebrated.*
- ❖ *To prioritise physical and emotional wellbeing across every facet of our school community.*

1.0 INTRODUCTION

Intimate care is any care which involves washing, touching or carrying out a procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve emergency cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's welfare and dignity should always be preserved with a high level of privacy, choice and control given to the child. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Lingfield College Prep School's and Nursery's primary concern is to address the needs of all children to help them achieve their full potential, to be fully included in the school community and to experience success. We aim to work in partnership with parents and encourage and support the



involvement and inclusion of individual children, and it is for this reason that we have an Intimate and Personal Care policy.

We aim to safeguard the dignity, rights and well-being of all children promoting their welfare and to provide guidance and reassurance to staff whose duties include intimate care.

The Prep School 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. 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 or pain.

We also believe that all children need contact with familiar, consistent carers to ensure they can grow and develop socially and emotionally and so ensure that where possible key people and familiar adults assist children in their intimate care procedures.

2.0 DEFINITION OF INTIMATE CARE

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Intimate care involves 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. It may involve washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with 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.

In the Nursery, intimate care for children may also involve help with drinking, eating, dressing, supervision of a child involved in intimate self-care and toileting. Help may also be needed with the administration of medication or the changing of colostomy bags and other such equipment.

In most 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 will undertake the procedure, certainly if health care needs require. In Nursery, where able to do so, the child's primary or buddy keyperson will carry out intimate care procedures of their key children. If this is not possible, all staff are equipped with the skills and the knowledge of the child to carry out nappy and toilet changing procedures of all children.

Intimate care tasks may be appropriate for different aged children and so the requirements of personal care may differ accordingly. Tasks may include:

- Dressing and undressing
- Assisting a child after a toileting accident (soiled or wet)
- Toilet/Potty Training
- Nappy Changing
- Helping someone use the toilet.
- Washing intimate parts of the body.
- Menstrual management.



2.1 DEFINITION OF PERSONAL CARE

'Personal care' is less intimate and usually has the function of helping with personal presentation. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and can lead to positive social outcomes for children. Personal care encompasses these areas of physical and medical care that most people carry out for themselves, but which some are unable to do because of disability, medical need, or a child is of an age or stage of development whereupon they require adult support. Once again, where possible, in Nursery, the child's primary or buddy keyperson or adults that are familiar with the child will carry out personal care procedures.

Personal care tasks may include:

- Haircare.
- Dressing and undressing (clothing).
- Washing non-intimate body parts.
- Prompting to go the toilet.

3.0 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 made fully aware of best practice. Staff will judge each situation and decide where it is most suitable to assist a child to change adapting their practice in relation to the needs of individual children and taking into account their age and developmental stage.

Intimate and personal care as per the definition differs depending on the age/stage of the child and their individual needs, therefore best care procedures are adapted to support the differing circumstance.

3.1 ONSET OF PUBERTY

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Staff will discuss the level of care required with the child's parents/carers, thus determining an intimate care plan whereupon care needs are considered and planned accordingly. Staff, however, will actively encourage each child to do as much for him/herself as he/she can if appropriate and will provide pastoral care where required. This will mean, giving the child responsibility for caring for themselves.

Each child's right to privacy is respected. Careful consideration is given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Sometimes an adult may need to be assisted by another adult to help clean a child if they have soiled



themselves. 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.

Sanitary towels are always available from the school office and any requests for such items will be dealt with discreetly.

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.

Children and young people's care needs cannot be seen in isolation or separated from other aspects of their lives. As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

3.2 INCONTINENCE

Children and Babies that are incontinent or are in the process of toilet training require best practice procedures that support the child's differing age/stage of development. The procedures are listed in more depth in appendices, 1, 2 and 3.

- Appendix 1 - Nappy Changing Procedure
- Appendix 2 – Assisting a Child when toileting.
- Appendix 3 – Soiled Clothing Changing Procedure

Within the Nursery, staff members ensure that intimate care procedures are carried out in changing areas that encourage privacy but equally allow for supervision as two members of staff are within hearing or sight of intimate care procedures ensuring safe working practices and visibility thus adhering to our open-door policy when attending to children's needs.

