
Caring for Babies Policy and Procedure

Category:	Health, Hygiene and Safety	Version:	V2025.1
Effective From:	March 2025	Next Review:	March 2026

Policy Statement

Our service is committed to ensuring the high needs of babies are met in accordance with recommendations from recognised authorities and in partnership with families.

Background and Guiding Principles

This policy contains comprehensive information about specific health needs for babies including sleeping, feeding and other risks. This is so that all educators working with babies are aware of the specific health needs of this age group. It should be read by all educators working with babies and shared with families.

Educators and Families can be referred to the NSW Health resource “Caring for Children Birth to 5 years (Food, Nutrition and Learning Experiences)” 2014 for further information and guidance.

<http://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf>

FEEDING AND BOTTLES

“Appropriate infant feeding practices and food choices are needed to support normal growth and optimal nutrition. Unsound infant feeding practices can result in nutrition and growth problems that may have long-term effects.”¹

The following guidance adopted by our services is taken from “Caring for Children Birth to 5 Years” NSW Health.

Bottle Feeding

- Breastmilk or infant formula is all that a baby needs for the first 6mths of life
- Once over 6mths of age, small amounts of boiled, cooled tap water can be given in addition to breastmilk or infant formula
- The following drinks are not recommended before the age of 12mths:
 - Cow’s milk (including fresh, UHT, powdered, evaporated or condensed)
 - Goat’s milk and sheep’s milk
 - Soy drinks (sometimes called ‘soy milks’)
 - Rice drinks (sometimes called ‘rice milks’), oat milk, almond milk, coconut milk and quinoa milk
- Children with a diagnosed allergy may use a prescribed ‘hypoallergenic’ infant formula instead of regular infant formula.
- Cow’s milk may replace breastmilk or infant formula as the main drink **after the age of 12 months**. There is no need to boil cow’s milk and it should never be diluted with water. Always use full cream (full fat/regular) cow’s milk until the age of 2 years. After 2 years of age, reduced fat (often called “light” or “lite”) milk can be used. Skim milk is not recommended for children until after 5 years of age.
- The following drinks **are not recommended** for infants or toddlers:

¹ “Caring for Children Birth to 5 years (Food, Nutrition and Learning Experiences)” NSW Health 2014
<http://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf> (accessed on-line Feb 2025)

- Coffee, tea, herbal teas
- Fruit drinks and syrups promoted as vitamin C supplements (often blackcurrant, cranberry or rose hip flavours)
- Soft drinks, cordials, mineral waters, vitamin waters, energy drinks, sports drinks
- Flavoured milks
- Any milk that has had sugar or honey added to it.
- Some drinks, like tea, contain natural chemicals that interfere with the absorption of nutrients. Herbal teas may contain naturally occurring chemicals that are not suitable for young children, despite being promoted as 'natural' or 'healthy'. Other drinks may contain caffeine and should be avoided. There is no safe level of caffeine consumption identified for children.
- Introduce a feeding cup from 6mths of age

Guidelines for the safe feeding of expressed breastmilk or infant formula in early childhood education and care services:

Transporting and storing bottles

- Label all bottles with the child's full name, the contents of the bottle, the date the breastmilk was expressed, or the infant formula was prepared and the date to be used.
- Store expressed breastmilk/infant formula in sterilised bottles or containers.
- Use smaller (120mls) bottles for expressed breastmilk to reduce wastage.
- Cool all expressed breastmilk/infant formula in the refrigerator before transporting.
- Transport frozen breastmilk, and cooled breastmilk/infant formula, in an insulated container with frozen "cooler bricks" (e.g. an esky with a freezer brick).
- Put all breastmilk/infant formula bottles in the refrigerator (or freezer) immediately on arrival at the service.

