



Policies

Practices & Procedures



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4. Health & Safety Policy

4.1 Health and Safety Framework.

Our Centre provides a safe environment for children, staff, and visitors. We achieve this by ensuring all practicable steps are taken to prevent accidents and incidents; but where these occur, by taking all practicable steps to understand why it occurred and to learn from this to prevent it from happening again.

This policy aims to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our centre operations and aims to ensure all work activities are done safely.

Management is responsible for providing and maintaining:

- a safe working environment
- safe systems of work
- plants and substances in safe condition
- facilities for the welfare of all workers
- any information, instruction, training, and supervision needed to make sure that all workers are safe from injury and risks to their health.

Workers are responsible for:

- ensuring their own personal health and safety, and that of others in the workplace
- complying with any reasonable directions (such as safe work procedures, wearing personal protective equipment) given by management for health and safety

We expect visitors and contractors to:

- be familiar with the health and safety policies of our centre
- Report any hazards, incidents, or accidents they see to management.

General:

- Management and staff share the responsibility for ensuring we offer a safe and healthy environment for all
- We have a first aid kit in each classroom equipped to the standard set by the Ministry of Education
- We have areas where we can isolate sick children
- Core teaching staff has current first aid training



The following framework outlines the range of centre health and safety policies required to comply under the Ministry of Education’s Early Childhood Education centre’s licensing criteria HS1 to [HS33](#).

Prevention (What we do to avoid something happening)	Response (What we do when something happens)
<p>HS1/HS2 Hygiene Laundering of Linen Policy</p> <p>HS3 Nappy Changing Policy & Toileting</p> <p>HS4 Approved Fire Evacuation Scheme</p> <p>HS7 Evacuation Plan Policy</p> <p>HS8 Emergency Drill Record & Procedures</p> <p>HS9 Sleep Monitoring Policy</p> <p>HS12 Hazard and Risk Identification and Management System and Hazard Register (folder in office)</p> <p>HS17 Outings and Excursions Policy</p> <p>HS18 Travel permission Policy</p> <p>HS19 Healthy Eating/Food Policy</p> <p>HS25 Accident and Illness Policy</p> <p>HS26 Infectious Diseases Practices</p> <p>Salmonella Procedure, Immunisation, sun protection</p> <p>HS28 Medicines Administration / Medicine Register</p> <p>HS29 Medicine Administration Information (in rooms a& part of induction process)</p>	<p>HS25 & HS27: Incident, illness and Accident Record; Incident Investigation form</p>

4.2 Risk Management Procedure

ECE Regulations 2008 HS12

Last Reviewed 05/08/2024

Next Review DUE

Our risk management procedure aims to keep our tamariki, whanau, staff members and visitors safe during the time they are at our centre.

All potential risks that we could encounter in our setting will be identified, registered, assessed, and dealt with, aiming to minimise, isolate or eliminate them completely. All risks will be discussed by all team members.

1. All agreed potential hazards and risks are collected in our Risk Management Register, located at the office and available to everyone.
2. Our register is reviewed annually and/or after an incident/event happen.
3. A member of the teaching team will do daily checks to detect possible hazards in our environment, indoors and outdoors, before children use the area. If any hazard or risk is found immediate action needs to be taken to eliminate or minimize it. If not possible, we will eliminate or minimize the risk by cordoning it off from children or in the case of equipment, removing it whatsoever. Management will be advised so replacement or repair can be organised. Either action will be reflected in the report and pass on to management in writing¹.
4. Health and safety checks will be recorded daily with the initials of the person undertaken them. At the end of the week the H&S responsible check everything has been completed and addressed correctly, sign and file.
5. A monthly review will be undertaken by the team leader of each room and an updated monthly report completed and file in the centre's H&S folder. This reporting will detail actions taken and will feed the Risk Management Register in the case we can identify a new hazard. This monthly review needs to be done in conjunction with the review of accidents and illnesses records to analyse if any relation among them, long term issue or trend can be detected.
6. All visitors must sign at the visitor register that they have read and understood potential risks and hazards they may encounter at our centre. A Visitor Risk Management register will be sitting at the visitor check in/out table for them to read through.

¹ Maintenance and Repairs form

4.3 Hygiene

ECE Regulations 2008 HS1

Last Reviewed 05/08/2024.

Next Review DUE

All members of staff will ensure all premises, furnishing, fittings, equipment, and all material used by children and adults are kept safe, hygienic, and maintained in a good condition. We pride ourselves to offer a high standard of hygiene at our service which everyone cooperates and benefits from.

Daily cleaning will be completed by the staff during and at the end of the day. A record of tasks is completed daily by the responsible and kept in H&S Folder in each classroom.

Cleaning will be completed following health requirements if an outbreak of an illness occurs.

Professional cleaners are employed to deep clean floors and bathrooms in a daily basis. Other tasks such as floor polishing, high dusting, wall cleaning is done in a weekly basis. Staff are to leave a note for the cleaners in the cleaning services communication book detailing any extra cleaning that is required if direct contact is not possible.

