HEALTH & SAFETY GUIDELINES FOR EARLY CHILDHOOD EDUCATION SERVICES

MIDCENTRAL PUBLIC HEALTH SERVICE

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1. INTRODUCTION

MIDCENTRAL PUBLIC HEALTH SERVICE

MidCentral Public Health Service (MidCentral PHS) is involved in a number of activities to protect and promote community health. This includes giving advice about health and safety to early childhood education services (ECEs/ECE) and working with them to ensure they meet minimum health and safety standards. Staff who work for MidCentral PHS include Health Protection Officers, Public Health Nurses, Health Promotion Officers, Vision-Hearing Technicians, Oral Health clinicians, Medical Officers of Health and Medical Officers.

HEALTH AND SAFETY

ECEs play an important role in the growth and development of children. They are uniquely placed to promote the health of children and staff, family, whānau and, indirectly, the health of the wider community. Educators are expected to protect children from injury or illness, and help children develop the skills to care for themselves. Early childhood regulations and the curriculum Te Whāriki outline how this responsibility is placed on ECEs. Beyond these frameworks there are other dimensions that influence whether a service is safe and healthy – social, cultural, emotional, physical and spiritual.

To be safe and healthy, ECEs need to identify what makes their service safe and healthy. Educators should think about the safety of the environment the service provides, together with the health of groups and individuals and the wider environment beyond (children, staff, parents, caregivers, family and Whānau) as a whole. Once this has been agreed, staff can see where changes are needed and set about making them happen.

All ECEs must respond to health and safety issues or problems when they arise. However, services can improve and protect health and safety by identifying, and putting in place protective measures around the issues that are likely to cause problems before they occur.

HEALTH & SAFETY GUIDELINES FOR EARLY CHILDHOOD EDUCATION SERVICES

The following guidelines are based on the requirements of the Education (Early Childhood Centres) Regulations 2008 and the Ministry of Health. This document is intended as a guide for ECE owners, licensees, management and teachers on the public health and safety issues that commonly arise in ECEs and provides the relevant standards that ECEs must meet. The guidelines:

- Have been compiled to assist with the establishment and operation of ECEs including Te Kohanga Reo. The guidelines outline the expectations of the MidCentral PHS.
- Can be used by ECE staff as a basis of a health and safety self audit tool.
- Provide the minimum acceptable standards for health and safety in ECEs.
- Should be read in conjunction with the Education (Early Childhood Services) Regulations 2008 and the *Licensing Criteria for Early Childhood Education and Care Centres 2008*.

- Will be useful for ECE operators whose centre is to undergo a Health and Safety Assessment by a Health Protection Officer from the MidCentral PHS.

Whether intending to build a new centre or use/renovate a pre-existing building, the Ministry of Education (MoE) has very useful information on their website for establishing a ECEs and specific licensing criteria: www.lead.ece.govt.nz.

NGĀ KUPU ORANGA

It is suggested that these guidelines are used in conjunction with the Ministry of Health (MoH) resource: "*Nga Kupu Oranga, Healthy Messages - A health and safety resource for early childhood services*".

Nga Kupu Oranga includes specialised health and safety information that has already been developed for ECEs and aims to complement existing resources. This resource is available from the MidCentral PHS or can be downloaded from the following website: http://www.health.govt.nz/publication/nga-kupu-oranga-healthy-messages-health-and-safety-resource-early-childhood-services

If you have any questions regarding these guidelines or any other queries please contact a Health Protection Officer at the MidCentral PHS on (06) 350 9110 (Palmerston North office) or (06) 348 1775 (Wanganui office).

We hope that the information contained in this document is useful - we welcome your feedback and any suggestions for improvement.

HEALTH PROTECTION OFFICERS
MidCentral Public Health Service

2. PLAY AREAS

2.1 BUILDING STANDARDS

Building Act 2004 section 15(1)

The Building Act 2004 (Appendix 3) and subsequent regulations and codes in some cases provide more detailed performance requirements than those contained in the Education (Early Childhood Centre) Regulations 2008 (Appendix 3). The territorial local authority (city and district councils, Appendix 2) building inspectors are responsible for administering the Building Act, however, a Health Protection Officer may comment on areas covered by this Act if any deficiencies are observed during the assessment of a centre.

The following sections (2.2 – 2.5) refers to the New Zealand Building Code Handbook and Approved Documents (Appendix 3) made under the Building Act 2004. Centres should ensure that they comply with the Act and subsequent Regulations.

2.2 LIGHTING

MoE Licensing Criteria 2008 PF12
Building Code G7

Indoor ECE spaces need to be provided with adequate openings for natural light and for a visual awareness of the outside environment (Building code G7.2).

Children playing at floor level, as well as 3-5 years olds learning letters/numbers etc in a mat situation or at tables, need good lighting.

In the absence of sufficient natural light the *Australian/New Zealand Standard 1680: 2006 Interior and workplace lighting Part 1: General principles and recommendations*, sets out general principles and recommendations for the lighting of interiors of buildings. Health Protection Officers assess lighting levels as part of their pre-licensing Health and Safety Assessments. They use the recommended minimum lighting level, from the above Standard, of 240 lux at 0.75 metres from the ground for assessing childrens activity areas.

If ECEs have any concerns about interior lighting levels they should contact a Health Protection Officer at the MidCentral PHS (Appendix 2). We can arrange to visit the centre to assess lighting levels. However lighting assessment is a very technical field and ECEs may be advised to seek specialist help to undertake a comprehensive lighting evaluation of the facility.

2.3 VENTILATION

MoE Licensing Criteria 2008 PF12
Building Code G4

There must be adequate ventilation in every room in the centre that is used by children. Good ventilation is particularly important for sleep rooms, nappy change areas, bathrooms and rooms where un-well children are isolated and looked after temporarily.

The objective of the building code provisions on ventilation is to safeguard people from illness or loss of amenity due to lack of fresh air. Good ventilation will:

- supply fresh air for breathing
- clear away pollutants and odours to improve air quality
- help remove excessive moisture in the air
- improve thermal comfort in warm weather by increasing air movement and removing heat

Adequacy of ventilation under the building code is measured through air change rates. An air change rate is a measure of how quickly the air in an interior space is replaced by outside (or conditioned) air by ventilation and infiltration. Air change rates are measured in cubic metres per hour divided by the volume of air in the room, or by the number of times the dwelling's air changes over with outside air. For example, if the amount of air that enters and exits in one hour equals the total volume of the heated part of a dwelling, the dwelling is said to undergo one air change per hour. A recommended figure for ECEs is a minimum of 3 air changes per hour.

This will be difficult to estimate. Most centres rely on natural ventilation of occupied spaces via windows or other openings (excluding doors). The windows and other openings should have an area no less than 5% of the floor area. Careful thought needs to be given to window design to make sure that children cannot climb or fall out or get stuck. Centres also need to make sure that windows don't open onto walkways or play areas, with sharp corners or edges that children can run into. Don't rely on doors for ventilation. This can be very inconvenient, especially if it's an external door and its cold outside - remember that ventilation is needed in cold weather too.

If possible try to have opening windows on opposite sides of the building, or on more than one wall of a room, to give a choice of ventilation depending on wind direction. This will also allow airflow/cross-ventilation across the room. Consider the use of ceiling fans to aid air circulation. These can be reversible, so that air can be either drawn up to the ceiling (good in summer to remove heat), or pushed down (good in cold weather to circulate warm air).

Please see Section 7 – Sleep Area for further information on ventilation of sleep rooms.

2.4 HEATING

MoE Licensing Criteria 2008 PF12 & HS24
Building Code G5

An ECE building should be constructed to provide an adequate, controlled, interior temperature. Habitable spaces, bathrooms and recreational rooms should have a maintained internal temperature of at least 16°C (measured at 500mm above the floor) while children are attending. The World Health Organisation recommends that inside spaces are heated to a temperature of at least 18°C.

Heating appliances and any attached cables or other fittings must be securely fixed in place.

Specific concerns with regard to prevention of burns should be addressed by centres. All heating devices used in centres should be either incapable of burning children, or inaccessible to them. Preferred heaters are those that are permanently wired-in, and wall mounted above a child's reach.

When contemplating a heating system it is recommended that consideration be given to heating systems that do not produce or contribute to indoor air-pollution. Such systems include flued gas heaters or central heating that carry the pollutants outside or alternatively electric heaters or reverse cycle air conditioner units.

MidCentral PHS does not support the use of un-flued gas heaters. These heaters release nearly two kilograms of water for every kilogram of gas burnt. Moisture rapidly builds up in the room being heated, leading to the growth of moulds and dust mites, impacting on the health and well being of children. There is also the danger of asphyxiation from using this form of heating in an unventilated area and the adverse health impacts of inhaling nitrogen oxides. To combat these effects the recommended use involves an open window which ultimately undermines their heating value.

2.5 NOISE

MoE Licensing Criteria 2008 HS15
Building Code G6

All practicable steps need to be taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm. Young children need to be able to hear each other and adults clearly, if they are to have the opportunity to learn.

Constant high levels of noise in playrooms can have an impact on stress levels, child well-being and can lead to impaired cognitive function. Noisy environments can also make adults tired and stressed as well. Particularly at risk are hearing-impaired and other vulnerable children (note that many conditions are not diagnosed until children are older). Acoustic design must ensure that noise is kept to a reasonable level especially in areas designated for rest or sleep.

It is essential to think about ways to minimise noise and reverberation in the indoor environment as well as the effect from external community noise such as traffic, construction and planes.

Reverberation is the sound that continues in an enclosed space, after the source of the sound has stopped, rather like an echo. It occurs when sound is bounced or scattered off hard surfaces in an enclosed space. Because young children generate a lot of noise the building needs to be designed to minimise reverberation and absorb (rather than reflect) sound. Large spaces with hard reflective surfaces can significantly increase noise levels to intolerable levels. Appropriate floor coverings and wall linings can help reduce noise levels.

Sound absorbent materials (acoustic ceiling tiles and wall panel), soft furnishings (curtains, rugs, cushions, carpeting) and complex shapes (draped fabric, wall decorations & hangings, mobiles) can all help to minimise noise and reverberation.

If external noise is a problem inside the centre or in the playground, this needs to be addressed in the design, construction or management of the centre.

A Health Protection Officer will evaluate internal and external sources of noise during the health and safety assessment and consider measures that the centre will take to reduce the impact of noise on the children. Assessing noise may be included as part of a follow-up assessment of the centre, i.e. if children were not present at the time of the initial assessment. Noise assessment is a very technical field and ECEs may be advised to seek specialist help to undertake a comprehensive noise evaluation of the facility.

2.6 ART SINK

MoE Licensing Criteria 2008 PF10

- If children have access to an art sink the water temperature should be no higher than 40°C.
- It is preferable that the art preparation and clean up facility is a separate plumbed-in sink or tub unit that is used exclusively for this purpose. Locating this facility close to existing plumbing e.g. near or backing onto the kitchen or laundry is often most practical and cost-effective.
- Due to the risk of cross-contamination from body waste, body wash facilities must not be used for art preparation and clean up.
- If a dedicated art sink is not possible at the centre, the ECE service will need to have an acceptable alternative system in place. Alternative systems may include:
    - Using one or more buckets to wash materials, and disposing the waste water in the cleaner's sink or down an outside gully trap

- Placing an insert into a sink facility used for another purpose to prevent art materials from coming into contact with any cleaning waste or chemical residues, and/or to prevent paint or waste water from coming into contact with the sink.
- Robust cleaning and sanitising procedures are needed to ensure that facilities such as cleaner's sinks, laundry tubs or kitchen sinks and benches are thoroughly cleaned and sanitised before and after being used for art preparation and clean up.

2.7 ANIMALS

MoE Licensing Criteria 2008 PF10

Interaction with animals can help children to develop qualities such as empathy and compassion and also provides them with an experience and opportunity that they may not have in their home environment. All animals carry a range of micro-organisms (bugs/germs), some of which can cause unpleasant illnesses to people. In many instances, the animals are unaffected (have no symptoms of illness), carrying these micro-organisms in their gut. For this reason, hand washing after contact with animals, their droppings, urine, tissues or other items contaminated with these materials is very important. Children and staff should always wash hands thoroughly after handling animals. Centres should only allow clean, healthy, and easily restrained animals on the premises.

Close supervision of young children around animals is also very important. Children should be discouraged from kissing animals, sucking their fingers and thumbs and putting things in their mouths after handling animals. It is also important that the animal is closely supervised so that the animal does not adversely react to the sometimes vigorous attentions of excited young children. Children should be kept calm and not 'swamp' the animal. Management should check with pet owners that their animals are used to the attentions of small children. This is particularly important with regards to dogs that may snap and bite. Children may unwillingly provoke a dog by putting their face close to the dog's face or trying to take the dog's food or toy. Children's games may excite the dog or attract a chase or dogs may try to dominate young children aggressively due to the children's small size.

Centres that have, or intend to have, animals on the premises should have a policy that outlines how the centre will:

- Ensure that animals kept on the premises are supplied with a good healthy living environment including at weekends and holidays
- Maintain animal living conditions to a high standard of cleanliness
- Store animal food so that it is clearly distinguishable from human food (if applicable)
- Ensure visiting animals are safe around children
- Ensure that staff and children having had contact with animals immediately wash their hands afterwards
- Ensure animals and children are closely supervised during animal contact
- Ensure that sick animals are quarantined away from children.

