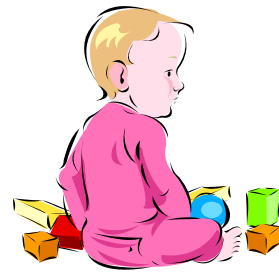


CANTERBURY
DISTRICT HEALTH
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EARLY
CHILDHOOD
CENTRE
INFORMATION

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Acknowledgements

The vision for this document came from Debbie Fortuin with special thanks to all those who contributed to the updated content of this document – Health Protection Team and Communities Team, Community and Public Health, and the Early Childhood Team (Ministry of Education, CHCH).

Aspects of this document relate to the Education (Early Childhood Services) Regulations 2008. For specific wording of these regulations and related criteria please refer to these available at www.lead.ece.govt.nz

Regulations have been identified throughout this document with other comments in the document being guidelines for good practice. R(E) is a Ministry of Education regulation and R (H) is a Health Regulation.

If you would like more information regarding a particular topic, or have any further questions then please contact your nearest Community and Public Health Office:

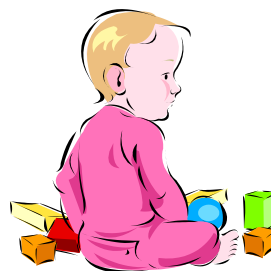
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Early Childhood Centre Assessment Information



Introduction

This resource has been developed specifically for those who are planning to set up a new centre. It covers health requirements relating to design, physical environments and health policies that will be necessary to consider right from the start of the planning stages of a new centre.

Community and Public Health has the mandate to perform Early Childhood Service, Health and Safety Assessments for the Ministry of Education as per Regulation 55 of the Education (Early Childhood Services) Regulations 2008.

This resource provides the necessary information to ensure that a centre will meet the health component of the licensing requirement.

The resource has been divided into four sections, namely design considerations, physical environment, policy guidelines and checklists.

Each subsection is set out in a format consisting of a rationale, resource reference and applicability to the centre type as well as the appropriate guideline/regulation/criteria information. It also contains references to the *Education (Early Childhood Services) Regulations 2008*, *Licensing Criteria for Early Childhood Education and Care Centres 2008*, and *Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008*. Please refer to these documents for exact wording.

The resource is also useful for those centres undergoing routine monitoring checks by Community and Public Health. A self-audit tool is enclosed which can be used by centre management and staff to identify health and safety issues. Refer Appendix 1.

What can be expected from Community and Public Health:

- A health and safety assessment of the Centre that addresses aspects as outlined in this document.
- Community and Public Health aims to make assessments within 20 working days of receiving a request.
- The health and safety report is available within 5 working days following the assessment. The report is also sent to the Ministry of Education as part of its requirement for consideration of the Centres licence.
- The health and safety assessment is a 'user pays' service. The Centre will be sent an invoice upon completion of the report.

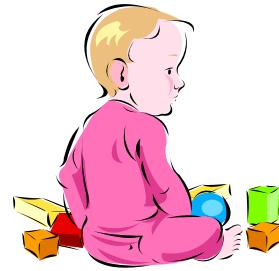
What is expected from the Centre:

- Please refer to this document and ensure that you meet requirements prior to the assessment.
- At the time of the assessment it is expected that:
 - building work will be complete
 - all items as per appendix 1 need to be able to be assessed
 - health and safety policies/ procedures must be available for review.

If the Centre is not ready, we will not be able to complete the health and safety assessment and will charge for two visits.

If you have any questions concerning the document, please contact Community and Public Health and ask to speak to the Early Childhood Centre Health Protection Officer.

Location of Premises



Children under 5 years old are at significantly increased risk from environmental hazards.

Territorial authorities (district and city councils/ unitary authorities) are the appropriate agencies for making assessments of external hazards when granting land use consents under the Resource Management Act (RMA) 1991 or Building consents under the Building Act 2004. For further information refer to the Ministry of Education's website <https://www.education.govt.nz/>.

Planning restrictions on locating childcare centres in residential environments are unfortunately encouraging centres to consider in some cases inappropriate alternative locations. Community and Public Health recommend that centres are not located in the following environments unless appropriate mitigation can be undertaken:

- Within 150 metres of a motorway, freight route or other strategic route or within 60 metres of a vehicle route of over 7,000 vehicles per day, areas with poor air dispersion within 5 metres of a busy intersection or congested area, adjacent to major roads, railways and industrial areas.
- On land that has been contaminated by past land-use (including industry and horticulture).
- In locations where air quality fails to meet *Ambient Air Quality Guidelines* (e.g. many central city locations).
- In locations where, environmental noise exceeds *WHO Environmental Noise Guidelines* (e.g. many central city locations).
- Within 100 metres of a petrol station.
- Beside enclosed carpark buildings.
- Within 300 metres of business zones.

As Early Childhood Education Centres are licensed in perpetuity and may never receive more than one health assessment it is important to consider possible future land-uses of adjacent sites. For example if a centre is located in an industrial zone, even if at the time of licensing there are no neighbouring industries of concern, in future noisy, polluting or hazardous industries may be able to occupy space near the centre as of right.

Where the location of the centre raises concerns, risks from health hazards need to be addressed in the design, construction and management of the centre. We would request a copy of your plan for monitoring and managing risks to children associated with these environmental hazards.

In the following pages the symbols have the following meaning:

- G – Good practice (not regulatory).
- R – A regulatory requirement of the Ministry of Education (E) under licensing criteria or a regulatory requirement under Health Legislation (H).

Reference Document:

Air Quality and early childhood education centres: An assessment process and background paper. May 2009. Jamie Hosking, Public Health Medicine Specialist on behalf of the Interagency Air Quality Advisory Panel

Centre Design Considerations



Rationale: Good design can facilitate the smooth functioning of a centre. It can minimise risk and maximise space and functionality.

Application: All Centres.

Guidelines (G) / Regulations(R)	
Give consideration to flow, space and functionality for each defined area.	G
Think about lines of sight to maximise supervision at all times.	R(E)
Consider minimum health requirements as per those outlined in this resource. Remember curves are always better than sharp edges or corners.	G
Consider the height of furniture and equipment, and built features in relation to the height of children.	G
Below are some specific tips you might want to consider when designing your floor plan:	
<ul style="list-style-type: none"> For a centre catering for children under two, position the sleep room as close as possible to the room where nappies are being changed – to prevent injury to adults who may trip and fall over something if carrying a child through the play area. 	G
<ul style="list-style-type: none"> Where a centre caters for children both under and over two it is preferable that separate toilet areas are provided for each age group. Where this is not possible, then it is essential that both age groups can easily access the toilet facilities. 	G
<ul style="list-style-type: none"> The kitchen should be so designed that it is easily accessible from both under and over-two areas. Where this is not the case a kitchenette in the children's under two area is recommended. 	G
<ul style="list-style-type: none"> Supervisory consideration should be given to the positioning of the bench top and sink, as it is useful to be able to continue to view the children while working in the kitchen. 	G
<ul style="list-style-type: none"> The staff toilet should be positioned in close proximity to the staffroom. 	G
<ul style="list-style-type: none"> The hooks for bags should be positioned close to the entrance way to prevent parents from having to venture too far into the play areas during drop off and pick up times. 	G
<ul style="list-style-type: none"> Toilets should not open directly into the kitchen area. 	R(H)
<ul style="list-style-type: none"> Direct flow from the indoors to the outdoors should be catered for, for each age group. Each age group should have a separate access to the outside play area. 	G

<ul style="list-style-type: none">• Children should be visible from a supervisory point of view at all times within all areas of the centre. There should be no opportunity for children to be in places where they cannot be seen. L-shaped play areas are not recommended as not all the children can be seen from one vantage point all the time.	G
--	---

Reference Documents:

- *The New Centres Pack, Regional Public Health, Hutt Valley DHB;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Additional information compiled by Marilyn Hawkins, Ministry of Education, Christchurch, March 2008.*

Physical Environment



Rationale: The physical environment of the centre impacts directly on the health and safety of children and staff.

Application: All Centres.

Regulations: Regulation 45 (1) and 51 (1) “requires that every licensed service provider to whom this regulation applies - to use premises and facilities that...and sufficient and suitable heating, lighting, noise control, ventilation and equipment....”

Licensing Criteria: PF3-14 Licensing Criteria for Early Childhood Education and Care Centres 2008 and Kōhanga Reo affiliated to Te Kōhanga Reo National Trust Board 2008 detail general physical environmental requirements.

The Building Codes listed below reference to the New Zealand Building Code Handbook and Approved Documents made under the Building Act 2004. This is administered by the Territorial Local Authority Building Inspectors.

Guidelines (G) / Regulations(R)	
Lighting (Building Codes G7.2 and 7.3.1), Australian/New Zealand Standard 1680:2006, Licensing Criteria PF12	
Lighting (natural or artificial) should be appropriate to the activities offered or purpose of each room.	R(E)
Natural light shall provide an illuminance of no less than 30 lux at floor level for 75% of the standard year.	R(H)
Artificial lighting should provide 240 lux, 0.75 metres from the ground.	R(H)
Ventilation (Building Code G4.2), Licensing Criteria PF12	
There needs to be adequate ventilation in every room in the centre that is used by children.	R(E)
See documentation on ventilation at the end of this section.	G

Recommendation of three air changes per hour as a minimum.	G
Heating (Building Code G5.3.1), Licensing Criteria PF12, HS24	
Adequate heating needs to be provided within the centre so that rooms used by children are kept at a comfortable temperature no lower than 16°C is achieved at 500mm above floor level, while children are attending.	R(E)
All heating devices must be incapable of burning children, or inaccessible to them.	R(H)
Heaters with fuel reservoirs (kerosene and gas bottles) or electric bar heaters are not acceptable.	R(H)
Acoustics (Building Code G6, Licensing Criteria HS15, PF12, AS/NZ 2017: Acoustics – Recommended design sound levels and reverberation times for building interiors.)	
Consideration needs to be given to external noise when choosing a site for a centre. External noise could impact on both internal (playrooms) and external (playgrounds) centre activities. A noisy external environment may impact significantly on the acoustical design of the centre in the management of that noise, notwithstanding the additional financial implications. The following table sets out some recommended values for unoccupied areas according to neighbourhood noise. Expert advice can be obtained from independent acoustic engineers.	G

Recommended Values for unoccupied ECE activity areas according to neighbourhood noise

		Quiet Road	Minor Road	Major Road	Reverberation time (R)
Specific Environment	Critical health effect(s)	LAeq (dB)	LAeq dB	LAeq dB	Seconds
General Activity Areas	Speech intelligibility, disturbance of information extraction, message communication	35-45	35-45	35-45	0.4-0.5
Sleep rooms	Sleep disturbance	25-30	30-35	30-40	0.4-0.5
Outdoor Play areas,	Annoyance (external source)	45	50	55	N/A

LAeq (dB) = Level for 'A-frequency weighted' sound averaged over a time period.
 Reverberation time = Time taken for the echo of a sound to fade.

The reverberation time (or echo) gives an indication of how much of a problem internally generated noise may pose.

Reverberation time should be much less than 0.6 seconds for hearing impaired children. Note that hearing impairment may not be diagnosed until children are older, so it would be prudent to minimise reverberation where possible.

Consideration needs to be given to the positioning of sleep and/or rest areas in proximity to activity rooms. The designated space should be located and designed to minimise fluctuations in temperature, noise and lighting levels, allow adequate supervision and accommodate furniture as required.	R(E)
Large reflective surfaces can significantly increase noise levels to intolerable levels.	G
The building needs to be designed in such a way to minimise reverberation and absorb sound.	G
Adequate floor coverings such as carpets/carpet mats and wall linings such as autex can help reduce noise-induced stress. Acoustic ceiling tiles will also help with noise reduction.	G
Water Temperature (Licensing Criteria HS13,HS14, PF10 PF24)	
The temperature of hot water cylinders needs to be set at not less than 60°C to prevent the growth of Legionella bacteria.	R(E)
All hot water taps that children have access to must not be greater than 40°C. A tempering valve will need to be fitted to ensure these temperatures are achieved.	R(E)
The temperature of the hot water feeding the cleaner’s sink should be at least 55°C.	G
A higher maximum temperature of 45°C for early childhood centres is contained in the Building Code however this is only a guideline. The lower temperature of 40°C in PF24 is an effective means of ensuring that water accessible by children is delivered at a temperature that removes the risk of hot water scalding.	
Fencing (Licensing Criteria PF13)	
All licensed centres are to be enclosed by structures and/ or fences and gates designed to ensure that children are not able to leave the premises without the knowledge of an adult.	R(E)
Windows (Licensing Criteria PF7)	
Windows accessible to children need to be fitted with safety glass, adhesive film or barriers.	R(E)
Any windows low enough for children to climb through need to be fitted with safety stays.	G
Sandpits	
Sandpits are to be fitted with a covering that will prevent animals from gaining access.	G
Sandpits need to be raked and checked daily prior to being used.	G
Fall Prevention	
In general, any equipment, surfaces or other areas (such as decks, embankments etc.) where children could fall from a height greater than 600 mm, need to be made safe by: <ul style="list-style-type: none"> • Modification to reduce the height children could fall from; • Childproof fencing to prevent falls occurring; or • Modification of the surface children would land on if they fell or jumped to provide a “safe 	R(E)

fall”.	
Refer to https://www.standards.co.nz/ (Supervised Early Childhood Facility – Playground Equipment and Surfacing Handbook. NZS 5828.2:2006).	
Lead Paint	
Any buildings built prior to the mid-1960’s could have been painted in the past with lead-based paint. Community and Public Health can provide a free lead test of paint samples provided to the local office. When repainting any surfaces that have been painted with lead-based paint you need to follow the Guidelines for the Management of Lead-based Paint (available from Community and Public Health). Wooden surfaces that may have been painted with lead-based paint needs to be repainted before they deteriorate and begin to flake. Refer to https://www.standards.co.nz/ (Supervised Early Childhood Facility – Playground Equipment and Surfacing Handbook. NZS 5828.2:2006).	G
Soil in the area 1 to 1.5m from the exterior walls of old buildings may have been contaminated in the past by lead paint flakes or contaminated dust. This soil needs to be removed and replaced with suitable soil or made inaccessible or unattractive to children (e.g. cover with decking or use the area to plant flowers, rather than a sandpit).	G
Asbestos	
Older buildings may have asbestos ceilings and floors. Where these are in a state of disrepair, occupants may be at risk of exposure to asbestos fibres. There are strict protocols and procedures for the safe removal of asbestos and therefore asbestos removal needs to be undertaken by expert contractors. For more information contact Community and Public Health.	G
Sinks (Licensing Criteria PF10, HS13, PF19, PF26, Food Hygiene Regulations 1974 reg 35)	
Centres need a range of sinks for different uses.	
An art sink: This can be set at child or adult height. If at child height or where children could access the hot water temperature may not be greater than 40°C. If an art sink is not provided, then a documented procedure is required as to where the art equipment is cleaned and the method used to clean art equipment.	R(E)
A cleaner’s sink: This sink needs to be inaccessible to children and the hot water temperature feeding this sink needs to measure at least 55°C. All other cleaning equipment – mops, buckets, brooms should be stored so that they are inaccessible to children in a well-ventilated area. Mops should be cleaned at the end of each day and have boiling water poured over them – they must not be left in water or disinfectant overnight as this re-contaminates them.	G
A kitchen sink: The hot water temperature of this sink needs to measure no less than 43°C, if hand washing dishes (in addition the dishes need to be rinsed and sanitised in clean water that is at least 77°C for two minutes). A separate wash basin is required in the kitchen for those Centres preparing meals on site.	R(H)
Wash hand basins: Situated in the toilet area must be easily accessible to children and the hot water must not measure more than 40°C. The ratio of wash basins is 1:15 persons or part thereof.	R(E)
Shower or shub: For washing down soiled children, which can double up as the facility where adults wash hands following nappy changing. A clear procedure outlining how to ensure hygiene and infection control outcomes will be met when washing sick and soiled children, is required.	R(E)
Medicines and Chemicals (Licensing Criteria HS28, Hazardous Substances Regulations 2001)	

