HEALTH, HYGIENE AND SAFE FOOD POLICY

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1 NQS

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<th>2.1</th>
<th>Each child's health is promoted.</th>
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<td>2.1.1</td>
<td>Each child’s health needs are supported.</td>
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<td>2.1.3</td>
<td>Effective hygiene practices are promoted and implemented.</td>
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<td>2.1.4</td>
<td>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</td>
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<td>2.2.1</td>
<td>Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.</td>
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<td>QA2</td>
<td>2.3.2</td>
<td>Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.</td>
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2 National Regulations

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<thead>
<tr>
<th>Regs</th>
<th>77</th>
<th>Health, hygiene and safe food practices</th>
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<td>Weekly menu</td>
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3 EYLF

<table>
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<th>LO3</th>
<th>Actively support children to learn hygiene practices.</th>
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<td>Promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.</td>
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<td>Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.</td>
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<td>Model and reinforce health, nutrition and personal hygiene practices with children.</td>
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4 Aim

4.1 Our service aims to promote and protect the health, safety and wellbeing of all of children, educators and families using procedures and policies to maintain high standards of hygiene and provide safe food to children.

4.2 We also aim to reduce the risk of infectious diseases and illnesses spreading and following appropriate WH&S standards. A holistic and consistent approach to health, hygiene and safe food across the service will help to effectively meet this aim.

4.3 The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, South Coast Workers Child Care Centre, Kids Uni iC – Preschool, After School Care and Vacation Care (Kids' Uni OOSH).
5 Related Policies

Additional Needs Policy (CHI-ADM-POL-003)
Enrolment Policy (CHI-ADM-POL-022)
Food, Nutrition and Beverage Policy (CHI-ADM-POL-027)
Immunisation and Disease Prevention Policy (CHI-ADM-POL-033)
Incident, Injury, Trauma, Illness Policy (CHI-ADM-POL-034)
Medical Conditions Policy (CHI-ADM-POL-038)
Physical Activity Promotion Policy (CHI-ADM-POL-045)
Relationships with Children Policy (CHI-ADM-POL-050)

6 Implementation

6.1 The Approved Provider will ensure that the Nominated Supervisor (who is responsible for ensuring all staff members, educators and volunteers) must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food.

6.2 This policy, and related policies and procedures at the service will be followed by Nominated Supervisors, educators and other staff of, and volunteers at, the service in relation to -

i. Health practices.
ii. Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child's home.
iii. Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.
iv. Toileting, nappy changing and cleaning of equipment.
v. The provision of fresh linen and sheeting for cots and beds.

6.3 Children will be grouped in a way that allows educators to maintain a hygienic environment for individual at the service.

6.4 In any instances where children display any signs of illness or injury, educators will refer to the Incident, Injury, Trauma and Illness Policy and Incident, Injury, Trauma and Illness Record.

6.5 Importantly, we will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between educators and children will be integrated throughout the program at appropriate intervals.

6.6 Information on health, hygiene, safe food and dental care principles and practices is available in the parent library of the service and drawn to the attention of all parents on a regular basis.

6.7 To uphold the general health and safety of all children using the service, all educators and visitors will follow the Tobacco, Drug and Alcohol Policy.

7 Equipment and Environment

7.1 All educators of the service are responsible to maintain a clean and sanitary environment. The service will wash mouthed toys daily using warm water and soap,
and dry in the sun, rotate toys to allow for washing and use individual toy bags for babies, clean books by wiping with moist cloth and drying, clean storage areas weekly.

7.2 All tables and surfaces frequently used for children's activities are to be cleaned with Viraclean or Eucalypts 80, regularly throughout the day and before and after meal times. Floors are to be swept after meals or messy activities.

7.3 Educators and other staff are responsible for the maintenance and cleanliness of all equipment as well as the centre been tidy.

7.4 Children's' bathrooms will be cleaned twice daily, including washing tap handles, toilet seats, door knobs and flushing buttons. They will also be checked regularly throughout the day by staff to ensure cleanliness is maintained.