Storage and use

- Expressed breastmilk may be frozen.
- Any frozen breastmilk that has thawed (wholly or partially) during transport to the service should be immediately stored in the refrigerator and used within 24 hours.
- Do not re-freeze it.
- Store all bottles in the back of the refrigerator where it is coldest. Do not store bottles inside the refrigerator door.
- Store the breastmilk/infant formula in the refrigerator for the day and throw out all leftovers at the end of the day.
- At home, frozen breastmilk can be stored for up to two weeks in a freezer compartment inside the refrigerator (-15°C), or for up to 3 months in a freezer section of the refrigerator that has a separate door for the freezer (-18°C).
- Once a bottle has been given to an infant, throw out any leftover breastmilk/infant formula after each feed. Do not put back in the refrigerator, and do not leave out at room temperature for later use.

Thawing frozen breastmilk

- Thaw frozen breastmilk in the refrigerator or, if necessary, by placing the bottle in warm water (shake gently if the breastmilk has separated).
- All frozen breastmilk thawed in warm water should be used immediately. Discard any left-overs as soon as the feed has finished.
- Frozen breastmilk left to thaw in the refrigerator can be kept in the fridge for that day. Once it has been taken out of the fridge for a feed, it should be warmed and used immediately.

Warming breastmilk and infant formula

- Feeding an infant cold breastmilk or infant formula is not harmful, but drinks warmed to room temperature flow better from the bottle, and infants seem to prefer them.
- Warm breastmilk/infant formula bottles by standing the bottle upright in warm tap water for no more than 15 minutes just before use.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed using this equipment for less than 10 minutes. Follow the manufacturer's instructions.

Never microwave breastmilk/infant formula.

- Before feeding the infant, shake the bottle and test some of the breastmilk/infant formula on the inside of your wrist to make sure it is not too hot. Only warm the milk once and discard any warmed milk that has not been used.
- Never refreeze thawed breastmilk.

Protocols for the correct identification of expressed breastmilk

It is very important that the correct breastmilk be given to the correct infant. Educators should be aware of and follow the correct procedures for identifying and managing expressed breastmilk:

- If more than one infant is receiving breastmilk at the service, two educators need to check that the correct name is on the bottle for the infant about to be fed. This should also be noted on the infant's feeding record.
- If an infant is given the wrong breastmilk, the service's usual incident procedures should be followed. This may include reporting the incident to a local authority.
- Educators should also advise the infant's mother to contact their general practitioner or child health nurse for advice.

Suitable feeding positions

- Where possible, feed infants in a quiet area with less distractions.
- Infants should be in a semi-upright or upright position when being fed. Example:
 - on your lap facing to the side or in front
 - in a semi-reclined seat if requiring trunk and head support
 - in a stable baby chair if able to sit independently
 - in a highchair (ensure good trunk support and safety strap used through legs to avoid slipping).

Unsuitable feeding positions

- It is unsafe to 'prop' feed an infant. 'Prop feeding' is when the bottle is propped up by a cushion, towel or other support in order to keep it in the infant's mouth. This means that a person is not holding the bottle and the child is left unsupervised whilst feeding. Prop feeding is an unsafe practice, as it increases the risk of choking and possible overfeeding.
- Avoid feeding in areas that have a lot of noise and distractions.
- Lying infants in a cot, on the floor or on cushions is not recommended for feeding.
- Sitting to the side of the infant requires them to turn their head to the side for food.
- A child's trunk is less stable and they are not feeding with head in the midline position.

"Unsuitable feeding positions can increase the risk of problems such as:

- ***Tooth decay*** - Do not leave infants feeding from bottles while they are lying down or going off to sleep. This encourages them to continue to suckle on the bottle whilst sleeping. In this position, fluid stays in the mouth for too long and the baby may rapidly develop tooth decay (also called early childhood caries). It is important to avoid this habit, even if the baby does not appear to have cut any teeth yet – emerging tooth buds are still at risk of decay. The early loss of baby teeth can lead to ongoing dental, orthodontic and oral health problems in the future. Any drinks

containing natural and/or added sugars (e.g. all milks, fruit juices, soft drinks, cordials) can cause tooth decay and tooth erosion.

