

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

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Ministry of Education
Freepost Authority Number 185499
Criteria Development Team
National Operations
PO Box 1666
Wellington

Submission from the Auckland Regional Public Health Service on the Draft Criteria for the Licensing or Certification of ECE Services

Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Draft Criteria for the Licensing or Certification of ECE Services.

The attached submission represents the views of the Auckland Regional Public Health Service.

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Yours sincerely

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Auckland Regional Public Health Service
on
“Draft Criteria for the licensing or certification of ECE
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To: Ministry of Education
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From: Auckland Regional Public Health Services
Private Bag 92 605
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Introduction

1.0 This submission is from the Auckland Regional Public Health Service (the Service).

Child health has been identified within the Service's Strategic Priority Area. This submission reflects the Service's commitment to Child Health.

Our Environment

1.1 The Service provides public health services for the three District Health Boards (DHBs) operating in the region: Auckland District Health Board, Counties Manukau District Health Board, and Waitemata District Health Board.

This includes the area covered by seven territorial authorities – Auckland, Franklin, Manukau, North Shore, Papakura, Rodney and Waitakere. This is the area from Kaiwaka in the north to Mercer in the south and includes the Hauraki Gulf. Some services are also provided for the Northern DHB region which extends to Te Reinga.

The Service covers approximately 1.3 million people in highly diverse communities with wide-ranging health needs.

Public health is funded by the Ministry of Health to contribute to achievement of the thirteen priority health objectives identified in the New Zealand Health Strategy. However, the relationship with DHBs is also critical to the successful achievement of our purpose. The understanding and assessment of local needs provided by each DHB assists in identifying regional priorities to guide our focus and resources.

Our Vision

1.2 The vision of the Service is "People, Place and Health – growing together across the Auckland region".

Our Purpose

1.3 The Service's purpose includes:

- Improving health and wellbeing through promotion, protection and preventive strategies.
- Taking a whole of population approach, but, targeting resources to those locations and people who will benefit the most.

At Our Foundation

1.4 The core function of the Service's work is best described by the definition of public health in the 1998 'Acheson Report' (Public Health in England, HSMO):

"The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society".

The meaning of this concept in the New Zealand context is set out in the Government's strategy for public health, *Te Pai me to Oranga o Nga Iwi: Health for all People* (Ministry of Health 2002) and its companion strategies, *Achieving Health for All Peoples and Reducing Inequalities in Health*.

Our Strategic Priority Areas

1.5 Without losing our responsiveness to demand-driven health issues, the Service will develop a proactive approach to the following strategic health issues over the next few years:

- **Determinants of Health** – work with local authorities, other government agencies, other health service providers, iwi and communities to improve indicators of wellbeing related to the physical, economic and social determinants of health for the people of the region.
- **Sustainable Development** – there is a tension between urgent demand in public health and the need to take strategic action to improve health in the long term.
- **Obesity/Diabetes/Smoking** – promote environments and lifestyles that support physical activity, health eating and smokefree living.
- **Child Health** – improve health indicators for children.
- **Strategic Leadership and Advocacy** – provide and support strategic leadership and advocacy for public health in the Auckland region.

- **Influential Information** – identify, collect and disseminate the information required to support our priority activities and strategic direction to benefit other providers and stakeholders in meeting our shared health gain goals.

This submission is consistent with the strategy priority area of Child Health.

- 1.6 There are environmental and societal factors that impact on the health and well-being of everyone in the Auckland region. At the same time, there are significant differences in the health status between groups in our communities.

It is our responsibility, working with others and with communities to tackle these disparities, so the health and well-being of all Aucklanders improves.

- 1.7 The Service and the associated district health boards consider that there is a need to consult organisations which are concerned with health issues surrounding Early Childhood Education Centres (ECEC) due to the need to provide an environment that is appropriate for health.
- 1.8 A Memorandum of understanding (MoU) allows public health service staff (usually health protection officers) to inspect ECECs from a public health perspective on behalf of the Ministry of Education.
- 1.9 The current system relies on Health Protection Officers (HPOs) in the Public Health Services (PHSs) to assess every centre against the Regulations before licensing and when required by the Ministry of Education. This includes:
- Inspect and report to the Ministry of Education on licensed centres regarding health and safety matters as part of licensing processes (pre-licensing, at-risk centres, complaints etc).
 - Expert advice to the Ministry of Education, licensees and other parties on health and safety and public health matters.
 - Undertake public health surveillance of licensed centres (in 2003-2004 in the form of a survey in the Auckland region to be published in 2004-2005).
 - Investigate and control outbreaks of certain infectious diseases including those in licensed centres and licence-exempt playgroups.
- 1.10 The Service consents to its submission being made publicly available under the Official Information Act 1982.

- 2.2 **Criteria:** The wording of the Standards is very broad (which the Service supports), however this means that there are numerous ways in which the text can be interpreted. Only some of these interpretations will actually address health and educational outcomes. It is the quality of the Criteria that will ultimately determine whether the Standards are meaningful from a health perspective.

- 2.3 The means of achieving Standards 4 and 5 varies considerably across the early childhood education sector. For example, it is possible to manage risk from a hazard to children by removing it, modifying it, preventing access to it, or increased supervision. The course of action that is taken is a judgement that will not only be influenced by the degree of hazard or risk, but also by funding, staff availability, the centre's philosophy, parent's wishes etc. It is vital that both environmental health professionals with experience assisting licensees and Education officials who make these judgements are present during discussion and able to provide expert opinion regarding degree of hazard and health risk ¹.

The following comments have been made regarding the Draft Criteria for the licensing or certification of Early Childhood Education Services;

Centre based services - Premises and Facilities

Adequate access should reflect the number of facilities such as water closet pans and basins as required under the Building Act or refer to the Building Act 2004

2.5: The bold statement should include the word "safe" to reflect the fact that along with equipment needing to be educational it also needs to be safe. This will ensure that the equipment is made of safe materials and is easy to keep clean.

2.7: Floor surfaces should be easy to maintain and clean, particularly in the event of a vomiting episode. This is particularly important in the sanitary, kitchen and food consumption areas. These areas can be considered high risk regarding spread of illness and require cleaning on a frequent basis.

2.8: Glassed areas accessible by children should also be made visible. This is to ensure that children are aware of glassed areas; preventing children from sustaining glass related injuries.

2.12: Isolation areas for ill children should be well ventilated and have provision for being kept warm. Also this area should not be one where food is stored, prepared or consumed.

2.13: First aid kits should be placed near a water source in the toileting/nappy changing area where injured or sick children that may require bathing or treatment with water can be cared for using the hand wash basin or the body wash facility. Treating such children with a water source primarily used for food and general purpose cleaning is not advisable due to the health risk associated with bodily fluids, food and cleaning products.

