



Title	Nutrition, Food Safety and Oral Health Policy & Procedure
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VERSION CONTROL

Version No.	Date	Comment	Author
1	2009	Reviewed and redeveloped with the catering officers and the Alpine Health Dietician to ensure a comprehensive policy for nutrition is in place.	Manager
2	Oct 2014	Amended to include feedback from dietitians as part of the Smiles for Miles program	General Manager
3	Nov 2014	Reviewed and reformatted by ACS CoM for consistency	ACS CoM
4	15 Feb 2018	Updated information on water and food-borne illnesses	General Manager

Policy

Scope

The Policy and Procedure applies to all Alpine Children's Services (ACS) staff, Family Day Care Educators, parents/guardians, children, volunteers, students and contractors involved with the service.

Policy Statement

The service will provide food, and food and nutrition education that is consistent with national dietary guidelines for children and national infant feeding guidelines, national regulations, food safety principles that is appropriate to their age, cultural background, religion and/or medical needs.

Objectives/Principles

ACS is dedicated to and:

- Encourages parents to provide children with nutritional and appetising meals to meet their individual and special dietary needs.
- Endeavours to take into account the cultural values, religious and overall health status of individual children and to teach them about food, nutrition and oral health.
- Educates children and their parents/guardians about healthy food, healthy eating habits and good oral health.
- Ensures that the nutritional needs and/or dietary requirements of children are appropriately catered for, while they are attending the service.
- Provides a flexible approach to serving and consuming food for children attending the service.
- Ensures compliance with National Health and Medical Research Council's (NHMRC, 2013) Dietary Guidelines for Children and Adolescents in Australia and the Education and Care Services National Regulations (2011).

Procedure

These procedures cover three essential areas relating to the Nutrition Policy:

1. Food safety and staff training
2. The environment in which food is provided (including oral hygiene)
3. Foods provided by ACS

1. Food Safety and Staff Training

Food safety and handling practices are a vital component of food service delivery as they ensure the ongoing quality of the food supply and hence reduce incidence of food borne illness.

ACS encourages all staff to have the following certificates (with a minimum of one staff member on site at all times):

- Follow Workplace Hygiene Procedures (THHGHS01B)
- Implement Food Safety Procedures (THHBCC11B)

ACS will have a minimum of one staff to act as the Food Safety Supervisor who has the following certificates:

- Follow Basic Food Safety Practices (HLTFF7A)
- Apply and Monitor Food Safety Requirements (HLTFF10A)
- Oversee the Day to Day Implementation of Food Safety in the Workplace (HLTFF9A)

In accordance with the Food Safety Plan an annual health inspection audit, all food safety and handling techniques shall be displayed in relevant areas to ensure ongoing adherence by staff.

Food Safety Principles

- The importance of hand washing
- Minimising the risk from potentially hazardous foods
- Food Safety Exclusion Guidelines after a confirmed case of gastroenteritis.

Food Premises and Equipment

Please refer to the service's Food Safety Plan for details regarding the cleaning and maintenance of the food premises at the service.

Protective Behaviours and Practices

ACS recognises that staff play an important part as role models for safe food practices. Staff and educators must ensure they comply with the service's Nutrition, Food Safety and Oral Health Policy & Procedure. The Coordinator of each service will undertake random monitoring of staff compliance with this policy.

Training

The training needs of all staff in relation to understanding the cultural or religious needs of the children attending the service will be reviewed and training/staff development shall be organised if appropriate.

Food or Water-borne Illnesses

ACS follows the '10 golden rules for safe food preparation' developed by the World Health Organization in the service's Food Safety Plan.

In case of an outbreak of a food or water-borne illness, ACS will implement the actions recommended by the Victorian Department of Health (<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice/food-water-borne-illness>).

2. The Environment in Which Food is provided

Providing a relaxed, safe and positive eating environment is vital in promoting ongoing healthy nutrition and eating practices into adulthood.

According to Ellyn Satter, “Feeding demands a division of responsibility. Parents are responsible for the **what, when and where of feeding**; children are responsible for the **how much and whether of eating.**”

Meal and snack times

Meals and snacks are provided at regular times at each centre. Please refer to each service for these details. Children may be provided with additional food and drinks (milk and water) if required between these times.

Food, nutrition and oral hygiene awareness

ACS is committed to providing nutrition education in the curriculum. The educational program will include simple fun activities that help with knowledge, skills through discussion, food samplings and practical learning through professional visits and/or excursions. Healthy food posters are displayed around the centre. Information about food and nutrition awareness will be provided in the service newsletters. Children are encouraged to broaden their food knowledge and sample varied foods in a relaxed environment. Children are encouraged to develop independence in serving and clearing away food and drinks and managing utensils that are used for pouring, drinking and eating. Children are also given opportunities to participate in food related activities; ensuring correct hygiene methods are followed.