- **Choking** - Infants who are fed while lying down or who are 'prop fed' are at a higher risk of choking. Never add infant cereal or any other 'food' to an infant's bottle of milk. If you suspect or can see that any other food or flavouring has been added to a bottle of milk that has been provided for the child, discard it and prepare a fresh bottle. It is important to then inform the family that this is not in line with your service's feeding policy.
- **Middle ear infections** - Allowing infants to bottle feed while lying down may increase the risk of middle ear infections."²

National Health and Medical Research Recommendations from "Eat for Health – Infant Feeding Guidelines Summary"

- *"Exclusively breastfed infants do not require additional fluids up to 6 months of age.*
- *Boil and cool any tap water that is to be given to an infant. Plain bottled water (but not natural or sparkling mineral water or soda water) can be used if unopened to prepare formula, but it is not necessary.*
- *A cup can be introduced at around 6 months, to teach infants the skill of sipping from a cup.*
- *Fruit juice is not necessary or recommended for infants. Consumption may interfere with their intake of breastmilk or infant formula.*
- *Do not offer tea, herbal teas, coffee, soft drinks, cordials or other beverages.*
- *Any unmodified milk from non-human species, for example cow's, goat's and sheep's milk is not suitable for human infants and should not be given as a main drink before 12 months.*
- *Introduce solid foods at around 6 months, to meet the infant's increasing nutritional and developmental needs.*
- *Ensure that solid foods are of appropriate texture. The texture of foods that are introduced should be suited to an infant's developmental stages, moving from pureed to lumpy to normal textures during the 6-12 month period.*
- *Avoid whole nuts and other hard foods to reduce the risk of choking.*
- *Do not add sugar or honey to infant foods as this increases the risk of dental caries.*
- *Avoid juices and sugar sweetened drinks. Limit intake of all foods with added sugars.*
- *Do not add salt to foods for infants. This is an important safety issue as infant kidneys are immature and unable to excrete excess salt.*
- *Consumption of nutrient-poor discretionary foods with high levels of saturated fat, added sugars, and/or added salt (e.g. cakes, biscuits and potato chips) should be avoided.*
- *Pasteurised full cream milk may be introduced to a child's diet as a drink at around 12 months of age and be continued throughout the second year of life, and beyond. It is an excellent source of protein, calcium and other nutrients. Do not use unpasteurised cow's or goat's milk.*
- *Low-fat and reduced-fat milks (skim milk and milk with 2-2.5% fat) are not recommended in the first two years of life.*
- *Soy (except fortified soy products and soy formula where specifically indicated), and other nutritionally incomplete alternate milks or milk substitutes (e.g. goat's milk, sheep's milk, coconut milk, almond milk) are inappropriate alternatives to breastmilk, formula or pasteurised whole cow's milk in the first two years of life.*
- *From 12mths milk and other drinks should be offered in a cup rather than a feeding bottle.*
- *Store foods safely and prepare them hygienically.*
- *To prevent botulism, do not feed honey to infants aged under 12 months.*

² "Caring for Children Birth to 5 years (Food, Nutrition and Learning Experiences)" NSW Health 2014
<http://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf> (accessed on-line Feb 2025)

- *To prevent salmonella poisoning, cook all eggs thoroughly (i.e. until the white is completely set and yolk begins to thicken) and do not use uncooked products containing raw eggs such as home-made ice cream or mayonnaise.*
- *Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.*
- *Ensure that infants and toddlers are always supervised during feeding.*
- *Avoid feeding an infant using a 'propped' bottle.*
- *Put an infant to bed without a bottle or take the bottle away when the infant has finished feeding or before they fall asleep; don't let the infant keep sucking on the bottle.*
- *Avoid leaving an infant unattended with a bottle containing liquids (i.e. no bottle propping).*
- *Do not dip pacifiers or bottle teats in sugar, jam, honey or any other sugary substance.*"³

"Hands should always be washed with soap and warm water and dried before handling food, including breastmilk. Gloves are not needed when preparing food as long your hands are clean and dry and the skin is not broken.