2.14: Cleaners sink can be used as an art sink and should be made inaccessible to children and cleaned after each use for cleaning purposes. The cleaners sink should be supplied with hot water (55°C) for cleaning purposes. If children have access to the art sink then the water temperature should not exceed 40°C.

2.16: Design of the premise should encourage a mixture of artificial and natural light. Natural light exposure is necessary also for the production of vitamin D. Natural light is needed in the buildings where people spend a lot of time in order to prevent vitamin D deficiency, **especially in winter time**, which has a number of ramifications for health. Inadequate vitamin D, in addition to causing rickets in children, prevents children from attaining their peak bone mass, contributes to and exacerbates osteoporosis in adults, and causes the often painful bone disease osteomalacia. Adequate vitamin D is also important for proper muscle functioning, and controversial evidence suggests it may help prevent type 1 diabetes mellitus, hypertension, and many common cancers. New Zealand children, particularly those of Maori and Pacific ethnicity, are at risk for low vitamin D status because of low vitamin D intakes, the country's latitude (35-46 degrees S), and skin colour. Results of the 2002 National Children's Nutrition Survey² showed that 41% of Maori, 59% of Pacific, and 25% of European and other school children had insufficient vitamin D. There is also a high prevalence of vitamin D inadequacy among elderly patients and especially among patients with osteoporosis.

Increased shading on properties can also lead to an increase in the indoor dampness (humidity levels). Auckland's climate is considered humid compared to other areas in New Zealand. Indoor relative humidity is a key factor of indoor air quality as it impacts on both thermal comfort and indoor health conditions during wet seasons in Auckland. Dampness provides a favourable environment for mould, viruses, mites and cockroaches all of which can exacerbate asthma and respiratory symptoms.³

Comprehensive reviews of research⁴ have concluded that there is strong evidence of an association between damp indoor environments and mould particularly for upper respiratory tract symptoms, asthma, cough and wheeze. A 2002 systematic review⁵ on the impact of indoor moulds (in non industrial workplaces and in homes) found consistent associations between signs of mould/damp and asthma or asthma symptoms, rhinitis, and nasal symptoms, throat, eye and skin symptoms in both workplace and home settings. A more recent report to the Ministry of Health supports the concept that mould and dampness could be implicated as a primary cause of asthma⁶.

2.16: Design of the premise should encourage a mixture of natural and artificial ventilation. Particularly in the food preparation, sanitation and sleep areas. Ventilation is a key factor to ensure a healthy indoor environment and may be achieved by natural or mechanical means. It is important that the type of ventilation used in the building does not expose occupants to high levels of other health risk. For example, natural ventilation may not always be appropriate if opening windows regularly exposes occupants to significant levels of noise or outdoor air pollution.

² <http://www.moh.govt.nz/moh.nsf/49ba80c00757b8804c256673001d47d0/03258bbdfc0359e2cc256dd60002e14e?OpenDocument>

³ Krieger J, Higgins D. Housing and health: time again for public health action. *American Journal of Public Health*. 2002;92(No 5):758-768.

⁴ Bornehag CG, Blomquist G, Gyntelberg F, Jarvholm B, Malmberg P, Nordvall L, et al. Dampness in buildings and health. Nordic interdisciplinary review of the scientific evidence on associations between exposure to "dampness" in buildings and health effects (NORDDAMP). *Indoor Air* 2001;11(2):72-86 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

⁵ Kolstad HB, C. Iversen, M. Sigsgaard, T. Mikkelsen, S. Do indoor molds in nonindustrial environments threaten workers' health? A review of the epidemiologic evidence. *Epidemiologic Reviews* 2002;24(2):203-17 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

⁶ Wilson N. Mould in New Zealand houses; its relevance to health and potential policy responses. A report prepared for the Ministry of Health, 2005 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

Adequate ventilation of homes is essential for removing allergens, excessive moisture leading to dampness, moulds and mildew, and indoor air pollutants that adversely affect human health. Indoor pollutants that have been shown to impair human health include carbon monoxide, nitrogen dioxide, volatile organic compounds, tobacco smoke, asbestos, various pesticides, and fine particulates. Table 1 (below) lists potential sources of indoor air pollutants and the type of air pollutants that they emit. The adverse health effects of the most common pollutants are discussed in more detail in Appendix 1. Some of these pollutants are also the result of vehicular emissions, entering the building from attached garages. Hence, the latter are also source of outdoor air pollution. Two important factors that affect indoor air-quality are discussed below in more details.

Unflued and Incorrectly Flued Gas Heaters, Gas Appliances:

An issue relating to incorrectly installed flued gas heaters, but also applicable to unflued gas heaters and other gas appliances, is the risk of carbon monoxide poisoning from unflued (or incorrectly installed flued) gas heaters and other gas appliances. There are health risks associated with indoor air pollutants such as nitrogen dioxide, carbon monoxide and water vapour (which can affect health by increasing the spread of mould and dust mites) that unflued (or incorrectly installed flued) gas heaters produce. The New Zealand Energy Safety Service (Ministry of Consumer Affairs) has recorded fifteen fatal cases (some involving multiple fatalities) with gas appliances. Three of the cases involved space heaters. Six cases involved cookers or grillers, three involved fridges, two involved lights and one involved a continuous flow water heater. They advise consumers:

- about the need to ventilate rooms where gas heaters are being used.
- to always make sure they have plenty of ventilation when using gas appliances indoors, such as opening windows slightly.
- not to use gas appliances in small spaces, like bathrooms, or spaces where the heater may be unsupervised, like bedrooms.
- to have their gas heaters serviced regularly.

Unflued gas heaters produce nitrogen dioxide and carbon monoxide and pose a significant health risk to children, pregnant women, elderly people and those with asthma or heart disease. High levels of these gases can be dangerous for everyone. Exposure to high levels of carbon monoxide can affect anyone resulting in tiredness, shortness of breath, headaches, dizziness, nausea, weakness, confusion and in extreme cases death.

Moisture:

Moisture is also a factor influencing indoor air-quality although is not considered a pollutant *per se*. Auckland's climate is considered humid compared to other areas in New Zealand. Indoor relative humidity is a key factor of indoor air quality as it impacts on both thermal comfort and indoor health conditions during wet seasons in Auckland. Dampness provides a favourable environment for mould, viruses, mites and cockroaches all of which can exacerbate asthma and respiratory symptoms⁷.

