**Health, Hygiene and Safe Food Policy**

**(Inclusive of Toilet training procedures)**

Linked to National Quality Framework and Standards – ACECQA 2017

***Quality Area 1- Educational Program and Practice***

**1.1 Program- The educational program enhances each child’s learning and development**

1.1.1 Approved learning Framework

Curriculum decision making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.

1.1.2 Child-centred

Each child’s current knowledge, strengths, ideas, culture, abilities and interests area the foundation of the program.

1.1.3 Program learning opportunities

All aspects of the program, including routines, are organised in ways that maximise opportunities for each child’s learning.

**1.2 Practice- Educators facilitate and extend each child’s learning and development**

1.2.1 Intentional teaching

Educators are deliberate, purposeful, and thoughtful in their decisions and actions.

1.2.2 Responsive teaching and scaffolding

Educators respond to children’s ideas and play and extend children’s learning through open-ended questions, interactions and feedback.

1.2.3 Child directed learning

Each child’s agency is promoted, enabling them to make choices and decisions that influence events and their world.

**1.3 Assessment and planning- Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.**

1.3.1 Assessment and planning cycle

Each child’s learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection

1.3.2 Critical reflection

Critical reflection on children’s learning and development, both as individuals and in groups, drives program planning and implementation.

1.3.3 Information for families

Families are informed about the program and their child’s progress.

***Quality area 2– Children’s health and safety***

**2.1 Health- Each child’s health and physical activity is supported and promoted.**

 2.1.2 Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

 2.1.3 Healthy lifestyle

Healthy eating and physical activity are promoted and appropriate for each child.

***Quality Area 3- Physical environment***

**3.1 Design- The design of the facilities is appropriate for the operation of a service**

 3.1.2 Upkeep

Premises, furniture and equipment are safe, clean and well maintained

***Quality Area 5—Relationships with children***

**5.1 Relationships between educators and children- Respectful and equitable relationships are maintained with each child.**

5.1.1 Positive educator to child interactions

Responsive and meaningful interaction build trusting relationships, which engage and support each child to feel secure, confident and included.

5.1.2 Dignity and right of the child

The dignity and rights of every child are maintained

***Quality area 6– Collaborative partnerships with families and communities***

**6.1 Supportive relationships with families- Respectful relationships with families are developed and maintained and families are supported in their parenting role.**

6.1.1 Engagement with the service

Families are supported from enrolment to be involved in the service and contribute to service decisions.

6.1.2 Parent views are respected

The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing.

6.1.3 Families are supported

Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

**6.2 Collaborative partnerships**

**Collaborative partnerships enhance children’s inclusion, learning and wellbeing.**

6.2.1 Transitions

Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

***Quality Area 7- Governance and Leadership***

**7.1 Governance- Governance supports the operation of a quality service**

7.1.1 Service philosophy and purpose

A statement of philosophy guides all aspects of the service’s operations

7.1.2 Management systems

Systems are in place to manage risk and enable the effective management and operations of a quality service

7.1.3 Roles and Responsibilities

Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service

 Linked to Education and Care Services National regulations (2011) and Education and Early Childhood Services

(Registration and Standards) Law 2017

**Regulation 55,56,73, 77, 103,106,109,110,112, 155(e), 156, 168(2)(k),**

**Law 168**

**Policy statement**

Toybox CCCC is committed to providing a healthy and safe environment. The hygiene practises outlined in this policy represent sound, preventative and health measures which are essential in group care environments to minimise the risk of infection, cross-infection, and the spread of illness and infectious diseases. The safety policies ensure the wellbeing of children and educators, while providing guidelines for educators to deal with any emergency situations that may arise.

Toybox CCCC is also committed to providing safe food practises where foods that are brought into the centre meet guidelines from Get Up and Grow, Australian Dietary Guidelines, SA Health: Food Safety and Food Act 2001. The policy will outline the centres responsibility to promote and protect your child in regards to food.

**Hygiene**

Hand washing is the most important procedure for preventing transmission of germs

Open for discussion – wearing of aprons/tabards at mealtimes???

**Caregivers should wash their hands**

* Before handling and preparing food, drinks, bottles and before eating;
* After nappy changing, toileting, cleaning faeces, urine, vomit or blood, wiping a nose and handling animals;
* After administrating first aid;
* Before and after administrating medication;
* After using the toilet themselves
* Before and after breaks
* .Anytime hands are soiled

**Children should wash their hands**

* Before and after eating or participating in food preparation;
* After toileting, nose wiping, playing outside, handling animals;
* Anytime their hands are soiled

**Hand washing procedure**

* **Use Liquid soap and warm running water;**
* **rub hands vigorously as you wash them, counting to 10 slowly;**
* **wash hands all over, including backs of hands, wrist, between fingers and under finger nails;**
* **rinse hands well, press dry with paper towel;**

**Skin care**

* Keep skin on hands and wrists in good condition;
* cover minor cuts with appropriate waterproof dressing
* seek medical advice if you have certain skin conditions
* follow guidelines of medicated lotions

**NAPPY CHANGING**

Nappy changing should be a special one on one time with child and parent/carer giver/educator. "Free time" from a nappy should be encouraged in the home. At the centre educators will endeavour to spend time looking at and communicating with your child during the nappy change process. Talking about what they are doing and what is next in the process of changing is crucial for long term brain and speech development.

