



| | |
|--|--|
| | <ol style="list-style-type: none"> 1. Set a goal for the week. Goal doesn't always need to link to NQS Element. A goal can be used to solve a challenge or be positive improvement i.e. learning area setup Click here for goal template. 2. Identify barriers 3. Track the goal daily 4. Celebrate achieved goal. |
|--|--|



2.1.2 Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

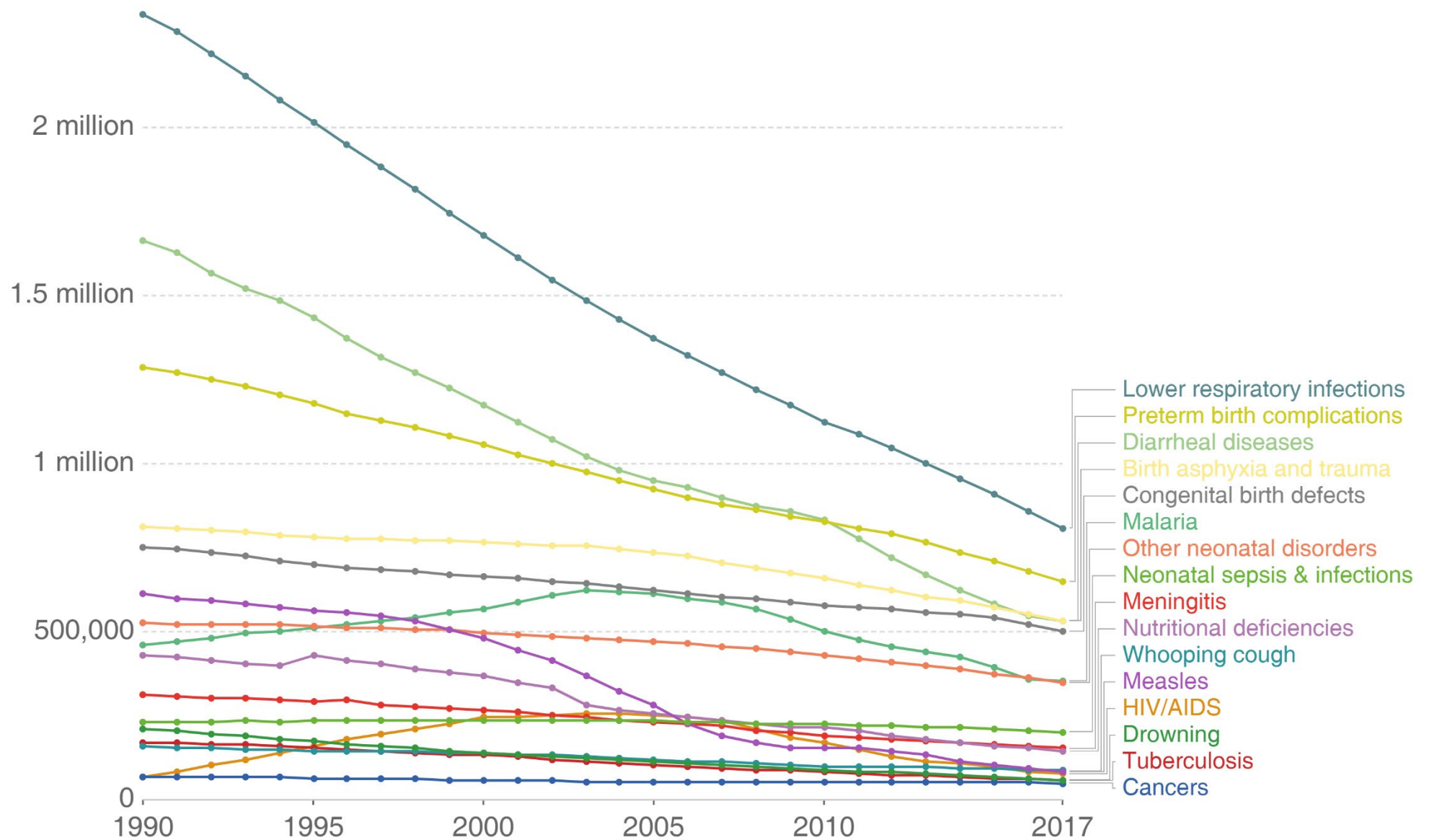


In the box below, brainstorm (5 minutes) what you are currently doing for NQS Element 2.1.2 and why you do this? This is the first part of self-assessment for the NQS. You discover where your practices and knowledge are currently. On the next page you'll complete the second part of self-assessment using the checklist to compare what you're doing now to the meeting indicators of 2.1.2.

Week 14, 11 to 15 May 2020– 2.1.2 Health Practices and Procedures

Causes of death in children under five years old, World, 1990 to 2017

Number of child deaths under five years old, shown by some of the leading causes.