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Significant sources of indoor moisture include: flooding, leaky roofs and walls, sprinkler spray hitting the house, plumbing leaks, overflow from sinks and sewers, damp basement or crawl space, steam from showers or cooking, unflued gas heating, humidifiers and wet clothes drying indoors or clothes dryers exhausting indoors.

⁷ Krieger J, Higgins D. Housing and health: time again for public health action. *American Journal of Public Health*. 2002;92(No 5):758-768.

⁸ Bornehag CG, Blomquist G, Gyntelberg F, Jarvholm B, Malmberg P, Nordvall L, et al. Dampness in buildings and health. Nordic interdisciplinary review of the scientific evidence on associations between exposure to "dampness" in buildings and health effects (NORDDAMP). *Indoor Air* 2001;11(2):72-86 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

⁹ Kolstad HB, C. Iversen, M. Sigsgaard, T. Mikkelsen, S. Do indoor molds in nonindustrial environments threaten workers' health? A review of the epidemiologic evidence. *Epidemiologic Reviews* 2002;24(2):203-17 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

¹⁰ Wilson N. Mould in New Zealand houses; its relevance to health and potential policy responses. A report prepared for the Ministry of Health, 2005 cited in Imlach F. (2006). Housing and Health: Improving Health through the Built Environment. Wellington School of Medicine and Health Sciences-10th Public Health Summer School Course Book.

A range of measures can prevent indoor moisture from fixtures including: installing range hoods above stoves or cooking appliances, supply all gas appliances and fittings for portable appliances with flues, install passive ventilation systems in areas with potentially higher moisture levels.

Table 1: Air pollutants that may influence indoor-air quality

Factors influencing indoor air quality	Potentially emitted pollutant
<i>Building operation and activity</i>	
Tobacco smoke	Fine particles, polycyclic aromatic hydrocarbons (PAHs), benzene
Human breath	Ethanol, methanol, carbon dioxide
Chlorinated water supplies used in washing facilities	Chloroform
Petrol or car exhaust vapour entering building from attached garages	Benzene, carbon monoxide, volatile organic compounds (VOCs)
Fuel-based heating and cooking appliances, especially if unflued	Butane, carbon monoxide, limonene, n-hexane, propane, fine particles, acrolein, NOx, formaldehyde
<i>Construction products (wet)</i>	
Adhesives and sealants	Acetone, ethanol, formaldehyde, methanol, VOCs
Timber stains, paints, coatings	Ethanol, methanol, methyl chloroform, xylene, toluene, VOCs, lead
Polyurethane lacquer/floor varnish, including those on concrete	Acetone, benzene, xylene, toluene, isobutyraldehyde
<i>Construction products (dry)</i>	
Plastic and rubber flooring and carpet underlay	VOCs
Carpet	Dust mites, 4-vinylcyclohexane
Wallpapers	Mould inhibitors
Friable products	Asbestos, fibreglass
Insulation products	Formaldehyde
<i>Building contents</i>	
Furniture	Dust mites, VOCs, formaldehyde
Office equipment	Ozone, VOCs, respirable suspended particles
Cupboards/shelving	Formaldehyde, nonanal
Dry cleaned clothing	Methyl chloroform, tetrachloroethylene
Printed material	Formaldehyde, nonanal, toluene
<i>Household products</i>	
Waxes and polishes	VOCs
Cleaners, disinfectants and detergents	Benzene, butane, ethanol, toluene formaldehyde, limonene, methanol
Cosmetics	Ethanol, methanol, nonanal
Room deodorisers	p-Dichlorobenzene
<i>Outdoor sources</i>	
Soil and rocks in the building site	Radon
Infiltration from outdoor environment	Sulphur dioxide, ozone, fine particles, PAHs, benzene, carbon monoxide, NOx

Appendix 1: Key air pollutants produced from vehicles and other sources

It is considered that exposure to these air pollutants is a health concern, especially when environmental standards are exceeded (refer to Table 2 for standards).

Carbon monoxide

Carbon monoxide (CO) is formed from the incomplete combustion of fuels (i.e. gas, oil, or from solid fuel heating or cooking appliances). CO binds to haemoglobin in the blood, reducing its oxygen-carrying capacity. This can cause an increase in signs and symptoms of cardiovascular illness, e.g. shortened time to onset of angina during exercise, increased ventricular arrhythmias, and increased ECG changes. It can also cause neuro-behavioural effects such as impaired co-ordination, driving ability and cognitive performance, and may be linked to low birth weight in foetuses of exposed mothers⁽¹⁾. There have been demonstrated associations between high ambient CO levels and cardiovascular hospital admissions and mortality⁽²⁾. At excessive levels, CO is very toxic and can cause headache, dizziness and death.

Oxides of nitrogen - NO_x

Most nitrogen oxide is emitted as nitric oxide (NO), which does not have major effects on human health, but it is converted in the atmosphere to nitrogen dioxide (NO₂). Elevated levels of NO₂ may cause a worsening of symptoms for those who suffer from respiratory disorders (especially asthma), including cough, wheeze and breathlessness^(1, 3). Some studies have demonstrated an association with mortality⁽⁴⁾. Nitrogen dioxide is also involved in the development of photochemical smog and ozone. In homes, gas stoves and portable LPG heaters have been found to be the dominant source of nitrogen dioxide (NO₂), with higher levels in bedrooms and living rooms and in homes with aluminium window frames (possibly due to better sealing). Homes in NZ with unflued gas heaters have been shown to have levels of NO₂ and CO above the World Health Organisation's levels of concern for these gases.

Volatile organic compounds

VOCs are a wide range of compounds emitted by a wide range of sources. Environmental exposure has been linked to chromosomal aberrations and depressions of blood-cell formation. Some, for example benzene, are known to be carcinogenic. Studies in 1996-98 estimated a 'typical' New Zealand population benzene exposure of 3mg/m³, which would correspond to up to 0.8 additional leukaemia deaths per year⁽⁵⁾. WHO considers that there is no safe limit for hazardous VOCs such as benzene. VOCs also have a role in the development of photochemical smog.

Approximately 86% of all benzene released to the atmosphere has been estimated to result from the use of petrol in motor vehicles – 76% via exhaust, and the remainder from evaporation and refuelling⁽⁶⁾. In the indoor environment formaldehyde and benzene are the most significant for indoor air quality. They are released from cleaning agents, solvents, building materials, furnishings, and combustion appliances etc.. VOCs may occur in high concentrations in the home and some are known to be harmful to health or carcinogenic.