Kitchen staff is responsible for cleaning the kitchen at the required standards. All equipment used to cook is washed in hot soapy water and then put in the steriliser. All surfaces are clean and disinfected after each used and at the end of the day. Records are kept in the kitchen folder.

Plates and cups used by the children are wash in hot soapy water and then put in the steriliser or dishwasher.

Management team will check that the centre is clean and tidy in a daily basis and organise an ad hoc cleaning when necessary. Management will ensure that cleaning products are always available.

Each term a spring clean will be carried out.

4.4 Laundering Procedure

ECE Regulations 2008 HS2

Last Reviewed 17/09/2024

Next Review DUE

At City Heights we ensure that laundry is laundered hygienically and regularly to maintain high hygiene standards. We got an enclosed laundry space in the Juniors are (MOE licence 80026) with an 8 kg capacity washing machine and 7kg capacity dryer.

- Laundry is a share responsibility of all staff members.
- Everything is washed in hot water cycle (40°C) in a program of 60 min and with an adequate quantity of laundry detergent, as per the detergent suppliers' instructions.
- Laundry will be dried in the dryer or the drying rack. It will then be folded and returned to storage areas as appropriate.
- If an indoor drying rack is used, we will make sure that it does not obstruct corridors, exit and entry points or impose children's play areas.
- All used cloths, tablecloths, Kitchen tea towels, cleaning clothes and towels are washed and dried daily.
- Linen, blankets, aprons, dress up clothes, hats, cushion covers, doll's clothes and soft toys are collected and washed weekly.
- Bed linen and blankets are always washed separately from other items.
- Daily dirty laundry is kept in laundry baskets placed around the centre.
- Dirty linen is kept in a special linen laundry basket until washed.
- Seniors' area (MOE licence 80056) will bring the laundry collected during the day to the laundry upstairs and wash and dry everything following same procedure. Clean laundry is sent back downstairs early every morning.
- Soiled items will be washed in a separate wash from all other items at a minimum temperature of 60 degrees Celsius.
- Washing powder/detergents will be stored in a safe area out of the tamariki reach at all times.

4.5 Nappy Changing & Toileting Procedures

ECE Regulations HS3

Last Reviewed 17/09/2024

Next Review DUE

Nappy Changing procedure

1. All children are to be treated with dignity and respect while changing nappies.
2. Nappies will be changed by permanent staff (qualified and unqualified teachers). Permanent relievers will be able to change nappies only when a relationship has been established with tamariki.
3. Nappies will be initially checked on arrival after the parent has left, especially those children who travel a long distance to the centre.



4. All infants and toddlers in disposable nappies will be changed every 3 hours or as required in between times for wet or soiled nappies.
5. All infants and toddlers in cloth nappies will be changed every 2 hours or as required in between times for wet or soiled nappies.
6. Dirty nappies are discarded in a lidded nappy bin for effective and hygienic disposal.
7. Dirty cloth nappies are disposed in wet bags supplied by parents/caregivers. Wet bags remain in the bathroom until parents collect them at pick up time.
8. Children will never be left unattended on the nappy change table.
9. When infants and toddlers are dry at nappy change time (2 to 3 hours) they will be checked again half an hour later.
10. Older children will be encouraged to go up and down the nappy table by themselves using a ladder with the assistance of the adult.
11. Kaiao will wear disposables gloves when changing nappies. They will be place in the nappy bin after each use.
12. Change tables are always sprayed with disinfectant and wiped down after each use.
13. Children are taught to wash and dry their hands after going to the bathroom.
14. Sanitizer is readily accessible for teachers to use after nappy change.
15. Records of checks and/or nappy changes will be kept on Toileting charts and will always be available to parents.

Toileting procedure

1. Children will have free access to the toilets at all times of the day.
2. The bathroom doors are to be always kept open.
3. Children using the bathroom are to be treated with dignity and respect.
4. There are small toilets with seat inserts and steps on which to stand or reach the seat from, and toilet paper within easy reach.
5. Children becoming toilet trained are reminded by staff regularly to go to the toilet and assisted where necessary.
6. Staff will assist children needing help with toileting.
7. Children are taught to wash and dry their hands at the basins after using the toilet.
8. Should a child have an accident they will be cleaned and assisted to change into the spare set of clothes in their bag, or into clothes supplied by the centre. Their wet or soiled clothes are put in a plastic bag in their bag.
9. Children are praised for good toileting behaviour and there are no negative comments if they are not successful.

4.6 Sleeping Procedure (HS9)

ECE Regulations 2008 HS9

Last Reviewed 17/09/2024.

Next Review DUE

At City Heights we recognize each child is unique and come to our centre with their own sleeping routines and patterns. We strive to follow their individual practises and routines in a healthy and familiar environment.

