

### Educators

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

**Looking at the element in detail** - A service reviewed what the NQF Guide said about element 2.1.2 and understood educators must model and implement:

- effective ways to manage children's illnesses and injuries
- infection control and hygiene procedures
- risk management approaches
- safe food practices (preparation, transport, storage).

### Case study - Illness management by always referring to Staying Healthy 5th Edition before talking.

Educators refer to **Staying Healthy** 5<sup>th</sup> Edition before making a decision about a child's illness (or their own illness). This process has taken a long time to implement because a cultural change was needed through reflection, and a better understanding of where and how Staying Healthy was developed.

Firstly, leaders decided not to discuss any child's illness unless we had referred to Staying Healthy. Secondly room leaders and more importantly Nominated Supervisors had to push back and stop ALL conversations about illness until educators referred to Staying Healthy.

This was needed because far too much time was being wasted when many educators involved themselves in discussions about a child's illness. Now, educators who aren't caring for the child don't waste their time talking about the illness, and educators caring for the child confidently refer parents to the Illness Fact Sheets in Staying Healthy. This has resulted in more parents keeping their children at home when they're

### Week 27, 30 August - 3 September 2021- 2.1.2 Health practices and procedures

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contagious, and improved hygiene practices in the centre, especially when an infectious disease enters the centre.

Where is your practice compared to the case study?  
What do you need to improve upon?

### Case Study - Injury management by engaging children with the risk benefit analysis process

Reflecting upon the risk children are exposed to in the play area, educators decided adults were not always the best people to decide what was risky and what wasn't. Educators and children developed lessons and discussions to identify what was dangerous and how to play safely.

#### Example – Playground Safety

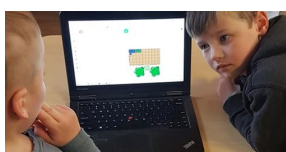
Mr. Zach asked Emily and Brody to take him on a quick tour of our playground, talk about our best features, what could be improved, what was safe and what wasn't safe. Brody filmed the world from his perspective, showing off his favourite area - the Climbing/Obstacle frame. When Mr. Zach asked Brody what he loves about his school, he said he loves to play outside with his friends, and loves the climbing frame because "we can climb over and exercise. We do lots of exercise and running!"

*"Sometimes we can all get caught up in the world being so tall, we forget what the world looks like being small". Educator Zach.*

The children developed their own safety rules and checklist to monitor the playground, as well as an end of play session reflection about what worked well in the playground and what could be improved upon. This has been further extended by the children designing their own centre with both safety elements and car spaces for sports cars.

**Example - Architects in Development**

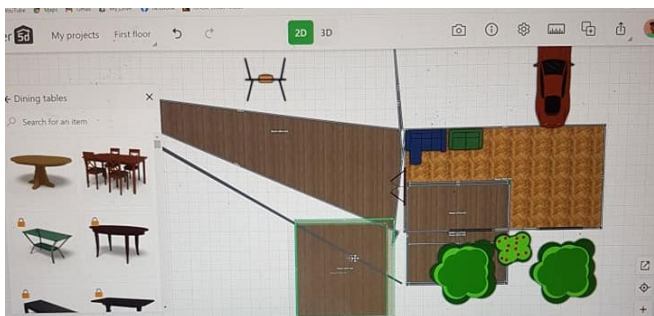
Mr. Zach worked with Jayden, Mitchell and Reuben to create a floorplan for a room at the centre using a 2D and 3D designing website - planner5D.com. We had a fun time learning to use the program, with our sketches going a bit crazy in their shape!



Our group decided on lino or stone pattern for the ceiling, around 10 couches (Corner Lounges and U-Shaped were

popular), a garage for our new sports car (which had to be included), an indoor swing set and playground, and a big triangle shaped room for “making loud noises and dance parties.”

Our love of nature was not forgotten, as Mitchell and Jayden chose some plants and trees for outside the window because “we need trees, look outside our room, there’s lots.”



Compared to the case study, where are your practices at, and how could you get the children more involved in risk management?

**Example - Safe food practices (preparation, transport, storage).**

Educators helped children build relationships by giving them life skills and chores. Sienna-Rey, Finley and Claire noticed Mr. Zach cleaning some rice up after our lunch and asked if they could help with the clean-up. Mr. Zach was delighted to have their help and asked if they could get some sand to help clean up the rice on the floor. As they collected the sand and then used it to attract the rice, Sienna-Rey noted that the sand was a lot easier to clean up than the rice. Mr. Zach spoke about the fundamental ideas of tactile surfaces. To help communicate this, Mr. Zach used the term “Sticky to the Sand,” highlighting that wherever the rice went, the sand would stick to it and travel with it. This provided the children an opportunity to use abstract problem solving skills and to use their environmental resources.