Fine particulate matter (PM₁₀) & sulphur dioxide

Fine particulate matter (particles less than 10 microns in diameter-PM₁₀) and sulphur dioxide are also pollutants released during fuel combustion. High concentrations of these pollutants have been associated mainly with exacerbation of asthma in asthmatics. However, fine particulate matter is of major concern as there is growing evidence suggesting that it is the even smaller fraction, such as PM_{2.5}, which is responsible for adverse health effects. Acute increases in PM₁₀ have been linked to increases in mortality, respiratory and cardiovascular hospital admissions, incidence of chronic bronchitis, asthma attacks, reduced lung function, and restricted activity days^(2, 8). There is also evidence of long-term effects on life expectancy⁽⁷⁾. The World Health Organisation (WHO) considers that there is no safe limit for particles.

With respect to vehicles however, diesels are particularly important, producing up to 80% of total suspended particle (TSP) emissions. It has been suggested that while new diesel vehicles are producing a lower mass of PM than older vehicles, they are producing a larger number of ultra-fine particles⁽⁸⁾. In addition, the International Agency for Research on Cancer has concluded that diesel engine exhaust is 'probably carcinogenic' based on studies suggesting a causal relationship between occupational diesel exhaust exposure and lung cancer⁽⁹⁾.

Fine particulate matter may accumulate indoors from fuel-based heating appliances, tobacco smoke, and outdoor emissions.

Ozone

Ground-level ozone is formed when VOCs react with nitrogen oxides in the presence of sunlight. Ground-level ozone has been shown to be associated with reductions in lung function, increased bronchial reactivity, and admissions to hospital. Some studies have also shown an increase in daily mortality with increased ambient ozone levels^(2, 4, 10).

Tobacco smoke

Reducing second-hand exposure to tobacco smoke through adequate ventilation in homes is significant given that 18% of New Zealanders and 30% of Maori are exposed to second-hand smoke in the home (50% of smokers smoke indoors at home). Second-hand smoke is a known risk factor for lung cancer, cardiovascular disease, respiratory and other infections including meningococcal disease and otitis media, sudden infant death syndrome, asthma, and irritation of eyes, nose and throat. Second-hand smoke is also estimated to be responsible for >250 deaths in NZ per year, 15,000 episodes of childhood asthma, >27,000 medical consultations for child respiratory problems, and 1500 operations to treat glue ear, which represent a significant downstream burden of disease and cost to New Zealanders.

Asbestos

Asbestos have been extensively used in building construction during the 1900s, because of its fire-retardant properties. Today it is often found during renovations of old building or during their demolition. The Building Code 1991 does not prevent asbestos use but we not support its future use in buildings. Exposure to asbestos increases the risk of lung cancer and mesothelioma, and the risk is compounded by cigarette smoking.

Pesticides

Many pesticides are used in and around the home that will affect indoor air quality if rooms are not adequately ventilated. For example, fly sprays, insect repellents, mosquito coils, ant killers, cockroach killers, rat baits, pet care products, disinfectants and some body care products. In addition herbicides, fungicides and insecticides are used in gardens and can drift or track indoors.

Table 2: National Environmental standard-maximum pollution concentrations effective from September 2005

Contaminants	Threshold concentration	Averaging Period	Permissible excess
Carbon monoxide	10 mg m ⁻³	8hour running mean	One 8 hour period in any 12 month period
Nitrogen dioxide	200 µg m ⁻³	1 hour mean	9 hours in any 12 month period
PM ₁₀	50 µg m ⁻³	24 hour mean	One 24 hour period in any 12 month period
Ozone	150 µg m ⁻³	1 hour mean	Not to be exceeded
Sulphur dioxide	350 µg m ⁻³	1 hour mean	9 hours in any 12 month period
	570 µg m ⁻³	1 hour mean	Not to be exceeded

Data source: Resource Management (National Environmental Standards relating to certain air pollutants, dioxins and other toxins) Regulations 2004.

References used in text regarding Key pollutants in Appendix 1

1. Ambient Air Quality in the Auckland Region. Chapter 7 of Environmental Health Risks and Needs in the Auckland Region. Public Health Protection, Auckland Healthcare Services Ltd; Auckland: 2000.
2. A background document on Transport, Environment and Health. Prepared for the WHO Ministerial Conference on Environment and Health; London: 1999. www.who.int/ht/the.htm
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5. Stevenson C, Narsey H. Survey of Benzene, and other toxic compounds in air: July 1996-May 1999. Summary Report. Ministry of Health; 1999. www.moh.govt.nz
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7. Long-term effects of particles on health. Committee on the Medical Effects of Air Pollutants; Department of Health, United Kingdom: 2000. www.doh.gov.uk
8. Seethaler, R. Health costs due to road traffic-related air pollution: An impact assessment project of Austria, France and Switzerland. Prepared for the WHO Ministerial Conference on Environment and Health; London: 1999. www.who.int/ht/the.htm
9. Charter on Transport, Environment and Health. World Health Organisation Regional Office for Europe; Copenhagen: 1999. www.who.dk

Acknowledgement

The majority of the information provided and reference list have been summarised from a detailed literature research carried-out by R. Wittaker in 2001 for ARPHS, ADHB.

2.16: Heating appliances should be made inaccessible to children. This will prevent potential burn injuries.

2.17: Outdoor play area should provide for a sufficiently shaded area particularly during the summer months. To be used in conjunction with a sun safe policy developed by the centre. New Zealand has the highest death rate from melanoma in the world, with the number of cases doubling in the past 30 years. Each year 200 people die, with another 50 dying from other preventable skin cancers. Risk factors can be classified as environmental, genetic and lifestyle related. In environments outside people's immediate control (e.g. public places like schools and early childcare centres) it is important to develop strategies that promote and provide adequate protection from the sun's harmful rays.

2.18: The temperature of the water used for hand washing does not affect the hygiene of the process. Although warm water may be more encouraging to children to practice good hand hygiene. Taps that require hand contact will compromise hygiene if children must use washed hands to turn off taps that were contaminated by being turned on with dirty hands.

2.19: Preference is for disposable paper towels and liquid soap dispensers. These products are more hygienic than others - *reference has been made to this on pg 88 of the discussion document*

2.23: Facilities for body washing should be provided near the nappy changing area. This will ensure that soiled children have easy and safe access to body washing facilities when required during the nappy changing process. This will also ensure that movement of potentially contaminated articles (clothes, nappies, or children) around the centre is restricted, as this could potentially spread micro-organisms that make children and adults unwell.

2.25: ECE kitchens must have adequate space and facilities to prevent cross contamination.

Food service articles need to be maintained in a hygienic and sanitary manner.

