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|  | <p>ALPINE CHILDREN'S SERVICES INC</p> | <p>Approved: Sep 03 Last Review: Oct 08 Review Date: Nov 09</p> |
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| POLICY NAME | NUTRITION |
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| <p>REGULATORY</p> <p>SOURCES & PROCEDURAL REFERENCES:</p> | <p style="text-align: center;">Alpine Children's Services Committee of Management</p> <ul style="list-style-type: none"> • Nutrition and Feeding for Infants and Children, 1999, Ellyn Satter. • National Health and Medical Research Council's (NHMRC) Dietary Guidelines for Children and Adolescents in Australia (2003). • Australasian Society of Clinical Immunology and Allergy Incorporated. • Department of Human Services, Go For Your Life publication prepared by the Nutrition Department of the Royal Children's Hospital, Melbourne, 2006. • Alpine Children's Services Anaphylaxis Policy, 2009. |
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POLICY

The Goal of This Policy
Alpine Children's Services encourage parents to provide children with nutritional and appetising meals to meet their individual and special dietary needs. We endeavour to take into account the cultural, religious and overall health status of individual children and to teach them about food and nutrition.

Review Process
This policy and associated procedures will be reviewed in consultation with a local Dietician in addition to the standard review procedure.

Distribution Of Policy
Policies are available for parents to view upon request.

Place For Display
The nutrition policy will be displayed on the notice board closest to the kitchen.

The Role Of This Policy
The centre believes that there are several factors that lead to the formation of good food habits and if these are implemented in a positive manner the child is supported to enjoy a range of healthy foods that are more likely to lead to a healthy adulthood. This policy sets out the intentions of Alpine Children's Services to:

- meet the goals of this policy,
- guide the practice of staff, and
- encourage all parents to provide for their child's nutritional needs

People Involved in Design of Policy
The following people were involved in the design process of this policy: the Manager of Alpine Children's Services, Catering Officers from Mountain View and Lyndhurst Children's Centres, the Alpine Health Dietician, the Lady Gowrie Centre, the Alpine Children's Services Committee of Management and the Go For Your Life award team.

These procedures cover three essential areas relating to the Nutrition Policy, that is: 'food safety and staff training', 'the environment in which food is provided' and 'foods provided'.

1. Food Safety and Staff Training

Food safety and handling practices are a vital component of food service delivery as they ensure the ongoing quality of the food supply and hence reduce incidence of food borne illness. Alpine Children's Services encourages all staff to have the following certificates (with a minimum of one staff member on site at all times):

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

Internal food safety and handling training for staff (and children where applicable) shall occur on a monthly basis. Each month the centre will focus on a certain facet of food safety and handling requirements. For example, January shall concentrate on hand washing practices.

The Catering Officers, Central Administration Officer and manager need to have successfully completed the following:

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

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

Food Safety Practices

The importance of handwashing

Alpine Children's Services understands the importance of handwashing to minimise the spread of food-borne illnesses and the cross-contamination of different foods. Handwashing is required: before starting work, after going to the toilet, after blowing a nose (a child's or own), before and after handling food, before mealtimes with children, before feeding an infant a bottle and after disposing of food waste.

Minimising the risk from potentially hazardous foods

Please refer to the service's Food Safety Plan for details regarding minimising risk from potentially hazardous foods.

Food Safety Exclusion Guidelines for staff/carers/students/volunteers and visitors

Staff are excluded from the service for 48 hours after a confirmed case of gastroenteritis.

Food Safety requirements for children and families

The service will provide information at least once per year to parents about food safety. The services will also organise the Maternal and Child Health Nurse to talk to the children and staff about hygiene at least once per year. Children and families are required to follow the handwashing guidelines for staff.

How to wash your hands



6 Dry with paper towel



1 Wet your hands



2 Apply solution and scrub for at least 15 seconds



5 Turn off water lever using your elbows



4 Rinse your hands



3 Scrub back of hands, wrists, between fingers and under fingernails

Food Premises and Equipment

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

Protective Behaviours and Practices

Alpine Children's Services recognises that staff play an important part as role models for safe food practices. Staff and carers must ensure they comply with the service's Nutrition and Food Safety Policy. The Team Leader of each service will undertake random monitoring of staff compliance with this policy.

2. The Environment

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

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

2a. Care environment and Mealtime Atmosphere

- Staff members will sit with children and model healthy nutrition and eating practices.
- Food is not used as a reward or punishment, either by its provision or denial.
- Second Course (if provided) is still offered even if first course is not eaten.
- The weekly menu will be displayed and made available for parents and staff. Recipes are available upon request.

2b. Cultural influences

The Centre recognises the diversity in food styles and will introduce the children to dishes from different cultures

2c. Family attitudes

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

2d. Social factors

Table seating will be kept small to allow for chatting and enjoyment while eating

2e. Food norms and expectations

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

2f. Food and nutrition awareness

The activities program will include simple fun activities that help with knowledge, skills through discussion, food samplings and practical learning through professional visits and/or excursions. Healthy food posters are displayed around the centre. Information about food and nutrition awareness will be provided in the bi-monthly newsletters.