*It's not necessary to wear gloves when preparing breastmilk for a child. Overuse of gloves can cause skin reactions and sensitivity. The Staying healthy guidelines (2024) say gloves should be worn 'when there is a chance you may come into contact with body fluids, including faeces, urine, vomit or blood'. Examples given include 'changing nappies, managing cuts and abrasions, and cleaning spills of body fluids'."*⁴

Choking, suffocation and strangulation:

"Food

Certain foods can be dangerous for young children because they are easily inhaled and block breathing tubes. These include nuts, raw carrots and other hard vegetables, pieces of apple, popcorn, corn chips, lollies and grapes. Remember that young children under the age of three years may not be able to chew properly because they do not yet have their full set of teeth, so anything that is small and firm is a potential hazard.

- *Never give nuts to children under five years of age.*
- *Carrots and other hard fruit and vegetables should be cooked, mashed or grated.*
- *Stay with young children at eating times and make sure they sit quietly while eating or drinking.*
- *Meat should be cooked and cut into small pieces.*
- *Never force young children to eat, as this may cause them to choke.*
- *Nurse your baby while he/she drinks from a bottle.*
- *A baby should not be left alone with a propped bottle.*

Toys

Any object smaller than a D-size battery can choke children under three years.

Choose age-appropriate toys that are sturdy and well-made and avoid selecting toys that have small parts as it is likely that at some stage they will find their way into the mouth of a young child and then can easily be inhaled and cause choking. Remember also that some less sturdy toys can break easily into small parts and can be dangerous.

³ "Eat for Health – Infant Feeding Guidelines Summary" Australian Government, National Health and Medical Research Council, Department of Health and Ageing (2013) (accessed on-line Feb 2025) https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf

⁴ "Using expressed breastmilk in early education and care settings" Australian Breastfeeding Association (accessed on-line Feb 2025) <https://www.breastfeeding.asn.au/bfinfo/using-expressed-breastmilk-childcare-settings>

When outdoors, make sure that young children do not have unsupervised access to rope swings as these can present a strangulation hazard.

Curtain and blind cords

Young children can get caught in dangling curtain cords. Fit blinds and curtains with rods instead of cords.

- *Where there are cords, wrap them around a cleat (available from hardware stores) attached to the wall. The length of any cord should not be longer than 30cm and must be and out of reach of curious toddlers.*
- *Do not attach cords, string or ribbons to pacifiers.*
- *Keep cots away from blind and curtain cords.*
- *Keep mobiles out of reach of young ones.*

Plastics

Plastic bags, dry cleaning bags and plastic wrap are especially dangerous for young children. A child can easily suffocate if these items are pulled over their head.

- *Always tie a knot in dry cleaning and plastic bags before throwing them out.*
- *Plastic bags should be stored out of reach.*
- *Plastic covers on mattresses should always be removed and discarded before use. They are not a substitute for waterproof mattress protectors.*
- *Do not give uninflated balloons to young children. Long strings on balloons are also dangerous.*

Pillows and Mattresses

These are another potential hazard for suffocation in young children.

- *Pillows and cot bumper pads should not be used for children under two years of age.*
- *Choose a firm, close fitting mattress and do not put infants and young children to sleep on soft surfaces such as beanbags or waterbeds.*
- *Infants should not be put to sleep on sofas or in adult beds.*

Prams

Do not use the pram for a sleeping baby if it will be unsupervised. Infants can become trapped and suffocate.

Clothing

- *When choosing clothing avoid ties, ribbons or crocheted jackets that may pull tight.*
- *Always remove a baby's bib before putting them down to sleep.*
- *Avoid necklaces and other jewelry that can get caught.*
- *Be aware that cords and drawstrings on clothing such as parkas and hooded windcheaters can catch on play equipment.*

Small Articles

Any object smaller than a D-size battery can choke children under three years. Make sure that young children cannot reach or play with:

- *Needles, pins and safety pins.*
- *Coins and small button batteries including spare batteries and toys containing small button batteries.*
- *Buttons, beads, marbles, the tops of ballpoint pens and polystyrene beads (found in stuffed toys and bean bags) are all easily inhaled.*
- *Watermelon seeds, dried peas, toys with small parts that can be removed.*

