

FOOD SAFETY

QUALITY AREA 2 | ELAA version 1.2



PURPOSE

This policy will provide guidelines for:

- effective food safety practices at Perry Street Child Care and Elizabeth Gorman Memorial Kindergarten¹ that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

This policy should be read in conjunction with *Nutrition, Oral Health and Active Play Policy*.



POLICY STATEMENT

VALUES

Perry Street Childcare Centre (PSCCC) is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the *Food Act 1984* and the *Australia New Zealand Food Standards Code*.

SCOPE

This policy applies to all individuals involved in handling, preparing, storing and serving food for consumption at Perry Street Childcare Centre (PSCCC), and to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of the service.

¹ For the purposes of this document, 'Perry Street Child Care and Elizabeth Gorman Memorial Kindergarten' will be referred to as Perry Street Child Care Centre (PSCCC).

Responsibilities	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Ensuring that the nominated supervisor, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (<i>Regulation 77(1)(2)</i>)	R	R			
2. Ensuring children always have access to safe drinking water and are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (<i>Regulation 78</i>)	R	R			
3. Contacting the local council in the service's area of operation to determine the service's food safety risk classification and requirements under the <i>Food Act 1984</i>	R	√			
4. Complying with all requirements of the service's food safety risk classification under the <i>Food Act 1984</i> , as outlined by local council, including implementing a food safety program and employing a food safety supervisor if required (<i>refer to Background and Sources</i>)	R	√	√		√
5. Keeping records of important food safety information, including how the service safely receives, stores, processes, displays, and transports potentially hazardous food, and cleans and sanitises food prep areas	R	√			
6. Ensuring all staff that handle food (Food Handlers (<i>refer to Definitions</i>)), complete a food safety training course (<i>refer to Sources</i>) per the requirements under the <i>Food Act 1984</i> if they are Class 1 service (<i>refer to Background</i>)	R	R	R		R
7. Ensuring a record is kept of all the staff that have completed their Food Handling training course (<i>refer to Sources</i>)	√	√			
8. Appointing a food safety supervisor (<i>refer to Definitions</i>) as per the <i>Food Act 1984</i> if they are Class 1 service (<i>refer to Background</i>)	R	√			
9. Ensuring staff members of Class 4 services (<i>refer to Background</i>) have the skills and knowledge needed to safely handle food in their work roles	R	√	√		√
10. Providing parents/guardians with a copy of this policy, and with up-to-date information on the safe provision of food for their children (<i>refer to Sources</i>)	R	√			

11. Ensuring that the nominated supervisor and all staff are provided with a copy of this policy and are kept up to date with current legislation, standards, policies, information and resources relating to food safety	R				
12. Ensuring students, volunteers, and casual and relief staff at the service are informed of this policy.	R	√			√
13. Monitoring staff compliance with food safety practices <i>(refer to Sources)</i>	R	√			
14. Encouraging volunteers to complete training in safe food handling techniques as required <i>(refer to Sources)</i>	R	√			√
15. Ensuring that good hygiene practices are maintained at the service <i>(refer to Sources and Hygiene Policy)</i>	R	√	√		√
16. Being aware of safe food practices and good hygiene practices <i>(refer to Sources and Hygiene Policy)</i> , and undergoing training if required	R	√	√		√
17. Displaying hygiene guidelines/posters and food safety guidelines/posters in the food areas of the service for the reference of staff and families involved in the preparation and distribution of food to children <i>(refer to Sources and Hygiene Policy)</i>	R	√			
18. Ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events	R	√	√		√
19. Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies <i>(refer to Anaphylaxis and Allergic Reactions Policy and Asthma Policy)</i>	R	√	√		√
20. Identifying potential hazards that may reasonably be expected to occur at each stage of the food-handling and preparation cycle and developing procedures to minimise these hazards. Stages of the cycle include ordering, delivery, storage, thawing, preparation, cooking, cooling, handling post-cooking, reheating and serving	R	√	√		√
21. Ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order	R	√	√		√
22. Ensuring that children's lunchboxes are kept indoors, away from heat sources (including direct sunlight) and refrigerated if necessary	R	√	√		√
23. Packing a cold item, such as a frozen water bottle, with perishable foods in a child's lunchbox, or using an insulated lunchbox or cooler				√	
24. Providing a calibrated thermometer in good working order, suitable for monitoring the temperature of the fridge/freezer in food preparation areas. Glass thermometers containing mercury are not recommended in or near food preparation areas	R	√			
25. Contacting local council to determine requirements prior to selling food at a fête, food stall or other service event. Such	R	√			

requirements may include completing a <i>Food Act</i> notification form and/or a statement of trade form					
26. Monitoring pests and vermin from the premises	R	√			
27. Contacting the Communicable Disease Section, DH (<i>refer to Definitions</i>) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period (refer to Sources)	R	√			
28. Informing DE and parents/guardians if an outbreak of gastroenteritis or possible food poisoning occurs at the service (<i>refer to Dealing with infectious Diseases Policy</i>)	R	√			
29. Informing families of the availability of cold storage facilities at the service to ensure parents/guardians make suitable food choices when supplying food for their own child, or for children to share	√	√	√		
30. Ensuring staff, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks (<i>refer to Attachment 1</i>)	R	√	√	√	√
31. Ensuring parents/guardians provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change (<i>refer to Enrolment and Orientation Policy</i>)	√	√	√	√	√
32. Keeping up to date with current legislation, standards, policy, information and resources relating to food safety	√	√	√		√
33. Discussing food safety with children to increase awareness and assist in developing safe practices		√	√		√
34. Discouraging children from sharing drink bottles or cups at the service		√	√		√
35. Ensuring that children do not share lunches to minimise risks in relation to children with food allergies		√	√		√
36. Providing adequate supervision of children while they are eating (<i>refer to Supervision of Children Policy</i>)		√	√	√	√
37. Teaching children to wash and dry their hands (<i>refer to Hygiene Policy</i>):					
<ul style="list-style-type: none"> • before touching or eating food • after touching chicken or raw meat • after using the toilet • after blowing their nose, coughing or sneezing • after playing with an animal/pet 		√	√	√	√
38. Encouraging parents/guardians to discuss a child's nutritional requirements, food allergies or food sensitivities, and informing the nominated supervisor where necessary		√	√	√	√
39. Seeking input from parents/guardians on cultural values or religious expectations regarding food handling, provision and consumption		√	√	√	√
40. Informing the nominated supervisor or approved provider of any outbreaks of gastroenteritis or possible food		√	√		√

poisoning at the service (<i>refer to Dealing with Infectious Diseases Policy</i>)					
41. Removing hazardous food (<i>refer to Definitions</i>), including food that has fallen on the floor, and providing alternative food items		√	√		√
42. Documenting and implementing a food safety program (<i>refer to Definitions</i>), if required	R	√	√		
43. Maintaining good personal and kitchen hygiene (<i>refer to Sources and Hygiene Policy</i>)	R	√	√	√	√
44. Washing hands prior to participating in food preparation and cooking activities		√	√		√
45. Washing all fruits and vegetables thoroughly (if provided by the service)		√	√		√
46. Covering all wounds/cuts on hands or arms with wound strips or bandages		√	√		√
47. Wearing disposable gloves when handling food		√	√		√



BACKGROUND AND LEGISLATION

BACKGROUND

Food safety is very important in early childhood service environments. Young children are often more susceptible to the effects of foodborne illness than other members of the community. Foodborne illness (including gastrointestinal illness) can be caused by bacteria, parasites, viruses, chemicals or foreign objects that are present in food. Food provided by a children's service:

- must be fit for human consumption
- must not be adulterated or contaminated
- must not have deteriorated or perished.

Safe food practices can also assist in reducing the risk of a severe allergic reaction (e.g. anaphylaxis) by preventing cross-contamination of any food given to children with diagnosed food allergies (*refer to Anaphylaxis and Allergic Reactions Policy and Asthma Policy*).

Organisations that provide food to children have a duty of care (*refer to Definitions*) to protect children from all hazards and harm. Employers are also required, under the *Occupational Health and Safety Act 2004*, to provide a healthy and safe working environment for employees and contractors, and to ensure that other individuals, including children, parents/guardians, visitors and the general public, are not endangered when attending the workplace. In addition, employees, visitors and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

The *Food Act 1984* aims to reduce the incidence of foodborne illness by ensuring that food manufactured, transported, sold, prepared and stored is safe, unadulterated, fit for human consumption and will not cause food poisoning. Under the Act, local councils in Victoria are required to classify every food premises in their municipality according to its food safety risk.

Early childhood services should confirm their food safety risk classification and related requirements with the local council in the area in which they operate.

Class 1 food premises describes those that predominantly handle potentially hazardous food that is served to vulnerable people. Early childhood services that provide long day care are included in the Class 1 category.

Standard 3.3.1, in Chapter 3 of the *Australia New Zealand Food Standards Code* (the Code), is one of the national food safety standards that outlines the responsibilities of food businesses to ensure that the food they produce is safe. This standard applies to Australian food businesses that provide meals for vulnerable persons (those who are at greater risk of being affected by foodborne illness), such as the very young, the elderly and individuals who are immunocompromised due to disease or treatment for other illnesses. Standard 3.3.1 requires such businesses to have a documented food safety program (*refer to Definitions*).

