

# NUTRITION, FOOD SAFETY AND ALLERGEN MANAGEMENT POLICY

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## 1 NQS

QA2	2.1	Each child's health is promoted.
	2.1.1	Each child's health needs are supported.
	2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

## 2 National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures

## 3 EYLF

LO3	Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
	Children are happy, healthy, safe and connected to others.
	Children show an increasing awareness of healthy lifestyles and good nutrition.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.
	Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.
	Educators model and reinforce health, nutrition and personal hygiene practices with children.

## 4 Aim

- 4.1 Our service aims to promote healthy lifestyles, good nutrition and the wellbeing of all of children, educators and families. We also aim to support and provide adequately for children with food allergies, dietary requirements, restrictions, and specific cultural and religious practices.
- 4.2 The service has a responsibility to help children attending the service to develop good food habits and attitudes. By working with families and all educators, we will also positively influence each child's health and good nutrition at home.

## 5 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids Uni CBD, Kids Uni iC.

Inclusion Policy (CHI-ADM-POL-003)

Enrolment and Booking Policy (CHI-ADM-POL-022)

Immunisation and Diseases Policy (CHI-ADM-POL-033)

Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)

Medical Conditions Policy (CHI-ADM-POL-038)

Physical Activity Promotion Policy (CHI-ADM-POL-045)

Relationships with Children Policy (CHI-ADM-POL-050)

## 6 Implementation in regards to promoting Healthy Living and Good Nutrition

Kid's Staff and Educators will:

- 6.1 Develop health and nutrition awareness and act to the best of our abilities on cross-cultural eating patterns and related food values.
- 6.2 Make meal times relaxed and pleasant and timed to meet the needs of the children. Educators will engage children in a range of interesting experiences, conversations and routines.
- 6.3 Discuss food and nutrition with the children.
- 6.4 Not allow the children to be force fed, that is, required to eat food that they do not like or more than they want to eat.
- 6.5 Encourage children to be independent and develop social skills at meal times.
- 6.6 Establish healthy eating habits in the children by incorporating nutritional information into our program.
- 6.7 Talk to families about their child's food intake and voice any concerns about their child's feeding and / or nutrition.
- 6.8 Encourage parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- 6.9 Encourage educators to present themselves as role models. This means maintaining good personal nutrition and eating the meals provided with the children at meal times.
- 6.10 Provide nutrition and food safety training opportunities for all staff including an awareness of cultural food habits.
- 6.11 Encourage children and families to contribute ideas for menu planning.
- 6.12 Provide menu suggestions which complement and reflect the children's related experiences.
- 6.13 Welcome families to share a meal with their child on occasion.
- 6.14 Recognise that holidays, festivals and religious celebrations of various cultures provide a valuable opportunity to include special occasion foods. Special occasions may be celebrated with culturally appropriate foods.

- 6.15 Ensure that meals and snacks provided for the children will incorporate the five food groups. Daily minimum number of serves recommended during operating hours will be provided for each food group to assist in children's growth and development.
- 6.16 That dairy products will be full cream for children under 2 years and "lite" dairy products will be offered to children over 2 years. Low fat diets are not recommended for children under two years. Babies and young children grow very rapidly and need the fat supply in whole milk, cheese and yoghurt to provide the energy they need for growth and development. Reduced fat milk can be introduced after 2 years of age (*Nutrition Australia.org*)
- 6.17 Families will be regularly reminded by educators and the service to update the service in regards to their child's preferences, habits, likes, dislikes, dietary requirements and restrictions.