There is a requirement under the Animal Welfare Act 1999 to ensure that the physical, health and behavioural needs of animals are met. Under this Act, the onus of care lies with the owner or person in charge of an animal to ensure these needs are in accordance with both good practice and scientific knowledge.

Centres that intend to take children to visit animals off-site should ensure that:

- There is good general cleanliness around the farm/animal area
- There are separate eating and animal contact areas
- There are adequate and suitable hand-washing facilities (with warm water and soap)
- The animal petting/feeding and hand-washing areas are appropriately supervised
- All animals appear healthy and well cared for

- Soiled footwear and clothing are bagged after the visit for parents to take home and clean.

3. KITCHEN AND DINING AREAS

3.1 DRINKING WATER SUPPLY

Education (Early Childhood Services) Regulations 2008
MoE Licensing Criteria 2008 HS21
Drinking Water Standards New Zealand 2005 (Revised 2008) (see link Appendix 3)
Health Act 1956, as amended by the Health (Drinking Water) Amendment Act 2007
Building Act 2004

There are a number of different pieces of legislation which relate to ECEs on their own drinking water supply:

Education (Early Childhood Services) Regulations 2008 each licensed service provider must comply with the health and safety practices standard.

Licensing Criteria for ECE and Care Centres HS21 requires "An ample supply of water that is fit to drink is available to children at all times, and older children are able to access this water independently." The Guidance Criteria notes in the Licensing Criteria state that guidelines concerning the provision of potable water should be available from your District Health Board.

The Building Act 2004 (Building Code *Approved Document G12 - Water Supplies*) requires premises to be provided with water that is suitable for drinking and for tooth brushing, washing up and food preparation.

The Health Act 1956 (as amended by the Health (Drinking-Water) Amendment Act 2007): ECEs that collect their own drinking water are required to be registered on the MoH "Register of Community Drinking Water Supplies in New Zealand". Under the Health Act specified 'self-suppliers' (e.g. ECEs with their own drinking water supply) are not legally required to take all practicable steps to comply with the Standards. **However, meeting the requirements of the Standards is strongly encouraged by the MidCentral PHS and is a way of proving that the drinking water supply is safe or potable (see below)**.

Centres are required to provide an "ample supply of water that is fit to drink" to children attending the centre at all times (HS21). "Fit to drink" or "safe" or "potable" water is defined by the Ministry of Health as water free from harmful bacteria, parasitic and chemical contamination. The Ministry of Health Drinking Water Standards for New Zealand 2005 (Revised 2008) (the Standards) contain the maximum acceptable values of harmful contaminants that may be present in drinking water.

Town or city water supplies generally meet the Standards and are not regarded as a problem because they are regularly treated, maintained and tested. ECEs on rural or smaller community reticulated supplies should seek an assurance from the water supplier that the drinking water supply is potable (i.e. the water is adequately maintained and treated and it is regularly tested for contamination in accordance with the *Drinking Water Standards for New Zealand 2005 (Revised 2008* (the Standards). The water supplier should inform the ECE if the water becomes contaminated so the ECE can take the appropriate steps e.g. boil the water or use another source (e.g. bottled water).

Precautionary or permanent boil water notices are sometimes issued by water suppliers if there is a problem with the supply. This can happen in small, rural or large reticulated supplies. In these cases ECEs should follow the instructions of the water supplier, which usually involves ensuring that water is boiled (for 1 minute, or using 2 clicks of a jug with an automatic cut-off as long as it is full) or using bottled water:

- Drinking
- Washing hands
- Preparing food and infant formula
- Brushing teeth
- Making ice
- Giving water to pets

Some plumbing fittings have the potential to allow minute traces of metals to accumulate in water standing in the fittings for several hours. Although the health risk is small, the MoH recommends that a mug-full of water be flushed from the drinking-water tap each morning before use to remove any metals that may have dissolved from the plumbing fittings. The MoH recommends this simple precaution for all those on public and private water supplies which include ECEs.

Compliance with the Standards for ECEs on their own water supply

Drinking water from a non-treated supply (e.g. roof water, bore water etc) can only be considered potable if it meets the Standards, which sets out the compliance monitoring and testing requirements. Under the standards ECEs have the following options for compliance:

- Compliance with sections 4, 5 and 7 to 9 of the Standards, or

- Alternative compliance under section 10 of the Standards which involves preparing and implementing a Water Safety Plan (WSP). Further information on preparing a public health risk management plan can be found in the MoH publication *Small Drinking water Supplies: Preparing a Public Health Risk Management Plan*, at www.health.govt.nz/our-work/environmental-health/drinking-water or by contacting the MidCentral PHS.

Monitoring (taking regular drinking water samples for testing) is an essential part of the overall 'multiple barrier' approach to good water quality management. Regular monitoring provides evidence that the water is safe and that the system is well maintained and treatment processes are working properly.

A WSP is a written document that aims to assess and manage risks to the safety of a drinking water supply. Risks are identified from the water supply source or catchment (i.e. roof/bore) right through to the tap. The WSP should aim to identify improvements that are necessary to control any risks for the supply.

A WSP must be approved by a Drinking Water Assessor located at the MidCentral PHS. To help drinking-water suppliers (including ECEs) to develop WSPs for their drinking-water supplies, the MoH has developed the Drinking Water Assistance Programme. This free-of-charge programme is aimed at small suppliers, including ECEs, to help them to understand and improve the technical operation of their supplies and provide assistance in the preparation of WSPs.

ECEs requiring assistance with regard to their drinking water supply can talk to a Health Protection Officer, a Drinking Water Assessor or the Drinking Water Assistance Programme Facilitator at the MidCentral PHS (Appendix 2).

Water Coolers

Many ECEs have stand-alone water coolers which allow children to access their own water. Water coolers should be regularly serviced according to the manufacturer's instructions (usually by the installation company). A record of services should be kept by the ECE. ECE staff should ensure that there is a system in place to ensure a single-use cup system is used, i.e. there are designated separate areas for clean and dirty cups.

Water Filter Jugs

There are a number of jugs on the market with removable filters. Filters should be changed according to the manufacturer's instructions (this is usually based on number of fills). A record of filter changes should be kept by staff.

3.2 NUTRITION

MoE Licensing Criteria 2008 HS19
Nga Kupu Oranga

Centre managers, supervisors, teachers, cooks and parent helpers should encourage and promote healthy eating. It is recommended that the licensee has a nutrition policy, including a breastfeeding policy, in place that incorporates the key principles of good childhood nutrition and for supporting breastfeeding.

The following guidelines and resources should be used to design the centre's nutrition policy:

- *Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18 Years): A background paper* (MoH, August 2012)
- *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper* (MoH, 2008)
- *Healthy Eating for Babies and Toddlers from Birth to 2 Years Old* (MoH)
- *Eating for Healthy Children aged 2 to 12* (MoH)
- *Healthy Eating for Young People* (MoH)
- *Food and Nutrition for Healthy Confident Kids: Guidelines to Support Healthy Eating Environments in New Zealand Early Childhood Education Services and Schools* (MoE, 2007)
- *User Guide for early childhood education (ECE) services*: This guide is produced by the MoH and supports the MoE *Food and Nutrition for Healthy, Confident Kids: Guidelines to Support Healthy Eating Environments in New Zealand Early Childhood Education Services and Schools*.
- *Nutrient Framework for Early Childhood Education Services* (MoH 2011)
- *Nga Kupu Oranga* (MoH Appendix 4).

The above guidelines and resources are available at the MoH website www.health.govt.nz or from the HealthEd website www.healthed.govt.nz. ECEs can also sign up for Fuelled4life which provides healthy food advice, resources and recipes – check out: www.fuelled4life.org.nz.

Further information on nutritional needs for children is available to licensees from a Health Promotion Advisor at the MidCentral PHS. The nutrition policy and menus should be available for the Health and Safety Assessment by a Health Protection Officer and reviewed as necessary.

Some key points from the above guidelines and resources have been included below:

General nutritional considerations applicable to ECEs (where food is provided) should include the following:

- Provide a variety of foods which include foods from all the major food groups, sufficient quantity of food and food of acceptable quality

- Provide sufficient quantity of fluids to meet fluid requirements
- Serve food at appropriate times and frequency
- Provide high nutrient and lower saturated fat and sugar containing foods as most of the menu choices
- Be aware that healthy eating habits start early and ECEs can play an important role in developing these habits
- Consult parents and guardians regarding preferred foods for their child as well as any special nutritional requirements they may have, for example, allergies, diabetes. It is recommended that parents be given the opportunity to express dietary preferences for their children.

There are special considerations for babies and toddlers (0-2 years):

- Breast milk provides optimal nutrition for babies. ECEs should provide an environment that is supportive of breastfeeding. Refrigerator space should be available for the storage of breast milk.
- If breast milk is not provided, infant formula should be used until 12 months of age. Parents or guardians must approve the formula before use. The document *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2)* contains valuable information on breastfeeding and breast milk substitutes.
- Children aged 2-5 years should be provided with reduced fat milk. Children aged 1-2 years should be provided with full-fat whole milk and water as their main fluids.
- Babies and toddlers should be offered fluids regularly and more frequently in hot weather as they can quickly become dehydrated.
- Infants under the age of six months and other children unable to drink independently should be held upright while being fed.
- Complementary foods (solids) are recommended to be started at around six months of age. Decisions about the age to start should be made in consultation with parents or guardians.

Centres are required to maintain a record (for up to three months after the food is served) of all food provided by the service, showing the type of food provided to the children. This record must be available for inspection by a Health Protection Officer. The record should indicate that the food served is consistent with the nutrition policy and menus.

The Healthy Heart Awards provided by the New Zealand Heart Foundation, is a free programme that encourages ECEs to promote healthy eating and active movement to the under fives and their families. The programme provides ECE staff with nutrition and active movement information, planning tools and curriculum guides, to assist with the implementation of healthier food choices and active movement. For further information refer to the following website http://www.nhf.org.nz.

The Ministry for Primary Industries document on safe feeding for infants provides a useful reference for bottle feeding preparation and policy/procedure development at ECEs. For further information refer to the following website http://www.foodsmart.govt.nz/information-for/babies-toddlers/safe-feeding-for-infants/.

All children and staff should wash their hands prior to eating. All babies and children must be closely supervised when eating. In addition they must eat only when seated and have minimal distraction during food times. Eating on the move and when distracted increases the risk of choking. Babies must be held when given bottles.

Selecting appropriate food for the different age groups at the ECE is very important in minimising choking risk. Recommendations related to appropriate foods and textures for different ages is detailed in the MoH *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2 years): A background paper*. However stages of development vary greatly between individual children so it is important to discuss with a parent or caregiver

what foods they are able to manage safely rather than rely on their age alone as the indicator. Altering food texture for an individual child may be necessary in some cases. This can include grating, cooking, mashing or pureeing foods.

Any whole pieces of food can cause children to choke. Do not give small hard foods such as whole nuts until children are at least 5 years old. Avoid serving chunky cereal products containing small pieces of dried fruit, which are a choking risk.

Staff supervising children need to know how to respond if a child chokes and then how to get appropriate assistance if required.

3.3 FOOD SAFETY

MoE Licensing Criteria 2008 PF16 & HS20
Food Hygiene Regulations 1974

Key points in relation to food safety are:

- There are procedures in place to ensure that staff and parents thoroughly wash and dry their hands before and during the preparation of any food
- Procedures are in place to ensure that staff, parents and children who are suffering from an illness, which may be communicable/infectious, do not become involved in food handling activities
- Frozen food is thawed in a refrigerator, or by using microwave ovens prior to preparation
- Raw food is stored so that it cannot contaminate cooked food or food that will not receive further cooking (e.g. stored on the bottom shelf of the fridge and in containers that can hold liquid that has the potential to leak from food)
- Steps are taken to ensure that the internal temperature of high risk food, for example processed meat and poultry (including livers) reaches at least 75°C during cooking. Daily cook temperature records should be kept by kitchen staff.
- Readily perishable food is not stored for more than the cumulative two hours in the danger-zone (which is between 4°C and 60°C)
- Readily perishable food is cooled from 60°C to 21°C in two hours and from 21°C to 4°C in four hours
- The fridge temperature is maintained at 4°C or below (ideally 2-4°C). Daily fridge temperature records should be kept by kitchen staff.
- Cooked food is not stored in the refrigerator for more than two days
- Food is not re-heated more than once
- Clean food-handling utensils are used at all times
- Re-freezing of food is not carried out.
- Date mark frozen foods
- Cooked foods are stored above uncooked meats/seafood in the refrigerator
- Food is stored in covered containers, including opened dry goods such as flour
- All foods stored in the fridge/freezer are in covered containers
- Readily perishable foods pre-prepared at home and intended for on-site consumption are stored in the refrigerator prior to consumption (such items must be clearly marked with the child's name and removed from lunch boxes for refrigerator storage on arrival at the centre)
- All fresh fruit is washed in potable water prior to eating or preparation
- An allergen management plan is in place and staff are aware of it
- Guidelines are in place that cover the handling and storage of expressed breast milk and powdered or pre-made formula, storage and sterilisation of bottles.

