

NAPPY CHANGING/TOILETING/POTTY-TRAINING POLICY

Nappy changing should be treated as a learning experience for all children and the key person/buddy to change the child.

All nappy changes must be recorded on the app.

Playtime Day Nursery Practitioners must ensure this policy is put into practice by the following points.

- Hands must be washed after every nappy change
- The step must be used by the children to climb on to the changing area. This for staff Health and Safety and to protect their backs.
- To ensure the nappy area is safe, secure, clean, and ready to use.
- The area must be cleaned with D10 Spay and wiped clean with blue or white couch roll after every nappy change. If there is no couch roll paper towels are fine to be used.
- Staff are to always wear protective clothing (Fabric Apron) whilst changing a child, this so to prevent any cross contamination as you handle food.
- If the Apron is soiled it must be out into a red laundry bag and put in the wash straight away to be washed at 90degrees. The red bag must then go in the red soiled item bin in the garage.
- Staff are to ensure that the apron is put in the wash at the end of each day and a clean one is put out.
- A glove must be warn when changing soiled nappies. It is up to practitioners if they wish to wear gloves for wet nappies.
- Practitioners should ensure the gloves are only warn for one child only and must not to be used when changing other children.
- It is practitioners' discretion if they wish to wear a glove to change wet nappies.
- Staff must ensure all equipment needed (nappy, wipes, clothes etc) is at hands reach.
- **Wiping** girls must be cleaned from front to back, this will help to prevent bacteria transferring from the child's bottom to her vagina or urethra, and causing an infection.
- All gloves along with wet & dirty nappies and used wipes are to be put into the nappy bin.
- Water and cotton wool must be used on children that are sore. This should be logged on the app.
- Nappy cream put on if parents/carers have signed to give their consent. The nursery supplies Sudocream.
- If Parents have provided their own nappy cream, this should be clearly labelled and kept in the cupboard and record should be kept what cream the child has and the expiry date on it. When applying cream, a new glove or spatula should be used, these should be disposed of in the nappy bin after use.



- Staff are to hold conversations with each child at the appropriate level of the child.
- While changing nappies staff are to be observant and recognise bruising, marks etc.
- Staff must ensure all individual children's equipment is to be returned.
- Ensure that equipment is full and the area is clean and tidy at all times.
- Changing mats are plastic and should be checked frequently for cracks and tears, if found they should be discarded and replaced.

Potty procedure: -

- Potties should always be kept in the toilet area and not allowed in play area.
- After use the contents of the potty should be emptied down the toilet and flushed away and cleaned with D10 spray.
- Staff should wear gloves when they empty a potty that has poo in it.
- The potties should then be wiped, dried and stored separately and not stacked inside one another.
- Potties should not be washed in hand basins.
- Potties that are cracked and damaged should be removed from use.
- Children should wash hands after using the potty.

Toileting-

- Children should be prevented from playing in toilet areas and toys should not be taken in this area. Toddler children should be supervised when using the toilets.
- Children should be encouraged to wash hands after using the toilet.

Potty training Policy -

Aim:

To support children's health, wellbeing and development by promoting effective potty training at an appropriate time.

Objectives:

- Child's individual needs are identified and met.
- Family's cultural preferences are considered.
- Potty training is a positive experience; family and child feel supported throughout.
- Communication between the provider and family is promoted before, during and after potty training.

Actions: Preparation:

Potty training can be a very daunting process for families. Providers
will support families by discussing expectations of potty training.
Agreement to be reached either when Potty Training should start, or
that further discussion will take place at appropriate age/stage of
development.



• Families will be supported to decide the best time to potty train their child. The nursery will explain why it is helpful for the same approach to be taken at home and in the early years setting, including using the same words for wee/poo/potty/toilet etc.

Assessment of Readiness:

- The first stage of potty training is to recognise when the child is ready. It is essential that the child is:
 - Pooing at least one soft poo a day
 - Staying dry for at least an hour and a half between wees
 Other signs to look out for are:
 - Showing interest in the toilet
 - They can follow simple instructions
 - Able to sit themselves on the potty and get up again
 - Starting to show signs of awareness of when they have done a wee or a pooⁱ
 - Showing awareness that other family members and peers don't wear nappies, and that they use the toilet
- Children with additional needs may not show reliable signs of awareness. Potty training should <u>not</u> be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring the child's wees and poos.

Delivery:

- Provider will ensure that
 - Suitable facility is offered either potty, or toilet with suitable foot support and toilet seat insert. Child needs to sit with feet flat and firmly supported, knees above hips. Boys to be quided to sit down to wee –
 - In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up they may hold onto the poo and can easily become constipated.
 - The correct mechanism of weeing is triggered by relaxation – it is much easier to relax when seated.
 - They may empty their bladder better sitting down.
 - It is more hygienic as they are less likely to wee on the floor/over the toilet seat.
 - Optimum timing for toileting is observed -
 - toilet visits planned for 20-30 minutes after meals (the most likely time for a child to poo)
 - suitable interval left between prompts to wee (the bladder needs to be full to empty correctly)



- Fluid intake is optimised a minimum of 6 to 8 full cups of drink a day, spread evenly across the day.
- The nursery will discuss clothing with family; family will ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
- Playtime will work with families to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.B. The child will still need a nappy for naps initially.
- Provider will support family by sharing information regarding products to support transition such as washable, absorbent car seat protector/washable, absorbent pants/children's disposable pads and/or advice about putting nappy *over* pants for travelling, so if the child wees they are aware of the sensation of feeling wet.
- Early years staff to maintain calm, supportive approach at all times; children should not be rushed or forced to use the potty against their will. 'Accidents' are to be expected children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
- All staff and family to ensure child is regularly encouraged and praised. N.B. aim to recognise achievable goals such as sitting on the potty when asked to do so. Keeping pants dry may be an unachievable goal initially.

Communication:

- Provider will ensure all staff are aware of each child's current stage of potty training to confirm consistent approach.
- Provider will ensure a record is kept of successful potty/toilet visits as well as wetting/soiling incidents in order to monitor child's progress. Daily diary/record sheet may be used
- Regular updates to be shared with parents with the expectation that they will share information about progress at home. Potty training is a joint effort!

Trouble shooting:

- Practitioners must to be alert for possible constipation; incidence is raised during potty training as some children find pooing into the potty/toilet frightening.
- If toilet avoidance is observed information to be provided
- If child does not appear to be making progress, or regresses, staff to look again at child's bowel habit and fluid intake.
- Provider to instigate discussion with family to consider abandoning process, allowing time to improve bladder and bowel health and to better prepare the child, starting again after a suitable interval.



• If ongoing bladder/bowel issues, information such as ERIC leaflet Thinking about wee and poo now you're on the way to school may be shared with families



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