## **7 Implementation in relation to provision of Nutritious Food and Beverages**

- 7.1 In order to achieve these healthy eating attitudes, the Approved Provider and the Nominated Supervisor, who is responsible for overseeing all educators, will –
  - i. Ensure children have access to, and are encouraged to access, safe drinking water at all times.
  - ii. Ensure children are offered foods and beverages throughout the day that are appropriate to their nutritional and specific dietary requirements based on written advice from families that is typically set-out in a child's Enrolment information on Hubworks which is our online enrolment system or on the "Allergy and Medical Notification" form 05. We will choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious or health requirements. Families will be reminded to update this information regularly or as necessary.
  - iii. Children who do not eat during routine meal times or children who are hungry will be provided with foods at periods other than meal times or snack times.
  - iv. Ensure food is consistent with the service's menu that is based on the Industry guidelines for provide healthy nutritious foods.
  - v. Educators follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator <http://www.eatforhealth.gov.au/eat-health-calculators>.
  - vi. Families utilising Kids Uni iC will be encouraged to provide food using these Guidelines.
  - vii. Provide food that is hygienic by following the relevant policies and procedures set out in the Health, Hygiene and Cleaning Policy.
  - viii. Ensure foods and beverages provided are safe for the child's age and developmental level and minimise the risk of choking.
  - ix. Families will be provided with daily information about their child's food and beverage intake and related experiences.

- x. Provide a weekly menu of food and beverages that are based on the Australian Dietary Guidelines, that describes the food and beverages provided every day and ensures the provision of food and beverages is nutritious and adequate in quantity.
- xi. The weekly menu is displayed in an accessible and prominent area for parents to view. We also display nutritional information for families and keep them regularly updated.
- xii. The weekly menu must accurately describe the food and beverages provided each day of the week.
- xiii. Present food attractively.
- xiv. Babies will be fed individually by educators if needed, although autonomy is also encouraged.
- xv. Age and developmentally appropriate utensils and furniture will be provided for each child.
- xvi. Encourage toddlers and young children to develop their sense of agency by feeding themselves independently and developing their social skills at meal times.
- xvii. Model and reinforce healthy eating habits and food options with children during eating times.
- xviii. We assist and supervise infants and toddlers during meals and snacks.
- xix. To reduce choking hazards children under 2 years will not be given raw apple, raw carrot, raw celery, dried fruits. Skin will be removed from all fruit and vegetables.

## 8 Allergy Management

- 8.1 This outlines the Allergen Management Process implemented across all centres. The procedure detailed in the table below covers the day to day management of the planning, preparation and serving of food in our centres to reduce the risk of exposure to relevant allergens.
- 8.2 UOW Pulse Ltd Children's Services has a policy that no food or products containing nuts should be brought into the service by families, staff or visitors. Our services are 'Nut aware'. Nuts are not essential or staple foods like some other allergens such as dairy, wheat or eggs and can easily be eaten at home.

In addition, at our Kids Uni North, South and CBD services, we do not accept food brought in by families from home as we are not able to verify the contents of the food and it may be a safety risk for other children in the service.

Staff are not permitted to consume any food and/or drinks (apart from water) in the classrooms or play spaces that has not been prepared by Kids Uni Kitchen Staff.

Staff at Kids Uni IC are encouraged to role model healthy eating habits by eating their own nutritious meals with the children at designated meal times.
- 8.3 Upon orientation and enrolment, the Nominated Supervisor will work in consultation with the cook and parents to address all special dietary needs requirements. The Nominated Supervisor will seek medical information from parents about any known allergies. The Nominated Supervisor will ask the parents to complete the "Food Allergy and Medical Notification" Form 05, along with supporting documentation and provide a Medical Management Plan.
  - i. The Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan.

- ii. The Medical Management Plan should be kept on the child’s enrolment file and also be displayed in the service, in an area where all educators can easily access it near a telephone.
  - iii. A copy should also be kept where the child’s medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion.
  - iii. Parents are required to provide the medication identified in the Medical Management Plan.
  - iv. Parents are required to provide updates to the Medical management Plan annually or if treatment changes are made. The documentation will be updated at the service.
- 8.4 If a child has an allergy, which requires special dietary consideration, a parent must provide the centre with any written information from a dietician or medical practitioner.
- 8.5 If a child requires a special diet the centre should be informed through Hubworks the online enrolment system that allows parents to update all information electronically and completing the “Allergy and Medical Notification Form 005”.
- 8.6 Special diets due to religious beliefs or parental preference will be respected.
- 8.7 Educators are aware how serious anaphylaxis is and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
- i. The service will ensure that all educators have completed first aid and anaphylaxis management training.
  - ii. The service will ensure that all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device every 3 years and cardio- pulmonary resuscitation every 12 months.