ECE's can be divided into three categories in terms of food provision,

1. Centres that prepare food
2. Centres that provide limited food snacks, sandwiches and baked goods
3. Centres that require the children to provide their own food

For centres in category one, the dishwasher must meet the following requirements,

Dishwashers should have:

- a wash temperature of 60°C or higher
- a device that gives an automatic dose of soap or detergent
- a rinse that lasts for ten seconds or longer with a water temperature of at least 77°C
- baskets and trays that allow all dishes to get completely wet
- temperature control that stops the machine if the water temperature is too low, or the rinse temperature cannot continue for at least ten seconds
- a thermometer to show the temperature of rinse water.

Commercial type dishwashers meet these requirements.

For centres in categories two and three there is no requirement for the above dishwasher and a domestic dishwasher is considered a suitable substitute.

Centres may choose to hand wash dishes. If this is the case, the requirements for hand washing dishes given below must be met in terms of cleaning and sanitising the dishes.

Centres that hand wash dishes must:

- use water that is at least 43°C
- have adequate soap or detergent.

The dishes must then be rinsed and sanitised.

- Dishes must be sanitised by either placing in clean boiling water for 30 seconds, or in clean water that is at least 77°C for two minutes.
- The dishes must be separated from each other while they are being sanitised.
- The dishes must be removed and immediately left to air dry (tea towels or cloths should not be used to dry or polish the dishes once they have been sanitised).

An alternative to washing dishes is using disposable plates and cutlery.

2.25: It is recommended that those centres not providing food for children as part of the service still have sufficient hand washing facilities in the kitchen area. Illness can be spread easily among children and staff in an early childhood centre, however good hygiene can help prevent the spread of disease. Many illnesses such as Salmonella, norovirus, rotavirus and Giardia can be spread through poor hand hygiene, particularly after handling, preparing, cooking and storing foods which are high risk practises making hand hygiene important to minimise the risk of spreading disease. Therefore it is important for Early Childcare Education Centres to have a written hand hygiene policy which extends to both staff and children at the centre

2.27,2.29,2.31: Explicit provision that rest areas require sufficient ventilation the Building Act provides the following; G4.2 states that 'The objective of this provision is to safeguard people from illness or loss of amenity due to lack of fresh air. Due to children spending prolonged periods near each other in the sleep area makes it a high risk room for the transmission of diseases such as meningococcal disease which can be spread through air droplets. Therefore it is important that this area has sufficient ventilation to ensure air circulation throughout the room to remove potentially harmful bacteria/virus lingering in the air.

Centre based services – Health and Safety Practices

3.1: Documentation required Maintenance check records and cleaning schedules. This documentation will provide evidence that the premises, furniture, furnishings, fittings, equipment and materials are maintained, hygienic, kept safe and are in good condition. Maintenance check records would show that the above areas are checked on a regular basis and any hazards, and problems have been identified and have been mitigated appropriately. A cleaning schedule will ensure that the above areas are cleaned appropriately and on a regularly basis.

3.3: Assembly areas for evacuation should be stipulated in the centre's evacuation policy

3.4: Documentation required: hazards register and maintenance checks records: A hazards register will provide evidence that heavy objects are checked on a regular basis to ensure that they are secure

3.8: Adults should have clear and easy access to at least one side of cot, stretcher, couch – length not width. Easy access will ensure that the spacings between cots in particular are of an adequate measurement to ensure that adults are able to evacuate resting children in the event of an emergency. Adequate spacing between cots is also required to minimise the risk of spreading illness.

3.9: Documentation required should include a cleaning schedule and maintenance/hazard check records. This documentation will ensure that checking for hazards occurs on a regular basis and that this is recorded. If hazards have been identified then the mitigation carried out is also recorded and provides evidence that action has been undertaken. A cleaning schedule will ensure that those areas where cleaning is required is carried out.

3.10: Checks should be done and documented. This will provide evidence that checks have been done and any action taken is recorded.

3.11: Date and time of meals should also be recorded. This will aid in the investigation of potential food poisoning outbreak investigations undertaken by the local Public Health Unit

3.11: Records should be kept also to aid in suspected food poisoning outbreak investigations undertaken by the local Public Health Unit

3.12: Staff who handle, prepare, serve and store food regardless of the service providing food or not should undergo food safety training (Food safety certificate). This will ensure that food is prepared, served and stored hygienically.

3.13: ECE's on their own water supply should comply with the DWSNZ 2000 to ensure safe drinking water

3.17: Provision to ensure heating appliances are inaccessible to children. This will aid in preventing potential burn injuries.

3.18, 3.19: A cold water supply should be readily available for the treatment of burns and should include a hand wash basin accessible to children.

3.20: Documentation required: a noise protocol. The protocol should identify what should be done once a noise hazard has been identified. The following maximum guidelines for external noise are based on the *Guidelines for Community Noise* (World Health Organisation, 1999):

Environment	Potential Health Effects	L _{eq} (dBA)	Time (hours)	L _{max} (dBA fast)	Reverberation time (seconds)
Sleep room	Sleep disturbance, sleeping hours	30	Sleeping time	45	-
Indoor learning areas	Speech interference, Disturbance of information extraction and message communication	35	During use	-	0.6*
Outdoor playground	Annoyance (from an external source)	55	During Play	-	-

- *The reverberation time (or echo) gives an indication of how much of a problem internally generated noise may pose.*
- *Reverberation time should be much less than 0.6 seconds for hearing impaired children. Note that hearing impairment may not be diagnosed until children are older, so it would be prudent to minimise reverberation where possible.*

3.21: Documentation required a protocol for handling and maintaining animals at the centre. This documentation will ensure that a healthy and clean living environment is maintained for the animal(s), and food storage, hand hygiene and cleaning is maintained. Also this documentation will stipulate which animals may be brought to the centre.

3.25, 3.26, and 3.27: Documentation required Illness and Exclusion policy. This policy will aid to contain spread of potentially infectious diseases amongst children and adults as well as ensuring that immediate medical aid is sought for those that are badly hurt or seriously ill.

3.29: Documentation required, Record of first aid kit checks. This will provide evidence that regular checks are carried out on the first aid kits as well as ensuring that kits are well stocked.

3.30, 3.31: Documentation required, Record of first aid kit checks. This will provide evidence that regular checks are carried out on the first aid kits as well as ensuring that kits are well stocked.

3.34: Documentation required; washing of soiled children and those that may pose a health risk to ensure hygienic process and also to ensure that children are treated with dignity and respect

Appendix 2: Infectious disease for criterion 3.26: Does not include Campylobacter, Typhoid, Giardia, cryptosporidium, or a general gastro-enteritis

Appendix 2: Hep A: Exclusion of child should be changed to clearance required by PHU

Appendix 2: Salmonella: Exclusion of child should be changed to clearance required by PHU

General: No mention of Smoke Free Environments Act 1990 Section 7A.

