

Health and Safety

HS1- Premises and contents are safe and hygienic

Ako Tahi have the following policies and procedures to ensure adherence with this criterion, these are listed below:

- Hazard Management System
- Cleaning schedules
- Laundry procedure
- Cleaning and maintenance schedule

HS2- Laundering

Laundering is completed onsite in the secure laundry room, policy below.

Laundering procedure

Linen used by children or adults is hygienically laundered (HS2 Laundering)

Rationale

To ensure adequate laundering practices foster health and wellbeing for all.

Procedure

All washing needs to be done in hot water (minimum of 60°C) with an adequate amount of laundry detergent.

Soiled items that are pre-soaked in a strong peroxide-bleach solution (e.g. Napisan) and stored in a secure washing bucket in the laundry area.

Any clothesline or clothes rack needs to be inaccessible to children. Items drying on a clothes rack will be placed at the back of the preschool or dried out of operation hours.

Bedding

- Bed linen is stored in the sleep room
- Each child is allocated their own bedding for the week, this linen is stored in the child's 'Moe cubby'.
- At the end of the week (or when the child has completed all their sessions for the week) the linen will be washed.
- If a child has been unwell or soiled their linen, this will be washed straight away in hot water (soiled sheets will have all faeces removed in the bathroom area and rinsed off prior to placing in washing machine).
- The bed linen washing will be stored in the 'Moe' washing basket.
- The bed linen will be washed separate to all other items.
- If a dryer is used, then only bed linen will be dried together.

Cleaning Cloths- (blue)

- Cleaning cloths are blue
- Cleaning cloths are stored in the 'Storeroom'
- Dirty cleaning cloths will always be placed into the 'Cleaning washing basket' with lid on .
- Cleaning cloths will be washed separate to all other items.
- If a dryer is used, then only the cleaning cloths will be dried together

Kai washing (bibs, washcloths etc)- (facewash cloths)

- Clean bibs will be stored in the kitchen cupboard

- Clean wash cloths will be stored in the Kitchen cupboard
- All dirty wash cloths/bibs will be stored in the 'Kai washing basket' with lid secured
- All washcloths/bibs will be washed together
- If a dryer is used, then only the wash cloths/bibs will be dried together

Play equipment

- Clean play equipment will be kept in storage containers ready for use with children.
- Machine washable items will be placed in the 'Play' washing basket to be washed either as part of the washing schedule or as required.
- Play items will be washed together only.
- If a dryer is used, then only the play items will be dried together.

Kitchen Laundry (yellow cloths)

- Clean kitchen laundry will be stored in the Kitchen cupboard
- All dirty kitchen laundry will be stored in the 'Kitchen washing basket' with lid secured.
- All kitchen laundry will be washed together
- If a dryer is used, then only the kitchen laundry will be dried together

Art Cloths- (green and orange cloths)

- Clean Art Cloths will be stored in the 'Storeroom'.
- All dirty art cloths will be stored in the 'art washing basket' with lid secured.
- All art cloths will be washed together
- If a dryer is used, then only the art cloths will be dried together

HS3- Nappy Change Procedure

Nappy Changing Policy

Te Whāriki (2017): Well-being/Mana Atua: Children experience an environment where they are kept safe from harm. Quality in Action/ Te Mahi Whai Hua (1998): Educators should plan, implement, and evaluate curriculum for children in which their health is promoted, and emotional well-being nurtured; and they are kept safe from harm. Education (ECC) Regulations 1998: 17 (2), 19 (1), 24 (1) (a-c).

Purpose

- To ensure that the bathroom/ nappy changing area is a positive place for children to be, where children are respected and empowered to participate in their own routines and are adequately monitored.
- To ensure that children and teachers are kept safe and hygienic throughout daily nappy changing and toileting routines.
- Parents/whanau wishes with regards to toileting will be followed as closely as possible within the guidelines/parameters to the teaching team.

Procedures

- Supervision Staff and other adults are well monitored by a Person Responsible. There are limited opportunities for staff and other adults to be alone and out of sight with children. There is adequate monitoring of the bathroom through the Playroom. Any teacher who is

using the room for care routines supervises the bathroom/ nappy-change area. At all other times, children accessing the bathroom/ nappy change area are monitored by the teacher/s in the play room.

- There are potties available for children who are transitioning out of nappies and are using a potty at home; all children will be gently encouraged to use the toilet, as it is a more hygienic option.

Nappy changing

- Children must be approached and informed of what is happening before being taken to the changing area. Children will be treated with respect and dignity during the caregiving routine.
- The bathroom has been designed to foster independence; for example, competent toddlers can climb up to the nappy change area via steps when an adult is there to supervise them. This also helps teachers' backs as lifting toddlers is reduced. It is visible from the playroom.
- Nappy changing is undertaken by permanent teachers. Students and regular relievers may be permitted to change nappies under the guidance of a permanent teacher, after the children have become comfortable with the new adult and after agreement amongst the teaching team. Volunteers will not change children's nappies and will not be alone with children in the bathroom.
- Nappy changes will always occur at the nappy change table in the children's bathroom. When a child is on the nappy change table, the attendant adult stays right beside them, with one hand on the child always.
- Nappy and toileting checks will be carried out every 2-3 hours. children will also be changed as required. Nappies will also be checked prior to when a child goes to bed and after they wake up.

Hygiene

- Have your supplies ready, within arm's reach: soap, paper towels, wipes, plastic bags, fresh nappies (cloth or disposable), a change of clothes for the child and disposable gloves.
- Wash your hands with soap and dry thoroughly.
- Place 2 paper towel on the changing surface where the child will be changed.
- Wear disposable gloves if the nappy is soiled with faeces.
- Place the child on the changing surface. Remember to always keep one hand on the child for safety.
- Remove soiled nappy (and clothes if necessary) and set aside out of reach of the child.
- Clean the child's bottom with a disposable wipe. Throw the wipe in the bin remove the paper towel from under the child. Put them in a suitable bin.
- Remove your disposable gloves by turning inside out as they are removed (as to stop recontamination of your hands) – do not wash or re-use them and dispose of them in the bin.
- Put a clean nappy on the child (and if necessary, re-dress the child).
- Wash the child's hands (even if they do not look dirty). Return the child to his/her cot or the group.
- Dispose of any faeces in the toilet if appropriate. Put the soiled disposable nappy in a plastic bag and into the bin with the lid securely attached. If a cloth nappy was used, put it

in a plastic bag and into their individual nappy bin – this is to be taken home by the child’s caregivers/parents

- Put soiled clothes in a plastic bag and tie up, place in the soiled items bin – this is to be taken home by the child’s caregivers/parents.
- Wash your hands with soap and dry thoroughly.
- Disinfect the changing area with a chlorine solution (dilute 1 part to 10 parts water). Leave to dry for 2 minutes, then wash off.
- Wash your hands again (and remember to wash hands between each child). Whanau will supply the wet wipes.
- If nappy cream is required, parents must provide, named cream, and give signed permission on the medication form. The nappy cream will be stored in the locked cabinet in the changing room.
- Used disposable nappies will be put in a nappy bin that has a secured lid and is emptied at least at the end of each morning and afternoon.
- Every nappy check and change will be recorded on the form provided in the changing room.
- At the end of each session the taps, sink, change mat, change area will be cleaned with a chlorine solution dilution 1-10 and left to dry.
- Children in the Infants and Toddlers environment who are toilet training will be supported by all teachers with their toilet training.

Please see attached NAPPY RECORD SHEET

HS4- Fire Evacuation Scheme

Key Centre Details – fire drills and emergencies	
Address	29 Crosby Street, Mairehau, Christchurch
Max # of Under two children	12
Max # of Over two children	38
Other Staff	7x teachers 1x Manager- Full time 1x Admin
Equipment on site for evacuating non-walking children	3x evacuation cots holding 4 children in each
Assembly Point	Far left corner of the main carpark
Training Frequency	Induction of new staff and with fire drills Also reviewed annually
Fire Drills	Every two months

All occupants
<p>Warn occupants in the immediate area if a fire is discovered. Operate the nearest fire alarm manual call point (red boxes with break-glass panels). Call 111 and ask for fire. Report the name and address and the nature of the fire. Evacuate the building – go to the far-left hand corner of the main carpark. Report to the Head Teacher/Persons Responsible and pass on any relevant information about the fire. Do not re-enter the building until the all-clear has been given by the Head Teacher/Person Responsible or Firefighters. Do not attempt to extinguish the fire unless you have been trained to do so.</p>

Teachers
<p>Operate the nearest fire alarm manual call point if the alarm is not already sounding. Direct the children to the main exit at the front or to the closest fire exit (side external door to outside play area or side exit by the adult toilets). Check all children and adults are out of the rooms and shut the doors (do NOT lock) Ensure all rooms are checked (kitchen, office, sleep room, toilets) and also check any areas that children may get into, e.g. toy cupboard, playhouse. Place non-walking children in mobile cots and take them outside at the ground level exit in the nursery. Group the children together and accompany them to the place of safety at the far left hand corner of the main carpark. Report to the Head Teacher/persons responsible to confirm clearance of all rooms. Outside Teachers: If the alarm activates while the children are playing outside the teachers are to gather the children together and walk them or carry them to the safe place at the far left hand corner of the main carpark.</p> <p>People requiring assistance to evacuate: Place under 2-year-olds who are unable to walk out themselves into cots (up to 3 per cot) and wheel them out to the place of safety at the far left corner of the main carpark. Provide assistance to anyone else (visitors) in the building who are unable to self-evacuate. There could be visitors/relatives in the building with a range of requirements. These could include people who are hearing or sight impaired, people with impaired mobility, people with a neurological condition that may mean they do not understand the need to evacuate. Provide</p>

reassurance to any people who appear stressed about the situation and assist people to the place of safety outside. All doors have ramps to ensure they are accessible by people with varying levels of mobility.

At the Place of Safety/Assembly Area:

All staff are to ensure that the children are contained in the assembly area while they are waiting for all clear from the Head Teacher/Persons responsible or Fire and Emergency New Zealand.

If requested to move by either the Head Teacher or Fire and Emergency, ensure all children are quickly and safely walked (or moved in cots) to the far-left corner of main carpark.

No one is to re- enter the building until the all clear has been given.

Head Teacher/Persons Responsible

Put on the Orange Hi-Viz vest.

Check the rooms are all clear if it is safe to do so.

Proceed to the assembly area at the far left corner of the main car park at the front of the building.

Ensure that the 111 call to Fire and Emergency has been made – if any doubt, make another call. Receive reports from the other teachers.

If there is any risk to others with fire / smoke near the assembly area, instruct everyone to move to the safe area at the end of Crosby Street.

Liaise with Fire and Emergency on their arrival and inform them of the state of the evacuation

HS5- Assembly Area Safe

The safe assembly area has been identified as the far left corner of the carpark opposite the preschool. This area is away from the building and traffic/emergency appliances. There is enough space for all children/staff/whanau and provides a safe pick up point. The area is also free from power poles and any other items that could be identified as an hazard.

HS6- Securing Furniture

Heavy fixtures, furniture and equipment that could topple or fall and cause serious injury or damage are secured to the wall or floor using metal brackets.

HS7- Emergency plan and Supplies

Emergency Procedures Policy

Rationale

In the event of an emergency at Preschool, teachers are aware that the safety and well-being of all children and staff are paramount. Teachers and staff will activate emergency response plans

Te Whāriki

Well-being - Goal 3. Children experience an environment where they are kept safe from harm.

Procedures

- All teachers and auxiliary staff will engage in emergency procedure training upon employment and training will be reviewed annually.
- Fire, earthquake, and evacuation drills are undertaken and documented every 3 months.
- A full accessible and transportable civil defence kit will be stored on the premises. This will include food and water supply for everyone at the centre for at least one day, a current phone list of staff and families, and supplies in accordance with civil defence guidelines.
- Every six months paperwork will be reviewed, updated and stock will be replenished.
- Children will be collected by an authorised adult only. Children who are not collected by their parents, caregivers or other authorised adults are to be supervised at the centre if it is safe to remain.
- A record will be kept of any adults picking up children.
- If it is safe to remain at Preschool and there is no immediate danger, teachers, staff and children will remain on site. We will provide the Civil Defence Centre with a completed Emergency Information Response Form which will include the following information:
 1. Usual location
 2. Current location
 3. Total numbers of adults at current location
 4. Total number of children at current location
 5. Number of people trapped
 6. Number of people injured
- In case of evacuation, we will re-locate all staff and children to the nearest Civil Defence Post, or practical shelter on the way. If possible, any change in location will be communicated via text message, Facebook, by changing the phone message at the centre and by a written message at the entrance.
- Fire protection procedures and equipment will be reviewed annually.
- A plan for the safe evacuation of children and adults from the building is prominently displayed on the notice board.

We reserve the right to close the centre in the event of a flu pandemic or other public health emergency.

Emergency and Civil Defence policy continues

Procedures

A. Preparation- before any emergency

An emergency plan is prepared. It contains:

1. A floor plan of the premises showing
 - a) Safe places for assembling indoors (in case of an earthquake) and outdoors (in case of a fire or other emergency necessitating evacuation);
 - b) Evacuation routes to the assembly points;
 - c) Location of emergency equipment; and
 - d) Location of emergency supplies.
2. Earthquake and fire drill information (see below)
3. Emergency services contact numbers (111, and local numbers for fire, ambulance, police, doctor, hospital, poisons centre and civil defence).
4. Parents'/caregivers contact numbers,
5. Forms with space to record the evacuation time and details of each child,
6. Forms with space to record the date, time and duration of any evacuation drills carried out, and space to note issues that arise around drills.

All regular staff will be issued with a floor plan, with emergency information for fires and earthquakes on it, on their first day of work at the centre.

The emergency plan is updated annually. The Manager is responsible for ensuring parents/caregivers contact numbers are updated 6monthly, and those of other person whom the parents nominate as someone who can collect the child (preferably a person within walking distance from the centre).

The emergency plan is kept in a clearly labelled folder and kept in a safe and accessible place near the emergency survival kit and the attendance register.