7.5 All change mats to be cleaned with Viraclean or Eucalypts 80 and dried after each nappy change. If faecal matter spills onto the change mat clean with Viraclean or Eucalypts 80, wipe with paper towel and leave to dry. At the end of the morning and at the end of each day, remove the mat, wipe with Viraclean or Eucalypts 80 and leave, in the sun, if possible. All soiled nappies to be immediately placed in the nappy sanitary bin.

7.6 Sandpits will be covered when not in use and maintained in a clean and sanitary condition.

8 Cleaning and Disposal of Bodily Fluids

8.1 Areas contaminated with body fluids will be disinfected after washing. Disposable gloves must be worn when cleaning up any bodily fluids.

8.2 Care is to be taken by the person who is cleaning the contaminated area not to expose their own open skin wounds, sores or mucous membranes (eyes, mouth, or nose) to bodily fluids, secretions or excreta.

8.3 Educators with skin cuts or dermatitis should take particular care, by covering wounds with a dressing. If necessary, explain to the children why the educator is wearing gloves.

8.4 The bulk of any blood or bodily fluids will be first cleaned up with paper towels. The towels are then disposed of in sealed bags. The surface must be cleaned with neutral detergent. Hands must then be washed and dried thoroughly.

9 Carpets/Floors/Walls/Windows/Doors

9.1 Carpets are vacuumed daily and windows washed daily. Floors are mopped daily.

9.2 Carpets are cleaned every 12 months (and spot cleaned as required). Walls are cleaned every 12 months (and spot cleaned as required). Doors and windows are cleaned every 6 months (and spot cleaned as required).

9.3 All educators are to follow cleaning rosters and checklists and sign off when complete.

10 Bedding

10.1 Beds and cots should be cleaned on a daily basis and the procedure for cleaning blood and body fluids should be followed if soiling occurs. Each child will have their own
bedding which will be supplied by the family (SCWCCC). Each child will have their own bedding, when used by one child is washed before it is used by another child (Kids Uni North and Kids Uni South).

### 11 Dummies

11.1 It is the responsibility of the Parents/Guardians of the child attending the service to supply their child with a dummy if necessary. The dummy should be labelled and stored in an airtight container with the child's name clearly written on it.

11.2 Dummies are to be taken home and sterilised at home. Spare dummies are not supplied by the service.

### 12 Handwashing Procedure

12.1 Our service will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults.

12.2 Liquid soap will be provided by all individuals to wash their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide paper towel for people to dry their hands.

### 13 Handwashing Liquid Soap

13.1 The use of liquid soap is helpful in reducing cross-infection in the service. A liquid soap should be mild and where possible hypo-allergenic. Sorbelene is derived from petroleum, so it may not be suitable for frequent use particularly for those with sensitive skin or allergies.

13.2 Educators and other staff with allergies may need to wear cotton gloves under rubber gloves, or alternatively, use a barrier cream to protect their hands. It is recommended that educators and other speak to the Nominated Supervisor for further treatment and recommendations if necessary.

13.3 All individuals should wash their hands:

i. Upon arrival to reduce the introduction of germs. This is to prevent cross infection between the home and the service.

ii. Before handling food.

iii. After handling food.

iv. After doing any dirty tasks such as cleaning, changing nappies.

v. After wiping a child’s nose or wiping their own nose.

vi. After coughing or sneezing.

vii. After touching or cleaning up bodily fluids such as breast milk, urine, vomit and faeces.

viii. After removing gloves.

ix. After going to the toilet.

x. Before and after nappy change procedures.
xi. After giving first aid.

xii. Before and after giving each child medication. If giving medication to more than one child between each child.

xiii. Handling animals

xiv. Before going home to prevent taking germs home. This is to prevent cross infection between the home and the service.

13.4 The most important procedure for preventing the transmission of germs is effective hand washing. Educators and other staff have many opportunities to encourage young children to learn appropriate hand washing procedures.