7A. *Smoking prohibited at schools and early childhood centres—*

1) The managers of school premises or premises to which subsection (4) applies must take all reasonably practicable steps to ensure that—

(a) no person smokes in any part of the premises (whether an internal area or an open area) at any time on any day; and

(b) a notice stating that smoking within the premises is forbidden at all times is prominently displayed at or immediately inside—

(i) every entrance to the premises; and

(ii) every outer entrance to every building or enclosed area forming part of the premises.

(2) Subsection (1)(b)(ii) does not apply to—

(a) a building or enclosed area not usually or from time to time used by young people attending the school or centre concerned or members of the public; or

(b) an outer entrance used by young people attending the school or centre concerned or members of the public only temporarily or in emergencies.

(3) The occupier of premises that are neither school premises nor premises to which subsection (4) applies must take all reasonably practicable steps to ensure that no person smokes within any area of the premises (whether an internal area or an open area) that—

(a) is being used as an early childhood centre; or

(b) is so situated and ventilated that smoke from people smoking in it is likely to enter another area of the premises that is being used as an early childhood centre.

(4) This subsection applies to premises—

(a) that are used exclusively or primarily as an early childhood centre; or

(b) that are facilities, grounds, structures, or other premises, controlled and managed by the managers of premises that are used exclusively or primarily as an early childhood centre, and used exclusively or primarily for—

(i) the enjoyment, recreation, or relaxation of the children attending the centre; or

(ii) cultural or sporting activities (or both) involving, or undertaken for the benefit of, the children attending the centre

Home based ECE Services – Premises and Facilities

Adequate access should reflect the number of facilities such as water closet pans and basins as required under the Building Act or refer to the building Act 2004

2.5: The bold statement should include the word “safe” to reflect the fact the along with equipment needing to be educational it also needs to be safe. This will ensure that the equipment is made of safe materials and are easy to be kept clean.

2.6: Floor surfaces should be easy to maintain and clean particularly in the event of a vomiting episode as well as being slip resistant. This is particularly important in the sanitary, kitchen and food consumption areas. These areas can be considered high risk regarding spread of illness and require cleaning on a frequent basis.

2.8: Documentation required, cleaning schedule: A cleaning schedule will ensure that the eating area for children is cleaned appropriately, on a regular basis and is hygienically maintained.

2.9: Isolation area for ill children should be well ventilated, and have provision for being kept warm. Also this area should not be one where food is stored, prepared or consumed.

2.10: First aid kits should be placed near a water source in the toileting/nappy changing area where injured or sick children that may require bathing or treatment with water can be cared for using the hand wash basin or the body wash facility. Treating such children with a water source primarily used for food and general purpose cleaning is not advisable due to the health risk associated with bodily fluids, food and cleaning products.

2.11: Cleaners sink can be used as an art sink and should be made inaccessible to children and cleaned after each use for cleaning purposes. The cleaners sink should be supplied with hot water (55°C) for cleaning purposes. If children have access to the art sink then the water temperature should not exceed 40°C.

2.13: Design of the premise should encourage a mixture of artificial and natural light. *Please refer to additional information regarding natural light on page 6, Centre Based Services – Premises and Facilities Section: 2.16*

2.13: Design of the premise should encourage a mixture of natural and artificial ventilation, particularly in the food preparation, sanitation and sleep areas. *Please refer to additional information regarding ventilation on page 7, Centre Based Services – Premises and Facilities Section: 2.16*

2.13: Provision that heating appliances should be made inaccessible to children. This will aid in the prevention of potential burn injuries

2.14: Outdoor play area should provide for a sufficiently shaded area particularly during the summer months. To be used in conjunction with a sun safe policy developed by the centre. New Zealand has the highest death rate from melanoma in the world, with the number of cases doubling in the past 30 years. Each year 200 people die, with another 50 dying from other preventable skin cancers. Risk factors can be classified as environmental, genetic and lifestyle related. In environments outside people’s immediate control (e.g. public places like schools and early childcare centres) it is important to develop strategies that promote and provide adequate protection from the sun’s harmful rays.

2.17: Provision for body washing facilities near the nappy changing area. This will ensure that children that are soiled have easy and safe access to body washing facilities when required during the nappy changing process. This will also ensure the restricted movement of potentially contaminated articles (clothes, nappies, or children) from moving around the centre, as this could have the potential to spread micro-organisms that could make children and adults unwell.

2.18: ECE kitchens must have adequate space and facilities to prevent cross contamination.

Food service articles need to be maintained in a hygienic and sanitary manner.

ECE's can be divided into three categories in terms of food provision,

1. Centres that prepare food
2. Centres that provide limited food snacks, sandwiches and baked goods
3. Centres that require the children to provide their own food

For centres in category one, the dishwasher must meet the following requirements, Dishwashers should have:

- a wash temperature of 60°C or higher
- a device that gives an automatic dose of soap or detergent
- a rinse that lasts for ten seconds or longer with a water temperature of at least 77°C
- baskets and trays that allow all dishes to get completely wet
- temperature control that stops the machine if the water temperature is too low, or the rinse temperature cannot continue for at least ten seconds
- a thermometer to show the temperature of rinse water.

Commercial type dishwashers meet these requirements.

For centres in categories two and three there is no requirement for the above dishwasher and a domestic dishwasher is considered a suitable substitute.

Centres may choose to hand wash dishes. If this is the case, the requirements for hand washing dishes given below must be met in terms of cleaning and sanitising the dishes.

Centres that hand wash dishes must:

- use water that is at least 43°C
- have adequate soap or detergent.

The dishes must then be rinsed and sanitised.

- Dishes must be sanitised by either placing in clean boiling water for 30 seconds, or in clean water that is at least 77°C for two minutes.
- The dishes must be separated from each other while they are being sanitised.
- The dishes must be removed and immediately left to air dry (tea towels or cloths should not be used to dry or polish the dishes once they have been sanitised).

An alternative to washing dishes is using disposable plates and cutlery.

2.18: It is recommended that those services not providing food for children as part of the service still have sufficient hand washing facilities in the kitchen area. Illness can be spread easily among children and staff in an early childhood centre, however good hand hygiene can help prevent the spread of disease. Many illnesses such as Salmonella, norovirus, rotavirus and Giardia can be spread through poor hand hygiene. Handling, preparing, cooking and storing off foods is a high risk practise making hand hygiene important for minimising the risk of spreading disease. Therefore it is important for Early Childcare Education Services to have a written hand hygiene policy which extends to both staff and children at the service

2.19: Explicit provision that rest areas require sufficient ventilation. The Building Act provides the following; G4.2 states that 'The objective of this provision is to safeguard people from illness or loss of amenity due to lack of fresh air. The sleep area is a high risk room for the transmission of diseases such as meningococcal disease because children spend prolonged periods near each other and meningococcal disease is spread through air droplets. Therefore it is important that this area has sufficient ventilation to ensure air circulation throughout the room to remove potentially harmful bacteria/viruses lingering in the air.