This table outlines each step of the process in relation to allergen management within our services.

Step	Actions Required
1	Notified of a new or change to Allergy/Food preference which is to be documented on Form 5 “Food Allergy Notification Form”
2	Director Review Section 1 & 2 of Form 5 and implement Section 3 based on information provided <ul style="list-style-type: none"> <li>• Provide Form 21 and 22 to parent and communicate they have 5 working days to return completed forms along with action plan and supply medication or care will be suspended (fees still charged) until all completed information received by Director</li> </ul> Form 21 – Administration of Authorised medication Form 22 – Risk Minimisation Plan (Record the date it is to be returned)
3	Parent to complete section 4 of Form 5 confirming that they have updated Hubworks or authorise centre to make changes and sign the form as authorisation.  Important that Form 5, Allergy Charts and Hubworks all say the same thing!
4	Director to complete Section 5 detailing date of meeting with parent and cooks. This is to include a discussion of items used in general menus and if specific foods are allowed by parents the name, brand etc needs to be recorded on the form so it can be added to allergy chart as an alternate food.  For Minor Food Allergy/Intolerance ask if products that are labelled “May Contain Traces” are permitted ? <ul style="list-style-type: none"> <li>• Cooks and Director to sign off on this</li> </ul>
5	Form 21 and 22 returned

6	Director to review both forms to ensure they have been completed correctly.
7	<p>If an Action plan has been provided for anaphylaxis, allergy, asthma, eczema etc you must check the plan for the following:</p> <ul style="list-style-type: none"> <li>• Family/Emergency contact names and phone numbers completed</li> <li>• Action plan dated and signed by Medical practitioner</li> <li>• Medication and dosage clearly stated</li> </ul>
8	Allergy Summary Chart Form 54 to be Updated , printed and provide to Cooks, trolleys, rooms and Director
9	The “Allergen & Dietary Requirement Check” Form 53 updated with child’s name, Allergy information printed and provided to Cooks, Trolleys, Rooms this form is used by cooks and educators to ensure appropriate checks are conducted prior to and at meal times.
10	The Medical Conditions Summary sheet to be updated, printed and provided to rooms, medical conditions folder and Directors. The name of authorised medication, dosage, expiry date and the review/renewal date for the action plan are to be included on the summary.
11	Action plan to be displayed in each room, medical conditions folder, individual child’s medication bag and kitchen.
12	<p>Communication to ALL Staff Form 42 to be printed for all staff to sign off after reading the following:</p> <ul style="list-style-type: none"> <li>• The Food Allergy &amp; Medical Condition Notification Form 05,</li> <li>• The Administration of Authorised Medication Form 21</li> <li>• The Risk Minimisation Plan Form 22</li> <li>• The ASCIA Action Plan</li> </ul>
13	<p>The Director to :-</p> <ul style="list-style-type: none"> <li>• Complete the checklist on Form 005 and collate all documentation to provide with form 005 and give to Admin</li> <li>• Ensure all Staff read and sign form 42 and file</li> <li>• Add information about this child to next staff meeting Agenda if applicable</li> <li>• Have new permanent staff discuss and sign Form 35 – Staff Declaration Serving Food to children at one month probation meeting.</li> <li>• Ensure that appropriate training occurs, in line with the Medical Conditions policy, if a child is using an Anapen.</li> </ul>

#### 8.8 The role of the Kitchen in the process of allergen management includes:-

(Not Applicable for Kids Uni iC)