ACS will promote the Drink well, Eat well and Clean well messages through curriculum and where possible, invite dental professionals to speak to children and families about good oral health.

Children will be provided with water after each meal and encouraged to swish the water around their mouth to clear the mouth of food debris.

ACS will regularly provide families with information on oral hygiene and how and where to access dental services. Staff and educators will also talk to children about age appropriate tooth brushing and why it is important.

ACS will support educators, staff and families with information, ideas and practical strategies on a regular basis to support healthy eating and oral health initiative in the service and at home.

Preventing and managing a choking incident

Whilst ACS appreciates that the risks of a choking incident cannot totally be avoided, all steps will be taken to decrease the risks by adhering to the following practices:

1. Children should always be seated whilst eating.
2. The staff will encourage children to chew well and not overfill their mouths.
3. A minimum of one staff member trained in Apply First Aid shall be on site at all times.
4. Some foods carry a higher risk of causing choking and these are not allowed to be brought in or provided:
 - a) For all children - no nuts and hard lollies, and
 - b) For children under two years old - no grapes, uncooked or ungrated carrots and apples.

Cultural influences

ACS recognises the diversity in food styles and will introduce the children to dishes from different cultures.

Family attitudes

ACS believes that how families approach the role of food provision strongly influences the child's understanding and beliefs about food. Staff at Alpine Children's Services are interested in knowing about each family's attitudes towards food and finds ways that the family can be supported within the guidelines of this policy.

Care environment and Mealtime Atmosphere

Staff members will sit with children and model healthy nutrition and eating practices. Table seating will be kept small to allow for chatting and enjoyment while eating. Food is not used as a reward or punishment, either by its provision or denial.

The second course (if provided) is still offered even if first course is not eaten. The weekly menu will be displayed and made available for parents and staff. Recipes are available upon request.

Food norms and expectations

Children are encouraged to be active contributors to mealtimes and snacks. Over time, children are encouraged to learn to serve food from their table, assist in clearing their table, and understand table manners, but with respect for the way children learn and practice skills.

Drinks provided

Water will be accessible at all times (indoors and outdoors). Children will be provided with milk and water as the main two sources of fluid intake unless otherwise requested by parents/guardians. Children under 12 months of age will have cooled boiled water and breast or formula milk.

Milk and/or water are provided at regular intervals: morning tea, lunch and afternoon tea.

Managing fussy eaters

Standard meal and snack times exist and other than special occasions, food will be provided at the same location within the service. Children will decide whether to eat. ACS requires, however, that all children remain at the table at meal times whilst other children eat. Children will decide how much to eat.

Although the service decides what foods to offer, some choice may exist within particular dishes e.g. salad and bread. Food may not be brought in to the service from home. Please refer to page nine, for guidelines for parents with a child on a special diet. The centre will decide when to offer food. Additional serves are available if a child requests.

Role of Educators

Educators will:

- role model acceptable social behaviour at snack and meal times.
- ensure children follow hygiene principles such as handwashing before and after meals.
- ensure tables are wiped with appropriate cleaning materials prior to children using them for food consumption.
- ensure children are sitting when they eat and drink.
- wash and sanitise all dropped utensils prior to re-use.
- discourage children from sharing utensils and food (particularly in relation to children at risk of anaphylaxis - refer to the service's Anaphylaxis Policy).

- discourage children from sharing utensils and sharing food they have begun to eat.
- promptly clean up any food or drink that is dropped indoors or outdoors.
- ensure that food is not used as a reward, incentive or comfort.

Roles of Families

The service recognises the important role of families and therefore provides the opportunity for families to list any specific nutritional requirements (including allergies) on their child's enrolment form and to discuss these with the qualified staff member prior to the child commencing at the service. Families must notify the service of any changes to their child's specific nutritional requirements. Families are required to comply with the guidelines for celebrations that include food (e.g. birthdays).

3. Food Provided by ACS

A selection of healthy food choices is offered that provides the child half of the recommended daily intake requirements for growth and health per day. Fresh fruit and vegetables are provided everyday in the menu planning for children. ACS is guided by the NHMRC Dietary Guidelines for Children and Adolescents in Australia.