For more information about the safe preparation of food and formula go to www.foodsmart.govt.nz

It is recommended that any staff member of an ECE service that prepares meals complete an accredited basic food hygiene or food safety course, for instance NZQA Unit Standards 167 & 168. Further information on training can be obtained from your local city or district council (Appendix 2).

Play dough is mentioned in *Nga Kupu Oranga* (page 34) as being a substance that should be treated as a food because no matter how it is made, some children will try and eat it. There have been outbreaks of illness where play dough has been implicated. In general play dough should be clean and safe for playing or eating, and be freshly prepared on a regular basis.

All ECEs that prepare meals without a registered Food Control Plan (see below) are assessed against compliance with Food Hygiene Regulations 1974 (see Appendix 3) covering:

- general cleanliness of premises
- duties of occupiers
- maintenance of hand-wash basins (a separate dedicated hand-basin located within the kitchen area for staff to use if meals are prepared on-site)
- vermin control
- refrigeration and food storage
- conditions of appliances, packages and receptacles
- cleaning of places and equipment
- food protection
- protective clothing
- behaviour of food handlers.

Hand-basins in kitchens

Provision of hand-wash facilities in kitchens can significantly prevent contamination of food items, therefore reducing the risk of illness. A dedicated hand-washing basin is required in the kitchen of all centres that prepare meals on-site – this includes the preparation of infant formula. Hand-basins should be equipped with a nailbrush, liquid soap, hot and cold water with a paper towel dispenser nearby for hand drying. The hand-basin should not be used for food preparation and needs to be signposted for hand-washing only. Hand-basins should be convenient and available for all staff to use each time they enter the kitchen and during food preparation duties.

A full size double sink is acceptable where one side is solely dedicated (and labelled) for hand-washing purposes only.

Other centres that do not prepare meals on-site may wish to include a hand-basin in the kitchen for flexibility, and to promote increased food safety awareness (e.g. if children are participating in cooking lessons etc).

A hand-basin (with the above equipment) should also be provided in small kitchens or 'kitchenettes' which may be located in separate infant/toddler areas and used for reheating infant formula or food.

Food Act 2014

The Food Bill was passed by Parliament in May 2014 and has become the Food Act 2014. Under this Act food safety requirements in the future may change the way ECEs control food risks.

At this stage it seems likely that ECEs will come under the "National Programmes" regime. There are three levels of National Programmes, which are based on the level of food safety risk. ECE's won't have to register a written plan, but will have to make sure they are following the requirements for producing safe food that will be set out in regulations. This will include

having to register your centre details with your local council, keep minimal records and have periodic checks.

For further details you can visit:
http://www.foodsafety.govt.nz/policy-law/reform-nz-food-regulations/proposed-food-act/

3.4 KITCHEN FACILITIES AND DISHWASHING

MoE Licensing Criteria PF16
Food Hygiene Regulations 1974

ECE kitchens must have adequate space and facilities (access to cooking facilities, refrigerator, hand-washing, and dishwashing facilities) that promote good hygiene. All surfaces should be smooth, impervious (waterproof) and easy to clean. Refrigerators should be of a size suitable for the number and age of the children in attendance. They should be able to store perishable foods from lunch boxes, infant formula as well as all of the other food and beverage items. We recommend investing in a thermometer to ensure that the fridge is maintained at the correct temperature (4°C or less, ideally between 2-4°C).

Having children who participate in cooking is very important, but the centre must have in place a means to ensure that they are unable to enter the kitchen without supervision.

MidCentral PHS recommends the hot water tap at the kitchen provides water at 55°C or above. Children must not be able to access the kitchen hot tap.

ECEs can generally be divided into three categories regarding food provision:

1. Centres that provide and prepare all food, i.e. snacks and meals, on site.
2. Centres that provide limited food, e.g. snacks, sandwiches and baked goods. No or minimal food preparation is carried out (generally reheating and/or serving of pre-prepared foods made off-site).
3. Centres that require the children to provide their own snacks and food.

The greater the level of food preparation and provision = the greater the potential for cross-contamination and spread of infection or illness to occur.

Food service articles (i.e. dishes, cups, cutlery, and food containers) need to be maintained in a hygienic and sanitary manner. The method used (by hand or in a suitable dishwasher) will depend on the degree of food preparation carried out in the ECE. Recommended methods are detailed below:

Category 1: Centres that provide and prepare all food (i.e. snacks and meals) on site

The centre **must** use a dishwasher for washing all plates, cups, utensils, etc. The dishwasher must be capable of:

- a wash temperature of 60°C or higher (either by the dishwasher heating its own water or the temperature of the hot water plumbed into the appliance)
- a rinse that lasts for 10 seconds or longer with clean 77°C water
- a device that gives an automatic dose of soap or detergent
- baskets and trays that allow all dishes to be separated and to get completely wet

A domestic dishwasher can be used if it meets the conditions above and:

- dishes are thoroughly scraped or rinsed before placement in the dishwasher
- the maximum recommended dose of soap or detergent is used
- tea towels or cloths are not used to dry or polish the dishes

Dishwashers are the most common method of cleaning dishes in a childcare centre. There are two types available: commercial and domestic. Commercial dishwashers are more

expensive but have the advantage of being able to clean large quantities of dishes in a short period of time. These units should be considered for centres that provide food for large numbers of children.

Domestic dishwashers are cheaper but do take longer to clean a load of dishes and may not be able to heat the water high enough to sanitise dishes. For this reason they may be best used in centres with lower roll numbers. The supplier/manufacturer of the dishwasher should be contacted to provide evidence that the appliance does meet the required temperature requirements. The centre should also ensure that they have surplus dishes to use should the dishwasher fail to complete its cycle before its contents are required. It is also recommended that dishes are washed using the hottest or heavy duty cycle.

Categories 2 and 3: Centres that provide limited or no food

A dishwasher is the preferred option (as above) or centres may choose to hand-wash dishes. If choosing the latter, the following requirements must be met regarding hand-washing and sanitising dishes (sterilising sink method):

- use water that is at least 43°C for washing dishes
- wash dishes well using adequate soap or detergent, then rinse using clean water
- dishes must be then be sanitised by either placing in clean boiling water for 30 seconds, or in clean water that is at least 77°C for 2 minutes
- the dishes must be separated from each other while they are being sanitised (by means of a wire rack or other appliance)
- the dishes must be removed and immediately left to air dry (tea towels or clothes should not be used to dry or polish dishes once they have been sanitised)

This method is not very practical and is time consuming. There is also the risk for staff associated with handling very hot water.

An alternative to hand or machine washing dishes is the use of disposable cups, plates and cutlery.

3.5 REFUSE STORAGE AND DISPOSAL

MoE Licensing Criteria 2008 PF16

Poor refuse storage attracts vermin and increases the risk of disease transmission. Features to be considered include:

- refuse bins and soiled nappy bins must be well maintained, and emptied and cleaned at least daily
- all bins must have close fitting lids to exclude children and insects
- external refuse bins are to be emptied and cleaned at least weekly to minimise odours
- bins should be placed to prevent children, insects and scavenging animals gaining access.

3.6 PEST AND VERMIN CONTROL

MoE Licensing Criteria 2008 PF16

The centre should be free of pests and vermin at all times. Immediate action should be taken to control and eliminate any infestation of pests or vermin affecting the ECEs. The centre should consider the following animals and insects as pests and consider how they would control an infestation: rodents, cockroaches, flies, birds, mosquitoes, ants, silverfish, fleas, mice, wasps and any other common pests of the locality.

For further information on these requirements please contact an Environmental Health Officer at your local authority (city or district council - Appendix 2).

4. TOILET / HAND WASHING AREAS

4.1 TOILET AND HAND-WASHING FACILITIES

MoE Licensing Criteria 2008 PF18-20 and P 22-24

The centre should use policies and systems that ensure children and adults thoroughly wash and dry their hands after using the toilet, touching and handling animals, nappy changing, messy play, when visibly dirty and before and after eating.

Toilet and associated hand washing/drying facilities intended for use by children need to be:

- designed and located to allow older children, capable of independent toileting, to access them safely without adult help;
- adequately separated from areas of the service used for play or food preparation to prevent the spread of infection (PF20); and
- designed to ensure there is means of drying hands for children and adults that prevents the spread of infection (PF21).

Cleaning schedules and duties should ensure that good hygiene is maintained in bathroom and nappy change areas, e.g. cleaned and sanitised as required throughout the day/session. All toilet and bathroom surfaces should be smooth, impervious and easy to clean. It is often worthwhile extending (coving) vinyl a little further up the wall (8-10cm or so) for ease of effective cleaning.

Toilets

The number of toilets is stipulated by the Education (Early Childhood Centre) Regulations 2008 which require at least 1 toilet to every 1-15 people over the age of two years (PF18).

Child-sized toilets should be used where possible. Where adult-sized toilets are used, steps should be provided to allow easy and safe access to the toilet. The steps need to be secure against tipping and movement and must be constructed of an impervious, easily cleaned material.

Wash-Hand Basins

The Education (Early Childhood Centre) Regulations 2008 require at least 1 wash hand basin to every 1-15 people (PF19). Some centres have extra wash hand basins in the activity area which can free up the bathroom (particularly prior to snack and meal times), as well as generally being more accessible for children and staff to use after non-toileting activities (e.g. painting and messy play).

Wash troughs have several advantages over basins:

- A wash trough with space for five children to use it at once only takes the space of three wash hand basins.
- Because ECEs need to have temperature controlled warm water (40°C maximum), only warm water taps are needed, not cold taps. This means for example, five taps for five children instead of six taps for three children.
- Wash troughs don't "slop" over as easily as basins.
- A wash trough only needs one waste outlet. Three basins need three outlets.
- They can be designed so that even the very youngest child can use them.

Liquid soap

Liquid soap is more hygienic than bars of soap, as bars of soap can easily transfer infection from person to person. Wall mounted dispensers are recommended rather than hand held dispensers to encourage use by children after using the toilet on their own.

ECEs using wall-mounted dispensers need to ensure that children can operate them properly. Children may have difficulty with push button dispensers, but most can easily work those with a pull-back lever or ones that require the child to use their whole hand.

4.2 HAND-DRYING FACILITIES

MoE Licensing Criteria 2008 PF21

When you wash your hands, the action of the soap and water loosens dirt and microbes, and much of this will be washed down the drain. The remaining loose skin cells, bacteria and viruses are wiped off when you dry your hands. Therefore hand-drying systems that involve wiping are more hygienic than hot air dryers, but only if the wiping surface is only used once. Getting hands dry is important. Damp hands create a damp surface, which encourages the survival of bacteria, viruses and other germs.

- **Individual Towels:** If ECEs can organise a good system for each child to have their own towel, then individual towels can be good. The trouble is, towels usually get mixed up, and they also take up a lot of space and need to be washed and dried on a regular basis. *They are not normally a practicable option for ECEs.*
- **Roller towels:** These don't spread infections if used properly, but they have two problems. Children often find them too hard to use, and sometimes don't bother to pull a clean section down even if they can. *They are not normally an acceptable option for ECEs.*
- **Warm air dryers:** Air dryers are the tidiest system, but have several disadvantages. They do not involve a wiping action, so hands don't get as clean as they would if they were wiped. Also, it takes about 45 seconds to dry your hands with warm air, which is much too long for most children to stand around waiting. They are also noisy and use as much power as a fan heater on full when they are running. *They are not normally an acceptable option for ECEs.*
- **Disposable Paper Towels:** For most centres, the best option is paper towels. There is a cost involved, but they have several advantages: they are easy to use; they don't spread infections; they are easy to replace; and, they can also be used for other cleaning purposes. *MidCentral PHS recommends the use of single use disposable paper towels by staff and children in ECEs.*

Locating hand towel dispensers close to hand-basins will reduce the amount of water dripped onto the floor from wet hands. This is important in hand-washing areas that can easily become slippery.

Further information on the design of toilet and hand washing facilities can be found on the Ministry of Education website:
http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/ToiletAndHandwashingFacilities/PF20ToiletHandwashingFacilities.aspx.

5. NAPPY CHANGE / BODY WASH AREAS

5.1 NAPPY CHANGING

MoE Licensing Criteria 2008 PF25 & HS3
Nga Kupu Oranga Section 5, page 28

The nappy changing area is one of the most likely sources of disease transmission and therefore strict hygiene controls should be in place. Staff should ensure that:

- The nappy changing surface is constructed of solid and stable material that has been designed to minimise the possibility of falls
- It is located in a designated area near hand washing facilities and separate from play and food preparation areas
- All surfaces on and around the change area are smooth, impervious and able to be easily cleaned
- A new nappy change surface (e.g. paper towel or disposable sheet) is used for each child, in addition to sanitising the washable surface
- A suitable sanitiser, such as 0.1% hypochlorite, is readily accessible and used after each nappy changing. (The sanitiser should be washed off with a water spray after use, as the sanitiser itself may cause irritation of sensitive skin. The sanitiser should be stored so that it is inaccessible to the children).
- A cleaning/nappy changing procedure is clearly displayed above the table (this should list steps that must be taken to ensure good hygiene is maintained during and after changing nappies)
- A soiled nappy storage bin, with a sealable lid, is placed conveniently near the changing table but inaccessible to children
- Disposable gloves must be available to staff and are recommended for use by adults changing nappies. Gloves must be used when the person changing the child has any cuts, abrasions or lesions on their hands or lower arms to prevent transmission of blood-borne communicable diseases
- The nappy change area has suitable hand washing facilities (including liquid soap, disposable paper towels and warm water at 40°C) readily available to staff and children
- It is recommended that reusable nappies are not laundered at the centre but are taken home with the child. They should be rinsed off first before being placed in a labelled heavy sealed plastic bag (or double bagged) and stored in a bin with a close fitting lid (see above) for parents to collect at the end of the day to take home and wash.