When a small button battery is swallowed it can burn through tissue in just two hours, causing severe injury or death. If a child swallows a button battery, go to your nearest hospital emergency department immediately and do not induce vomiting.”⁵

SLEEPING - Refer to the Sleep and Rest Policy and Procedures for details

Procedures and Responsibilities

A collaborative team approach is required to ensure the safety of young infants in our care. Families and educators should use a range of communication methods to share individual rhythms and requirements for each child. The policy is complemented by the Food Safety Policy and Procedures and the Sleep and Rest Policy and Procedures.

Leadership and Management Responsibilities, including Approved Providers, Nominated Supervisors and Responsible Persons will:

- Positively and clearly communicate all aspects of the policy and take a zero-tolerance approach to compliance.
- Understand and comply with all aspects of this policy and related legislation and support team members to do the same.
- Lead a culture of reflection and regular review of policies, seeking feedback from educators, families, children and other community agencies and professionals as appropriate.
- Encourage and welcome breastfeeding at the service through conversations with families and displaying breastfeeding logos.
- Monitor food provided by the service and families to ensure it is suitable for infants and doesn't pose a choking hazard. Inform kitchen staff and families about foods which have potential to be a choking hazard.
- Ensure resources are safe and appropriate to the age of children using them. Ensure Australian Standards are met when required and that items are in good condition.

Managing incidents of incorrect bottle provided

- If the incorrect breastmilk or product has been given to the child, notify the family immediately. Investigate and implement stronger procedures to prevent a re-occurrence.
 - Contact firstly the parent of the child who was given the incorrect product identifying the amount administered and the product administered. Families should contact their doctor or child health nurse for advice
 - The parent of the child whose milk was used should also be advised so that additional milk can be provided if needed.

Educators and Other Team Members will:

- Be proactive in fulfilling the requirements of this service policy and related legislative requirements.
- Seek further guidance where required to fulfil your requirements.
- Report any concerns or non-compliance immediately to the Nominated Supervisor or Approved Provider.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.

Breastmilk and formula:

⁵ “Choking, Suffocation and Strangulation” The Royal Children’s Hospital Melbourne (July 2018) (accessed on-line Feb 2025) http://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/

- Follow guidelines listed in the background around the storage, heating and use of breastmilk and formula including discarding unused milk after use, do not store for re-use.
- Use safe feeding positions and not give food or bottles to infants while they are in a bouncinette, lying on the floor or in a cot or prop feed as these are not safe feeding positions.
- Always avoid touching the teat of the bottle.
- Ensure bottles are stored in the refrigerator at the back and with caps protecting teats.
- Always remove a bottle straight away when an infant falls asleep while being bottle fed.
- Ensure infants do not take bottles to bed.
- Put a sign on the refrigerator instructing families and educators to put all bottles in the main part of the refrigerator, not inside the door.
- Use a fridge thermometer and record the fridge and freezer temperatures twice daily and take corrective action if not within the required zones as identified on the forms.
- Rinse bottles, teats, and caps after the completion of each feed. Allow bottles to drain and dry before placing with the child's belongings for washing at home.

Managing incidents of incorrect bottle provided

- All care should be taken to ensure that the correct bottle is provided to each child.
- Immediately upon identifying that a bottle has been given to the wrong child the educator must:
 - Identify the type of product given
 - Identify any known allergies for the child provided with the product
 - Notify the Nominated Supervisor or responsible person in charge
 - Closely monitor the child

Transitioning to solid foods:

- Support families with the transition from bottle to cup and the introduction of solid foods from around 6mths using persistence and patience as children experience these new skills.
- Pacifiers or dummies should be sterilised and never be dipped in any sweet foods.
- Ensure food texture is suitable and avoid foods that can be inhaled or cause choking.
- Allow infants to eat to satisfy their appetites, don't push a child to overeat or finish what is in the bowl.
- Ensure a clean, sterile environment is maintained when preparing food.
- Educators must wash and dry their hands in accordance with the Handwashing Policy.
- Reheat foods to at least 60 degrees and tested using a food probe thermometer. Food should then be quickly cooled before being served. Always check the temperature before feeding. Always stir food to evenly distribute heat and avoid hot or cold spots. Refer to the Food Safety Policy
- Always thaw frozen food in the refrigerator or defrost in the microwave with a microwave safe container before use. Do not leave food out on the bench top or in the sink to defrost, as it may be left in the *danger zone* for too long and become a food poisoning risk.
- Ensure food defrosted or warmed in the microwave is checked for 'hot spots' before being served, as microwaves do not heat evenly. Stir the food thoroughly, let it rest for a few minutes, and test its temperature by spooning a small amount onto the back of a washed hand. If too hot, leave it for a few more minutes to cool down and recheck before feeding.
- Ensure where food is to be eaten warm that it is reheated quickly to a safe eating temperature just before serving. If food needs to be kept warm for an extended period, reheat to 60°C. Reheating is best done as rapidly as possible but should not take longer than 2 hours. Keep at or above 60°C until ready to serve. Do not leave out on a bench to cool before placing in a refrigerator.
- Ensure food is only reheated once.

- Ensure children are always seated when eating and that food is always served in hygienic conditions using plates or bowls.
- Set the scene for a positive mealtime and understand that mess is to be expected especially with younger children while they are exploring food. Discourage playing with food or throwing or spitting of food.

Steps to minimise the risk of choking

- Supervise babies whenever they are feeding.
- Never put babies in a cot or bed with a bottle.
- Never prop a bottle up for a baby.
- Make sure babies are developmentally ready to eat before offering solids.
- Ensure that babies are awake and alert when fed.
- Never force a child to eat, nor use food as a reward or punishment
- Offer foods that are a suitable texture, starting with smooth and soft foods and then progressing on to a wider variety of tastes and textures.
- Grate, cook or mash hard fruits and vegetables, such as apples or carrots.
- Never give babies pieces of hard, raw fruits and vegetables, nuts, popcorn, grapes, fruit with skin such as apple or other hard foods.
- Babies 12mths and under should not be given citrus fruits for both the possible reaction from the citric acid and the membrane which can cause a choking hazard.

Dummies

- Support each families' choice to use a pacifier and seek information around preferred use.
- Ensure dummies are stored hygienically and in a way that covers the teat.
- Where children are under 12mths dummies should be sterilised in antibacterial solution which is made fresh each day as per the product instructions.
- Remove from use any dummies which are damaged and advise families.
- Never dip dummies into sweet foods.

Other precautions:

- Ensure resources are suitable for the age of the youngest child participating.
- Only provide resources which are not a choking hazard, refer to information in background.
- Set up environments that are safe and support each child's agency and stage of development.
- Sterilise mouthed toys as soon as the child is finished with it using antibacterial solution made fresh daily as per the product instructions.
- Pay particular attention to mats, rugs and flooring for cleanliness.
- Always use all straps provided with highchairs, swings, bouncinettes and other similar devises.
- Ensure children do not have access to plastic, batteries, electrical devises or power points.
- Always ensure blinds, cords and mobiles are out of reach of children.
- Closely monitor use of any items which could be wrapped around an infant's neck such as scarves, wool, rope.

As part of enrolment terms and conditions, families are asked to:

- Fulfil responsibilities under this policy and related legislative requirements.
- Understand that the service must take steps as required under legislative requirements and follow advise from recognised authorities.
- Participate in the review of documents and provide constructive feedback to the Nominated Supervisor or Approved Provider.
- Discuss any questions with the Nominated Supervisor or Responsible Person in charge.