The menus are developed using the guidelines of the Start Right Eat Right program and do not include any foods high in sugar, fat and salt such as chips, chocolates, lollies, muesli and fruit bars and sweetened drinks. A variety of foods, prepared in a variety of ways are offered. All ingredients and recipes are available to parents upon request.

Why is this important?

Adequate nutrition is important at all ages but particularly so for children because of the need for growth. A wide variety of foods in sufficient amounts are needed for both physical and intellectual development. In particular young children can eat too little of foods that provide calcium and iron, unless attention is given to make sure these are provided in sufficient amounts each day.

Dietary guidelines for children and adolescents

Dietary guidelines have been developed to help understand the special needs of children (compared to adults), and assist educators to make suitable choices for children in their care. For more information about the National Dietary Guidelines for Children and Adolescents in Australia, please speak to the Catering Officer or refer to: www.nhmrc.gov.au/guidelines/publications/n1

Emergency food

If a child with Type 1 Diabetes is suffering a hypoglycaemic attack (defined as a blood sugar level below 3.5 mmol/L), fast acting carbohydrate food items to quickly raise the child's blood sugar level shall be used. These include 6 jelly beans, 6 jelly babies or ½ glass soft drink (not "diet" or "light") or Lucozade. Glucodin tablets can also be used. Such items are kept in the First Aid Kit.

Bottled water shall be kept in the "Evacuation Backpack".

Managing Food Allergies

Please refer to the service's Managing Children with Medical Needs Policy.

Managing Food Intolerances

Alpine Children's Services aims to work in partnership with families to ensure the least restrictive care is provided as possible.

Guidelines for families with a child on a special diet:

1. The service recommends that all children suspected of having a food intolerance be seen by a qualified dietitian (i.e. holds a qualification accredited with the Dietician's Association of Australia) to confirm the diagnosis and exclude any other underlying illness that may be the cause.
2. The service also recommends that all children suspected of having a food allergy be seen by an allergy specialist for correct diagnosis (as per the Australasian Society of Clinical and Immunology and Allergy ASCIA definition of allergy testing), advice on preventative management and emergency treatment. Methods of diagnosis include skin prick testing, blood tests for allergen specific IgE, total IgE testing, eosinophil counts, patch testing and challenge testing. There are numerous unproven methods and these will not be accepted as determining that a child has an allergy as defined by ASCIA.
3. In the case of the child not being seen by a qualified dietitian or allergy specialist the parents will be asked to write and sign a letter stating they have required the centre to provide the child with the diet requested. Any changes to the diet requested must also be in writing and signed by the parent.
4. The Catering Officer and/or Coordinator will meet with parents to:
 - a) learn about practical ways of managing the diet restrictions at the centre,
 - b) provide emergency instructions required to follow in the event of a mistake being made with the special diet
 - c) provide advice on how special occasions are to be handled, e.g. the parent may choose to bring in a food or dish that is suitable.
 - d) provide a contact of a specialist or practitioner who can be contacted for more information.

Foods for special occasions

Lake View Children's Centre

Treats such as balloons or bubbles may be brought to celebrate a child's birthday. The birthday child will also be provided with the opportunity to make a play dough cake or use a watermelon birthday cake to celebrate a child's birthday.

Mountain View and Alpine View Children's Centre

Parents/guardians may prepare and bring in a cake (or one other culturally or religiously specific food item) for special occasions such as birthdays. Cake recipes must comply with certain food safety requirements, namely that the cake base is plain (no cream filling) and that the icing is made with water rather than butter. The cake also needs to be completely free of all nut ingredients. A sample cake recipe is available for parents from centre staff. Parents are required to fill out relevant details in the "birthday cake book" available from the kitchen the relevant day.

The cake (or other food item) shall be the only alteration to the menu for the day and shall be offered after the usual morning or afternoon tea. All other "occasional" or "party foods" are restricted and will not be permitted. Parents not complying with the above guidelines will be referred to the nutrition policy and will be asked to remove the restricted foods.

Procedures for handling breast milk and formula

Babies, who are not being breastfed, need to be fed baby infant formula. Milks that should never be given to a baby less than 12 months of age include cow, skim, evaporated, sweetened condensed, goat, sheep, rice and soy.

Bottles must be clearly marked with the child's name and date. The bottles can be either brought in with:

- a) the formula prepared by the parent/guardian, or
- b) expressed breast milk, or
- c) cooled boiled water (for children up to 12 months of age) and the formula in the original container. Educators will then make up the formula according to the manufacturer's instructions as needed.

Storage of formula or breast milk

Bottles of formula or breast milk need to be stored correctly to prevent the growth of bacteria. Storage guidelines include:

- a) Store bottles of formula or breast milk in the fridge until needed.
- b) Use a fresh bottle every time. If a baby drinks some of the milk, discard the leftover milk and give the baby a fresh bottle at next feed.
- c) Discard any refrigerated milk that has not been used on the day it was brought in.

Procedure for mixing, storing and heating the formula

Before mixing up formula, always check the date on the bottom of the tin to ensure it has not passed its expiry date. Educators should also:

- a) Follow the manufacturer's instructions strictly when making up the formula.
- b) Always wash hands thoroughly before preparing formula and ensure the preparation area is clean.
- c) Use cooled, boiled water only (provided by the parents).
- d) Pour the recommended amount of water into the bottle.
- e) Use the enclosed spoon to measure the exact amount of formula. Level the powder (do not pack it down) with a sterilised knife or spatula. Add formula to the bottle of cooled, boiled water.
- f) Place the disc and cap on the bottle, and shake until the formula is thoroughly mixed.
- g) Store the made up bottle of formula in the back of the fridge where it is coolest.

If using a microwave, the following guidelines should be followed:

- Do not use microwave ovens with a wattage over 700W
- Make sure the bottle is microwave-safe
- Make sure there is at least 120mls of formula in the bottle (otherwise it will overheat)
- Heat only cold formula straight from the refrigerator
- Always stand the bottle upright
- Always take off all the teat/bottle top assembly and leave these outside the microwave
- For a 120ml size bottle - use high setting and heat for less than 30 seconds.
- For a 240ml size bottle - use high setting and heat for less than 45 seconds
- Put the teat/bottle top back on, and invert the bottle at least 10 times
- Make sure formula is cool to touch and always test formula - place several drops on the back of the hand

Storage of breast milk for parents

Parents will be given the following storage guidelines for breast milk:

- a) Express into clean and sterilised containers. These may be glass, plastic or sealable plastic bags.
- b) Label each container with the time and date the breast milk was expressed.
- c) Refrigerate the breast milk within one hour of expressing.
- d) Store breast milk in the back of the fridge where it is coolest (4°C or lower), not in the fridge door, if you are going to use it within the next three to five days.
- e) Freeze excess breast milk immediately if you are not going to use it within the next few days.
- f) Do not top up refrigerated or frozen breast milk unless it has been chilled first.
- g) The shelf life of frozen breast milk depends on the freezer. If the freezer is inside the fridge, storage time is two weeks. If the freezer is separate from the fridge with its own door, storage time is up to three months. Breast milk can be stored for six - 12 months in a deep freezer (-18°C or lower).

Guidelines for thawing and heating of breast milk

- a) Breast milk must be thawed and heated correctly to reduce the potential for bacterial growth and to avoid destroying nutrients.
- b) To warm breastmilk; Warm the container of chilled or thawed breastmilk in a bowl, jug or saucepan of hot water or in an electric drink heater, until the milk reaches body temperature. Test the temperature by dropping a little onto your wrist¹ before offering the warmed milk to a baby.

Storage of Breastmilk

Breastmilk	Room Temperature	Refrigerator	Freezer
Freshly expressed into container	6-8 hours (26°C or lower) If refrigeration is available, store milk there	3-5 days (4°C or lower) Store in back, where it is coldest	2 weeks in freezer compartment inside refrigerator 3 months in freezer section of refrigerator with separate door 6-12 month in deep freeze (-18°C or lower)
Previously frozen - thawed in refrigerator but not warmed	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

¹ Australian Breastfeeding Association, 2012. Breastfeeding ... naturally. The Australian Breastfeeding Association's guide to breastfeeding - from birth to weaning. 3rd edition. P.184

Breastmilk	Room Temperature	Refrigerator	Freezer
Infant has begun feeding	Only for completion of feeding	Discard	Discard

Bottle Feeding Procedure

- a) Don't prop the bottle in the baby's mouth and leave the baby to feed unattended, the baby may choke.
- b) Do not put a baby to bed with a bottle. This can be tempting for older children who can hold their own bottles but it can damage their teeth.
- c) Take the bottle away as soon as the baby has had enough.
- d) Cuddle the baby close against you and hold the bottle while the baby feeds. Feed time should be an enjoyable time for everyone.

The centre provides all drinks (except bottles of formula or expressed breast milk). Any drinks brought by parents will be removed and returned at the end of the session. All children will be provided with full fat diary milk or water at the centre unless otherwise

The service will not introduce new foods, but only provide food on advice from the parent/guardian. The service understands it is important to encourage parents to keep foods separate (i.e. not mashed together) for the infant to learn about different tastes and textures.