

9 June 2020

[REDACTED]  
Via Email: [REDACTED]

## Response to a request for official information

Dear [REDACTED]

Thank you for your request for official information received 28 April 2020 by Nelson Marlborough Health (NMH)<sup>1</sup>, followed by clarification 1 May 2020 and a necessary extension of time 29 May 2020 where you seek the following information:

***Specifically related to the center wide introduction of re-usable nappies and advice regarding cleaning of soiled underwear when children are toilet training, within Early Childhood Education services only.***

Please see the DHB response below each of your questions.

- 1. Please supply a copy of all information held relating to the use of re-usable nappies in ECE centers, and any general guidelines for center wide use and supply of re-usable nappies.***

The Ministry of Health (“the Ministry”) provides information and recommended practice, in accordance with regulations 9 (2) and 55 of the Education (Early Childhood Services) Regulations 2008, to enable designated public health statutory officers to fulfil their duties in providing advice on general, and health and safety practices to the Ministry of Education. Please see attached:

- Section 9 Early Childhood Education and Care Centres – Environmental Health Protection Manual – *Ministry of Health* V3 2011

The NMH Public Health Service developed general health guidance, referring, in part, to the Ministry guidelines, for Early Childhood Education and Care Centres (ECECCs) to identify potential public health risks. Please see attached:

- Health Guidelines for Early Childhood Education and Care Centres – Nelson Marlborough Health Public Health Service V7 2019

The intent of this guidance is to encourage ECECCs to demonstrate how they will minimise risks. Specific reference to re-usable nappies at Part 4.1 (page 11) states ‘... *because it is generally preferable to pre-soak reusable nappies, it is recommended that they are not laundered at the centre but are taken home with the child instead. They should be rinsed off first before being placed in labelled double plastic bags and stored in a bin or container with a close fitting lid for parents to collect at the end of the day to take home and wash. Soiled nappies should not be stored in children’s bags.*

The general expectation is for early childhood services to have a range of policies and procedures to cover health and hygiene issues e.g. nappy changing, routine cleaning and handling of soiled

<sup>1</sup> Nelson Marlborough District Health Board

clothing and children. It is the DHB's understanding that early childhood services work with the Ministry of Education, to maintain all appropriate standards.

**2. What chemical sanitizer(s) is required? Minimum contact time?**

As detailed in both the Ministry and Public Health guidelines hypochlorite (bleach) is given as a suitable sanitiser.

The Public Health guidelines include 'Gastroenteritis Information - Cleaning advice for Staff - Schools & ECCs and states at Step 6 Cleaning & disinfecting of area immediately after vomiting/soiling – 'Cordon off and thoroughly air the area for at least 30 minutes afterwards if practical to do so.'

**3. Is there any information regarding the use of high-pressure water jets to clean fecal matter from nappies or soiled clothes?**

The information provided states that nappies should be rinsed off; and that a centre develop their own procedures and policies on how to manage health and hygiene issues including handling of soiled clothing.

**4. What temperature is the minimum temperature required, and over what minimum period is the temperature required for sanitization purposes?  
Is a record of the temperature required to be recorded?  
How is the temperature checked, making sure the required temperature has been reached for the minimum period?**

The Ministry guidelines provide at 9.7.2 Laundry Facilities (page 27) – 'Centres catering for children under two years of age ... choose to wash soiled nappies must have an adequate and suitable washing machine on the premises. A suitable washing machine set at 60°C' and 9.7.3 Water Temperature (page 28) '... water stored in any hot water cylinder is kept at a temperature of at least 60°C'.

Prior to obtaining a licence for a new ECECC (a centre based service) a health report from the local public health service (reg 9(2)) is required, and for existing centre based, home based, hospital base and kohanga reo services (reg 55) the Ministry of Education may request a health report under certain circumstances. At the time of a designated officer visit water temperatures are taken using a calibrated thermometer.

**5. Can a center use one washing machine for everything?**

It is the centres responsibility to achieve hygienic laundering of linen used by children or adults, and to demonstrate that this has been achieved with a documented procedure.

**6. Is there any requirement to conduct microbiological checks periodically on center owned re-usable nappies?**

This is not a DHB requirement.

## 7. What PPE is required?

The Public Health guidelines under 'Gastroenteritis Information – Staff safety states; *'All staff cleaning a contaminated environment must use disposal gloves and isolation gowns or plastic aprons. In addition staff should wear a mask if aerosols are likely to be present particularly if cleaning is undertaken within 1 hour of the incident. (Vomiting in particular confers a significant risk of infection to those exposed to aerosols.'*

Cleaning and disinfecting equipment includes *'The following protective gear and equipment are recommended for clean-up purposes: Disposable gloves, Disposable isolation gowns or plastic aprons, Disposable face masks'*.

## 8. Also, advise on cleaning soiled clothing during toilet training?

Please see our response to Question 3 above.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator [OIArequest@nmdhb.govt.nz](mailto:OIArequest@nmdhb.govt.nz) I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Dr Peter Bramley  
**Chief Executive**

cc: Ministry of Health via email: [SectorOIA@moh.govt.nz](mailto:SectorOIA@moh.govt.nz)

Encl:

- Section 9 Early Childhood Education and Care Centres – Environmental Health Protection Manual – Ministry of Health V3 2011
- Health Guidelines for Early Childhood Education and Care Centres – Nelson Marlborough Health Public Health Service V7 2019



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# Health Guidelines for Early Childhood Education and Care Centres

(Kohanga Reo, Playcentre, Kindergarten, Education &  
Care Centres, Montessori, Steiner etc.)

V7

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*November 2019*



## NELSON MARLBOROUGH HEALTH PUBLIC HEALTH SERVICE

### NELSON

281 Queen Street  
Richmond  
PO Box 46  
NELSON 7040  
(03) 546 1537

### MARLBOROUGH

22 Queen Street  
PO Box 647  
BLENHEIM 7240

(03) 520 9914



***PURPOSE of the INFORMATION, and DISCLAIMER***

The information contained in these guidelines is provided for the purpose of giving a general understanding of health requirements for Early Childhood Education and Care Centres. It is not a professional commentary on the law nor is it provided as a basis of any decision making to be undertaken by the reader. It is general guidance only.

Every effort has been made to ensure that the information contained is accurate, however general information by its very nature cannot cover every specific to the degree of accuracy expected in the provision of professional advice. In addition, legislation will be forever changing and it is not intended to amend this general guidance every time legislation is amended. Amendments to the guidance contained in this document will be restricted to major developments only. Reliance should be placed on the wording of the legislation itself which is available at the Ministry of Education website at [www.minedu.govt.nz](http://www.minedu.govt.nz) or from any government bookshop.

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## HEALTH GUIDELINES

### ***For Early Childhood Centres to meet health requirements of the minimum standards in the Education (Early Childhood Services) Regulations 2008***

These guidelines have been produced for use by personnel from the Nelson Marlborough District Health Board and the Ministry of Education, as well as for staff, management and parents of Early Childhood Centres. They are accepted as the standard required of all Centres requiring new licences or renewal of existing licences within the Nelson Marlborough region.

The guidelines are based on Ministry of Health guidelines and establish principles and a process for identifying and assessing potential effects or risks to public health arising from the operation of early childhood educations and care centres. It only applies to centre-based facilities.

## **1 BUILDING STANDARDS**

### **1.1 Lighting and Ventilation**

Every room in a Centre used by children must have adequate natural and artificial lighting, and adequate ventilation (particularly in sanitary and sleep areas). See page 40 for further information on interior environment design and ventilation.

### **1.2 Noise**

Acoustic design must ensure that noise is kept at a reasonable level especially in areas designated for rest and sleep. Constant high levels of noise in playrooms can impact on stress levels and child wellbeing, and adequate floor coverings and wall linings can help reduce this stress. The table below (based on AS/NZS2107:2000 Acoustics – Recommended design sound levels and reverberation times for building interiors) indicates maximum noise exposure and reverberation times desirable in early childhood education environments. If an acoustic assessment conducted by the Public Health Service determines that a premises might not be suitable for purpose, licensees will need to obtain private specialist acoustical advice.

#### **Values For Unoccupied ECC Activity Areas According to Neighbourhood Noise**

	<b>Activity Areas</b>			
	Quiet Road	Minor Road	Major Road	Reverberation Time ( $R_T$ ) <sup>4</sup>
	LAeq dB	LAeq dB	LAeq dB	seconds
Sleeping Areas	25-30	30-35	30-40	0.4-0.5
General Activity Areas	35-45	35-45	35-45	0.4-0.5
Outdoor Play Areas	45	50	55	n/a

### **1.3 Heating**

Buildings must be constructed to provide an adequate, controlled interior temperature. Heating must be adequate to maintain a minimum temperature of 16°C. Particular consideration should be given to heating of areas used for nappy changing and sleeping.