For babies and children that are still in nappies, supervision and intimate care practices will be required. Following the procedures for nappy changing in appendix 1, staff members, namely the child's keyperson, if possible, should take care and diligence when changing a nappy. The changing units are situated in areas that maintain privacy but encourage supervision. It is important to respect the child's privacy, so where a changing unit is in a location where a child can be seen by parent's or other adults, procedures such as closing blinds or keeping external doors closed to parents/carers where a child is being changed should be implemented. For best practice and where possible, the child's primary or buddy keyperson should change their key child.

If a child is situated on the changing unit, at no point should the member of staff leave the child unattended. To ensure diligent supervision and to ensure the child remains safe whilst changing a child on a changing unit and at a height, appropriate contact should be maintained. This can be achieved by ensuring the member of staff places a hand on the child's torso during the procedure. Supervision is paramount when changing nappies.

For children that are continent and able to independently carry out toileting procedures, staff will encourage independence accordingly using their judgement where support may be required. In these incidences, staff are within hearing or sight of the child whereupon help can be provided should the need arise. However, during any intimate care procedure where a child requires support, the member of staff should fulfil the full procedure to a point where a child can carry out processes independently such as washing hands or dressing themselves. A child should not be expected to



undress themselves when in soiled clothing and adult support is required to ensure a child is washed and cared for.

It is required that a child in the process of toilet training is given the support and encouragement to be successful. Use positive reinforcement, routine and communication as tools to promote learning when toilet training. The child's parents should be involved in the process and should be promoting similar routines when toileting training, so the approach is consistent. The child should ideally be supported by their Primary Keyperson and encouraged to wash their hands after every intimate care procedure if age appropriate.

Dignity should always be respected so appropriate, supportive language, verbal and non-verbal communication and care should be provided whereupon a child maintains confidence in toileting procedures as toilet training and intimate care procedures should be carefully considered when managing children's confidence, independence and wellbeing.

In all cases of intimate care procedures, the school will:

- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing. This is applicable in the Nursery where children are developing skills towards a level of independence, however if children require support this is encouraged.
- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Ensure that all adults assisting with intimate/personal care are employees of the school and in Foundation Stage this may only be carried out by FS staff. In exceptional circumstances unpaid employees, i.e. voluntary workers may assist provided they have been trained and DBS cleared, and with the agreement of all parties with the exception of Foundation Stage. In Nursery, we try where possible to ensure children's changing routines are managed by their keyperson.
- Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.
- All children will be taught personal safety skills, as part of PSHECE/ PSED. This is carried out as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- Promote consistent and caring relationships through the key person system in the nursery and ensure all parents understand how this works
- No child will be sent home or have to wait for their parents due to incontinence.
- Nappy changing time is a valuable opportunity for one-to-one interaction, for example singing songs or nursery rhymes.

3.3 PROCEDURE WHERE A CHILD SOILS THEMSELVES

- Dependent on age, all Foundation Stage children will be given as much help with cleaning and changing as the individual child requires. An older child should wash themselves and change into PE kit in toilets. Spare underwear is available in the office. For Foundation Stage children, spare clothing is available in the Nursery cupboard or children will have



spare clothing in their bags. Soiled underwear should be bagged, named and sent home; it should not be washed out.

- Aim to calm child and prevent distress and change the child following the procedure in Appendix 3.
- If a Foundation Stage child has an injury following an incident or accident and clothing needs to be removed to inspect the injury, the First Aider should carry out an inspection with another adult present or made aware. Older children will be taken to the office.

3.4 ASSISTING A CHILD WHEN TOILET TRAINING

- It is required that a child in the process of toilet training is given the support and encouragement to be successful. Use positive reinforcement, routine and communication as tools to promote learning when toilet training and follow the procedure as set in Appendix 2.
- The child's parents should be involved in the process and should be promoting similar routines when toileting training so the approach is consistent.
- The child should ideally be supported by their Primary Keyperson or Buddy Keyperson if possible.

