



2.2 General Hygiene and Wellbeing Policy

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Aims

The centre aims to:

- (1) Provide a healthy environment that will foster general wellness and wellbeing in children and thus support their ability to actively explore and learn in this early childhood setting
- (2) Support families in promoting good hygiene and personal practices in their children that will be life long
- (3) Interact with and support community health programs in this rural area

To this end this policy will cover the general hygiene issues of:

1. Bathroom procedures (p2)
2. Biting procedures (p3)
3. Clothing for active learning and safety (p4)
4. Dental care procedures (p4)
5. Hand washing procedures (p5)
6. Nose wiping procedures (p6)
7. Sleep/rest procedures (p6)
8. Sun protection procedures (p7)
9. Toileting accident procedures (p8)
10. Vomiting (p9)

Legislative Requirements

Education and Care Services National Regulations 2011

Children (Education and Care National Law Application) Act 2010

Occupational Health & Safety Act 2000 and Regulations 2001

Who Is Effected By This Policy?

Child

Staff

Families

Management

Relevant Early Childhood Professional Standards

Early Childhood Code of Ethics: 1-1, I-5, II-4, IV-2, IV-3

Early Years Learning Framework: Outcomes – 1.1, 2.3, 3.1, 3.2, . Principles – 1, 2, 4

Education and Care Services Australian National Regulations: 77, 78, 81-83, 89, 109, 99,
114, 136, 168 (2ii)

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National Quality Framework:

Quality areas – 1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.3.3,
2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 3.1.1, 3.2.1, 3.2.2,
4.1.1, 5.1.1, 5.2.1, 6.1.2, 6.2.1, 6.2.2, 7.1.2,

Sources/References

Education and Care Services National Regulations 2011

Occupational Health & Safety Act 2000

Occupational Health & safety Regulations 2001

NSW Cancer Council Early Childhood SunSmart Policy Guide

<http://www.cancercouncil.com.au/editorial.asp?pageid=1850>

(Retrieved January 2012)

Procedures

1. Bathroom procedures

1.1 Staff will be aware when the bathroom is being used and will either subtly or overtly supervise. When possible staff will use this time to support children in both using and learning about appropriate hygiene practices

1.2 Children will be taught to use only one squirt of hand soap and one paper hand towel when washing hands

1.3 When the total group of children need to use the bathroom, staff will minimise overcrowding by only sending groups of 5 children at a time.

1.4 The bathroom will be well ventilated. The floor will be swept and mopped/disinfected daily and intermittently as required. The basin will be wiped/disinfected daily. Areas contaminated with body fluids after an accident will be disinfected

1.5 Staff will regularly check the bathroom is in order eg toilets are flushed, paper hand towel and liquid soap dispensers are not running out etc

2. Biting procedures

Children 3-5 years do not frequently engage in biting others. If they do it would usually indicate a deliberate act of extreme frustration, anger or fear and is different to the impulsive, exploratory act of biting that occurs in toddlers. To that end it is necessary for staff to observe and identify what triggers a 3-5 year old child to bite and then to plan accordingly to initially minimise and eventually prevent the behaviour from re-occurring. When one child bites another, staff will:

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2.1 Clean the bite regardless of whether the skin is broken or not

2.2 Apply a cold compress to the bitten area if needed

2.3 Inform the parents of both the biter and the victim (preserving the confidentiality of both children). If the biter is known to have an infectious disease, the victim's parents must be told

2.4 Staff will develop an individual plan for the child who bites so as to identify the things that trigger biting. The centre staff will then plan accordingly to reduce and ultimately eliminate the behaviour. As with all planning, the child's progress will be monitored and evaluated by staff over the following weeks. Staff will also work with the biting child's parent/s to achieve this end and will support the parent/s in terms of appropriate home practices in managing this behaviour (if it occurs at home)

3. Clothing for active learning and safety

It is important that children wear simple, casual, comfortable clothing so that their ability to actively engage in their own learning is not compromised. If children attend the centre for a full day, clothes of this nature will also be more comfortable during the sleep/rest period. Furthermore such clothes are more likely to encourage independence at routine times. While staff will respect the cultural preferences of families on this issue, it is nonetheless appropriate to politely communicate with all parents about the reasons why in this society, safe and sensible clothing is worn when children play. This information will also be presented to parent/s at the initial enrollment interview. To this end it is expected that:

3.1 Children should be dressed in clothes which allow them to explore and play freely and will not restrict them from using play equipment

3.2 Clothing should also allow easy access for toileting i.e. elasticised trousers, track pants, shorts - instead of clothes with buttons, zips, belts etc

3.3 Children should be appropriately protected from the sun during outdoor play. For more details refer to the Sun Protection Policy in this document, No 8, p7

3.4 Children's clothing should accommodate weather conditions i.e. be loose and cool in summer to prevent overheating, and warm enough for cold weather – including outdoor play. At all times staff will monitor children to ensure they are appropriately dressed for all weather

3.5 Children should have appropriate footwear that enables them to play comfortably and not cause safety concerns i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely

3.6 The centre will maintain a collection of suitable spare clothing should it be required

3.7 All children's clothing and belongings must be clearly labeled with the child's name

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3.8 All children have the right to take their shoes off throughout the day, children are then guided to put sunscreen onto their feet during our daily routine.