Wall mounted, permanently wired heaters are preferred. Portable heaters with self-contained fuel tanks and portable electric heaters are not acceptable. Children should not have access to heaters and heated surfaces that can readily burn. Suitable guards are required.

### **1.4 Art Sink**

If children have access to an art sink the water temperature should be no higher than 40°C. Due to the risk of cross-contamination from body waste, body wash facilities must not be used for art preparation and clean up. It is preferable that the art sink is a separate plumbed-in sink or tub unit that is used exclusively for this purpose. Locating this facility close to existing plumbing, for example near or backing onto the kitchen (but not in the kitchen) or laundry is often most practical and cost-effective.

If a dedicated art sink is not possible at the centre, the service provider will need to have an acceptable alternative system in place. Alternative systems may include:

- Using one or more buckets to wash materials, and disposing of the waste water in the cleaners sink or down an outside gully trap
- Placing an insert into a sink facility used for another purpose to prevent art materials from coming into contact with any cleaning waste or chemical residues, and/or to prevent paint or waste water from coming into contact with the sink.

Robust cleaning and sanitising procedures are needed to ensure that facilities such as cleaner's sinks, laundry tubs, inserts and benches are thoroughly cleaned and sanitised before and after being used for art preparation and clean up.

### **1.5 Animals**

The Centre should only allow animals that are clean, healthy and able to be restrained on the premises. Dogs, chickens and cats are not recommended as their faecal material may contaminate the play area. Turtles are known to carry Salmonella. This risk can be managed by preventing children accessing tank contents and through close supervision of children when handling turtles, ensuring hands are washed after handling.

Other animals that can be kept at early childhood centres (provided that they are kept in a suitable state of hygiene) include guinea pigs, rabbits, mice, rats, fish, frogs and tadpoles, lizards and small birds. Centres that have, or intend to have, animals on the premises should produce a policy that outlines how the centre will:

- ensure that animals are supplied with a good, healthy living environment
- maintain living conditions to a high standard of cleanliness
- store animal food so that it is clearly distinguishable from human food
- ensure that children having had contact with animals immediately wash their hands under supervision
- quarantine sick animals away from children

There is a requirement under the Animal Welfare Act 1999 to ensure that the physical, behavioural and health needs of animals are met. Under this Act the onus of care lies with the owner or person in charge of an animal to ensure these needs are in accordance with both good practice and scientific knowledge.



## **2 KITCHEN AREA**

### **2.1 Drinking water supply**

An ample supply of water that is potable must be available to children at all times, with older children able to access this water independently. Potable means water that is free from all bacteria, parasites and chemical contamination.

Sources of drinking water are varied and may represent a significant potential health risk. Many Centres are connected to town or city (reticulated) water supplies that meet the Drinking Water Standards for New Zealand 2005 (revised 2018). However, if a Centre is on a town or city supply that does not meet the Drinking Water Standards, or if on a non-reticulated water supply (eg its own bore, well or roof water) the Public Health Service will undertake an assessment and advise on drinking water requirements.

Although the health risk is small, the Ministry of Health recommends that a mugful of water be flushed from the drinking-water tap each morning before use to remove any metals that may have dissolved from the plumbing fittings.

### **2.2 Nutrition**

Centres are required to ensure that food available meets the nutritional needs of the children. Where food is provided by parents, the Centre should encourage and promote healthy eating guidelines.

It is recommended that the Centre has a nutrition policy, including breastfeeding policy in place that incorporates the key principles of good childhood nutrition and supports breastfeeding.

The nutrition policy should be designed in accordance with:

- Food and Nutrition for Healthy Confident Kids: Guidelines to support Healthy Eating Environments in New Zealand Early Childhood Education Services (MoE, 2007)
- Schools, Food and Beverage Classification System for Early Childhood Education Services (MoH, 2007a)
- Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper (MoH, 2008)
- Nga Kupu Oranga [http://www.health.govt.nz/system/files/documents/publications/nga\\_kupuorangahealthymessages.pdf](http://www.health.govt.nz/system/files/documents/publications/nga_kupuorangahealthymessages.pdf)

Further information on nutritional needs for children is available from a community dietician. The nutrition policy and menus should be available for inspection and be reviewed regularly.

General nutritional considerations pertinent to early childhood centres where food is provided include that centres should:

- provide a variety of foods which include foods from all the major food groups, sufficient quantities of food, and food of acceptable quality
- provide sufficient quantity of liquid to meet fluid requirements
- serve food at appropriate times and frequency
- provide high nutrient and lower saturated fat and sugar containing foods as most of the menu choices
- be aware that healthy eating habits start early and early childhood centres can play an important role in developing these habits
- consult parents and guardians regarding preferred foods for their child as well as any special nutritional requirements they may have, for example, allergies, diabetes. It is recommended that parents be given the opportunity to express dietary preferences for their children.



### Special considerations for babies and toddlers:

- Breastmilk provides optimal nutrition for babies. Early childhood centres should provide an environment that is supportive of breastfeeding. Refrigerator space should be available for the storage of breastmilk.
- If breastmilk is not provided, infant formula should be used until 12 months of age. If the Centre supplies formula, parents or guardians must approve this before use.
- Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper contains valuable information on breastfeeding and breastmilk substitutes.
- Children aged 2-5 years should be provided with reduced fat milk. Children aged 1-2 years should be provided with full-fat whole milk and water as their main fluids.
- Babies and toddlers should be offered fluids regularly and more frequently in hot weather as they can quickly become dehydrated.
- Infants under the age of six months and other children unable to drink independently should be held upright while being fed.
- Complementary foods (solids) are recommended to be started at around six months of age. Decisions about the age to start should be made in consultation with parents or guardians.

Centres are required to maintain a record (for up to three months after the food is served) of all food provided by the service, showing the type of food provided to the children. This record must be available for inspection. The record should indicate that the food served is consistent with the nutrition policy and menus.

The Healthy Heart Award provided by the New Zealand Heart Foundation, is a free-of-charge programme that encourages Centres to promote healthy eating and active movement to the under-fives and their families. The programme provides staff with nutrition and active movement information, planning tools and curriculum guides, to assist with the implementation of healthier food choices and active movement. For further information refer to the following website <http://www.learnbyheart.org.nz/index.php/ece/healthy-heart-award>

The Ministry for Primary Industries document on safe feeding for infants provides a useful reference for a bottle feeding policy. For further information refer to the following website <https://www.mpi.govt.nz/food-safety/food-safety-for-consumers/food-safety-for-babies/>

All babies and children must be closely supervised when eating. In addition they must eat only when seated and have minimal distraction during food times. Eating on the move and when distracted increases the risk of choking. Selecting appropriate food for the different age groups at the Centre is very important in minimising choking risk. Recommendations related to appropriate foods and textures for different ages is detailed in the Ministry of Health's Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2 years): A background paper.

However, stages of development vary greatly between individual children, so it is important to discuss with a parent or caregiver what foods they are able to manage safely rather than rely on their age alone as the indicator. Altering food texture for an individual child may be necessary in some cases. This can include grating, cooking, mashing or pureeing foods.

Any whole pieces of food can cause children to choke. Do not give small hard foods such as whole nuts until children are at least 5 years old. Avoid serving chunky cereal products containing small pieces of dried fruit, which are a choking risk. The person supervising an infant or toddler needs to know how to respond if a child chokes and then how to get appropriate assistance if required.



## 2.3 Food Safety

Centres must ensure that the food they provide children as part of their service is safe and suitable to eat. Some Centres will have obligations under the Food Act 2014 and Food Regulations 2015. Information can be found on the following websites:

- <http://www.education.govt.nz/early-childhood/running-an-ece-service/food-safety-for-ece-services-food-act-requirements/>
- <https://www.mpi.govt.nz/food-safety/food-act-2014/national-programmes/early-childhood-educators-and-kohanga-reo/>

Food safety resources can be found at the link below:

- <https://www.mpi.govt.nz/food-safety/food-act-2014/food-safety-toolkit/>

It is also recommended that any staff member who prepares food complete an accredited basic food hygiene or food safety course.

### Key Points on food safety

- Procedures are in place to ensure that staff, volunteers, parents and children thoroughly wash their hands before and during the preparation of any food
- Procedures are in place to ensure that staff, volunteers, parents and children who are suffering from an illness, which may be communicable, do not become involved in food handling activities
- Any staff preparing, handling or providing food knows how to keep any child with a food allergy safe
- Frozen food is thawed under refrigeration, or using microwave ovens
- Raw food is stored such that it cannot contaminate cooked food or food that will not receive further cooking
- Steps are taken to ensure that the internal temperature of high risk food, for example processed meat and poultry (including livers), reaches at least 75°C during cooking
- Readily perishable food is not stored for more than the cumulative two hours in the danger-zone (between 4°C and 60°C)
- Readily perishable food is cooled from 60°C to 21°C in two hours and from 21°C to 4°C in four hours
- Cooked food is not stored in the refrigerator for more than two days
- Food is not re-heated more than once
- Re-freezing of food is avoided i.e. do not freeze any food more than once
- Cooked foods are stored above uncooked meats in the refrigerator
- Food is stored in covered containers
- Readily perishable foods pre-prepared at home and intended for on-site consumption are stored in the refrigerator prior to consumption
- All fresh fruit is washed in potable water prior to eating or preparation
- Centres have an allergen management plan in place
- Centres have guidelines covering the handling and storage of expressed breast milk and powered formula that is appropriate.

