

Food, Oral Health, and Nutrition Policy

1. Policy

Values

NERPSA is committed to:

- Educating children and their parents/guardians about healthy food and healthy eating habits and good oral health.
- Encouraging children to make healthy food and drink choices in line with the Australian Dietary Guidelines, in the service and encouraged from home
- Promoting the importance of a healthy lifestyle, which includes drinking water (preferably tap water), eating healthy food, and maintaining good oral health
- Providing a pleasant and attractive place for meals and snack times that are culturally appropriate occasions and provide an environment for social learning and positive interaction.
- Encouraging that the nutritional needs and/or dietary requirements of children are appropriately catered for, whilst they are attending the service.
- Providing a flexible approach to serving and consuming food for children attending the service.
- Complying with all legislative requirements.
- The safety and wellbeing of all children enrolled at or visiting the service.
- Taking all reasonable precautions to reduce potential hazards to children on the premises.
- The education of staff, parents/guardians, other users of the service, and the community, in the prevention of scalds and burns from hot drinks.

Purpose

The NERPSA Food, Oral Health, and Nutrition Policy will provide guidelines and promote healthy eating and oral health to children, educators, and staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships. All members of this service will be supported in implementing this policy.

2. Scope

- The NERPSA Food, Oral Health, and Nutrition Policy applies to NERPSA, individual kindergartens within the NERPSA cluster, their committees and staff and parents/guardians who wish to have their children enrolled, or have children already enrolled at NERPSA.

3. Background and Legislation

Healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. The important social and cultural role of food, and the wide range of attitudes to it is acknowledged within the service.

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma.¹ Tooth decay is Australia's most prevalent health problem despite being preventable.

It is important to provide access to and establish good healthy eating and oral health practices at a young age as most children have formed lifelong habits by school age.

Relevant legislation and policy may include but is not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
 - PART 4.2—CHILDREN'S HEALTH AND SAFETY 97 Division 1—Health, safety and wellbeing of children Regulations 77, 78, 79, 80
 - PART 4.7—LEADERSHIP AND SERVICE MANAGEMENT Division 2—Policies and procedures — Regulation 168 (2) (a) (i)
- ACECQA National Quality Standard 2018 – Quality Area 2
- Quality Area 6 – Collaborative Partnerships with families and communities
- Quality Area 7 – Governance and Leadership
- Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009
- Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Commonwealth of Australia, 2009
- Victorian Early Years Learning and Development Framework For all Children from Birth to Eight Years. Department of Education and Training, 2016
- Education and Early Childhood Development, 2009
- Guide to the National Quality Standard. ACECQA, 2011
- Australian Dietary Guidelines. National Health and Medical Research Council, 2013
- Infant Feeding Guidelines, National Health and Medical Research Council, 2012
 - 8.4.2 Good bottle feeding practice, pg 79
 - 8.4.4 Using a feeding cup pg 80

4. Definitions

Healthy Eating: Eating a variety of foods from the five foods groups each day. These are:

- Fruit
- Vegetables and legumes/beans
- Grains
- Milk, yoghurt, cheese, and alternatives
- Lean meat, poultry, fish, eggs, tofu, nuts, and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs¹

Nutrition: The process of providing or obtaining the food necessary for health and growth².

'Discretionary'/'Sometimes foods' and drink: Discretionary/Sometimes foods is high in fat, sugar and salt or a combination of these.³ They typically have very little nutritional value and are often processed and packaged.

Examples of discretionary food include:

- Chocolate, confectionary, jelly
- Sweet biscuits, high fat/salt savoury biscuits, chips
- High sugar/high fat cakes and slices
- Cream, ice cream
- Deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- Most fast food and takeaway foods
- Some processed meats (e.g. sausages, frankfurts/hotdogs, salami, Strasbourg, devon, some commercial chicken nuggets and fish fingers)
- Soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.⁴

¹ Nutrition Australia Victorian Division, www.nutritionaustralia.org

² <http://oxforddictionaries.com/definition/english/nutrition>

³ Australian Dietary Guidelines, National Health and Medical Research Council, 2013, <http://www.eatforhealth.gov.au>

⁴ Get Up 7 Grow: Healthy Eating and Physical Activity for Early Childhood, Commonwealth of Australia, 2009, www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhoodnutrition-resources

Oral Health: A standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing.⁵

Food Literacy: Food literacy is “a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet (dietary) need.”⁶