4. Dental care procedures

Cootamundra Preschool aims to foster sound dental practices and awareness of the ongoing need for good dental care throughout life. By regularly distributing relevant information to parents about dental care and the need for checkups, the centre will also be supporting other health services in this rural town. To this end:

4.1 Arrangements will be made for dental health professionals to visit the centre to talk with staff, children, parents and/or families about dental health as a part of the ongoing educational program

4.2 The centre will liaise with families to distribute relevant dental health information as it becomes available

4.3 The centre will formally and informally incorporate information on dental health practices into the children's program, including such things as tooth brushing techniques, 'tooth friendly' snacks, the importance of visiting the dentist regularly etc. After meals the educators encourage the children to swish and swallow, to get any unwanted food in our teeth, the children are reminded that it is best practice to do this only at preschool as we do not have tooth brushes here.

4.4 The centre will encourage healthy eating habits, and the drinking of water to quench thirst

4.5 Staff will be conscious of their influence as role models in relation to good dental health practices

5. Hand washing procedures

The use of correct hand washing procedures is critical in preventing the spread of infections and constitutes an important personal health practice that will be important throughout life. Procedures to foster this learning are as follows:

5.1 The centre will provide safe, clean, appropriately sized and positioned basins for children to wash their hands in

5.2 The centre will provide single use paper towels for the drying of hands, and an approved liquid soap for the washing of hands. Children will be taught to use only one squirt of hand soap and one paper hand towel to dry their hands

5.3 For children hands should be washed before eating, handling or preparing food or drink, after using the toilet, ideally after nose blowing (especially if the child has an infection) and after touching animals. For adults it will be the same plus after cleaning up following vomiting, bleeding or toileting accidents and before and after dispensing medication to a child

5.4 If necessary, staff will demonstrate hand washing for children eg hands are washed under running water, rub hands vigorously, ensure all parts of the hands are washed (eg the back of the hand, between fingers), rinse hands well and be sure to dry them

5.5 Children and their parents/ guardians are required to wash their hands with antibacterial wipes (located in the front entrance) or washing their hands with soap and water on arrival and departure.

6. Nose wiping procedures

Being able to wipe/blow one's nose and knowing when it is necessary, prevents the spread of infection and is an important hygiene practice. The same principle applies to sneezing. To foster this skill the centre's procedures are as follows:

- 6.1** If staff members need to help children to wipe/blow their nose, they must wash their hands after or alternatively, use disposable food grade gloves. Upon removing the gloves they should be peeled off so that they are inside out, and disposed of in a nearby closed-top bin
- 6.2** Staff must ensure that an open box of tissues is available for both children and adults with a bin nearby to dispose of them.
- 6.3** Tissues must be placed in the bin after use
- 6.4** Any unwell person should wash their hands after wiping/blowing their nose or sneezing

7. Sleep/rest procedures

Regulation 81, Sleep and Rest –

- (1) The Approved Provider of an education and care service must take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children.

7.1 No child will be made to sleep nor prevented from sleeping, The service will ensure families are informed and information about sleep and rest will be exchanged during initial interview. Staff will encourage the individual needs of the child/ren, consequently if some children feel the need to bring a comforter, they will be encouraged to do so. Staff are aware of signs that children are tired or in need of a rest and ensure the child's needs are met.

7.2 Children will be supervised at all times by a centre staff member if the children are resting. Other staff will work quietly so that noise is kept to a minimum. Rest/quiet period will approximately be 20-30 minutes.

7.3 Children and their parent's are given the opportunity to bring a towel or a blanket (from home) if they may think that their child will need to have a rest/ sleep.

7.4 Children will be placed on their back to rest, and will be able to find their own sleeping position during their sleep, At no time will a child's face be covered with bed linen

7.5. As rest and sleep are vital for brain development staff are aware of different imagining tools to help with relaxation such as; lights, Yoga, Meditation and soft music.