The centre staff show all parents/caregivers when they begin at the centre, as well as visitors, where the evacuation notice with routes and assembly points is displayed, a copy of this notice is included in the induction package for parents/caregivers.

Families of staff members are made aware of staff responsibilities for children in the centre in the event of a civil emergency. A record of staff families at Ako tahi agree to give equal care and consideration to all children in an emergency.

A list of emergency numbers is displayed near the office telephone.

All heavy furniture is earthquake-secured and stored items appropriately restrained.

An earthquake drill and a fire drill are conducted every 3 months.

An emergency survival kit is assembled and will be maintained. Contents of the survival kit includes: torches, batteries, candles, a battery-operated radio, first aid kit and manual, nappies, food and water for the staff and children to last three days, and some prescription medications of medications taken regularly by staff and children.

The emergency kit will be checked and updated every six months by the Manager.

Parents/Caregivers are responsible for:

- Signing their children in and out of the centre each day on the attendance register
- Reading the Fire Action notice when they come on an induction visit and noting key information.

Ako Tahi Preschool Training Guide for Fire Evacuation

Training Checklist for Employees	Notes
<p>Start training in the Entrance area, focus on the fire evacuation plan on the wall, procedure, and Assembly Point.</p> <p>Introduce the Emergency Warden to the employee, if the Emergency Warden is absent, the Manager/Assistant Manager will take on the role.</p>	<p>Ensure the employee has had time to become familiar with the plan, procedure, and Assembly point.</p>
<p>Discuss what information the Fire Department need to know when making an emergency phone call.</p>	<p>Address- 29 Crosby Street</p> <p>If all persons have been able to evacuate.</p> <p>Other important information relevant to the incident.</p>
<p>Show the Employee where the fire alarms are in the building and explain how to use them.</p>	<p>Call points are in the following areas:</p> <ul style="list-style-type: none"> *Next to main entrance *Staff area in the kitchen *Next to Nursery exit *Next to exit in playspace
<p>Starting in the Preschool Playroom, visit each exit including going outside to trial exiting through the gates.</p>	<p>Ensure the employee is aware that the gates must be unlocked by the person opening the centre.</p>
<p>Continue through to the Nursery and again visit each exit including going outside to trial exiting through the gates.</p>	
<p>Visit the sleep room and walk through the escape routes.</p>	<p>Discuss evacuation plan for safely supporting sleeping children. The Nursery teachers will work as a team to safely get the children outside as quickly as possible through the exit in the Nursery room (this door is in very close vicinity to the sleep room).</p>
<p>Using the escape plan, walk through where you would exit the building and accessing the Assembly Point from each exit.</p>	
<p>Take the employee to where the evacuation backpack is stored in the Storage room on a hook (allow the employee to view the contents) and visit the area where the evacuation Bin is stored in the laundry area.</p>	
<p>Inform the employee of the Emergency Folder, show them where it is stored. Allow time for the employee to read the information, including the Emergency policies, required checks and drills.</p>	

Earthquake

This checklist outlines what to do in the event of an emergency. You can also use it when practising an earthquake drill.

	Response actions (as appropriate)
During an earthquake	<input type="checkbox"/> If indoors: <ul style="list-style-type: none"> • Drop, take cover under a desk or table and to hold onto the legs until the shaking stops • Keep away from shelves containing heavy objects and other large items of furniture • Keep away from windows • Stay indoors until the shaking stops and it's safe to go outside
	<input type="checkbox"/> If outside: <ul style="list-style-type: none"> • Children to stay in the school grounds until a teacher comes to get them. • Keep away from buildings and power lines
When the shaking stops	<input type="checkbox"/> Ensure your personal safety first
	<input type="checkbox"/> Check those around you and offer help if necessary.
	<input type="checkbox"/> If anyone requires medical assistance, call 111 and/or administer first aid.
	<input type="checkbox"/> Evacuate if required.
	<input type="checkbox"/> Get staff and children away from dangerous areas
	<input type="checkbox"/> Listen to the radio for instructions from Civil Defence.
Ongoing operations following the earthquake	<input type="checkbox"/> The continuing operation of the ECE will be determined by the nature of the emergency and the availability of resources such as buildings, staff, employees and other resources. The responsibility of whether or not to continue school functions rests with the Manager in consultation with the Supervisor. The responsibility of whether or not to continue ECE operations rests with the Manager.

Tsunami

	Response actions (as appropriate)
When a tsunami threatens	<input type="checkbox"/> Listen to your radio or TV for advice and information
	<input type="checkbox"/> Don't wait to be told to evacuate if a strong earthquake occurs and your ECE is located in an area at risk of a tsunami (eg near the sea, rivers or large body of water). Evacuate if instructed to by Civil Defence.
	<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>AKO TAHI is in an area that is not at risk of a Tsunami.</p></div>
	<input type="checkbox"/> If there is time, take your disaster survival kit and any important documents with you (such as the roll and contact details).

Flooding

Flooding can happen quickly and have serious impacts. Flooding may be caused by heavy rain, overflowing creeks and rivers and high tides or tsunamis in coastal and low-lying areas.

Floods within a building can also be caused by normal wear and tear failures of pipe joints, vandalism, or be the result of earthquakes.

	Response actions (as appropriate)
Flooding reported or sighted	<input type="checkbox"/> Check source of the flood and that no children or staff are in danger
	<input type="checkbox"/> Evacuate if required (and get to higher ground)
	<input type="checkbox"/> If safe to do so, move records and equipment onto higher floors or onto furniture as high as possible
	<input type="checkbox"/> If flood is due to burst pipes etc, turn off the water at the mains if possible.

Chemical spill

All chemical spills must be treated as toxic and dangerous. They can be in liquid form, solids, powder or gas.

	Response actions (as appropriate)
Become aware of chemical spill	<input type="checkbox"/> Move all people in the vicinity to a safe area. Consider: <ul style="list-style-type: none">• evacuation of entire ECE if required and safe to do so• alternatively, it may be safer to stay indoors and seal doors, windows, other openings and switch off any air intake units. <input type="checkbox"/> If required, contact emergency services on 111
	<input type="checkbox"/> Give appropriate first aid to anyone in contact with the spill
	<input type="checkbox"/> Notify the Manager and staff
	<input type="checkbox"/> Consideration may have to be given to how Children will be able to leave the centre/school after finishing time if the spill has not been made safe by then.

Dealing with a suspicious letter or package

When dealing with suspicious packages the utmost caution must be exercised and no attempts must be made to touch, move or examine the package.

	Response actions (as appropriate)
In general	<input type="checkbox"/> Note the location of the package and a description of it (markings etc).
	<input type="checkbox"/> Do not touch, shake or attempt to move the package.
	<input type="checkbox"/> Check with the addressee to see if they are expecting the package
	<input type="checkbox"/> Isolate the item.
	<input type="checkbox"/> Call the police (111) and advise them of the circumstances, the description of the package and its location. Note: If a suspected bomb - Do not use a cell phone or other radio device anywhere near the package.
	<input type="checkbox"/> As appropriate, position staff at a safe distance to direct people away from the area where package/letter is.
	<input type="checkbox"/> Consider evacuating the area or the ECE (Take police advice)
If you open a letter/package and discover powder:	<input type="checkbox"/> Put on gloves and place opened letter/package in a plastic bag
	<input type="checkbox"/> If hands or any part of the body may have come into contact with the envelope or package then wash with soap and water
	<input type="checkbox"/> If contents spilled <ul style="list-style-type: none"> • Do not clean up or wipe spilt contents • Avoid breathing the powder or spores • Clear and isolate the area • Switch off air conditioning • Wash hands with soap and hot water.
	<input type="checkbox"/> If contents are spilt on clothing <ul style="list-style-type: none"> • Select a room for changing • Remove clothing and place in plastic bag • Shower with soap and hot water • Change into other clothes.

Bomb threats

Keep calm. Do not hang up. A dialogue with the caller is important as information that may be gleaned from the caller can help assess the current situation and help police with further inquiries.

Let the caller talk, ask the questions as the opportunity arises and avoid being confrontational

Questions	Answers
When is the bomb going to explode?	
Where is the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What is the explosive type and quantity?	
Why did you place the bomb?	
What is your name?	
Where are you?	
What is your address?	
Exact wording of the threat:	
The Caller	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Estimated age:	
Any speech impediment (specify):	
Accent (specify):	
Voice- loud – soft etc:	
Speech – fast – slow etc:	
Manner, calm emotional etc:	
Did you recognise the voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so who do you think it was?	
Was the caller familiar with the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Threat Language	
<input type="checkbox"/> Well spoken	<input type="checkbox"/> Irrational
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Taped
<input type="checkbox"/> Message read by caller	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Abusive	
Any background noises?	
<input type="checkbox"/> Street noise	<input type="checkbox"/> Aircraft
<input type="checkbox"/> House noise	<input type="checkbox"/> Voices
<input type="checkbox"/> Music	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Machinery	<input type="checkbox"/> Other: _____
Call taken	
Date: __/__/____	Time:
Length of call:	Number called:

This checklist for bomb threats should be kept by the phone. Staff who would normally answer the phone should be briefed on the questionnaire to ensure some familiarity with it. A pre-printed version of the check list is available from police and may be preferred over this list for convenience.

Trespasser on the school grounds

Only follow this process if it is clear that the trespasser does **not** come under the category of Violent Intruder (for this process, see following page).

Trespassing is where a person enters an ECE and either:

- does not have permission to be there, or
- their behaviour is such that the ECE would not give permission for them to be there.

Incident type	Response actions (as appropriate)
Become aware that there is a trespasser on the property.	<input type="checkbox"/> Notify the Manager other staff member of the description, location and activity of the trespasser.
	<input type="checkbox"/> Assess the nature of the trespasser: benign or aggressive (if aggressive – follow the violent intruder process).
	<input type="checkbox"/> Ensure the ECE is kept secure.
	<input type="checkbox"/> Greet the trespasser, advise them who you are, and ask them why they are there. Whenever possible, ensure that you have a colleague with you.
	<input type="checkbox"/> If the reason for the visit appears legitimate, take the person to the office where the reasons for the visit can be dealt with.
	<input type="checkbox"/> If the reason for the visit is not legitimate, explain that they have to leave the premises.
	<i>If the person leaves when requested they are no longer considered a trespasser.</i>
If the trespasser refuses to leave when requested	<input type="checkbox"/> Explain that staff will have to call the police.
	<input type="checkbox"/> If the trespasser still refuses to leave ask colleague to call the police.
	<input type="checkbox"/> If it is safe, stay with the trespasser until the police arrive.
	<input type="checkbox"/> If the trespasser gives any indication of violence walk away (if possible keep the trespasser under observation from a safe distance until police arrive).
	<input type="checkbox"/> When police arrive update them on the situation.
Follow-up actions	<input type="checkbox"/> Ensure the incident is documented and filed (including providing a report to police).
	<input type="checkbox"/> Advise the Ministry of Education regional office (which can help you access the Traumatic Incident team if required).
	<input type="checkbox"/> Consider: <ul style="list-style-type: none"> • debriefing staff on the incident and assess if your Emergency Management process worked correctly or needs amendments. • debriefing students if the incident was a public one to prevent rumours and speculation.

Note: There is no authority under the Trespass Act 1980 for the occupier to physically eject the person from the premises. If a trespasser refuses to leave when requested, he or she should be told that the police will be called. The police have the option to arrest and charge the person with an offence, however they will assess each incident and take what they think is appropriate action.

As well as the process under the Trespass Act, the Education Act 1989, section 139C makes it an offence to intentionally insult, abuse, or intimidate a teacher or other member of staff on school premises.

Violent intruder

This checklist provides a very basic guide to managing a Violent Intruder incident.

The aftermath of a Violent Intruder incident will require careful management as even in the 'best case' scenario of no one being killed or injured there will be traumatised staff and pupils, concerned parents, chaos and confusion, disruption and media interest.

	Response actions (as appropriate)
Shots are heard or a violent intruder is seen on the premises	<input type="checkbox"/> Call 111 <ul style="list-style-type: none"> • Identify yourself and your school/ECE, including address • Details of situation • Details of any casualties • Description of weapons, number of shots etc • Description and location and identity of offender if known • Identify the 'target' of aggression if known
	<input type="checkbox"/> If safe, move to predetermined safe position to await Police arrival
	<input type="checkbox"/> Alert staff/students (avoid using the fire alarm). <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Our alert system: Call out 'Safety'</p> </div>
	<input type="checkbox"/> Move everyone into a safe room.
	<input type="checkbox"/> Lock and/or barricade, or cover if possible, doors/windows.
	<input type="checkbox"/> Keep quiet and do not leave the ECE unless it is safe to do so.
	<input type="checkbox"/> Should the event occur while students are outside in playing fields: instruct students to move to nearest secure room, or to a safe-predetermined, assembly area (which may include an off-site area close to the ECE).
<input type="checkbox"/> Once police arrive, liaise with them to secure crime scene(s)	
Following the incident	<input type="checkbox"/> The Trauma Incident Teams will provide support (see contact list for phone number).
	<input type="checkbox"/> Liaise with the media
	<input type="checkbox"/> Consider whether to temporarily close, or continue operating. (The Trauma Incident Teams will provide guidance on suitable responses)
	<input type="checkbox"/> Continue to monitor the wellbeing of students and staff

For detailed resources on traumatic incidents, please visit:

www.education.govt.nz/school/student-support/emergencies

Serious injury or death

All ECE services and schools need to be prepared and know how to manage a traumatic incident involving death or serious injury. The sudden death (or serious injury) of a child, young person, staff member or family/whānau member has the potential to create significant dangers or risks to the physical and emotional wellbeing of children, young people and people within a community.

The event also has the potential to cause sudden and/or significant disruption to the effective operation of an ECE service or a school and their community. If the aftermath is poorly or insensitively handled, it can impact on those affected and attract adverse media or public comment.