Fold-out nappy change tables covered with nylon, canvas or other non waterproof materials should not be used as they cannot be easily cleaned and sanitised.

It should be noted by staff that hypochlorite (bleach) solutions lose strength over a short period of time so fresh solutions should be prepared on a daily basis.

For centres where the nappy change area is in an 'open plan' activity area near play / food prep / food consumption areas (i.e. not in a separate, designated bathroom) MidCentral PHS recommends:

- Changing only children with wet nappies at these facilities. Children with soiled/dirty/"no. 2" nappies need to be changed at a PF25 compliant nappy change facility located in a separate bathroom area.
- Ensuring that the child's right to dignity and privacy are met. This can be achieved by installation of an opaque, impervious wall around the facility or some other barrier or positioning of the facility.
- Ensuring dedicated hand washing and drying facilities are nearby.
- Preventing children's access to nappy change areas/disposal bins (i.e. potentially contaminated surfaces).
- The changing area is clearly identifiable as a "Wet Change area" only.

Ventilation is important in nappy change areas and bathrooms and if these areas are located internally mechanical extract ventilation is advisable. Temperature of the nappy change area should also be considered – a chilly environment is not pleasant for a partially clothed child.

5.2 BODY WASH FACILITIES

MoE Licensing Criteria 2008 PF26
Building Code

All ECEs are required to have a written procedure for the washing of sick or soiled children. Circumstances where a child needs to have all or part of their body washed may include:

- at nappy change time – if wipes are not enough to ensure the soiled child is cleaned respectfully and hygienically
- if a child has vomited over themselves
- if a child has had a toileting/diarrhoea accident
- if a child becomes very dirty during play

Plumbed-in wash facilities are a requirement for all new ECEs to comply with the Building Act 2004 including the Building Code. Services that are renovating may also be required by territorial authorities to have plumbed-in wash facilities to meet the requirements of the Building Code. Under Building Code G1.3.1 there is a specific requirement for ECEs to have as a minimum a bath. For advice, ECE providers should check directly with their district or city council (Appendix 2).

It is important that ECEs have facilities that are suitable for the children being washed and suitable for staff to assist the child. Service providers need to ensure that the facilities and procedures foster children's independence as appropriate and protect children's dignity and right to privacy as well as being practical, hygienic and effective at managing cross infection.

Services need to ensure their hygiene and infection control procedures are practical, clear and comprehensive to manage the risk of cross infection for their children and staff. Guidance as to how this can be achieved is available on the MoE website www.lead.ece.govt.nz.

Procedures for effective hygiene and infection control should include:

- The number of staff required
- The location where a child is to be washed down (designated suitable area with impervious, easily cleaned surfaces)
- Use of equipment to clean the child (disposable cloths, wipes, towels, spill kit etc)
- Safe disposal of wastewater
- Double bagging and appropriate storage of the child's clothing
- Protection of the staff member (use of disposable gloves, masks, and disposable apron)
- Cleaning of facility with clean water and an appropriate sanitising/disinfecting agent after use
- Safe disposal of wash cloths, protective equipment, wipes and other contaminated items
- Any other relevant information, e.g. ethnic or cultural needs of the children.

The wash-down procedure should be attached to a wall in an appropriate and visible location.

Other things to consider are:

- The height of the shub/bath – waist height facilities will reduce the risk of back injury.
- The facilities should have a flexible hose delivering warm water no hotter than 40°C.
- The surface of the facility and surrounds should be smooth, impervious and able to be easily cleaned.

ECEs without plumbed in wash-down facilities

MidCentral PHS strongly recommends that ECEs have a plumbed in shower or shub. Where a plumbed in facility is not present we recommend that the ECEs should plan for the installation of a plumbed in facility at the next renovation of the centre.

If a plumbed-in fixture is not available, ECEs will need to consider how they will ensure sick or soiled children are washed easily and hygienically. The best way of washing down sick/soiled children without a plumbed-in facility will be different for each centre but the method must comply with the above criteria (PF26) and it must be documented in a written procedure.

Health Protection Officers at MidCentral PHS can provide advice on what facilities are considered 'acceptable' and can assess procedures in regards to infection control. Under Regulation 55 of the Education (Early Childhood Services) 2008, the Ministry of Education may require centres to obtain a report from a Public Health Service in order to assess whether the facilities and procedures used at the centre are adequate to prevent the spread of infection.

Washing a child in a portable tub/bath where the contaminated water is not removed and is continuously reused to wash the child is not an acceptable option. Along with infection control issues there is also a risk of injury to staff in lifting a filled bath to dispose of the contents in the toilet.

In the absence of plumbed-in facilities, one option would be the provision of a spill kit that can be used to wash down a soiled child (refer section 6.3). A tarpaulin or plastic sheet should be placed on the floor of the designated washing area and towels or other absorbent material is placed on top of the tarpaulin. A bucket must be filled with warm soapy water. The child stands on the towel/s and the soiled clothing is carefully removed. Place the clothing directly into a plastic bag, double-bagged and sealed tightly. The child can be washed down using warm water and disposable wipes or reusable cloths and then dried using a clean towel. The contaminated water in bucket can be disposed of in the toilet.

Further information is available in the MidCentral PHS resource "Information on Washing Sick or Soiled Children in Early Childhood Education Centres" (Appendix 1) as well as from the MoE website www.lead.ece.govt.nz.

6. CHILD & STAFF HEALTH

6.1 DISEASE PREVENTION AND CONTROL

MoE Licensing Criteria 2008 PF27 & HS26
Nga Kupu Oranga

Isolation Areas

Premises and Facilities criterion 27 (PF27) stipulates that space is required (away from where food is stored, prepared or eaten) where a sick child can:

- be temporarily kept at a safe distance from other children (to prevent cross-infection); lie down comfortably; and
- be supervised.

An area in the ECE must be designated as an isolation area. This can be an office or another room in the facility that can be used for a period of time that will not compromise the usual operation of the centre.

1. A well-ventilated, warm, quiet area where sick babies and children can be looked after away from other children. This area should be able to physically isolate an ill child from the rest of the children attending the centre (identify this is area in the policy) and must be capable of being easily cleaned (in case of vomit/faecal accidents).
2. Separated from all food preparation and sleeping areas.
3. Facilities that allow an ill child to lie down (that is appropriate to the ages of children enrolled) need to be available (e.g. a cot/bed/stretcher/mattress fitted with a waterproof cover, and clean bedding and linen).

Further information about this criterion (PF27), which illustrates different ways to comply can be found on the MoE's website:
http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/OtherSanitaryFacilities/PF27IsolationArea.aspx

Prevention of illness

Health and Safety practices criterion 26 (HS26) requires that all practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them.

Both parents and ECE staff share the responsibility for creating a healthy centre environment, which will protect both children and staff.

The centre should have policies which outline procedures for temporary isolation of children, as well as staff and child illness exclusion. These should include:

- Children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay. The policy should include: when a child will be isolated, how and where the child will be isolated/cared for, who will supervise the child, when and how a doctor/ambulance will be contacted if necessary
- Procedures in place to control outbreaks of parasites, fungal infections and communicable diseases
- The actions specified in Appendix 2 of the *Licensing criteria for early childhood education and care centres 2008* are taken for any person (adult or child) suffering from particular infectious diseases. Appendix 2 should also be used in conjunction with the MoH *Infectious Diseases* cards and posters
- Procedures and the staff responsible in the management of any exclusion
- Procedures for informing staff and parents/caregivers/guardians of the centre's exclusion policies (i.e. at enrolment time and at times of a high incidence of infection, or during a disease outbreak).

General conditions indicating that a child should not attend an ECE service

- The illness prevents the child from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, persistent crying, difficulty breathing, or other signs of possible severe illness.

Specific illnesses indicating that a child/staff member should not attend an ECE service

- **Diarrhoea:** A general guideline is that no child or staff member should attend if they have diarrhoea. Children and staff need to stay away from the centre until they are well and have had no symptoms for 48 hours (that means the person has had two full days of normal bowel motions).

- **Vomiting:** children and staff with vomiting need to stay away from the centre, unless the vomiting was once only and was known to be caused by a non-communicable condition. Repeated vomiting suggests an infection, so a child should be taken to a GP for a diagnosis. If the vomiting has been caused by an infection, or the cause is not known, the child and staff member need to stay away until at least 48 hours after the last symptoms (two full days with no vomiting).
- **Mouth sores** associated with an inability of the child to control his or her saliva unless the child's GP or MidCentral PHS or the Medical Officer of Health advises that the child is non-infectious.
- **Rash** *with* fever or behaviour change, until a GP has determined that the illness is not a communicable disease.
- **Respiratory Infections:** A child should not attend if they are coughing or sneezing as the result of an infection such as a cold, or have a runny nose, which makes it difficult to control the spread of nasal secretions and/or has a negative social impact upon the child.
- **Skin Infections:** A child should not attend if they have open wounds/sores that cannot be covered either with clothing or bandages to prevent the child from scratching. A child may return providing they have been treated with the appropriate antibiotics, antifungal or anti viral cream for at least 24 hours.
- **Conjunctivitis:** A child should not return until there is no discharge present.
- Any child requiring antibiotics should remain at home for the first 24 hours or for a period of time specified by their GP.

Resolution of conflict

If there is disagreement regarding the need for a child to stay away from the centre due to illnesses or suspected illness the centre should be guided by Appendix 2 of the MoE licensing criteria, the MoH *Infectious Diseases* resources or advice of the MidCentral PHS (Appendix 2). It is important that parents/caregivers consult a GP for diagnosis and treatment; however there may be occasions when advice from the MidCentral PHS with regards to infection control and exclusion needs to be sought. Parents as well as staff are welcome to contact the MidCentral PHS for guidance or clarification.

6.2 DISEASE OUTBREAK MANAGEMENT

From time to time ECEs may experience an outbreak of illness amongst the children. Staff may also become unwell. Children and staff can take the illness home and spread it to family/whānau. Most outbreaks at ECE services are due to gastrointestinal illness, i.e. diarrhoea and/or vomiting. Occasionally outbreaks may be due to influenza-like illness, e.g. flu or vaccine related diseases e.g. measles. ECE need to inform the MidCentral PHS as soon as the centre becomes aware of an increase of sickness where there are children or adults with similar symptoms that is above the number that they would normally experience.

The MidCentral PHS can support in a number of ways:

- Identifying the potential source or cause of the illness
- Providing advice on cleaning practices and how to prevent/control the spread of illness.
- Reviewing the centres illness exclusion policies.
- Collecting specimens for laboratory testing.
- Accessing specialist support and information.
- Supplying letters and information sheets that can be sent home to parents and caregivers regarding exclusion of sick children.
- Measures that can assist in preventing future occurrence.

Further information can be found in "Information on Disease Outbreaks in Early Childhood Education Services" (Appendix 1) available from the MidCentral PHS.

6.3 SPILL KITS

Vomiting, faecal and blood spill accidents at centres can happen, and should be treated as potentially infectious. Being prepared and having a fully stocked spill kit on hand is one strategy that can be used by ECE staff to protect themselves and to prevent the spread of illness within the centre.

A spill kit should be easily accessible to staff and should contain all the items required to:

- Clean a child (wash cloths, disposable wipes, towels)
- Protect the staff member (disposable gloves & aprons, masks – including N95 masks)
- Dispose of/or contain soiled items and protective clothing (plastic bags)
- Clean the contaminated area (sanitiser (bleach), paper towels)

Further information can be found in "Information on Disease Outbreaks in Early Childhood Education Services" (Appendix 1) available from the MidCentral PHS.

6.4 IMMUNISATION

Health (Immunisation) Regulations 1995
Nga Kupu Oranga Section H1, p85

Immunisation Register

Under the Health (Immunisation) Regulations ECEs are required to have a register containing the immunisation status of all children attending the centre. Centres should ensure that staff understand how it operates. The register must be available for viewing at the request of the MidCentral PHS.

The centre must ensure that a staff member views and records on the register the immunisation certificate of each child when the child enrols at the centre, or when the child reaches 15 months of age if enrolled under the age of 15 months. If the child does not have a certificate, this should be noted on the register. However, it needs to be emphasised that the purpose of the immunisation register is to exclude children who are not immunised after being exposed to a vaccine preventable disease. Failure by an ECE service to keep a fully up to date detailed immunisation register puts children's health seriously at risk. Many extra days of work for public health staff are required during outbreaks as they attempt to reduce the risk from the disease by following up individual families.