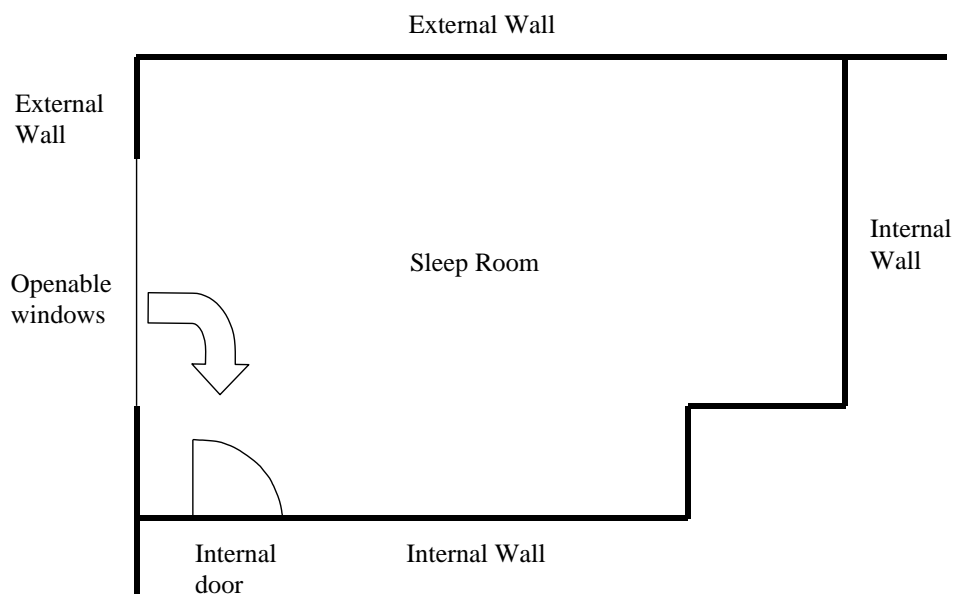
Refer to Licensing Criteria HS28 for Early Childhood Education and Care Centres 2008 and Kōhanga Reo affiliated to Te Kōhanga Reo National Trust Board 2008, for distribution of medicines.	
All chemicals and medicines need to be stored at a height that is inaccessible to children even if stored in rooms not ordinarily used by, or accessible to children.	G
Chemicals must never be stored in food containers.	R(H)
All poisonous, flammable or otherwise hazardous substances used on the site, including cleaning products should comply with the Hazardous Substances and New Organisms Act 1996 and Regulations. The Hazardous Substances (Packaging) Regulations 2001 and the Hazardous Substances (Identification) Regulations 2001 are particularly relevant. The Department of Labour should be able to provide information to assist in achieving compliance.	R(H)
Laundering Facilities (Building Code G2.2, Licensing Criteria HS2)	
Centres should be equipped with a suitable washing machine on the premises or have access to one off site. The washing machine needs to be in an area which is inaccessible to children if on-site.	R(E)
The washing machine should not be situated in the kitchen.	R(H)
A procedure for the hygienic laundering (off-site or on-site) of linen used by the children or adults is required. Refer Appendix 2 for details.	R(E)
The laundry area should have sufficient space to allow for sorting of laundry.	G
Any clothesline or clothes rack needs to be inaccessible to children. Any clothes dryer should be externally ventilated.	G
All washing needs to be done in hot water (minimum of 60°C) with an adequate amount of laundry detergent.	R(H)
Soiled items that are pre-soaked in a strong peroxide-bleach solution (e.g. Napisan) must not be accessible to children.	G

Reference Documents:

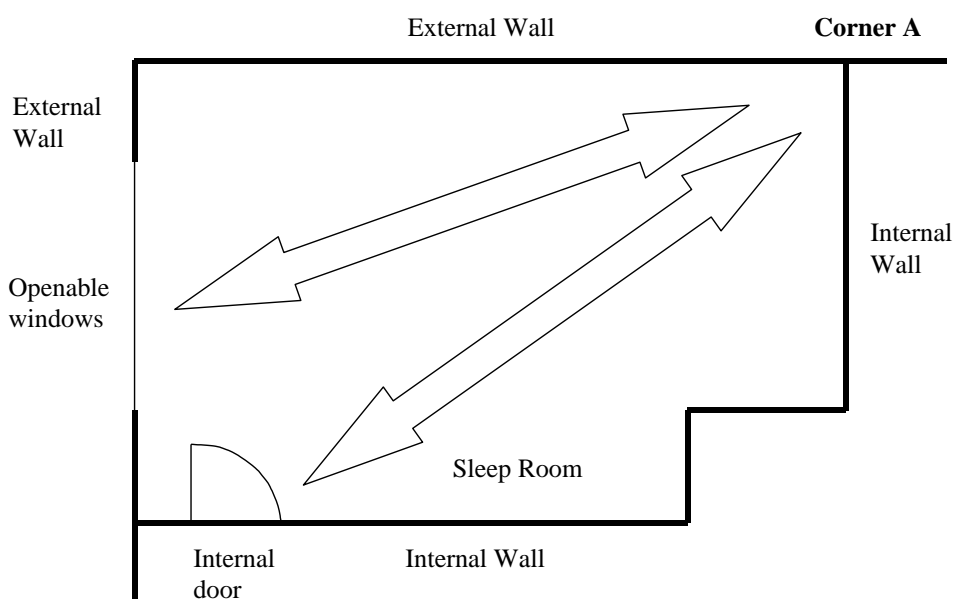
- *New Zealand Building Code;*
- *Environmental Health Protection Manual, Ministry of Health, November 2017;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Ministry of Health;*
- *Health and Safety Guidelines for Early Childhood Centres, Auckland Regional Public Health Service, June 2008;*
- *Early Childhood Development website.*
- *Julianne Toop – Canterbury DHB Infection Control Nurse, August 2008.*

VENTILATION – DESIGN ISSUES	
Spaces within buildings need to be ventilated with outdoor air that will provide an adequate number of air changes per hour. The objective of the Building Code provisions on ventilation is to supply fresh air for breathing, clear away pollutants and odours to improve air quality, help remove excessive moisture in the air and 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. A recommended figure for centres is a minimum of three air changes per hour. Good ventilation is particularly important for sleep rooms and rooms where unwell children are looked after temporarily.	G
Ventilation will generally occur by natural means if adequate external (unrestricted window openings minimum of 5% of the floor area) and internal openings (door openings, ventilation grills, etc.) are provided to maintain through or cross ventilation. That is opening(s) where fresh air can enter from outside the building, opposite opening(s) where air can exit the room. See below for an example of cross ventilation of a sleep room.	G
Where the internal door opening is closed during periods of use (to provide undisturbed rest), to prevent the natural ventilation breaking down, a suitable ventilation opening can be installed opposite the external wall containing the window opening, as follows:	G
<ul style="list-style-type: none"> • A ventilation grill approx. 450mm x 450mm (or other opening of equivalent area) installed in the upper section of the internal door, or 	G
<ul style="list-style-type: none"> • A ventilation grill approx. 450mm x 450mm (or other opening of equivalent area) installed in the upper section of an internal wall (at least 1.5m above the floor) of the room, or 	G
<ul style="list-style-type: none"> • An open louvre fanlight approx. 300 mm deep installed above the full width of the internal door. 	G
<ul style="list-style-type: none"> • If the room is larger than 15m² (floor area), then larger openings may be required. 	G
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:	G
<ul style="list-style-type: none"> • A suitable (quiet running) supply fan in an external wall of the room opposite the internal door, and 	G
<ul style="list-style-type: none"> • A ventilation opening (e.g. grill) approx. 450mm x 450mm fitted in the upper section of the door or wall opposite the supply fan to allow warm, used air to escape. 	G

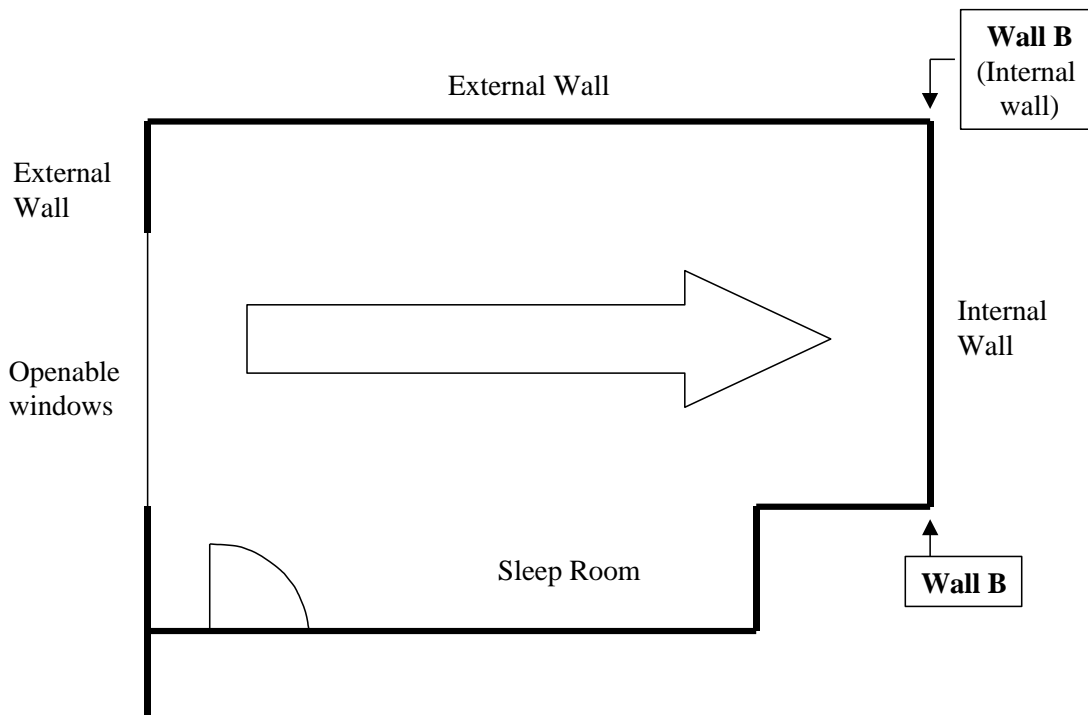
Example of Cross Ventilation of a Sleep Room	
<p>In the following example, the opening windows have an area equivalent to 5% of the floor area, so the building meets the Building Code requirements for natural ventilation. However, the internal door is located too close to the windows to provide for adequate cross-ventilation. Even when the windows and internal door are open, not all the room is adequately ventilated. (Airflow is shown by an arrow).</p> <p>This means occupants of the room will be breathing stale air and airborne diseases will spread easily.</p>	G



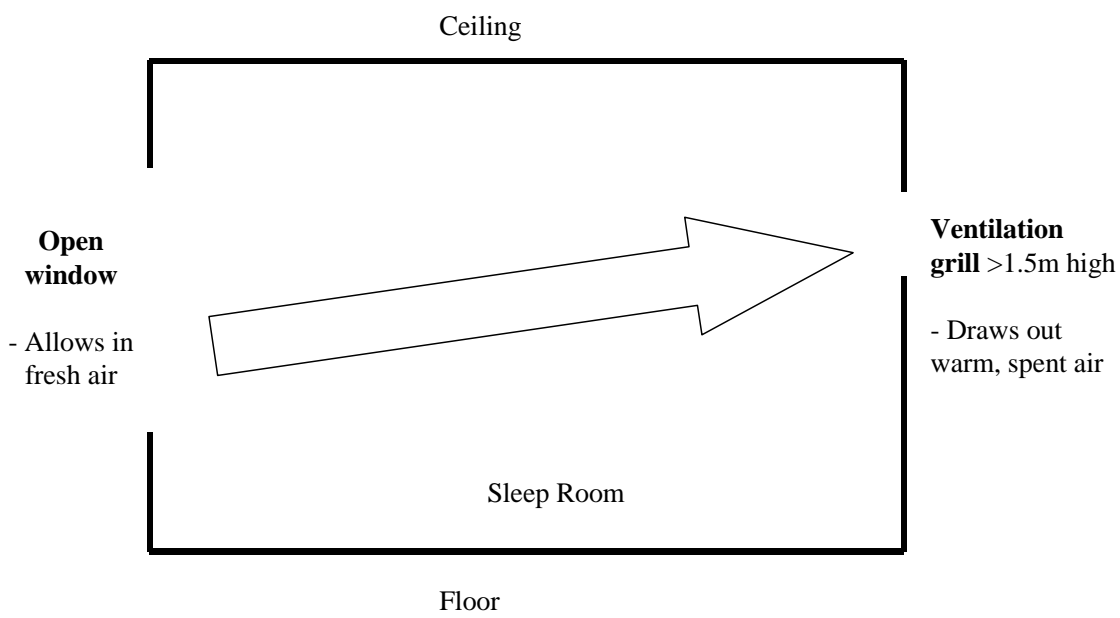
For cross ventilation to occur, there are two options	
1. A window (or opening) with area equivalent to at least 2% of the floor area could be located in the corner opposite the windows and internal door (shown as Corner A in the diagram). This would allow the air to flow across the room in both directions.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



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.	G
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<p>This ventilation grill needs to be at least 1.5m high and needs to be approx. 450mm x 450mm (provided the floor area is no more than 15m²). 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.</p>	G
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Reference Document:
Designing Quality Learning Spaces: Ventilation and Indoor Air Quality, BRANZ LTD for the Ministry of Education, 2007.

Rural Early Childhood Centres



Rationale: Drinking water supplies can become contaminated with disease-causing organisms that pose a serious risk to the health of children and caregivers.

Individual water and sewage supply for rural households may not have sufficient capacity to service increased numbers of people on the premises. Overloading these services may compromise good sanitation and hygiene.

Poor refuse storage and disposal attracts vermin and increases the risk of disease transmission.

Application: All centres that are on individual or rural water and sewage supplies.