2g. Drinks provided

Children will be provided with milk and water as the main two sources of fluid intake. Children under 12 months of age will have cooled boiled water and breast or formula milk. Older children will be provided with water as they require it, through water storage containers in each room. Milk and/or water are provided at regular intervals: morning tea, lunch and afternoon tea. In addition to this, parents are encouraged to provide their child with a named water container.

2h. Managing fussy eaters

- Although the centre decides what foods to offer, some choice exists within particular dishes i.e. salad and bread.
- Food may not be brought in from home except in cases of a diagnosed food allergy (or secondary to religious beliefs). Diagnosis of a food allergy requires confirmation from a suitable qualified medical professional.
- The centre will decide when to offer food. Standard meal and snack times exist.
- Other than special occasions, the centre has decided to provide food at the same location within the centre.
- Children will decide whether to eat. The centre requires, however, that all children remain at the table at meal times whilst other children eat.
- Children will decide how much to eat. Additional serves are available if a child requests more.

2i. Meal and snack times

Morning tea is served at 9.45am, lunch at 11.15am (11.30am for children older than 3 years old), afternoon tea at 2.45pm and a later afternoon tea at 4.30m. Children requiring additional food and drinks (milk and water) can be provided for between these times.

2j. Preventing and managing a choking incident

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

- Children should always be seated whilst eating.
- The centre will encourage children to chew well and not overfill their mouths.
- Two staff member trained in first aid (Level Two) shall be on site at all times.
- Some foods carry a higher risk of causing choking and these are not allowed to be brought in:
 - Nuts and lollies
 - Popcorn and corn chips
 - Un-cooked or un-grated carrots and apples (in the 0-3 room)
 - Whole peas and grapes
 - Sausage and frankfurt skins
 - Fruit with seeds or tough skins

3. Food Provided

- A selection of healthy food choices is offered that provides the child half of the recommended daily intake requirements for growth and health per day.
- Fresh fruit and vegetables are provided everyday in the menu planning for children.
- The Centre is guided by the NHMRC Dietary Guidelines for Children and Adolescents in Australia.
- The menus are developed using the guidelines of the Start Right Eat Right program and does not include any foods high in sugar, fat and salt such as chips, chocolates, lollies, muesli and fruit bars and sweetened drinks
- A variety of foods, prepared in a variety of ways are offered.
- All ingredients and recipes are available to parents upon request.

3a. Why is this important?

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

3b. Dietary guidelines for children and adolescents

Dietary guidelines have been developed to help understand the special needs of children (compared to adults), and assist carers to make suitable choices for children in their care.

The National Dietary Guidelines for Children and Adolescents in Australia are:

Encourage and support breastfeeding

Children and adolescents need sufficient nutritious foods to grow and develop normally

Children and adolescents should be encouraged to:

- Eat plenty of vegetables, legumes and fruits
- Eat plenty of cereals (including breads, rice, pasta and noodles) preferably wholegrain
- Include lean meat, fish and poultry,
- Include milks, yoghurts, cheese and/or alternatives. Reduced fat milks are not suitable for young children under 2 years, because of their high-energy needs, but reduced fat varieties should be encouraged for older children and adolescents.
- Choose water as a drink. Alcohol is not recommended for children.

and care should be taken to:

- Limit saturated fat and moderate total fat intake. Low fats diets are not suitable for infants
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars

Eat a wide variety of nutritious foods

Care for your child's food: prepare and store safely

Taken from Food for Health, Dietary Guidelines for Australians, A guide to healthy eating. Commonwealth Department of Health and Aging, National Health and Medical Research Council.

3c. Recommended Dietary Intakes for Children in Long Day Centres

Best practice within Long Day Care Centres caring for children is to encourage sufficient food so that each child can obtain 50% of their recommended dietary intake.

These requirements can be translated to the following food amounts

| Food group | Minimum no. of serves* to be offered in long day care | Equivalent amount of food |
|----------------------------|---|---------------------------|
| Milk and milk alternatives | 3 | 300ml |
| Bread and cereals | 2 | 50 gm |
| Fruit | 1 | 150gm |
| Vegetables | 1 | 75gm |
| Meat and meat alternatives | 1 | 45gm |
| Fats and oils | 1.5 | 7gm |

*Serve sizes and child serves.

Taken from Start Right Eat Right Course notes. Department of Human Services, Victoria, 2005

3d. Religious and cultural dietary needs of children

- The Centre recognises the diversity in food styles and will encourage parents to provide dishes from different cultures.
- Cultural differences will be recognised, nurtured and celebrated.