1. When sleeping or resting, children will be in an area designated as a sleeping and/or resting area.
2. All children are provided with a sleeping space and their own bed and linen. Their bed linen is washed weekly or after sickness. Beds are disinfected every week.
3. Our sleeping areas are peaceful and healthy environments; however, they are not silent or dark spaces necessarily, especially for children over 3.
4. Babies will be put to sleep following whanau directions to maintain individual routines and consistency, for example, rocked, patted and/or left to self-settle.
5. For safety reasons, children who are able to stand or sit by themselves shall not wear a sleep sack to avoid tripping over. Instead, they can use a sleeping suit.
6. No sleep sacks allowed for those sleeping on stretches.
7. Toddlers will be taken to their sleep area in small groups and encouraged to independently settle, however, teachers support is always available when needed. Teachers will remain in the room until children are asleep. If a child is not asleep after 30 min of adult support, they will be invited to go back to the classroom.
8. Seniors are encouraged to complete the sleep routine independently with teachers support. One teacher remains in the room while children are sleeping. If a child is not asleep after 15 min of adult support, they will be invited to go back to the working area.
9. When children are fully asleep, a staff member will be responsible for monitoring children in the sleep area. Each child in the Junior Montessori will be monitored every 5 minutes, children in the Senior Montessori will be monitored every 10 minutes to the monitoring standard in this policy.
10. When monitoring children, they will be checked to ensure every child is breathing comfortably, is warm and completely settled. We will ensure no children are disturbing others. Checks and the person undertaken them are always recorded on the Sleeping chart.
11. Sleep times are recorded on the Sleeping chart and accessible to parents.
12. Staff will ensure that children have no access to fluid or to food while in bed or sleeping or resting.

13. Staff will ensure that children do not stand, walk, or jump on other children's beds.
14. Beds will be arranged following tikanga Māori.
15. Sleep room temperatures are kept at the level recommended by MOE, 18° C minimum.
16. Parents are encouraged to bring along any special item for the child to settle.
17. If a child falls asleep out of the sleeping time or space, they will always be transferred to a bed as soon as possible and kept suitably warm.

4.7 Accident, Illness and Infectious disease procedure.

ECE Regulations 2008 HS27

Last Review 17/09/2024

Next Review DUE

At City Heights we are committed to providing a safe environment for our tamariki, kaiako, whānau and wider community, to always protect and nurture their wellbeing. Injuries and illnesses are recorded and continuously reviewed² to ensure the health and safety of tamariki, and adults remains a top priority.

1. Accidents.

In the case of an accident occurring within the centre we will proceed as follows:

- If a staff member deems the accident as **minor**, they will administer first aid treatment, record the accident, and advise the parent when collecting the child. The parent will be asked to sign the accident report and given a copy of it.
- If a child receives a bump or graze on the face or head that is deemed not serious but visible, the parent will be contacted and informed prior to collecting their child. If a bump, a wrapped ice pack will be held on the child's head for at least 20 min. If a burn, the injured area will be put under water for at least 20 minutes.
- If deemed **serious**, first aid treatment to be provided, parents, or emergency contacts will be immediately contacted and arrange for the child to be picked up and taken to a medical centre. A detailed accident report to be written.
- If deemed **very serious** emergency services (111) will be called prior to contacting the parents. If the child needs to be taken to hospital and parents haven't arrived yet, a staff member will accompany the child until the parents are present. Serious injuries will be notified to the appropriate agency by the centre manager. An investigation will be conducted and a detailed accident report to be written.
- If the accident occurs to an adult the same procedure applies.

² Illnesses and accident are monthly reflected upon in our illness and incident log.

2. Illness

Most children are likely to experience illness at some stage during their time at City Heights, but we believe that if children are unwell, they must be away from the centre where they can rest and recuperate. When a child or staff member becomes ill³, they will be sent home as soon as possible. They will be recommended to stay home until well again. A doctor's certificate is required for staff returning to work after two consecutive sick days.

- If parents are unavailable the child's emergency contact will be contacted.
- If a child is unable to go home immediately, they will be monitored, and an appropriate treatment will be administered, for example, cold cloth, the removal of clothing, drinks of water and comforting if necessary while away from others (office area).
- Team leader or centre manager will follow up with parents/ caregivers if any illness has been diagnosed by a medical professional.
- If an infectious illness is confirmed every family in the room or centre will be informed via email.
- If more than 15% of children in the same room are presented with the same symptoms in the period of 48 hours Public Health Service will be notified.

3. Infectious illness

- The Health New Zealand Te Whatu Ora chart on 'Infectious Diseases' and guidance from HS26 Response to infectious illnesses will be followed. Infectious diseases include conjunctivitis, measles, rubella, chicken pox, glandular fever, scarlet fever, mumps, whooping cough, and gastrointestinal diseases (e.g., norovirus, rotavirus, salmonella).
- We will always recommend to our parents and staff members seeking clearance from a doctor.
- Children with vomiting and/or diarrhoea should remain away from the centre for 48 hours after the last bout of vomiting or diarrhoea. Same to be applied to staff members.
- As Salmonella is difficult to distinguish from other stomach upsets that result in loose motions, staff will record any child who has a loose motion and speak with parents, so that they can watch out for the appearance of the following symptoms:
 - abdominal pain
 - frequent diarrhoea
 - chills or fever
 - headache

³ Illness that requires child to be sent home includes coloured discharged from nose (no allergy related), identifiable rash or spots, constant cough, diarrhoea, vomiting, temperature over 38c, difficulty breathing, conjunctivitis and any of the infectious disease In App 2 pf the Licensing Criteria for Early Childhood and Care Centre 2008.