Regulations: Refer Regulations 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: HS21 of the Licensing Criteria for Early Childhood Education and Care Centres 2008 and Kōhanga Reo affiliated to Te Kōhanga Reo National Trust Board 2008, states that “*An ample supply of water that is fit to drink is available to children at all times*”.

Guidelines(G) / Regulations(R)	
Water Supplies: Drinking Water Standards for New Zealand 2005 – revised 2008, Building Code G12, Licensing Criteria HS21.	R(H)
Most rural early childhood centres will either be supplied water by a rural water supply scheme or have their own individual drinking water supply.	
If the centre is supplied water by a <i>reticulated water supply scheme</i> :	
<ul style="list-style-type: none"> Check the Ministry of Health’s publication ‘<i>Annual Review of Drinking Water Quality in New Zealand</i>’, which can be found on their website www.health.govt.nz. The appendix lists all registered community water supplies and explains whether the water supply complies with the Drinking Water Standards for New Zealand. If the reticulated water supply scheme serving your centre does not comply with the Drinking Water Standards, you may need to consider installing your own treatment system to ensure the water is safe to drink. 	
<ul style="list-style-type: none"> Managing a drinking water supply to ensure consistently safe, potable water can be a complicated process depending on the nature of the water source and type of water treatment systems that may be in place. 	

<ul style="list-style-type: none"> Community and Public Health promote the use of Water Safety Plans for all centres that have their own individual drinking water supplies. A Water Safety Plan is a written document that describes the individual supply, lists likely risks to drinking water safety and describes how these risks will be managed. Writing and then implementing a Water Safety Plan is the most dependable way of ensuring that your drinking water supply is well managed and can consistently produce safe, potable water. 	G
<ul style="list-style-type: none"> For assistance with writing a Water Supply Plan please contact a Drinking Water Assessor or Technical Assistance Programme Facilitator at Community and Public Health on 03 3641777. Further information on specific actions to improve the safety of individual drinking water supplies can be found on www.cph.co.nz 	
<h2>On-Site Sewage (Resource Management Act 1991 S.15 and S.17 and Building Act 2004 (G 13))</h2>	
On-site sewage systems must be of a capacity to cope with the loadings for the number of children and staff the centre will be licensed for.	G
Disposal fields must be inaccessible to children and of a sufficient distance from the children's play area so as not to create a health hazard.	G
Disposal fields must be functioning effectively with no surface ponding or breakout.	G
An on-site sewage system is to have a written management plan for the maintenance and upkeep of that specific system.	G
Failure of on-site sewage systems immediately creates a nuisance and a potential health hazard for children attending the centre. It is recommended that a contingency plan to outline the actions and measures the centre would take in the event of an on-site sewage system failure needs to be developed.	G
<h3>Refuse Storage and Disposal (Licensing Criteria PF16)</h3>	
All bins must have close-fitting lids to prevent access by children, insects and vermin.	R(H)
External bins are to be emptied and cleaned at least weekly to minimise odours.	G
All bins are to be positioned so that children, vermin and scavenging animals are unable to gain access to them.	G
Refuse needs to be disposed of in a safe and sanitary manner.	G

Reference Documents:

- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Drinking Water Standards for New Zealand 2005 (revised 2008);*
- *Environmental Health Protection Manual, Ministry of Health, November 2017.*

Kitchen Facilities



Rationale: Good kitchen facilities are important in facilitating the safe storage, preparation and cooking of food.

Application: All centres unless producing fully catered meals.

Regulations: Regulation 45 and 51 of the Education (Early Childhood Services) Regulations 2008 require “*every licensed service provider to whom this regulation applies - to use premises and facilities that, having regard to the number and age range of the children attending the premises, provide...Facilities for food preparation....*” Food Hygiene Regulations 1974, R9, R11-19 [excluding 19(3) and 19(4)].

Licensing Criteria: The Licensing Criteria for Early Childhood Education and Care Centres 2008 and Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008, PF 16, 17 and HS20 apply.

Guidelines(G) / Regulations(R)	
Centres providing fully catered meals please also refer to the section entitled Food Safety.	
The kitchen is to be used for the sole purpose of food storage, preparation, serving and cooking only. It should not be used as an office or for any other purpose.	
All early childhood centres that are NOT REQUIRED to register under the National Programme Level 2 are still required to comply with the Food Hygiene Regulations 1974 [Regulations 9, 11-19 excluding 19(3) and 19(4)] covering:	R(H)
<ul style="list-style-type: none"> • General cleanliness of premises • Duties of occupiers • Maintenance of wash hand basins (for kitchen use) • Vermin control • Refrigeration and food storage • Conditions of appliances, packages and receptacles • Cleaning of places and equipment • Food protection • Protective clothing • Behaviour of workers 	R(H)
Centres should have:	
<ul style="list-style-type: none"> • A means of keeping perishable food at 4°C or less. 	R(H)
<ul style="list-style-type: none"> • A means of cooking/heating food i.e. microwave or stove. 	R(H)

<ul style="list-style-type: none"> • A means of hygienically washing dishes. For centres where cups, plates are reused then the dishwasher needs to meet the following criteria: 	R(H)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Wash temperature of greater than 60°C. 	R(H)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Rinse cycle water temperature of at least 77°C for 10 seconds. 	R(H)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Dishwashers that reach these temperatures include the Asko Professional D5904SS and D5904 Pro, LG dishwashers LD1482T4 and LD1485T4, and the AEG Hygiene Plus. 	
<ul style="list-style-type: none"> • A kitchen sink with hot water temperature greater than 43°C. 	R(H)
<ul style="list-style-type: none"> • Smooth, impervious walls, floors, ceilings and workbenches. 	R(H)
<ul style="list-style-type: none"> • Coved floors. 	R(H)
<ul style="list-style-type: none"> • Kitchen and cooking facilities or appliances are designed, located or fitted with safety devices to ensure that children cannot access them without adult assistance or supervision. 	R(E)
<p>Where a full-day centre caters for children under two and that area does not have direct access to the kitchen, a separate kitchenette is recommended. The kitchenette should include:</p> <ul style="list-style-type: none"> • A kitchen sink with bench unit. • A fridge – a small bar fridge would be adequate. • A microwave. • A smooth impervious flooring that extends at least 1 metre from the kitchen bench unit. 	G
<p>Where a dishwasher is not required (refer comment above) the centre would need to comply with the Food Hygiene Regulations 1974, and would need to wash dishes in the following manner:</p>	R(H)
<ul style="list-style-type: none"> • Have a detailed procedure outlining the dishwashing process. 	R(H)
<ul style="list-style-type: none"> • Use water that is at least 43°C for washing the dishes. 	R(H)
<ul style="list-style-type: none"> • Have adequate soap or detergent. 	R(H)
<ul style="list-style-type: none"> • Dishes must be sanitised after washing by either placing in clean boiling water for 30 seconds or in clean water that is at least 77°C for 2 minutes. 	R(H)
<ul style="list-style-type: none"> • Dishes must be separated from each other while they are being sanitised by means of a wire basket or other means. 	R(H)
<ul style="list-style-type: none"> • Dishes must be removed and immediately left to air dry. 	R(H)

Reference Documents:

- *Food Regulations 1974;*
- *Food Act 1981;*
- *Ngā Kupu Oranga, Ministry of Health, 1997;*
- *Environmental Health Protection Manual, Ministry of Health, version 6, November 2017;*
- *Education (Early Childhood Service) Regulations 2008;*
- *Ministry of Education Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008.*

Food Safety



Rationale: In the private home where food is prepared for a limited number of people the consequences of food contamination are limited. Centres providing cooked meals for children place those children at risk of developing food poisoning illness if good food safety and hygiene is not practised. Since, children are at higher risk of contracting illness, food safety is pivotal to the prevention of food poisoning illness. Good nutrition is essential for good health and to enable learning by the children.

Application: All centres that provide catered meals.

Regulations: Regulation 45 and 51 “requires that every licensed service provider to whom this Regulation applies – to use premises and facilities that...provide facilities for food preparation...”

Licensing Criteria: PF16, 17 and HS20 Licensing Criteria for Kōhanga Reo and Early Childhood Education and Care Centres set out facility requirements for the hygienic preparation, storage and/or serving of food and drink.

Guidelines(G) / Regulations(R)

Under the Food Act 2014 and Food Regulations 2015, all early learning services must ensure the food they provide children as part of their service is safe and suitable. The new regulations come into force from 1 March 2016 for all new ECE centres. Existing centres must meet the requirements by 30 June 2017.

For ECE centres, only education and care centres and kōhanga reo that charge for and provide meals to children are affected. These centres must operate under the criteria for National Programme – Level 2. Requirements for these centres include:

- Two yearly registration with the local territorial authority;
- An initial visit from the territorial authority to ensure requirements are being met;
- Follow-up visits depending on performance (from 6 months to 3 years); and
- Additional process and documentation requirements.

Further information on changes for ECE centres relating to the Food Act can be found here <https://www.educationn.govt.nz/early-childhood/running-an-ece-service/food-safety-for-ece-services-food-act-requirements/>.

It is also recommended that any staff member of an ECE centre who prepares food complete an accredited basic food hygiene or food safety course, such as NZQA Unit standard 167.

R(H)

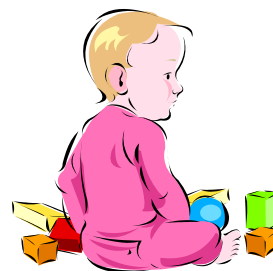
<p>Those centres that;</p> <ul style="list-style-type: none"> • Have minimal food handling, e.g. spreads on crackers, cut fruit, pre-packaged snacks such as store-bought pikelets or muffins; and • Centres that require the children to provide their own food <p>Are exempt from the requirement to register under the National Programme.</p> <p>Centres that are providing food that meet the requirements of National Programme 2 should refer to the following websites for further information:</p> <p>https://www.mpi.govt.nz/food-safety/food-act-2014/national-programmes</p> <p>https://www.mpi.govt.nz/food-safety/food-act-2014/resources</p>	
<p>In order to meet the requirements of National Programme Level 2, ECE centres that provide food are required to have <i>good operating practices relating to cleaning, maintenance, waste management and pest control</i>. This includes having procedures in place for cleaning and sanitising facilities, equipment, and the place of food preparation that are sufficient to enable food to be safe and suitable. The operator must ensure that facilities, equipment, and the place of food preparation are cleaned and sanitised in accordance with the procedures.</p>	R(H)
<p>Key points in relation to food safety include:</p>	R(H)
<ul style="list-style-type: none"> • procedures are in place to ensure staff, volunteers, parents and children thoroughly wash their hands before and during the preparation of food. 	R(H)
<ul style="list-style-type: none"> • procedures are in place to ensure that staff, volunteers, parents and children who are suffering from illness which may be communicable do not become involved in food handling. 	R(H)
<ul style="list-style-type: none"> • frozen food is thawed under refrigeration or using microwave ovens. 	R(H)
<ul style="list-style-type: none"> • raw food is stored such that it cannot contaminate cooked food or food that will not receive further cooking. 	R(H)
<ul style="list-style-type: none"> • 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. 	
<ul style="list-style-type: none"> • Readily perishable food is not stored for more than the cumulative two hours in the danger-zone (between 4°C and 60°C). 	
<ul style="list-style-type: none"> • Readily perishable food is cooled from 60°C to 21°C in two hours and from 21°C to 4°C in four hours. 	
<ul style="list-style-type: none"> • Cooked food is not stored in the refrigerator for more than two days. 	
<ul style="list-style-type: none"> • Food is not re-heated more than once. 	
<ul style="list-style-type: none"> • Re-freezing of food is avoided i.e. do not freeze any food more than once. 	
<ul style="list-style-type: none"> • Cooked foods are stored above uncooked foods in the refrigerator. 	

• Food is stored in covered containers.	
• Readily perishable foods pre-prepared at home and intended for on-site consumption are stored in the refrigerator prior to consumption.	
• All fresh fruit is washed in potable water prior to eating or preparation.	
• Centres have an allergen management plan in place.	
• Centres have guidelines covering the handling and storage of expressed breast milk and powered formula.	
• It is recommended that any staff member of an ECE centre who prepares food completes an accredited basic food hygiene or food safety course.	
• Playdough should be treated as a food. Raw flour has been implicated in a salmonella outbreak (2009).	

Reference Documents:

- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008;*
- *The Food Hygiene Regulations 1974;*
- *Environmental Health Protection Manual section 9, Version 6, November 2017.*

Nutrition and Physical Activity



Rationale: The 2002 Children’s Nutrition Survey showed some alarming statistics with 21% of children between the ages of 5-14 being overweight and 31% obese. These statistics being even higher in children of Māori and Pacific Island decent. While the survey did not cover the under 5 age group the literature indicates that this is a critical age for instilling good habits in children and their families around nutrition and activity which can positively impact throughout their lives.

Application: All Centres and their communities.

Regulations: Refer Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: Under the Licensing Criteria for Early Childhood Education and Care Centres and Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008 (HS19). *“Food is served at appropriate times to meet the nutritional needs of each child while they are attending. Where food is provided by the service, it is of sufficient variety, quantity and quality to meet these needs. Where food is provided by parents, the service encourages and promotes healthy eating guidelines”.*

Guidelines(G) / Regulations(R)	
A record of all food served during the service’s hour of operation (other than that provided by parents for their own children) is required. This includes special food provided by parents for the children at the Centre to celebrate birthdays and the like. Records should show the type of food provided and they should be available for inspection for 3 months after the food is served.	R(E)
The Centre needs to have a nutritional policy that incorporates the key principles of good childhood nutrition. The nutrition policy should be designed in accordance with Ngā Kupu Oranga and current nutritional advice contained in the Ministry of Health, Food and Nutrition publications. Refer end of this section.	R(E)
<ul style="list-style-type: none"> A nutrition policy that outlines issues around food consumption at the centre. This should be a living document that is developed with consultation from the community and reviewed annually. 	R(E)
<ul style="list-style-type: none"> If lunchboxes are brought from home the centre should provide some practical guidelines that encourages and promotes healthy eating guidelines. 	R(E)
<ul style="list-style-type: none"> A physical activity policy that takes all reasonable steps to promote the good health and safety of the children. This too should be developed with community consultation and renewed on a regular basis. 	G

<p>With centres that provide meals it is recommended to have a cyclic menu that provides a wide variety of quality food. This should take cultural aspects and special needs of children into account. If the centre is providing full day childcare it is suggested that at least 2/3 of the nutritional requirements of children should be available on the menu. This would include:</p> <ul style="list-style-type: none"> • 2-3 servings of breads and cereals. • 2-3 servings of a variety of fruits and vegetables. • 1½ – 2 servings of milk and milk products. • ½ - 1 servings of meat or meat alternatives. 	G
<p>The centre should make a commitment to regular and relevant professional development around nutrition and physical activity for all staff. Professional development should be scientific or evidence based, encouraging accurate knowledge rather than “fringe” based.</p>	G
<p>Centres should provide opportunities for parents to be involved in healthy nutrition and physical activity sessions or themes taking place at the centre. These can be specifically aimed at parents or can be more holistic involvement of parents in centre activities. The criteria for parent inclusion should be to include as many parents as possible.</p>	G
<p>Nutrition and physical activity are used in curriculum-based activities at the centre to provide a holistic approach.</p>	G
<p>Special considerations for babies and toddlers</p>	
<p>Breast milk provides optimal nutrition for babies, particularly those under six month of age. 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).</p>	G
<p>Babies and toddlers should be offered fluids regularly and more frequently in hot weather as they can quickly become dehydrated.</p>	G
<p>Mothers should be encouraged to provide breast milk or call in and breastfeed their children in a suitable place which is designed for that use.</p>	G
<p>Breast milk should be stored in a sterile container with a lid in the fridge. Breast milk can be stored refrigerated for up to 48 hours. Frozen breast milk can be thawed in the fridge or alternatively put the container of milk in a bowl of warm water. Do not thaw or warm expressed milk in the microwave as this destroys the living cells in the milk. To warm expressed breast milk place the container into a bowl of hot water. Before feeding, thoroughly shake the bottle to ensure there are no hot spots and test the temperature of the milk by shaking a few drops onto the inside of your wrist. If the milk is comfortably warm to touch it will be at about the same temperature as fresh breast milk. Use warmed expressed milk within 2 hours. Never reheat expressed breast milk.</p>	G

Baby bottles and bisphenol A (BPA).