3e. Foods for special occasions

- Parents may prepare and bring in a cake (or one other culturally or religiously specific food item) for special occasions such as birthdays. Cake recipes must comply with certain food safety requirements, namely that the cake base is plain (no cream filling) and that the icing is made with water rather than butter. The cake also needs to be completely free of all nut ingredients. A sample cake recipe is available for parents from centre staff.
- Parents are required to fill out relevant details in the "birthday cake book" on the relevant day.
- Children with a food allergy will be offered an appropriate "occasional food" alternative provided by the centre in consultation with the parents.
- The cake (or other food item) shall be the only alteration to the menu for the day and shall be offered after the usual morning or afternoon tea. All other "occasional" or "party foods" will not be permitted.
- Parents not complying with the above guidelines will be referred to the nutrition policy and will be asked to remove the offending items.

3f. Emergency food

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

3g. Fussy Eaters (refer to section 2g)

3h. Procedures for handling breast milk and formula

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

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

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

Storage suggestions at the centre

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

Storage guidelines include:

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

Procedure for mixing and storing the formula

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

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

Storage suggestions of breast milk for parents

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

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

Thawing and heating of breast milk

Breast milk must be thawed and heated correctly to reduce the potential for bacterial growth.

- Thaw frozen breast milk by moving it from the freezer to the fridge for slow thawing over 24 hours.
- Cold water can also be run over the container and the temperature of the water gradually increased. Do not overheat the milk as it will destroy much of the nutrients and may burn the baby's mouth.
- Never use the microwave.
- Frozen breast milk, which is thawed in the fridge (but not heated) will last 24 hours in the fridge and four hours at room temperature. It cannot be refrozen.
- If it has been thawed outside the fridge, using warm water, it will last four hours in the fridge but cannot be refrozen.

Other safety tips

Make feeding an enjoyable and safe time for all concerned, by following these guidelines:

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

3i. Alternative fluids for infants

Often babies and children prefer sweet tasting fluids, however sugary drinks such as fruit juices, soft drink or cordial are not necessary and may cause health problems if drunk in large amounts. Children do not require any fruit juices or other sweet drinks to have a well-balanced and healthy diet. For children less than 12 months old, breast milk or infant formula should be the main drink. After 12 months of age when children have reduced the intake of breast milk or formula, cows milk can be offered as a drink. While milk is important for calcium, too much can lead to poor appetite so a limit of about three glasses per day is recommended. For toddlers and older children, water is the preferred drink, so encourage it regularly throughout the day.

Children who have sweet drinks such as cordial, soft drink and juice regularly are at a higher risk of tooth decay. Sweet drinks are full of energy and can fill children up making them less hungry for other foods. Young children may also have problems digesting some of the sugars in sweet drinks, and the result can be loose bowel actions and even diarrhoea. This may affect growth if energy and nutrients are lost from the body.

The centre provides all drinks (except bottles of formula or expressed breast milk). Any drinks brought by parents will be removed and returned at the end of the session. All children will be provided with full fat dairy milk or water at the centre unless otherwise requested by parents/guardians. No other fluids such as juice or cordial will be offered.

3j. Procedures for introducing solids

A baby should start solid foods at around 6 months of age; although some babies may show signs they are ready slightly before this. Initially solid foods add very little to the nutrition of the baby's diet, but are more a learning experience and should be a fun time for parents and children.

Introducing solids before 6 months is unnecessary and may increase the risk of digestive problems such as pain and irritability and a decrease in the number of breast or bottle feeds leading to poor growth. In addition, a baby's kidneys, digestive system and immune system are still developing at this time, and introducing solids too early may put unnecessary stress on these systems.

Parents who choose to offer solids before 6 months of age will be provided with an explanation about the problems if solids are introduced early. The centre will not introduce new foods, but only provide food on advice from the parent/guardian. The Centre understands it is important to encourage parents to keep foods separate (i.e. not mashed together) for the infant to learn about different tastes and textures.

3k. Managing Food Allergies (please also refer to the Alpine Children's Services Anaphylaxis Policy)

Alpine Children's Services understands the serious nature of food and aims to work in partnership with the parents/guardians to ensure the least restrictive care is provided as possible. Please refer to the Alpine Children's Services Anaphylaxis Policy for further information.

3l. Managing Food Intolerances

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

Guidelines for parents with a child on a special diet

1. It is recommended that all children suspected of having food intolerance should be seen by a qualified health practitioner to confirm the diagnosis and exclude any other underlying illness that may be the cause.

2. The Centre Cook and/or Team Leader will meet with parents to learn about practical ways of managing the diet restrictions at the centre.
3. Provide a photo of the child with a copy of the emergency instructions required to follow in the event of a mistake being made with the special diet
4. Provide advice on how special occasions are to be handled, eg the parent may choose to bring in a food or dish that is suitable. Also refer to food safety of food brought from the home.
5. Provide a contact of a specialist or practitioner who can be contacted for more information.
6. In the case of the child not being seen by a health practitioner the parents will be asked write and sign a letter stating they have required the centre provide the child with the diet requested.