1. Each day the recipe is to be checked by physically reviewing the labels of all ingredients listed to ensure the allergy information on the recipe is correct and current.
2. Identify any children who will be in the service for occasional care.
3. As part of the Food preparation step complete “The Food Preparation Allergy Record” Form 52, this should include the:-
  - a. Name of the recipes along with the allergy information for that recipe
  - b. The name of each child, the room they are in and their relevant allergy
  - c. Plan accordingly to ensure the allergen requirements of these children are met
  - d. Ensure all anaphylaxis children are served with “RED” crockery
  - e. Ensure those with allergies are on “Green” crockery
  - f. All alternate meals need to be identified with the Child’s name.
4. Record on “Allergen and Dietary Requirement Check” Form 53 the details of the alternate meal provided where relevant and a check that you acknowledge the meal being provided is appropriate and suitable for each child
5. Conduct a second check to ensure the correct/ appropriate food has been placed on the trolley for the child and is labelled.

6. Every week copy the weeks "Allergen and Dietary Requirement Check" Form 53 for each room for each centre.

8.9 The role of the Educators in the process of allergen management includes:-

1. Prior to serving meals from the trolley read "Allergen and Dietary Requirement Check" Form 53 and conduct the following checks:-
  - a. Check the allergy column/chart for the allergy information for the child and then
  - b. Check that the meal or the alternate meal is suitable for the child based on the allergy information
  - c. Provided the correct meal to the correct child
  - d. Then initial the section of the form to acknowledge that you have completed a-c
2. Ensure that only permanent team members serve food from the trolleys. Casual staff are not permitted to serve food to children, however they can assist with feeding children once a permanent educator has provided the meal.
3. If the information is incomplete or you are unsure about anything always contact kitchen or Director to check
4. Educators will familiarise themselves with all information regarding special dietary needs, by consulting special dietary charts in each playroom, staff room on food trolleys and in the kitchen. These will be updated as required. All educators are informed of updates/changes as they occur.
5. In the event that educators are providing food that is not pre-planned and not listed on the daily menu, or engaging children in a cooking experience, it is essential that two educators cross check the ingredients labels to ensure that the child's allergen is not present. Both Educators will sign off on the "Allergen and Dietary Requirement Check".
6. Children will be encouraged to wash their hands after eating food to minimise cross contamination or transfer of foods that other children are allergic too.
7. Educators will follow all requirements of the Risk Minimisation plan for each child.
8. Should an educator become aware of a child eating/drinking a product which should be avoided. Educators must immediately notify the Nominated Supervisor.
9. All permanent team members, including any new team members will sign off on Form 035 "Staff declaration providing meals to children"

8.10 The role of the Directors in the process of allergen management includes:-

1. Provide the relevant forms to family to complete
2. Organise and attend meeting with family and cooks
3. Record those foods elected by parents that can be offered as an alternate including brand name
4. Coordinate the following :-
  - a. Ensure the "Food Allergy & Medical Condition Notification Form" Form 5 is completed correctly
  - b. Review information on Form 5 and issue the " Administration of Authorised Medication" Form 21 and "Risk Minimisation Plan" Form 22 to be completed by family and medical practitioner
  - c. Update all information on the Allergy Summary chart Form 54
  - d. Update the "Allergen and Dietary Requirement check" Form 53
  - e. Ensure Action plans located in Medical conditions folders in rooms and Kitchen
  - f. Medical conditions summary updated with approved medication, dosage, expiry and renewal date for action plan
  - g. Ensure that the Food Allergy & Medical Condition Checklist and Communication Plan Form 20 is completed

- h. Have the “Staff communication & sign off sheet” Form 42 completed with all the above and have staff read and sign
  - i. All permanent team members, including any new team members will sign off on Form 035 “Staff declaration providing meals to children”
  - j. Ensure that trainees and casuals do not serve food from the trolleys. (Casuals are not permitted to offer food to children until they have been employed by UOW Pulse for a period of six months)
5. Allergies and Special Dietary Needs are regularly discussed at staff meetings.