Childcare services that provide hot/cold meals and snacks are classified as Class 1 (high risk). Class 1 services must:

- ensure food that is sold or prepared for sale is safe to eat (this includes food provided to children as part of the program and included in the fees paid to the service by the family)
- register annually with the council
- be inspected by the council when first registered or when registration is transferred to a new proprietor
- have a food safety program that is tailored specifically to their activities as a food premises
- keep a copy of the food safety program on site
- appoint a food safety supervisor with the necessary skills and accredited training
- undergo two mandatory compliance checks each year:
 1. a council assessment of the premises and compliance with the documented food safety program
 2. an audit of the food safety program by a Department of Health-approved auditor to determine adequacy and compliance.

Class 1 services can choose to have audits of their tailored food safety program conducted by an auditor approved by the Department of Health Services. This audit can be conducted by an independent private auditor or by a council auditor (if the relevant council offers audit services). The auditor is responsible for providing the statutory audit certificate to council and services must retain full audit reports for four years after they have been prepared. For more information about Class 1 food premises, services should contact their local council and refer to:

<https://www.health.vic.gov.au/food-safety/food-business-classifications>

Council may also, at its discretion, inspect a premises under the *Food Act 1984* (e.g., to investigate complaints or conduct a spot check).

From December 2023, affected businesses in Australia need to meet a new food safety standard in the Code. Standard 3.2.2A is a new food safety standard for food service and retail businesses that aims to improve food safety and support consumer confidence.

There are three food safety management tools in the Standard:

- Tool 1: food handler training
- Tool 2: food safety supervisor (FSS)
- Tool 3: substantiation of critical food safety controls.

The Standard applies to food business who are defined as a category one or category two business in the Code. Class 1 – with a food safety program (FSP), will require to implement Tool 1 and Tool 2. Exempt from Tool 2 for five years if their FSS is certified prior to 8 December 2023. Exempt from Tool 3 due to their FSP (*refer to Sources*).

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Food Act 1984 (Vic)

- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2008

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS



The terms defined in this section relate specifically to this policy. For regularly used terms e.g., Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue².

Communicable Disease Section: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DH.

Department of Health: The State Government department responsible for the health and wellbeing of Victorians, and with oversight of the administration of the *Food Act 1984*.

Food allergies: Some foods and food ingredients, or their components, can cause severe allergic reactions including anaphylaxis (*refer to Anaphylaxis and Allergic Reactions Policy*). Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. For more information on food allergies, visit: www.allergyfacts.org.au

Food handler: A person who directly engages in the handling of food, or who handles surfaces likely to be into contact with food (such as crockery, utensils, cooking equipment and surfaces) for a food business. Therefore, anyone who is working or volunteering in a food business, even at ad hoc times, is considered a food handler. Businesses need to ensure all food handlers have adequate skills and knowledge in food safety and hygiene in line with the work that they do.

Food safety: (In relation to this policy) Ensuring food provided by the service is fit for human consumption.

Food safety program: A written plan that details what an individual business does to ensure that the food it sells or handles is safe for human consumption. A food safety program is an important tool for businesses that handle, process or sell potentially hazardous foods, as it helps to maintain safe food handling practices and protect public health. It should identify potential hazards in all aspects of food handling, describe how such hazards can be controlled/monitored, and define appropriate corrective action to be taken when a hazard is found to be under-managed. A food safety program must also include the requirements for appropriate record keeping. Class 4 services are not required to have a food safety program (*refer to Background*).

Food safety supervisor (FSS): A person who:

- can recognise, prevent and alleviate food handling hazards at a premises
- has a Statement of Attainment from a Registered Training Organisation (RTO) that confirms competency in the required food safety standards
- has the ability and authority to supervise other individuals who handle food at the premises to always ensure safe food handling.

² The Definitions file has been made available for inspection at the Centre premises and may also be obtained upon formal request to the Director.

In Victoria, an exemption will apply for FSSs who received their certification prior to 8 December 2023 and will give them five years from 8 December 2023 to re-certify; that is, they must re-certify by 8 December 2028. For anyone first certifying as an FSS from 8 December 2023 onwards, their qualification is valid for five years.

Class 4 food premises do not need a food safety supervisor (*refer to Background*). However, they must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles.