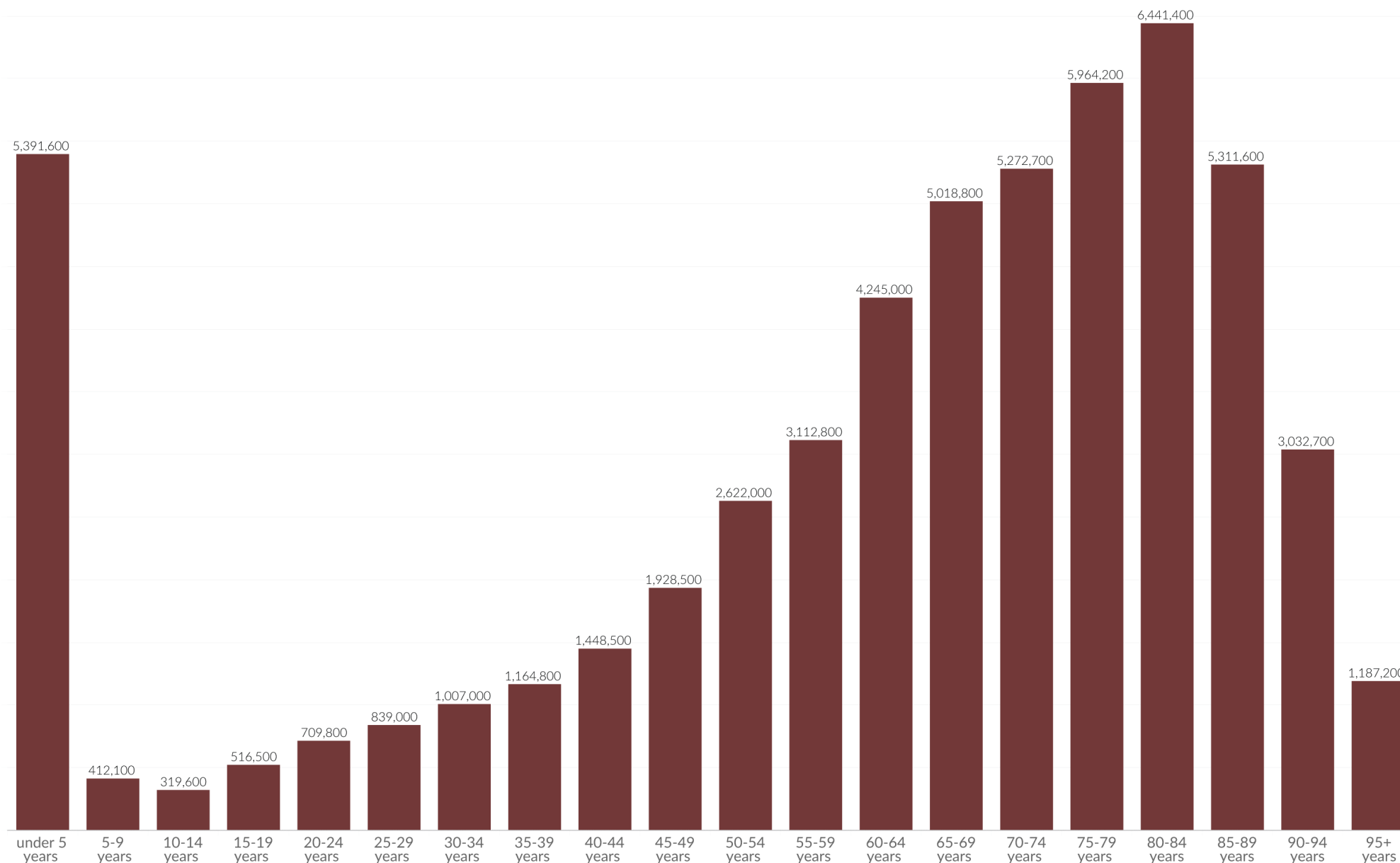


Source: IHME, Global Burden of Disease

CC BY

Deaths globally by age

56 Million people died in 2017. Shown here is at what age each person died.



Data source: Global Burden of Disease published by the Institute for Health Metrics and Evaluation
This is a visualization from [OurWorldinData.org](https://ourworldindata.org), where you find data and research on how the world is changing.

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The images above directly link to this week’s element. To get a better understanding where the Element is coming from, we need to critically reflect through the eyes of the whole world. Looking at the world there are many preventable diseases that kill children. For example, in many African countries, clean drinking water, safe food, a sewage system and health care are difficult to obtain. This causes the death of a lot of children and adults.

As a country we have educated people about health issues and provided resources like clean drinking water, safe food, effective sewage systems and medical services which mean children can survive.

What you do in early childhood also relates to why Australia is coloured green with low rates of child deaths and why we have one of the highest life expectancies. Across the world, 5.4 million children under five years old died in 2017 and most of these deaths were preventable.

| 2017 Child deaths in world | How does Element 2.1.2, our policies and Regs protect us from these deaths in Australia? |
|--|---|
| <p>15% or 810,000 of all child deaths caused by Pneumonia and lower respiratory infections which are caused primarily by bacterial infection. These most likely occur in poor places where healthcare infrastructure is lacking, and people cannot afford the treatment.</p> | <p>The Regs, related policies and the Element say we need to keep children away from the centre for relevant Exclusion Periods and get a medical certificate to come back. This forces parents to seek medical attention. Plus, Australia has an affordable health care system which families can use.</p> |
| <p>10% or 540,000 of deaths caused by diarrheal diseases – rotavirus infection, cholera, shigellosis and other infectious diseases that cause diarrhea. The WHO says that diarrheal diseases are “both treatable and preventable.”</p> | <p>Water, sanitation and hygiene (WASH) interventions are the best way to prevent diarrheal diseases. Our country can provide clean safe water. Research shows that hand washing with soap, better water quality and better sanitation reduce the risk of diarrheal infections by 47%, 17% and 36%, respectively.</p> <p>Australia has quality water and sanitation systems, and our hygiene and handwashing polices further protect our children.</p> <p>The NQS requires us to follow current recognised guidance, and that provided by Staying Healthy and Red Nose encourage breastfeeding. Breastfeeding allows for the transfer of maternal immunity to the child – in developing countries infants that are not breastfed are six times more likely to die from infectious diseases, such as those causing diarrhea, in the first 2 months of their lives.</p> |
| <p>5% or 270,000 of deaths caused by infectious diseases. These include measles, tuberculosis, meningitis, hepatitis, and whooping cough.</p> | <p>Federal childcare subsidies (eg CCS) are not provided to families if their child is not immunised. The NQS says we need to share knowledge with our families about immunisation.</p> <p>The success of vaccination/immunisation campaigns and antibiotic availability has done a great deal to reduce mortality from infectious diseases. Measles vaccination is a perfect example: the number of measles cases has shrunk by 86% since 1990. The WHO has estimated that between 2000 and 2017 measles vaccinations has prevented 21.1 million deaths across Africa.</p> |

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Checklist

Why are you doing the checklist?

The practices identified in the checklist are what the assessor needs to see you do so they can check you're 'meeting the NQS.' If you embed all the things in the checklist, then you are meeting the Element 2.1.2. If there's something on the checklist that you're not doing, then you need to either adjust your practice to do it, or ask for help and training to do what's on the checklist ie work with your educational leader or room leader who should teach/coach you how to do it.

The checklist keys to use.

- E = **Embedded** I do that **ALL** the time
- K = I **know** I need to do that, but I don't do it all the time
- T = Please **teach** me how to do it or improve my understanding of why I need to do it.

| | |
|-----------------|--|
| Name Educator 1 | |
| Name Educator 2 | |
| Name Educator 3 | |
| Name Educator 4 | |
| Name Educator 5 | |

Too many educators are completing the checklist as **E for embedded**, but **not really checking** to see if it is embedded. Before answering the question, think about **'how'** you are doing it. For example, "Do you regularly have relaxed two way conversations with each child, including at mealtimes?" Before answering think about it "Oh yes, we have one educator who is helping the children serve and I'm sitting at the table talking to children about their day, what we're about to eat. So yes, I'm **'E'**."

| | ED1 | ED2 | ED3 | ED4 | ED5 |
|--|-----|-----|-----|-----|-----|
| Hygiene | | | | | |
| Do you refer to the Staying Healthy publication when necessary for expert guidance on health and hygiene issues? | | | | | |
| Do you confidently implement all Service policies and procedures relating to the safe and hygienic storage, preparation and serving of food and drinks including breast milk? | | | | | |
| Do you confidently implement all Service health and hygiene policies and procedures including those covering cleaning of premises, equipment, and resources, toileting, nappy changing, hand washing, administration of medication, management of illness, injury and medical conditions, and exclusion periods? | | | | | |
| Do you ensure children's personal items like bedding, dummies, toothbrushes are stored hygienically without touching other children's items? | | | | | |
| Do you teach and role model hygiene practices like hand washing, cough and sneeze etiquette, dental hygiene and ear care? | | | | | |
| Do you discuss Service health and hygiene requirements and practices with families so they're familiar with Service practices and can implement relevant practices at home? | | | | | |
| Illness and Injury Management | | | | | |
| Do you always group children in ways that reduce risk of illness and injury? | | | | | |
| Do you always respond quickly to signs of illness or injury in children in line with service policies and procedures? | | | | | |
| Do you always record information about illnesses and injuries and discuss with families in culturally sensitive ways as soon as possible and on the same day? | | | | | |
| Do you understand what's considered to be a serious illness and injury and make sure these are reported to the Regulatory Authority within 24 hours? | | | | | |
| Do you discuss health and safety issues with children and include them in making service rules that promote health and safety? | | | | | |
| Do you have all the immunisations recommended for staff? | | | | | |
| Do you always give families information about an illness their child may have or illness outbreaks eg Fact Sheets from Staying Healthy? | | | | | |
| Do you reflect critically by yourself and with your team about any injuries children suffer to improve practices or the environment where required? | | | | | |
| Can you confidently implement all children's medical management and medical risk minimisation plans? | | | | | |
| Do you always follow up any concerns about a child's health or wellbeing with your Room Leader or Nominated Supervisor? | | | | | |

Week 14, 11 to 15 May 2020– 2.1.2 Health Practices and Procedures



Checklist

Together as a team, use what you do (from your brainstorming session and the checklist) to write 6 short sentence that show “how” you are doing it. We’ve chosen 3 questions from the checklist for you. **Why are you doing this?** QIP’s need to have personalised stories about your practice so the assessor can ask you about why and how you do things. The sentences below can be used for Friday’s QIP writing section.

| Write the question from checklist below | Describe ‘how’ you are putting this question into practice |
|---|---|
| eg Do you refer to the Staying Healthy publication when necessary for expert guidance on health and hygiene issues? | I had a parent question our infectious Disease Policy where it says fevers are only once a child’s temperature reaches 38°C. I was able to show her the information in Staying Healthy which confirms this. |
| 1. Do you teach and role model hygiene practices like hand washing, cough and sneeze etiquette, dental hygiene and ear care? | |
| 2. Do you understand what’s considered to be a serious illness and injury and make sure these are reported to the Regulatory Authority within 24 hours? | |
| 3. Do you always follow up any concerns about a child’s health or wellbeing with your Room Leader or Nominated Supervisor? | |
| 4. | |
| 5. | |
| 6. | |

Week 14, 11 to 15 May 2020– 2.1.2 Health Practices and Procedures



Regs!
Do you
do this?

What Regulation goes with this NQS Element?

Law section 51(1)(a) Service approval

Regulation 77 Health, hygiene and safe food practices,

Regulation 85 Incident, injury, trauma and illness policies and procedures,

Regulation 86 Notification to parents of incident, injury, trauma and illness,

Regulation 87 Incident, injury, trauma and illness record, Regulation 88 Infectious diseases,

Regulation 89 First aid kits,

Regulation 90 Medical conditions policy,

Regulation 91 Medical conditions policy to be provided to parents,

Regulation 92 Medication record

Regulation 93 Administration of medication, Regulation 94 Exception to authorisation requirement—**anaphylaxis or asthma emergency**, Regulation 95 Procedure for administration of medication, Regulation 96 Self-administration of medication

Who has to do what?

Educators must **follow documented policies and procedures covering:**

- health and hygiene including handwashing, nappy changing and toileting, cleaning premises, resources and equipment, managing illness in children and safely storing, handling and preparing food
- responsibilities when a child is injured, becomes ill suffers a trauma or is involved in an incident at the service, including implementing exclusion periods, notifying families within 24 hours, keeping correct records, disinfecting resources and equipment
- the management of medical conditions including asthma, anaphylaxis and diabetes, and always follow medical management and risk minimisation plans
- the administration of medication and keep correct records.

Educators must also discuss all relevant health and hygiene issues with families.

Explain how you and other educators meet this part of the law:

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As a team now reflect critically on a situation in your room that comes under Element 2.1.2 and write a contribution for the Improvement plan section of your QIP. **Why are you doing this?** It's not just because critical reflection is an Exceeding theme. Critical reflection shows you how to solve problems and improve practice. All educators must contribute to the QIP. It's part of your job. Use this template to help do this and show the assessor how critical reflection has created changes in your practice.

Wednesday 13 May 2020

Step 1 Critical Reflection



Critical Reflection

The EYLF and MTOP say "Critical reflection involves closely examining all aspects of events and experiences from different perspectives." There is no checklist for critical reflection.

Please watch the video for more information



Video Training
Click Here

Example Situation

Some educators are questioning whether children should be able to use their fingers rather than tongs to take cut fruit from a platter in the middle of the table?



Child/ren

They want me to use tongs to take a piece of fruit. I don't understand why? It's much easier to grab the fruit with my fingers.

Educators and Nominated Supervisor

I know we're supposed to make sure children use tongs to get their fruit but I think children should be taught to carefully take a piece of fruit without touching any other pieces. They're not always going to have tongs handy in everyday life.

Families and community

I like the way children are made to use tongs when getting food from a shared platter. You never know whether kids have got saliva all over their fingers while eating and are then contaminating other pieces of fruit or whatever when they're reaching for more.

Theorist and current research

"If children are sharing food from a common bowl or plate, make sure they understand that they need to use tongs, spoons or other appropriate utensils to take the food they want to eat. Remind them that they cannot touch food that is being shared because this can spread germs that might make them or other children ill. This is why it is important to use utensils, not your hands, when taking food from a common bowl or plate."
Staying Healthy p 57

Step 2 Change Practice

Now you have reflected through the eyes of others, you are ready to make well informed decisions and plans to implement a change in your practice. List the changes below.

At a room meeting educators discussed whether the use of tongs was optional. The Educational Leader referred them to Staying Healthy and said tongs must be used. She then asked educators to reflect on why this is a requirement and educators collaboratively came to understand the risk of contamination if tongs aren't used. Miss Suzy said this was something that might reassure parents about the quality of Service hygiene practices – great idea Suzy. We decided to post pictures on our room Facebook group and there were lots of 'likes' from parents. Miss Fatima also suggested making sure children understood why they were using tongs.

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As a team now reflect critically on a situation in your room that comes under Element 2.1.2 and write a contribution for the Improvement Plan section of your QIP. **Why are you doing this?** It's not just because critical reflection is an Exceeding theme. Critical reflection shows you how to solve problems and improve practice. All educators must contribute to the QIP. It's part of your job. Use this template to help do this and show the assessor how critical reflection has created changes in your practice **Wednesday 13 May 2020**

Step 1 Critical Reflection



Critical Reflection

The EYLF and MTOP says "Critical reflection involves closely examining all aspects of events and experiences from different perspectives". Critical reflection has no criteria like the checklist.

Select one or more from below or from the checklist to critically reflect upon:

- Would families/children agree you discuss health and safety issues with them and include them in making service rules promoting health and safety?
- Would families agree you always record information about illnesses and injuries and discuss with them in culturally sensitive ways as soon as possible and on the same day?
- Would families agree you discuss Service health and hygiene requirements and practices with them?



Child/ren

Educators and Nominated Supervisor

Families and community

Theorist and current research

Step 2 Change Practice

Now you have reflected through the eyes of others, you are ready to make well informed decisions and plans to implement a change in your practice. List the changes below.

Evaluate the change in practice due to your reflection

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Complete QIP

The next step if you're meeting the indicators is to self-assess against the Exceeding Indicators. We will look at these more closely in two weeks. On the next page we look at how to write the Strength part of your QIP based on meeting or exceeding Element indicators. Use the below points to guide your writing.

| Inclusions | Yes | N/A |
|--|-----|-----|
| 1. Write the room location into the strength . This will ensure the assessor knows where to look for your strengths. | | |
| 2. Write the educator's name into the strength. This will ensure the assessor knows who to ask about your strengths. | | |
| 3. Include the child/children's names in your strength. This will give educators confidence to talk about a subject they know about (the child/ren). | | |
| 4. Evidence eg learning story, photo that's easy to access. | | |
| 5. Write how you are achieving the exceeding themes. | | |
| Embedded Practice | | |
| Critical Reflection | | |
| Engagement with families/community | | |
| 6. Tell the assessor exactly where to find the location of other evidence they need to see to show how you're exceeding. | | |
| 7. Show the assessor the location and time of other practice they need to observe to show how you're exceeding. | | |

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Working Towards

Lots of parents were confused about whether or not they and their child should be getting the 'flu vaccination, and if so when the best time to get the vaccination is. We're not medical professionals so educators told parents to go and talk to their GPs.



Meeting

The green text is directly related to the meeting indicators for Element 2.1.2 on pages 148-151 of the NQS Guide

Lots of parents across the Service were confused about whether or not they and their child should be getting the 'flu vaccination, and if so when the best time to get the vaccination is, particularly in light of the coronavirus pandemic. We sourced some current information about the benefits of having the 'flu vaccine, and made it available to families in our parents information area and through our Facebook groups.



Exceeding

Click the logo above to see the ACECQA NSQ Exceeding Themes for 2.1

Below is a case study that demonstrates how the Exceeding themes 1 Embedded Practice, 2 Critical Reflection and 3 Meaningful engagement with families and communities link into practice. The blue text is based on or directly quotes the exceeding indicators in the NQS Guide pages 157-159.

Lots of parents **across the Service** were confused about whether or not they and their child should be getting the 'flu vaccination, and if so when the best time to get the vaccination is, particularly in light of the coronavirus pandemic. We sourced some current information about the benefits of having the 'flu vaccine, the best time to have it, who should get it and who can get the vaccine for free **from the Federal Health Department**, and are making it available to families in our parents information area and through our Facebook groups. **All employees reflected on how we could help families further** and we decided to hold an information evening facilitated by a local GP via Zoom where families could ask questions about coronavirus related issues including 'flu immunisations (**see photos 15_5_20**). Families also raised questions about children's general health issues. **Families later expressed how valuable they felt the information session was, and in several cases families said they would make an appointment with their doctor to discuss in more detail a couple of general issues raised on the night including possible ear infections and preventative asthma medication. We are following up with these families to make sure we meet their child's health needs (please discuss with Nominated Supervisor).**

Write an example and use the exceeding theme (words in blue) to show how you are exceeding.

Or write a plan describing how you could improve to get to exceeding.

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Infectious Diseases Policy

Educators and staff:

- will exclude children who have an infectious disease or are too ill to attend
- will implement procedures in policy if a child becomes unwell or develops a fever at the Service
- will implement minimum exclusion periods advised in Staying Healthy publication and/or required in relevant health legislation
- may require a medical certificate stating a child is not contagious before readmitting child

Parents must:

- advise educators on arrival of any symptoms requiring administration of medication to their child in the past **48 hours**
- collect children who are unwell within **one hour** or make other arrangements for child's care

Nominated Supervisor will notify infectious diseases to the local public health unit if required.

Animal and Pet Policy

The Nominated Supervisor will:

- complete a risk assessment before allowing any animal to be kept at the service, or pet to visit the service, and take appropriate actions to reduce the risk of harm
- implement a staff roster to ensure any animal that requires care or feeding outside service operating hours is cared for at the service or an employee's home

Educators and staff will ensure:

- children are closely supervised when interacting with animals or pets
- animals and pets at the service are fed and cared for appropriately eg cages cleaned daily
- animal or pets do not access food preparation areas, sandpit or where children play, eat, sleep
- room tasks include feeding, cleaning and caring for the animal
- all adults and children wash their hands after handling animals or pets
- children's animal or pets are only brought into the Service if first approved by the Nominated Supervisor
- pets accompanying families to the service are left at the gate.

Do you have any feedback or comments about this policy? Please include below.

| Educator's Name | Educator's Signature |
|-----------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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Completing the table below gives you information about where the ideas and activities in your curriculum are coming from. Remember the EYLF and MTOP require most of your curriculum to be based on children’s ideas and interests, or related to their families and community. Educator input should not be the largest number in the table.

The table is designed to be used with Centre Support’s curriculum symbols showing where an activity or experience came from. Count the symbols for child input, family input etc and add under the Total Column. To work out the percentage divide each input number by the total of all inputs and multiply by 100.

Exceeding theme 2: Practice is informed by critical reflection

| Curriculum Input | Total | Percentage |
|------------------|--------------|----------------|
| Child Input | eg 20 | eg 57% |
| Family Input | eg 10 | eg 28% |
| Community Input | eg 3 | eg 9% |
| Educator Input | eg 2 | eg 6% |
| Total | eg 35 | eg 100% |

| Curriculum Input | Total | Percentage |
|------------------|-------|------------|
| Child Input | | |
| Family Input | | |
| Community Input | | |
| Educator Input | | |
| Total | | |

Completing the table below helps you reflect on how your day at work went compared to your best ever and worst ever days. Think about why you’ve given the day this rating. What could you change?

| | | | | | | | | | | | |
|--------------|-----------|----|----|----|----|---|---------------|----|----|----|----|
| Mon | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| | Worst day | | | | | | Best ever day | | | | |
| Tues | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| | Worst day | | | | | | Best ever day | | | | |
| Wed | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| | Worst day | | | | | | Best ever day | | | | |
| Thurs | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| | Worst day | | | | | | Best ever day | | | | |
| Fri | -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
| | Worst day | | | | | | Best ever day | | | | |

Space for further reflections if required

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