#### 8.11 Kids Uni iC

1. Children attending Kids Uni iC children bring their own lunches, when children are bringing food from home educators will:
  - a. Provide information to families about safe foods to bring to the centre.
  - b. Educators are required to check children’s lunch boxes on arrival or as soon as practicable to ensure that nuts are not present. Educators will sign off on the “Daily lunch box check” form. In the event that nuts are detected the educator will remove and dispose of the allergen as appropriate. The educator will seek to provide a suitable alternative and advise the child’s family of this outcome through Kinderloop.
  - c. Educators are required to undertake a second check at meal time to verify the absence of nuts and sign off on Kinderloop via the Daily Activity – Daily Lunch Box Checks Tab
  - d. Remind children about not sharing food.
  - e. Ensure children are washing hands before and after meals.

## 9 Food Safety Program

Food safety is an important part of infection control in education and care services. The best ways to prevent diseases spreading through food are hand hygiene; not sharing food, plates or utensils; preparing and storing food properly; and keeping food preparation areas clean. The Children’s services group has developed a food safety program and associated procedures and forms that cover the storage, preparation, cooking and serving of safe food for our children.

## 10 Preparation and Food Hygiene Procedure

- 10.1 Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the *Food Standards Australia New Zealand* such as:
- i. Wash hands before food preparation.
  - ii. Hand washing procedure to be displayed above the hand washing sink.
  - iii. Hands to be washed in this sink ONLY by the person preparing food.
  - iv. Cleaning food preparation area before, during and after use.
  - v. Using colour-coded chopping boards in order to prevent cross contamination of raw food.
  - vi. Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
    - a. Washing their hands
    - b. Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net

- c. Not wearing jewellery (wedding band excluded)
- d. Covering cuts with a blue bandaid and gloves and
- e. Not changing nappies before preparing food.
- vii. Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
- viii. Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
- ix. Clean children's dining tables with Use all and dry before serving food.
- x. Ensuring food is always served in a hygienic way using tongs and gloves.
- xi. Clean children's dining tables with Use all and dry after meal times.
- xii. Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- xiii. Providing families with current and relevant information about food preparation and hygiene.
- xiv. Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

## **11 Food Safety, Temperature Control and Transport Procedure**

- 11.1 We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:
  - i. Provide food safety information from Safe Food Australia and NSW Food Authority.
  - ii. Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
  - iii. Encouraging educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
  - iv. Providing nutrition and food safety training opportunities for all educators including an awareness of other cultures food habits.
- 11.2 The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the "temperature danger zone". To keep food safe:
  - i. All food for children brought from home will be immediately placed in the refrigerator provided in the service. Children's food will be removed from insulated containers before placing in the refrigerator.
  - ii. Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
  - iii. Keep cold food in a fridge, freezer, below 5°C until you are ready to cook or serve, eg if you are serving salads keep them in the fridge until ready to serve.
  - iv. Keep hot food in an oven or on a stove, above 60°C until you are ready to serve.

- v. Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot. Heating food is not always recommended, however.
- vi. Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge.
- vii. Use a thermometer to make sure your fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- viii. All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- ix. Store dry foods in sealed, air-tight containers.
- x. Store food on shelving.
- xi. Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- xii. Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- xiii. Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- xiv. All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- xv. Store foods on shelves, never on the floor including play dough material.
- xvi. Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- xvii. Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- xviii. Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- xix. The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

### 11.3 Food Transport

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

### 11.4 Protecting food from contamination will be achieved by:

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

### 11.5 Temperature Control

- i. When potentially hazardous foods are being transported they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.
  - ii. If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
  - iii. Only pre-heated or pre-cooled good will be placed in insulated containers, which will have a lid to maintain temperatures.
  - iv. Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
  - v. Insulated containers will be filled as quickly as possible and closed as soon as they have been billed and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.
- 11.6 The following will be considered when transporting food:
- i. Containers of cool food will be placed in the coolest part of the vehicle.
  - ii. If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
  - iii. Vehicle will be kept clean and maintained at hygienic standards.
  - iv. When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
  - v. Upon arrival at the destination, educators will immediately unload any hot or cold food and place it in an appropriate temperature controlled environment.
  - vi. All food will be served within two hours of it being cooked.