Playdough is mentioned in Nga Kupu Oranga: Healthy Messages as being a substance that should be treated as a food because no matter how it is made, some children will try and eat it. Since 1997 when Nga Kupu Oranga was published, there has been a salmonella outbreak (2009) implicating raw flour in playdough. Therefore the Ministry of Health does not consider it appropriate that playdough be promoted as being “clean and safe for playing or eating”.

## ***Kitchen Facilities***

ECE services only undertaking minimal food handling (i.e. cutting fruit, providing crackers and spreads for morning tea) or where children bring lunch boxes, are exempt from registering a national programme. However, they are still required to have appropriate kitchen facilities to ensure any food provided is safe and suitable to eat, including:

- a means of keeping perishable food at a temperature at or below 4°C and protected from vermin and insects;
- a means of cooking and/or heating food;
- a means of hygienically washing dishes;
- a sink connected to a hot water supply;
- storage;
- and food preparation surfaces that are impervious to moisture and can be easily maintained in a hygienic condition

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Centres that do not have a dishwasher and wash dishes by hand, should use the following method:

- Wash the dishes in hot water (43°C or above) and detergent
- Followed by a rinse in clean boiling hot water for 30 seconds or in clean hot water at 77°C for 2 minutes - Followed by air drying of dishes

The kitchen should be inaccessible to unsupervised children eg by means of a gate or door with a childproof latch.

## ***2.4 Refuse Storage and Disposal***

Poor refuse storage attracts vermin and increases the risk of disease transmission. Refuse storage and disposal should include the following features:

- Refuse bins and soiled nappy bins should be well maintained, and emptied and cleaned at least daily.
- All bins must have close fitting lids to exclude children and insects.
- External refuse bins are to be emptied and cleaned at least weekly to minimise odours.
- Bins should be placed to prevent children, insects and scavenging animals gaining access.

## ***2.5 Pest and Vermin Control***

The Centre should be free of vermin at all times. Immediate action should be taken to control and eliminate any infestation of pests or vermin affecting the Centre.

Pest control programmes should cover the identification of infestations of animals, insects or pests (rodents, cockroaches, flies, birds, mosquitoes, ants, silverfish, fleas, mice, wasps and any other pests of the locality) and specify action to be taken to control and prevent further infestations.

# ***3 TOILET/HANDWASHING AREA***

## ***3.1 Toilet Hygiene***

The toilet area is a significant area of potential disease transmission. It is therefore important that appropriate precautions are taken to minimise the risk of disease spread. Cleaning schedules must be used and be adequate for the purpose of maintaining good hygiene in the toilet area. Floors must have a surface that is easy to clean. Vinyl surfaces should have edges covered 75mm up the wall. Toilet and associated handwashing/drying facilities intended for use by children must be:

- Designed and located to allow children capable of independent toileting to access them safely without adult help. One toilet should provide a degree of privacy.



- Adequately separated from areas of the service used for play or food preparation to prevent the spread of infection (for new build Centres, refer to your local Council for Building Code requirements around separation of kitchen areas and bathrooms by means of a door/doors).

There must be a means of drying hands for children and adults that prevents the spread of infection.

## **4 NAPPY CHANGING/BODY WASH AREA**

### **4.1 Nappy Changing**

All Centres are required to provide nappy changing facilities. The nappy changing area is one of the most likely sources of disease transmission and therefore strict hygiene controls must be in place. The nappy changing table should:

- Be constructed of solid and stable material and designed so as to cater for older children as well as to reasonably prevent falls
- Be located in a designated area near hand washing facilities and separate from play and food preparation areas
- Have a surface that is smooth, easily cleaned, and impervious to water.

A new nappy change surface (e.g. paper towel or disposable sheet) must be used for each child, in addition to sanitising the washable surface.

A nappy changing procedure should be clearly displayed near the nappy changing facility, and should list the steps which must be taken to ensure good hygiene is maintained during and after changing nappies.

A suitable sanitiser, such as a 0.1% hypochlorite (eg bleach) solution should be readily accessible and used after each nappy change. The sanitiser should be washed off with a water spray after use, as it may cause irritation of sensitive skin. The sanitiser should be made up fresh each day and stored so that it is inaccessible to the children. See pages 37 – 38 for further information on cleaning, disinfecting and hypochlorite solutions.

A soiled nappy storage bin with a close fitting lid should be placed conveniently near the changing table but be inaccessible to children.

Disposable gloves must be available to staff, and are recommended for use by adults changing nappies (ensure single use and hygienic disposal). Gloves must be used when the person changing the child has any cuts, abrasions or lesions on their hands or lower arms to prevent transmission of blood-borne communicable diseases.

Because it is generally preferable to pre-soak reusable nappies, it is recommended that they are not laundered at the centre but are taken home with the child instead. They should be rinsed off first before being placed in labelled double plastic bags and stored in a bin or container with a close fitting lid for parents to collect at the end of the day to take home and wash. Soiled nappies should not be stored in children's bags.

The nappy change area must have suitable hand washing facilities (eg liquid soap, disposable paper towels and water at less than 40 °C) readily available for staff. Portable/fabric covered change tables are unacceptable.

### **4.2 Body Wash Facilities**

Plumbed-in wash facilities are required for all new build early childhood centres to comply with the Building Act 2004, including the Building Code. Services that are renovating may also be required by the Council to have plumbed-in wash facilities to meet the requirements of the Building Code. For advice, service providers should check directly with their local Council.

It is recommended that, in circumstances where there are no plumbed in facilities, there is a tub large enough and stable enough for children to be washed safely. Some form of hose type connection which provides a permanent



supply of warm water is preferable. Consideration should also be given to the need for the container to be emptied down an appropriate waste system, for example a toilet. Too much water would be heavy to pour down a wastewater system and may be an occupational health risk to staff.

A procedure is required outlining how the Centre will ensure good hygiene and the control of infection when washing sick or soiled children. This procedure should include how the tub is to be emptied and cleaned after use and should be attached to a wall in an appropriate and visible location.

Alternatively the Centre may choose to install a shub in which case the following should be considered:

- The shub should be in easy reach of any nappy change table and approximately waist high to reduce the risk of back injury
- The shub should have a flexible hose and hot and cold water mixer. The hot water must be delivered no hotter than 40 °C
- The surface of any shub should be smooth, easily cleaned, robust and waterproof
- The recommended interior size of any shub should as a minimum be at least 600mm wide x 600mm long x 300mm deep – or if only used by children under two years – 520mm wide x 520mm long x 300mm deep.

Procedures for effective hygiene and infection control include:

- use of disposable gloves
- use of a disposable cloth to clean the child
- safe disposal of wastewater down a toilet
- cleaning of bucket/tub with clean water and an appropriate cleaning agent.

## 5 CHILD HEALTH

### 5.1 Disease Prevention and Control

Space is required (away from where food is stored, prepared or eaten) where a sick child can be temporarily kept at a safe distance from other children (to prevent cross-infection), lie down comfortably and be supervised.

All practicable steps must be taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed onto children and likely to have a detrimental effect on them.

Specifically, action specified in the Ministry of Education criteria HS26 must be taken for any person (adult or child) suffering from particular infectious diseases. Children who become unwell while attending the service must be kept at a safe distance from other children (to minimise the spread of infection) and be returned to the care of a parent or other person authorised to collect the child without delay. See page 45 for the Ministry of Health resource “Infectious Diseases” which provides details on various diseases, symptoms and recommended exclusion periods.

**Please note**, the Public Health Service recommends that any child suffering from undiagnosed vomiting and/or diarrhoea should wait at least 48 hours after symptoms have cleared before returning to childcare.

#### Outbreaks

Infectious disease outbreaks must be notified to the Public Health Service within 24 hours. The On-Call Health Protection Officer can be contacted after hours if necessary through the hospital teleops Nelson (03) 546 1800 or Blenheim (03) 520 9999.

Look out for unusual clusters of illness amongst children and/or staff. The number of cases considered significant depends on the type of illness (eg two or more linked cases of gastroenteritis, or one case of measles or meningitis). Information on gastroenteritis and controlling outbreaks can be found on pages 31– 35.