Cleaning: The removal of visible residue such as food waste, dirt and grease, using hot water and detergent

Food safety: Ensuring food provided by the service is fit for human consumption

Sanitise: A solution such as 12ml of domestic bleach (4% chlorine) to nine litres of clean water at 50 degrees Celsius. Note: Detergents and sanitisers must always be used in accordance with the manufacturer’s instructions

5. Related NERPSA Policies

- Anaphylaxis
- Child Safe Environment
- Diabetes
- Infectious diseases

6. Procedures

6.1. Food and drink to be provided by the service:

- 6.1.1. Water (preferably tap water) is the preferred drink and will be available for the children to consume at all times during indoor and outdoor activities. Only tap water and plain milk are encouraged / provided.
- 6.1.2. The service will provide food that has been produced through food related curriculum activities involving the children.

6.2. NERPSA is responsible for:

- 6.2.1. Ensuring educators and families are provided with information about policy requirements.
- 6.2.2. Ensuring educators, families, and children are active participants in the development and implementation of the Food, Oral Health, and Nutrition Policy.
- 6.2.3. Ensuring staff are informed of current information relating to nutrition, oral health, and food safety and encouraging staff to attend professional development on these areas.
- 6.2.4. Monitoring staff compliance with food safety practices.
- 6.2.5. Reviewing, in consultation with the staff, parents/guardians, the procedures for celebrations. The guidelines need to reflect the needs of families and children in relation to nutrition, cultural diversity, religion, and age appropriateness, which will have a focus on healthy alternatives and discourage ‘sometimes’ foods and drinks.
- 6.2.6. Working with local health professionals, services, and other organisations to support educators and staff to deliver and promote healthy eating and oral health initiatives.
- 6.2.7. Ensuring an appropriate comfortable space is provided for mothers to breast feed or express milk.
- 6.2.8. Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives for children.
- 6.2.9. Staff and educators are supported where possible by having healthy food options in the staff room, for staff meetings and for professional learning.
- 6.2.10. The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service’s healthy eating and oral health policy where possible.
- 6.2.11. Ensuring that healthy body image and an enjoyment of eating are encouraged by the service.
- 6.2.12. Encouraging the service to work with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating and oral health initiatives.

6.3. Educators are responsible for:

⁵ Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015-2024, COAG Health Council 2015
<http://www.coaghealthcouncil.gov.au/Publications/Reports/ArtMID/514/ArticleID/81>

⁶⁶ Vidgen HA, Gallegos, D, (2014). Defining Food Literacy and its components. *Appetite*, 76, 50-59. Retrieved from
https://blogs.deakin.edu.au/apfnc/wp-content/uploads/sites/119/2015/06/Vidgen_2014_food-literacy-Appetite.pdf

- 6.3.1. Ensuring opportunities to learn and develop skills for healthy eating, oral health, and food safety are embedded in the educational program through involving children in healthy food discussion and experiences such as growing and cooking and self-care. This also includes discussing age appropriate tooth brushing and why it is important.
- 6.3.2. Not allowing food to be used as an incentive, bribe, or reward at any time.
- 6.3.3. Promoting relaxed and social meal and snack times
- 6.3.4. Role modelling healthy eating and social behaviour at snack and meal times.
- 6.3.5. Encouraging independence at meal and snack times.
- 6.3.6. Giving children plenty of time to eat and socialise.
- 6.3.7. Ensuring children have access to water (preferably tap water) whenever it is needed/requested.
- 6.3.8. Providing families with information, ideas, and practical strategies to support healthy eating and oral health in the service and home. For example, encouraging 'every day food and discouraging 'sometimes foods' such as sweet drinks
- 6.3.9. Providing information to parents/guardians regarding oral hygiene and accessing local dental services.
- 6.3.10. Are responsible for keeping up to date with current practice by attending professional development opportunities related to healthy eating and oral health.
- 6.3.11. Ensuring that children and families are key partners in developing and supporting healthy eating and oral health initiatives in the service.
- 6.3.12. Before handling food, washing hands according to the guidelines (Attachment 1).
- 6.3.13. Ensuring that hand basins are only used for washing hands, faces, or cleaning teeth.
- 6.3.14. Providing posters above washbasins with information on correct hand washing procedures.
- 6.3.15. If a hand dryer is installed, check it is working and if not reporting this to the committee/board and providing paper towels until it is fixed.
- 6.3.16. Ensuring the provision of soap and handtowels (if used) on a daily basis.
- 6.3.17. Ensuring the provision of paper towels in the kitchen area.
- 6.3.18. Keeping the kitchen clean and tidy at all times.
- 6.3.19. Disposing of any eating or drinking utensils that are chipped, broken or cracked.
- 6.3.20. Restricting the food preparation areas for that purpose only.
- 6.3.21. Cleaning all food contact surfaces, appliances and equipment after use.
- 6.3.22. Covering all wounds or cuts on hands or arms with wound strips or bandage. If the wound is on the hand, disposable gloves are to be worn over the top of the wound strip if involved in food handling.
- 6.3.23. To notify NERPSA of inability to work if affected with vomiting or diarrhoea within the last 48 hours.
- 6.3.24. Ensuring persons suffering from diseases which are likely to be transmitted through food that they are not involved in food handling.
- 6.3.25. Complying with the hot drinks guidelines