13.5 There are numerous times throughout the day when educators and other staff are able to model correct hand washing procedures. The hand washing procedure is laminated and displayed at all hand washing facilities throughout the services.

13.6 "Infections can be spread by a person who shows no signs of illness. Hand washing is the most important way of controlling infections, Staying Healthy in Childcare".

13.7 A person who shows no signs of illness can spread infections. Hand washing is the most important way of controlling infection.

13.8 The best way to prevent the transmission of disease is to wash your hands well. Educating educators and other staff to wash their hands carefully decreases the amount of disease in children, educators and other staff. Hand washing is effective because it dilutes and flushes off germs and contaminated matter. Use this method to make sure your hands, and the children's, are free of germs.

14 How to wash hands

14.1 The instructions on how to effectively wash hands are displayed throughout the centres and details the individual steps to effectively wash hands

14.2 Educate the children at the service to wash their hands in this way. Educators will need to observe, supervise and encourage them so that they develop effective hand washing skills.

15 Gloves

15.1 Gloves aid in minimising the risk of infection or cross-contamination, disposable gloves must be worn by educators and other staff whenever they:

i. Come into contact with blood.

ii. Come into contact with bodily waste products.

iii. Apply First Aid.

iv. Changing nappies or soiled pants.

v. Wiping noses.

vi. Have cuts or skin lesions on their own hands that are not covered.

vii. Are cleaning or laundering.

viii. Preparing uncooked/cooked food.
16 Hygienic Nappy Change Procedure

16.1 The service accepts enrolments of children who are in nappies. Nappy changing occurs frequently throughout the day and as needed and is specific to individual needs.

16.2 Educators will communicate with parents to develop consistency with their child’s nappy changing habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs. Children who are in nappies will have this detail recorded in the Children’s Communication Book kept by the Educators. This is located near the sign in and out sheets for parents to check.

16.3 Nappy changing will be carried out by the educators following the nappy changing procedure. At times it may be necessary for a student to carry out the nappy change procedure as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

16.4 Nappy changing will be done only in the nappy change area which will be properly stocked with paper towels, plastic bags, fresh nappies, nappy bins, rubbish bin with sealed lid lined with plastic. Children who are wearing rest time nappies which are not soiled may be supported to remove their nappies in the bathroom as per toilet training procedure. This is to promote self-help skills, whilst maintaining hygiene standards.

16.5 The service will follow hygienic nappy change practices at all times using the documented procedures that are displayed throughout the centres. For details please refer to the “Nappy Change Procedure (CHI-ADM-PRO-014)”

17 Nappy and Sanitary Bins

All nappy bins and sanitary bins are changed by a professional, contracted company. Nappy bins are changed twice weekly; sanitary bins fortnightly.

18 Hygienic Toileting Procedure

18.1 The service accepts enrolments of children who have not yet been toilet trained. Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child’s toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

18.2 At times it may be necessary for a student to assist children in the area of toileting as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

18.3 Additionally, the service will follow hygienic toileting practices at all times using the documented procedures that are displayed throughout the centres. For details please refer to the “Toileting Policy and Procedure (CHI-ADM-PRO-015)”
18.4 This is a broad guide as it is very dependent upon the individual child and if the child requires support. We encourage independence and a sense of autonomy as well as a feeling of privacy (if required by a child). Children who are toilet training are to be gently reminded, throughout the day, of the need to use the bathroom.

18.5 Disposable gloves should be used for any of these stages in the toileting procedure:
   i. Help child to remove clothing if needed.
   ii. Help child onto toilet if needed. Children are supported off the toilet if necessary.
   iii. Help the child to wipe themselves, encouraging them to wipe front to back. Encourage the child to flush the toilet themselves.
   iv. Help support the child to redress self if needed/ or requested.
   v. Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

18.6 If the child has soiled or wet their clothing:
   i. Remove any wet/soiled clothing and seal in a bag for washing by the parents. It must be double-bagged.
   ii. Clean and dry the child.
   iii. Remove your gloves and wash hands, do not touch the child’s clean clothing.
   iv. Dress the child, wash and dry the child’s hands. Have them leave the bathroom.
   v. Clean any spills following procedure for cleaning spills of bodily fluids.
   vi. Remove and dispose of gloves, wash and dry your hands.