## **5.2 Immunisation**

### **Immunisation Register**

The Centre must keep a register containing the immunisation details of all children in attendance. This is a legal requirement under the Health (Immunisation) Regulations 1995. The immunisation certificate of each child should be viewed and recorded on the register when a child enrolls at a centre, or when a child reaches 15 months of age if enrolled under the age of 15 months. If the child does not have a certificate, this should be noted on the register. The purpose of the immunisation register is to exclude children who are not immunised after being exposed to a vaccine preventable disease. Failure to keep a fully up to date detailed immunisation register puts children's health seriously at risk.

The Ministry of Health produces an immunisation register form for use by early childhood centres (Immunisation Register for Early Childhood Services and Primary Schools (2008) (Code HE1111) available from the Public Health Service) or alternatively a record can be maintained in other forms, such as on a computer. The information must be available at all times for inspection and be able to have data extracted, if necessary to enable rapid identification of children immunised against any of the nine diseases included on the National Immunisation Schedule.

Further detailed information on the Health (Immunisation) Regulations 1995 as they relate to Early Childhood Education Centres are contained in the Ministry of Health's publication Immunisation Guidelines for Early Childhood Services and Primary Schools (2007) (Code HE1106).

### **Staff Immunisation**

Staff are recommended to ensure they have immunity to measles, mumps and rubella, Hepatitis A, chickenpox, influenza and polio. For polio, the risk is from exposure to the vaccine virus in recently immunised infants. The Measles, Mumps and Rubella (MMR) immunisation and polio vaccine is provided free of charge to susceptible adults, but the chickenpox and influenza vaccines are not free.

All adults are advised to have a booster dose of adult tetanus-diphtheria vaccine at age 45 and 65 or after some injuries.

Staff should discuss what immunisations are suitable with their GP.

## **6 SLEEP AREA**

### **6.1 Sleeping Facilities and Bedding**

Space, service and facilities for children that require sleep or rest are required for all-day services. A separate sleep room is recommended (but not mandatory) for all-day services to support the provision of restful sleep for children under the age of two at any time they are attending.

Sessional services must also ensure that a system is in place for supervising sleeping children and provide a designated, quiet, safe area for children under two. They are also required to provide a safe and comfortable place to sleep (such as a bed, stretcher, mattress or couch) for children aged two or older that require sleep or rest during a session. Sleep rooms should:

- Be able to be closed off from activity areas so that fluctuations in temperature, noise and lighting levels can be kept to a minimum
- Have a viewing window to allow visibility from another area of the service
- Be large enough to accommodate furniture intended for children to sleep on (such as cots, beds, stretchers, or mattresses) at a ratio of at least one to every 2 children under the age of two Adults must have clear access to at least one side of the sleeping child (meaning the length, not the width). The area surrounding each child should allow sufficient air movement to minimise the risk of spreading illness and children must be able to sit or stand safely as they wake.



## **Spacing**

Spacing of sleeping facilities should ensure that children have easy access, be spaced so that they do not disturb each other, and so that there is sufficient room for adults to move freely around them in the event of an emergency. It is recommended that approximately 1.4m<sup>2</sup> be provided for large free standing cots.

Beds, cots, stretchers and mattresses should be placed to avoid hazardous areas (walkways, opening doors or below heavy objects). Cots are the preferred option for infants as it is difficult to sustain sufficiently warm temperatures at floor level for sleeping infants.

## **Cots**

Cots must be in good condition and meet current NZ safety standards. A ratio of 1 cot or bed to 2 children under two years of age is required, and the ratio of beds/mattress to children over the age of two years is at the discretion of the licensee/service provider contact.

Padded cot surrounds for the top end of cots ('bumper pads') are not considered suitable in an early childhood setting and all other possible causes of suffocation need to be eliminated. Latches on cots should be checked and a lead based paint test may be required on older cots. Fabric covered port-a-cots are not acceptable.

## **Multi-Cots**

Multi-storey cots are only acceptable if the following can be assured:

- The sleep room and the area around each cot is well ventilated to allow sufficient fresh air circulation without build-up of carbon dioxide, moisture and heat (see page 40)
- Cots are built to current NZ safety standards
- There is a specific evacuation plan for the sleep room where such cots are present
- Cots are easily accessible by staff and a sufficient distance apart to avoid cross infection
- Children are able to sit up in the cots. Children who are able to stand up should not be placed in upper cots.
- Cots must be secured to the wall so that they cannot fall in any event

## **Bedding**

Centres must ensure that each child needing to sleep has personal bed linen sufficient to keep them warm. If bed linen cannot be allocated to each child, it must be washed after each use.

## **Mattresses**

Mattresses must have a surface that is smooth, easily cleaned and waterproof. The waterproof layer should cover at least the whole of the upper surface and all sides of the mattress to protect it from becoming soiled and it must not present a suffocation hazard to children.

## **Bunkbeds**

Bunkbeds are not suitable for children under 9 years of age due to the risk of children falling from the top bunk and sustaining serious injuries. Therefore bunkbeds are **not permitted** in early childhood education centres.

## **7 WHOLE OF PREMISES**

### **7.1 General Cleaning and Facilities**

Centres should have adequate cleaning schedules, even if an outside agency is used to clean the premises. The areas that the schedules must specifically include are:

- kitchen
- laundry
- nappy changing area and surface
- toilet areas

Floor surfaces must be durable, safe and suitable for the range of activities to be carried out at the service (including wet and messy play) and be easy to clean. Carpet or other absorbent floor coverings are unacceptable in the kitchen, toilets or nappy changing areas. The premises must have adequate equipment to clean all floor coverings on the premises.

The cleaners sink should not be located in the kitchen area due to the potential for cross contamination of food. If the temperature of hot water at the cleaners sink is above 40°C it must be inaccessible to children. For cleaning advice see page 37. A 0.1% hypochlorite (bleach) solution is recommended for disinfecting.

The micro-organisms least likely to be killed by bleach or any other disinfectant are giardia and cryptosporidium. These organisms produce microscopic cysts about 1/100th millimetre in size or smaller, which can stick onto surfaces. The best way to deal with these organisms is to clean and disinfect toys, tables and other surfaces daily.

### **7.2 Laundry Facilities**

It is recommended that Centres catering for under twos have adequate space and facilities for laundering. However, it is acceptable for these centres to send laundry off site. All washing must be done in hot water with an adequate amount of laundry detergent. It is preferable to situate laundry facilities in a lockable cupboard to prevent children accessing them. If the Centre has a dryer, this must be ducted directly to the outside air. A procedure is required for the hygienic laundering (on-site or off-site) of linen used by children or adults. Centres should consider the following:

- How is laundry washed and dried?
- How is dirty linen stored? Is there a lidded bin in which to put wet and soiled nappies?
- Are different types of laundry washed separately?
- How often are different materials washed (eg cleaning cloths, dress ups, cushion covers, face cloths, tea towels, bedding, soft toys)?

### **7.3 Water Temperature**

The water temperature of any plumbing fixture to which children have access must be no greater than 40°C (35-40°C is recommended). Generally only the kitchen sink and cleaner's sink may supply water above 40°C and therefore should be inaccessible to children due to the potential risk of scalding. All hot water cylinders are set at not less than 60°C to prevent the growth of Legionella bacteria.



## **7.4 Sewage Disposal**

Centres that have on-site waste disposal (septic tanks or similar) should have:

- Disposal fields inaccessible to children
- Disposal fields functioning effectively with no surface ponding or break-out.

Management plans are recommended. These should include:

- Provision for regular pump-out of sludge in the case of a septic tank
- Routine maintenance of package treatment plants in accordance with manufacturers' recommendations and in accordance with design engineers' recommendations in the case of other installations.

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Further information to help ECE services understand the requirements of sections 1-7 above can be found on the Ministry of Education's website: <http://www.education.govt.nz/early-childhood/running-an-ece-service/starting-an-ece-service/starting-a-centre-based-ece-service/designing-your-early-childhood-service-to-comply-with-the-licensing-criteria/>

## **8 GENERAL PUBLIC HEALTH INFORMATION**

### **8.1 Lead**

Centre managers should check whether buildings (interior or exterior), cots or toys have been painted with lead-based paint in the past. Paint can be tested for lead through the Public Health Service. If lead paint is found, it may require removal and/or repair and repainting (see pamphlet page 29).

When removing lead-based paint, or when repainting any surfaces that have been painted with lead based paint, Centres should follow the Guidelines for the Management of Lead Based Paint (available from the Public Health Service). Surfaces of buildings that have been painted with lead based paint need to be repainted before the paint becomes crumbly or flaky. If lead paint is present, a written policy is required and must include scheduled inspections and regular maintenance to ensure paintwork remains in a good state of repair at all times.

Soil in the area 1 to 1.5m from the exterior walls of old buildings that may have been contaminated in the past by lead paint flakes or contaminated dust, needs to be removed or made inaccessible or unattractive to children (e.g. cover with decking or use for flower garden rather than sandpit).