Open for discussion – wearing a protective apron when nappy changing??

Educators must

* Ensure the change mat is clean
* Have the correct items for changing a nappy at hand
* Use protective equipment throughout the process
* Use any personal cleaning items a parent/care giver as requested i.e. own nappies, own wipes or creams
* Follow the nappy changing procedure and hand washing procedure before and after the change
* Use correct nappy disposal systems
* ensure each child has had their hands washed after having their nappy changed
* Use nappy sack for soiled nappies as an extra protective measure
* Not alert the room to the fact that a child has soiled their nappy. Educators must acknowledge with the child discreetly, keeping the dignity of the child at the forefront of their communication.

**TOILET TRAINING**

Toilet training is a stage every child progresses through and one that should be as individual as the child.

Toybox CCCC values the right for families to choose when they start toilet training.

Educators can alert families to observations of a child being ready for training or parents/care givers can initiate the conversation of starting toilet training. Toilet training should be a great experience, if at any point the child seems to be not responding to a technique or regressing this should be discussed and strategies/plans put into place to support the child. Children will never be threatened or forced to toilet train and their dignity should be of utmost importance.

There are many helpful sights to research and answer any queries an educator may have not been able to answer for you.

*Most children will be fully toilet trained during the day somewhere between two-and-a-half and four years, and night trained by eight years. Try not to rush toilet training, and do not feel pressured into starting toilet training before your child is ready. Signs of readiness include when children can:*

* *Say they are wet, or soiled, or need to go to the toilet.*
* *Wait, or can control the urge, to wet or soil.*
* *Show interest in the toilet.*

*To help your child learn how to use the toilet:*

* *Encourage them to drink lots of fluids.*
* *Let them watch you using the toilet.*
* *Use a potty or a toilet with a seat ring and a step.*
* *Explain the toileting steps - including washing hands afterwards.*
* *Encourage your child to sit on the toilet.*
* *Praise and reward your child for any successes.*
* *Stay calm if your child has an 'accident'. Toilet training takes time and practice.*

*If toilet training doesn't seem to work, wait a few weeks before trying again. For many children, night-time training is a separate event that takes place some time - even years - after day-time training. Don't take your child out of night-time nappies too soon. If they wake most mornings with a wet nappy, they're probably not ready.*

*Some tips for helping with night-time training:*

* *Make sure your child can get out of bed and easily remove their pyjamas. Help your child practise pulling them up and down.*
* *Talk about a night-time procedure. Should they go to the toilet by themselves, or wake you for help?*
* *Put a mattress protector on the mattress in case of accidents.*
* *Make going to the toilet the last part of their bedtime routine.*
* *Leave lights on so your child can easily find the toilet at night.*
* *If your child wakes during the night, ask them if they need to go to the toilet.*
* *Avoid pressuring your child, or comparing them to other children.*

*More information on toilet training is available from your child health nurse*

***Acknowledgement***

*This fact sheet is the result of input and effort from many health professionals in Queensland. Their assistance with the content is greatly appreciated*.

When taking children to the toilet or checking if they need the toilet it should be done so discreetly, do NOT make a statement of the bodily function in front of people for example.

The process of toilet training can be different for every family but some things that are generic are the need for plenty of spare clothes and spare shoes. It is encouraged to have an open mind and never expect too much of your child.

Open communication channels with the educators in your child's room is essential.

Children are encouraged to follow good hygiene practise, while learning to wipe themselves is part of the toilet training it can sometimes be messy so educators will always support children with role modelling of how to wash hands.

**Soiled clothing**

Clothing will be rinsed and placed into a nappy sack or sacks for deep soilage. The sack will be labelled with child's name. In the case of “deep soilage” if a family chooses to allow the centre to discard the clothing please ensure the educators have been informed. Please see memo – procedure for soiled clothing.

**Nose wiping**

Self help skills are encouraged throughout the service. As your child grows up educators will introduce ways to help them help themselves. Nose wiping is an important part of helping oneself. We encourage sneezing into the elbow but if children do sneeze into the hand, they will be encouraged to wash their hands. Discussions and fun activities will be part of the program to consistently support children in hygiene practises and reducing spread of infection. Tissue will be available to children over 2 years. In the nursery educators will introduce these same self help skills to infants progressing up to the toddler room.