- Vomiting

4. Procedure for hygiene and infection control when washing sick and soiled children.

When a child needs to be washed after a vomiting or diarrhoea accident, they will be taken to our private washing facility where one teacher will support them. At every time the child will be treated with total respect and dignity.

These incidents should always be treated as potentially infectious, so our staff member must wear a face mask, disposable gloves and a plastic disposable apron.

Each building has a *spill bucket* equipped with all that is needed to clean up after a child's accident involving body products.

Staff must wear disposable gloves and a plastic disposable apron (as a minimum). It is recommended to use a mask N95 when cleaning vomit which is suspected as being caused by a gastro enteric illness. A mask N95 should be worn if the vomit is cleaned up within an hour of the incident occurring.

The immediate area should be cleared of children and adults and blocked off.

If vomiting has occurred spray the area immediately with an air neutralising aerosol spray. This neutralises the odour and may assist by causing aerosols containing viruses to drop to the floor where they can be disinfected. If possible, open windows and doors to direct the airflow to the outside of the room.

If possible, remove soiled furniture to a safe and isolated place for thorough cleaning.

Vomit and/or diarrhoea should be removed by using paper towels to soak up excess liquid then using disposable green cloth (see the following section for disposal of contaminated material).

Following the removal of matter wash the immediate area with hot water and detergent using disposable cloths.

Apply disinfectant to the area. Clean and disinfect non-disposable equipment after use.

Restrict access to the contaminated area for at least 30 minutes to allow it to air dry.

If carpet has been contaminated by vomit or faecal matter do not dry vacuum once the material has been removed. Carpets should be steam cleaned using a steam cleaner which reaches a minimum of 60 degrees. If is not possible, clean the area with hot water with detergent, and thoroughly air the area until dry before allowing people back into the area. A mask should be worn when cleaning contaminated carpet.

Disposal of Contaminated Materials, PPE & Body Fluids. Paper towels or disposable cloths used to soak up excess liquid and any solid matter must be placed directly into a plastic bag that is then sealed or tied. This bag must then be placed into a second bag and sealed to reduce the risk of it leaking and then placed in the general rubbish bin located out of the building.

Place all contaminated cleaning cloths, gloves, aprons and any masks into a plastic bag, seal or tie and then place in the general rubbish bin.

4.8 Covid-19 Response policy

Last Reviewed 5/08/2024.

Next Review DUE

This policy offers an indication on how to proceed when children or staff are unwell and have tested positive for Covid-19.

In order to adhere to best practice prevailing the health and wellbeing of our tamariki and staff and maintaining a safe and healthy environment we will maintain the following:

1. Good hygiene.
2. Cleaning and disinfection.
3. Stay home and get tested if sick.
4. Good ventilation.
5. Room temperature at min 18°.

While controlled, Covid-19 is in our communities. At City Heights, our strategy focuses on minimising its impact and transmission.

Children and/or staff members will be sent home if they present with two COVID symptoms⁴ or with one of these symptoms and are showing signs of acting unwell.

If a child or staff member test positive for Covid-19 we will strictly follow government recommendations and ask them to isolate for 5 days. After completing the isolation period, the child and or staff member can return to the centre if the symptoms have resolved, and they are feeling well.

⁴ Sneezing and/or a runny nose, a new or worsening cough, a fever, shortness of breath, Sore throat, etc.
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4.9 Medicine Administration (HS28)

ECE Regulations 2008 HS28

Last reviewed 09/08/2024.

Next review DUE

1. The Centre enrolment contract includes a clause that provides a general consent (signed by parents) for staff to administer medicine category (i)⁵, and category (iii)⁶ to children. Category (ii)⁷ medicines will require daily parental authorisation, Medication administration record form.
2. On request of a parent for the staff to administer medicine category (ii), the staff member will ensure that the correct details are recorded in the medicine form and that the parent signs it. The Centre will maintain those consents with name of the child, type of medicine/name, dosage, frequency, and parent signature in our H&S folder in each classroom.
3. On receipt of the medicine container, the teacher will check and verify the type of medicine, dosage, and frequency matches with the consent form, and if a prescription medicine, the NAME on the label and 'use by date'.
4. Prescription medicine will not be accepted for a child, if their name is not on the container or if the finish date specified in the consent exceeds the 'use by date' on the container.
5. Only teachers or management are authorised to administer medicines and make entries in the medicine register. A second staff member will have to be present when medicine is being administered to ensure that the details are accurately and promptly recorded in the medicine form.
6. No child shall be given medicine unless there is a form with all above details and authorisation by the parent.
7. No child shall be given medicine unless the staff member or person specified has first checked the record to ensure that they administer the correct type and dosage of medicine to the right child.
8. The teacher will ensure that medicines are returned to the parent or caregiver each day. Antibiotics will be taken home each day by parents and returned to the centre

⁵ A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the first aid treatment of minor injuries and provided by the service and kept in the first aid cabinet. At City Heights, we use: Arnica (*Natures Kiss*), Saline Solution (*Aero*) Antiseptic Wipes (*Help-it*), Sunscreen (*Smart365*) & Nappy Cream (Parent's Supply).