## 12 Food Storage

- 12.1 In order to implement safe food storage practices to the highest possible standard, educators will access and amend their practices to the latest known information. This information will be passed onto families.
- 12.2 Educators will then implement these standards in the Service by inspecting food items when first brought into the Service to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Staff will then see that they are appropriately stored as per the following:
- 12.3 All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- 12.4 Store dry foods in sealed, air-tight containers.
- 12.5 Store food on shelving.
- 12.6 Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- 12.7 Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- 12.8 Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- 12.9 For cold storage, the following applies:

- i. All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- ii. Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).
- iii. Store foods on shelves.
- iv. Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- v. Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- vi. Fridges and freezers need to be cleaned regularly. The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

### 13 Cooking Experiences with Children

- 13.1 We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the
- 13.2 Cooking is a safe and enjoyable activity for children in education and care services, provided that you take a few simple precautions:
- Make sure children wash and dry their hands before and after the cooking class.
  - Always be aware of the dangers of heat.
  - Tie up any long hair.
  - To reduce the chances of germs being spread through food, it is recommended that children only prepare food that will be cooked afterwards—any germs in the food will be destroyed when the food is cooked. However, if the food will not be cooked, this risk can be lowered if children only prepare food to eat themselves.
  - If children have had vomiting or diarrhoea, they should not participate in cooking activities until they have been symptom-free for 48 hours. If the education and care service has recently had, or is currently experiencing, an outbreak of gastrointestinal disease, do not hold children's cooking activities, and check with your local public health unit before resuming cooking activities.
- 13.3 Examples of the type of activities children will participate in during cooking experiences include:
- i. Helping choose what to cook.
  - ii. Measuring and weighing ingredients.
  - iii. Stirring or mixing ingredients.
  - iv. Setting the tables.

### 14 Returning Bottles to Parents

All bottles will be rinsed but not sterilised after use and ensure all bottles, will be returned to the parents at the end of each day whether used or not. Parents should complete their own sterilisation procedure. Breast milk will not be stored overnight by the service.

## 15 Emergency Supply

- 15.1 Services will stock full cream dairy milk and formula powdered milk for emergencies only. The service should stock a few different types of established brands of formula, including soy-based formula for children who are allergic to cow's milk.
- 15.2 If the mother supplies breast milk, then the Nominated Supervisor will contact the parent to have an alternative milk source approved.
- 15.3 Parents/Guardian will be responsible on enrolment to ensure that the details of their child/ren formula are kept up-to date including the strength and the type of formula their child/ren drink.
- 15.4 The Parent/Guardian also needs to inform the educators and other staff when their child/ren will begin the transition from alternative forms of milk to diluted milk to full-cream cow's milk.

## 16 Breastfeeding and Breast Milk

- 16.1 Healthy lifestyles and good nutrition for each child is paramount. As such, we encourage all families to continue breast feeding their child until at least 12 months in line with recommendations for recognised authorities.
- 16.2 We aim to work with families with children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families.
- 16.3 We will provide a supportive environment for mothers to breastfeed.

## 17 Breast Milk Procedure

- 17.1 Breast milk is a bodily fluid, as such, there is a need for educators to follow this procedure carefully to ensure that the correct breast milk is given to a child.
- 17.2 Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child's name.
- 17.3 We encourage families to transport milk to the service in cooler bags and eskies; and then place it in the refrigerator or freezer immediately on arrival.
- 17.4 We will refrigerate the milk at 4 degree Celsius until it is required. If the breast milk is frozen it can be placed into the freezer.
- 17.5 When it is time for the child to be fed, the breast milk will be removed from the fridge or freezer and the label checked to ensure that it is for the correct child. This check will involve two educators. Both educators must record on the feeding record that they have verified that the correct breast milk is being given to the correct child by entering their initials onto the record.
- 17.6 Any unlabelled breast milk must be verified by the parent through a photo on kinderloop or a phone call. Unlabelled milk will not be fed to a child until it can be checked and verified by the parent. If there is any uncertainty the milk will not be fed to the child.
- 17.7 Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water.
- 17.8 The milk will then be temperature tested by educators before being given to the child using a food thermometer (temperature should not be over 37 degrees Celsius).
- 17.9 If the service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the service should do in these circumstances.