**BEDDING AND BEDS**

Each child will have their own bedding, depending on sessions this bedding may last them the whole week unless soiled, where the bedding is washed and new bedding provided. The reasons for change of bedding for a full time child is if they have been unwell or the sheets are particularly dirty.

The beds/cots are disinfected between each use. This promotes reduction in spread of infection. Educators must use protective equipment such as gloves when dealing with soiled material.

**TOY CLEANING**

All toys in the centre are cleaned regularly. A record is kept of when they have been cleaned.

In the nursery toys are cleaned more often, sometimes several times during the day depending on how much they have been mouthed. A sanitiser is used after to spray disinfected toys.

**FURNITURE AND EQUIPMENT**

Furniture and equipment is cleaned daily. A cleaner is employed by Toybox CCCC to clean the centre after hours. During the day educators clean tables, chairs, floors and surfaces that children have contact with. This is an integral part of the procedures within the centre to provide and clean and safe environment for the children to play in.

**EDUCATING HYGIENE**

Hygiene is a part of the program and is actively encouraged for everyone to follow.

**BOTTLES AND DUMMIES**

The centre uses a food grade sanitiser that is used in food preparation facilities. It is safe for children and people but kills germs. Dummies are rinsed in the sanitiser and left to dry before returning to children if they have dropped it on the floor etc. If families supply only one bottle and a child has several bottles, the bottle will be sterilised between uses. The procedure for this is to steam them in the microwave. Bottles are then left to air dry before use again.

Bottle will be sent home clean.

**FOOD PRACTISES**

**Food storage**

Food supplied by the centre will be stored according to guidelines. Fridge temperatures are recorded.

It is encouraged that food sent into the centre is provided in a sealed cooler with an ice block to keep food cool during transport. Once at the centre please place the lunch box directly into the fridge of the room your child is in.

Food that is supplied by the centre, once opened, will be stored in sealed containers, be labelled once opened and a use by date. If the food id required to be refrigerated educators will seal appropriately and used within the use by date. Fridges and cupboards where food is stored will be kept cleaned and in good condition.

**FOOD SAFETY**

Currently the centre does not have a food program in place. We ask that families follow the Food and Nutrition policy closely and abide by the request to not send food in that contains potentially hazardous foods that require reheating.

Potentially hazardous foods include

Raw or cooked meat including poultry or game

Foods containing raw or cooked meat such as casseroles, curries, lasagne

Seafood including seafood soup, fish sticks, stews

Ham and chicken loaf (keep an ice block in lunch box for temperature control)

Quiche and baked egg products

Rice meals

We will not reheat foods that contain any of the above. Cold meats, eggs, quiche, rice salads and pasta salads will be given to children ensuring they have been transported and stored correctly at the centre.

Educators will actively be involved in meal times; engaging in conversation and learning about food and nutrition. Educators will be encouraged to eat alongside children but only when meals follow Get up and Grow and allergies have been considered.

**FOOD PREPERATION AND FOOD HYGIENE**

Educators will wear protective equipment when dealing with food, they will follow hand washing procedures and ensure there is no cross contamination of foods in regards to allergies.

To encourage self help and choice children will be given their contents of their lunch box on plate. Lunchboxes will not be left on tables and be eaten from. Clean food resources will be used at the centre.

***Source***  Staying Healthy in Child Care - 5th edition 2012

www.nhrmc.gov.au

Health (Infectious Diseases) Regulations 2001

www.health.vic.gov.au/headlice/downloads/infectious\_diseases\_regulations.pdf

Australian Children's Education and Care Quality Authority ACECQA 2012

www.acecqa.gov.au

National Quality Framework and Standards - 2012

www.acecqa.gov.au/national-quality-framework/national-quality-standard/

Australian Dietary Guidelines

SA Health

Food safety and FOOD Act 2001

Get Up and Grow

Raisingchildren.net.au

Parenting SA

**Review**

The policy will be reviewed annually

The review will be conducted by:

* Management
* Employees
* Families
* Interested Parties

**Last reviewed: May 2014**

**Dec 2015**

**Reviewed and Updated Sep 2016**

**Updated Oct 2017**

Changing Nappies

 Use safe lifting techniques

 Help children who can climb the ladder

 Place paper on the change mat for a soiled nappy

 Lay the child on the change mat

 Do not leave children unattended on the change mat

 Wear gloves for a soiled nappy (and for wet if desired)

 Clean the child’s bottom using wet wipes

 Remove the soiled nappy, gloves & paper towel

 Put soiled nappies, gloves & paper towel in the nappy bin; wet nappies in the other bin

 Dress the child

 Wash the child’s hands

 Remove the child from the change table

 Older babies—wash hands at sink

 Clean the change table thoroughly using disinfectant

 Wash your hands

 Ensure the ladder is safely stowed

 Record the Communication chart



Reviewed Oct 2017