Children and eating

- 6.3.26. Encouraging and directing children to wash their hands before they eat.
- 6.3.27. Teaching children to turn away and cough or sneeze into their sleeve and then to wash their hands.
- 6.3.28. Ensuring tables are wiped with appropriate cleaning materials prior to children using them for food consumption.
- 6.3.29. Making sure children are sitting when they eat and drink.
- 6.3.30. Washing and sanitising all dropped utensils prior to re-using.
- 6.3.31. Discouraging children from sharing utensils and sharing food they have begun to eat.
- 6.3.32. Cleaning up any food or drink that is dropped indoors or outdoors.

Preparing food

- 6.3.33. Using separate utensils, chopping boards and other equipment for raw and for ready-to-eat foods to avoid cross-contamination. If this is not possible, thoroughly wash and sanitise equipment between uses.
- 6.3.34. Removing food items in damaged packaging such as dented cans, leaking packages, or cracked eggs.

Handling food

- 6.3.35. Encouraging the use of utensils such as tongs, spoons, and spatulas for cooked or ready-to-eat foods. Raw food which will be cooked can be safely handled with bare clean hands.
- 6.3.36. Checking the operating temperature of refrigerators and freezers. Reporting malfunctioning equipment to the relevant agency.
- 6.3.37. Ensuring any items placed in the fridge/freezer are covered with a lid, foil or plastic film.

Involving children in cooking

- 6.3.38. Cooking and food experiences provided in the service focus on healthy food options.
- 6.3.39. Ensuring long hair is tied up.
- 6.3.40. Children are encouraged to taste a wide variety of foods with a range of flavours, colours, textures, and aromas through food experiences. These experiences will be age-appropriate with regard to size and texture of food.
- 6.3.41. Encouraging children to wear clean protective aprons or smocks where needed.
- 6.3.42. Foods provided respect cultural and/or personal food differences, are varied, and meet the children's developmental needs.
- 6.3.43. Ensuring children wash their hands before participating in the cooking experience.
- 6.3.44. Immediately cleaning up any food dropped on the floor.
- 6.3.45. Asking families who have children who have special dietary requirements (including allergies) for health, medical or cultural reasons to bring in food when food is being provided by the service or another family.

Food brought from home for special occasions

- 6.3.46. Ensuring food provided for special occasions/celebrations is in line with this policy
- 6.3.47. Ensuring food provided for celebrations is kept in a container or covered with foil or plastic wrap.

6.4. The parents/guardians are responsible for:

- 6.4.1. Providing details of specific nutritional requirements (including allergies) on their child's enrolment form and to discuss these with the qualified staff member prior to the child commencing at the service and whenever these requirements change.
- 6.4.2. Providing nutritional food and drinks for snacks, lunch as required, and celebrations consistent with the service's policy.
- 6.4.3. Washing hands if participating in food preparation
- 6.4.4. Complying with the hot drinks guidelines (Attachment 2).

7. Evaluation

In order to assess whether the NERPSA Food and Nutrition Policy has achieved the values and purpose of the policy, NERPSA will

- Assess whether a satisfactory resolution has been achieved for nutritional issues raised.
- Take into account feedback provided on the policy.
- Monitor complaints/concerns in regards to the implementation of the nutrition policy.

8. Authorisation

The policy was adopted by NERPSA on 19th October 2018.

9. Review date

The policy shall be reviewed every two years from date of adoption.