BPA is an industrial chemical used as the starting material to produce polycarbonate plastics and synthetic resins. In some circumstances chemicals in food packaging can migrate into the food product and vice versa. To date, available scientific data indicates that BPA does not cause cancer. Some studies in laboratory animals suggest that low levels of BPA may affect the reproductive system. Similar consequences in consumers at these low concentrations are considered unlikely because BPA is rapidly inactivated and then excreted in the urine. The European Food Safety Authority (EFSA) recently completed a review of the scientific literature for BPA and determined a maximum daily 'safe limit' for BPA. They concluded that the estimated total daily intake of BPA by a bottle-fed baby would be less than 10% of the 'safe level' for babies, when the bottles were cleaned using normal domestic conditions. The New Zealand Food Safety Authorities advice is that it does not believe that parents and caregivers who use polycarbonate baby bottles following manufacturers' instructions are placing infants at risk. However, if parents are concerned they could use glass bottles instead.

To register for the Healthy Heart Award contact:

The Heart Foundation

Canterbury Branch
242 Manchester St
PO Box 696
Christchurch 8140
Phone 03 366 2112
Fax 03 365 3758

South Canterbury Branch
38 Church St
PO Box 107
Timaru 7940
Phone 03 688 8089
Fax 03 688 8015

Or www.heartfoundation.org.nz

Other Resources available from Community Health Information Centre (03 364 1777). In South Canterbury please contact the WAVE Team at C&PH, Timaru (03 687 2600).

- Eating for Healthy Children aged 2-12. Ministry of Health, June 2012, Code HE1302.
- Guidelines for Healthy Children (Aged 2-12 years). A background paper Ministry of Health, June 2012.
- Eating for Healthy Babies and Toddlers, from birth to 2 years old. Ministry of Health, April 2013, code HE1521.
- Food & Nutrition guidelines for healthy infants & toddlers (from birth to 2 years). A background paper. Ministry of Health, May 2008, Code HE1521.
- Food and Nutrition Guidelines for Healthy Children and Young People (ages 2-18 years). A background paper. Ministry of Health. 16 February 2015.
- <http://www.nzfsa.govt.nz/consumers/low-immunity-child-pregnancy/safe-feeding-for-infants/>

Reference Documents:

- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *NZ Health Survey: Annual Update of Key results 2015/16 (Ministry of Health document);*
- *Food Hygiene Regulations 1974;*
- *Ngā Kupu Oranga (Ministry of Health);*
- www.nzfsa.govt.nz – *Baby bottles and bisphenol A, Safe feeding for infants.*

Nappy Change Areas



Rationale: Nappy changing is a toileting activity. Therefore its design needs to be aligned with that of the toilet facilities. The nappy changing area is one of the most likely sources of disease transmission and therefore strict hygiene controls must be encouraged.

Application: All centres.

Regulations: Regulations 45 and 51 of the Education (Early Childhood Services) Regulations 2008 requires “every licensed service provider to whom this regulation applies – to use premises and facilities that, having regard to the number and age range of the children attending the premises provide... facilities for toileting and washing...”

Licensing Criteria: PF 20, 21, 25, 26 and HS3 of the Licensing Criteria for Early Childhood Education and Care Services 2008 and Kōhanga Reo National Trust Board 2008; specify the requirements for nappy changing facilities. PF26 specifies the requirements for plumbing fixtures for washing sick and soiled children. For services licensed prior to the commencement of the Education (Early Childhood Services) Regulations 2008 that do not have plumbed in wash down facilities that comply, they must provide suitable alternative facilities and a procedure outlining how hygiene and infection control outcomes will be met when washing sick or soiled children.

Guidelines(G) / Regulations(R)	
Nappy changing should be carried out in a room used exclusively for this purpose or included in the toileting area as long as this is of adequate size.	R(H)
The nappy changing facilities are located in a designated area near to hand washing facilities and are adequately separated from areas used for play or food preparation to prevent the spread of infection.	R(E)
Nappy changing should not occur on the floor for hygiene and safety reasons.	G
The nappy change table must be finished with a surface that is smooth, impervious and easily cleaned. The change pad must have a cover that is easy to clean.	R(H)

The change table must be of rigid and stable construction that can be kept hygienically clean. The design, construction and location of the facilities ensure that: <ul style="list-style-type: none"> • They are safe and appropriate for the age or weight and number of children needing to use them. • Children's independence can be fostered as appropriate. • Children's dignity and right to privacy is respected. • Some visibility from another area of the service is possible. • Occupational safety and health of staff is maximised. 	R(E)
When Centres are likely to have many children requiring nappy changing it is a good idea to have more than one change table (a ratio of 1:10 is recommended for full day centres). It is a good idea to have two mats per table so that the disinfectant used between changes has sufficient contact time to work.	G
It is useful that change areas include a toilet and wash hand basin for the children. In this instance the toilet can be included in the number requirements of the Education (Early Childhood Services) Regulations 2008.	G
Think about the accessibility of the change area to the play areas and sleep areas and ease of supervision when positioning the change areas. It is good to have it located in an area that facilitates interaction.	G
It is good to have separate nappy change areas for children under and over two especially when there is many children under two.	G
A separate wash hand basin is required for staff to wash their hands after changing nappies. This could also double as the child wash down facility. Refer to section on body wash facilities.	R(H)
The flooring in the change area must be smooth, impervious and easily cleaned (for example vinyl) and coved to 75mm up the wall.	G
There must be adequate lighting, either natural or artificial in the nappy change area.	R(H)
The area needs to be well ventilated either with openable windows or an extraction fan to the outside.	R(H)
The nappy change area needs to be visible from another area of the Centre.	R(E)
Potties	
The cleaning of potties is to be carried out in the toilet or nappy change area. Ensure that enough space has been allocated for areas where children use potties.	G
Unless a centre has a designated sink for cleaning nappies it is recommended that the contents are tipped down the toilet, the potty is rinsed under the flush of the toilet, wiped with a paper towel (wear gloves if the potty is soiled) sprayed with disinfectant and leave to dry.	G
Nappy Changing	
After each change the pad should be wiped down with hot soapy water or an alcohol impregnated tissue. It is preferable to dispose of these tissues after each wipe down, they should not be reused. Where the change pad has been soiled, it needs to be washed down as above, and then disinfected with a 0.5% chlorine solution and left to stand for at least two minutes to dry.	R(H)
A barrier of two paper towels should be placed on the change pad before changing.	R(H)

Hands should be washed both before and after changing the nappy.	G
The child's hands should also be washed.	G
Nappy liners are recommended for easy disposal of solids in the toilet. Note: some wipes and nappy liners cannot be flushed down the toilet.	G
Dirty nappies should be placed in a lidded bin immediately.	G
It is preferable that rinsing and laundering of nappies or liners is not done at the Centre.	G
Disposable gloves are preferred for changing dirty nappies. Remember to wash your hands after wearing gloves. Gloves only provide a protective barrier against contamination of hands. Gloves will contaminate other objects if they are used inappropriately.	G
Gloves are definitely recommended if there are blood spills or the carer has a cut or wound on their hands.	R(H)
If gloves are worn they should be disposed of immediately and never washed or reused.	R(H)
At the end of a session of nappy changing the change pad, changing area, taps, toilets and potties should be wiped or sprayed with a disinfectant (such as a chlorine solution diluted 1 in 10 with water) which is left on to dry for at least 2 minutes.	R(H)
Bottom creams should not be shared.	G
The nappy change procedure must be displayed in the nappy change area. Refer Appendix 3 for an example.	R(E)
Body Wash Facilities	
Plumbed-in wash facilities are a requirement for all new early childhood centres to comply with the Building Act 2004 as well as the Building Code. A procedure outlining how hygiene and infection control outcomes will be met when washing sick and soiled children is required. Consider those items listed in Appendix 4.	R(E)
The plumbed-in washing facilities for soiled children should be adjacent to or within arm's reach of the nappy changing area. This may double up as the wash hand basin for staff, provided the basin is thoroughly sanitised after washing down a soiled child.	G
The body wash facility may be at waist height or a floor shub, have a hot and cold mixer to adjust temperature. The hot water needs to be no hotter than 40°C to prevent scalds.	G
It is useful that the body-washing facilities have a flexible hose.	G
The surface of any body wash facility needs to be smooth, easily cleaned, robust and waterproof (stainless steel, porcelain). All nearby surfaces (e.g. wall linings) also need to be smooth, easily cleaned, robust and waterproof (seratone or other like product).	G
The interior of any body wash facility for under 2's should be at least 520mm wide x 520mm long x 300mm deep (or comparable dimensions if another shape).	G
For over twos' the interior should be at least 600mm wide x 600mm long x 300mm deep. The Mercer Grande max is one such product.	G
Centres with non-plumbed in facilities are required to provide suitable facilities and a procedure outlining how hygiene and infection control will be met when washing a sick or soiled child.	R(E)

Procedures for effective hygiene and infection control should include: <ul style="list-style-type: none"> • Use of disposable gloves. • Use of a disposable cloth to clean the child. • Safe disposal of wastewater down a toilet. • Cleaning of the tub with clean water and disinfectant. 	R(H)
Soap (preferably liquid) and hygienic hand drying facilities (preferably paper towels). Bactericidal soaps are not recommended. Single use towels are required. Communal towels are unacceptable.	G
Adequate shelving and cupboards for storage of nappies, bottom wipes, disinfectants and the like is a good idea.	G

Reference Documents:

- *Environmental Health Protection Manual, Ministry of Health, Section 9, version 6, November 2017;*
- *Health and Safety Guidelines for Early Childhood Centres, Auckland Regional Public Health Service, June 2008;*
- *Education (Early Childhood Services) 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008.*

Toilet Facilities



Rationale: Infectious ‘bugs’ associated with faecal matter can be spread via aerosols and contaminated surfaces in the toilet area. A separate facility will help to contain contamination and thus prevent spread. Hand washing is one of the most effective ways to prevent the spread of disease.

Application: All Centres.

Regulations: Regulations 45 and 51 of the Education (Early Childhood Services) Regulations 2008 requires “every licensed service provider to whom this regulation applies - to use premises and facilities that, having regard to the number and age range of the children attending the premises provide... facilities for toileting and washing...”

Licensing Criteria: PF18-23 Licensing Criteria for Early Childhood Education and Care Services 2008 and Kōhanga Reo affiliated with Te Kōhanga Reo specify requirements for toilet and hand washing facilities.

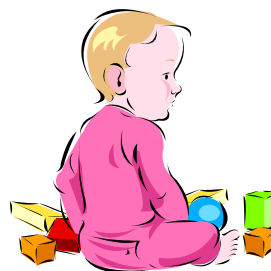
Guidelines(G) / Regulations(R)	
Toilet facilities intended for use by children are adequately separated from areas of the service used for play or food preparation.	R(E)
Equipped with toilets on a ratio of 1:15 persons (or part thereof) aged two and older (children and adults counting towards the required adult to child ratio).	R(E)
Wash hand basins should be convenient to the toilet and at an appropriate height so that children have easy access to them. Children should not have to open doors before washing their hands after using the toilet. Wash troughs with the appropriate number of water spouts are acceptable for toilet areas and in other areas of a Centre.	G
There is at least one tap delivering warm water for every 15 persons (or part thereof) at the service (that is to say, children attending and adults counting towards the required adult to child ratio).	R(E)
Hot water which children have access to should measure no greater than 40°C at the tap.	R(E)
Liquid soap should be provided.	G
There is a means of drying hands for children that prevents the spread of infection.	R(E)
This could be paper towels or a hot air hand dryer. Paper towels are preferred over hot air dryers and individual cloth towels. Communal towels are not acceptable.	G
The floors, walls and ceilings are to be smooth and impervious. Floors are to be coved where the walls and floor meets.	G

Sufficient ventilation to the outside by means of mechanical ventilation or openable windows is to be provided.	R(H)
A full-length door providing a barrier between the toileting area and the main activities area is recommended.	G
Visibility into the toileting area is essential but children's right to privacy needs to be considered. At least one toilet should be designed to provide children with some sense of privacy.	R(E)
If under two's have a separate facility, a toilet for toilet training and disposal of potty contents is recommended.	G
A disabled person's toilet which may double as a staff toilet is required for all new and upgrading centres.	G
A wash hand basin in play areas is recommended to encourage hand washing.	G
See also nappy change facility requirements.	

Reference Documents:

- *New Zealand Building Code;*
- *Education (Early Childhood Service) Regulations 2008;*
- *Ministry of Education Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Health and Safety Guidelines for Early Childhood Centres, Auckland Regional Public Health Service, June 2008.*

Hand washing



Rationale: Effective hand washing is one of the most important practices that children and staff of a centre can undertake to prevent the spread of germs in an Early Childhood Centre setting.

Application: All centre staff and children.

Guidelines

When to wash children's hands:

When they arrive at the centre
Before eating
After having their nappy changed
After going to the toilet
After playing outside
After handling animals
After touching nose secretions
Before going home
When obviously dirty

When does a teacher wash their hands?

When arriving at the centre
Before handling food
Before eating
Before and after changing a nappy
After going to the toilet
After cleaning up faeces and vomit
After wiping a nose, either a child's or your own
Before going home
When obviously dirty

Guidelines for Hand Washing

- Use warm running water, with soap. Liquid soap is preferable.
- Wet hands and apply a small amount of the soap to hands.
- Rub your hands vigorously for 10 – 15 seconds, remembering to scrub between the fingers as well.
- Rinse well and dry hands thoroughly, preferably with single-use disposable paper towels.
- The soap combined with the vigorous scrubbing action will help dislodge and remove germs.
- Thorough drying is also important for the removal of germs.