- 17.10 To avoid any possible confusion, where possible we will avoid storing expressed breast milk at the service overnight. Families should remove any unused breast milk from the refrigerator or freezer when they collect their child each day.
- 17.11 A quiet, private space with a comfortable chair will be provided for mothers/women to breastfeed or express milk.
- 17.12 In the instance that a child is fed another child's breast milk, this will be treated as an accidental exposure to a bodily fluid.
  - The educator must report the incident to the Director and the Children's Services Manager.
  - The parent must be contacted and advised to seek medical attention.
  - A report must be made to the Department of Education

## **18 Educators who Breastfeed at the Service**

- 18.1 The service also recognises the importance and benefits of breastfeeding and that many women will return to work before they wish to wean their children. Requests for allowances to be made for educators to continue breastfeeding once they have returned to work at the service will be treated sympathetically and reasonably and all efforts will be made to support the educator in her choice to continue breastfeeding her child.
- 18.2 On return to work from maternity leave, female educators may seek to change their work arrangements. The returning staff member will have a meeting with the Nominated Supervisor/Children's Services Manager to try and work out an arrangement which suits the educator, the Nominated Supervisor and also the running of the service. The service will provide Lactation Breaks for the educator to express milk or breastfeed her child. The Nominated Supervisor will be reasonably flexible as to when these occur.
- 18.3 A quiet, private space with a comfortable chair will be provided for women to breastfeed or express milk.
- 18.4 If arrangements have been made for the educator's child to come to the service to breastfeed and needs its nappy changed, the educator can use the service's nappy changing area as long as the relevant policies and procedures are followed.
- 18.5 When an educator is in the process of breastfeeding her child or expressing milk, educator to child ratios cannot be compromised. Educators will work to cover the Lactation Break as they would any other break.

## **19 Safe Storage, Heating and Feeding of Babies Bottles**

- 19.1 For children under 2 years, breast milk, formula, milk or solid food will be fed by the educator in the prescribed quantities and at the times specified by the parent.
- 19.2 Parents must provide formula. The service will provide cow's milk, soy milk, rice milk and water.
- 19.3 Breastfeeding mothers are encouraged to feed their child at the centre.
- 19.4 Bottles and food will be labelled with the child's name and stored appropriately. Bottles are to be placed in the body of the fridge, not in the door of the fridge. The reason for this is that the temperature in the door panels is not as cold as that in the interior of the refrigerator.
- 19.5 Our service will use bottle warmers/hot water to heat Infant Formula/Cow's Milk/Breast Milk.

We will not use microwaves because of uneven heating when a bottle is heated in the microwave.

- i. The service will use the bottle warmer as per the manufacturer's instructions.
  - ii. Educators will ensure that bottle warmers are inaccessible to children at all times.
  - iii. Bottles will be warmed for less than 10 minutes.
- 19.6 The educator or other staff responsible for feeding a particular child will check to see that the name on the bottle being used correctly matches the name of the child he/she is to feed. If the child is being fed breastmilk then this will be checked by two educators, who will initial the feeding record to acknowledge that they have checked that the breast milk is clearly labelled and being given to the correct child.
- 19.7 If the service is preparing an emergency bottle using the service's formula, check to ensure that the formula is correctly made up for the child's age and review the Parents/Guardians' instructions.
- 19.8 Babies should be held when being fed with a bottle, never leave babies unattended to feed with bottles "propped-up" to them. Babies who are fed lying down are at a higher risk of choking and developing middle ear infections.
- If an emergency arises and the educator or other staff are called away, another educator or other staff should continue to feed the child. If this is not possible, the educator or other staff must cover the teat and place the bottle in the fridge. If the feed is interrupted for more than a few minutes the bottle must be emptied and a new one made before continuing to feed the child.
- 19.9 Children must not share bottles. In order to avoid choking, or swapping of bottles and contamination, children should not be allowed to walk around with bottles.
- 19.10 Once milk has been heated, any unused portion must be discarded. **Under no circumstances will milk or breast milk be reheated for future use or be saved to take home.**
- 19.11 A record of food intake is to be available for Parents/Guardians to read at the end of each day and will include the amount of milk that the child has been fed.