7.6 Provision will be made for those children who cannot or who choose not to sleep, eg the availability of quiet activities

7.7 It is preferable that sleeping children can naturally wake up after a short sleep. However in the event that they may need to be woken up, they will be woken up quietly and gently and given time to 'come to'

8. Sun protection

Rationale

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early Childhood Services play a major role in minimising a child's UV exposure as children attend during times when UV radiation levels are highest.

Aim

This sun protection policy has been developed to protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun.

Our sun protection strategies are:

8.1 Outdoor Activities

The service will ensure all sun protection measures are applied to children and staff while outside when the UV level is 3 or above. This will be checked daily on the Sunsmart App prior to going outside.

From October to March sun protection is required at all times. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.

From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.

In June and July sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.

All sun protection measures will be considered when planning excursions and incursions.

8.2 Shade

All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.

The centre will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

8.3 UV Rating

Educators are required to check the UV rating of the day and have on display for the parents/ guardians to witness and adhere to any sun safety precautions. Staff are to write down the UV rating on the children's sign in each time they check the number of children for the day.

8.4 Hats

Staff and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:
Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm).
Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

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8.5 Clothing

When outdoors, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.

This includes wearing:

Loose fitting shirts and dresses with sleeves and collars or covered neckline.

Longer style skirts, shorts and trousers.

Children who are not wearing sun safe clothing can be provided with spare clothing or parents to be contacted.

Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

8.6 Sunscreen

On arrival to preschool, parents are required to apply sunscreen to their child/ren. Once the sunscreen has been applied parents are to tick the next to the child's name when signing them to preschool for the day. If children come by bus, staff are to apply sunscreen to the child using gloves.

Staff are responsible for the safety of their own bodies and will need to tick next to their name on arrival to preschool to say that they have applied sunscreen on for the day. All staff and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

8.7 Role Modelling

Staff will act as role models and demonstrate sun safe behaviour by:

Wearing a sun safe hat (see Hats).

Wearing sun safe clothing (see Clothing).

Applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors.

Using and promoting shade.

Wearing sunglasses that meet the Australian Standard1067 (optional).

Families and visitors are encouraged to role model positive sun safe behaviour.

8.8 Education and Information

Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to staff, families and visitors. Further information is available from the Cancer Council website www.cancerCouncil.com.au/sunsmart.

9. Toileting accident procedures

It will be unusual for children 3-5 years to have toileting accidents. However should it happen, at no time will children be punished or made to feel embarrassed about it. Procedures are as follows:

9.1 Staff must wear disposable gloves

9.2 Wet or soiled clothes must be removed immediately from the child. The affected parts of the child's body should be wiped down with disposable wipes.

9.3 If the child does not have spare clothes, the centre will loan him/her clothes from the spare clothing pool

9.4 Urine can be mopped up with the bathroom mop. Excreta can be collected using paper towel and should be immediately flushed down the toilet

9.5 The floor area will be mopped and then sanitised. The bucket will be emptied down a drain but not in the playground. The toilet will be cleaned

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9.6 The wet and/or stained clothes will be placed in a plastic bag and kept in the laundry area, a note will then be placed with the child's bag for parent's, the plastic bag will then be given to the parents to take home.

9.7 At all times during this process the child should be reassured. The staff will also discuss the incident with the parents but not cause them to worry about it.

9.8 If a child has soiled their clothing, it is best practice to ask the child if you can assist them to be cleaned up. A second educator should be standing, assisting the other educator if needed.

10 Vomiting procedures

Should a child vomit, at no time will he/she be punished or made to feel embarrassed about it. Procedures are as follows:

10.1 Staff must wear disposable gloves

10.2 The vomit will immediately be covered with a towel so as to avoid contact with other children. Staff will encourage children to move from the area

10.3 If the child continues to vomit, the child will be sat down and given a vomit bag. If they are able to walk they can bend over and vomit into the toilet. If there is more than one adult helping it is useful to place a hand on the child's forehead to brace them. This should not however prevent them from bending forward when vomiting

10.4 Soiled clothes must be removed immediately from the child and any affected parts of the child's body should be wiped with disposable wipes.

10.5 If the child does not have spare clothes, the centre will loan him/her clothes from the spare clothing pool

10.6 The vomit will be collected using paper towel (which is only used for toilet accidents or vomiting), and should then be flushed down the toilet

10.7 The floor area will be mopped and then sanitised. The bucket will be emptied down a drain but not in the playground. The toilet will be cleaned

10.8 The wet and/or stained clothes will be placed in a plastic bag and given to the parents. The bucket will be emptied down a drain but not in the play ground

10.9 At all times during this process the child should be reassured

10.10 The child will be given water to wash his/her mouth out

10.11 The child's parents should be contacted as soon as possible after the incident

The Director will ensure that this policy is maintained and implemented at all times.

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