



SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT HEALTH SERVICES DIAPERING CARE PLAN

Student: _____ **DOB:** _____ **Grade:** _____
School: _____ **Teacher:** _____ **School Year:** _____

We (I), the parent(s)/guardian(s) of the student named above, request that the following Diapering Protocol be administered to our child. To prevent any spread of diseases, Standard Precautions and proper techniques will be used at all times.

PROCEDURE:

1. Place child on changing pad. DO NOT LEAVE CHILD UNATTENDED.
2. Put on gloves.
3. Loosen soiled diaper.
4. Clean perineum using baby wipes, washing from vaginal area to rectal area (for girls).
5. Raise child’s legs; remove diaper (placing on corner of mat) then wash buttocks.
6. Place soiled diaper in plastic lined receptacle.
7. Remove soiled gloves and throw away in plastic lined receptacle.
8. Place clean diaper on child.
9. Wash hands.
10. Disinfect and dry changing table (to be certain no other student is changed unless table is clean.)
11. Document completion of toileting on monthly register.

Standard Universal Precautions- are guidelines for preventing the spread for the spread of ALL infectious disease. These precautions are through hand washing, gloving in the presence of body fluids and proper disposal of contaminated wastes. When handling the discharges from another person’s body, always use these precautions.

Hand Washing – Hand washing should be done before – rendering first aid and after caring for students. Hands are to be washed after removing gloves.

Gloves - Gloves are to be worn by staff members who administer first aid involving blood, open wounds, or handling of body fluids.

Trash Disposal – Waste containers lined with plastic bags and marked appropriately are recommended for disposal of trash containing blood or any body spills that may contain blood or body fluids.

PARENT CONSENT FOR

The signatures below provide authorization for the above written orders, or regimen in school, and show agreement that all procedures must be implemented in accordance with state laws and regulations. **This authorization is for a maximum of one year.** :

1. We, the parent(s)/guardian(s), agree to notify the school immediately if the health status of our child changes, if we change physicians, or if the procedure is changed or canceled.
2. We agree to bring necessary equipment and supplies, properly labeled for use in school, including the following: diapering Wipes, perineal wash (such as Periwash, etc.), diapering powder, ointment or cream such as A&D, Desitin, etc. as needed to prevent chafing.

Parent Signature: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION:

Mother: _____ **Hm:** _____ **Cell:** _____ **Wk:** _____
Father: _____ **Hm:** _____ **Cell:** _____ **Wk:** _____