How are you helping your educators involve children hygiene practices they could be doing?

**Services meet the community every day. Incorporate these types of contact into learning.**

For example, if you have deliveries by a supplier use it for connecting learning and hygiene. As per the Food Standards we need to ensure the delivery truck and perishable food is at the correct temperature.

Educators could set up a temperature chart with the days of the week. When the cook records temperatures they can let the children know and they can map these temperatures onto their charts and compare them to their fridges at home.

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The EYLF and MTOP says “Critical reflection involves closely examining all aspects of events and experiences from different perspectives.” Pick one of the following reflection points to complete the table below:

- Have there been incidents which adversely affected children’s health, or injuries children suffered, which could/should have been avoided? What needs to change? (included in QIP improvement plan)
- Are procedures for routines like hand washing, nappy changing, toileting, cough and sneeze etiquette displayed? Are the places they’re displayed and visual format effective and very easy for children and staff to follow?
- How could you more actively involve children in in developing guidelines to keep the environment healthy and safe for all?

Critically reflect through the eyes of:	Write your critical reflection below	What changes did you or will you make because of the reflection?
<p><b>a child</b></p>	I don’t know what’s in the Centre’s food. I just trust they’re give me food that won’t make me sick, like Mum and Dad do at home. (Arlo)	After reviewing some of the suggestions from Allergy and Anaphylaxis Australia educators now: <ul style="list-style-type: none"> <li>• use a separate high chair for Arlo</li> <li>• make sure Arlo’s highchair is always cleaned first after meals finish so contaminants can’t be transferred from other highchairs or surfaces</li> </ul>
<p><b>an educator</b></p>	It’s so hard making sure Arlo never eats anything that he’s allergic to. I have to trust what comes out of the kitchen is okay, and then make sure Arlo’s not exposed accidentally to other children’s food at meal/snack times. No wonder he ate something he wasn’t supposed to the other day.	<ul style="list-style-type: none"> <li>• use plain red cups/bowls/plates/bottles etc for Arlo and make sure his name is on them</li> <li>• make sure to clean Arlo’s hands with baby wipes and not hand sanitiser if water and soap isn’t available (sanitiser doesn’t remove allergens.)</li> </ul>
<p><b>your families</b></p>	I’m not overly confident educators follow Arlo’s medical plans. Food service seems to be a bit chaotic with significant room for error.	
<p><b>theorist and current research</b></p>	Medical management risk minimisation plans must contain effective practices and procedures for the safe handling , preparation, consumption and service of food for children with food allergies. (Reg 90) <a href="#">Allergy &amp; Anaphylaxis Australia</a> have some practical strategies and poster resources available to help manage food allergies in ECEC.	

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 <p><b>a child</b></p>		
 <p><b>an educator</b></p>		
 <p><b>your families</b></p>		
 <p><b>theorist and current research</b></p>		



### Complete your QIP

The information you write below can go directly into your QIP or Self-Assessment Tool (SAT) (NSW ONLY)  
Instructions

For a <b>MEETING</b> QIP and Self-Assessment Tool (SAT)	For <b>Exceeding</b> the QIP and Self-Assessment Tool (SAT)
<i>Please discuss 2 or 3 service procedures you implement to minimise the risk of children being injured, or becoming unwell due to the spread of germs while playing, eating, or being cared for.</i>	<i>Please explain how you and all educators are responsive to children's (changing) health needs at all times, and confidently respond to events that affect children's health needs.</i>
<i>Please give an example of activities you implement which teach children about health and hygiene issues?</i>	<i>Please give an example where you and all educators regularly reflect on opportunities to enhance each child's health outcomes, ensuring your reflections include the perspectives of children and families <b>(included in QIP strength)</b>.</i>
<i>Please explain what we mean by a risk management approach and give an example where you've taken this approach (eg by completing a risk assessment).</i>	<i>Please give an example where you and all educators regularly build partnerships with families and the broader community to enhance children's health outcomes eg by collaborating with health professionals and other support services.</i>
If you cannot answer these questions above the you are not meeting. This means you need to create an improvement plan and make changes to your practice	If you cannot answer these questions above the you are not exceeding. This means you need to create an improvement plan and make changes to your practice

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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	

### 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?					

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