The MoH produces an immunisation register form for use by ECEs (*Immunisation Register for Early Childhood Services and Primary Schools* (2008) (Code 1111)) or alternatively a record can be maintained in other forms, such as on a computer. The information must be available at all times for inspection by a designated officer (e.g. Health Protection Officer or Medical Officer of Health) and is able to have data extracted if necessary, to enable rapid identification of children immunised against any of the nine diseases included on the National Immunisation Schedule.

Further detailed information on the Health (Immunisation) Regulations 1995 as they relate to ECEs are contained in the MoH publication *Immunisation Guidelines for Early Childhood Services and Primary Schools* (2007) (Code 1106).

An up-to-date record of relevant health conditions such as allergies, food intolerances, and medical conditions should also be kept.

Staff Immunisation

Staff at ECEs face an increased risk of exposure to some diseases, and some diseases pose a more serious risk for adults. It is recommended that staff ensure that they have immunity to measles, mumps and rubella, whooping cough, hepatitis A, polio and chickenpox. All adults are recommended to have a booster dose of adult tetanus-diphtheria vaccine at age 45 and 65 or after some injuries, and an annual influenza vaccination. Adult whooping cough booster vaccination every 10 years is also recommended

The Mumps, Measles and Rubella (MMR) immunisation and polio vaccine is provided free of charge to susceptible adults but the chickenpox and whooping cough vaccines (including the booster) are not free.

7. SLEEP AREA

7.1 SLEEPING FACILITIES AND BEDDING

MoE Licensing Criteria PF29-30 and HS10-11

Furniture and items intended for children to sleep on (such as cots, beds, stretchers or mattresses) need to be of a size that allows children using them to lie flat and are of a design to ensure their safety (PF29). For information on safety requirements for new and second-hand cots refer to the Ministry for Consumer Affairs website: http://www.consumeraffairs.govt.nz/for-consumers/goods/product-safety/keeping-kids-safe/cots.

Space, service and facilities for children that require sleep or rest are required for all-day services. A separate room is recommended (but not mandatory) for all-day services to support the provision of restful sleep for children under the age of two at any time they are attending. Centre staff need to ensure that this room:

- is able to be closed off from activity areas so that fluctuations in temperature, noise and lighting levels can be kept to a minimum
- has a viewing window to allow visibility from another area of the service
- is large enough to accommodate furniture intended for children to sleep on (such as cots, beds, stretchers, or mattresses) at a ratio of at least one to every 2 children under the age of two
- has an area surrounding each child that allows sufficient air movement (cross ventilation) to minimise the risk of spreading illness (see below); and
- allows children to sit or stand safety as they wake.

Spacing

Spacing of beds and cots should be assessed to ensure that children have easy access, spaced so that they do not disturb each other, and that there is sufficient room for adults to move freely around beds/cots, in the event of an emergency. Adults should have access to at lease one side (meaning the length, not the width). It is recommended that approximately 1.4m^2 be provided for large free standing costs. Beds and mattresses should be placed to avoid hazardous areas (walkways, opening doors or below heavy objects). Cots are the preferred option for infants as it is difficult to sustain sufficiently warm temperatures at floor level for sleeping infants.

Cots

Cots must be in good condition, and older style cots should be evaluated to ensure they meet current safety conditions. A ratio of 1 cot : 2 children under two years of age is reasonable and the ratio of beds/mattress to children over the age of two years is at the discretion of the licensee. Padded cot-surrounds for the top-end of cots ('bumper pads') are

not considered suitable in an ECE setting and all other possible causes of suffocation need to be eliminated. Latches on cots should be checked and a lead based paint test may be required on some older painted cots.

Multi-cots

Multi-cots are only acceptable if the following can be assured:

- the area situated around each cot is well ventilated to allow sufficient fresh air, no build up of carbon dioxide, moisture and heat
- cots are built to New Zealand Standards [AS/NZS 2130: 1998 Cots for Day Nursery, Hospital and Institutional Use – Safety Requirements]
- the cots must be secured to the wall so that the cots cannot fall in any event
- there is a specific evacuation plan for the sleep room where such cots exist
- New Zealand Fire Service has no concerns about the safety of the sleeping arrangements
- cots are easily accessible by staff and a sufficient distance apart to avoid cross infection.
- children are able to sit up in the cots. Children who are able to stand up are not to be placed in upper cots.

Bedding

Communal linen (sheets and blankets) is not allowed; staff should ensure that each child needing to sleep has personal bed linen which is stored separately when not in use. If personal bed linen cannot be allocated to each child, it must be washed after each use.

Mattresses

Mattresses must have a surface that is smooth, easily cleaned and impervious to moisture and does not present a suffocation hazard to children. In general, nylon fabrics are not acceptable as they are not water proof. The waterproof layer must cover at least the whole of the upper surface and all sides of the mattress.

It is essential that plastic mattress covers are securely attached to mattresses, and preferably constructed of material at least 125 micron thick. It is recommended that these water proof covers are held in place with elastic or other such device. Any ripped plastic mattress covers must be replaced immediately.

Ventilation

Please also see Section 2 – Play Area – Ventilation.

Sleep rooms can often become stuffy and airless leading to an increased risk of cross infection of respiratory infections and glue ear so good ventilation is essential. It is really important that the sleep room has movement of air through cross ventilation to ensure there are an adequate number of air changes per hour. Good ventilation will allow air to circulate so that old air can exit and fresh air can enter. At least two openings are usually needed to achieve this.

Sometimes it is possible to achieve good ventilation by drawing in fresh air through an open window and ensuring there is a sufficient gap under the door or a grille to expel the air. However this is only suitable if the window can be open in all weather conditions. If this is not possible mechanical ventilation may be necessary (see below).

Where the internal door opening is closed during periods of use (to provide undisturbed rest), in order to prevent the natural ventilation breaking down, a suitable ventilation opening can be installed opposite the external wall containing the window opening, as follows:

- a ventilation grill installed in the upper section of the internal door, or
- a ventilation grill installed in the upper section of an internal wall (at least 1.5m above the floor) of the room, or

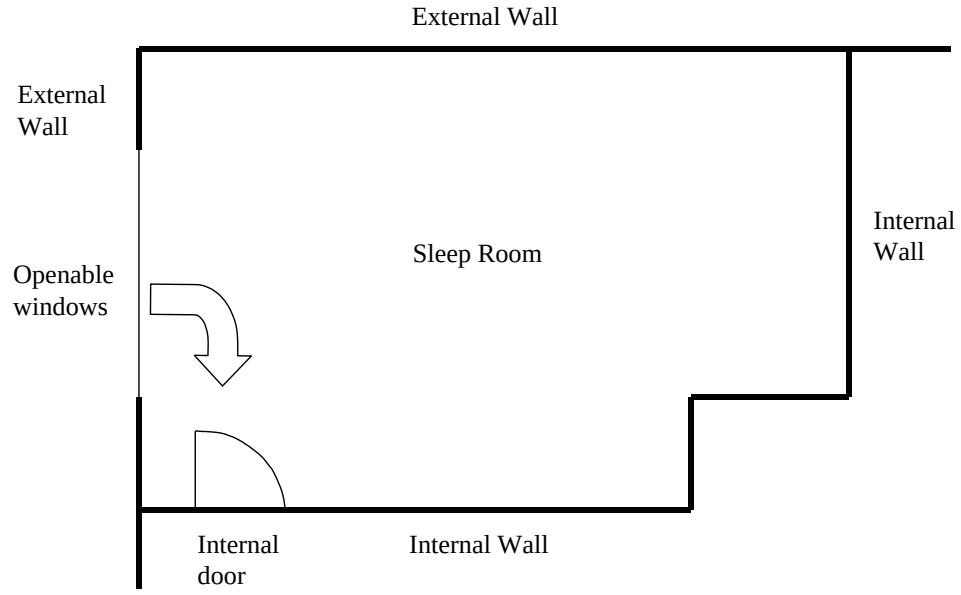
- an open louvered fanlight installed above the full width of the internal door.

Alternatively, in the event of there being inadequate or no external openings for ventilation to be achieved by natural means, artificial (mechanical) ventilation can be installed, as follows:

– a suitable (quiet running) supply fan (supplying fresh air at a rate not less than 8 l/s multiplied by the maximum occupancy of the room) installed high up (to avoid drafts) in an external wall of the room opposite the internal door, **and**
– a ventilation opening (e.g. grill) fitted in the upper section of the door or wall opposite the supply fan to allow warm, used air to escape.

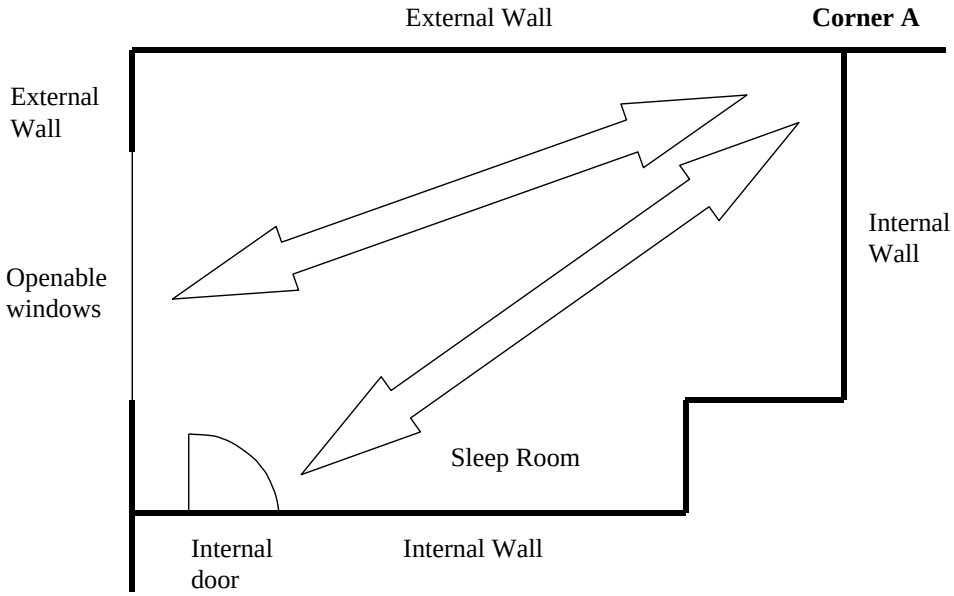
Examples of Cross Ventilation of a Sleep Room

In the following example, the opening windows have an area equivalent to 5% of the floor area, so the building meets the Building Code requirements for natural ventilation. However, the internal door is located too close to the windows to provide for adequate cross-ventilation. Even when the windows and internal are open, not all the room is adequately ventilated. (Airflow is shown by an arrow.) This means occupants of the room will be breathing stale, used air and the risk of cross infection of diseases is increased.

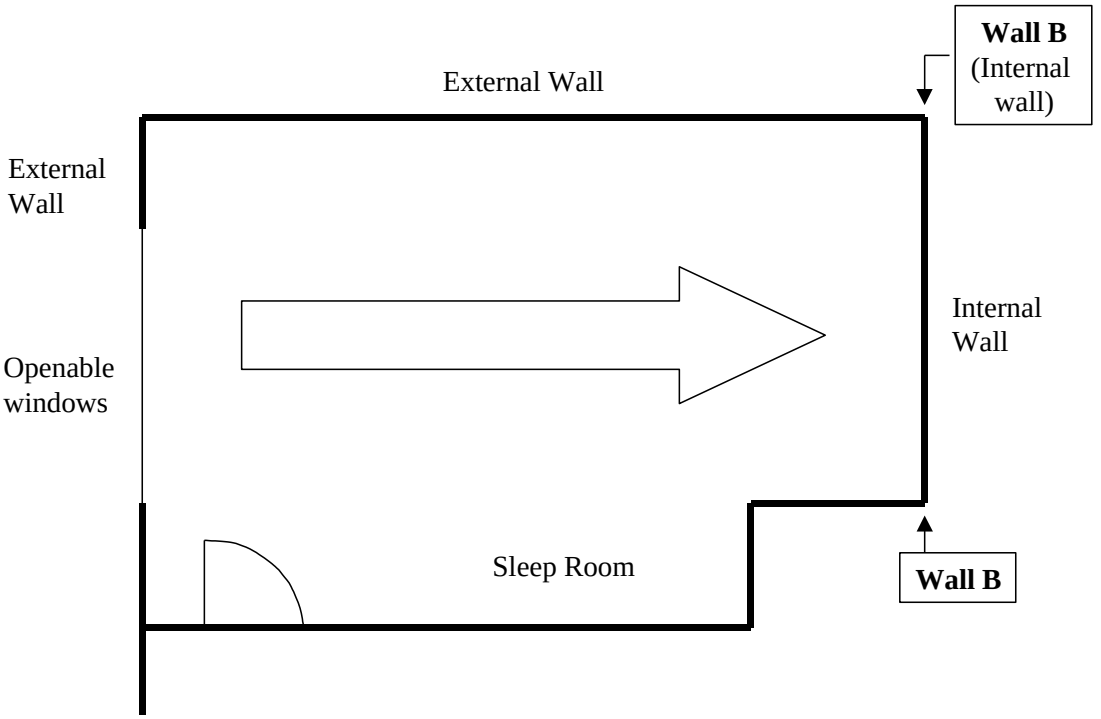


For cross ventilation to occur, there are two options.