### **8.2 Asbestos**

Centre managers should check whether buildings contain asbestos either in the form of insulation or building products. Materials suspected of containing asbestos should be tested, and if identified should be maintained in good condition and well painted so that fibres are not exposed. Additional information can be obtained from Public Health.



### 8.3 Sun Care

Excessive exposure to potentially hazardous ultra-violet radiation is an established health issue in New Zealand. Young children often have very sensitive skin and therefore have an increased risk of sunburn by ultra-violet rays. Centres should have a sun-safe policy which must specify:

- the hours and length of outside play;
- the use of sun screens and shaded areas; and
- personal protection of the children from the sun, e.g. sunscreen, hats, sunproof clothing etc.

Centres can obtain further information on the development of a sun-safe policy from the local Cancer Society, who in 2005 developed guidelines for schools seeking to design shade. These are available on the SunSmart website <http://www.sunsmart.org.nz/>.

### 8.4 Smokefree

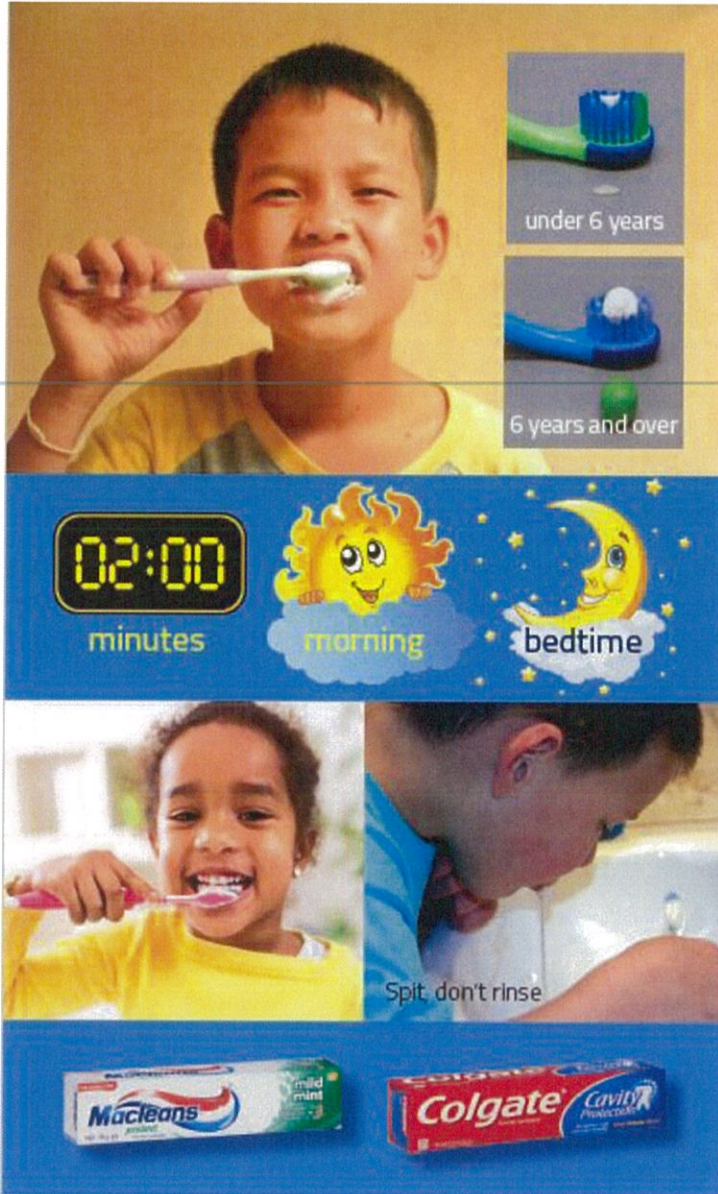
The Smoke-free Environments Act 1990 states that all early childhood learning places must be completely smoke-free (indoors and grounds, 24 hours a day, 7 days a week).

Early childhood services should have a written smoke-free policy on smoking, including a formal complaints procedure.

Signage indicating the premises is smoke-free should be prominently displayed. Smoke-free signage is available from the Public Health Service or can be ordered from the following website, <https://www.smokefree.org.nz/smokefree-resources/smokefree-signage>

The pamphlet *Information for Schools and Early Childhood Centres*, on smoke-free requirements, is attached on page 39.

### 8.5 Community Oral Health Teeth Cleaning Guidelines



**Community Oral Health Service**

- Nelson: (03) 539 5324
- Stoke: (03) 539 5321
- Richmond: (03) 539 5320
- Motueka and Tasman Mobile Unit: 0800 833 846
- Blenheim and Marlborough Mobile Unit: 0800 833 849



## Healthy food and drinks



These foods and drinks are good for teeth.



Healthy teeth.



These foods and drinks can harm teeth.



Unhealthy teeth.

### 8.6 Health Education Resources

There are a wide range of Ministry of Health education resources that early childhood centres may find helpful. A copy of the current catalogue is held by the Public Health Service. You can also view it on line at <https://www.healthed.govt.nz/>.

**Early Childhood Education Centre Health Assessment**

HEALTH ASSESSMENT REPORT FOR CENTRE-BASED ECE SERVICES

<b>Name of centre:</b>	<b>Health assessment relates to:</b> <input type="checkbox"/> Application for new centre NB where appropriate the applicant is advised of Inspection Fee Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Complaint investigation <input type="checkbox"/> Other: _____
<b>Address:</b>  <b>Phone:</b> <b>Email:</b>	<b>Licence Class (circle one):</b> Sessional/All-day/Mixed  <b>Service Provision (circle one):</b> Parent-led/Teacher-led/Mixed
<b>Service Provider Contact Person:</b>	<b>Number of Children enrolled:</b>  <b>Under 2:</b> _____ <b>Over 2:</b> _____
<b>Date of Visit:</b>	<b>Number of Staff:</b>  <b>Male:</b> _____ <b>Female:</b> _____



**Play area(s)**

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<b>Reg 45/PF12 #</b> Parts of the building or buildings used by children have: <ul style="list-style-type: none"> <li>• lighting (natural or artificial) that is appropriate to the activities offered or purpose of each area;</li> <li>• adequate ventilation (natural or mechanical) that allows fresh air to circulate (particularly in sanitary and sleep areas);</li> <li>• a safe and effective means of maintaining room temperature of no lower than 16°C; and</li> <li>• acoustic absorption materials if necessary to reduce noise levels that may negatively affect children's learning or wellbeing.</li> </ul>			
<b>Reg 46/HS15 #</b> All practicable steps are taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm.			
<b>Reg 46/HS24 #</b> Rooms used by children are kept at a comfortable temperature no lower than 16°C (at 500mm above the floor) while children are attending.			
<b>Reg 45/PF10 ☼ #</b> There are facilities (other than those required for PF26) or alternative arrangements available for the preparation and cleaning up of paint and other art materials.			
<b>Reg 46/HS16 #</b> Safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained.			

***Kitchen/dining area***

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<b>Reg 46/HS21 #</b> An ample supply of water that is fit to drink is available to children at all times, and older children are able to access this water independently.			
<b>Reg 45/PF16 ☀ #</b> There are facilities for the hygienic preparation, storage and/or serving of food and drink that contain: <ul style="list-style-type: none"> <li>• a means of keeping perishable food at a temperature at or below 4°C and protected from vermin and insects;</li> <li>• a means of cooking and/or heating food;</li> <li>• a means of hygienically washing dishes;</li> <li>• a sink connected to a hot water supply;</li> <li>• storage; and</li> <li>• food preparation surfaces that are impervious to moisture and can be easily maintained in a hygienic condition.</li> </ul>			
<b>Reg 46/HS19 #</b> Food is served at appropriate times to meet the nutritional needs of each child while they are attending. Where food is provided by the service, it is of sufficient variety, quantity, and quality to meet these needs. Where food is provided by parents, the service encourages and promotes healthy eating guidelines.			
<b>Reg 46/HS20 #</b> Food is prepared, served, and stored hygienically.			