4.0 THE PROTECTION OF CHILDREN

The School's Child Protection and Safeguarding Policy and all associated legislation and regulation will be adhered to ensuring all necessary procedures are fulfilled 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 appropriate manager/ designated safeguarding leader (DSL).
- a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
- a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection and Safeguarding Policy).

Furthermore, to promote good practice and to minimise the risk of allegations we have the following guidelines to ensure staff are fully supported and able to perform their duties safely and confidently, the Nursery will:

- Ensure all staff have an up-to-date understanding of the Safeguarding children and child protection policy, including how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise concerns.
- Operate a Whistleblowing policy to help staff raise any concerns about their peers or managers and help staff develop confidence in raising worries as they arise in order to safeguard the children in the School and Nursery.
- Conduct observations on all aspects of Nursery operations to ensure that procedures are working in practice and all children are supported fully by the staff including intimate care routines
- Conduct regular risk assessments on all aspects of the nursery operation, including intimate care, and review the safeguards in place. The nursery assesses all the risks relating



to intimate care routines and uses appropriate safeguards to ensure the safety of all involved.

- Ensure staff members are adequately trained during their induction and observed prior to changing nappies and fulfilling intimate care procedures within the Nursery.
- Ensure all staff undertaking intimate care routines have suitable enhanced DBS checks
- Conduct thorough inductions for all new staff to ensure they are fully aware of all School and Nursery procedures and arrange specialist training where required, i.e. paediatric first aid training, specialist medical support
- Follow up procedures through supervision meetings and appraisals to identify any areas for development or further training

4.1 VULNERABILITY TO ABUSE

We will ensure that all staff are familiar with our Child Protection and Safeguarding policy to protect children from any form of abuse. Staff will also be made aware that they are vulnerable to accusations of abuse whilst attending to nappy changing procedures and therefore should act in accordance with agreed procedures.

Staff adhere to the Staff Code of Conduct and will not place themselves in vulnerable situations whereupon they are one-to-one with a child in a closed area. To further protect staff members are expected to:

- Inform other adults that they are required to assist a child in the toilet area and seek where possible an additional member of staff to assist.
- Always place themselves within sight or hearing of others ensuring they do not isolate the child and themselves in a changing cubicle, instead remaining in the entrance to the cubicle with the door open.
- Encouraging a child to be independent if age and stage of development appropriate.
- Equip themselves with the necessary equipment prior to changing a child so appropriate supervision is provided.
- Leave the doors open when changing children's nappies, soiled or wet clothing, or other intimate routines, whilst maintaining their dignity
- Ensure children are afforded privacy during intimate care routines whilst balancing this with the need to safeguard children and staff.
- Ensure risk assessments are carried out to ensure children are not left unattended with PPE, nappy sacks, creams and COSHH items.
- Ensure children are adequately supervised and supported through all intimate care procedures.



- Change a child in their own clothes if supply permits.
- Wear full PPE, including gloves to provide a barrier and fulfil health and safety procedures.
- Seek support where needed.
- Use positive actions, language and communication sensitively ensuring the needs of the child are consistently met.
- Where staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this should be recorded on CPOMS and discussed with the DSL immediately.
- Self-disclose any concerns to the DSL or Head of Prep if you consider yourself to be in breach of the Staff Code of Conduct and/or the Intimate Care Policy.
- Record on FAMLY that a child has been changed on your **own login**, recording the time and whether the child is soiled or wet. If required, message the parents for greater context, this may be appropriate if the child has required a full change.

If a parent or member of staff has concerns or questions about intimate care procedures or individual routines, practice procedures or behaviour they consider as inappropriate, including between staff members, they are urged to report their concerns following our Low-Level Concerns policy or reporting to the Nursery Manager, Head of Prep and/or the Designated Safeguarding Lead at the earliest opportunity. Appropriate reporting to Regulatory Bodies and the Local Authority Designated Officer will ensue should the concern require further reporting and investigation.