## 20 Sources

- Education and Care Services National Regulations
- Early Years Learning Framework
- National Quality Standard
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood Dietary Guidelines for Children and Adolescents in Australia.
- Infant Feeding Guidelines
- Australia Dietary Guidelines
- Eat for health: Dept Health and Ageing and NHMRC
- Food Act
- Food Regulations
- NSW Food Authority
- Australian Breast Feeding Association Guidelines
- Munch and Move Resource Manual – Birth to Five
- Caring for Children – Birth to 5 years (Food, Nutrition and Learning Experiences)
- Best practice Guidelines for Management of anaphylaxis  
[https://www.allergyaware.org.au/images/cec/NAS\\_Best\\_Practice\\_Guidelines\\_CEC\\_April\\_2022.pdf](https://www.allergyaware.org.au/images/cec/NAS_Best_Practice_Guidelines_CEC_April_2022.pdf)

## 21 Review

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

## 22 Appendix 1 – Storage of Breast Milk

Breastmilk status	Storage at room temperature (26°C or lower)	Storage in refrigerator (5°C or lower)	Storage in freezer
Freshly expressed into sterile container	6-8 hours  If refrigeration is available store milk there	No more than 72 hours  Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C)  3 months in freezer section of refrigerator with separate door (-18°C)  6-12 months in deep freeze (-20°C)*
Previously frozen (thawed in refrigerator)	4 hours or less – that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding  Discard after feed	Discard	Discard

\* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

Source: NHMRC (National Health and Medical Research Council), 2013, *Infant Feeding Guidelines*, National Health and Medical Research Council, Canberra

## 23 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	Feb 2012	Feb 2013	Michele Fowler Manager – Kids Uni	

2	Feb 2013	Feb 2014	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Children with Special Dietary Needs Policy, Nutrition Policy, and the Obesity Policy.
3	Dec 2013	Dec 2014	Michele Fowler Manager – Kids Uni	Minor updates provided by Centre Support to update dietary guidelines references and the eat for health calculator
4	Jun 2014	Jun 2016	Michele Fowler Manager – Kids Uni	Policy reviewed with no changes required. The review period changed to 2 years.
5	Mar 2016	Jun 2018	M. Gillmore – UniCentre Manager	Policy reviewed with a few minor editorial changes required.
6	Jul 2018	Jul 2020	Kellie Grose Children's Services Manager	Policy has been reviewed and updated to include our Food Safety program and our Allergen Management process. This has combined the 'Egg and Nut Aware Policy.
7	Nov 2018	Nov 2020	Kellie Grose - Children's Services Manager	Clarification around food being brought into the centre by families from home – bring into line with other Pulse Policies.
8	Jan 2019	Jan 2021	Kellie Grose - Children's Services Manager	Change to casual staff serving food. Only permanent staff can serve food.
9	Jul 2019	Jul 2021	Kellie Grose - Children's Services Manager	Added clause to cover additional food being supplied from the kitchen that is not on the menu.
10	November 2019	Jul 2021	Nicole Bray – Director Kids Uni iC	Updated to reflect name change to Kids Uni iC and provisions around the children providing their own food.
11	June 21	Jul 21	Nicole Bray – Director Kids Uni iC	Updated to reflect change of paper form to Kinderloop.
12	April 2022	April 2024	Kellie Grose - Children's Services Manager	Updated breast milk procedures to reflect NSW Health Munch and Move Resource Manual. Updated information on bottle feeding babies to emphasise that babies should be held. Updated information on the provision of developmentally appropriate and safe food to avoid choking. Added Appendix – Storage of Breast Milk
13	June 2022	June 2024	Kellie Grose - Children's Services Manager	Removed eggs from allergy aware policy following release of best practice guidelines for management of anaphylaxis. Added hand washing after meal times to reduce cross contamination of foods.