Reference Document: <https://www.cdc.gov/ncidod/op/handwashing.htm>

Sleeping Facility



Rationale: Young children need quiet space to sleep when in full day childcare.

Application: To all centres.

Regulations: Regulations 45 and 51 of the Education (Early Childhood Services) Regulations 2008 requires every licensed service provider to whom this regulation applies - “...to provide sufficient and suitable space for a range of activities... sleeping...”

Licensing Criteria: HS10-11, PF29-38 Licensing Criteria for Early Childhood Education and Care Services 2008 and Kōhanga Reo affiliated to Te Kōhanga Reo National Trust 2008 list specific requirements for all day services and sessional services.

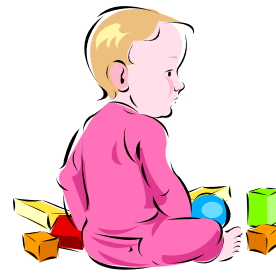
Guidelines(G) / Regulations(R)	
For sessional centres a designated space should be available for children under two attending the centre. This space should be located and designed to minimise fluctuations in temperature, noise and lighting levels and allow adequate supervision. Furniture for children to sleep on should be provided at a ratio of 1:5 children under the age of two.	R(E)
For full day services a designated space should be available to provide for restful sleep for children under the age of two. This space should be located and designed to minimise fluctuations in temperature, noise and lighting levels and allow adequate supervision. It is recommended that a room should be provided for this purpose. This room should be able to be closed off from other activity areas, to minimise fluctuations in temperature, noise and lighting levels. It should have a viewing window for visibility and be large enough to provide furniture for sleeping at a ratio of at least one to every two children under the age of two. Space should be available for children aged two and older to sleep or rest.	R(E) G
Cots are the preferred option for children under two. Cots are to elevate children to at least 500mm off the ground and need to be of such a design to facilitate air movement through the sleeping space.	R(H)
Cots need to be free of lead-based paints.	R(H)
Cots must be in good condition and older style cots should be evaluated to ensure they meet current safety conditions and comply with the Cot Safety Standards AS/NZS 2172:2003.	R(H)
The floor area should allow for 1.4m ² per free standing cot.	R(H)
Furniture intended for children to sleep on such as cots, beds, stretchers or mattresses should be arranged so adults have clear access to at least one side – length not width.	R(E)

Furniture and items – cots, beds, stretches or mattresses – should be of a size that allows children using them to lie flat and are designed to ensure safety.	R(E)
Mattresses must have a smooth surface that is easily cleaned and impervious to moisture. The water proof covering should be constructed of material which is at least 125 micron thickness plastic that is not able to be dislodged or become a smothering hazard.	R(H)
The sleeping area must be adequately ventilated to the outside by means of openable windows that permits cross-ventilation or mechanically ventilated to the outside.	R(H)
A suitable quiet running supply fan installed high up (to avoid drafts) in an external wall of the room opposite the internal door is acceptable.	G
The sleeping area must allow easy access for supervisors to allow adequate supervision.	R(E)
Clean individual bedding – blankets, sheets, sleeping bags and pillowslips – are to be provided for sleeping or resting children.	R(E)
Water bottles filled with hot water should not be used to heat beds. It is recommended that wheat bags are used instead although care is required in heating these in the microwave – always heat with a cup of water in the microwave to provide moisture so that the wheat bag does not become too dry which can cause them to catch fire.	G
Cots need to be easily accessible by staff and a sufficient distance apart to avoid cross infection.	R(H)
Portable cots are not acceptable for hygiene and safety reasons.	G
Bedding furniture should be easy to clean.	R(E)
Multi-storey cots are only acceptable if the following can be assured:	
<ul style="list-style-type: none"> • The area around each cot needs to be well ventilated to allow sufficient fresh air and no build up of carbon dioxide, moisture or heat. 	R(H)
<ul style="list-style-type: none"> • Cots are to be built to New Zealand Standards (AS/NZS 2130:1998 Cots for Day Nursery, Hospital and Institutional Use – Safety Requirements). 	R(H)
<ul style="list-style-type: none"> • The cots need to be secured to the wall so that the cots cannot fall in any earthquake or other event. 	R(H)
<ul style="list-style-type: none"> • The sleep room requires its own evacuation plan. 	R(H)
<ul style="list-style-type: none"> • Cots should not be stacked more than two high, and the top cot should be no more than 1.2m high (to enable easy access by staff). 	G
<ul style="list-style-type: none"> • Children need to be able to sit up in the cots. Children who can stand are not to be placed in the upper cots. 	R(H)
<ul style="list-style-type: none"> • Bunkbeds are not permitted in Centres due to the risk of children falling from the top bunk and sustaining serious injury. 	

Reference Documents:

- *Ngā Kupu Oranga;*
- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Ministry of Health Environmental Health Protection Manual Version 6, November 2017;*
- *Health and Safety Guidelines for Early Childhood Centres, Auckland Regional Public Health Service, June 2008.*

Cleaning



Rationale: Regular, thorough cleaning and sanitation minimises the risk of the spread of infectious diseases.

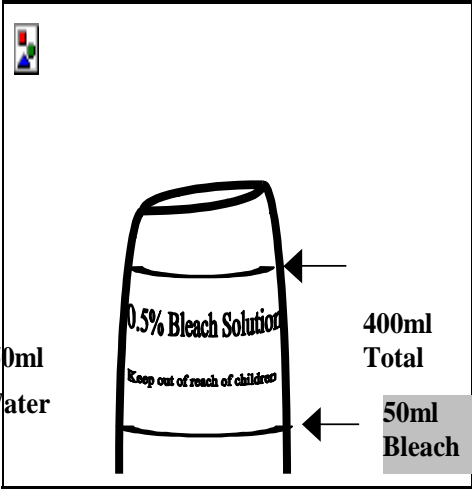
Application: All Centres.

Regulations: Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: HS1 states that premises, furniture, furnishings, fittings, equipment, and materials are kept safe, hygienic and maintained in good condition. PF6 states that floor surfaces are durable, safe and suitable for the range of activities to be carried out and which can be kept clean.

Guidelines(G) / Regulations(R)	
Cleaning and Disinfecting Guidelines	
Good cleaning and disinfection techniques always need to be applied throughout the centre to prevent the spread of communicable diseases.	G
Dirty surfaces need to be thoroughly cleaned before disinfection is undertaken.	G
We recommend that products containing hypochlorite are used for disinfecting bathroom and toilet areas. The reason for this is that hypochlorite (bleach) has outstanding disinfection properties, and is widely available, cheap and widely used in homes, schools, hospitals, and swimming pools and in drinking water supplies.	G
Bleach is unpleasant to work with, and centres are often keen to find alternatives. If you wish to use an alternative disinfectant, you should obtain scientific evidence (from your supplier) of the effectiveness of the disinfectant against a very wide range of microorganisms including bacteria, viruses and protozoal cysts. Beware of misleading sales tactics such as the phrase “used in hospitals” as nappies are not changed in all areas of a hospital!	
Cleaning Schedules	
Cleaning schedules are a means of ensuring cleaning and disinfecting is done as often as necessary. They should be developed for the centre, even if an outside cleaning agency is used to clean the premises. The areas that the schedules must specifically include: <ul style="list-style-type: none"> • kitchen • laundry • nappy changing area and surfaces • toilet areas • toys and play equipment • activity rooms 	R(H)

A cleaning schedule should clearly identify: <ul style="list-style-type: none"> • A responsible person (who initials when tasks are completed). • Utensils, equipment or areas that should be cleaned. • A method of cleaning, including cleaning and disinfecting agents. • Frequency of cleaning. • Separate cleaning equipment for the toilet areas. • How the cleaning equipment is cleaned and disinfected. Refer Appendix 5 for an example.	
Recommended Minimum Frequency of Cleaning and Disinfecting	
Nappy-changing areas should be cleaned and disinfected after every nappy change.	G
If a child has a faecal accident (poos their pants), clean the child in the shower or shub, change their clothes, and clean and disinfect any soiled surfaces immediately.	G
Toilets and wash hand basins, especially taps should be disinfected twice daily.	G
Floors and other hard surfaces should be cleaned and disinfected at least daily.	G
Food preparation areas should be kept clean and disinfected to avoid cross-contamination - all staff handling food should have food safety training.	G
Linen should be laundered between use by different children, and/or when soiled, and at least weekly. Dry on the washing line if you can, as the sunlight kills germs. If this is not possible, use a tumble-dryer.	G
Soft toys, dressing up clothes and soft furnishings should be laundered regularly or whenever soiled. Soft toys are not recommended in Early Childcare Centres. Hard toys should be cleaned on a regular basis.	G
Outdoor play equipment should be cleaned and disinfected regularly. Some artificial grass surfaces can be disinfected with hypochlorite bleach - check with your supplier.	G
Cleaning	
Clean first before disinfecting, to allow disinfectants to work. Soaps, detergents, scourers (e.g. “Jif”, “Ajax”, “Spray’n’Wipe”) and hot water help with cleaning, but do not disinfect. Scrubbing is also effective.	G
Disinfecting	
Household bleaches are sold in different strengths (usually 2%-5% hypochlorite) that are written on the label. These need to be diluted.	
Dilute the bleach with water to make a 0.5% hypochlorite solution (see instructions attached).	G
Saturate the area to be disinfected with the hypochlorite solution.	G
Leave the solution on the area for as long as possible, preferably 30 minutes.	G
Wash off the solution thoroughly with copious amounts of water, so that children and staff are not exposed to residual bleach solution. Use a hose if outside.	G
If using other types of disinfectants follow the instructions on the product or as supplied by the distributor.	G
Safety Tips	
Never mix chemicals as toxic gases can be produced.	

Be aware – bleach irritates the nose, lungs and skin, and some people are particularly sensitive.	
Wear gloves, particularly if handling undiluted bleach.	
Store disinfectants and diluted disinfectants safely and label them properly.	
Outbreaks	
You can reduce the likelihood of experiencing outbreaks of disease at the centre by following cleaning schedules, excluding children who are unwell, encouraging hand-washing and hand-drying and other infection control practices. However, sometimes outbreaks may occur despite following good practice.	
During and following an outbreak of a communicable disease, we may ask you to increase the frequency of cleaning or disinfecting, or the strength or type of disinfectant used.	G
Disinfecting Sand and Sandpits	
The Institute for Environmental Science and Research has advised that there is no effective means of disinfecting sand. Methods that use household bleach or salt are ineffective.	
To protect the health of children, all sand that is contaminated, or suspected to be contaminated, must be discarded using your usual refuse disposal procedures.	G
Sandpits should be protected with a tight-fitting cover, or the sandpit must be raked at least daily (and preferably before and after each use) to ensure hazards (such as glass, animal droppings) can be removed.	G
The Ministry of Education can give more detailed advice about design, construction and maintenance of sandpits.	
Making a 0.5% Bleach Solution	
Bleach containing 4% hypochlorite	
	
1. Diluted disinfectant solution must be made up fresh each day , or it may not work. Check that the bleach is not past its use-by-date .	G
2. A (500mL) container should be labelled "0.5% bleach solution" and "Keep out of reach of children". Check the label has not faded or come off, and that the container is not damaged or perished .	G

3. Wear gloves when handling bleach, particularly undiluted bleach. Bleach may irritate the nose, lungs and skin, or damage clothing. Never mix chemicals , as toxic gases can be produced.	G
4. Fill the container with 50mL of bleach using a measuring cup to measure the bleach first. <i>Suggestion: Mark the container with permanent marker for next time.</i>	G
5. Add 350mL of water (measured with a measuring cup), or up to the 400mL mark if the container has one. <i>Suggestion: Mark the container at the 400mL mark.</i>	G
6. Put the cap tightly on the container and mix gently and carefully.	G
7. Bleach solution must be kept out of reach of children. Undiluted bleach must be stored in a childproof area (e.g. inside a locked cupboard), and away from light and heat (which can reduce its effectiveness).	G
8. The end of the day, discard all remaining bleach solution. <i>Suggestion: Use the leftover bleach for soaking toys while completing other tasks at the end of the day.</i>	G

Bleach containing other concentrations of hypochlorite

Follow the above instructions, but alter the quantities of bleach and water according to the following table:

STRENGTH OF BLEACH		QUANTITY OF BLEACH	QUANTITY OF WATER	TOTAL VOLUME OF DILUTED SOLUTION
% Hypochlorite	g/L Hypochlorite			
0.5%	0.5g/L	Use undiluted	Nil	Use undiluted
2%	2g/L	100mL	300mL	400mL
3%	3g/L	50mL	250mL	300mL
4%	4g/L	50mL	350mL (as above)	400mL (as above)
5%	5g/L	50mL	450mL	500mL

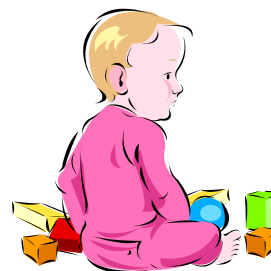
Adapted from Auckland Healthcare's Recommendations for Cleaning and Disinfecting Early Childhood Education Centres

Reference Documents:

- *Auckland Public Health: Recommendations for Cleaning and Disinfecting in Early Childhood Education Centres, May 2002;*
- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008.*

Guidelines for blood & body fluids spill or exposure

(including Hepatitis B, C & HIV)



Rationale: Serious disease can be spread via blood and body fluids including the transmission of blood borne viruses such as Hepatitis B, C and HIV. It is important to minimise risk to the individual handling spills containing blood and body fluids.

Application: All Centres.

Regulations: Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: Refer Licensing Criteria for Early Childhood Education and Care Centres 2008 and Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008 (HS26).

Guidelines(G) / Regulations(R)	
Although the risk for most teachers of catching Hepatitis B, C or HIV (Human Immuno-deficiency Virus), during the course of their work is not regarded as high, it is recommended that certain precautions are taken to avoid broken skin and mucous membrane contact with spilt blood, and that certain actions are taken if contact takes place. Mucous membrane refers to the membrane lining of the eye and mouth.	
The recommendations are set out in the answers to some common questions on this matter, and a summary of the precautions is provided at the end of the document.	
Is it possible to tell if a child has Hepatitis B, C or HIV?	
Infected people can have the Hepatitis B, C or HIV in their bloodstream or body fluids without being aware that they are carrying the virus in their bodies. There is no reliable way of identifying persons with Hepatitis B, C or HIV without medical assessment.	
How could these diseases potentially be transmitted during teaching duties?	
The most likely way is for blood (or discharges from sores) from an infected person getting through a break in your skin (or membrane lining of your eye or mouth) and into your own bloodstream.	
Other body fluids from an infected person may spread infection. Although the viruses have been found in saliva, the risks of catching Hepatitis B, C or HIV from saliva are less than the risks of catching them from blood. However, where saliva or urine contains blood, the risks would be reduced due to dilution.	
How can blood from an infected person get through your skin?	
If you have a cut, scratch, sore or weeping skin condition, which comes into contact with, infected blood. If blood splash enters your eyes or mouth.	
What are the common situations at work where skin contact with infected blood and body fluids could occur?	