4.3 VOICE OF THE CHILD

The School and Nursery will agree the 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/carers 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. To ensure effective communication with the child, staff will ascertain the agreed method of communication and identify this in the agreed Health Care Plan if required.

5.0 WORKING WITH PARENTS/CARERS

Establishing an effective working relationship with parents is necessary where their child's needs are paramount. Parents have an opportunity to share their preferences and can during enrolment share information that may support how their child's intimate care needs are met. For pupils with special care needs or disabilities, parents are encouraged to share information that supports their child's needs by working closely with the staff members that will provide care for your child. In the first instance, the Head of Prep or the Head of Nursery should be made aware of your child's care needs and appropriate administration of Individual Education Plans (IEP's) and Health Care Plans should ensue where applicable.

5.1 HEALTH CARE PLAN



Where a routine procedure is required a Health Care Plan that supports an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan, the following should be considered:

a) Whole School implications

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, school trips, etc.
- Ensure that there is enough stock of equipment such as nappies.
- Who will substitute in the absence of the appointed/keyperson.

b) Classroom management

- A system for the child to leave class without disruption to the lesson
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for physical play e.g. discreet clothing, additional time for changing
- Strategies for dealing with pressure from peers. e.g. teasing/bullying

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. They will reflect all methods of communication including emergency procedures between home, school and medical services. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with (e.g. School's Complaint's Procedure)

5.2 LINKS WITH OTHER AGENCIES

Positive links with other agencies will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount. Where liaison with other agencies is necessary, the Head of Prep School will co-ordinate these links, often with the support of SENDCO or the Head of Nursery.

5.3 NURSERY PROCEDURES

Parents are encouraged to share information and collaborate with Nursery staff when considering care and intimate care procedures for their child. As with any routine, children have preferences that you and the Nursery staff will identify to best support them. We ask that any observations made regarding intimate care procedures is shared including the readiness and preparation for toilet training.

Any significant observations made during a nappy changing procedure will be shared face to face with parents at the end of the session (i.e heavily soiled nappy/strong odour, etc.), if not required sooner due to ill health or soreness that requires medical support. We will encourage all our children to achieve continence when they exhibit signs that they are ready and work with parents in toilet training their child. Children will be offered the choice of a potty or toilet in accordance with the parents' wishes.



In our Nursery we communicate and share information with parents when attending to nappy changing routines and intimate care procedures informing them promptly via FAMILY. We either message if we have concerns or notify parent's through FAMILY notification of nappy changes and times of changes throughout the day.

All Parents supply the Nursery with nappies/pull ups and cream for their own child, wipes will be provided by the Nursery. Upon toilet training, it is important that the child is equipped with spare clothes including socks, shoes, underwear, trousers and shirts. Staff will communicate incidences of accidents by recording on the FAMILY app whether the child has been changed due to a soiled or wet accident, this will notify you and any further information required can be requested by messaging your child's keyperson or Room Leader and upon collection. Children's wet clothing will be bagged and named for daily collection as required.

6.0 PROVISION

6.1 RISK ASSESSMENT

Ensure daily checks and dynamic risk assessments are completed and carried out to ensure the changing areas and toilet areas remain hygienic and clean and safe for children.

6.2 ENVIRONMENT

The areas within the School and Nursery are purposefully resourced to facilitate safe and hygienic care practices that enable care for children and young people that require intimate and personal care routines.

Considerations we have in place include:

- Facilities with hot & cold running water
- Waste for incineration
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system to alert staff for help in an emergency.

Where children have a long - term incontinence or a disability requiring regular intimate care, the school may require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

6.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Disposable non-powdered vinyl and latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy changing).
- In the Nursery, it is required that PPE is worn during any intimate care procedure or when dealing with bodily fluid spillages or soiled clothing. The member of staff is



required to wear disposable gloves and disposable aprons disposing of these in a sealed nappy bag thereafter. With any new intimate care procedure new PPE is required. This includes a new apron and a new set of gloves.

- Staff in the Nursery should adhere to the procedures as set in appendices 1, 2 and 3 and as set in this policy.

6.4 LAUNDRY

- Wear Personal Protective Equipment (PPE) when handling soiled linen.
- Children's soiled clothing should be bagged to go home, never rinsed by hand and labelled.
- Children's soiled clothing should be given to the parents/carers upon collection so soiled clothing can be washed.
- Nursery clothing that a child borrows if soiled should be bagged and given to the parents for washing. Sending reminders to the parents if the item has not been returned.

6.5 CLINICAL WASTE

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins or sanitary bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area whilst awaiting collection.

7.0 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 will be made following the usual Safeguarding, DBS checks, equal opportunities and employment rights legislation.

Candidates will be made fully aware of what will be required and detailed in their job description before accepting the post and regular training and supervision will ensue ensuring that staff remain equipped with the knowledge, skills and behaviours they need to fulfil their responsibilities when carrying out intimate and personal care for children and young people.

7.1 STAFF PROFESSIONAL DEVELOPMENT

- Staff will receive training in working practices which comply with Health & Safety.
- All staff will receive Safeguarding/Child Protection training as part of Whole School Training.
- Staff will 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.
- Staff will receive Moving and Handling training where appropriate.
- Newly appointed staff will be closely supervised until completion of a successful induction period.



- The school will keep a dated record of all training undertaken.
- The school will ensure staff understand the needs of children from different cultural backgrounds and specialist advice sought when necessary.

In addition, identified staff members should be able to:

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection Policy
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible.
- Develop, where possible, greater independence with the procedure of intimate care.

OTHER POLICIES

Please also refer to the following policies:

Health and Safety

Child Protection and Safeguarding

Whistle blowing

PSHECE

Sex Education

First Aid

Disability Policy

Last reviewed January 2025

Next review due January 2026



APPENDIX I

Nappy Changing Routine

Gather all necessary items preparing the area as required, collecting child's spare clothing, nappies and wipes as appropriate. Visually risk assess the area ensuring the area is clean and safe, removing hazards.

Wash and dry your hands and place on a new set of gloves and an apron for each nappy change.

Invite the child to change their nappy when appropriate asking the child to step up to the changing unit. (Keep lifting to a minimum, if a child is unable to step up to the changing unit, please change the child on the changing mat on the floor and encourage the child to lay flat. This is also applicable if the child no longer safely fits on the changing unit)

Nappies should be changed on arrival if wet and then every 3 hours or when soiled ensuring the child has a dry nappy upon collection. Nappies should be ideally changed by their Primary Keyperson or Buddy Keyperson if possible.

When changing a nappy please consider safeguarding by making sure you are in sight and/or hearing of a secondary adult. Doors to changing areas should be open. Respect a child's privacy when changing ensuring no child is changed in front of visitors and/or parents/carers unbeknown to the child.

Fulfil the changing routine maintaining the child's dignity and privacy.

- Remove appropriate clothing.
- Remove nappy, bagging as needed
- Clean area wiping front to back using the child's wipes and bag immediately.
- Apply cream as requested or as necessary. (This must be the child's own named cream provided by the parent, if the cream is prescribed appropriate medication forms and permissions must be sought before application)
- Place the child's clean nappy on and dress.
- Encourage the child to step down and to rejoin the class.
- Clean and disinfect the changing area using anti-bacterial spray and blue roll and bag
- Remove your PPE and place in nappy sack, tie.
- Place bag in the appropriate bin.
- Wash and dry your hands.
- Sign in to FAMILY and log the time of the nappy change and whether the nappy was soiled (S) or wet (W) instantly notifying the parents/carers.

In case of emergency, dress child and exit the building.

For individual children that require additional support please follow guidance inline with their Health Care Plan.



APPENDIX 2

Assisting a child when toileting routine

It is required that a child in the process of toilet training is given the support and encouragement to be successful. Use positive reinforcement, routine and communication as tools to promote learning when toilet training. The child's parents should be involved in the process and should be promoting similar routines when toilet training so the approach is consistent. The child should ideally be supported by their Primary Keyperson or Buddy Keyperson if possible. Sign in to FAMILY and log the time of the nappy change and whether the nappy was soiled (S) or wet (W) instantly notifying the parents/carers.

When assisting a child please consider safeguarding by making sure you are in sight and hearing of a secondary adult. Doors to changing areas and child's bathroom should be open. Respect a child's privacy when changing ensuring no child is changed in front of visitors and/or parents/carers unbeknown to the child. For individual children that require additional support please follow guidance inline with their Health Care Plan. In case of emergency, dress child and exit the building.

When toilet-training consider this routine:

- During agreed times and using appropriate consistent language invite the child to the toilet or respond immediately if a child shows signs of needing the toilet or if the child has asked to attend the toilet.
- Allow independence supporting only if needed, providing the necessary equipment ie: potty, suited to the child's preference. Visually risk assess the area ensuring the area is clean and safe.
- Encourage the child to wipe independently, dress themselves and flush the toilet when finished.
- Encourage the child to wash and dry their hands and return to the classroom.
- Wash and dry your hands and return.

If the child has soiled or wet clothing, please follow the 'Procedure when changing soiled clothing'

If the child needs further support, please follow this procedure:

- Wash and dry your hands and place on a new set of gloves and an apron.
- Fulfil the routine maintaining the child's dignity and privacy
- Wipe front to back if necessary and support the child to dress themselves offering help considering age and stage of development.
- Encourage child to wash and dry their hands and return to the classroom.
- Remove your PPE, place in the appropriate bin and wash and dry your hands.

If you are required to empty the contents of a potty, please follow this procedure:

- Wash and dry your hands and place on a new set of gloves and an apron.
- Empty contents of the potty into the toilet and flush.
- Using anti-bacterial spray, water and anti-bacterial wipes clean the potty and flush waste.
- Using blue roll, wipe and dry.
- Dispose of your PPE, anti-bacterial wipes and white roll into a nappy sack and place in the appropriate bin.
- Wash and dry your hands.



APPENDIX 3

Soiled Clothing Changing Routine

This is applicable when a child has or is toilet training and they've soiled or wet their clothing.

Invite and remain with the child to change their clothing in the children's bathroom.

Visually risk assess the area ensuring the area is clean and safe.

Request support from a colleague asking them to clean and disinfectant the area of spillage (wearing PPE) and collect the child's spare clothing.

The child should be ideally changed by their Primary Keyperson or Buddy Keyperson if possible.

When changing a child please consider safeguarding by making sure you are in sight and hearing of a secondary adult. Doors to changing areas and child's bathroom should be open. Respect a child's privacy when changing ensuring no child is changed in front of visitors and/or parents/carers unbeknown to the child.

Gather all necessary items preparing the area as required, ensuring you have the child's spare clothing, nappy sack and wipes as appropriate.

Wash and dry your hands and place on a new set of gloves and an apron.

Fulfil the changing routine maintaining the child's dignity and privacy.

- Remove soiled clothing and bag immediately, labelling and giving to the parent upon collection.
- Clean soiled area using the child's wipes and bag immediately in a different nappy sack.
- Consider age and stage of development either encouraging the child to dress themselves or assisting the child to dress using their clean clothes.
- Encourage the child to wash their hands and rejoin the class.
- Clean and disinfect the area using anti-bacterial spray and blue roll and bag.
- Remove your PPE and place in nappy sack, tie.
- Place bag in the appropriate bin.
- Wash and dry your hands.
- Sign in to FAMILY and log the time of the change and whether the child's clothing was soiled (S) or wet (W) instantly notifying the parents/carers.

In case of emergency, dress child and exit the building.

For individual children that require additional support please follow guidance inline with their Health Care Plan.