Attachments

- Attachment 1: Food Safety
- Attachment 2: Hot Drinks Guidelines

ATTACHMENT 1**FOOD SAFETY**

1. Food poisoning and infectious disease can be a serious health problem for children. If food is not safely stored or properly handled, bacteria can multiply to dangerous levels and cause illness. The use of safe and hygienic food storage and handling practices can prevent food contamination and the transmission of bacteria and infectious disease amongst children and adults. The committee/board, staff, parents/guardians and any other person involved in handling food has an important responsibility to maintain safe and hygienic food practices.

Food poisoning is caused by the growth of bacteria in food. This occurs when high risk foods such as meat, poultry, eggs, seafood, and dairy products are left to sit in the “temperature danger zone” (between 5 ° and 60 ° Celsius). Services need to ensure that any food in this temperature zone stays there for as little times as possible.

2. Guidelines for hand washing

- Use liquid soap (preferable) and running water
- Wash hands vigorously and count to ten
- Rinse hands well and count to ten
- Turn off the tap with a piece of paper
- Dry hands well with new paper towel (preferable), a dryer or your own cloth.
- Suggested practice is to provide this information at each handwashing area

3. Ideas for cleaning schedules

A cleaning schedule ensures that cleaning is conducted in a structured and routine manner. *The Health and Safety in Children’s Centres, Model Policies and Practices (2003)*, recommends the use of a neutral detergent and water for general cleaning and a chemical sanitiser for food contact surfaces and utensils. A good cleaning schedule will include such items as:

- The cleaning tasks
- The frequency of cleaning – daily, weekly, monthly, quarterly items to be listed
- The method of cleaning, including chemicals to be used (if not provided by the cleaner)
- The person(s) responsible for each task

An example of items to include in a cleaning schedule:

- Use colour coded cleaning cloths and mops for designated areas. For example, red cloths for kitchen and food preparation areas; orange cloths for nappy change areas. These cloths should be stored separately.
- Clean areas with warm soapy water as soon as practicable after the preparation of food and drinks.
- Wash all utensils, crockery, plastic wear and glasses in warm soapy water and rinse in hot water. Leave dishes to air dry, do not place a tea towel over them.
- Discard any plastic plates, bowls, cups or chopping boards with deep scratches.
- The kitchen floor is swept, mopped and the rubbish bin emptied daily (specify who is responsible).
- All kitchen cupboards and drawers are to be cleaned internally and externally with warm soapy water. (Specify monthly, quarterly and who is responsible).
- Appliances are cleaned with warm soapy water [insert time frame]. It is suggested to itemise appliances such as fridges and microwaves as these need regular cleaning.
- The rubbish bin is washed with warm soapy water and sanitised each week and wiped over daily as required.

You may have other specific procedures to add here, for example, for compost bin, recycling of plastics, glass and paper.

4. Working bees

If working bees are organised each term a schedule of kitchen cleaning to be written for participants to tick off. For example:

- Remove items from cupboards and wipe all surfaces with warm soapy water and surface spray.

5. Using gloves

Gloves are not a substitute for hand washing. If gloves are used, care should be taken to ensure hygienic practice when handling food.

6. Food brought from outside

Safe storage of food is a key issue for parents/guardians providing food for their children to consume at the service. The information could be provided to parents/guardians by including an article in the services newsletter at the start of the year and again prior to summer. In addition brochures can be provided on safe food handling from Food Safety Victoria.

Parents/guardians should be advised to:

- Put a frozen container, such as a frozen drink, in the lunch box with food that is normally refrigerated. Alternatively, they can use an insulated lunch box or a cooler.
- Avoid including food that are normally kept in the refrigerator, especially during the summer months.
- Not to include perishable foods which have just been cooked or warmed, such as hamburgers or boiled eggs. Such food should be cooled in the refrigerator before being packed for lunches.

7. Food stalls

In May 2001 the *Food Act* 1990 was amended to include the requirement for a Food Safety Program before being issued a permit. A permit needs to be obtained from your Local Council's Health Services Unit.

A Food Safety Program template has been developed by the Department of Human Services to assist services to comply with this requirement. This can be accessed from: www.health.vic.gov.au/foodsafety

Resources

Food Safety Victoria

GPO Box 1670N

MELBOURNE VIC 3000

Phone: 03 9637 4085

Fax: 03 9637 5320

Toll free: 1300 364 352

Email: foodsafety@dhs.vic.gov.au

Food Standards Australia New Zealand

PO Box 7186

CANBERRA ACT 2610

Ph: 02 6271 2222

Fax: 02 6271 2278

Email: info@foodstandards.gov.au

Website : www.foodstandards.gov.au

The Melbourne Market Authority has produced a range of resources to support parents/guardians and professionals with recipes, preparation tips and seasonal information.