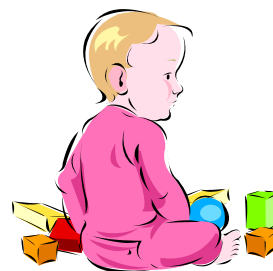
Assisting a child with a weeping sore or moist skin disease, giving first-aid following an accident and handling blood-soaked clothing or articles.	
What precautions should you take to avoid becoming infected in the work situation?	
Cuts, scratches and sores on exposed areas of your skin should be covered with waterproof dressings before you become involved in situations such as those mentioned above.	
If you have a weeping skin condition on exposed areas of skin, which cannot be effectively covered, you should avoid any situation as listed above.	G
You should avoid skin contact with a person's blood as much as possible, and when giving assistance or first aid and where skin contact with blood cannot be avoided, wear disposable gloves. The gloves should be removed after use and placed in a plastic bag for safe disposal later.	G
If blood is spilt clean it up using an approved method (see following) or advice may be obtained from your local Community and Public Health Office.	
Cleaning up blood and body fluid spills	
Wearing gloves, wipe up the spill using a disposable cloth and then discard the cloth. Clean the area with water and a commercial detergent. Disinfect the area with a 0.5% sodium hypochlorite (bleach) solution (or other disinfectant if suitable) and leave for 10 to 30 minutes to stand to allow for contact time with the surface. Then dry the area. Refer the Cleaning section of this document for dilution rates for household bleach. Most are 5% sodium hypochlorite.	G
If you get blood on your clothing, remove article of clothing and place in a plastic bag for laundering later.	G
What action should you take if someone's blood or body fluids gets on your skin or in your eye, including getting bitten or spat on?	
If you get blood or body fluids on your skin, wash it off with soap and water as soon as possible, or if washing facilities are not available, swab off the blood using an approved antiseptic and place the used swabs in a plastic bag for safe disposal.	G
Where blood gets on your skin in an area where it is not intact (e.g. on a cut, abrasion or sore), clean the area as in (a) and consult a doctor as soon as possible but within 24 hours for advice on any tests or additional measures which need to be taken. In certain circumstances, and with the co-operation of parents or guardians, it may be possible to determine whether the child who is bleeding is an infectious carrier or not. Suitable blood tests will establish this.	G
If, in the unlikely event, you get a splash of someone's blood in your eye or mouth, wash it out with clean water and discuss with your doctor the need for further measures as soon as possible and within 24 hours.	G
If saliva gets onto your intact skin, there is no chance of infection and it can be ignored.	G
Bites which break the skin, are a possible cause of infection (not only with Hepatitis and HIV) particularly if the child has blood in his or her saliva. The wound should be cleaned using soap and water; dressed and medical advice should be obtained as soon as possible and within 24 hours on the need for further measures to be taken.	G
Can you catch these diseases by touching infected persons or by using articles such as cups, which they have used?	

No, you cannot catch these diseases by touching an infected person (like shaking hands), or by touching objects used by an infected person (such as cups, cutlery, food, clothes, towels, toilet seats or door knobs).	
If the doctor thinks you may have been infected with any of these viruses during your work, what can be done, if anything, to stop the infection progressing?	
a) With Reference To Hepatitis B: If you haven't been previously vaccinated against Hepatitis B, an injection of HBIG (antibody) given as early as possible after exposure will provide a measure of protection against the disease in most cases. Consideration will also be given to starting a course of Hepatitis B vaccination at that time. Determination of whether the child involved is infectious or not will materially help in this situation.	G
b) With Reference To Hepatitis C: Hepatitis C is mainly spread through contact with the blood of an infected person. There is no immunisation available for hepatitis C. A person can be infectious with no symptoms at all. Many people remain chronic carriers of hepatitis C for life, and this can only be revealed through a blood test.	
c) With Reference To HIV: The risk of contracting HIV from a child is negligible if standard procedures are followed around blood and body fluid exposure. Although there are no immunisation procedures before or after infection, which can prevent the disease from occurring, anti-viral therapy may be given which controls the circulating viral load to reduce infectivity. See your GP. When infected, some people have a short illness, a bit like glandular fever, a few weeks after becoming infected. Apart from this, it is usually not possible to find out immediately if a person has become infected. Antibodies indicating infection however, may be identified by a blood test six months after exposure, or in some cases even longer.	
How can you find out more information about these diseases?	
Pamphlets produced by Community and Public Health are available from the Community Health Information Centre (03 364 1777 or www.cph.co.nz).	

Reference Documents:

- *ABC Hepatitis – Ministry of Health, 2012;*
- *Communicable Disease Control Manual, Chin, J. 2000: American Public Health Association, Washington, DC;*
- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008.*

Infectious Diseases



Rationale: The spread of infectious diseases can be minimised significantly by taking precautionary measures. Improved immunisation rates will also significantly reduce the spread of vaccine preventable diseases. Care must be taken to ensure that children do not spread infectious diseases among each other or that staff do not infect children.

Application: All Centres.

Regulations: Regulations 46 and 52 of the Education(Early Childhood Services) Regulations 2008 states “(1) *The health and safety practices standard: “...is the standard that requires every licensed service provider to whom this regulation applies to - (b) take all reasonable precautions to prevent accidents and the spread of infection among children enrolled in the service.”*”

Licensing Criteria: HS26 from the Licensing Criteria for Early Childhood Education and Care Centres 2008 and Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008, require - *“all practicable steps to ensure that children do not come into contact with any (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.*”

Specifically:

- *“The action specified in Appendix 2 of HS26 is taken for any person (adult or child) suffering from particular infectious diseases; and*
- *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.”*

Guidelines(G) / Regulations(R)	
One of the primary important tasks to undertake in the prevention of the spread of vaccine preventable diseases is to keep an up to date record of immunisations. It is important to sight immunisation records and to record this in the register. This will assist health authorities in any decision that will need to be made to contain an outbreak.	R(H)
An immunisation register is available from Community Health Information Centre (CHIC) at Community and Public Health [MoH code HE1111] or alternatively, a record can be maintained in other forms such as computerised versions.	
The register always needs to be kept up to date and available for inspection by Medical Officers of Health or Health Protection Officers.	R(H)
Immunisation certificates need to be sighted before a child is recorded as being immunised.	R(H)
Staff Immunisation Staff at centres face increased risk of exposure to some diseases and some diseases pose a more serious risk for adults. It is recommended that staff are vaccinated against vaccine preventable diseases or they are aware of their vaccination status. Staff should ensure that they have immunity to measles, mumps and rubella, polio and chicken pox. The MMR immunisation and polio vaccine is provided free of charge to susceptible adults but chickenpox vaccine is not free. Hepatitis B immunisation is free for individuals who are household or sexual contacts of carriers. All adults are recommended to have a booster dose of adult tetanus-diphtheria vaccine every 10 years or after some injuries.	G
Most diarrhoeal illnesses can be prevented by regular and thorough hand washing. It is important to emphasis hand washing to staff and children alike. Once hands have been washed it is equally important to ensure that they are thoroughly dried as this also helps minimise the spread.	G
It is important to ensure that children or staff who have been ill with vomiting and/or diarrhoea stay away from the centre for at least 48 hours after the symptoms have stopped. Note: this is different from the timeframe listed in the Infectious Disease poster mentioned in the next paragraph.	G
Infectious diseases policies need to state exclusion criteria for common childhood illnesses or refer to the relevant information available on this subject. Currently the Ministry of Health recommends that the criteria as set out in the Infectious Disease Poster [code HE1215 available from CHIC] be used as a guideline, or Appendix 2: Infectious diseases for criterion HS26, (Licensing Criteria for Early Childhood Education and Care Centres 2008). Where a centre is unable to determine whether a child should be excluded or not, they can contact Community and Public Health for advice.	R(H)
A suitable isolation space (PF27) needs to be made available, away from where food is stored, prepared or eaten where a sick child can: <ul style="list-style-type: none"> • Be temporarily kept at a safe distance from other children (to prevent cross infection). • Lie down comfortably. • Be supervised. 	R(E)
Hygienic cleaning and sanitation of the centre is another important area for consideration when it comes to the prevention of the spread of infectious diseases.	G

Where a centre makes use of a contract cleaner, the centre must ensure that the cleaner utilizes the centre's cleaning gear to prevent cross contamination of 'bugs' from other premises the cleaner may be contracted to clean.	G
If a Centre has experienced a gastroenteritis outbreak then the cleaning and disinfection should follow the guidelines as found in Appendix 6.	G
Ngā Kupu Oranga, Healthy Messages and Immunisation Guidelines for Early Childhood Services and Primary Schools (2007) [code HE1106] is available from CHIC and contains more detail on illness in children.	G

Reference Documents:

- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Communicable Diseases Protocols, Community and Public Health.*

Pest and Vermin Control



Rationale: Poisons, if ingested by children could lead to death or very serious illness. Children are to be kept from obtaining access to poisons at all times. Pests and vermin may harbour disease, which could be transmitted to children. Centres are to be kept free from pest and vermin at all times.

Application: All Centres.

Regulations: Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008, Food Regulations 2015, regulation 18.

Licensing Criteria: HS12 states that “*equipment, premises, and facilities are regularly checked for hazards to children. All practicable steps are taken to eliminate, isolate or minimise hazards to the safety of children. Documentation required: A hazard identification and management system.*”

PF16 states that “*a means of keeping perishable food at a temperature at or below 4°C and protected from vermin and insects.*”

Guidelines(G) / Regulations(R)	
The centre should be free of pests and vermin at all times.	R(H)
A policy should be developed that states the name and details of the preferred pest control contractor.	G
The contractor must either: <ul style="list-style-type: none"> • belong to an appropriate professional organisation and abide by their codes of practice or; • have adopted appropriate codes of practice. 	G
In the event of a pest infestation, a pest control contractor shall be engaged.	G
The contractor would need to ensure that any products used, must be approved for public health use by the Pesticides Board.	G
Chemicals shall be applied in accordance with manufacturer’s guidelines.	G
The contractor shall provide the childcare centre with material safety data sheets (MSDSs).	G
The MSDSs are to be kept in a safe, convenient place, which can easily be accessed should a child accidentally ingest any poisons.	G
No poison should be applied to the centre premises during operational hours.	G
Children must not have access to poisons.	
Where fly spray is used, it needs to be a spray that contains the active ingredient of Pyrethrum.	G

Spraying should only be undertaken in the absence of children.	G
Dead flies should be removed prior to children entering the building.	G

Reference Documents:

- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- *Food Hygiene Regulations 1974;*
- *Environmental Health Protection Manual, Ministry of Health, Version 6, November 2017.*

Poisonous Plants



Rationale: Ingestion of poisonous plants can be potentially life threatening to children. Different parts of the plant may be poisonous, including roots, flowers, leaves, fruit or berries. It is important to ensure the safety of young children, taking into account the educational value of plants to children and the risks of harm/poisoning.

Application: All Centres.

Regulations: Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: HS12 states that “*equipment, premises, and facilities are regularly checked for hazards to children. All practicable steps are taken to eliminate, isolate or minimise hazards to the safety of children. Documentation required: A hazard identification and management system.*”

Guidelines(G) / Regulations(R)	
All poisonous plants should be identified and removed or a system put in place to ensure that children do not have access to them. A survey of plants in the centre grounds should be undertaken by an expert, and a report provided to the centre outlining their findings.	R(E)
A survey of plants in the centre grounds should be undertaken by an expert, and a report provided to the centre outlining their findings.	G
Regular inspections of the playground area should be carried out to ensure that no further poisonous plants have sprung up. These checks need to be recorded.	G
In the case of mushrooms, daily checks should be made.	G
Any potentially poisonous vegetation overhanging from neighbouring properties would also need to be identified and managed, so as not to allow children access to them.	G

Resources

Information and posters on poisonous plants can be obtained from Landcare Research mwpress@landcareresearch.co.nz and www.landcareresearch.co.nz

Reference Documents:

- *Ngā Kupu Oranga*
- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008.*

Suncare Guidelines



Rationale: Exposure to potentially harmful 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.

Application: All Centres.

Guidelines(G) / Regulations(R)	
Centres need to develop a policy that specifies:	
<ul style="list-style-type: none"> The hours and length of outside play. The Cancer Society have Guidelines which should be followed when children are outside. 	R(H)
<ul style="list-style-type: none"> The use of sun screens. Sunscreens are to be applied in accordance with Cancer Society Guidelines. 	R(H)
<ul style="list-style-type: none"> Personal protection of the children from the sun. Children should be encouraged to wear sun-proof clothing including hats. Staff should model this behaviour. 	R(H)
<ul style="list-style-type: none"> Centres should provide sufficient shade areas to provide for shelter from the sun. This could take the form of shady trees or shade cloth. Centres should bear in mind that different colour shade cloths provide different levels of protection. 	R(H)

Resources

For further information regarding suncare contact the Cancer Society of New Zealand (03 379 05835 or www.sunsmart.org.nz).

Reference Document: *Environmental Health Protection Manual, Ministry of Health, Version 6, November 2017.*

Smokefree



Rationale: Second hand (passive) smoking is a major danger to our children. Second hand smoking is also responsible for significant loss of enjoyment in life for our children and it is something they have no control over.

- Children of parents who smoke are twice as likely to suffer respiratory illness.
- Parental smoking increases both the severity and prevalence of asthma in children.
- Prolonged passive smoking in childhood is a significant factor in the development of coronary artery disease, chronic obstructive airway disease and cancer as adults.

It is therefore important to ensure that children in the care of Early Childcare Centres are protected from second hand smoke at all times.

Application: All Centres.

Guidelines(G) / Regulations(R)	
Early Childcare Centres should have a written Smokefree Policy for their Centre under the Smokefree Environments Act 1990 (including the 2003 amendment). A model policy is contained in Ngā Kupu Oranga.	R(H)
There are three issues to be considered under the Smokefree Environments Act 1990 with respect to Early Childcare Centres: <ul style="list-style-type: none"> • The health reasons for smokefree environments in establishments attended by children. • The centre and staff as role models. • The legal requirements of the Smokefree Environments Act 1990. 	G
The Centre and Staff as Role Models	
The development of a smokefree policy that reflects healthy behaviours (through the actions of staff and visitors) can help Centres to encourage healthy behaviour in children.	G
Legal Requirements - The Workplace	
<u>Smokefree Environments Act 1990:</u> This legislation requires those facilities, grounds, structures, or other premises that are used exclusively or primarily as an early childhood centre are smokefree at all times. This includes both indoor and outdoor environments. Smokers will need to leave the premises and the grounds to smoke.	R(H)
Signs stating that smoking within the premises is not allowed at any time of the day must be displayed at or immediately inside every entrance to the centre's car park; and every outer entrance to every building or enclosed area forming part of the premises. Refer to the following website for examples of appropriate signage: http://smokefree.org.nz/merchandise	R(H)

The onus is on the manager or owner of childcare facilities to take all reasonably practicable steps to ensure no person smokes in any part of the premises (whether an internal area or an open area) at any time on any day (24 hours a day, 7 days a week).	R(H)
Problems, Assistance and Information	
Community and Public Health can provide general information and resources (signs, stickers, posters, pamphlets). We can also advise on policy development and deal with complaints.	