**Toilet/Handwashing area(s)**

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<p><b>Reg 45/PF20 #</b> Toilet and associated hand washing/drying facilities intended for use by children are:</p> <ul style="list-style-type: none"> <li>• designed and located to allow children capable of independent toileting to access them safely without adult help; and</li> <li>• adequately separated from areas of the service used for play or food preparation to prevent the spread of infection.</li> </ul>			
<p><b>Reg 45/PF21 #</b> There is means of drying hands for children and adults that prevents the spread of infection.</p>			
<p><b>Reg 46/HS13 #</b> The temperature of warm water delivered from taps that are accessible to children is no higher than 40°C, and comfortable for children at the centre to use.</p>			
<p><b>Reg 45/PF24 #</b> A tempering valve or other accurate means of limiting hot water temperature is installed for the requirements of criterion HS13 to be met.</p>			

***Nappy change area/Body wash area***

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<p><b>Reg 45/PF25 #</b> There are nappy changing facilities of rigid and stable construction that can be kept hygienically clean. These facilities are located in a designated area near to handwashing facilities, and are adequately separated from areas of the service used for play or food preparation to prevent the spread of infection. The design, construction, and location of the facilities ensure that:</p> <ul style="list-style-type: none"> <li>• they are safe and appropriate for the age/weight and number of children needing to use them;</li> <li>• children's independence can be fostered as appropriate;</li> <li>• children's dignity and right to privacy is respected;</li> <li>• some visibility from another area of the service is possible; and</li> <li>• occupational health and safety for staff is maximised.</li> </ul>			
<p><b>Reg 45/PF26 # NEW CENTRES AND EXISTING ALL-DAY CENTRES ONLY:</b>            There is a plumbing fixture (a minim of a bath) for washing sick or soiled children.</p>			
<p><b>REG 45 PF 26 ☼ #</b> There are suitable facilities provided for washing sick or soiled children and a procedure outlining how hygiene and infection control outcomes will be met when washing sick and soiled children.</p> <p><b>Documentation required</b>            A procedure outlining how the service will ensure hygiene and infection control outcomes are met when washing sick or soiled children.</p>			
<p><b>Reg 46/HS3 #</b> Nappy changing procedure is displayed near the nappy changing facilities and consistently implemented.</p>			



**Child Health**

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<p><b>Reg 45/PF27 #</b> There is space (away from where food is stored, prepared, or eaten) where a sick child can:</p> <ul style="list-style-type: none"> <li>• be temporarily kept at a safe distance from other children (to prevent cross-infection);</li> <li>• lie down comfortably; and</li> <li>• be supervised.</li> </ul>			
<p><b>Reg 45/HS26 #</b> All practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>• the action specified in Appendix 2 of the licensing criteria is taken for any person (adult or child) suffering from particular infectious diseases; and</li> <li>• children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay.</li> </ul>			

**Sleep area(s)**

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<p><b>Reg 46/HS10 #</b> Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are arranged and spaced when in use so that:</p> <ul style="list-style-type: none"> <li>adults have clear access to at least one side (meaning the length, not the width);</li> <li>the area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and</li> <li>children able to sit or stand can do so safely as they wake.</li> </ul>			
<p><b>Reg 46/HS11 #</b> If not permanently set up, furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) and bedding is hygienically stored when not in use.</p>			
<p><b>Reg 45/PF29 #</b> Furniture and items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are of a size that allows children using them to lie flat, and are of a design to ensure their safety.</p>			
<p><b>Reg 45/PF30 #</b> Furniture and items intended for children to sleep (such as cots, beds, stretchers, or mattresses) that will be used by more than one child over time are securely covered with or made of a non-porous material (that is, a material that does not allow liquid to pass through it) that:</p> <ul style="list-style-type: none"> <li>protects them from becoming soiled;</li> <li>allows for easy cleaning (or its disposable); and</li> <li>does not present a suffocation hazard to children</li> </ul>			
<p><b>Bunk beds</b> are <u>not</u> present</p>			



**Whole of premises**

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<b>Reg 46/HS1 #</b> Premises, furniture, furnishings, fittings, equipment, and materials are kept safe, hygienic and maintained in good condition. [this includes appropriate use of detergents and disinfectants (eg bleach)]			
<b>Reg 46/HS2 #</b> Linen used by children or adults is hygienically laundered (including procedure)			
<b>Reg 45/PF6 #</b> Floor surfaces are durable, safe, and suitable for the range of activities to be carried out at the service (including wet and messy play), and can easily be kept clean.			
<b>Reg 46/HS13 #</b> The temperature of warm water delivered from taps that are accessible to children is no higher than 40°C and comfortable for children at the centre to use.			
<b>Reg 46/HS14 #</b> Water stored in any hot water cylinder is kept at a temperature of at least 60°C.			

## ***Gastroenteritis Information - Information for Schools & ECCs***

(Usual cause Norovirus)

### **What is the cause?**

Gastroenteritis is commonly caused by norovirus. Once norovirus gets into a school/ECC it can spread quickly from person to person. Some simple steps can help to limit the spread of the illness through schools/ECCs.

### **What are the symptoms?**

The symptoms often begin suddenly and include vomiting, diarrhoea, and stomach-aches. People may also have a fever, chills, headache, and muscle aches. Children often have more vomiting than adults. The illness is usually brief, with most people being unwell for only 1 or 2 days

### **How serious is it?**

Gastroenteritis caused by norovirus is not usually serious, although people may feel very sick and vomit many times a day. There are no long-term health effects. However, sometimes people are unable to drink enough to replace the fluids lost from vomiting and diarrhoea. They can become dehydrated and may need medical attention. Dehydration is more common among the very young, the elderly, and people with weakened immune systems.

### **What treatment is available?**

Norovirus cannot be treated with antibiotics. Drinking plenty of water (or oral rehydration fluids available from the chemist such as Gastrolyte), helps reduce the chance of becoming dehydrated. Most people can be treated at home, but if you are concerned about yourself or someone you are caring for, you should telephone your GP for advice.

### **How do people become infected?**

Noroviruses are found in the faeces (poos) or vomit of infected people. People can become infected with these viruses in several ways, including:

- Eating food or drinking liquids that are contaminated with norovirus;
- Touching surfaces or objects contaminated with norovirus (e.g. taps, towels, utensils), and then placing their hand in their mouth;
- Having direct contact with another person who is sick (for example, when caring for someone, cleaning up vomit/diarrhoea or sharing foods or eating utensils). Norovirus can spread very easily from person to person.

### **What can be done to limit the spread of norovirus in a school/ECC?**

#### ***The School/ECC can:***

- Ensure that surfaces in the toilets are clean and that soap and disposable towels are available.
- Clean up accidents with diarrhoea/vomit carefully. Wear disposable gloves and use disposable cloths for cleaning. Other people should be kept away from the area, as it is very infectious. Spray the area with aerosol air freshener first (this helps to settle any infectious particles out of the air). Provide fresh air to the area. Hard surfaces can be cleaned with a household bleach solution
- See separate **Public Health Service Cleaning Advice for Staff** fact sheet for cleaning information.
- Inform parents/caregivers if gastroenteritis is going around the school.

#### ***Students/children and staff can:***

- Remember to wash their hands thoroughly after going to the toilet and before eating. Rub hands with soap for 20 seconds, rinse under running water and dry them well (for 20 seconds) using disposable towels
- Remember not to share food or drinks.

#### ***Parents and caregivers can:***

- Keep children who are sick away from school. They should not return until at least 48 hours after their diarrhoea and vomiting stops.
- After returning to school children should be reminded to be very careful with handwashing after going to the toilet as they may still be infectious for a few more days.



## **GASTROENTERITIS - Key Messages**

### **Parents, Caregivers, Children/Students**

(usual cause Norovirus)

- There have been cases of gastroenteritis at this school/ECC
- Usual symptoms are vomiting and/or diarrhea
- Most commonly caused by Norovirus
- These viruses are **highly infectious**

### **If your son, daughter or other family member is unwell:**

- use own towel – do not share
- all the family must regularly clean (wash/sanitise) hands
- always clean hands before preparing food and after using the toilet

**Ensure children/students do not return to school until  
48 hours after their symptoms have stopped**

### **If there is sickness in your family:**

- don't let the sick person prepare food
- don't share plates, cups etc
- it's ok to chat to the sick person but avoid contact/touching

### **Hand cleaning:**

- Hand washing using soap and water for 20 seconds followed by hand drying for 20 seconds is the preferred option
- Alcohol GEL sanitiser may be used as an additional measure but is not effective against some viruses (e.g. norovirus)

### **Household cleaning:**

- use chlorine (bleach) disinfectant on hard surfaces (do not apply to carpets)
- for cleaning of hard surfaces in toilet/bathroom such as:
  - toilet seats, cisterns, door handles
  - follow the instructions on the bleach container - if no instructions
  - use 1 part bleach to 10 parts water
  - cleaning up vomit or diarrhea accidents
  - clean first using normal detergent and hot water
  - disinfect use household bleach - follow instructions as above
  - THOROUGHLY clean hands when finished

If you have any questions or want further information contact the Public Health Service

▪ **Nelson Office (03) 546-1537**

**Blenheim Office (03) 520-9914**

## **Gastroenteritis Information- Cleaning advice for Staff - Schools & ECCs**

(Usual cause Norovirus)

### **Reasons for cleaning**

Gastroenteritis is commonly caused by norovirus. Viruses such as norovirus (and rotavirus) are **highly infectious** and can be spread by contamination of the environment. They can be spread via contaminated surfaces whether visibly contaminated or not. For this reason it is particularly important that any vomit or diarrhoea is promptly cleaned up, then disinfected with bleach solution, and that all hard contact surfaces are kept clean. Norovirus has been reported to survive for up to 7 days on stainless steel surfaces (study research) and 12 days in carpets.