	Response actions (as appropriate)
Death / serious injury occurs at school or ECE	<input type="checkbox"/> Ensure your own safety. Assess area for danger (eg: live wires, poisonous substances etc)
	<input type="checkbox"/> Do not assume death has occurred – give immediate first aid
	<input type="checkbox"/> Call emergency services
	<input type="checkbox"/> Notify Manager; isolate and contain the area.
Action after medical personnel have taken over	<input type="checkbox"/> Manager to advise (as soon as possible): <ul style="list-style-type: none"> • ECE and staff
	<input type="checkbox"/> Consider accompanying police to advise parents.
	<input type="checkbox"/> Advise the Ministry of Education Trauma Incident Team on 0800 84 83 26. This team will help guide you on managing the response (including how to advise students, arrange counselling etc)
	<input type="checkbox"/> Complete incident form with all known details
	<input type="checkbox"/> Ensure the designated media person for the ECE is fully briefed

If the death or serious injury occurs outside of school/ECE, follow the appropriate steps noted above.

Online resources

Visit the Ministry of Education website to assist in managing this type of response in ECE services:

www.education.govt.nz/school/student-support/emergencies

Traumatic Incident Team

Contact the Ministry of Education Traumatic Incident team on 0800-TI TEAM / 0800 84 83 26

Missing child

All instances of a child going missing from a ECE centre have to be treated urgently and steps taken to find the missing person or confirm their safe whereabouts.

There can be many reasons and associated dangers for a missing child including:

- the proximity of dangerous hazards to the ECE
- the possibility of an abduction
- the possibility that the child has been picked up by a parent or caregiver
- the child has left unassisted

Until the child or student has been found or confirmed in a safe location, action must be taken to locate them.

	Response actions (as appropriate)
Information or notification that a child / student is missing	<input type="checkbox"/> Confirm: <ul style="list-style-type: none"> • that the person had been present at ECE at some time during the day, and if so; • when they were last seen
	<input type="checkbox"/> Notify Manager
	<input type="checkbox"/> Search the ECE.
If child is found	<input type="checkbox"/> If child found injured or ill, call for medical assistance if required.
	<input type="checkbox"/> Notify manager and other searchers.
	<input type="checkbox"/> Establish what happened and complete incident report
	<input type="checkbox"/> Arrange for the child's parents or caregivers to be advised
If child is not found	<input type="checkbox"/> Notify the police immediately
	<input type="checkbox"/> Notify the parents / caregivers immediately

Prepare containers of water

If you are preparing your own containers of water, follow the directions below for selecting, cleaning and filling the containers with water.

- If you choose to use your own storage containers, plastic soft-drink bottles are best.
 - Do not use plastic jugs or cardboard containers that have had milk or fruit juice in them. Milk protein and fruit sugars cannot be adequately removed from these containers and provide an environment for bacterial growth when water is stored in them.
 - Do not use glass containers because they can break and are heavy.
 - Do not use cardboard containers, because they can leak easily. These containers are not designed for long-term storage of liquids.
- You can also purchase food-grade, water-storage containers from hardware or camping supplies stores to use for water storage.
- Thoroughly clean the containers with hot water (not boiling, as this will destroy the bottle).
- Fill them to the top with regular tap water until it overflows. Add five drops of non-scented liquid household chlorine bleach per litre to the water. Do not use bleaches that contain added scent or perfume, surfactants or other additives — they can make people sick. Do not drink for at least 30 minutes after disinfecting.
- Tightly close the containers using the original caps. Be careful not to contaminate the caps by touching the inside of them with your fingers.
- Place a date on the outside of the containers so that you know when you filled them. Store them in a cool, dark place.
- Check the bottles every 12 months — for example, at the beginning of daylight saving. If the water is not clear, throw it out and refill clean bottles with clean water and bleach.

You can also fill plastic ice cream containers with water, cover, label and keep them in the freezer. These can help keep food cool if the power is off and can also be used for drinking.

Your hot water cylinder and toilet cistern are valuable sources of water. Check that your hot water cylinder and header tank are well secured. Do not put chemical cleaners in the cistern if you want to use the water.

If you use collected rain water, make sure that you disinfect it with household bleach. If you are uncertain about the quality of water, do not drink it.

Talking to children about earthquakes

We encourage teachers to talk to children about earthquakes to help reduce fear and anxiety. Encourage children to ask questions and provide an opportunity for them to express their feelings by talking or drawing. Remind them that it can be a frightening experience for everyone but that it will get better and there will be people around to help.

An earthquake is when the ground shakes because rocks deep under the ground are moving. When a big earthquake happens there may be a loud rumbling noise and things can start falling down around you. It might also be hard to stand up. You have to act quickly and protect yourself from things that might fall on you.

Remember how a turtle quickly gets into its shell to keep safe? Here's what you can do.

- If you are inside, quickly get under a table, and hold on to the table legs (if you can) so the table doesn't move away from you. Stay there until the shaking stops and you are told it is safe to come out by an adult.
- If you are outside or there are no tables around, take no more than three steps away from things that can fall on you: **Drop, Cover and Hold.**
- Remember there may be aftershocks (more earthquakes).
- Practice your earthquake drill: Drop, Cover and Hold.

EMERGENCY EVACUATION INFORMATION

Due to an emergency we have had to evacuate.

Date:

Time:

Location (where we have evacuated to):

Contact phone number:

Other Information:

Civil Defence Information Response Form

Date:

Contact Person:

Usual Location		
Current Location		
Total Number of Children at current Location		
Total Number of Adults at current Location		
Number of people trapped		
Number of people injured		
Contact Number		

Emergency Drill:	
Date:	
Time:	
Teacher Responsible:	
Number of Children Present: Circle: Under 2/ Over 2	
Number of Supervising adults Present:	
Number of Other adults Present:	
Check that all appropriate notices were displayed, escape routes were clear, fire fighting equipment serviced etc.	
If applicable time taken for evacuation:	
All steps followed as per emergency checklist and training guide:	
Reflection on Emergency Drill:	
Details to review (record this on staff meeting agenda):	

Sleep Policy

Te Whāriki (2017): Well-being/Mana Atua: Children experience an environment where their health is promoted; their emotional well-being is nurtured; they are kept safe from harm. Quality in Action/ Te Mahi Whai Hua (1998): Educators should plan, implement and evaluate curriculum in which children know they have a place and feel comfortable with the routines, customs and regular events. Education (ECC) Regulations 1998: 21 (1-4).

Purpose: To ensure a consistent, safe, and peaceful sleep time for children.

Rationale: Our Preschool recognises that the safety and well-being of children must be maintained while they are resting or sleeping.

At our Preschool, we understand that children develop their own unique routines and rhythms around sleep times. We want children to feel comfortable at Preschool, and we endeavour to respond to their sleep preferences wherever possible.

Procedures

- Teachers maintain a peaceful, unhurried atmosphere at sleep times. Calm voices, low lighting, quiet music, and an un-stimulating environment are likely to contribute to the atmosphere.
- Children under the age of two years have their own sleeping room. Children over the age of two will sleep on stretchers either in the sleep room or in the calm/quiet area of the classroom. Every attempt will be made to ensure that those children not sleeping have access to all the play equipment during sleep-times.
- Families are encouraged to bring their child's toy, blanket or any other item that comforts them at sleep times.
- Children have their own linen and bedding provided by and kept clean onsite.

Top -bunk cots are reserved for infants who are unable to pull themselves into a standing position.

- Children under the age of two years can sleep when they need to sleep. Children over the age of two years have a sleep time that typically begins around 12.30pm, with the last children waking about 2.45pm.
- One teacher will stay with each baby or toddler until s/he is close to sleep or sleeping, and in the sleeping space for children over the age of two years until the children are asleep. Once children are asleep, they are individually and physically checked every five minutes for warmth, breathing, and general well-being. There is a chart beside the sleep room where the check-times are recorded and signed by the checking teacher. A timer is used to alert the teacher when each five-minute period is up.
- In accordance with government regulations, children will not be given bottles or any other food or drink in their beds.
- For reasons of cultural sensitivity, children are encouraged not to stand on pillows. Also, children sleeping near each other are positioned head-to-head rather than head to feet.

- Beds are arranged with adequate space between them to ensure safety and hygiene, and to allow adults to move between the beds.
- A chart is kept adjacent to sleep areas recording the time each child goes to bed, falls asleep and the time each child wakes. The chart is available for parents to view. At the end of each week, the chart is filed in the office and kept for two years. A copy of this policy is given to parents/guardians upon enrolment. The enrolment form is signed by the parent/ guardian to attest that they have read this policy.

PLEASE SEE ATTACHED SLEEP MONITORING RECORD

HS10- Sleep Furniture Spacing

Cots are spaced out as per the Ministry of Health Guidelines

HS11- Storage of sleep furniture and bedding

- Children have individual baskets for their bedding
- Cots are permanently set up
- Sleep stretchers are stored in the sleep room next to the bunk cots

HS12 Hazard and Risk Management

Hazard Management Procedures

Definitions: Hazard: A situation or thing with the potential to cause death, injury or illness.

Risk: The likelihood that death, injury or illness might occur when exposed to a hazard.

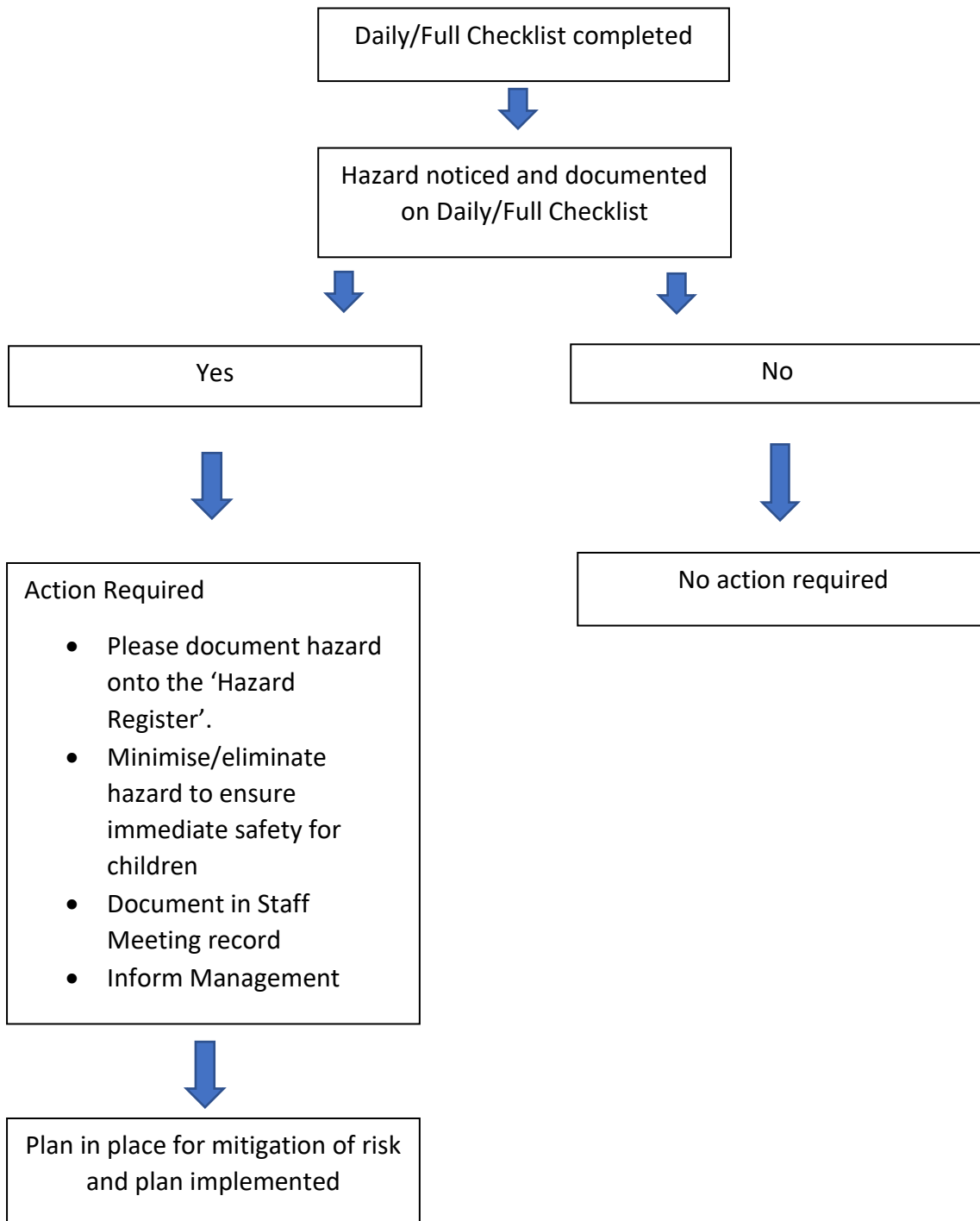
PROCEDURES

Hazard Management Procedures (HS12)

- Risks and Hazards will be identified through a regular formal process, which will include a physical inspection of the centre, buildings and equipment.
- Inspections of the workplace will be undertaken at the beginning of each day using the Daily Hazard Checklist (See Forms) and at the beginning of each week
- When a hazard is identified (significant or otherwise), it will be documented on the hazard identification form along with an action plan to remove, minimise or isolate hazard.
- It will also be recorded on the maintenance book.
- Where a significant hazard(s) is identified and is unable to be reasonably eliminated (either at all or within a reasonable time frame) notification of the hazard(s) and the strategic actions that should be taken to minimise or isolate the hazard will be documented on the Hazard Identification Form and it will be added to the centre Hazard Register.
- The hazard register and maintenance book will also include when hazards should be dealt with, and by whom.
- When arriving to work in the Centre all contractors, students and other visitors will report to the Head Teacher or Manager who will ensure they have been given a centre health and safety induction, and sight and sign the Hazard Register.
- Documentation is available to enable all staff to be familiar with the health and safety requirements of the Centre and that this is consistent with the Health and Safety at Work Act 2015.
- Staff will be regularly consulted about hazards in the workplace. Health and Safety issues will be a regular agenda item at monthly staff meetings.
- The centre manager will ensure that the child accident forms, adults accident register, daily hazard check forms, issues on the maintenance book, the issues brought to staff meetings, child illness registers, staff sick leave and any investigations are analysed monthly to identify hazards and appropriate actions to be taken.
- Maintenance will be done monthly, and has been budgeted for on the annual budget.
- All updates to Health and Safety Hazard registers will be shared at staff meetings as they occur and in addition to this in October each year staff will read the Health and Safety policy and related procedures and sign/date to confirm that they have understood these.
- All contractors engaged in work for or on behalf of the centre will be required to have health and safety performance requirements contained in their contracts. In particular the PCBU (centre manager) will need to be satisfied that the contractor is competent to carry out the work safely, and will use appropriate equipment that is properly maintained.