Food Standards Australia New Zealand (FSANZ): A bi-national Government agency with the responsibility to develop and administer the [Australia New Zealand Food Standards Code](#) (the Code), which details standards and requirements in areas such as food additives, food safety, labelling and genetically modified (GM) foods. Enforcement and interpretation of the Code is the responsibility of State/Territory departments and food agencies within Australia and New Zealand.

Hazardous food: Food containing dangerous biological, chemical or physical agents, or food in a condition that has the potential to cause adverse health effects in humans.

High-risk foods: Bacteria that has the potential to cause food-poisoning can grow and multiply on some foods more easily than others. High-risk foods include meat, seafood, poultry, eggs, dairy products, small goods, cooked rice/pasta and prepared salads (such as coleslaw, pasta salads, rice salads and fruit salads). Food that is contained in packages, cans or jars can become high-risk once opened and should be handled and stored appropriately.

Hot drink: Any container holding a liquid that has been heated or boiled, and that remains above room temperature (25°C) for any period.

Scalds: Burns by hot fluids, steam and other hot vapours.

SOURCES AND RELATED POLICIES



SOURCES

- Department of Health: [Food safety library](#)
- Department of Health Services (2019): [A guide to the management and control of gastroenteritis outbreaks in children's centres](#)
- Department of Health: [Introducing Standard 3.2.2A: Food safety management tools](#)
- DoFoodSafely: [Free online food safety program](#)
- Food Standards Australia and New Zealand: [Food Standards Code](#)
- Kidsafe Australia: [BurnSafe Resources](#)
- Kidsafe Australia: telephone (03) 9036 2306 or email: info@kidsafevic.com.au.
- Telephone: 1300 364 352 (free call within Australia)
Email: foodsafety@health.vic.gov.au
Website: www.health.vic.gov.au/public-health/food-safety
- The Royal Children's Hospital Melbourne: [Kids Health Info](#)
- Victorian Government Better Health Channel: [Food safety and storage](#)
- Victorian Government: [Healthy Eating Advisory Service](#)

RELATED POLICIES

- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma Management
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Dealing with Infectious Diseases
- Diabetes and Seizures
- Excursions, Regular Outings and Service Events

- Hygiene
- Incident, Injury, Trauma and Illness
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Staffing
- Supervision of Children

EVALUATION



To assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



ATTACHMENTS

- Attachment 1: Responsible consumption of hot drinks at the service



AUTHORISATION

This policy was adopted by the approved provider of Perry Street Childcare Centre (PSCCC) on 18 November 2025.

REVIEW DATE: 12 October 2028

ATTACHMENT 1. RESPONSIBLE CONSUMPTION OF HOT DRINKS AT THE SERVICE

Services should adapt this attachment and its procedures to suit their specific circumstances.

Scalds and burns from hot liquids are a common cause of hospital admission in 0- to 4-year-olds. A child's skin is thinner and more sensitive than an adult's and will therefore experience a more severe burn (*refer to Sources: Kidsafe Australia*).

Children's natural curiosity, impulsiveness, mode of reaction and lack of experience in assessing danger are contributing factors to the vulnerability of children at this age.

Common scenarios that can lead to a child being scalded include when a child pulls a cup of tea, coffee or hot water from a table or bench, or when a child runs into a person holding a hot drink resulting in the hot drink spilling over the child's body.

The consumption of lukewarm drinks or the use of lidded cups/mugs in areas accessed by children should be considered with caution, as this is not necessarily a safe practice and might give the impression that it is acceptable to consume hot drinks around children.

GENERAL GUIDELINES

The approved provider, nominated supervisor and all staff are responsible for:

- ensuring that hot drinks are only prepared and consumed in areas inaccessible to children, such as the kitchen, staffroom and office
- ensuring that hot drinks are not consumed in, or taken into or through, children's rooms, outdoor areas or any other area where children are in attendance or participating in the program
- informing parents/guardians on duty, visitors to the service, students, volunteers and any other person participating in the program of the service's hot drink procedures and the reasons for such procedures
- ensuring that children enrolled and participating in the program do not have access to areas of the building that are likely to be hazardous, including the kitchen, staffroom and office
- ensuring that parents/guardians attending the service actively supervise children in their care who are not enrolled in the program, including siblings
- ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service
- educating service users about the prevention of burns and scalds by providing relevant information (*refer to Sources: Kidsafe Australia*), including appropriate first aid for scalds
- implementing safety procedures in relation to hot drinks at service events occurring outside operational hours, including:
 - offering alternative drinks for adults e.g., juice, water or iced coffee
 - safely locating urns, kettles and power cords out of reach of children
 - preparing and consuming hot drinks in an area inaccessible to children
 - ensuring a person with current approved first aid qualifications is in attendance for social events held outside operational hours.