- Understand that we support breastfeeding and encouraged mothers were possible to attend to the centre to breastfeed their baby.
- Follow the strict requirements for the preparation, storage and transportation of breastmilk and infant formula.
- Only provide breastmilk, infant formula, water or milk in bottles and never provide high risk drinks as listed in the background of this policy.
- Always clearly label all pre-made bottles including date prepared or expressed.
- Understand that the service will only rinse bottles, caps and teats, they will not be washed or sterilised at the service.
- Provide sufficient bottles and either breastmilk or formula for the day.
- Where possible, provide prepared bottles as these are more convenient for use by nursery educators to avoid delays in feeding, Where this may not be possible, for instance due to safe transportation, families are asked to supply cooled boiled water in sterilised bottles and powdered formula, pre-measured. Fresh formula must be prepared each day.
- Always provide caps for bottles and dummies to protect teats during storage and transportation.
- Sign pre-prepared bottles of formula and bottles of breastmilk into the food register with the time of delivery when arriving at the centre to comply with Food Safety Standards.
- Store in the back of the refrigerator where it is coolest not in the door.
- Introduce and encourage use of a feeding cup from 6mths of age and try to discard bottles from 12mths.
- Ensure dummies which are provided to the service are clean, clearly labelled and free from damage.
- Provide at least 2 dummies to prevent your child becoming distressed if one is damaged or misplaced.

Communication

- Educators and Families will have access to this policy at all times.
- Information will be included in induction for new educator and be included in service handbooks
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Educators and families will be provided with information from this policy at the time of employment and orientation.
- Changes to this policy and procedure document will be shared with families and educators.

Enforcement

The failure of any person to comply with this policy in its entirety may lead to:

- Termination or modification of child enrolment
- Restriction of access to the service
- Performance management of an employee which may lead to termination

Related Policies and Forms

- Service handbooks
- Dental Health and Hygiene Policy and Procedure
- Supervision Policy and Procedure
- Sleep and Rest Policy and Procedure
- Healthy Eating and Mealtimes Policy and Procedure
- Food Safety Policy and Procedure
- Handwashing Policy and Procedure

- Bottle Register
- Fridge Temperature Records
- Enrolment documents

Legislation, Recognised Authorities and Sources

- “Choking, Suffocation and Strangulation” The Royal Children’s Hospital Melbourne (July 2018) (accessed on-line Feb 2025) [http://www.rch.org.au/kidsinfo/fact_sheets/Choking, Suffocation and Strangulation/](http://www.rch.org.au/kidsinfo/fact_sheets/Choking,_Suffocation_and_Strangulation/)
- “Eat for Health – Infant Feeding Guidelines Summary” Australian Government, National Health and Medical Research Council, Department of Health and Ageing (2013) (accessed on-line Feb 2025) https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf
- “Using expressed breastmilk in early education and care settings” Australian Breastfeeding Association (accessed on-line Feb 2025) <https://www.breastfeeding.asn.au/bfinfo/using-expressed-breastmilk-childcare-settings>
- “Caring for Children Birth to 5 years (Food, Nutrition and Learning Experiences)” NSW Health 2014 <http://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf> (accessed on-line Feb 2025)
- “Guide to the National Quality Framework” Australian Children’s Education & Care Quality Authority Jan 2025
- *Education and Care Services National Law Act 2010* (version Oct 2024)
- *Education and Care Services National Regulations* (version Jan 2025)
 - 168 Education and care service must have policies and procedures
 - 170 Policies and procedures to be followed
 - 171 Policies and procedures to be kept available
 - 172 Notification of change in policies or procedures affecting ability of family to utilise service
- National Quality Standards
 - QA 2 Children’s Health and Safety

Review Information

Dates of Revisions:

March 2020, March 2021, March 2022, March 2023, Feb 2024, Feb 2025

Changes in this revision:

- Rewording of quote from Australian Breastfeeding Association regarding gloves as updated on their website, no change to the practice required.
- Updated sources and references

I _____ have been provided with this policy and the opportunity to ask questions. I have read and understand my responsibilities under this policy and procedure. I will ensure I ask questions if I am unsure. I also understand the importance of supporting other educators and families in fulfilling their responsibilities. I will seek support from my supervisor if needed to comply.

Signed: _____

Date: _____