Telephone 03 9258 6100

Email info@melbournemarkets.com.au

Website: www.melbournemarkets.com.au

References:

School of Public Health and Community Medicine, Second edition revised, 2003, *Health and safety in Children's Centres, Model policies and practices.*

<http://www.csns.w.org.au/userdata/csns.w/downloads/CCModelPoliciesFinal.pdf>

ATTACHMENT 2

Hot Drinks Guidelines

1. Purpose

The guidelines outline the provision of a safe environment for the children attending the service and procedures to minimise the risk of scalds or burns from hot drinks whilst complying with all relevant legislative requirements.

The guidelines promote the practice of excluding hot drinks from all areas accessed by children. Lukewarm drinks in mugs/cups/lidded mugs are not acceptable practice in areas accessed by children as they present the impression of being hot and do not support the implementation of safe practices through appropriate role modelling.

Background

“Burns and scalds are among the most distressing injuries that a child can receive. Although rarely fatal in children they may cause considerable pain, often need prolonged treatment and can result in lifelong disfigurement through scarring” (The Monash University Accident Research Centre (2004 p.11 Hazard 57)).

Each year in Victoria at least 350 children aged 0-4 years present to hospital emergency departments with hot drink scalds, most commonly from tea, coffee and boiled water. About 150 of these children require hospital admission. The most common scenario for scalds is a child pulling a cup of tea, coffee or hot water from its resting place (bench, table etc.) with the hot drink spilling over their head and face, upper arm and chest.

The service recognises the role of educators and service providers in educating parents/guardians and the community in burn and scald prevention through the provision of information, role-modelling and safe practices.

Definitions

DHHS: Department of Health and Human Services

Hot drink: A container containing liquid which has been made with boiling water or heated. This includes covered travel mugs.

Scalds: Burns by hot fluids, steam and other hot vapours.

Procedures

General guidelines for the preparation of hot drinks

- Hot drinks are to be prepared in kitchen area.
- Hot drinks may be consumed in kitchen and office area according to criteria outlined in these guidelines.
- Hot drinks are not to be taken into children’s rooms, outdoor areas or any other area accessible to children whilst children are in attendance. The exception to this is lidded containers which may be used by staff only as long as all other guidelines are followed.

Educators are responsible for:

- The implementation of these guidelines.
- Ensuring parents/guardians on duty, visitors to the service, students and volunteers are informed of the service’s hot drink guidelines and the reasons for it.
- Educating users of the service in prevention of burns and scalds by providing information on safe practices to prevent burns and scalds in the home, including appropriate first aid for scalds. This can be provided in newsletters, noticeboard displays, informal discussions and by role modelling.
- Ensuring children do not have access to the kitchen or office area, the exception to this is toddlers/other children in attendance with parents/guardians on duty. These children need to be actively supervised by parents/guardians.
- Ensuring no hot drinks are consumed in the office area when children are present.
- Ensuring hot drinks being moved from the kitchen to office area is undertaken when the children are at a safe distance.
- Ensuring hot drinks are never left unattended.
- Ensuring alternative drink/s are offered at social events when it is decided hot drinks will not be provided. For example, juice, water, iced coffee.
- Ensuring that a staff member is present with a current First Aid qualification.

Social events

- This includes events during operational hours and outside operational hours. For example, mother’s day morning tea, grandparents day, working bee, family barbeque, and any other social event which is provided where children will be present at the service.
- If hot drinks are to be provided the following conditions will apply:
 - If using an urn it needs to be placed out of reach of all children.

- Children are not permitted in the kitchen area.
- A designated area is set aside for the consumption of hot drinks.
- Informing parents/guardians and other persons observed not complying with the guidelines of the guidelines and reasons for it.
- Ensuring a person is in attendance with a current first aid qualification.

Related documents

Safety Centre

Royal Children's Hospital

Flemington Road

Parkville VIC 3052

Royal Children's Safety centre

Website: www.rch.org.au/safetycentre

Email: safetycentre@rch.org.au

Telephone: 03 9345 5085