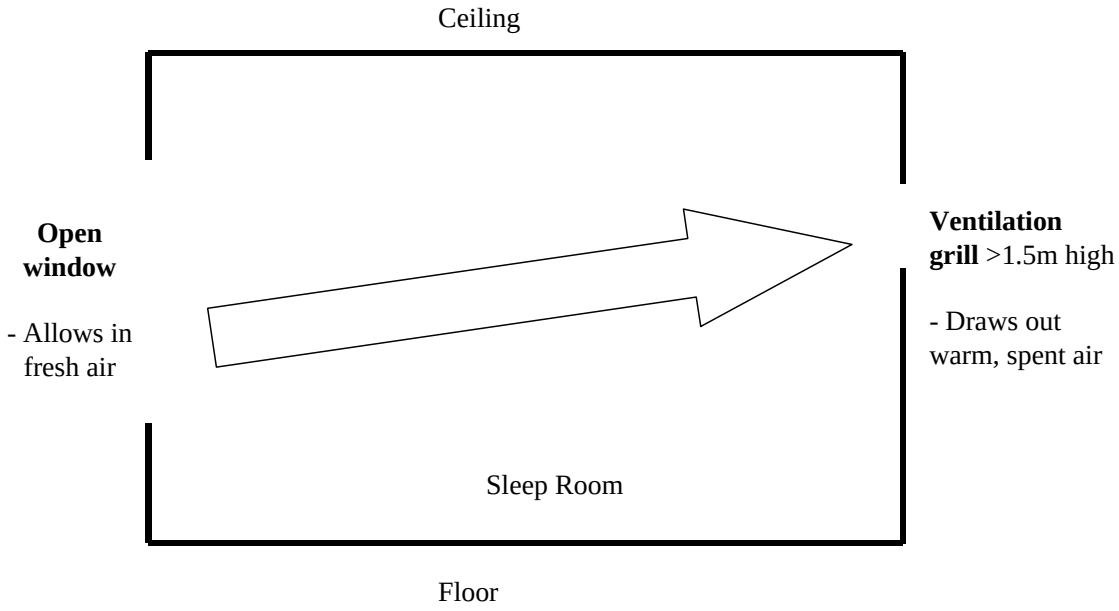
1. A window (or opening) with area equivalent to at least 2% of the floor area could be located in the corner opposite the windows and internal door (shown as Corner A in the diagram). This would allow the air to flow across the room in both directions.



2. Alternatively, an internal ventilation grill could be fitted in the wall opposite the windows (Wall B below), so that air flows across the room.



This ventilation grill needs to be at least 1.5m. As the following cross-section shows, if the vent is located at least 1.5m above floor level, it will allow used air (which rises because it is warm) to leave the room, encouraging fresh air to replace it through the windows.



8. WHOLE OF PREMISES

8.1 GENERAL CLEANING

MoE Licensing Criteria PF6 and HS1

Keeping the childcare environment clean and orderly is very important for health, safety, and the emotional well-being of staff, children and their families.

The spread of gastroenteritis and other such illnesses in childcare settings is facilitated by:

- children of childcare age are still developing their immune systems and are therefore more susceptible to illnesses
- unhygienic behaviours (such as mouthing objects and poor hand-to-mouth habits)
- undeveloped personal hygiene habits (young children tend not to wash their hands without supervision)
- crowding of many children together in a closed environment
- microbial contamination of the childcare environment

One of the most important steps in reducing the number of germs (micro-organisms such as bacteria, viruses and protozoa) in a childcare setting, and therefore the spread of disease, is the thorough cleaning of surfaces that could possibly pose a risk to children or staff.

Surfaces considered most likely to be contaminated are those with which children are most likely to have close contact. These include toys that children put in their mouths, cot rails, food utensils, cups and plates, and surfaces likely to become very contaminated with germs, such as nappy-changing areas and toilets.

Floor surfaces must be durable, safe and suitable for the range of activities to be carried out at the service (including wet and messy play) and can easily be kept clean. Carpet or other absorbent floor coverings are unacceptable in the kitchen, toilets or nappy changing areas.

The premises must have adequate cleaning equipment to clean all surfaces of the facility as well as personal protective equipment (PPE) available relevant to the cleaning task.

The centre needs to have an adequate cleaning schedule, even if an outside agency is used to clean the premises. The areas that the schedules should specifically include are:

- kitchen
- laundry
- nappy changing area and surfaces
- bathroom and toilet areas
- bedding and other linens
- toys and play equipment/items

The cleaning schedule must detail what has to be cleaned, how often it is cleaned, how it is to be cleaned (and disinfected if required) and who is responsible for carrying out the work.

MidCentral PHS recommends the use of disinfectants/sanitisers containing hypochlorite for childcare settings (i.e. bleach solutions). Hypochlorite has long been recognised as having outstanding disinfection properties, being effective against most common disease-causing organisms. It is widely used in homes, schools, hospitals, swimming pools and in drinking water supplies.

There has been an increased interest in the use of 'green', 'eco' or 'organic' cleaning products in ECE settings. Be aware that many of these products are suitable only for cleaning surfaces by removing dirt, grease and grime, and not for disinfecting surfaces to kill disease causing germs.

In a disease outbreak situation at a centre, Health Protection staff may recommend the use of a hypochlorite based or another more appropriate disinfectant. They will also prescribe an enhanced cleaning regime where surfaces, equipment and childcare items are cleaned and disinfected/sanitised more frequently.

Steam cleaning mops

There are many different types and models of steam mops. They are designed to disinfect and kill germs through heat, rather than the use of chemicals. Steam mops use steam to clean floors, carpets and soft furnishings by heating water contained in a tank to temperatures of around 120°C. The steam is blasted out through a jet or jets, activating a microfibre pad that the dirt adheres to.

It is important with any steam mop that the steam achieves temperatures of at least 60°C within carpets or on hard surfaces to be effective. Seek information and assurance from the manufacturer that their appliance meets these temperature requirements.

Consideration should be given to the following issues:

- Identify where in the centre the mop is to be used and the risks associated with those areas, i.e. toilets/bathrooms and kitchen facilities.
- How often and when the microfibre pad should be changed.
- The laundering of the microfibre pads. Manufacturer‟s instructions should be followed regarding the cleaning and replacement of the pads. Note: General laundering is likely to only remove gross solid matter that has built up and will not sanitise the mop pad. It is recommended that microfibre pads are disposed of and replaced with new pads if the mop is used to clean during an illness outbreak.
- Manufacturer‟s instructions on the use of the mop should be incorporated into staff health and safety training. Cleaning procedures and schedules should be updated to include general and enhanced cleaning guidance for steam mop use.

The MidCentral PHS has developed "Cleaning and Disinfecting Guidelines for Early Childhood Education Centres" (Appendix 1) which is available by contacting a Health Protection Officer (Appendix 2). This is a comprehensive and useful resource which details the cleaning procedures for the many various surfaces found at centres, cleaning faecal/vomit accidents, making up bleach solutions etc.

8.2 LAUNDRY FACILITIES

MoE Licensing Criteria HS2
Building Code G2.2
Nga Kupu Oranga Section B5, P28

Linen used by children or adults must be hygienically laundered (HS2).

Principal considerations for laundry facilities are that:

- Every centre has adequate space and facilities for laundering if carried out on-site. These facilities must be inaccessible to children.
- Centres catering for children under two years of age or choose to wash soiled nappies must have an adequate and suitable washing machine on the premises. A suitable washing machine set at 60°C will ensure nappies are clean. It is a good idea to have a door leading directly from the laundry to the outside area so staff can access the washing line without walking through the centre should they not have a drier available.
- Because re-usable nappies generally require pre-soaking it is recommended that they are not laundered at the centre but taken home with the child (refer to section 5.1).
- Centres catering for children over two years of age are recommended to have a suitable washing machine located on the premises. However, it is acceptable for centres to make other arrangements for general laundry, such as sending them to an off-site laundering facility e.g. commercial laundromat.

Criterion HS2 requires ECEs to produce a written procedure for the hygienic laundering of linen used by children or adults whether the laundering is carried on on-site or off-site. The following information should be included in the policy:

- How does the service wash and dry laundry?
- How and where is dirty linen stored?
- How is linen soiled with body wastes/fluids handled, stored and laundered? How do staff protect themselves when handling this type of linen?
- How are cloth nappies handled and stored?
- Are different types of laundry washed separately e.g. kitchen and bathroom linen separated from bedding linen for example?
- How are materials dried after washing?
- How often are different materials washed in the service? For example,
    - cleaning cloths;
    - clothing used in dress ups;
    - cloths used during nappy changes (e.g. after every use?);
    - cushion covers;
    - face cloths (e.g. after every use?);
    - kitchen tea towels (once a day?);
    - linen used during rest or sleep and;
    - soft toys.
- All washing must be done in hot water with an adequate amount of laundry detergent.

8.3 WATER TEMPERATURE

MoE Licensing Criteria HS13 and HS14

There are a number of requirements for hot water temperature at ECEs in a number of regulations, but the objective is to ensure that all hot water accessible to children is at a temperature that does not cause scalding, namely no higher than 40°C.

Centre staff should ensure that:

- The hot water temperature of all sanitary appliances which can be accessed by children must be at a delivery temperature no higher than 40°C (HS13). A tempering valve is an acceptable mixing device to achieve this temperature.
- Hot water cylinders — to prevent the growth of Legionella bacteria, water stored in any hot water cylinder is kept at a temperature of at least 60°C (HS14).

Sanitary appliances accessible by children at a centre will include the children's wash-hand basins and shower/shub and could also include the art sink. The adult wash-hand basin/shower, kitchen sink and cleaners sink/tub should not be accessible to children as these all should deliver water at a hotter temperature than 40°C.

"Dead legs" is a plumbing term referring to any piping, however short, that leads nowhere or is rarely used but can be filled with warm water and contamination such as bio-film and dirt that may encourage the growth of Legionella bacteria. Check that upgrades or changes have not led to such a 'dead leg'.

NOTE: A higher maximum temperature of 45°C for ECEs is contained in the Building Code (Water Supplies, G12.3.4; Acceptable Solution G12/AS1, S.4.13.1) however, this is only a guideline. By contrast, the lower temperature of 40°C in the MoE licensing criteria (Premises and Facilities PF24) is an effective means of ensuring that water accessible by children is delivered at temperature that removes the risk of hot water scalding.

8.4 SEWAGE DISPOSAL

Resource Management Act 1991 Sections 15 and 17

Disposal through a reticulated system would not be considered a cause for comment unless there were obvious deficiencies.

Matters to be considered for centres having on-site wastewater system (septic tank or similar) that are essential for their long-term viability are:

- Disposal fields must be inaccessible to children
- Disposal fields must be functioning effectively with no surface ponding or break-out.

Management plans are recommended. These should include: provision for regular pump-out of sludge in the case of a septic tank; routine maintenance of package treatment plants in accordance with manufacturers' recommendations; and in accordance with design engineers' recommendations in the case of other installations. For further information refer to the *Australian/New Zealand Standard 1547: 2000 On-site Domestic-Wastewater Management*.

9. GENERAL PUBLIC HEALTH INFORMATION

9.1 LEAD PAINT

If your centres building was built prior to the 1980's the interior and/or exterior could have been painted with lead-based paint. Lead in paint was greatly reduced in 1965, although some leaded paint was in use until 1980.

When repainting or renovating surfaces that have been painted with lead-based paint ECEs need to follow the "*Guidelines for the Management of Lead-based Paint*" (published by the Department of Labour and MoH) available at www.health.govt.nz/your-health/healthy-living/environmental-health/hazardous-substances/lead-based-paint-and-lead-poisoning

ECEs should ensure that paint on cots, toys and furniture is lead-free. If you have any concerns or if paint testing is required contact a Health Protection Officer at MidCentral PHS.

9.2 ASBESTOS

Older buildings may have flooring, cladding or roofing which may contain asbestos. Where these are in a state of disrepair or have deteriorated, the occupants may be at risk of exposure to asbestos fibres. There are strict protocols and procedures for the safe removal of asbestos and asbestos removal needs to be undertaken by expert contractors. Any building material that is suspected to have asbestos in it should be tested. This can be arranged by contacting a Health Protection Officer at MidCentral PHS (Appendix 2). A Health Protection Officer can provide advice based on the outcome of the results.

9.3 SUN-CARE

Excessive exposure to potentially hazardous ultra-violet radiation is an established health issue in New Zealand. Young children often have very sensitive skin and therefore have an increased risk of sunburn by ultra-violet rays.

Centres should have a sun-safe policy that specifies:

- the hours and length of outside play;
- the use of sun screens and shaded areas; and
- personal protection of the children from the sun, e.g. sunscreen, wide-brim hats, sun-proof clothing etc.

Centres can obtain further information on the development of a sun-safe policy from the local Cancer Society or from the SunSmart website: http://www.sunsmart.org.nz/.