⁶ If the child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc. and is for the use of that child only.

⁷ A category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc.) or non-prescription (such as paracetamol liquid, cough syrup etc.) medicine that is used for a specific period of time to treat a specific condition or symptom, provide by a parent for the use of that child only or, in relation to Rongoa Maori (Maori plant medicines), that is prepared by other adults at the service.

the next day until the course is completed. They will be storage in the fridge while in the centre.

9. When a medicine category (iii) needs to be administered as part of a health plan, parents must complete and sign the Long-term Medication form and provide the Individual Health Plan created by the child's doctor. Medicine will be stored in an obvious place in the child's main classroom, always out of reach of children.

4.10 Immunisation

Last Reviewed 05/08/2024.

Next Review

For the well-being of children, we prefer children to be medically immunised as recommended by the Health Department. The Department of Education requires us to keep a copy of the Immunisation record, which is to be regularly updated, as necessary. The immunisation information is entered on the computer management system which prints out an Immunisation Register, which is regularly reviewed, and reminders being given to parents of children for whom there is no immunization recorded.

4.11 Sun Protection

Last Reviewed 05/08/2024.

Next Review DUE

1. Excessive exposure to the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Babies and young children are particularly vulnerable to UV damage. City Heights follows Sun Smart, From Cancer Society NZ, policy, and guidelines to ensure that children and staff are protected from damaging levels of UV radiation from the sun.
2. Sun protection will be used whenever UV levels are 3 or higher, mostly from September to April, especially between 10am and 4pm. UV levels can be high on cool or cloudy days, so temperature is not a good indicator for deciding to use sun protection. To check the UV levels at City Heights we use the free UVMate app.
3. All babies under 12 months will be kept out of direct sun when UV levels are 3 or higher. They should be protected by shade, clothing, and broad-brimmed hats. Sunscreen may be used on small areas of a baby's skin, but we will not rely on sunscreen as the primary method of protection. Use of sunscreen on babies under 6 months is not recommended, as they have sensitive skin and should be kept in the shade where possible.
4. Children with a health condition or taking medicines that make them sensitive to the sun should use sun protection all year round.

5. Shade

- 1) As part of the service's planning, the leadership team will consider how to increase shade where it is lacking. When remodelling, planning new buildings or playgrounds and play spaces, providing shade will be considered from the start.
- 2) The availability of shade is considered when planning outdoor activities at the centre and outdoor excursions.
- 3) Children are encouraged to use available areas of shade when outside.
- 4) Children who do not have appropriate hats or outdoor clothing are required to play in the shade or indoors (see hat exemption point 3).

6. Clothing

- 1) When outside, children wear loose-fitting clothing that covers as much skin as possible. Families are encouraged to dress children in tops with elbow-length sleeves, and if possible, collars and knee length or longer style shorts or skirts.
- 2) Some cover up clothing is provided at the centre if required.
- 3) Rash tops are encouraged for water play, if possible.

7. Hats

- 1) Children are required to wear hats that protect their face, neck and ears. Baseball caps and visors do not offer enough protection and are therefore not allowed.
- 2) The service provides spare sunhats for children to use if necessary.
- 3) Students and staff may be exempt from wearing a sunhat due to cultural or religious beliefs. In this case, other methods of sun protection, such as seeking shade, and wearing sunscreen and sunglasses, should be emphasised.

8. Sunscreen

- 1) A water-resistant, broad-spectrum sunscreen with an SPF of 30 and above that meets the Australian and NZ standard (AS 2604), is available for staff and children's use.
- 2) Children are encouraged to apply their own sunscreen (under supervision).
- 3) Sunscreen is applied at least 20 minutes before going outdoors and re-applied every two hours or more frequently if sweating (in accordance with manufacturer's instructions).
- 4) Routine breaks are provided during outdoor activities for children to reapply sunscreen and get water.
- 5) If children are playing in water, sunscreen that is used is water resistant.
- 6) Sunscreen is stored in a cool place and expired products are not used.
- 7) This policy will form part of any risk assessment for activities/trips outside the centre.

9. Sunglasses.

If parents want their children to also wear sunglasses, these should be close fitting and cover as much of the eye area as possible. Sunglasses should meet the AS/NZ Standard 1067:2016 (this is usually marked on the arm of the sunglasses).



Sun safe habits are promoted and explained in formal curriculum e.g. damage done by the sun's radiation is explained and examples of sun safe habits at school, at home and at beaches and on boats are demonstrated. Staff should provide role models for safe practice.

On extremely hot sunny days the children remain indoors between 11am and 2.30pm.