Home based services – Health and Safety Practices

3.1: |Documentation required: maintenance check records and cleaning schedules. This documentation will provide evidence that the premises, furniture, furnishings, fittings, equipment and materials are maintained, hygienic, and kept safe. Maintenance check records would show that the above areas are checked on a regular basis and any hazards and problems have been identified and mitigated appropriately. A cleaning schedule will ensure that the above areas are cleaned appropriately and on a regular basis.

3.3: Assembly areas for evacuation should be stipulated in the centre's evacuation policy

3.4: Documentation required: hazards register and maintenance checks records: A hazards register will provide

evidence that heavy objects are checked on a regular basis to ensure that they are secure

3.8: Documentation required, cleaning schedule: this documentation will ensure that the beds are cleaned as required and stored in a hygienic manner

3.9: Documentation required, cleaning schedule and maintenance/hazard check records. This documentation will ensure that hazards are checked for on a regular basis and that this is recorded. If hazards have been identified then the mitigation carried out is also recorded and provides evidence that action has been under taken. A cleaning schedule will provide a check for areas requiring cleaning.

3.9: Checks should be done and documented. This will provide evidence that checks have been done and any action taken is recorded.

3.11: Date and time of meals should also be recorded. This will aid in the investigation of potential food poisoning outbreak investigations undertaken by the local Public Health Unit

3.10: Records should be kept also to aid in suspected food poisoning outbreak investigations undertaken by the local Public Health Unit

3.11: Staff who handle, prepare, serve and store food should under go food safety training (Food safety certificate). This will ensure that food is prepared, served and stored hygienically.

3.13: Services on their own water supply should comply with the DWSNZ 2000 to ensure safe drinking water

3.16: Provision to ensure heating appliances should be inaccessible to children. This will aid in preventing potential burn injuries.

3.17: Documentation required: A noise protocol. This will outline the centre's protocol for the mitigation of identified noise hazards. The following maximum guidelines for external noise are based on the *Guidelines for Community Noise* (World Health Organisation, 1999):

Environment	Potential Health Effects	L _{eq} (dBA)	Time (hours)	L _{max} (dBA fast)	Reverberation time (seconds)
Sleep room	Sleep disturbance, sleeping hours	30	Sleeping time	45	-
Indoor learning areas	Speech interference, Disturbance of information extraction and message communication	35	During use	-	0.6*
Outdoor playground	Annoyance (from an external source)	55	During Play	-	-

- *The reverberation time (or echo) gives an indication of how much of a problem internally generated noise may pose.*
- *Reverberation time should be much less than 0.6 seconds for hearing impaired children. Note that hearing impairment may not be diagnosed until children are older, so it would be prudent to minimise reverberation where possible.*

3.18: Documentation required: a protocol for handling and maintaining animals at the centre. This documentation will ensure that a healthy and clean living environment is maintained for the animal(s), and food storage, hand hygiene and cleaning is maintained. Also this documentation will stipulate which animals may be brought to the centre.

3.22, 3.233, 3.24: Documentation required, Illness and Exclusion policy. This policy will aid to contain spread of potentially infectious diseases amongst children and adults as well as ensuring that immediate medical aid is sought for those who are badly hurt or seriously ill.

3.25: Documentation required, Record of first aid kit checks. This will provide evidence that regular checks are carried out on the first aid kits as well as ensuring that kits are well stocked.

3.27: Documentation required, policy around staff (with parent permission) administering medicines. This policy will ensure that a consistent procedure is undertaken when obtaining parents permission and will also provide evidence that the administering of medicines is undertaken appropriately.

3.30: Documentation required; washing of soiled children and those that may pose a health risk, this will aid to ensure a hygienic process and also to ensure that children are treated with dignity and respect

3.32: Smoke Free Environments Act 1990 Section 7A.

7A. *Smoking prohibited at schools and early childhood centres—*

1) The managers of school premises or premises to which subsection (4) applies must take all reasonably practicable steps to ensure that—

(a) no person smokes in any part of the premises (whether an internal area or an open area) at any time on any day; and

(b) a notice stating that smoking within the premises is forbidden at all times is prominently displayed at or immediately inside—

(i) every entrance to the premises; and

(ii) every outer entrance to every building or enclosed area forming part of the premises.

(2) Subsection (1)(b)(ii) does not apply to—

(a) a building or enclosed area not usually or from time to time used by young people attending the school or centre concerned or members of the public; or

(b) an outer entrance used by young people attending the school or centre concerned or members of the public only temporarily or in emergencies.

(3) The occupier of premises that are neither school premises nor premises to which subsection (4) applies must take all reasonably practicable steps to ensure that no person smokes within any area of the premises (whether an internal area or an open area) that—

(a) is being used as an early childhood centre; or

(b) is so situated and ventilated that smoke from people smoking in it is likely to enter another area of the premises that is being used as an early childhood centre.

(4) This subsection applies to premises—

(a) that are used exclusively or primarily as an early childhood centre; or

(b) that are facilities, grounds, structures, or other premises, controlled and managed by the managers of premises that are used exclusively or primarily as an early childhood centre, and used exclusively or primarily for—

(i) the enjoyment, recreation, or relaxation of the children attending the centre; or

(ii) cultural or sporting activities (or both) involving, or undertaken for the benefit of, the children attending the centre

Hospital based ECE Services - Premises and Facilities

2.1: The bold statement should include the word “safe” to reflect the fact that children need to be safe when undertaking appropriate learning experiences. This will ensure that the experiences and environment cater for the safe learning and development of children.

2.4: Floor surfaces should be easy to maintain and clean particularly in the event of a vomiting episode as well as being slip resistant.

2.6: The bold statement should include the word “safe” to reflect the fact the along with equipment needing to be educational it also needs to be safe. This will ensure that the equipment is made of safe materials and is easy to be kept clean.

2.8: Documentation required: maintenance check list. This will ensure that storage space is checked on a regular basis to ensure that items are being stored safely.

2.10: Cleaners sink can be used as an art sink and should be made inaccessible to children and cleaned after each use. The cleaners sink should be supplied with hot water (55°C) for cleaning purposes. If children have access to the art sink then the water temperature should not exceed 40°C.