9.4 SMOKE-FREE POLICY

Nga Kupu Oranga, Section G4

ECEs must ensure that all areas used by children (including outdoors) and where food is prepared are smoke-free. Appropriate signage is key to implementing a successful and functioning smoke-free policy. Refer to the MoH website for compliance requirements and examples of appropriate signage or call the MidCentral PHS:
http://www.health.govt.nz/your-health/healthy-living/addictions/smoking

Under the Smoke-free Environments Act 1990, ECEs are required to have a written workplace smoke-free policy that applies to all staff as employees. A model policy is contained in Nga Kupu Oranga.

9.5 SANDPITS

Nga Kupu Oranga, Section B

Sandpits at ECEs provide many hours of fun for children and allow for lots of different types of play, but unclean sandpits can cause infections in children. Sandpits can become unclean when animals, particularly cats, and sometimes children use them as toilets. Toxoplasmosis can be spread from cats to humans through dirty sandpits. Toxoplasmosis can harm an unborn child, but is usually a mild illness in children and adults. It causes a rash, swollen glands, fever and feeling unwell. Insects can live in damp sand and may bite or sting children. Rubbish, sharp objects, twigs, soil and dead leaves can also accumulate and be unsafe.

Keeping sandpits clean

With a small amount of care sandpits can be kept clean and safe for children to play in.

- Make sure the bottom of the sandpit allows water to drain through it, but stops soil from mixing with the sand. Good drainage can ensure the sand does not become damp and stagnant.
- Cover the sandpit when it is not in use with a tight fitted cover to prevent animal access. Plastic covers, which do not let air through, can keep the sandpit damp. Using fine mesh will let the rain through which will tend to wash the sand, helping to keep it clean as long as the water can drain away.
- Rake the sandpit before the first session every morning to identify and remove rubbish and other unsafe matter before it is used. Turn over the sand monthly to aerate. Centres should include raking and inspection in a policy and records should be kept showing evidence (e.g. outdoor daily sign-off sheet) that these checks are carried out each day.
- Clean the sandpit by washing water through the sand if it is not regularly washed by the rain. Disinfectant will not clean a sandpit as sand and soil will neutralise the disinfectant before it can work.
- Dig out the sand and replace it if it has mixed with a large amount of soil. How often this is needed will depend on where the sandpit is located and the way that children play in it.
- As a general rule replace sand annually. If sand becomes contaminated, or suspected to be contaminated by human or animal faeces, blood or other body fluids, it must be discarded using your usual refuse disposal procedures.
- Children should wash their hands after playing in the sandpit.

9.6 POISONOUS PLANTS

Lots of plants are poisonous or capable of causing highly allergic reactions in people and animals. Young children exploring gardens may be tempted to eat parts of plants, especially colourful berries, leaves and flowers. MidCentral PHS has developed a Poisonous Plants information sheet which is available by contacting a Health Protection Officer (Appendix 2). Centres can also obtain further information from the Landcare Research website:
www.landcareresearch.co.nz/publications/factsheets/poisonous-plants

9.7 HEALTH EDUCATION RESOURCES

There are a wide range of free health education resources available to ECEs. A copy of the current catalogue is provided to the Public Health Service authorised provider – Health Information Resource Centre. Centres are able to order any of the resources by contacting the Health Information Resource Centre (refer Appendix 2).

The MidCentral PHS has developed a number of resources which have been specifically written for ECEs around the following issues (see Appendix 1):

- Disease Outbreaks
- Cleaning and Disinfecting
- Washing Sick or Soiled Children
- Preventing Infectious Illnesses
- Individual Disease Information sheets covering the most common infectious diseases
- Lead-Based Paints
- Poisonous Plants
- Drinking Water
- Water Temperatures
- Dishwashing

These are all available by contacting a Health Protection Officer.

9.8 "PUBLIC HEALTH ECE NEWS"

Once an ECE is licensed they will automatically receive a copy of the quarterly "Public Health ECE News", a newsletter that provides informative health and wellbeing articles and local happenings in the ECE sector. If you are not receiving the newsletter please let a Health Protection Officer know.

9.9 HEALTH AND HYGIENE POLICIES AND PROCEDURES

It is anticipated that centres will have a range of policies and procedures relating to health and hygiene issues. It is expected that staff regularly review and update these on an ongoing basis.

A policy is made of two parts. The first part is the policy statement which is a short statement that gives the reason or need for the policy. The second part is the practices or procedures; these explain what will occur in the childcare centre on a daily basis to ensure the policy statement is met. The practices provide clear instructions to staff on how they should behave and what they have to do. Practices also let parents/caregivers/whānau and management know that is going to happen at the centre when they are not present.

A Health Protection Officer will review relevant health and hygiene policies as part of the pre-opening Health and Safety Assessment (see Appendix 5). If you have concerns or questions relating to your policies you can contact a Health Protection Officer at MidCentral PHS (Appendix 2). Health Protection Officers are happy to review, and provide comments on, ECE policies and procedures as part of the centres regular review process.

APPENDIX 1 – MIDCENTRAL PUBLIC HEALTH SERVICE ECE RESOURCES

INFECTIOUS DISEASES

Information on Disease Outbreaks in Early Childhood Education Services

Cleaning and Disinfecting Guidelines for Early Childhood Education Centres

Information on Washing Sick or Soiled Children in Early Childhood Education Centres

Information on Preventing Infectious Illnesses for Early Childhood Education Services and Parents/Whānau

Individual Disease Information sheets covering the most common infectious diseases

ENVIRONMENTAL HAZARDS

Information on Lead-Based Paints for Early Childhood Education Services

Poisonous Plants information sheet

DRINKING WATER

Advice for Early Childhood Education Services with their own drinking water supply

Advice for Schools/ECE – Ensuring your water supply is safe

OTHER

Information on Water Temperatures for Early Childhood Education Services

Information on Dishwashing for Early Childhood Education Services

Information for ECEs on Health & Safety Assessments

As detailed in section 9.7 - a large number of free health education resources are also available from the Public Health Unit Palmerston North, Public Health Centre Wanganui, Health Information Resource Centre Palmerston North (see Appendix 2), and from the HealthEd website www.healthed.govt.nz.

APPENDIX 2 – CONTACTS

Organisation	Location	Address	Phone	Website
MidCentral Public Health Service Health Protection Officers Health Promotion Advisors Medical Officer of Health	Public Health Unit Palmerston North	Community Health Village, Palmerston North Hospital, Private Bag 11 036, Palmerston North	06 350 9110	www.midcentraldhb.govt.nz Email: PublicHealth@midcentraldhb.govt.nz
	Public Health Centre Wanganui	Lambie Hostel, Wanganui Hospital, Private Bag 3003 Wanganui	06 348 1775	www.midcentraldhb.govt.nz Email: phuwang@midcentraldhb.govt.nz
Public Health Nurses Vision Hearing Technicians Health Information Resource Centre	Health on Main Palmerston North	575 Main Street Palmerston North	06 350 4560 0800 153 042	Email: public.health.info@midcentraldhb.govt.nz
Ministry of Health	Wellington	133 Molesworth Street	0800 855 066	www.health.govt.nz
Ministry of Education	Wanganui	Private Bag 3012 Wanganui 4540	06 349 6300	www.minedu.govt.nz
	Lower Hutt	PO Box 30 1777 Lower Hutt 5040	06 463 7033	www.minedu.govt.nz
Territorial Local Authorities	Palmerston North City Council	The Square PO Box 11 034 Palmerston North 4442	06 356 8199	www.pncc.govt.nz
	Tararua District Council	26 Gordon Street PO Box 115 Dannevirke 4930	06 374 4080	www.tararuadc.govt.nz
	Horowhenua District Council	126-148 Oxford Street Private Bag 4002 Levin 5540	06 366 0999	www.horowhenua.govt.nz
	Manawatu District Council	135 Manchester Street Private Bag 10 001 Feilding 4702	06 323 0000	www.mdc.govt.nz
	Wanganui District Council	101 Guyton Street PO Box 637 Wanganui 4500	06 349 0001	www.wanganui.govt.nz
	Ruapehu District Council	59-63 Huia Street Private Bag 1001 Taumarunui 3920	07 895 8188	www.ruapehudc.govt.nz
	Rangitikei District Council	46 High Street Private Bag 1102	06 327 0099 0800 422 522	www.rangitikei.govt.nz
Ministry of Business, Innovation & Employment (ex Department of Labour)	Palmerston North	Level 4 State Building 65 Rangitikei Street PO Box 12 030 Palmerston North	06 952 3461 0800 20 90 20	www.mbie.govt.nz
Ministry for Primary Industries (Food Safety)	Wellington	Pastoral House 25 The Terrace PO Box 2526 Wellington 6140	04 894 2500 0800 00 83 33	www.foodsmart.govt.nz www.foodsafety.govt.nz/elibrary/industry/food-control-food-fcp-plans/index.htm
Environmental Protection Agency (EPA)	Wellington	20 Customhouse Quay PO Box 131 Wellington 6140	04 916 2426 0800 376 234	www.epa.govt.nz

APPENDIX 3 – LINKS TO LEGISLATION AND STANDARDS

Education (Early Childhood Centres) Regulations 2008
www.legislation.govt.nz/regulation/public/2008/0204/latest/DLM1412501.html

Building Act 2004
www.dbh.govt.nz/bofficials-buiding-act-2004-overview

New Zealand Building Code Compliance documents and handbook
http://www.dbh.govt.nz/compliance-documents

Food Hygiene Regulations 1974
www.legislation.govt.nz/regulation/public/1974/0169/latest/DLM42658.html?search=ts_regulation_Food+Hygiene&sr=1

Drinking Water Standards for New Zealand 2005 (Revised 2008)
www.health.govt.nz/publication/drinking-water-standards-new-zealand-2005-revised-2008-0

Australian/New Zealand Standard AS/NZ 2130:1998 Cots for day nursery, hospital and institutional use - Safety requirements
http://www.standards.co.nz/web-shop/?action=viewSearchProduct&mod=catalog&pid=2130%3A1998%28AS%7CNZS%29&searchId=1415543&searchOrderingIndex=4&searchSessionId=69A2B675D816BF5E4AA28AFEF32A2D69

Australian/New Zealand Standard 1547: 2012 On-site domestic-wastewater management www.standards.co.nz/web-shop/?action=viewSearchProduct&mod=catalog&pid=1547%3A2012%28AS%7CNZS%29&searchId=1415152&searchOrderingIndex=1&searchSessionId=E592EA6E6D7A197258168B3A890AB9C2

Australian/New Zealand 1680.1:2006 Interior and workplace lighting - Part 1: General principles and recommendations
http://www.standards.co.nz/web-shop/?action=viewSearchProduct&mod=catalog&pid=1680.1%3A2006%28AS%7CNZS%29&searchId=1415677&searchOrderingIndex=6&searchSessionId=493C2B0AA9EF0A04231C1FC89E46280C

APPENDIX 4 – LINKS TO OTHER RESOURCES

Ministry of Education LEAD website
www.lead.ece.govt.nz

Nga Kupu Oranga – Health and Safety Resource for Childcare Services; Ministry of Health
1997
http://www.health.govt.nz/publication/nga-kupu-oranga-healthy-messages-health-and-safety-resource-early-childhood-services

Health conditions and infectious diseases
http://www.health.govt.nz/your-health/conditions-and-treatments

www.healthed.govt.nz

Drinking water
www.health.govt.nz/our-work/environmental-health/drinking-water

www.drinkingwater.esr.cri.nz/

www.healthed.govt.nz

Immunisation
www.health.govt.nz/your-health/healthy-living/immunisation?mega=Your%20health&title=Immunisation

www.healthed.govt.nz

Lead and lead paint
www.healthed.govt.nz

Asbestos
www.healthed.govt.nz

Link to Landcare Research poisonous plants
www.landcareresearch.co.nz/publications/factsheets/poisonous-plants

EARLY CHILDCARE EDUCATION CENTRE HEALTH AND SAFETY VISIT CHECKLIST

Name:_____

Address (physical):_____

Address (postal):_____

Supervisor:_____Administrator: _____

Centre Email:_____

Telephone:_____ Fax:_____

Centre Owner:_____ Telephone:_____ Email: _____

Licence: ☐ Sessional ☐ Probational ☐ Full Licence

Roll: Under 2½:_____ Over 2½:_____ Total:_____

Total number of staff: _____
Date of inspection:_____
Date report sent:_____

<u>Documents to be available for the Health Protection Officer to view during inspection:</u>

☐ Nappy change procedure [Hs3]
☐ Washing a sick/soiled child procedure [PF26]
☐ Infectious disease exclusion policies for children and staff [HS26]
☐ Hygienic laundering procedure [HS2]
☐ Animal handling policy [HS16]
☐ Immunisation Register [Health (Immunisation) Regulations 1995]
☐ Cleaning schedules

And, if centre has own drinking-water supply:
☐ Drinking-water Water Safety Plan (WSP) *(if applicable)*
☐ Drinking water monitoring records
☐ Treatment system specifications

And, if centre prepares meals:
☐ Food safety policy and procedures [PF16]
☐ Food Safety training certificate(s)
☐ Menus [HS19- previous 3 months must be available]
☐ Food Control Plan (FCP) *(if applicable)*