18.7 The procedure for toileting will be displayed in the toileting area.
   i. Educators are to be aware of, and to teach children, associated WH&S issues.
   ii. Educators and children to be water wise in bathroom areas.
   iii. Educators to use electric mobile nappy change tables/step ladders for larger children and children with additional needs.
   iv. Educators to always ensure there is another educator nearby or in viewing proximity, of the educator at or in the children’s bathroom.
   v. Children who are toilet training are to be gently reminded, throughout the day, of the need to use the bathroom.
   vi. Parent toileting requests are to be followed where reasonably possible.

19 Hygienic Bathing Procedure

19.1 All educators of the service are responsible to maintain a clean and sanitary environment, especially in areas where babies and children are bathed.

19.2 All hazardous and/or dangerous materials should be labelled and stored in a locked cupboard out of reach of children where bathing occurs.

19.3 Children’s bathrooms will be cleaned daily. They will also be checked regularly throughout the day by educators to ensure cleanliness is maintained.
19.4 Any non-slip mats used when bathing children must be cleaned with disinfectant and dried after each child.

19.5 All baths, shower areas, basins and sinks used for bathing babies and children are to be cleaned prior to and after use, with Viraclean or Eucalypts 80.

19.6 Fresh clothes/nappies/bathing products should be ready prior to commencing bathing of child/baby.

19.7 All soiled nappies and clothes removed from children/babies prior to bathing must be placed in child-proof container out of reach of children. Educators should use disposable gloves and follow normal hand washing procedures for this step in the bathing procedure.

19.8 Educators must wash their hands prior to and after bathing children/babies.

19.9 There must always be 2 educators present whenever a child/baby is bathed.

19.10 Children/babies privacy must be respected. Educators should talk reassuringly at all times, explain what they are doing step by step, and restrict other children from viewing the bathing procedure.

19.11 Parents must be informed whenever their child is bathed. This should be in writing on the communication book.

19.12 Cleaning checklist must always be properly completed and in a timely manner.

19.13 Educators must keep their own shower area clean and hygienic at all times. Shower area must be disinfected after use. Liquid soap is to be used when showering. Towels to be washed and dried immediately and not left in shower recess.

20 Hygiene

20.1 It is essential that educators and other take care of themselves and act as a role model for children and parents.

20.2 Educators and other staff are requested to:
   i. Avoid coming to the service when they are unwell. (Any educator or other staff who is suffering from an infectious condition will be excluded from work)
   ii. Generally try to maintain healthy and clean habits, including clean nails and hair, and fastening back long hair.
   iii. Help children learn concepts of good personal hygiene, good habits when handling food, correct use of toilet and procedures for hand washing.

20.4 Daily routines and the service program should reflect sound hygiene practices by including opportunities for children to learn concepts of good personal hygiene by keeping:
   i. Their bodies fresh and clean.
   ii. Their hair and scalp clean and healthy.
   iii. Nose or mouth covered when coughing or sneezing and then washing their hands.
   iv. Washing their hands after toileting and before eating.
   v. Using a tissue to clean their nose.
20.5 Encourage hygienic habits when handling food by:
   i. Learning appropriate food handling procedures.
   ii. Washing hands before and after handling food.
   iii. Avoiding putting utensils in their mouths. (Other than forks and spoons)
   iv. Wiping up spillage and helping to clean up with educator’s assistance.
   v. Using utensils and other equipment that are clean and free of cracks.
   vi. Developing independence in handling food.

20.6 Learn appropriate use of toilet area and procedure for washing hands by:
   i. Learning to put seat up or down.
   ii. Cleaning themselves with toilet paper.
   iii. Flushing the toilet.
   iv. Washing hands using soap.