Hospital based ECE Services – Health and Safety Practices

3.1: Documentation required: maintenance check records and cleaning schedules. This documentation will provide evidence that the premises, furniture, furnishings, fittings, equipment and materials are maintained, hygienic, kept safe and are in good condition. Maintenance check records would show that the above areas are checked on a regular basis and any hazards, and problems have been identified and have been mitigated appropriately. A cleaning schedule will ensure that the above areas are cleaned appropriately and on a regular basis.

3.3: Documentation required: hazards register and maintenance checks records: A hazards register will provide evidence that heavy objects are checked on a regular basis to ensure that they are secure

3.5: Documentation required, cleaning schedule and maintenance/hazard check records. This documentation will ensure that hazards are checked and recorded on a regular basis. Hazard mitigation should also be recorded thus providing evidence that action has been undertaken. A cleaning schedule will ensure that cleaning occurs in areas where cleaning is required.

3.6: Provision to ensure heating appliances should be inaccessible to children. This will aid in preventing potential burn injuries.

3.7: Documentation required: A noise protocol. This will ensure that the correct steps are taken to mitigate identified noise hazards. The following maximum guidelines for external noise are based on the *Guidelines for Community Noise* (World Health Organisation, 1999):

Environment	Potential Health Effects	L_{eq} (dBA)	Time (hours)	L_{max} (dBA fast)	Reverberation time (seconds)
Sleep room	Sleep disturbance, sleeping hours	30	Sleeping time	45	-
Indoor learning areas	Speech interference, Disturbance of information extraction and message communication	35	During use	-	0.6*
Outdoor playground	Annoyance (from an external source)	55	During Play	-	-

- *The reverberation time (or echo) gives an indication of how much of a problem internally generated noise may pose.*
- *Reverberation time should be much less than 0.6 seconds for hearing impaired children. Note that hearing impairment may not be diagnosed until children are older, so it would be prudent to minimise reverberation where possible.*

3.8: Documentation required: a procedure around handling and maintaining animals at the centre. This documentation will ensure that a healthy and clean living environment is maintained for the animal(s), and food storage, hand hygiene and cleaning is maintained. Also this documentation will stipulate which animals are appropriate for the centre.

Play groups - Premises and Facilities

2.1: The bold statement should include the word “safe” to reflect the fact that along with a variety of learning experiences the activities also need to be safe. This will ensure that the safety of experiences and activities catering to children’s learning and development.

2.3: The bold statement should include the word “safe” to reflect the fact that along with equipment needing to be educational it also needs to be safe. This will ensure that the equipment is made of safe materials and is easy to be kept clean.

2.5: Nappy changing is a high risk activity as it is one of the most likely sources of disease transmission and therefore strict hygiene controls are important. Provision for nappy changing areas near a body and hand washing source will ensure strict hygiene standards are maintained.

2.6: First aid kits should be placed near a water source in the toileting/nappy changing area where injured or sick children that may require bathing or treatment with water can be cared for using the hand wash basin or the body wash facility. Treating such children with a water source primarily used for food and general purpose cleaning is not advisable due to the health risk associated with bodily fluids, food and cleaning products.

2.7: Outdoor play area should provide for a sufficiently shaded area particularly during the summer months. The centre should also have a sun safe policy. New Zealand has the highest death rate from melanoma in the world, with the number of cases doubling in the past 30 years. Each year 200 people die, with another 50 dying from other preventable skin cancers. Risk factors can be classified as environmental, genetic and lifestyle related. In environments outside people's immediate control (e.g. public places like schools and early childcare centres) it is important to develop strategies that promote and provide adequate protection from the sun's harmful rays.

2.8: Activities should be undertaken in a safe environment. Playgrounds and similar facilities should comply with relevant safety requirements. For example Lollipops play land – Food Hygiene Regulations.

Play groups - Health and Safety Practices

3.1: Documentation required: maintenance check records and cleaning schedules. This documentation will provide evidence that the premises, furniture, furnishings, fittings, equipment and materials are maintained, hygienic, kept safe and are in good condition. Maintenance check records would show that the above areas are checked on a regular basis and any hazards, and problems have been identified and mitigated appropriately. A cleaning schedule will ensure that the above areas are cleaned appropriately and on a regular basis.

3.3: Documentation required: hazards register and maintenance checks records: A hazards register will provide evidence that heavy objects are checked on a regular basis to ensure that they are secure

3.5: At least one adult member of the group should be certified in food safety to ensure that food is handled, prepared, served and stored safely and in a hygienic manner, regardless of whether or not the service provides food.

3.8: Smoke Free Environments Act 1990 Section 7A.

7A. *Smoking prohibited at schools and early childhood centres—*

1) The managers of school premises or premises to which subsection (4) applies must take all reasonably practicable steps to ensure that—

(a) no person smokes in any part of the premises (whether an internal area or an open area) at any time on any day; and

(b) a notice stating that smoking within the premises is forbidden at all times is prominently displayed at or immediately inside—

(i) every entrance to the premises; and

(ii) every outer entrance to every building or enclosed area forming part of the premises.

(2) Subsection (1)(b)(ii) does not apply to—

(a) a building or enclosed area not usually or from time to time used by young people attending the school or centre concerned or members of the public; or

(b) an outer entrance used by young people attending the school or centre concerned or members of the public only temporarily or in emergencies.

(3) The occupier of premises that are neither school premises nor premises to which subsection (4) applies must take all reasonably practicable steps to ensure that no person smokes within any area of the premises (whether an internal area or an open area) that—

(a) is being used as an early childhood centre; or

(b) is so situated and ventilated that smoke from people smoking in it is likely to enter another area of the premises that is being used as an early childhood centre.

(4) This subsection applies to premises—

(a) that are used exclusively or primarily as an early childhood centre; or

(b) that are facilities, grounds, structures, or other premises, controlled and managed by the managers of premises that are used exclusively or primarily as an early childhood centre, and used exclusively or primarily for—

(i) the enjoyment, recreation, or relaxation of the children attending the centre; or

(ii) cultural or sporting activities (or both) involving, or undertaken for the benefit of, the children attending the centre

General: Provision for isolation of sick children should be provided

General: Provision for first aid

General: Provision for the exclusion of ill children and adults

General points not covered in the criteria overall;

Provision around swimming pools

Provision regarding, Outdoor play equipment standards **Centre must also comply with NZS 5828: Standard for Playground Equipment.** <http://www.standards.co.nz/web-shop/>

Roimata Moore
Health Protection Officer

Signature of person making submission or person authorised to sign on behalf of person making submission.

Date: 6 October 2006

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