A: BUILDINGS AND FACILITIES

Brief description:

General cleanliness, condition and maintenance:

B: REFUSE DISPOSAL

Method of disposal: ☐ TA collection ☐ Taken to local landfill ☐ Bin hire service

Collection frequency:

Are covered containers provided? Yes/No

Comments:

C: SEWAGE DISPOSAL

Method of disposal: ☐ Town sewerage ☐ Septic tank ☐ Other (specify):

Effluent disposal:

Maintenance:

Comments:

D: INDOOR ENVIRONMENT

D.1 HEATING

Type in use: ☐ Electric ☐ Wood burner ☐ Gas ☐ Heat pump

Temperature recorded (>= 16°C at 500mm above floor) [HS24]: °C

Heaters are inaccessible to children (guarded, up-high) [HS1]? Yes/No

D.2 LIGHTING

Type in use: ☐ Natural ☐ Fluorescent ☐ Incandescent ☐ Other

Levels recorded (lux):

Site			
Activity level			

Is the lighting appropriate for the activities being undertaken in each area [PF12]? Yes/No
(NB: Recommended maintenance luminance for ordinary/moderately easy tasks (ECEC) is 240lux 0.75 m off the ground. [NZS 1680])

D.3 VENTILATION

Type is use: ☐ Natural ☐ Mechanical ☐ Air-conditioned/heat pump ☐ Other

Do parts of the building used by children (especially sanitary and sleep areas) have ventilation that allows fresh air to circulate [PF12]? Yes/No

Are air conditioning units regularly maintained and cleaned? Yes/No
(NB: For air conditioning units using water [Compliance schedule of Building Act])
Are *Legionella* tests performed every 6 months? Yes/No

D.4 NOISE

Is there a problem with internal or external noise [PF12]? Yes/No
Do noise levels interfere with normal communication or cause distress [HS15]? Yes/No
If 'yes', note noise issue and any attenuation undertaken:

D.5 HOUSEKEEPING

Is the centre clean and have an appropriate cleaning schedule in place [HS1]? Yes/No
Are surfaces appropriate for the use intended? Yes/No

Are the cleaner's sink, cleaning materials and equipment inaccessible to children [HS12]? Yes/No

What facilities are provided for cleaning art materials [PF10]:

If the children access the art sink, is the hot water less than 40°C [HS13]? Yes/No

D.6 INDOOR HAZARDS

Are there any obvious indoor hazards [HS12]?
Note any hazards identified:

Comments:

E: HEALTH

Is there a written infectious disease exclusion policy [HS26]? Yes/No
Is it appropriate? Yes/No
Is an isolation area provided for sick children [PF27]? Yes/No
Can the ill child lie down comfortably and be supervised? Yes/No
Is there easy access to a toilet and wash hand basin? Yes/No
Is an immunisation register held and up-to-date [HS26]? Yes/No

Are animals held on the premises? Yes/No
If yes, type and health/cleanliness status [HS1]:

Is there a policy with regards to animal care/personal hygiene/visits [HS16]? Yes/No

Comments:

F: FOOD

Do children: ☐ Bring food/snacks from home
☐ Eat foods provided by the early childhood centre:
☐ for every meal during attendance time
☐ for 'tuck-shop' days, one day a week
☐ Purchase food from commercial premises

Kitchen Facilities:

Kitchen facilities provided: ☐ Dishwasher ☐ Sterilising sink ☐ Domestic Sink
☐ Refrigerator ☐ Freezer ☐ Stove
☐ Microwave ☐ Hand wash basin

(NB: Hand wash basins are essential for kitchens in centres where full meals are provided or infant formula prepared)

Is the kitchen made inaccessible to children unless supervised [HS1]? Yes/No

AREA	REQUIREMENTS [PF 6, PF 12, PF16, HS1]	✓ ×	Comments
Floors	Impervious, durable, well maintained and clean		
Walls	Smooth, durable, well maintained and clean		
Lighting/ Ventilation	Adequate for purpose		
Space	Sufficient for storage and for workers		
Food Preparation Surfaces	Impervious, well maintained and clean		
Food Storage	Foodstuffs protected from contamination, insects, vermin, etc.		
Appliances	Means of cooking/heating food supplied Well maintained and clean Method used for washing dishes: Is the dish washing method hygienic and adequate?		☐ Dishwasher ☐ Sterilising sink ☐ Hot water /air dry ☐ None
Refrigeration	Temperature ≤4°C, clean		
Hot Water	Supplied to sink, temperature ≥55°C		

For Premises where Meals are Provided:

Type of foods/meals provided [HS19]:

Does the ECE hold an approved Food Control Programme? Yes/No
Are records held of all foods and meals served to children *(sight)* [HS19]? Yes/No
If 'yes', does it appear well balanced? Yes/No
If 'no', refer ECEC to hospital dietician/Health Promoters for advice

Are any staff trained in food hygiene? Yes/No
If 'yes', number of staff and qualifications:

Kitchen meets First Schedule of the Food Hygiene Regulations 1974? Yes/No

For Premises where Commercial Premises Supply Food:

Name of Premises supplying food:

Premises registered by TA? Yes/No
Premises has approved Food Control Plan in place? Yes/No

Infant Formula:

Is formula made-up at the centre [HS20]? Yes/No
Are containers of formula powder clearly marked with the child's name, date opened and instructions? Yes/No
Is made-up formula/breast milk stored in the fridge before use? Yes/No

(NB: Breast milk should not be refrigerated for >48hr, formula milk should not be refrigerated for >4hr. Any left over milk should be discarded immediately)

[Ministry of Agriculture and Forestry (MAF) FoodSmart website: Safe Feeding For Infants; Ministry of Health Food and Nutrition Guidelines for Healthy Infants and Toddlers])

Method of bottle sterilisation: ☐Boiling ☐ Sterilising solution
☐Taken home with child ☐ Microwave stream-sterilising unit

Comments:

G: DRINKING WATER SUPPLY

Is there an ample supply of water that is fit to drink [HS21]? Yes/No
Is it available to children at all times [HS21]? Yes/No
Can older children access drinking water independently [HS21]? Yes/No

Source: ☐ Town supply (Code: _____) ☐ Rainwater ☐ Spring
☐ Bore ☐ Other (specify):

Method used to provide drinking-water to the children: ☐ Water bottles
☐ Single use cups
☐ Other (specify):

Is the cleaning, separation, identification of bottles/cups adequate? Yes/No

Are drinking water coolers provided? Yes/No
If yes, number of water coolers provided:

Are they clean and in good condition? Yes/No

Are drinking water fountains provided? Yes/No
If yes, number of drinking fountains provided:
Are they clean and in good condition? Yes/No

Does the centre have it's own drinking-water supply? Yes/No

If yes, is the supply registered on the *Register of Community Drinking-Water supplies in New Zealand*? Yes/No

Is the supply an approved Participating Small Water Supply? Yes/No

Was a sample obtained for bacteriological analysis? Yes/No

If yes, did the sample comply with the DWSNZ (<1 *E .coli*)? Yes/No

Comments:

H: SANITARY FACILITIES

AREA	REQUIREMENTS [PF6, PF12, PF18, PF20, PF21, PF22, PF25, PF26, HS1, HS3, HS13]	<2's ✓ ×	>2's ✓ ×
Floors	Impervious, durable, well maintained and clean		
Walls	Smooth, durable, well maintained and clean		
Lighting/ Ventilation	Adequate for purpose		
Space	Sufficient for users and for storage		
Toilets and WHB's [PF18]	Allow easy and safe access by children At least one toilet designed to provide privacy Adequately separated from play and food preparation areas Well maintained and clean Numbers meet requirements – • 1 WC per 15 persons >2 yrs attending • 1 WHB per 15 persons attending		
Warm Water Supply [HS13]	Temperature is no higher than 40°C and comfortable for children to use (*measure and record temperature*)		
Hand-washing/drying facilities [PF20, PF21]	Provision of liquid/foam soap Method of drying hands: Does the method prevent the spread of infection? Bin supplied for used towels *(if applicable)*	☐ Paper towels ☐ Air dryer ☐ Single use towels ☐ Other (specify):	☐ Paper towels ☐ Air dryer ☐ Single use towels ☐ Other (specify):
Washing Facility [PF26]	Plumbed-in bath, shub or shower provided Facility used solely for this purpose For baths, plug is out of reach Water temperature (*measure and record temperature*) Procedure for bathing soiled children appropriate		

AREA	REQUIREMENTS [PF6, PF12, PF18, PF20, PF21, PF22, PF25, PF26, HS1, HS3, HS13]	<2's ✓ ×	>2's ✓ ×
Nappy Changing Facility [PF25, HS3]	Adequately separated from play and food preparation areas Located in designated area Located close to hand washing facilities Visible to another part of the service Fixed, rigid and stable construction Impervious, durable, well maintained and clean surfaces Surfaces disinfected after each use (*note type of sanitiser used*) Gloves provided and worn by staff Nappy changing policy displayed Nappy changing policy appropriate Nappy changes recorded Sealed soiled nappy bin provided Handling, cleaning and storing of cloth nappies		

AREA	REQUIREMENTS [PF6, PF31, HS1, HS2, HS12]	✓ ×	Comments
Laundry	Are laundry facilities: Adequate separation of 'clean' and 'dirty' linen Procedure for laundering linen appropriate *(sight)*		☐ Provided ☐ Inaccessible to children ☐ Accessible to children ☐ Off-site

Comments:

I. SLEEPING

Is a designated space provided which allows the children to get restful sleep [PF35, PF37]? Yes/No

Are cots, beds, mattresses and stretchers in good condition and clean [HS1]? Yes/No
(*Check older, painted cots for the presence of lead-based paints*)

Do the cots, beds, mattresses and stretchers allow the children to lie flat [PF29]? Yes/No
Are they of a design to ensure the children's safety? Yes/No
Are they arranged to allow adults clear access to the one long side [HS10]? Yes/No
Can children sit or stand safely as they wake? Yes/No

What ventilation is provided:

Is adequate cross ventilation of the room provided [PF12]? Yes/No

Are mattresses provided? Yes/No
If yes, Are they covered with smooth, waterproof material [PF30]? Yes/No
Are mattress covers securely attached to the mattress? Yes/No
Are mattress covers clean and in good condition? Yes/No

Is the bedding clean and regularly laundered [HS2}? Yes/No
System for handling and laundering dirty/soiled linen:

Are beds/mattresses, etc and linen hygienically stored when not in use [HS11]? Yes/No

Comments:

J. OUTDOOR ENVIRONMENT

J.1 LEAD BASED PAINTS

Have the interior and exterior paints on the buildings been checked for the presence of lead-based paints? Yes/No/NA
(NB: Tests should be carried out if age of building is pre-1980's)

Areas tested:

☐	Exterior weatherboards	☐ Pos	☐ Neg
☐	Exterior windowsills	☐ Pos	☐ Neg
☐	Exterior doors and frames	☐ Pos	☐ Neg
☐	Roof	☐ Pos	☐ Neg
☐	Playground/play equipment	☐ Pos	☐ Neg
☐	Interior walls	☐ Pos	☐ Neg
☐	Interior windowsills	☐ Pos	☐ Neg
☐	Interior doors and frames	☐ Pos	☐ Neg
☐	Other (specify):	☐ Pos	☐ Neg

Advice given regarding lead-based paint removal? Yes/No/NA

J.2 OUTDOOR AREA

Is a safe, suitable outdoor environment provided [HS1]? Yes/No
Is the outdoor area clean and well maintained? Yes/No

Are there any obvious outdoor hazards [HS12]? Yes/No
If yes, specify:

Does the play equipment appear complete with no missing parts? Yes/No
Are steps, rungs and handrails secure and in good condition? Yes/No
Are all bolts, screws and fixing devices secure, tight and non-protruding? Yes/No
Are all timber edges free from splinters? Yes/No
Is all timber sound and free from decay or insect attack? Yes/No
Are the items, including moveable items, stable and secure against movement? Yes/No
Are the items secure in their concrete footings and well below ground level? Yes/No
Is there any evidence of corrosion of supports at ground level? Yes/No
Are metal frames and components free from distortion? Yes/No
Are all metal surfaces and joints smooth, secure and free from corrosion? Yes/No
Are all shackles and chain links in good condition? Yes /No
Are ropes sound and free from signs of degradation? Yes/No

Are there any worn or uneven patches on ground or paved surfaces?	Yes/No
Is the sandpit checked daily and raked to remove debris?	Yes/No
Is the sandpit covered when not in use?	Yes/No

Comments:

RECOMMENDATIONS

A: BUILDINGS AND FACILITIES
It is recommended that:

B: REFUSE DISPOSAL
It is recommended that:

C: SEWERAGE DISPOSAL
It is recommended that:

D: INDOOR ENVIRONMENT
It is recommended that:

E: HEALTH
It is recommended that:

F: FOOD
It is recommended that:

G: DRINKING-WATER SUPPLY
It is recommended that:

H: SANITARY FACILITIES
It is recommended that:

I: SLEEPING
It is recommended that:

J: OUTDOOR ENVIRONMENT
It is recommended that:

Signed: _____ **Date:** _____

Health Protection Officer
MidCentral Public Health Services