Contact: Smokefree Environments Officer
Community and Public Health
PO Box 1475
CHRISTCHURCH
Phone: 364 1777
Fax: 379 6125

Smokefree Environments Officer
Community & Public Health
PO Box 510
TIMARU
Phone: 03 687 2600
Fax: 03 688 6091

Smokefree Environments Officer
Community & Public Health
PO Box 443
GREYMOUTH
Phone: 03 768 1160
Fax: 03 768 1169

Reference Documents:

- *Smokefree Environments Act 1990 including 2003 amendment;*
- *Environmental Health Protection Manual, version 6, November 2107.*

Injury Prevention



Rationale: Injury is one of the leading causes of hospitalisation for under 5's. Every year there are about 3,000 hospitalisations from injuries for under 5's through out New Zealand. While over half (55%) occur at home, child care centres are one of the environments where these injuries can also occur. Injuries are preventable and childcare centres have adopted many practices, which have minimised the risk to their children.

Application: All Centres.

Regulations: Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: HS12 requires that equipment, premises, and facilities are regularly checked for hazards to children. Accident/incident records are analysed to identify hazards and appropriate action is taken. All practicable steps are taken to eliminate, isolate or minimise hazards to the safety of children. Examples of hazards include cleaning agents, electrical sockets, dangerous objects, foreign materials, poisonous plants – refer HS12 for a more complete list. Documentation of a hazard identification and management system is required. HS31 details the requirements for adequate child protection systems to be in place.

Guidelines(G) / Regulations(R)	
There are a number of checklists available which can be used to assess the safety of a childcare centre (refer to www.stds.co.nz for playground safety standards). While these assist with identifying and rectifying hazards, none of these lists will provide a 100% guarantee that your childcare centre is safe.	G
There are several principles and practices that, if followed, will provide some certainty and peace of mind about the safety of your child-care centre.	G
Principle 1: Injury Deaths Are Very Rare Events	
Although they are very rare events, any death associated with a childcare centre will be traumatic for the centre, staff, children and parents. There are some obvious risks that can be managed.	
Practice	
Identify potentially hazardous situations and either remove them or have policies and procedures to minimise the risk.	R(E)

<p>The most likely causes are:</p> <ul style="list-style-type: none"> • Road related: Pedestrian injury and unrestrained passengers (adopt policies for transporting children in cars to and from the centre, and for walking trips). Also consider parents dropping and picking up children, does this create hazardous congestion in the carpark or on the road? Child restraints are legally required, support and/or assist parents to use them. • Child protection: A policy and procedure for dealing with suspected abuse. • Spiking and cutting injuries: protruding bolts on play equipment, glass at low levels are potentially fatal if children fall onto them. Identify and remove or rectify. • Strangulation: Playground equipment that can trap a child's head are potentially fatal. Identify and remove or rectify. 	
<p>Principle 2: Serious Injuries Causing Hospitalisation</p>	
<p>Serious injuries associated with childcare centres are more common than deaths but are still unusual events for a childcare centre. Again they will be traumatic for the centre, staff, children and parents. Injuries for 0 to 5-year olds at a childcare service accounted for 172 of the discharges from hospitals during 2015. Of these 172 injuries, 51 (66.8%) of then injuries were due to falls, 13 (7.5%) due to being struck by or against something and 8 (4.6%) due to foreign bodies penetrating the body.</p>	
<p>Practice</p>	
<p>Identify potential hazardous situations and either remove them or have policies and procedures to minimise the risk, including:</p> <ul style="list-style-type: none"> • Falls: As most falls occur around playground equipment, make sure the playground equipment meets the New Zealand Standard (see reference above). – suggest adding the details of the Standard here • Struck by or Against: This can range from swinging doors (consider self-closers that shut the door slower) and sliding doors which crush/amputate fingers (install blocks which prevent them closing fully) to running into objects (rounded corners on tables); swings (ensure there is enough room around play equipment so that children can get around them without being struck). • Burns: Hot water temperature (check water temperature at taps and adjust – have policy about adults carrying hot drinks in the centre). • Poisoning: Cleaning, chemical or medication storage. 	<p>R(E)</p>
<p>Principle 3: Minor Injuries Are Common</p>	
<p>Although they are common there is often an element of good fortune that they were not more serious. For example: there may be 10-20 falls off equipment before someone lands in such a way that they break an arm.</p>	
<p>Practice</p>	
<p>Record incidents i.e. child's name, date, time, description of the incident, location, what happened, what caused the injury, actions taken and by whom and evidence of parental knowledge of the incident.</p>	<p>R(E)</p>
<p>Review the cases (eg make it a staff meeting agenda item, serious injuries need to be reviewed immediately) and at least once a term look for patterns that indicate a potential hazard.</p>	<p>R(E)</p>

Principle 4: Common sense Is Uncommon	
While most of this is common sense, it does take time and effort to implement. In a busy childcare centre hazards may be come familiar and go unnoticed.	G
Practice	
Have someone new or unfamiliar with the centre look for hazards and report on them. This could be done between centres.	G

Reference Documents:

- *New Zealand Health Information Service. Morbidity data (2006), supplied by the Injury Prevention Research Unit, University of Otago;*
- *Education (Early Childhood Services) Regulations 2008;*
- *Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- *Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust Board 2008.*

Keeping of Animals in Early Childhood Centres



Rationale: It is essential for centres that keep animals to minimise the risk of an animal infecting children with a disease.

Application: All centres with animals.

Regulation: Refer Regulation 46 and 52 of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria: HS16 states “safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained.”

Guidelines(G) / Regulations(R)	
While Community and Public Health recognises the positive aspects of interaction between animals and children, it must also be acknowledged that animals may harbour diseases. To reduce the public health risks from animals in child care centres, the following are recommended:	G
<ul style="list-style-type: none"> Centre managers should only allow clean, healthy and easily restrained animals on the premises. 	R(E)
<ul style="list-style-type: none"> Animals that are suitable include guinea pigs, rabbits, mice, rats, fish, frogs, lizards and small birds. 	G
<ul style="list-style-type: none"> Dogs, chickens and cats are not considered acceptable as their faecal material may contaminate the play area. 	G
<ul style="list-style-type: none"> Animals shall not be permitted in the kitchen, bathrooms or toilets; under two play areas and sleeping rooms. 	G
<ul style="list-style-type: none"> All animals are able to be restrained. 	R(E)
<ul style="list-style-type: none"> Every endeavour should be made to deter animals from sandpits and bark under-surfacing. 	G
<ul style="list-style-type: none"> Any animal faecal matter and offensive body wastes must be cleaned up and disposed of immediately and the area disinfected. 	G
Centres that have or intend to have, animals on the premises should devise a policy that outlines how the centre and staff will:	
<ul style="list-style-type: none"> Ensure that animals are supplied with a good healthy living environment including at weekends and holidays. 	G

<ul style="list-style-type: none"> It is the responsibility of staff to ensure that all children who have had contact with any animal wash their hands immediately after contact with that animal and prior to eating or drinking. 	G
<ul style="list-style-type: none"> The animal should be removed from the premises and treated at the first sign of any illness. This is a legislative responsibility. 	R(H)
<ul style="list-style-type: none"> Maintain animal living conditions to a high standard of cleanliness. 	G
<ul style="list-style-type: none"> Store animal food so that it is clearly distinguishable from human food. 	G

Reference Documents:

- Education (Early Childhood Services) Regulations 2008;*
- Licensing Criteria for Early Childhood Education and Care Centres 2008;*
- Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008;*
- Environmental Health Protection Manual, Section 9, Version 6, November 2017;*
- Animal Welfare Act 1999.*

Appendix 1

New Centre Licensing Checklist for Health Requirements

CENTRE: _____ DATE: _____

POLICIES

SUNCARE POLICY	YES	NO	COMMENTS
Shade/Hats	<input type="checkbox"/>	<input type="checkbox"/>	
Shade areas	<input type="checkbox"/>	<input type="checkbox"/>	
Sunscreen application	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKEFREE POLICY	YES	NO	COMMENTS
Smokefree premises and grounds. 24 hours/7 days	<input type="checkbox"/>	<input type="checkbox"/>	
Signs Displayed - gate plus doors	<input type="checkbox"/>	<input type="checkbox"/>	
CLEANING POLICY	YES	NO	COMMENTS
Procedures detailed - cleaning schedule - who, how, frequency, method	<input type="checkbox"/>	<input type="checkbox"/>	
Products named	<input type="checkbox"/>	<input type="checkbox"/>	
Areas to be cleaned detailed	<input type="checkbox"/>	<input type="checkbox"/>	
Dil. Bleach made up daily	<input type="checkbox"/>	<input type="checkbox"/>	
Safe storage of materials	<input type="checkbox"/>	<input type="checkbox"/>	
INFECTIOUS DISEASES POLICY	YES	NO	COMMENTS
48 hr exclusion for V & D	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a quiet isolated space for sick children?	<input type="checkbox"/>	<input type="checkbox"/>	
Action re. Infectious diseases is undertaken as per appendix 2 of Licensing Criteria (or Health Infectious Disease Poster)	<input type="checkbox"/>	<input type="checkbox"/>	
BLOOD AND BODY FLUIDS	YES	NO	COMMENTS
Disinfection of area	<input type="checkbox"/>	<input type="checkbox"/>	
PEST AND VERMIN CONTROL POLICY	YES	NO	COMMENTS
External contractor named	<input type="checkbox"/>	<input type="checkbox"/>	
MSDS's available to centre	<input type="checkbox"/>	<input type="checkbox"/>	
Safety of children during poison application	<input type="checkbox"/>	<input type="checkbox"/>	
IMMUNISATION	YES	NO	COMMENTS
Immunisation register maintained	<input type="checkbox"/>	<input type="checkbox"/>	
Complies with HI Regs – Name, DOB, immunisation cert sighted, fully immunised or not	<input type="checkbox"/>	<input type="checkbox"/>	

How register updated?	<input type="checkbox"/>	<input type="checkbox"/>	
STAFF SICKNESS POLICY	YES	NO	COMMENTS
Written Policy? Specified conditions requiring exclusion	<input type="checkbox"/>	<input type="checkbox"/>	
Recommended exclusion period	<input type="checkbox"/>	<input type="checkbox"/>	
Basis for return to work i.e. Drs Cert?	<input type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDATIONS

BUILDING SERVICES

WATER SUPPLY	YES	NO	COMMENTS
Potable	<input type="checkbox"/>	<input type="checkbox"/>	
Town supply	<input type="checkbox"/>	<input type="checkbox"/>	
Rainwater	<input type="checkbox"/>	<input type="checkbox"/>	
Spring	<input type="checkbox"/>	<input type="checkbox"/>	
Bore	<input type="checkbox"/>	<input type="checkbox"/>	
Other-specify	<input type="checkbox"/>	<input type="checkbox"/>	

SEWAGE DISPOSAL	YES	NO	COMMENTS
Town supply	<input type="checkbox"/>	<input type="checkbox"/>	
Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>	
Other – specify	<input type="checkbox"/>	<input type="checkbox"/>	
Effluent disposal	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	

REFUSE STORAGE AND DISPOSAL	YES	NO	COMMENTS
Bins covered and inaccessible to children	<input type="checkbox"/>	<input type="checkbox"/>	
TA collection	<input type="checkbox"/>	<input type="checkbox"/>	
Recycle	<input type="checkbox"/>	<input type="checkbox"/>	
Bin hire service	<input type="checkbox"/>	<input type="checkbox"/>	
Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	

AIR-CONDITIONING UNITS	YES	NO	COMMENTS
Regularly inspected and serviced (site records)	<input type="checkbox"/>	<input type="checkbox"/>	

FOOD AND NUTRITION

PROVISION OF MEALS	YES	NO	COMMENTS
Meals brought from home	<input type="checkbox"/>	<input type="checkbox"/>	
Snacks provided by centre	<input type="checkbox"/>	<input type="checkbox"/>	
Purchase food from commercial premises	<input type="checkbox"/>	<input type="checkbox"/>	
Meals prepared at centre	<input type="checkbox"/>	<input type="checkbox"/>	
Type of meal provided	<input type="checkbox"/>	<input type="checkbox"/>	
Food nutritionally adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Weekly menu displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Roster to ensure children attended while eating	<input type="checkbox"/>	<input type="checkbox"/>	
Staff trained in food safety	<input type="checkbox"/>	<input type="checkbox"/>	
Food is prepared, served and stored hygienically.			
<hr/>			
KITCHEN APPLIANCES	YES	NO	COMMENTS
Inaccessible to children	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher (commercial – 60°C wash, rinse 77°C for 10 sec)	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher (domestic – sanitising 65°C before proceeding)	<input type="checkbox"/>	<input type="checkbox"/>	
Sterilising unit	<input type="checkbox"/>	<input type="checkbox"/>	
Sink (>43°C)	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator (<4°C)	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer (-18°C)	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	
Stove (guards/ inaccessible?)	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical jugs/ appliances inaccessible	<input type="checkbox"/>	<input type="checkbox"/>	
Wash hand basin (<40°C)	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
STRUCTURAL COMPLIANCE	YES	NO	COMMENTS
Separate food storage	<input type="checkbox"/>	<input type="checkbox"/>	
Covered floors	<input type="checkbox"/>	<input type="checkbox"/>	
Impervious walls	<input type="checkbox"/>	<input type="checkbox"/>	
Impervious floors	<input type="checkbox"/>	<input type="checkbox"/>	
Impervious ceiling	<input type="checkbox"/>	<input type="checkbox"/>	
Impervious bench surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>			
KITCHENETTE	YES	NO	COMMENTS
Microwave, fridge temp, sink temp, vinyl	<input type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDATIONS

PHYSICAL ENVIRONMENT – LIGHTING, HEATING, NOISE	YES	NO	COMMENTS
Lighting suitable? Natural > 30 lux at floor level	<input type="checkbox"/>	<input type="checkbox"/>	
Artificial lighting 240lux, 0.75m from the ground	<input type="checkbox"/>	<input type="checkbox"/>	
Type of lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation adequate in all rooms? Three air changes/hr	<input type="checkbox"/>	<input type="checkbox"/>	
Heating >16°C at 500mm above the floor	<input type="checkbox"/>	<input type="checkbox"/>	
Heating type used?	<input type="checkbox"/>	<input type="checkbox"/>	
Are low heaters provided with guards	<input type="checkbox"/>	<input type="checkbox"/>	
Internal noise of a reasonable level?	<input type="checkbox"/>	<input type="checkbox"/>	
Any suspect materials containing asbestos and requiring testing?	<input type="checkbox"/>	<input type="checkbox"/>	
WATER TEMPERATURE	YES	NO	COMMENTS
Hot water cylinders set at least 60°C	<input type="checkbox"/>	<input type="checkbox"/>	