- In the event of an accident, usual first aid procedures will be carried out and documented procedures will be followed.

HS12- Health and Safety Procedure



Hazard checklist template

Teacher Responsible for check to initial

DAILY HAZARD CHECKLIST		Week Beginning:						
Items to Check	Mon	Tue	Wed	Thu	Fri	Hazard noted Action needed	Notes	
Gates/Fences								
Rubbish/Animal droppings								
Sandpits								
Bark areas								
Brakes on cots with wheels								
Mobile equipment								
Poisonous plants, weeds								
Sheds								
Water hazards								
Rubbish bins								
Hazardous substances								
Kitchen/Toilets								
Storeroom								
Inside play area								
Electrical hazards								
Access to exits and fire equipment								
Broken equipment								
Hazards from any building or repair work								
Windows/areas of glass								
Water temp check 9am								
Room Temp check 9am Room Temp check 11am Room Temp check 1pm								
Checked and signed by:								
Date:								

List of Potential Hazards early learning services

These lists are intended as a guide when assessing the potential physical hazards in an early learning service

Items need to be:

- Safe to touch
- Unable to be swallowed – or non-harmful if swallowed
- Unable to cause strangulation
- Safe to fall over, from, on, into or against
- Safe to get into or onto

Consider the way children play and think when assessing hazards from their perspective. Use your imagination when assessing the centre and its resources for hazards – children are inventive so you need to be too.

It is also important to remember that your service is not only a learning environment for children – but a working environment for adults. Keep this perspective in mind when assessing the service for potential hazards.

The general environment needs to be supportive of good health – this includes noise, temperature, space and general aesthetic considerations.

POTENTIAL INSIDE HAZARDS
To be completed every 3 months

Date:

	Potential Hazard to Look For	OK	Hazard	Significant Hazard
Floors	Free of trip, slip, fall hazards			
	Free of protrusions, power plugs, nails etc			
Exits	Enough exits for escape in an emergency			
	Emergency exits clearly marked			
	Exits not blocked, locked			
	Child-proof catches installed and operational, where needed			
Passages	At least 850 mm wide (NZ Building Code)			
	Clear and unobstructed (nothing stored in passage ways)			
	Used for the purpose it was designed for			
Lighting	Work areas adequately lit			
	Light fittings are safely secured to walls			
	Light fittings are clean and covered			
	Emergency or security lighting is operational			
Heating	Heaters are childproof – poking items in or operating controls			
	Nothing on or near heaters that is flammable			
	Heaters at safe temperature – safe to touch if in reach			
	Is room warm enough at low level (eg on the mat)? Should be at 16 deg between 0.5 and 1.0 m off floor			
Ventilation	All areas have good ventilation			
	Open windows not a hazard for passing heads			
Noise	Acceptable noise levels when children are inside			
	Acceptable noise levels for staff in the office			
Rubbish	Bins are not obstructing movement around service			
Disposal	Bins are regularly emptied and cleaned			
	Sharp objects or body fluids disposed of safely			
Office	No dangling or trailing cords			
	No unrestrained high storage areas			
	Correct ergonomics for desks and seating			
Stacking	Passages unobstructed			

Storage	Furniture secured against earthquakes			
	No unsafe items at high levels			
	No shelves overloaded			
	Items stored out of child reach where necessary			
	Earthquake restraints where necessary (eg fish tank, stereo, microwave etc)			
Electricity	No bare, broken or worn wires or cables			
	No overloaded sockets			
	Safety caps in all unused sockets			
	Portable appliances have a current test certificate			
	RCD's used outside where necessary			
	No dangling or trailing power cords			
Emergency	Emergency alarms working			
	Smoke detectors working			
Fire	Extinguishers available – staff know how to use them			
Protection	Hoses available – staff know how to use them			
	Clear access to equipment			
	Drills carried out regularly and records kept			
First Aid	Located and locked as required			
	Stocked as required			
	Medicines stored appropriately and securely. Kept separate from First Aid			
Equipment	PCs safely located and correctly installed			
	Photocopiers/printers adequately ventilated			
	Telephone operational			
	Guillotines etc stored and used safely			
Substances	Cleaning fluids safely stored			
	Kitchen and laundry items safely stored			
	Any other chemicals stored safely			
Kitchen	Child-proof door operational			
Laundry	Child-proof catches installed and operational, where needed			
	Knives and other implements out of child reach			
	Oven and fridge childproof, stoveguard			

	Cups/plates in good condition – no cracks etc			
	Hygiene practices for children’s drinking water			
	No dangling or trailing cords			
	Rubbish bin secured with a lid, regularly emptied and cleaned			
Water	Drinking water is safe			
	Hot water is between 40 – 60 degrees			
Toilets	Clean and tidy			
	All fittings secure			
	Floor clean and dry			
	Water at correct temperature			
	Appropriate disposal for nappies			
	Nappy changing facilities are appropriate and secure			
	Mirrors safe			
Furniture	Well maintained and in working order			
	No protrusions – rounded table edges			
	Earthquake restraints where necessary			
Earthquake	Are furniture and fittings resecured whenever layout is changes			
	Pictures or wall displays secured			
Play	Family play area			
Equipment *	Puzzles			
	Painting			
	Books/library area			
	Dress-ups			
	Blocks			
	Music area			
	Science and maths area			
	Collage and junk construction area			

* Check condition and storage safety for all resources.

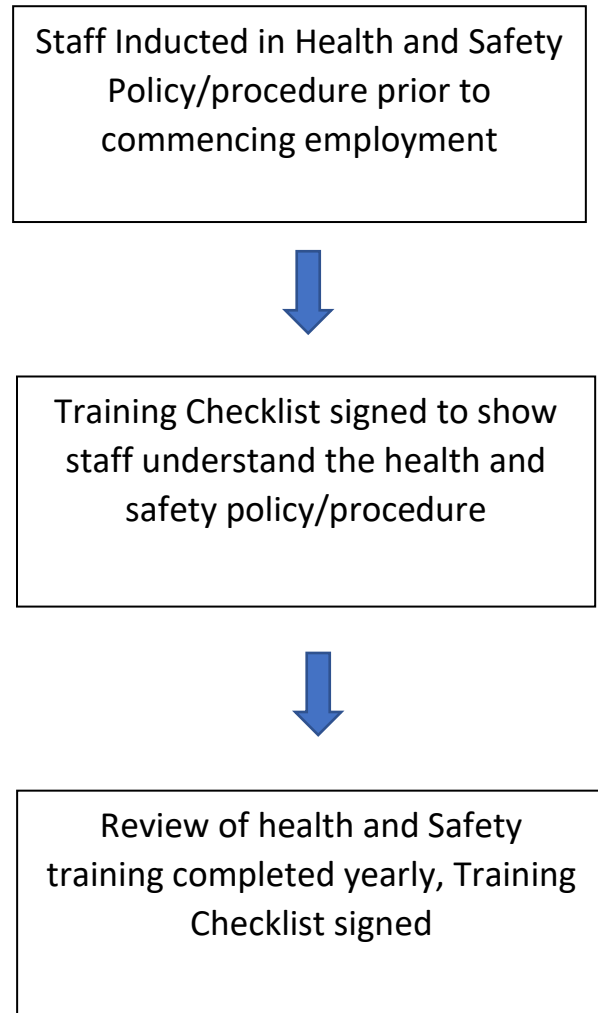
POTENTIAL **OUTSIDE** HAZARDS

Area	Potential Hazard to Look For	OK	Hazard	Significant Hazard
Swings	Ropes – frayed ends or sections			
	Bolts – loose, metal fatigue, rust			
	Clips – secure			
	Tyres – no worn parts			
	Safety surface appropriate			
	No finger or head entrapment hazards			
Slide	Is there appropriate safety surfacing?			
	Is ladder safe?			
	Is slide itself free of sharp edges, protrusions, wear and tear?			
	Is platform safe?			
	No finger or head entrapment hazards			
Sandpit	Condition of sand – depth, odour			
	Edgings – intact, containing the sand			
	Sun cover – appropriate			
	Posts – secure			
	Drainage – adequate			
	Sand play equipment safe – cracks, rust, chips			
Water	Water trough is stable, not leaking, easily moved			
Play	Water play equipment is safe			
	Hose reel – easily operated, no leaks			
Carpentry	Equipment trolley is sound, wheels functioning			
	Table – rusty nails removed, vices working			
	Tools – saws sharpened, stored securely			
Moveable	Trolleys – wheels, handles safe, no entrapment hazards			
Equipment	Ladders – can be secured, no entrapment hazards			
	No splinters, sharp edges, protrusions			
	Planks – cleats secured, no cracks or splinters			
	Play/climbing boxes – structure is sound, non-slip surfaces, water not pooling inside			
	Cable reels – structure sound, no bolts protruding			

	Placement – mobile equipment is placed with correct safe fall zones on safety surfacing, no finger or head entrapment hazards			
	Ropes, cords, pulleys (or any toys that include a rope or cord) are securely stored and accessible to children only when supervised			
Other equipment	Bikes, trikes, scooters – safe condition and used or supervised appropriately			
	Trampolines, climbing equipment etc – safe condition and clear procedures for use and supervision? No finger or head entrapment hazards			
Rubbish	Removed when needed			
	Stored away from children’s play areas			
Footpaths	Even surfaces, no cracks or gaps, good drainage			
Grass	Even, no cavities or gaps, good drainage			
Bark chips	Required depth			
	Turned as required			
	No foreign objects			
Fences	Adequate height			
	Secure all around			
	No wire protrusions			
Gates	Childproof			
Gardens	Poisonous plants			
	Trees and low hanging branches – maintained and assessed by qualified professionals when required			
	Animal droppings			
	No bodies of water			
House frame	Structure stable, no protruding nails			
	Windows safe and intact, no broken glass			
Shed	Secure from children			
	Tools stored securely			
	Equipment stored safely – not likely to fall on anyone			
Other	No vandalism, dangerous or foreign objects, eg broken glass			

HS12 Hazard and Risk Management

Staff Training Process



HS13- Temperature of hot water from taps children can access

- A tempering valve has been placed on the taps that children can access, the temperature is regularly checked to ensure it is no higher than 40degrees.

HS14- Temperature of Hot water cylinders

The temperature of the hot water cylinder has been set at 60degrees as per the guidelines.

HS15- Noise Levels

- There are acoustic panels on the ceiling and beams within the play space
- There is carpeted areas to reduce noise levels

HS16- Animals

There are no animals on site.

Excursions Policy

Rationale

We recognise the importance of providing a variety of experiences. Planned or spontaneous excursions stimulate children's understanding and awareness of our community. It is essential that these excursions are planned for and carried out in a manner that promotes safety for any teachers and children involved.

Te Whāriki

Belonging - Goal 1. Children and their families experience an environment where connecting links with the family and the wider world are affirmed and extended.

Procedures

- Parents will be notified of any excursions planned for the children via the whiteboard.
- Signed permission is to be gained by parents for spontaneous excursions at the time of enrolment.
- Spontaneous excursions will include local parks, forest walks, libraries, fire stations, and neighbouring schools within a comfortable walking distance from the centre.
- Before leaving on a planned excursion, signed parental permission is to be obtained for the specific for the purpose.
- Detailed documentation regarding each excursion (including risk assessment) is kept in the outing folder.
- Teachers will not deviate from the planned outing route.
- A first aid kit, cell phone, and all other necessary supplies are taken on all excursions.
- A teacher with current first aid will be present on the excursion, as will there be a trained first aid teacher present at the preschool.
- Appropriate ratios will be maintained with children's ages and abilities in mind and will not exceed government regulation ratios.
- Parents will be required to meet the cost of any special outings. Notice will be given of any cost involved, and this money should be kept separate from fees for the sake of good financial housekeeping.

Travelling by Motor Vehicle

- All drivers must have a current full New Zealand driver's licence, and how this will be checked.
- Each vehicle must be registered and have a current warrant of fitness, and how this will be checked.
- Appropriate ratios will be maintained with children's ages and abilities in mind and will not exceed government regulation ratios.
- As safe practice, have two adults accompanying the children travelling in a private vehicle. The exception to this would be where a parent was transporting only their own children.

- All private vehicles must have the appropriate safety restraints for adults and children in accordance with the NZ Transport Agency Regulations.
- Written permission of a parent of the child is obtained before the travel begins (unless the child is travelling with their parent).

Parent/Volunteer Expectations on Excursions

Supporting Volunteers/Parent Helpers

As parent helpers are a key part of adult:child ratio they are critical to the success of the supervision and health and safety on an excursion. Take some time to think through what they need to know about expectations of them, and how to communicate this to them. Consider the following:

- Parent helpers need to actively supervise the children in their care. This means being close enough to keep them safe at all times. They should not let any child leave their group.
- Parent's own behaviour should not put any children at risk – eg leaving the group for a coffee, popping into a shop etc.
- If a parent has a health condition which might compromise their ability to supervise throughout the excursion, ask them to let you know.
- Make sure each parent knows which children they are responsible for. Give them a list of names.
- Make sure they are aware of the itinerary, timetable and general logistics of the excursion.
- Parents need to stay with the main centre group at all times – unless some part of the activity is on a rotating basis. If they need to leave the group for some reason, make sure they know to notify a staff member first.
- Parents need to accept that there is no place for smoking, alcohol, or other illegal drugs on any excursion.
- Parents need to agree to follow all the requests and expectations of the teaching team.
- Describe the positive behaviour policies of the centre – explain to parents how they are expected to manage children. Be clear about when they should seek immediate help from a staff member.
- Be clear about what is acceptable in terms of taking photographs of children on the excursion.
- Make sure parents know about the arrangements for toileting, food/drink, looking after children's belonging, who has the First Aid Kit, the number of the emergency cell phone and what will happen in any emergency.(ie adults should not take groups away from the main group unless this is planned and organised).