### **Staff safety**

All staff cleaning a contaminated environment must use disposable gloves and isolation gowns or plastic aprons. In addition staff should wear a mask if aerosols are likely to be present particularly if cleaning is undertaken within 1 hour of the incident. (Vomiting in particular confers a significant risk of infection to those exposed to aerosols).

### **Cleaning and disinfecting equipment**

- The following protective gear and equipment are recommended for clean-up purposes: Disposable gloves
- Disposable isolation gowns or plastic aprons
- Disposable face masks
- Disposable bags for waste
- Soiled linen bags as needed eg in sleeping areas of ECCs
- Sick bags (V Bags)
- Chlorine (bleach) disinfectant (only cleaning agent known to kill viruses) - see table below
- Multi-purpose detergent cleaner
- Paper towels
- Disposable cloths
- Mop & bucket
- Trigger operated spray bottles (optional)

Make up bleach solution. Bleaches are sold in different strengths. The strength is written on the label as g/Litre of sodium hypochlorite or sometimes as a percentage (%). The recommended strength of bleach for disinfecting contaminated surfaces is 0.1% hypochlorite. The following table shows how to make up **5 litres** (approximately half a household bucket) of dilute bleach to give a final strength of 0.1%.

Original strength of Bleach on the label in g/L or % sodium hypochlorite	Use this amount of Bleach (millilitres)	Use this amount of Water (millilitres)	You will end up with this amount (Litres)	Final strength
Approx 10g/L or 1%	500	4500	5	0.1%
Approx 20g/L or 2%	250	4750	5	0.1%
Approx 30g/L or 3%	170	4830	5	0.1%
Approx 40g/L or 4%	130	4870	5	0.1%
Approx 50g/L or 5%	100	4900	5	0.1%



If the bleach solution is to be used in trigger operated spray bottles:

- Make up a new solution 24 hourly (bleach can lose its strength if held to long)
- Label the spray container "Keep out of reach of children – 0.1% bleach solution" The following table shows how to make up **500mls (0.5 Litre)** of bleach solution

Original strength of Bleach on the label in g/L or % sodium hypochlorite	Use this amount of Bleach (millilitres)	Use this amount of Water (millilitres)	You will end up with this amount (millilitres)	Final strength
Approx 10g/L or 1%	50	450	500	0.1%
Approx 20g/L or 2%	25	475	500	0.1%
Approx 30g/L or 3%	20	480	500	0.1%
Approx 40g/L or 4%	15	485	500	0.1%
Approx 50g/L or 5%	10	490	500	0.1%

### **Cleaning & disinfecting of area immediately after vomiting/soiling**

**Step 1:** Put on protective gear.

**Step 2:** Use paper towels to soak up excess matter then use disposable cloths.

**Step 3:** Place any contaminated material directly into a waste bag.

**Step 4:** Clean the immediate area with hot water and detergent using mop and/or disposable cloths.

**Step 5:** Disinfect by applying bleach solution to the contaminated area and surrounds - at least 3 metres in all directions. Do not apply to carpets (see section below on carpet).

**Step 6:** Cordon off and thoroughly air the area for at least 30 minutes afterwards if practical to do so.

**Step 7:** Dispose of protective clothing, cloths etc into a disposable bag (or soiled linen bag).

**Step 8:** Sanitise hands thoroughly. You have been handling **highly infectious** material.

### **Cleaning of surfaces during an outbreak**

#### **Hard surfaces**

All hard surfaces in the vicinity of any contamination (vomiting or soiling) must be wiped down with a bleach solution (as above) eg work surfaces, washable floors, taps, telephones, banisters, furniture, waste bins, door handles and bathroom/toilet areas (see below).

#### **Carpets**

The area to be cleaned should extend at least 3m around the contaminated area. Carpets should be steam cleaned using a steam cleaner which reaches a minimum of 60 degrees centigrade, unless the floor covering is heat sensitive and fabric is bonded to the backing material with glue. If this is the case, clean with detergent (do not use bleach as it will discolour the carpet), and thoroughly air the area until dry before allowing people back into the area.

#### **Cot/Bed linen**

Contaminated bed linen should be placed in separate soiled linen bags and washed separately at a minimum temperature of 60°C on a full wash cycle. Ideally put in a half load of linen but use full load setting (ie high water level).

### **Extra cleaning of bathroom/toilet areas during an outbreak**

During an **outbreak**, check and clean shared toilet facilities at least 4 hourly and after any incident of vomiting or soiling contamination. All hard surfaces must be cleaned first then disinfected with bleach solution e.g. wash hand basins, washable floors, taps, toilet rails, waste bins, door and toilet flush handles, window frames and bathroom fittings. Ensure that separate disposable cloths are used for 'dirty' areas such as toilet bowls.

## ***DON'T LET THE DREADED STOMACH BUGS GET YOU!***

Gastroenteritis disease may be **highly** infectious and causes vomiting and/or diarrhoea which are definitely no fun for anyone!

In schools and ECCs toilet and bathroom facilities are shared with a lot of other people!

**HERE'S AN IMPORTANT TIP TO HELP KEEP YOU WELL**

***KEEP YOUR HANDS CLEAN***

***ALWAYS***

**Thoroughly clean your hands after using the toilet and before preparing or eating food**



Hand washing using soap and water for 20 seconds followed by drying for 20 seconds using paper towels or air dryer (don't use a shared towel) Alcohol GEL sanitiser may be used as an additional measure but is not effective against some viruses (eg. Norovirus. Use only if no visible dirt on hands.

Alcohol GEL sanitiser may be used as an additional measure but is not effective against some viruses (e.g. norovirus). Use only if no visible dirt on hands.



**REMEMBER**

**Someone who has had gastroenteritis can still pass the disease onto others for up to 2 days after their symptoms have stopped**



## ***INTERIOR ENVIRONMENT DESIGN ISSUES***

### **Ventilation**

Spaces within buildings need to have means of ventilation with outdoor air that will provide an adequate number of air changes per hour. Good ventilation is particularly important for sleep rooms and rooms where unwell children are looked after temporarily.

This will generally occur by natural means if adequate external (unrestricted window openings minimum of 5% of the floor area) and internal (door openings, ventilation grills, etc.) are provided to maintain through or cross ventilation. That is, opening(s) where fresh air can enter from outside the building, opposite opening(s) where air can exit the room. (See below for an example of cross ventilation of a sleep room.)

Where the internal door opening is closed during periods of use (to provide undisturbed rest), in order to prevent the natural ventilation breaking down, a suitable ventilation opening can be installed opposite the external wall containing the window opening, as follows:

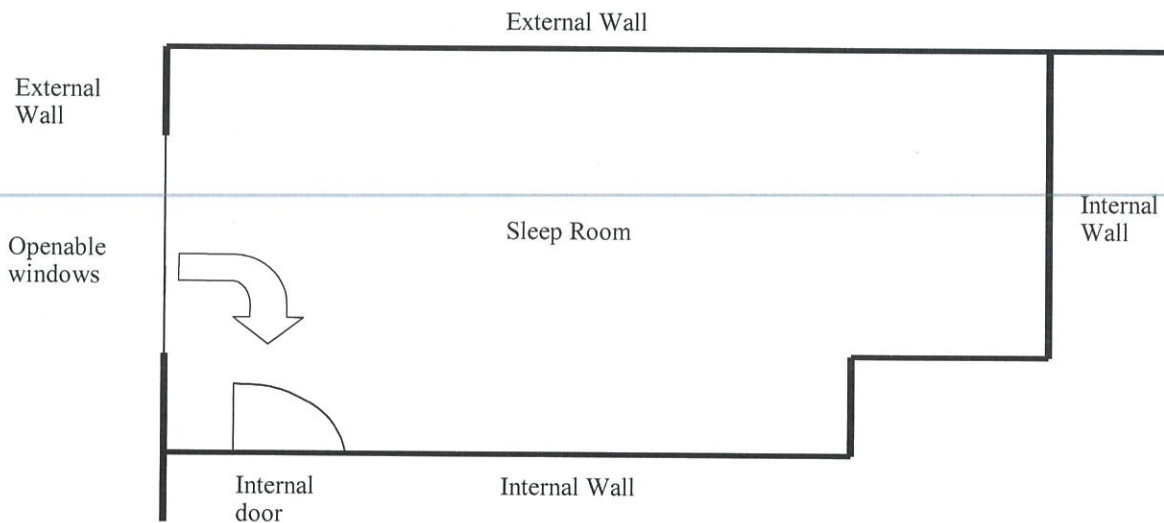
- a ventilation grill approx. 450mm x 450mm (or other opening of equivalent area) installed in the upper section of the internal door, **or**
- a ventilation grill approx. 450mm x 450mm (or other opening of equivalent area) installed in the upper section of an internal wall (at least 1.5m above the floor) of the room, **or**
- an open louvered fanlight approx. 300 mm deep installed above the full width of the internal door.
- If the room is larger than 15m<sup>2</sup> (floor area), then larger openings may be required.