4.12 First Aid

1. All full-time staff are trained in first aid and updated regularly. City Heights will book and pay for teachers' courses. Bookings are done on Saturday with First Aid Otago (Green Island).
2. The First Aid Kit is checked every term to make sure it contains all necessary items.

4.13 Emergency Plan (HS7)

ECE Regulations 2008 (HS7)

Last Reviewed 07/8/2022.

Next review DUE

This plan is aimed at evacuation procedures in the event of civil emergencies such as fire, earthquake, flooding, storms, volcanoes, chemical gas emissions etc. It covers the process of closing the centre, vacating it and moving children/staff to an alternate place and their subsequent care.

1. **Decision to evacuate** is taken under four circumstances:
 - 2.1 if ordered or advised by officials.
 - 2.2 If the building becomes structurally or environmentally unsafe (earthquake, fire, flood).
 - 2.3 If the area or environment becomes unsafe (gas or chemical leak or local fire).
 - 2.4 If a potential threat is likely to make continued occupation of the property unsafe (Civil Defence warning).
2. Centre manager or most senior staff member present will make the decision to evacuate and implement evacuation plan, taking into consideration the immediate and longer-term safety of children and staff. Where possible this decision will be made before the centre or environment becomes unsafe or options for moving to another location become unsafe.
3. The most senior member will become the Emergency Warden (EW) for the purposes of the evacuation procedure and will ensure that this plan is followed/carried out.
4. All procedures are subject to there being enough time to carry them out and that priority has been given to application of first aid.

5. Evacuation Procedure:

1. Check to see of the alternate location and movement to it is still safe and usable.
 - Civil Defence mustering point is the **park beside Arthur Street School**.
 - Our Assembly points in case of fire are the open area by the front gate in the case of fire originated downstairs, with an alternative being by the tyre mound in the playground when the fire is originated upstairs.
2. Collect up all rolls and parents contact details.
3. Where possible advice all parents of the new location by phone.
4. Take first aid supplies, some food, and some drink.
5. If leaving the centre, leave a notice on the front door or fence indicating where staff and children have gone and a cell-phone number of persons in charge.
6. Advise police, civil defence, and neighbours.
7. If time and if appropriate, turn off electricity and water at mains supply.
8. Ensure all children stay together when walking to chosen evacuation destination.
9. Ensure adults take care of a specific known number of children in the group during evacuation.
10. On arrival check all children and adults against the roll.
11. Register if appropriate with officials or advise police on arrival.
12. Advise parents if not already done of location.
13. Staff are required to stay with and care for the children until the last one has been collected by their families.
14. Staff will ensure children are safe, comforted, and basic needs met.
15. Children will be released to parents (or person permitted to collect them) and marked off on the roll.
16. Most senior person duties and responsibilities will end when the last child has been released.

4.14 Lockdown procedure

Last Reviewed 05/08/2024
Next review DUE

This policy/plan aims to ensure the safety of all children, staff members, families, and other visitors to the service in the event of a threat. At City Heights we aim to minimise the risk of harm or the exposure to danger to anyone on the premises.



We will act to ensure the safety of all personnel in the setting in the following situations:

- In the event that unauthorised person(s) considered dangerous are on the centre grounds or if we know or are alerted that they were in the vicinity and pose a threat.
- In instances where estranged parties are attempting to abduct children and/or staff members.
- In instances where staff, students, or volunteers from within the setting become a threat to the well-being of others.
- In emergency situations within the area of centre where there is potential risk from spillages or poisonous fumes.

Procedure.

1. The staff member who witnesses the event or issue must raise an alarm with the most senior individual in charge.
2. 111 must be called immediately.
3. The most senior individual will determine the need for a Lock down and raise the appropriate alarm.

Alarm procedure.

The person in charge will make the following announcement via Messenger: This is a lock down. Everyone to stay in their room, remain hidden keep calm and quiet.

Movement of children and staff

1. All individuals will remain in their rooms.
2. If children are outside, teachers must get them inside as fast as possible even if they are not from their room.
3. Teachers will make the effort to seal and lock classroom doors and windows, close curtains or shut blinds.
4. Children should remain under a desk or down low and out of sight during the lock down period.

Staff responsibilities

1. Teachers or other staff without children to supervise are to go to the front of the service to liaise with Emergency Services if it is safe to do so.
2. Teacher must take rolls with them and make sure all signed in children are present. Teacher must advise to the other classroom teacher in the case of having children from the other classes roll. Communication between classes is to be done via cell phone.
3. Teachers and/or staff are to close and lock all doors and windows, turn the lights off and ensure all children are kept below window level.

4. All staff, children and anyone else present will remain in the locked room until the “all clear signal” is given by the individual in charge.

Clear signal

1. The most senior individual in charge will shout “all clear now, the lock down has now ended” to end the lock down period.
2. All children will be moved to the assembly point, rolls to be called and parents to be contacted.

4.15 Outings and Excursion Procedure (HS 17)

Last Reviewed 05/08/2024.
Next Review

1. When planning an excursion or any activity where children are taken outside the centre, we will ensure that formal consideration of the risks regarding the safety of the children is carried out. Transport, destination, planned activities, numbers and ages of children going, and time of day will be assessed prior to the trip, to determine the appropriate supervision ratio of adults to children.
2. Parents/ caregivers will be presented with an excursion consent form at the moment of enrolment. This form will be listing ratios for given outings, consenting to, or withholding consent for such excursions.
3. Teacher responsible of the outing will fill a risk assessment form and ask for management approval.
4. Outings will not be approved if legal requirements, ratios and first aid certificate, are not met for the children remaining at the centre.
5. Teacher responsible will carry a backpack with a first aid kit, a mobile phone, drinking water and a snack. Hats and sunblock will be carried in spring and summer.
6. Children will wear reflecting vests and will carry an identification tag with centre details and their names.
7. While on a trip the staff members will do head counts and monitor the children frequently.
8. Children are to be given opportunity to learn good traffic and road crossing skills. Pedestrian crossings are to be used whenever possible.
9. When children wish to spend time in another area of the City Heights complex (252, 254 York Place and 54 Arthur Street) that is not part of the licence on which they are enrolled, the excursion policy for outings outside the property will not apply. Teachers are not required to complete a risk assessment, maintain higher ratios, and take phones and first aid kits with them when accompanying children from one part of the premises to another.

4.16 Healthy Eating / Food Record and Drink Procedure (HS19)

ECE Regulations 2008 Food & Drink

Last Reviewed 05/08/2024.

Next Review DUE

City Heights aims to promote children's health and wellbeing through sound nutritional practices. This is achieved by providing safe, healthy, nutritious food which meets the Ministry of Education's Health and Safety Guidelines and classification system as well as the NZ Heart Foundation and its programme Healthy Heart Award.

1. Adequate supplies of suitable and varied food are served to the children in a daily basis at morning tea, lunch, afternoon tea and late snack.
2. Our menu is designed to meet the nutritional and developmental needs of each child. Our meals are served at appropriate times in a daily basis.
3. Food is always prepared in accordance with the Ministry of Health guidelines setting, such as avoiding food that poses a high risk of choking or altering foods for different ages groups.
4. Safe hygiene practices are adhered to when preparing and serving food. Our Cook has current food safety certificate as prescribed by legislation.
5. Records of all food provided to the children are kept and filed away for viewing at any time.
6. Drinking water is available at all times. Milk is offered at specific times according to parent's instructions following age recommendations and allergies specifications for children over 1. For children under 12 months only parent's approved infant milk is given.
7. The menu covers a four-week cycle and reflects the seasons. In the babies' room the menu is supplemented with a variety of puree.
8. Children under 6 months or other children unable to drink independently are held semi upright while being fed and only fed parent-approved infant milk or breast milk that parents provided. If parents' consent to feed them solid, we will seek a written consent.
9. Children wash their hands before and after eating. Infants wash their hands with the help of a kaiako using warm clean clothes at the time they sit at the table.
10. Children are encouraged to develop table manners and independence skills in serving food and cleaning up after meals, including wiping their own faces.
11. Children always eat while seated. The space is calmed and free of distractions.

12. Children are always supervised when they are eating. All team is required on the floor at meals times. Some teachers are assigned to only oversee their eating. This adult must hold a First Aid and be able to respond to an emergency.
13. Nutrition based activities are included weekly in the curriculum.
14. Healthy foods are always encouraged for celebrations.
15. Parents are supported with breastfeeding their children.
16. See 4.21 City Heights positive feeding practices policy.

4.17 Bottles & Breastfeeding Policy and procedure

Last Reviewed 05/08/2024.

Next Review DUE

Breastfeeding helps lay the foundations of a healthy life for baby and makes a positive contribution to the health and wellbeing of mothers and whānau/families. At City Heights we will ensure that the health benefits of breastfeeding are promoted and supported for our children and their families as well as the children of our staff members.

1. City Heights encourages breastfeeding for as long as the mother wishes to breastfeed their infant. A private space is provided if mothers prefer.
2. Temperature of breastmilk is checked and recorded on Infant and Food chart on arrival and kept in a monitored fridge under 5 degrees Celsius. Breast milk must be under 5 degrees Celsius when delivered. Milk will be gently warm by placing it within a bowl of warm water until lukewarm or room temperature.
3. Parent are asked to bring all their baby's formula (or breast milk) clearly labelled with child's name and proportions to be prepared.
4. Bottles must be clearly labelled with child name and the date the container was opened.
5. In our nursery bottles will be sterilised after each use with an appropriate bottle steriliser and left to completely dry before storing them.
6. In toddler room bottles will be washed in the dishwasher and left to completely dry before storing them.

4.18 Nut-free policy

Last Reviewed 05/08/2024.

Next Review DUE

To promote a safe environment for our tamariki, at City Heights we have a “Nut-free” policy. The objective is to minimize the risk of exposure to life threatening foods.

It is important to note that the safety of children with severe reactions requires the cooperation of all of us. Please read carefully so that you fully understand the guidelines that will be in place.

1. All snacks provided by City Heights are completely free of peanuts/nuts.
2. Children must refrain from bringing into school ANY products that contain peanuts/nuts. This includes all snacks and lunch items. Please read label carefully.
3. We do not allow food sharing at school unless it is a special occasion (holiday parties and other special events and parents/caregivers are in attendance). We do check ingredient lists during these events to eliminate any possible reactions.
4. Any baked items brought in for celebrations must be nut-free or should be store bought with the ingredient label intact to make sure it is safe for our tamariki to eat.

4.19 Smoking and Vaping free Policy.

ECE Regulations 2008

Last Reviewed 05/08/2024.

Next review DUE

1. City Heights buildings and grounds are smoke free, 24 hours a day, 7 days a week.
2. We will at all costs prevent the exposure of children to smoke, prevent them from being influenced by seeing others and send a positive message about smoke free lifestyle as the norm.
3. Signs saying ‘no smoking or vaping on buildings or grounds’ are displayed at every entrance of our school.

4.20 Animal policy

Last Created 05/08/2024.

Next review DUE



The purpose of this policy is to ensure all animals are cared for appropriately and hygienically at our centre, demonstrating care and empathy, and children are kept safe from any harm. This policy applies to all staff members and visitor.

1. All, management and teaching team at City Heights must agree before animals are brought into the centre.
2. Teachers will demonstrate to children that animals require appropriate care and attention, facilitating a code of care and empathy.
3. All teachers will identify potential risks having animals in centre for children's safety and update risk register and daily checks reports.

Procedures

1. When deciding to bring an animal to the centre we will develop a detailed procedure identifying how and where we will house and care for the animal, how water and food will be provided, the appropriate medical care and how and where children will interact with and care for the animal, how potential safety risks have been discussed and eliminate or minimised, how interactions will be supervised and how hygiene practices will be adhered to.
2. Animals must be suitably housed in an enclosure or area that is not invading to the children's play space. Their enclosure must have appropriate ventilation, temperature, sunlight, and shelter.
3. Personal pets may be brought to the centre after consultation and in agreement with the whole teaching team as part of the classroom programme. Teachers will liaise with the animal owner to ensure the pet has a predictable temperament that will be suitable round children and teams will determine potential risks.

4.21 Positive Feeding practice.

Last Created 05/08/2024.

Next review DUE

This policy aims to support children to develop a positive relationship with food and their bodies. At City Heights we believe that feeding practices that provide structure and support body autonomy support children to develop a positive relationship with food. These practices include:

1. allowing children to regulate the amount of food they eat,
2. familiarising and fostering children's interest in a variety of foods,
3. role-modelling,
4. and providing a positive, pressure-free mealtime environment



At City Heights we know that picky eaters can be challenging for parents' and caregivers, but we believe that is part of their development to sometimes be picky about the food they eat. This all happens because choosing what to eat – or what not to eat – is a way of exploring their environment and asserting their independence.

At City Heights we engage in feeding practices that support the development of children eating behaviours. We adhere to the Division of Responsibility in Feeding 8(DoR).

DoR is a model for supporting children to develop into confident and competent eaters, establishing responsibilities at mealtimes.

Adults' responsibilities in feeding	Children's responsibilities in feeding
We are responsible for what is food is provided (following healthy eating guidelines).	Children decide what they will eat out of the food that is offered.
We decide when children will be offered food to eat (a set mealtime routine).	Children decide how much they will eat.
We decide where children will have their food at mealtimes.	Children decide whether they will eat anything at all ⁹ .
We help children practice new food skills and role-model good table manners.	

We trust that children instinctively know how much food they need to eat for their growth, learning, and play. When children are given the opportunity to make the decision for

themselves about what food they choose to eat and how much they choose to eat from what is available, they start to develop a sense of body autonomy.

The same applies if the child is a 'picky' eater. For picky eaters mealtimes can be stressful. Pressure to eat often increases anxiety and stress at mealtimes. Physiologically, this activates a child's fight or flight response, increases cortisol (a stress hormone), and as a result reduces their appetite]. Taking the pressure off the child to eat creates a calmer mealtime environment and supports the child to learn to eat.

- There are a number of phrases that we can use to support children to trust their bodies at mealtimes. If the child is not hungry for lunch but it is lunchtime, we will say 'You don't have to eat right now, but come to the table, mealtimes are a social time when we all sit together to chat', or 'That's okay, you don't have to eat right now if you're not hungry. We will offer you food again at afternoon tea'. It is important to remind children when the next time to eat will be.

⁸ The DoR was developed by Ellyn Satter who is both a registered dietitian and family and child therapist.

⁹ For those children who refuse to eat certain food we will always have a backup meal to offer to them.

- To support children to check in with their hunger and fullness signals, we can ‘How is your tummy feeling?’, ‘Is your tummy feeling hungry?’, or ‘Is your tummy feeling full yet.’

It is important to remember that young children are ‘eaters in learning’ as they are introduced to new food. It is well-documented that repeated exposure and familiarisation supports a child’s willingness to accept new food and flavours. This is based on developmental theories that individuals learn to like what becomes familiar.