Excursion Planning Checklist

Planning the Excursion

	Who?	✓ x
Discuss how the excursion links to the programme plan and learning outcomes for children.		
Draft an outline for the excursion and make a planning visit to the venue if necessary. Identify such logistics as the location of toilets, places to eat, places to take shelter in bad weather, places for transport to part, identify and hazards (at the location and between the location and the parking area.)		
Develop your hazard management plan.		
Consider your supervision requirements. Will you need to get parent help? What are the appropriate ratios? How will you organise and brief the parent helpers?		
Make transport arrangements		
Book the venue as appropriate and determine if there are any special conditions attached to bringing large groups of children.		
Consider your "Plan B" for the excursion if some unforeseen event makes the venue unavailable, disrupts the transport plans etc		
Provide information to families – including permission slips which identify the adult: child ratio. It is also helpful to make sure that families have a contact number in case they need to get hold of you during the excursion.		

Managing the Excursion

Confirm the itinerary and timetable for the excursion		
Consider needs for food/drink during the day		
Determine how the teaching team will supervise the excursion – what roles will they take? Will at least one member of the team be outside the required ratio so that they can respond and assist easily if any unforeseen incident occurs? (eg available to ring ambulance, talk with police etc)		
Plan how you will brief the supervising parents and communicate with them during the excursion.		
Plan how you will manage transitions to/from the destination and any parking area.		
Work out how you will take roll checks during the day		
Work out what needs to be taken on the excursion – particularly any special medical provisions.		

Before leaving the Centre

Take a full roll of all adults and children (including any accompanying siblings) on the excursion. Make sure you have a list of all children and their emergency contact numbers. It is also useful to have emergency contact numbers for all adults on the excursion. If possible, leave a full list of all children and adults with someone who is not going on the excursion.		
Check all required items are taken on the trip – remember to have at least one cell phone that parents can contact you on in an emergency. You might want to also leave a contact number for the bus company or other service that you are using for transport. It is also useful to have an EFTPOS card or some cash with you.		
Leave a notice on the gate, door or a window advising any visitors of where the staff and children are. Leave the contact phone number as well.		
Consider using name tags for all children – with contact details. Eg the number of the cellphone you are taking on the excursion, or the number of someone connected to the service that is not on the excursion with you.		
Brief all the non-employee supervising adults – make sure they are aware of the plans and also your expectations of them as part of the supervising team. Make sure all the helpers know which children they are responsible for.		

Reviewing the excursion

Get some feedback from families and children about the excursion – what worked well, what could be improved. You may want to ask additional questions of the adults that were part of the supervision team.		
Review the excursion – did it provide for the planned learning outcomes? What changes need to be made in logistics and planning for the next excursion?		

Excursion Risk Assessment

Centre/Service Name	
Destination	
Date	
Approx numbers children/adults	
Description and purpose of excursion	
Transport/logistics	

Hazard (what could happen or what might cause harm?)	Action How will we manage that hazard – remove, isolate, minimise?

What ratio is needed for this excursion?	Over 2: Under 2:
Are there any children with particular needs that will require assistance or additional supervision?	
Will there be any staff members who are not part of the ratio? ie do not have supervision responsibilities?	
What particular issues need to be covered in our briefing to supervising parents/whanau?	
Any other hazard management or risk management issues to be considered?	

Approved by Person Responsible	Name Signature Date
--------------------------------	---------------------------

Parent Permission Form

(please record details about the excursion and how it links to the programme)

Child's name:

The adults that will be attending the excursion:

- -
- -
- -
- -
- -

Date of excursion:

Location of Excursion:

Adult:Child ratios:

Time of Excursion:

Method of Transport:

Assessment and Management Risk

Risk	What could happen	Eliminate	Minimise	Isolate

I give permission for _____ to attend the special excursion.

Parent/Caregivers signature:

Date: _____ Manager/Supervisor signature:

Da

We have gone a visit to C3 Church as part of our Regular Excursions

Date:

Time left the preschool:

We are due back:

Where you will find us:

You can contact us:

Number of Children:

Number of Adults:

Other Information:

Notes for Teachers- Please leave this sign on the door when the whole preschool has left the premise to go on a regular excursion to C3 Church

HS18 Travel by Motor Vehicle

- **Travelling by Motor Vehicle**
- **All drivers must have a current full New Zealand driver's licence, and how this will be checked.**
- **Each vehicle must be registered and have a current warrant of fitness, and how this will be checked.**
- **Appropriate ratios will be maintained with children's ages and abilities in mind and will not exceed government regulation ratios.**
- **As safe practice, have two adults accompanying the children travelling in a private vehicle. The exception to this would be where a parent was transporting only their own children.**
- **All private vehicles must have the appropriate safety restraints for adults and children in accordance with the NZ Transport Agency Regulations.**
- **Written permission of a parent of the child is obtained before the travel begins (unless the child is travelling with their parent).**

Excursion Transportation Check list

Excursion:

Date:

Time:

Name of Supervisor performing the Checks:

Name of Volunteer	
Name of Adult Passenger Police Vetted	
Drivers License	
Name of Children 1. 2. 3. 4. 5. 6. 7. 8. 9.	
Vehicle Make/Model	
License Plate	
Warrant of Fitness expiry	
Car Registration expiry	
Condition of Car	
Car restraints/seat belts checked	
Car seat expiry checked	
Car seat installation checked	
Car seat child restrained	

HS19-Food and Nutrition

Healthy Food Policy

Rationale

Some children attend Ako Tahi Preschool for up to ten hours every day. We wish to promote healthy eating messages to parents, whānau and centre teachers. We have an obligation to present safe and nutritionally healthy food.

Te Whāriki

Well-being - Goal 1. Children experience an environment where their health is promoted.

Procedures

- Due to the severity of peanut allergies, and life-threatening allergies of children in our care, our Early Learning Centre is a **NUT FREE ZONE**.
- Allergies, food intolerances and special dietary requirements will be a shared responsibility of the child's family, the centre and the community. This collective responsibility means that there are no nuts kept on the premises and it is imperative that whanau do not send anything that contains nuts with their children. Medical advice needs to be sought before eliminating food from a child's diet.
- If a child's allergy is life-threatening, an Allergy plan will be in place to ensure all staff knows emergency protocols.
- Kitchen and cooking facilities are designed to prevent children's unsupervised access.
- Activities focusing on food, nutrition, health, and food safety will be incorporated into the centre's daily programme.
- Foods high in fat, sodium or sugar content are kept to a minimum, including any foods brought from home.
- Hand washing and general hygiene routines are observed when adults and children at our Early Learning Centre are handling food.
- All hand washing procedures will be displayed in children's bathrooms and in the kitchen.
- Hand washing facilities are located for children to access safely and independently. Soap and hand drying materials are made readily available
- Sterile dish washing facilities ensure eating utensils are cleaned thoroughly.
- Water is always available to children. Children are discouraged from sharing cups and bottles.
- Breast feeding is encouraged and supported by the centre. A comfortable nursing chair is provided for mothers to feed at the centre and expressed milk can be stored safely in the refrigerator or freezer and heated when required.

- Food celebrations will be considered as positive and social events in the preschool's schedule. A celebration fruit platter or similar fruit item may be provided from home
- Teachers encourage children by role modelling healthy eating when they share mealtimes together.
- If food is refused, encouragement is offered, if food is still refused, it is either offered later when they are hungry. Children are empowered by having control over their food intake and by allowing self-choice and self-service at mealtimes (when practical).
- Mealtimes will be a pleasurable and unhurried times.
- Professional development is undertaken to support healthy eating for children.

Kai Guidelines for Kaiako:

- Breakfast for our children will begin upon opening and will be finished by 9.15am. This is supervised by our early morning Kaiako who will sit with the children the whole time.
- Kai begins at 9.30. This allows time for those children who arrive at 9 to join in. The inside teacher will be our dedicated supervisor during this time, while other Kaiako exist in a support role. At 10 our kai table will be closed, area cleaned, and then tables reset into activity tables to avoid any confusion for our tamariki as we transition into our new routine structure.
- Lunch time is at 11.30 At 11.15 Kaiako will call for a short mat time where we will sing a song or read a story followed by instructions for our tamariki around transitioning into kai. 11.30 has been chosen as it fits the needs of our children who have a mid-day moe. During lunchtime, the Kaiako roles are as follows-

Nappy teacher- The Nappy teacher will be in a purely supervision-based role. They are our teacher dedicated to sitting with and supervising children they do not leave their seat. This is to ensure good tikanga and health and safety practices, in essence, to reduce the risk of cross contamination from a teacher handling bodily fluids and the tamariki's kai.

Inside teacher- The Inside teacher is a support teachers role. They heat food where needed, and in accordance with the guidelines set out in 'Reducing Food Related Choking for babies and young children in ECE Services' alter food to fit the needs of the child consuming them. They will also clean the table afterward and reset.

Outside teacher- before lunch time starts the outside teacher will set up an activity outside to support children in transitioning out of lunchtime. The outside teacher will be in the secondary supervisor's role. This means the supervise the children but are able to stand up in order support the children in hand washing, or to tidy the odd mess. Before lunchtime finishes the outside teacher will encourage the children to join the activity set up outside once they have finished

- Afternoon Kai is from 2.00, the inside teacher will be the dedicated supervisor during this time.
- Supper for our late children is at 5- Again the late Kaiako will be the dedicated supervisor during this time.

HS20- Food hygiene

Staff will be guided by the information provided on the following website

[Food safety for babies | Food safety at home | NZ Government \(mpi.govt.nz\)](#)

[Preparing and storing food safely at home | Food safety at home | NZ Government \(mpi.govt.nz\)](#)

HS21-Drinking Water

Children encouraged to bring drink bottles, these are always accessible for children and are stored on the shelf in the Kai areas.

Children that forget or don't have a drink bottle, the preschool will provide them with one that will be stored and cleaned at the preschool.

HS22- Supervision whilst eating

**Reducing food-
related choking
for babies and
young children at
early learning
services**

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Introduction

Babies and young children have an increased risk of choking on food. This is because they have small air and food passages. They are also learning to move food around in their mouths and learning how to bite, chew and grind food. It takes some years for children to master these skills and many don't truly master chewing until four years of age.¹

This advice is based on the Ministry of Health's recommendations www.health.govt.nz/food-related-choking, but has been adapted for licensed early learning services such as early childhood education services, ngā kōhanga reo and certificated playgroups. The original advice is for parents and caregivers who have a good awareness of a child's stage of development, and who can closely supervise a child. This close relationship and degree of supervision is not often possible in early learning services, so the advice here is more prescriptive to manage the risk involved.

Recommendations

While it is not possible to remove all risk, it can be reduced by following the recommendations based on these three areas:

1. a safe physical environment when eating
2. first aid
3. providing appropriate food.

1. A safe physical environment when eating

Take the following actions to provide a safe physical environment for babies and children while they are eating:

- Supervise babies and children when they are eating.
- Have an appropriate ratio of adults to children at mealtimes.
- Minimise distractions and encourage children to focus on eating.
- Ensure there is a designated time where children sit down to eat, rather than continuous grazing.
- Ask children not to talk with their mouths full.
- Have children sit up straight when they are eating. Sitting down and maintaining good posture are essential for safe eating and drinking. Do not allow walking, running or playing while children are eating.
- Place food directly in front of the child. This helps to prevent them twisting around to the left or right, which can cause them to lose control of the food in their mouth.

2. First aid

Some teachers and kaiako must know what to do if a baby or child is choking.

¹ The ages in this advice are based on the expected range of development in small children. If a child has a developmental delay, suspected or diagnosed, discuss food requirements with the child's parents or caregivers.

- Teachers and kaiako need to know choking first aid and cardiopulmonary resuscitation (CPR).

For more information see the *Well Child/Tamariki Ora Programme Practitioner Handbook* available on the Ministry of Health website (www.health.govt.nz).

3. Providing appropriate food

Research shows that some food poses a greater risk of choking on. To reduce the risk, early learning services should remove high-risk foods and change the texture or size and shape of others.

a. High-risk food to exclude

Exclude the following foods. They have the highest risk of choking on, and are either not practical to alter, have no or minimal nutritional value, or both:

- Whole nuts or pieces of nuts
- large seeds, like pumpkin or sunflower seeds
- hard or chewy sweets or lollies
- crisps or chippies and corn chips
- hard rice crackers
- dried fruit
- sausages, saveloys and cheerios
- popcorn
- marshmallows.

b. High-risk food to alter

The following table shows which foods to alter, why and how to do it for different age groups.

Information on appropriate food textures for newborns to one-year-olds is consistent with the Ministry of Health complementary feeding advice. See *Eating for Healthy Babies and Toddlers* <https://www.healthed.govt.nz/resource/eating-healthy-babies-and-toddlersng%C4%81-kai-t%C5%8Dtika-m%C5%8D-te-hunga-k%C5%8Dhungahunga>

How to alter high-risk food to lower its choking risk

Food characteristics	Examples	Choking risk	Changes to reduce risk	
			1–3 years old	4–6 years old
Small hard food	<ul style="list-style-type: none"> Pieces of raw carrot, apple or celery 	Difficult for young children to bite through and break down enough to swallow safely. Pieces can become stuck in children’s airways.	<ul style="list-style-type: none"> Grate raw carrot, apple or celery; or Spiralise to create vegetable or fruit spirals; or Slice thinly using a mandolin or vegetable peeler; or Cook until soft² and cut into strips (around 4–6 cm long) that can be picked up with one hand. 	<ul style="list-style-type: none"> Prepare as for 1–3 years. Cut raw vegetables or fruit into sticks (approximately 4–6 cm long) that can be picked up with one hand.
<p>Small round or oval food</p> <p>Small round or oval food <i>continued</i></p>	<ul style="list-style-type: none"> Fruit with stones like peaches and plums Fruit with large seeds or large pips like watermelon and papaya Small round foods like grapes, berries, cherry tomatoes 	Small round foods can lodge in children’s airways.	<ul style="list-style-type: none"> Remove the stone and chop to an 8mm x 8mm size or smaller (about half the width of a standard dinner fork). Remove large seeds or large pips. Quarter or finely chop grapes, large berries and cherry tomatoes to an 8mm x 8mm size or smaller. 	<ul style="list-style-type: none"> Cut into sticks (around 4–6 cm long) that can be picked up with one hand. Halve or quarter grapes, large berries and cherry tomatoes. Whole cooked green peas are acceptable.