Alternatively, in the event of there being inadequate or no external openings for ventilation to be achieved by natural means, artificial (mechanical) ventilation can be installed, as follows:

- a suitable (quiet running) supply fan (supplying fresh air at a rate not less than 8 l/s multiplied by the maximum occupancy of the room) installed high up (to avoid drafts) in an external wall of the room opposite the internal door, **and**
- a ventilation opening (e.g. grill) approx. 450mm x 450mm fitted in the upper section of the door or wall opposite the supply fan to allow warm, used air to escape.

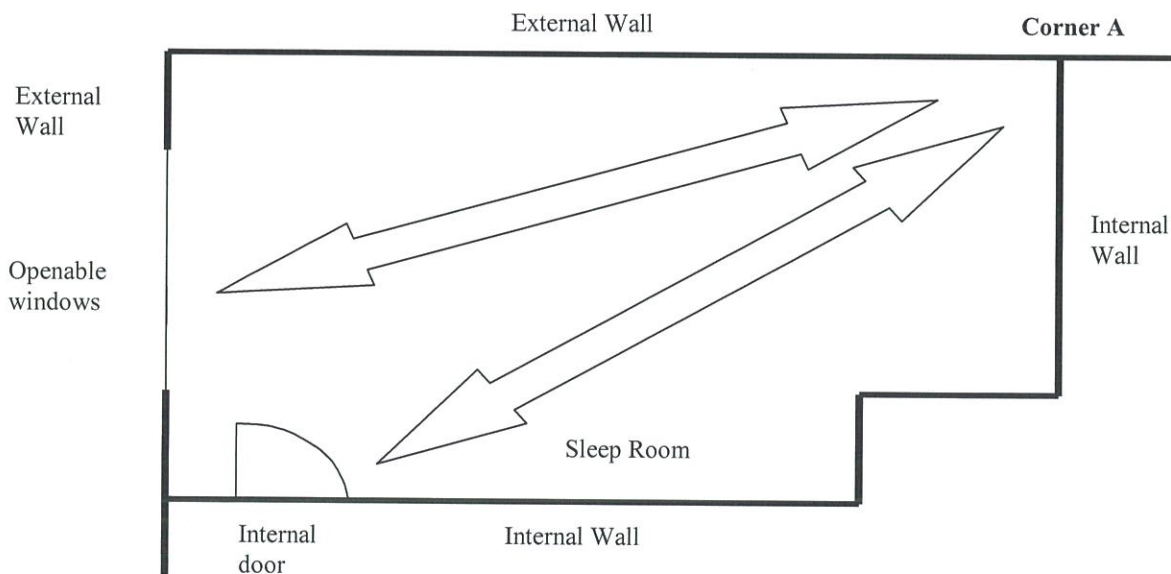
### Example of Cross Ventilation of a Sleep Room

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



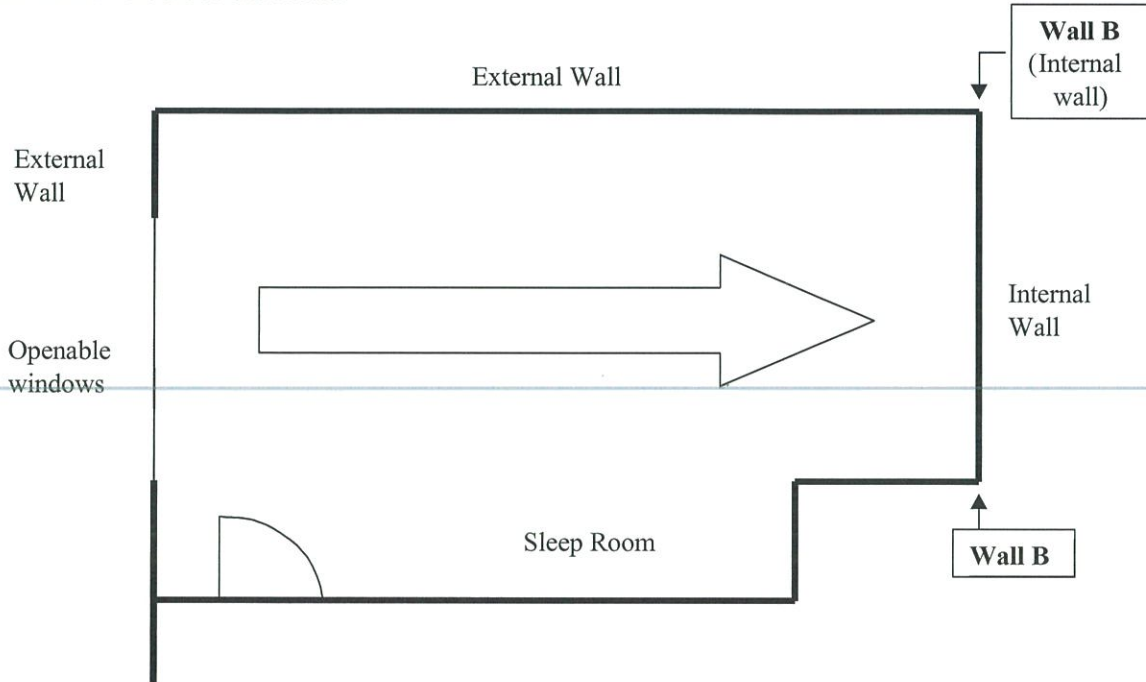
**For cross ventilation to occur, there are two options.**

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

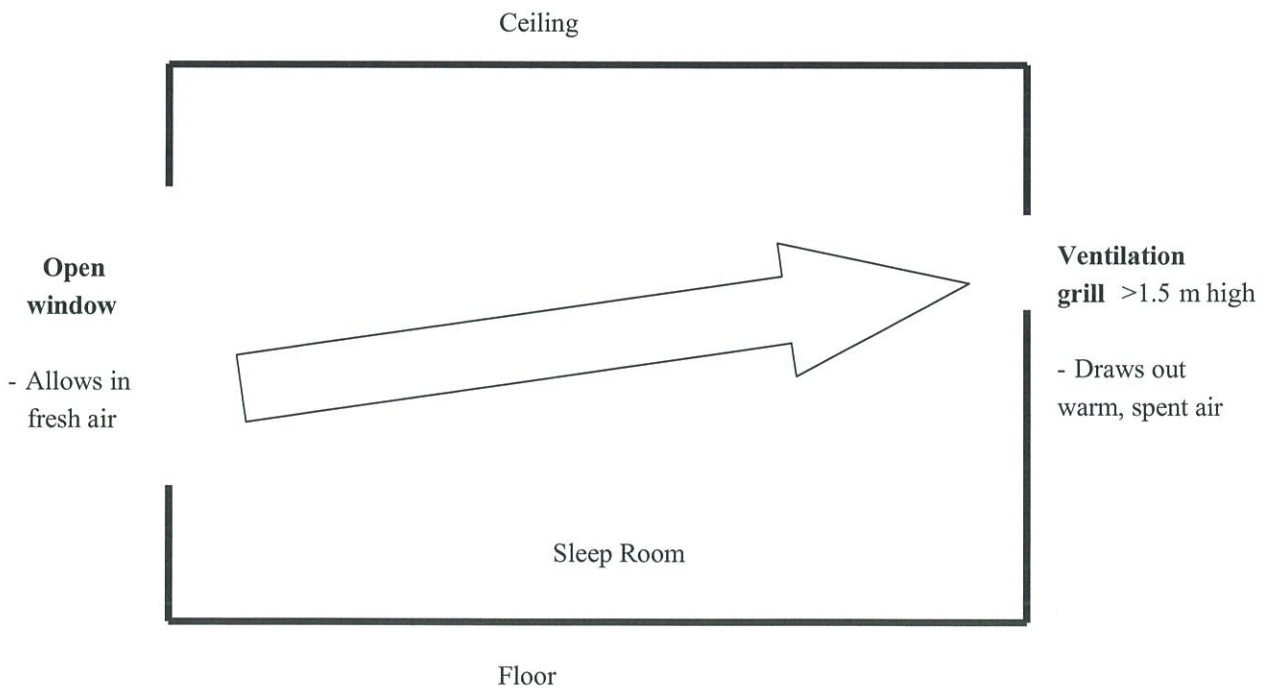




2. Alternatively, an internal ventilation grill could be fitted in the wall opposite the windows (Wall B below), so that air flows across the room.



This ventilation grill needs to be at least 1.5m high, and needs to be approx. 450mm x 450mm (provided the floor area is no more than 15m<sup>2</sup>). As the following cross-section shows, if the vent is located at least 1.5m above floor level, it will allow used air (which rises because it is warm) to leave the room, encouraging fresh air to replace it through the windows.



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# Section 9

## Early Childhood Education and Care Centres



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