### 21 Dental Hygiene and Care

21.1 The service will arrange for dental health professionals to attend the service to discuss good dental health practices and guidelines with educators, children and family members.

21.2 Educators should actively seek to be positive role models for children and families in attendance at the service.

21.3 Educators form positive relationships with family members and children to discuss and encourage good dental health practices and ensure the continuity of care of each child. Information should be made available to family members and educators in their home language.

21.4 The service integrates educative information and guidelines on good dental health practices into the daily routine. This should include information on tooth brushing, tooth friend snacks and drinks and going to the dentist and/or dental health professionals.

21.5 The service will actively encourage good dental health practices including eating and drinking habits, tooth brushing and going to the dentist and/or dental health professionals.

21.6 Children will be encouraged to drink water to quench their thirst and remain hydrated.

21.7 Family members should be informed without undue delay any incident or suspected injury or issue with their child’s dental health which may include teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing food or drink.

21.8 Educators will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

### 22 Dental Accidents

If a dental accident occurs at the service, the following will occur:
22.1 For younger children:
   i. The accident will be managed as an emergency. Incident, Injury, Trauma and Illness Record will be completed.
   ii. The tooth will not be reinserted into the socket, but gently rinsed in clean water or clean milk to remove any blood and will be placed in a clean container or wrapped in cling wrap to give to the child’s parent or dentist.
   iii. Seek dental advice as soon as possible and ensure educators or the parent takes the tooth/tooth fragment to the dentist with the child.

22.2 For older children or adults:
   i. The accident will be managed as an emergency. Incident, Injury, Trauma and Illness Record will be completed.
   ii. Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.
   iii. Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
   iv. In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way round, in its original position, using the other teeth next to it as a guide).
   v. Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
   vi. If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.
   vii. Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
   viii. If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

23 Food Preparation and Food Hygiene Procedure
23.1 Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the Food Standards Australia New Zealand such as:
   i. Wash hands before food preparation.
   ii. Hand washing procedure to be displayed above the hand washing sink.
   iii. Hands to be washed in this sink ONLY by the person preparing food.
   iv. Cleaning food preparation area before, during and after use.
   v. Using colour-coded chopping boards in order to prevent cross contamination of raw food.
vi. Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
   a. Washing their hands
   b. Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
   c. Not wearing jewellery (wedding band excluded)
   d. Covering cuts with a blue bandaid and gloves and
   e. Not changing nappies before preparing food.

vii. Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.

viii. Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.

ix. Clean children’s dining tables with Viraclean or Eucalypts 80 and dry before serving food.

x. Ensuring food is always served in a hygienic way using tongs and gloves.

xi. Clean children's dining tables with Viraclean or Eucalypts 80 and dry after meal times.

xii. Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.

xiii. Providing families with current and relevant information about food preparation and hygiene.

xiv. Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

24 Cooking with Children

24.1 We sometimes include cooking experiences in our service’s programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children’s cooking experiences.

24.2 Examples of the type of activities children will participate in during cooking experiences include:
   i. Helping choose what to cook.
   ii. Measuring and weighing ingredients.
   iii. Stirring or mixing ingredients.
   iv. Setting the tables.
25 Food Safety, Temperature Control and Transport Procedure

25.1 We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:

i. Provide food safety information from Safe Food Australia and NSW Food Authority.

ii. Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.

iii. Encouraging educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.

iv. Providing nutrition and food safety training opportunities for all educators including an awareness of other cultures food habits.

25.2 The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the “temperature danger zone”. To keep food safe:

i. All food for children brought from home will be immediately placed in the refrigerator provided in the service. Children's food will be removed from insulated containers before placing in the refrigerator.

ii. Don’t leave perishable foods in the temperature danger zone for longer than 2 hours.

iii. Keep cold food in a fridge, freezer, below 5°C until you are ready to cook or serve, eg if you are serving salads keep them in the fridge until ready to serve.

iv. Keep hot food in an oven or on a stove, above 60°C until you are ready to serve.

v. Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot. Heating food is not always recommended, however.

vi. Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge.

vii. Use a thermometer to make sure your fridge is below 5°C. Don’t overload refrigerators, as this reduces cooling efficiency.

viii. All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.

ix. Store dry foods in sealed, air-tight containers.

x. Store food on shelving.

xi. Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.

xii. Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.

xiii. Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.

xiv. All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
xv. Store foods on shelves, never on the floor including play dough material.
xvi. Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
xvii. Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
xviii. Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
xix. The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

25.3 Food Transport
i. When transporting food, all factors relating to food hygiene and safety will be considered, and precautions will be taken to prevent contamination and ensuring that food is maintained at appropriate temperatures to prevent the food being spoiled.

25.4 Protecting food from contamination will be achieved by:
i. Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.
ii. Aluminium foil, plastic film and clean paper may be used and food will be completely covered.
iii. Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.
iv. Previously used materials and newspaper will not be used.

25.5 Temperature Control
i. When potentially hazardous foods are being transported they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.
ii. If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
iii. Only pre-heated or pre-cooled good will be placed in insulated containers, which will have a lid to maintain temperatures.
iv. Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
v. Insulated containers will be filled as quickly as possible and closed as soon as they have been billed and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.

25.6 The following will be considered when transporting food:
i. Containers of cool food will be placed in the coolest part of the vehicle.
ii. If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
iii. Vehicle will be kept clean and maintained at hygienic standards.
iv. When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
v. Upon arrival at the destination, educators will immediately unload any hot or cold food and place it in an appropriate temperature controlled environment.
vi. All food will be served within two hours of it being cooked.

26 Food Storage

26.1 In order to implement safe food storage practices to the highest possible standard, educators will access and amend their practices to the latest known information. This information will be passed onto families.

26.2 Educators will then implement these standards in the Service by inspecting food items when first brought into the Service to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Staff will then see that they are appropriately stored as per the following:

26.3 All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.

26.4 Store dry foods in sealed, air-tight containers.

26.5 Store food on shelving.

26.6 Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.

26.7 Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.

26.8 Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.

26.9 For cold storage, the following applies:

i. All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.

ii. Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).

iii. Store foods on shelves.

iv. Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.

v. Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.

vi. Fridges and freezers need to be cleaned regularly. The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.
27 Sources
Education and Care Services National Regulations 2011
Early Years Learning Framework
National Quality Standard
Food Standards Australia New Zealand
NSW Health
Australian Guide for Healthy Eating
Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health
Workers Endorsed 10 April 2003
National Health and Medical Research Council. (2005). Staying Healthy in Child Care
Food Safety Standards for Australia 2001
Food Act 2003
Food Regulation 2004
Work Health and Safety Act 2011
Work Health and Safety Regulations 2011
Staying Healthy in Childcare 5th Edition

28 Review
This policy will be reviewed every 2 years and the review will include Management, Employees, Families and Interested Parties.

29 Version Control Table

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Released</th>
<th>Next Review</th>
<th>Approved By</th>
<th>Amendment</th>
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<tr>
<td>1</td>
<td>Feb 2012</td>
<td>Feb 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Dental Hygiene Policy and the Hygiene Policy.</td>
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<tr>
<td>2</td>
<td>Feb 2013</td>
<td>Feb 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy reviewed with changes made regarding food transport practices. The review period changed to 2 years.</td>
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<tr>
<td>3</td>
<td>Feb 2014</td>
<td>Dec 2015</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy updated to refer to the “Nappy Changing” and “Toileting” Procedures and removed the procedure detail of both from this Policy to avoid duplication</td>
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<td>4</td>
<td>Feb 2015</td>
<td>Dec 2015</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Policy reviewed and no changes required.</td>
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<tr>
<td>5</td>
<td>Dec 2015</td>
<td>Dec 2017</td>
<td>M. Gilmore – General Manager</td>
<td>Policy reviewed and no changes required.</td>
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