² ‘Soft’ means the food can be easily squashed between your thumb and forefinger, or on the roof of your mouth with your tongue.

Food characteristics	Examples	Choking risk	Changes to reduce risk	
			1–3 years old	4–6 years old
	and raw green peas.		<ul style="list-style-type: none"> • Cook raw and frozen green peas and squash with a fork. 	
Fruit with skin	<ul style="list-style-type: none"> • Peaches • Plums • Nectarines • Apples • Pears • Tomatoes 	Fruit skins are difficult to chew and can completely seal children’s airways.	<ul style="list-style-type: none"> • Remove the stone and chop to an 8mm x 8mm size or smaller (about half the width of a standard dinner fork). • Grate raw apple or pear, or slice thinly using a mandolin or vegetable peeler. • Alternatively, cook until soft³ and cut into strips (around 4–6 cm long) that can be picked up with one hand. 	<ul style="list-style-type: none"> • Prepare as for 1–3 years. • Cut raw fruit into sticks (around 4–6 cm long) that can be picked up with one hand. • Finely chop tomato to an 8mm x 8mm size or smaller.
Food with skin or leaves	<ul style="list-style-type: none"> • Chicken • Lettuce and other raw salad leaves • Spinach • Cabbage 	Food skins and leaves are difficult to chew and can completely seal children’s airways.	<ul style="list-style-type: none"> • Remove skin from chicken. • Finely slice or chop salad leaves, lettuce, spinach and cabbage. 	
Compressible foods	<ul style="list-style-type: none"> • Pieces of cooked meat 	Can fit into the shape of the airway and get wedged tightly.	<ul style="list-style-type: none"> • Cook meat until very tender; and 	<ul style="list-style-type: none"> • Prepare as for 1–3 years; or offer thin strips of meat

³ ‘Soft’ means the food can be easily squashed between your thumb and forefinger, or on the roof of your mouth with your tongue. Tinned fruit (in natural juice and drained) is acceptable.

Food characteristics	Examples	Choking risk	Changes to reduce risk	
			1–3 years old	4–6 years old
			<ul style="list-style-type: none"> • Mince, shred or chop meat to 8mm x 8mm sized pieces. 	(around 4–6 cm long) that can be picked up with one hand or with a fork.
Food with bones	<ul style="list-style-type: none"> • Fish • Chicken nibbles 	Small bones present a choking risk.	<ul style="list-style-type: none"> • Remove all bones. 	
Thick pastes	<ul style="list-style-type: none"> • Nut or seed butter 	Can fit to the shape of a child's airway or stick to side of airway.	<ul style="list-style-type: none"> • Use smooth thick pastes sparingly, spreading thinly and evenly onto bread. 	
Fibrous or stringy food	<ul style="list-style-type: none"> • Raw pineapple 	Fibres make it difficult for children to break up the food into smaller pieces.	<ul style="list-style-type: none"> • Peel the skin or strong fibres off where possible; and • Slice these foods thinly across the grain of fibres. 	

Background information and references

The Ministry of Health's current advice on preventing choking in young children is available at www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/healthy-eating/food-related-choking-young-children

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HS23- Bottle Feeding

Bottle Feeding Policy

Rationale

Bottle feeding is an important part of any child's routine and should be a warm and nurturing experience. After considerable research, we have developed a policy to ensure the child's needs are met and best practice is supported.

Heating Bottles

Formula and Microwaves:

- We prefer not to heat babies' bottles in centre microwaves for the health and safety of our young babies. However, bottles may be heated in centre microwaves if parents have given permission. If permission has not been given for microwave heating, a list of the names of those children must be placed on the fridge close to the microwave or be placed on the microwave door.
- Fluids continue to heat after being removed from the microwave, therefore increasing the risk of scalding to babies' mouths. For this reason, after a bottle is heated in a microwave, the bottle must be shaken, and then left to stand for 3 minutes. Before feeding the baby, the bottle must be shaken again, and the temperature tested on inner wrist.
- Breast milk must never be heated in a microwave. Microwaves destroy the nutritional value of the breast milk and therefore breast milk must always be heated by immersing the bottle in warm water.

Heating in Hot Water:

If bottles are heated by immersing into hot water, the hot water container must only be placed in the sink. Never anywhere else – not even on the sink bench. (The container must not be removed from the sink). If a crock pot or bottle warmer is used for heating, it must be in a safe position at the back of the bench. Extreme care must be taken if hot water is carried into the room for heating bottles

NO BOTTLES ARE TO BE REHEATED

Bottle Feeding

- Children under 12 months of age must be held semi upright while being fed.
- Children over the age of 12 months may sit at a table with their bottle or sipper cup if permission has been granted by the parents. Children must always be under close supervision of staff.

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- No child is to be propped up with their bottle or cup – including when they are in their cots or on their beds drifting off to sleep.
- A feeder/bib must always be placed on a child before bottle feeding.
- No feeder/bib is to be left on a baby whilst sleeping.
- Teachers need to ensure that bottle-feeding time is a warm and nurturing experience for the child. Make eye contact with them and use this one-to-one opportunity to warmly interact with them and show affection.
- Staff to ensure that the feeding charts are completed after each feed.

N.B: Water should be offered to babies and toddlers who are not bottle feeding regularly during the day and not only at meal times e.g. at morning tea, mid-morning (10:30am), lunch, after sleep, afternoon tea and late afternoon (4pm).

Bottle Storage and Care

- Bottles must be placed in the fridge upon arrival.
- Bottles must be clearly named. Centres must have a clear system in place to ensure that no parts of bottles are misplaced, and each child is given the correct bottle.
- Milk that is not consumed from a bottle i.e. 'leftovers' - throw away prepared formula that has been at room temperature for more than 2 hours. Rinse bottles and return to child's basket with all caps, lids, and teats.
- If parents wish to supply dry formula in a separator container, the dry formula should be clearly marked with the child's name. Parents must also provide clean, sterilised bottles daily with the correct amount of water pre-measured.

Date Approved:
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HS24-Room Temperature

- There is thermostat controlled ducted heating system and an individual heater in the sleep room
- Thermometers are strategically placed within all areas to monitor the room temperature; these are recorded on the hazard Checklist.

HS25-First Aid Qualifications

Rationale

To ensure the safety of children, staff, and other adults in the Preschool.

Te Whariki

Well-being - Goal 1. Children experience an environment where their health is promoted.

ECE Licensing Criteria-

HS25- First Aid Qualifications

Procedures

- Ako tahi always has a responsibility to ensure the safety of all teachers and children, and to ensure safe practices are maintained when dealing with first aid matters.
- A first aid kit, specifically for use with children, complying with Ministry of Education minimum standards, shall always be maintained at the preschool. (A list of contents for a first aid kit for children is attached to this policy.) The first aid kit will be kept in a secure place out of the reach of children.
- Appropriately equipped kits shall be taken on all excursions away from the Preschool.
- Surgical gloves should always be worn when dealing with blood injuries.
- The preschool will also hold paracetamol for adults' use only. This will be kept in a secure place away from the first aid kit for children.
- All permanent or long-term relieving teachers are required to hold current recognised First Aid Certificates. It is the responsibility of the teacher to ensure that their first aid certificate is up to date.
- Ako tahi will provide first aid refresher courses regularly and will pay for teachers to maintain their First Aid Certificate after 6 months of employment. Where a teacher allows their First Aid Certificate to expire, the Preschool will pay only the amount equal to the refresher course. The balance will be paid by the teacher concerned.
- All injuries that occur at the preschool must be recorded, including evidence of parental knowledge of the incident.
- There will always be one person per 25 children onsite with a First Aid Qualification including when there is an excursion and children are still attending the service. For excursions there will always be one adult with a first aid qualification present during the excursion.

Date Approved:

Review Date:

HS26- Response to Infectious Illnesses

***ADD: MOH ILLNESS CHECKLIST, ILLNESS REGISTER,**

Illness Policy

Strand 1 – Well-being– Mana Atua At Ako Tahi Preschool the health and well-being of our children, families and centre whanau is essential.

We aim to provide children with an environment where:

- Their health is promoted.
- Their emotional well-being is nurtured.
- They are kept safe from harm.

The objective of the illness policy is to work together to make sure that our practices and decisions regarding illness are reasonable and fair. During the time your child is with us there may be occasions when they will be affected by illness. This may mean that your child will be unable to attend the centre. Time away from the centre will allow your child to recover and will also protect the health of the other children, families and teachers. We do understand that this often places parents/whanau under extra pressure.

We are guided in our decisions regarding illness by:

- Licensing Criteria for Early Childhood Education and Care Centres 2008 Regulations which require us to take appropriate action when a child is unwell (Health and safety: Child health and wellbeing HS24 through to HS30)
- Recommendations from the Public Health Service - 04 570 9002.

Communication and Consultation

We invite you to discuss any concerns you may have about your child's health and well-being with us at any time. If you are worried that your child may be unwell share this information with us when you arrive at the centre. This means that we can be vigilant and alert to any changes in behaviour or signs of illness and can respond to your child's needs promptly. If we have any concerns about your child's health and well-being while they are in our care we will discuss this with you as soon as possible. Parents and teachers share the responsibility for creating a healthy centre environment, which will protect and nurture children.

Parent/Whanau Responsibilities:

- Provide the centre with up to date emergency contact numbers.
- Discuss concerns about children's health with teachers at the centre.
- Let teachers know if you have given medicine to your child during the night or prior to arriving at the centre.
- Provide written authority for any medication required while the child is at the centre. Provide name of medicine, dose and time the medication is to be given.
- Children should be collected within one hour if unwell. Early childhood centre information

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- Allow your child time to recover before returning to the centre.
- If you are worried about your child's health, please seek advice from your family doctor before bringing your child to the centre.
- Provide details of immunisations that your child has had at the time of enrolment and at ages 15 months and 4 years. This is a legal requirement under the Health (Immunisation) Regulations 1995.
- It is important to know that children at risk of disease (unimmunised or never had the disease) ** will be required to stay away from the centre when there are cases of a vaccine preventable disease eg measles, mumps. The Public Health Service will work with the centre and advise when these children can return to the centre. During this time, you will need to have an alternative arrangement for your child. **

Children are protected by either immunisation or having had the disease.

Teacher Responsibilities:

- Parents will be contacted if there are concerns about a child's health and may be asked to take the child home.
 - First aid will be administered where required. *
 - Children who are unwell will rest in a well-ventilated and warm room away from other children until collected.
 - Efforts will be made to ensure children are comfortable and emotionally supported.
 - If we are concerned that a child may be unwell, we will keep a record of the child's day detailing any changes in behaviour, symptoms, temperature recordings, food & drink consumption, and any authorised medication given.
 - Provide authorised medication, document time, dosage, and time of administration.
 - Medical help will be sought if a child becomes more ill.
 - We may suggest that you consult your family doctor for diagnosis and treatment.
 - We will obtain up to date health information and advice from the Public Health Service (04 570 9002).
- * Please note that Pamol/Paracetamol is not kept on these premises for general use. This medication can only be given if it has been signed for by a parent and has been prescribed for the child for a specific illness, for a specified period and contains the date.

Resolution of conflict

If there is disagreement regarding the need for a child to stay away from the centre due to illnesses, we will be guided by the advice of the Public Health Service. It is important to consult your family Doctor for diagnosis and treatment; however, there will be occasions when we will need to follow the advice of the Public Health Service with regards to infection control. Parents are welcome to **contact the Public Health Service for further clarification.**

Early childhood centre information General conditions indicating that a child should not attend the centre:

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- The illness prevents the child from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, persistent crying, difficulty breathing, or other signs of possible severe illness.

Specific symptoms indicating that a child should not attend the centre:









- Diarrhoea: A general guideline is that no child should attend if they have diarrhoea. When diarrhoea is accompanied by any other symptoms such as fever, stomach pains, nausea, vomiting or headache, this indicates a gastrointestinal infection, and the child should stay away until they have been symptom free for at least 48 hours.
- Vomiting in the previous 24 hours, unless the vomiting was once only and was known to be caused by a non-communicable condition. Repeated vomiting suggests an infection, so the child should be taken to your family Doctor for a diagnosis. If the vomiting has been caused by an infection, or the cause is not known, the child needs to stay away until at least 48 hours after the last symptoms. A child who vomits at the Centre should be collected by their parents and taken home.
- Mouth sores associated with an inability of the child to control his or her saliva unless the child's family Doctor, Regional Public Health or the Medical Officer of Health advises that the child is non-infectious.
- Rash with fever or behaviour change, until your family Doctor has determined that the illness is not a communicable disease.
- Respiratory Infections: A child should not attend if they have uncontrolled coughing or sneezing as the result of an infection. This does not include seasonal hay fever. A runny nose related to a respiratory infection that the child has difficulty controlling the spread of nasal secretions and/or has a negative social impact upon the child (Refer to Regional Public Health Green Nose Fact Sheet).
- Skin Infections: A child should not attend if they have open wounds/sores that cannot be covered either with clothing or bandages to prevent the child from scratching. A child may return providing they have been treated with the appropriate antibiotics, antifungal or anti viral cream for at least 24 hours.
- Conjunctivitis: A child should not return until there is no discharge present.
- Any child requiring antibiotics should remain at home for the first 24 hours.
- For specific diagnoses eg: chicken pox, measles, Hepatitis A, influenza, refer to Ministry of Health Infectious Disease information and exclusion list (attached).