INTERNAL ENVIRONMENT AND HOUSEKEEPING

LAUNDERING FACILITY	YES	NO	COMMENTS
On or off site?	<input type="checkbox"/>	<input type="checkbox"/>	
Inaccessible to children	<input type="checkbox"/>	<input type="checkbox"/>	
Procedure for hygienic laundering of linen used by child/ adults	<input type="checkbox"/>	<input type="checkbox"/>	
Handling of soiled items	<input type="checkbox"/>	<input type="checkbox"/>	
SLEEPING FACILITIES AND BEDDING	YES	NO	COMMENTS
Sufficient, separate room/space for undisturbed rest	<input type="checkbox"/>	<input type="checkbox"/>	
Area surrounding each child has sufficient air movement	<input type="checkbox"/>	<input type="checkbox"/>	
Adults have clear access to one side – length of cot	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient ventilation to the outside in sleep room?	<input type="checkbox"/>	<input type="checkbox"/>	
1.4m sq free space per cot?	<input type="checkbox"/>	<input type="checkbox"/>	
Cots ratio 1:2?	<input type="checkbox"/>	<input type="checkbox"/>	
Cots free from lead based paint?	<input type="checkbox"/>	<input type="checkbox"/>	
Stretchers/mattresses stored hygienically	<input type="checkbox"/>	<input type="checkbox"/>	
Individual bedding provided?	<input type="checkbox"/>	<input type="checkbox"/>	

If no, is bedding washed after each use?	<input type="checkbox"/>	<input type="checkbox"/>
Who launders bedding?	<input type="checkbox"/>	<input type="checkbox"/>
How regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Mattress waterproofed?	<input type="checkbox"/>	<input type="checkbox"/>
Plastic covering at least 125 micron plastic	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATIONS

NAPPY CHANGE	YES	NO	COMMENTS
Some visibility from other areas required	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient ventilation (open windows and/or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	
Nappy change fixed, permanent construction within arms reach of wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>	
Nappy changing facilities separate or in toilet area	<input type="checkbox"/>	<input type="checkbox"/>	
Nappy changing procedure displayed?	<input type="checkbox"/>	<input type="checkbox"/>	
Hygienic and secure storage of soiled nappies	<input type="checkbox"/>	<input type="checkbox"/>	
Disposable gloves available	<input type="checkbox"/>	<input type="checkbox"/>	
Name disinfectants used	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbed in facilities for washing down soiled children – new and existing day services. Procedure for washing children required	<input type="checkbox"/>	<input type="checkbox"/>	
Existing session services – suitable facilities required and procedure for washing children – hygiene and infection control	<input type="checkbox"/>	<input type="checkbox"/>	
Shub 500x500x300 minimum (600Lx300D x300W for over 2's)	<input type="checkbox"/>	<input type="checkbox"/>	

TOILETS AND WASH HAND BASINS	YES	NO	COMMENTS
Sufficient ventilation (open windows and/or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	
Hot water <40°C? 1:15 ratio WHB and toilets	<input type="checkbox"/>	<input type="checkbox"/>	
Height of WHB and toilet suitable for children?	<input type="checkbox"/>	<input type="checkbox"/>	
Soap, preferably liquid soap available?	<input type="checkbox"/>	<input type="checkbox"/>	
What's used for hand drying?	<input type="checkbox"/>	<input type="checkbox"/>	
Bin for disposable paper towels?	<input type="checkbox"/>	<input type="checkbox"/>	
Adequately separated from play and food prep areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors, walls smooth, impervious, sealed, covered?	<input type="checkbox"/>	<input type="checkbox"/>	

SINKS	<input type="checkbox"/>	<input type="checkbox"/>
Which type does the centre have?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaners sink – at least 55°C and not accessible to children	<input type="checkbox"/>	<input type="checkbox"/>
Art sink - <40°C if accessible to children	<input type="checkbox"/>	<input type="checkbox"/>
Other - specify	<input type="checkbox"/>	<input type="checkbox"/>

STAFF TOILET		
WHB, drying, ventilation	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATIONS

MISCELLANEOUS

ANIMALS	YES	NO	COMMENTS
Are animals/pets kept on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
What type?	<input type="checkbox"/>	<input type="checkbox"/>	
Animal food storage?	<input type="checkbox"/>	<input type="checkbox"/>	
Kept in a clean and hygienic living environment?	<input type="checkbox"/>	<input type="checkbox"/>	
Hand washing following handling of animals?	<input type="checkbox"/>	<input type="checkbox"/>	
ASBESTOS	<input type="checkbox"/>	<input type="checkbox"/>	
Any suspect materials containing asbestos and requiring testing?	<input type="checkbox"/>	<input type="checkbox"/>	
LEAD PAINT	<input type="checkbox"/>	<input type="checkbox"/>	
Are paint surfaces in good condition? If not, test for lead!	<input type="checkbox"/>	<input type="checkbox"/>	

HAZARDOUS MATERIALS	YES	NO	COMMENTS
Kept in a separate store, and inaccessible to children?	<input type="checkbox"/>	<input type="checkbox"/>	

WINDOWS	YES	NO	COMMENTS
Those lower than 80cm – made safe?	<input type="checkbox"/>	<input type="checkbox"/>	
Opening windows accessible to children and opening over veranda and walkways fitted with safety devices?	<input type="checkbox"/>	<input type="checkbox"/>	

RECOMMENDATIONS

SIGNED **DATE**
HEALTH PROTECTION OFFICER

Appendix 2

Laundry Procedure

Laundry Procedure (Criteria HS2). This requires you 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 procedure should consider the following:

- How dirty linen is stored.
- How does the service wash and dry laundry.
- All washing must be done in hot water (60°C) with an adequate amount of laundry detergent.
- Washing different types of laundry separately for example kitchen and bed linen.
- How often are different materials washed for example cleaning clothes, clothing used in dress ups, face clothes, soft toys.

Appendix 3

Nappy Change Procedure

Hygienic Nappy Changing



Steps for Hygienic Nappy Changing for Early Childhood Education Centres

- a) **Have your supplies ready, within arm's reach:** soap, paper towels, wipes or flannels, plastic bags, fresh nappies (cloth or disposable), a change of clothes for the child and disposable gloves.
- b) **Wash your hands with soap and dry thoroughly.**
- c) Place 2 paper towels on the changing surface where the child will be changed.
- d) Wear disposable gloves if the nappy is soiled with faeces.
- e) Place the child on the changing surface. **Remember to always keep one hand on the child for safety.**
- f) Remove soiled nappy (and clothes if necessary) and set aside out of reach of the child.
- g) Clean the child's bottom with a disposable wipe
Throw the wipe in the bin
Remove the 2 paper towels from under the child. Put them in a suitable bin.
- h) Remove your disposable gloves **by turning inside out as they are removed** (as to stop recontamination of your hands) – do not wash or re-use them and dispose of them in the bin.
- i) Put a clean nappy on the child (and if necessary, re-dress the child).
- j) Wash the child's hands (even if they don't look dirty).
Return the child to his/her cot or the group.
- k) Dispose of any faeces in the toilet. Put the soiled disposable nappy in a plastic bag or directly in the bin. If a cloth nappy was used, put it in a plastic bag – this is to be taken home by the child's caregivers/parents.
Put soiled clothes in a plastic bag and tie up – this is to be taken home by the child's caregivers/parents.

- l) Wash your hands with soap and dry thoroughly.**
- m) Disinfect the changing area with a chlorine solution (dilute 1 part to 10 parts water). Leave to dry for 2 minutes, then wash off.
- n) Wash your hands again (and remember to wash hands between each child).**

These steps will prevent the spread of infectious diseases!

Appendix 4

Sick or Soiled Child Wash Down Procedure

All services must provide a procedure outlining how hygiene and infection control will be met with washing sick or soiled children (Criteria PF26). The procedure should be attached to a wall in an appropriate and visible location. The procedure should include:

- Use of disposable gloves for the staff.
- Use of a disposable cloth to clean the child.
- Use of an appropriate tub for those with no plumbed-in facilities.
- A system of providing warm water for cleaning down children for those services with no plumbed-in facilities. Some form of hose type connection which provides a permanent supply of warm water would be preferable.
- A means of drying the child down.
- Safe disposal of wastewater down an appropriate waste system for example the toilet for those with no plumbed- in facilities.
- Cleaning of the tub/shower area and then disinfecting.

Appendix 5

Example of Cleaning Schedule

Area or Item to be cleaned	Equipment to be used	Cleaning Product	Frequency to be cleaned	Person Responsible
Toilet Area				
Floor	Use red mop, mop with hot water and floor cleaner	XYZ floor cleaner	As needed and at end of day	Teachers as necessary and cleaner after hours
Toilet	Toilet brush for cleaning inside of bowl with disinfectant. Wipe around the outside of the bowl, seat and flushing mechanism with red cloths and disinfectant	Bleach solution	Daily	Teachers as necessary and cleaner after hours
Wash hand basins	Red cloths and/or paper towels with hot water and disinfectant	Bleach solution	As needed and at the end of the day	Teachers as necessary and cleaner after hours
Nappy change area	Red cloths and/or paper towels using disinfectant.	Bleach solution	After each change and at end of day	Teachers and Cleaner
Wash down facility	Disposable cloth using hot water and disinfectant	Bleach solution	After each use	Teachers and cleaner
Walls	Cloth	Hot soapy water and/ or abrasive cleaner	Spot cleaning as required. Three monthly complete clean	Cleaner
Ceilings	Cloth	Hot soapy water	Twice a year	Cleaner
Windows	Cloth	Window cleaner	Three monthly	Cleaner
Bins	Red cloth using disinfectant	Bleach solution	Daily	Cleaner
Kitchen Area				
Floor	Green broom and green mop using hot water and floor cleaner	XYZ floor cleaner	Daily	Cleaner
Bench Surfaces	Green cloth	XYZ Cleaner sanitiser	Daily	Teachers as necessary and Cleaner after hours
Sink	Green cloth	XYZ cleaner sanitiser	Daily	Teachers as necessary and Cleaner after hours

Area or Item to be cleaned	Equipment to be used	Cleaning Product	Frequency to be cleaned	Person Responsible
Fridge	Green cloth	Hot soapy water	Spot cleaned as required. Weekly complete clean	Teachers
Microwave	Green cloth	Hot soapy water	Spot cleaned as required. Weekly complete clean	Teachers
Oven	Green cloth	Oven cleaner	Twice a year or as required	Cleaner
Cupboards/shelves	Green cloth	Hot soapy water	Spot cleaned as required. Every three months complete clean	Cleaner
Walls	Green cloth	Hot soapy water	Every three months	Cleaner
Ceilings	Green cloth	Hot soapy water	Yearly	Cleaner
Activity Areas				
Carpeted area	Vacuum cleaner		Daily	Cleaner Twice a year or as required commercially cleaned
Vinyl floor area	Yellow broom and yellow mop. Mop with hot water and floor cleaner	XYZ floor cleaner	Daily	Teachers after meals and as required Cleaner after hours
Tables	Yellow cloths	XYZ Cleaner Sanitiser	After meal times and as required	Teachers
Walls or ceilings	Cloths	Hot soapy water	Spot cleaned as required and every three months	Cleaner
Material toys or dress ups	Washing machine	Washing detergent, 60°C temperature	As required/weekly	Teachers
Hard toys	Yellow cloth	Hot soapy water/dishwasher. Bleach solution if mouthed by children.	As required/weekly rotation	Teachers
Laundry				

Area or Item to be cleaned	Equipment to be used	Cleaning Product	Frequency to be cleaned	Person Responsible
Walls	Purple cloth	Hot soapy water and/or abrasive cleaner	Spot cleaning as required. Six monthly complete clean.	Cleaner
Floors	Yellow mop	XYZ floor cleaner	Daily	Cleaner
Ceilings	Purple cloth	Hot soapy water	Yearly	Cleaner
Bench/sink	Purple cloth	X disinfectant	Daily	Cleaner
Washing machine/dryer	Purple cloth	Hot soapy water	Weekly	Cleaner

Appendix 6

Cleaning and Disinfection Guidelines for Gastroenteritis Outbreaks

The following infection control advice, if followed correctly, will help control the spread of Norovirus infection.

Give this advice to the appropriate person during the initial stages of any gastroenteritis outbreak investigation.

1. HAND WASHING

1.1. Wash hands frequently after:

- using the toilet
- cleaning toilets and bathrooms
- handling soiled clothing or bed linen
- cleaning up incidents of vomiting or diarrhoea
- handling cleaning equipment such as cloths, buckets and mop
- changing nappies
- before and after preparing food.

1.2. Wash hands with warm water and soap, rubbing hands together vigorously for at least 20 seconds.

1.3. Dry hands thoroughly using disposable paper towels or a separate hand towel from other people.

1.4. Alcohol based hand sanitizer can be used as an extra method of protection after thoroughly washing and drying hands. Do not use as a substitute for hand washing during gastrointestinal outbreaks unless no facilities are available.

2. CLEANING AND DISINFECTION

2.1. Prepare disinfectant:

- An effective disinfectant can be prepared by mixing any supermarket brand bleach and water to a 0.1% solution. A new solution must be made up daily.
- The ratio of bleach to water is dependent on the concentration of bleach purchased. Most supermarket brands are 2-5% sodium hypochlorite.
- The following table outlines how to prepare a 1 litre 0.1% hypochlorite solution:

Original strength of bleach (% sodium hypochlorite)	Bleach (ml)	Water (ml)	Total (ml)
1%	100	900	1000
2%	50	950	1000
3%	35	965	1000
4%	25	975	1000
5%	20	980	1000

2.2. Cleaning Equipment:

- Use disposable cleaning equipment e.g. cloths and mop heads. If using re-usable mops, soak in 0.1% bleach solution after use for at least 30 minutes followed by a hot wash.
- Use separate cloths for high risk areas e.g. toilet and bathroom.

2.3. Protect yourself first:

- Ensure personal protective equipment (gloves, mask and gown or protective clothing) is worn, especially when cleaning up faecal matter or vomit.

2.4. Cleaning:

- Clean contaminated areas first using standard household cleaners (soap, detergent, hot water etc.) to remove any faeces or vomit. This will allow the disinfectant to work effectively.

2.5. Disinfection:

- Pay closest attention to areas of likely contamination and hand contact surfaces, for example toilets, bathroom floors and walls (especially the area surrounding the toilet after vomiting and diarrhoea), doorknobs, sinks, taps, benches, hand rails, phones and light switches.

2.6. Cleaning soft furnishings: (more important in residential care facilities and hotels etc)

- Soft furnishings and carpet may discolour if cleaned with a bleach solution.
- Contaminated soft chairs, mattresses and carpets should be cleaned with hot water and detergent and then steam cleaned.

3. RETURNING TO WORK, SCHOOL OR PRESCHOOL

- 3.1. All persons affected by Norovirus should remain off work, preschool or school until 48 hours after symptoms have stopped.

For further information contact Community and Public Health.