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Seedlings Nursery & Pre-School at Great Horwood Church of England School

Nappy Changing Policy

ODBST Level 1 Statutory Policy:	ALL Schools require this policy with no changes allowed to core text. No changes are necessary to personalise this with school name and branding, as this is a Trust level policy for use, without change, by all schools, except where a school contact is required as identified in the content of the policy. LGBs will note adoption in LGB meetings. Review will take place at Trust level, and schools will be notified of updates and review dates as necessary.
Other related ODBST policies and procedures:	Child Protection and Safeguarding policy
Committee responsible:	AEC
Approved by:	AEC
Date Approved:	14 th June 2023
Review Date:	Summer term 2026



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In reviewing this policy the Trust Board has had regards to the Equality Act 2010 and carried out an equality impact assessment. It is satisfied that no group with a protected characteristic will be unfairly disadvantaged.

ODBST Nappy Changing Policy

Where parents are referred to in this document we mean parents and carers and child is taken to mean children and young people aged 0 to 19 years old (and up to 25 years old for young people with special educational needs and disability (SEND)).

Points to consider

- Are all children included in your setting regardless of whether or not they are toilet trained?
- Do you work with parents to make sure that you are consistent with toilet training procedures if this is appropriate? Some children may have medical conditions or are not ready to be toilet trained.
- Have you made reasonable adjustments to your provision to accommodate children who need to have their nappies changed and ensure their privacy?
- Do you ask parents about their child's needs during nappy changing such as whether they use wipes or cotton wool, disposable nappies or pull ups, if they use cream and if the child has a favourite song or nursery rhyme?
- Do you record each nappy change to include the time and whether the child was wet, dry or soiled and how do you share this information with the parents?
- How often do you check each child's nappy?
- Is the key person responsible for changing their child's nappy and what would you do if the key person was unavailable?
- Do you show the children a nappy first before leading them to this or do they know what is coming?

Procedure

- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (each child should have their own named cream). It is a good idea to have a named box or bag for each child containing these items and spare clothes in case of accidents.
- Wash and dry your hands.
- Put on gloves and apron. You should use a new set of gloves and apron for each nappy change.
- Place the child on a nappy changing mat or, if using steps, support the child if necessary to climb up the steps.
- Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.



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- If the child's clothes are soiled, you should bag them separately and send them home. You should not rinse them by hand. You should deal with all laundry in a separate, dedicated facility. You should wash all soiled linen separately on the hottest setting that the fabric will tolerate. Always wear personal protective equipment (PPE) when you are handling soiled linen.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.
- Put on a clean nappy and apply cream if necessary. Take off the gloves and apron and place them in a pedal operated bin. Dress the child.
- Help the child to wash their hands if this is age appropriate, using liquid soap, warm water and paper towels.
- Wash your hands using liquid soap, warm water and paper towels.
- Take the child back to the room.
- Return to the nappy changing area and using anti-bacterial spray and paper towels clean the changing mat, surrounding area and underneath the mat before leaving to dry and then wash and dry your hands.

Items needed

- Pedal operated/ hands free bin specifically for nappy disposal
- Yellow bags for clinical waste
- Nappy changing mat / nappy changing unit.
- Steps if needed.
- Box for each child's nappies wipes and so on
- Spare clothes
- Screen if needed to ensure privacy or sign on door
- Disposable aprons
- Disposable gloves
- Nappy sacks
- Anti bacterial spray
- Paper towels
- Liquid soap
- Pedal operated bin for paper towels

You should refer to the guidance on infection control in schools and other childcare settings through the [document bank](#) for the Health and Safety Team at Oxfordshire County Council or the government documents on [health protection and managing cases of infectious diseases](#)



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Personal protective equipment (PPE).

Disposable non-powdered vinyl or 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 or pad changing).

Laundry

Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

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. 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 while awaiting collection.

Some local districts and boroughs allow a small number of nappies to be disposed of in normal waste. Check this with your local district or borough council.

For children with disabilities and medical needs please refer to local guidance on intimate care and toileting.

Safeguarding and Child Protection

Schools should recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse. The school's child protection policy and inter-agency child protection procedures will cover this aspect. However, intimate care such as toileting, involves risks for children and adults as it may involve staff touching a child's body. It is unrealistic to expect to eliminate these risks completely but best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Children who require regular assistance with intimate care have written Individual Pupil Plans (IPP) or care plans agreed by staff, parents/carers and any other professionals actively involved. Parents/carers will be informed the same day if their child has needed help with meeting intimate care needs and information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.

A child's right to privacy will be respected. Careful consideration will be given to how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level. Two members of staff should assist with an intimate procedure.

Wherever possible the same child should not be cared for by the same adult on a regular basis, with a rota of carers known to the child who should take turns in providing care. This will discourage over-familiar relationships developing, while at the same time guarding against the care being carried out by a succession of completely different carers. Staff should not carry a mobile phone, camera or similar device whilst providing intimate care.

Staff should care for a child of the same gender unless suitably trained staff are not available (i.e. supporting a boy in a primary school if no male staff are available). Male members of staff should not provide routine intimate care for adolescent girls. The religious or cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.



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Every child's right to privacy and modesty will be respected and staff will use the agreed space set aside for intimate care to ensure that this right to privacy is respected. Such a provision should not open onto a thorough-fare where adults entering or leaving the space would expose the child to view.

Record keeping

A written record should be kept in a format agreed between the parents and school. It should be completed every time a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the intimate care file and available to parents/carers on request.