Date Approved:

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Infectious Diseases:

information & exclusion list











Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
Rashes and skin infections				
Chickenpox 	Coughing, sneezing and contact with weeping blisters.	Fever and spots with a blister on top of each spot.	10–21 days after being exposed	1 week from appearance of rash, or until all blisters have dried.
Hand, foot and mouth disease	Coughing, sneezing, and poor hand washing.	Fever, flu-like symptoms – rash on soles and palms and in the mouth.	3–5 days	Exclude until blisters have dried. If blisters able to be covered, and child feeling well, they will not need to be excluded.
Head lice (Nits)	Direct contact with an infested person's hair.	Itchy scalp, especially behind ears. Occasionally scalp infections that require treatment may develop.	N/A	None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.
Measles  	Coughing and sneezing. Direct contact with an infected person. Highly infectious.	Runny nose and eyes, cough and fever, followed a few days later by a rash.	7–18 days	5 days after the appearance of rash. Non-immune contacts of a case may be excluded.
Ringworm	Contact with infected skin, bedding and clothing.	Flat, ring-shaped rash.	4–6 weeks	None, but skin contact should be avoided.
Rubella (German Measles)  	Coughing and sneezing. Also direct contact with an infected person.	Fever, swollen neck glands and a rash on the face, scalp and body.	14–23 days	Until well and for 7 days from appearance of rash.
Scabies	Contact with infected skin, bedding and clothing.	Itchy rash.	4–6 weeks (but if had scabies before it may develop within 1–4 days)	Exclude until the day after appropriate treatment.
School sores (Impetigo)	Direct contact with infected sores.	Blisters on the body which burst and turn into scabby sores.	Variable	Until sores have dried up or 24 hours after antibiotic treatment has started.
Slapped cheek (Human parvovirus infection) 	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and lace-like rash on body.	4–20 days	Unnecessary unless unwell.
Diarrhoea & Vomiting illnesses				
Campylobacter Cryptosporidium Giardia Salmonella 	Undercooked food, contaminated water. Direct spread from an infected person or animal.	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Campylobacter 1–10 days Cryptosporidium 1–12 days Giardia 3–25 days Salmonella 6–72 hours	Until well and for 48 hours after the last episode of diarrhoea or vomiting. Cryptosporidium – do not use public pool for 2 weeks after symptoms have stopped. Salmonella - Discuss exclusion of cases and contacts with public health service.
Hepatitis A 	Contaminated food or water, direct spread from an infected person.	Nausea, stomach pains, general sickness. Jaundice a few days later.	15–50 days	7 days from the onset of jaundice.

* Seek further advice from a healthcare professional or public health service.

Date Approved:
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Infectious Diseases:

information & exclusion list

Condition	This disease is spread by	Early Symptoms	Time between exposure and sickness	Exclusion from school, early childhood centre, or work*
Diarrhoea & Vomiting illnesses continued				
Norovirus	Contact with secretions from infected people.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
Rotavirus 	Direct spread from infected person.	Nausea, diarrhoea/and or vomiting.	1-2 days	Until well and for 48 hours after the last episode of diarrhoea or vomiting.
Shigella 	Contaminated food or water, contact with an infected person.	Diarrhoea (may be bloody), fever, stomach pain.	12 hours-1 week	Discuss exclusion of cases and their contacts with public health service.
VTEC/STEC (Verocytotoxin- or shiga toxin-producing E. coli) 	Contaminated food or water, unpasteurised milk. Direct contact with animals or infected person.	High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.	2-10 days	Discuss exclusion of cases and their contacts with public health service.
Respiratory Infections				
Influenza and Influenza-like illness (ILI) 	Coughing and sneezing. Direct contact with infected person.	Sudden onset of fever with cough, sore throat, muscular aches and a headache.	1-4 days (average about 2 days)	Until well.
Streptococcal sore throat	Contact with secretions of a sore throat. (Coughing, sneezing etc.)	Headache, vomiting, sore throat. An untreated sore throat could lead to Rheumatic fever.	1-3 days	Exclude until well and/or has received antibiotic treatment for at least 24 hours.
Whooping cough (Pertussis)  	Coughing. Adults and older children can pass on the infection to babies.	Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.	5-21 days	Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.
Other Infections				
Conjunctivitis (Pink eye)	Direct contact with discharge from the eyes or with items contaminated by the discharge.	Irritation and redness of eye. Sometimes there is a discharge.	2-10 days (usually 3-4 days)	While there is discharge from the eyes.
Meningococcal Meningitis  	Close contact with oral secretions. (Coughing, sneezing, etc.)	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is required.	3-7 days	Until well enough to return.
Meningitis - Viral	Spread through different routes including coughing, sneezing, faecal-oral route.	Generally unwell, fever, headache, vomiting.	Variable	Until well.
Mumps  	Coughing, sneezing and infected saliva.	Pain in jaw, then swelling in front of ear and fever.	12-25 days	Exclude until 5 days after facial swelling develops, or until well.

* Seek further advice from a healthcare professional or public health service

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HS27 Medical Assistance and Incident Management

Accident/Incident and Treatment Policy

Rationale

To reduce the potential for injuries/accidents/incidents.

To ensure prompt, efficient and appropriate treatment is available to all children.

To ensure correct procedures are followed in the event of injury/accident/incident.

Te Whariki

Well-being - Goal 1. Children experience an environment where their health is promoted.

Early Childhood Licensing Criteria-

Injuries, illnesses and incidents can be a part of early childhood experiences. When a child becomes seriously ill or suffers a serious injury while in the care of the service, services must get medical assistance. This would usually be ringing for an ambulance or taking the child to see a doctor. It is always better to seek medical assistance if you are unsure of the extent of the injury or the seriousness of the illness than to risk the consequences of doing nothing.

Procedures

- Teachers are responsible for the welfare and safety of enrolled children, within the confines of the preschool building and grounds during operating hours, and on approved excursions.
- The preschool will notify parents as soon as possible of the event and will provide as much detail as possible about what happened, when, and what actions the service took. When notifying parents of an incident or accident in person, think about the sensitivity of the situation and the need for privacy away from the presence of children and other parents. When informing parents by phone, ascertain where possible whether they have other adult support to deal with the event, e.g. support to look after other children, transport etc.
- It does not matter who witnesses the incident-if the service is told of an incident by a visiting adult or parent this must be documented in the same way as if an educator witnessed the incident.
- Emergency contact lists and records of existing medical conditions shall be maintained for each child and updated as appropriate.
- Teachers shall follow prescribed procedures for the treatment and referral of injured children.
- The preschool shall maintain a record of accident/incidents to children and adults.
- Hazardous environments and activities shall be removed or modified to reduce the frequency and severity of injuries.
- A first aid kit, complying with Ministry of Education minimum standards, shall be always maintained at the preschool and appropriately equipped kits shall be taken on all excursions away from the preschool. Surgical gloves should always be worn when dealing with blood injuries.
- All teachers are required to hold current recognised First Aid Certificates.
- The preschool will take reasonable steps in the event of an emergency, to seek medical treatment at the local medical centre or hospital facility (acting as the parent's agent), with the parent undertaking to meet any consultant charges/costs. This is also recorded on the

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enrolment form. Parents will be contacted as soon as possible to inform them of the emergency and that medical assistance has been sought.

- The record of the injury, and incident that the preschool must keep will also be of assistance to paramedics or the child's doctor if further assessment of the child's health is required.
- For injury/incident that is notifiable under the Health and Safety at Work Act 2015 (HSWA), it is a requirement to keep the records for FIVE YEARS from the date of the incident.
- The Accident/Incident/illness register will be kept for two years
- The Accident/Incident/Illness register will be analysed every month to check for patterns and hazards in the environment.

PROCEDURES

The record of accidents/incidents to children and adults shall involve the following:

- a. A record of any accident/incident that required the preschool to seek medical treatment, acting as the parent's agent, must be maintained and evidence of parental knowledge of the incident must be kept. The appropriate form will be completed for each incident.
- b. If a pattern of accidental injury emerges over a period, teachers shall inform Management in the appropriate manner.
- c. Any Injury or near miss incident involving a staff member shall be recorded on the appropriate form.

Ministry of Education Licensing Criteria

"It is important that ALL injuries, illnesses and incidents are recorded, even if only minor injuries are sustained. This is for two reasons:

1. A very minor injury can sometimes become more serious after a period of time, e.g. a minor graze becomes infected and a child requires hospitalisation.
2. A pattern or trend in the occurrence of minor injuries may lead to awareness of the need to make changes at the service."

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Injury/Illness/Incident Record

(CODE: Injury=INJ, illness=I, Incident=INC)

Child's FULL Name	Description of what happened	Code	Time: Date:	Record any action taken and by whom	Parent notified (Phone, email, text, in- person)	Teacher Involved	Parent Sign

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HS28 Medicine Administration and HS29 Medicine Training

Medicines Policy

Rationale

The needs of each child are paramount in the decisions we make. On occasion we are required to administer medicines to children in attendance.

Te Whariki

Well-being - Goal 1. Children experience an environment where their health is promoted.

Procedures

- Any child requiring pain relief should not attend the centre. However, exceptions will be made regarding teething (see teething policy).
- Teachers need to be informed of any medication administered prior to a child's arrival at the centre.
- Teachers will take every possible other measure to relieve symptoms of pain or fever prior to administering paracetamol/paracetamol and will only administer medication with prior parental permission.
- Teachers will record symptoms in the illness book prior to administering paracetamol. This will ensure that when the child can be collected and taken to the doctor, there is a written record of any symptoms the pain relief may be masking.
- In the case of sudden injury and possible shock our teachers are trained in the administration of first aid and are only able to administer first aid until parents/medical staff arrive on the scene.
- Care will be taken to always use the correct strength and dosage of medicine.
- A written record of any medicine administered can be found in the medicine folder.
- Parents should clearly label any medicines brought into the centre, record the dosage and relevant details on the medication Form, and check with a teacher for the appropriate storage place.
- Prescription medicine and homeopathic remedies are to be brought into the centre in original packaging which clearly shows a name, dosage and expiry date.
- Natural remedies such as arnica and papaw cream will be administered with parental permission.
- Taking prescribed antibiotics does not automatically ensure your child is well enough to resume attendance. Please refer to our child health policy.
- Medicine (prescription and non-prescription) is not given to a child unless it is given:
 - *by a doctor or ambulance personnel in an emergency; or
 - *by the parent of the child; or
 - *with the written authority (appropriate to the category of medicine) of a parent
- Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time.

Appendix 3: Categories of medicine for criterion HS28

Category (i) medicines

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Definition - a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray etc) that is:

- not ingested;
- used for the 'first aid' treatment of minor injuries; and
- provided by the service and kept in the first aid cabinet.

Authority required - a written authority from a parent given at enrolment to the use of specific preparations on their child for the period that they are enrolled. The service must provide (at enrolment, or whenever there is a change) specific information to parents about the Category (i) preparations that will be used.

Category (ii) medicines

Definition - a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is:

- used for a specific period of time to treat a specific condition or symptom; and
- provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

Authority required - a written authority from a parent given at the beginning of each day the medicine is administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Category (iii) medicines

Definition - a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is:

- used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc); and
- provided by a parent for the use of that child only.

Authority required - a written authority from a parent given at enrolment as part of an individual health plan, or whenever there is a change, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given.

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The Five Rights of Medication Administration

The right patient – is this medication for this patient or someone else?

The right drug – is this the medication the provider ordered?

The right dose – how many milliliters, doses, or tablets should be given?

The right route – how should the medication be given? By mouth, feeding tube, or injection?

The right time – what time of the day should the medication be given or taken?

Medication Register

Date	Name of Child	Name of medicine	Dose/ Method (oral etc)	Time	Guardian Signature	Time administered/Name of medication/dosage given/method	Teacher signature	2nd Teacher check sign	Parent signature

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Medicine Administration Training

- Child's Name:

Date:	Teachers Name:	Trainers Name:	Condition	Medication/Treatment	Review Date:	Other Notes

Date Approved:
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Individual Health Plan (Category iii Medicines)

Name of Child: _____

Brief summary of condition:

Please fill in separate categories if more than one medication is required

Name of Medication:

1. _____
2. _____
3. _____

Dose / Method:

1. _____
2. _____
3. _____

When (time or specific symptoms):

1. _____
2. _____
3. _____

Training Provided and recorded on attached training form, IHP and training to be reviewed quarterly.

IHP Reviewed:

Date:	Signed:	Date:	Signed:
Date:	Signed:	Date:	Signed:
Date:	Signed:	Date:	Signed:

Guardian's sign: _____ Date / /

Leadership sign: _____ Date / /

Date Approved:
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HS30- Children Washed when Soiled

Washing Sick and Soiled Children

Rationale

From time-to-time children will need to be washed when they are soiled or pose a health risk to themselves or others. This might be necessary:

- at nappy change time – sometimes wipes are not enough
- if a child has vomited over themselves or over another
- if a child has had a toileting accident
- if children become dirty during play

Consider the child's need for privacy and the need to be gentle, nurturing, and respectful of the child. Respectful interactions between the adult and child are important.

Procedure:

- This procedure will be attached to the wall in the children's bathroom area that also has a built in shub in it.
- Sick and soiled children will be cleaned in the wash down facility, which is the shub in the children's bathroom area.
- Request the support from another teacher prior to washing the child. They will ensure the safety and well-being of both teachers and child.
- Prepare all required supplies (i.e., towels, change of clothes, plastic bags etc.) prior to beginning the cleaning of the child
- Staff will use disposable gloves.
- A disposable cloth will be used to clean the child.
- Place all disposable gloves and wipes in the bathroom bin that has a secure lid.
- Put soiled clothes in a sealed plastic bag for parent to take home for laundering and store in the laundry for collection.
- Dry the child down with the bathroom towels.

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- Place the towel in the soaking bucket with a napsan solution for washing in the washing machine at 60 degrees temperature.

§ Rinse down the shub area and disinfect with the chlorine solution (dilute 1 part to 10 parts water). Leave to dry for 2 minutes, then wash off.

- If the child is sick, please notify parent to take them home and fill in the illness register.

- Until the parent arrives, make the child comfortable on the couch away from other children.

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HS31-Child Protection

Summary

Ensuring the wellbeing and safety of children, including prevention of child abuse or maltreatment, is a paramount goal of Ako Tahi Preschool. This policy provides guidance to staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect.

The interests of the child will be the primary consideration when any action is taken in response to suspected abuse or neglect. Ako Tahi Preschool commits to support the statutory agencies (Oranga Tamariki and the New Zealand Police) to investigate abuse and will report suspected cases and concerns to these agencies as per the process in this policy.

Our Designated Person for Child Protection is **Anna Julian**, she will be responsible for the maintenance and annual review of this policy, in addition to carrying out the responsibilities outlined in this policy. Staff understand the limitations of their role and will not assume responsibility beyond the level of their experience and training. Clear guidelines are set out in the process responding to suspected Abuse and Neglect (under the Responding section in this policy). Our organisation commits to ensure staff have access to the training they need, how we will implement this is highlighted in the prevention section of this policy.

As per Criteria 28 this policy and the procedures within it, will be formally reviewed no later than a 1 year cycle. If any legislative changes; and/or any spontaneous reviews; and/or situations arise that highlight an omission the policy will be reviewed, and amended if required.

Rationale, scope and principles

Between 7-10 children are killed annually in Aotearoa by someone who is in a caring role for them. Each year there are more than 4,500 reported cases of physical, sexual and emotional abuse. Child Abuse is defined in the Children Young Persons and their Families Act as “the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person.” Our child protection policy supports our staff to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is Ako Tahi Preschool’s commitment to protect children from abuse and to recognise the important roles all our staff have in protecting children/Tamariki.

This policy provides a broad framework and expectations to protect Tamariki, including (but not limited to) staff behaviours in response to actual or suspected child abuse and neglect. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all tamariki that staff may encounter, including siblings, the children of adults accessing services and any other children encountered by staff as they provide their service.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies – i.e. Oranga Tamariki and the Police. This policy will also help our staff to identify and respond to the needs of vulnerable children whose wellbeing is of concern.

Our commitment as an organisation to ensure prevention of child abuse/neglect is twofold.

1. Ensuring Staff in any role within Ako Tahi Preschool know what abuse/neglect is; and their role in the ongoing maintenance of a child safe organisational processes and procedures.
2. Ako Tahi human resource policies and procedures provide clarity to employees, and people outside the organization regarding procedural expectations.

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Cultural considerations

We recognise that in many of these cases, the involvement of statutory agencies would be inappropriate and potentially harmful to Family/whānau. Throughout New Zealand statutory and non- statutory agencies provide a network of mutually supportive services, and it is important for our organisation to work with these to respond to the needs of vulnerable children and whānau in a manner proportionate to the level of need and risk. Contact details for agencies and services in our community are provided as an appendix to this policy.

- Māori tamariki and rangatahi (young people) are assessed and managed within a culturally safe environment.
- Wherever possible whānau, hapu, iwi, and cultural advisors participate in the making of decisions affecting that tamariki and/or rangatahi.
- All staff are to recognise, acknowledge, and be sensitive to culture/cultural needs.

Identification and Management

Staff are competent in identification and management of actual or potential abuse and/or neglect through the organisation's policy and procedural structures and education programme.

This policy applies to:

- Children
- Kaiako
- Parents and extended whanau
- Management
- Outside agencies
- All contractors and volunteers
- Any auxiliary staff i.e., administrative staff, within Ako Tahi Preschool including staff that do not come in contact with children in their work role. As child protection is in our philosophy, it is assumed that prevention of child abuse/neglect is a foundational value that, for Ako Tahi Preschool staff, will be taken out into the community and they will continue to champion in their day to day lives.

All matters involving allegations against staff must be escalated to the management team immediately. To ensure the child is kept safe, management **must** remove the staff member against whom an allegation has been made from the environment. This is subject to the requirements of the applicable individual or collective employment contract and relevant employment law. Staff involved in cases of suspected child abuse are entitled to have support. We will maintain knowledge of such individuals, agencies and organisations in the community that provide support.

When we respond to suspected child abuse or any concerning behaviour, we write down our observations, impressions, and communications in a confidential register. This is kept separate from our other records and access will be strictly controlled.

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Appointed Child Protection Coordinator Role Outline

Our appointed Child Protection Coordinator, **Anna Julian's** responsibilities will include the following:

- Review the Child Protection Policy and procedure as required. This includes regular audits of child protection practice.
- Coordinate a system-wide response to child abuse and neglect.
- Develop a training plan wherein staff are required to engage in training annually.
- Ensure documentation tools are in place and accessible to staff for the recording of care and protection concerns (i.e., a Child Protection database).
- Ensure audit and evaluation tools are in place to assess child protection policy, processes, and practice.
- Develop and maintain functional professional relationships as needed with appropriate agencies.
- Provide support and advice to staff regarding child abuse and neglect.

Staff Safety Checking

Safety checking will be carried out in accordance with the Vulnerable Children Act 2014. This will include: a police vet, identity verification, references, and an interview. A work history will be sought, and previous employers will be contacted. If there is any suspicion that an applicant might pose a risk to a child, that applicant will not be employed.

1. Identity confirmation, either by:

Use of an electronic identity credential (e.g., the RealMe identity verification service), and a search of personnel records to check that the identity has not been claimed by someone else;

OR following the prescribed regulatory process by: Checking an original primary identity document, checking an original secondary identity document, Searching personnel records to check that the identity has not been claimed by someone else, checking an identity document that contains a photo, or by using an identity referee.

2. An interview of the potential children's worker.
3. Obtaining and considering a work history, covering the preceding 5 years.
4. Obtaining and considering information from at least one referee.
5. Seeking information from any relevant professional organisation or registration body including (but not limited to) confirming their registration status.
6. Obtaining and considering information from a New Zealand Police vet, unless at least three-yearly New Zealand Police vetting is already a condition of the potential children's worker holding professional registration or a practicing certificate (and the specified organisation has confirmed that that registration or certificate is current).
7. Evaluation of the above information to assess the risk the potential children's worker would pose to the safety of children if employed or engaged, taking into account whether the role is a core children's worker or non-core children's worker role.

Also consider;

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- Visitors should be monitored at all times by staff and volunteers and outside instructors should be monitored by staff.
- If activities require one to one physical contact (i.e., classes in swimming, gymnastics etc.) parents and caregivers should be advised and invited to attend.

Prevention

- Kaiako are given the training and supporting documentation they need to respond to the needs of children enrolled in Ako Tahi Preschool. Including the processes involved when a concern is raised, or an allegation is made (including ones involving staff).
- Kaiako are registered qualified early childhood professionals, and through experience and training have a robust understanding of encouraging positive behaviours, touch and comfort and what are the expectations when they are alone with child/ren.
- Nonregistered staff (including office staff) will be police vetted and cleared before being offered a position in our organization. They will be interviewed, identification verified (two forms of ID including a primary photo ID) reference checked, police vetted and cleared before a position is offered to them.
- Contractors and other auxiliary staff will not be left alone with children in the care of Ako Tahi Preschool Kaiako/Caregivers.

Identification

Our approach to identifying abuse or neglect is guided by the following principles

- We understand that every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.
- We understand when we are concerned a child is showing signs of potential abuse or neglect, we should talk to someone, either a colleague, manager/supervisor or the Designated Person for Child Protection – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorize the type of abuse or neglect.
- It is normal for us to feel uncertain, however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co- occurrence between IPV and the physical abuse of children.

Emotional Abuse

Emotional abuse occurs when a child's emotional, psychological, social well-being and sense of worth is continually battered. It can include a pattern of criticising, rejecting, degrading, ignoring,

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isolating, corrupting, exploiting and terrorising a child. It may result from exposure to family violence or involvement in illegal or anti-social activities.

Emotional abuse is almost always present when other forms of abuse occur.

The effects of this form of abuse are not always immediate or visible. The long-lasting effects of emotional abuse may only become evident as a child becomes older and begins to show difficult or disturbing behaviours or symptoms. There may be physical indicators that a child is being emotionally abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause.
- Frequent psychosomatic complaints (eg. Headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhoea.
- Has not attained significant developmental milestones.
- Dressed differently from other children in the family.
- Has deprived physical living conditions compared with other children in the family.
- There may also be indicators in a child's behaviour that could indicate emotional abuse. Some examples of this are:
 - Suffers from severe developmental gaps.
 - Severe symptoms of depression, anxiety, withdrawal, or aggression
 - Severe symptoms of self-destructive behaviour – self harming, suicide attempts, engaging in drug or alcohol abuse.
 - Overly compliant; too well-mannered; too neat and clean
 - Displays attention seeking behaviours or displays extreme inhibition in play.
 - When at play, behaviour may model or copy negative behaviour and language used at home.

There may be indicators in adult behaviour that could indicate emotional abuse. Some examples of this are:

- Constantly calls the child names, labels the child, or publicly humiliates the child.
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one.
- Has unrealistic expectations of the child.
- Involves the child in "adult issues", such as separation or access issues.
- Keeps the child at home in a role of subservient or surrogate parent.

Neglect

Neglect is a pattern of behaviour which occurs over a period of time and results in impaired functioning or development of a child. It is the failure to provide for a child's basic needs.

Neglect may be:

- Physical - failure to provide necessary basic needs of food, shelter or warmth.
- Medical - failure to seek, obtain or follow through with medical care for the child.
- Abandonment - leaving a child young person in any situation without arranging necessary care for them and with no intention of returning.
- Neglectful supervision – failure to provide developmentally appropriate or legally required supervision.

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- Refusal to assume parental responsibility - unwillingness or inability to provide appropriate care for a child

There may be physical indicators that a child is being neglected. Some examples of this are:

- Inappropriate dress for the weather.
- Extremely dirty or unbathed.
- Inadequately supervised or left alone for unacceptable periods of time.
- Malnourished.
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene.

There may also be indicators in a child's behaviour that could indicate neglect. Some examples of this are:

- Demonstrates severe lack of attachment to other adults.
- Poor school attendance or school performance.
- Poor social skills.
- May steal food.
- Is very demanding of affection or attention.
- Has no understanding of basic hygiene.

There may be indicators in adult behaviour that could indicate neglect. Some examples of this are:

- Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care.
- Fails to enrol a child in school or permits truancy.
- Leaves the child home alone.
- Is overwhelmed with own problems and puts own needs ahead of the child's needs.

Physical Abuse

Physical abuse can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family, and is considered abuse regardless of whether it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes. Injuries to a child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.

There may be physical indicators that a child is being abused. Some examples of this are:

- Unexplained bruises, welts, cuts, abrasions
- Unexplained burns
- Unexplained fractures or disclosures

There may also be indicators in a child's behaviour that could indicate physical abuse. Some examples of this are:

- Is wary of adults or of a particular individual.
- Is violent to animals or other children.

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- Is dressed inappropriately to hide bruises or other injuries.
- May be extremely aggressive or extremely withdrawn.
- Cannot recall how the injuries occurred or gives inconsistent explanations.

There may be indicators in adult behaviour that could indicate physical abuse. Some examples of this are:

- May be vague about the details of the cause of injury and the account of the injury may change from time to time.
- May blame the accident on a sibling, friend, relative or the injured child.
- Shakes an infant.
- Threats or attempts to injure a child.
- Is aggressive towards a child in front of others.
- May delay in seeking medical attention for a child.

Sexual Abuse

Sexual abuse includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose. While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts. It includes, any touching for sexual purpose, fondling of breasts, genitals, oral sex, sexual intercourse, an adult exposing themselves to the child, or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate sexual conversations with children.

There may be physical indicators that a child is being sexually abused. Some examples of this are:

- Torn, stained or bloody underclothing.
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area.
- Blood in urine or faeces.
- Sexually transmitted disease.
- Unusual or excessive itching or pain in the genital or anal area.

There may also be indicators in a child's behaviour that could indicate sexual abuse. Some examples of this in young children are:

- Age-inappropriate sexual play with toys, self, others
- Bizarre, sophisticated or unusual sexual knowledge
- Comments such as "I've got a secret", or "I don't like Uncle"
- Fire lighting by boys
- Fear of certain places eg. bedroom or bathroom

Responding

The child's safety should always be the paramount consideration in the notification process. No decisions or actions in respect of suspected or actual child abuse should be made in isolation unless there are concerns for the immediate safety of the child then contact the police dial 111.

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Below are two flowcharts. One describes the prescribed response if a disclosure of abuse/neglect is made. The following chart shows the process if a disclosure/allegation of child abuse by a staff member is made: To be added from Ministry of education website

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HS32- Inappropriate Materials

HS33- Alcohol and Mind-Altering Substances

Alcohol and Mind-Altering Substances Policy

Rationale:

1. Our Preschool is an alcohol and illegal drug free environment.
2. Alcohol is not permitted on the premises.
3. Illegal drugs are not permitted on the premises. Any person found under the influence of alcohol or illegal drugs is not permitted on the premises.

Procedures

1. In the event of a child being collected by a person suspected of being under the influence of alcohol or other mind-altering substances all effort will be made to deter them from collecting the child. It may be suggested that they have the emergency person come and meet them at the preschool. If serious concern for both child and adult occurs and the adult resists alternative suggestions, the police may be called. Any issues arising should be directed to the Supervisor.
2. A staff member or volunteer who is suspected of being under the influence of alcohol or mind-altering substances will be asked to leave the premises. This situation will be reported to Management.
3. No adult under the influence of alcohol or illegal drugs will be allowed to accompany an excursion. No alcohol or illegal drugs will be taken or consumed on an excursion.
4. Visitors to the centre will be made aware of the policy which will be displayed on the notice board beside the Licence.
5. Any organisations which hire the facility will comply with this policy.

Date Approved:

Review Date:

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Critical Incident Report

Date & Time		
Name of Child/ren involved		
Location		
Person/s involved & context of their involvement		
Reason why it is believed the child is at risk		
Other significant background information		
<p>Contact with any statutory agencies i.e. Ministry of Social Development, Worksafe, and Ministry of health. (If you have needed to report a critical incident to any of these agencies (not exclusive), cc your Ministry of Education contact person into the report.</p>		
Agency alerted	Date alerted	Contact person/s and details
Ministry of Education contact person and details		Date alerted
Name of reporter		
Date reported		

Date Approved:
Review Date: