

We can solve problems with practice with the help of the NQS



The NQS can guide our critical reflections

How are the National Quality Standards used by stakeholders?



The NQS is what we assess against to write our QIPs



The NQS is what assessors assess us against to write their A&R report



Families can make a choice based on our NQS rating



2.1.2 Health practices and procedures - *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).



Solving Problems with the NQS

Problem the element can solve – Educators and families find the requirement for 3 medical plans –

medical management (action) plan, risk minimisation plan, communication plan – confusing and difficult to implement.

Aim: Educators fully understand requirements and can confidently discuss with families.

What to do: Go to NQS element 2.1.2

Select just one point from the element that could help guide or change your practice.

Assessors may discuss

 individual medical management plans provided by the parents of children with a specific health care need, allergy or a diagnosed relevant medical condition,

Week 29, 12 - 16 September 2022 - 2.1.2 Health practices and procedures

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including but not limited to asthma, diabetes or risk of anaphylaxis (page 156 NQF Guide).

Reflect and think about the point in relation to managing children's medical conditions/health care needs/allergies.

Practice change – The Nominated Supervisor made a poster for the staff room/children's rooms which said:

- Medical plans prepared by child's doctor
 - tells us what triggers condition and first aid or medication needed
- Risk minimisation plans prepared by Service in consultation with families
 - measures we implement to minimise identified risks of triggering condition or making it worse
- Communication plan prepared by Service
 - explains how all staff, including casuals, know about child's medical/ health care needs, and families can update information.

Problem to improve upon – there's no clear schedule or process for washing/cleaning things like dress up clothes, cushion covers, outside toys/equipment.

Aim: There are processes in place to ensure all resources, furniture and equipment is regularly cleaned.

What to do: Go to NQS element 2.1.2

Select just one point from the element that could help guide or change your practice.

Assessors may sight

 written procedures and schedules for maintaining a regular regime of washing children's toys and equipment (page 154 NQF Guide).

Reflect and think about the point in relation to maintaining a hygienic environment.

Practice change – The Nominated Supervisor implemented documented cleaning and hygiene schedules, diarising to ensure they're completed regularly. Educators contributed to the development of the schedules and provide feedback where needed to improve processes.

From the list below, select a point and explore how you could improve the way you manage children's

medical and health care needs, and keep the environment hygienic when:

- talking to current or prospective families
- starting in a new room or space
- taking children on excursions
- supervising children outdoors
- weather events or natural disasters affect activities or Service operations
- there's a pandemic like COVID or outbreak of other infectious diseases.

What problem needs to be improved upon?		
Aim (selected from the above points)		
Select just one point from the NQS Element		
,		
Reflect and think about the point in relation to the problem.		
Create a practice change		

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Health practices and procedures

Week 29 – 12.9.22 Monday to Friday



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 there's something on the checklist that you're not doing, you need to adjust your practice to do it, or ask for help and training to implement it ie work with your educational/room leader who should teach/coach you how to do it.

Name Educator 1 The checklist keys to use. Name Educator 2 Name Educator 3 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 Name Educator 4 T = Please teach me how to do it or improve my understanding of why I need to do it. Name Educator 5 **Health and 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 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, first aid, 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 understand and confidently implement infection control procedures, including exclusion periods required under the Infectious Diseases Policy? 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/Group Leader or Nominated Supervisor?

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Health practices and procedures

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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:

- Which health or hygiene practices do educators and staff have the most trouble getting families to comply with? Why might this be? What changes could be implemented to improve this situation?
- Are there any food safety issues, including any related to the preparation, transport, storage
 or serving of food, that you're unsure of? How will you clarify Service procedures or best
 practice?
- Incidents where a child has been injured must always be documented (Reg 87). Incidents where a child may have been injured must also be documented. Why do you think this is? Do you need to change your practice (eg see QIP/SAT improvement example)?

Critically reflect through the eyes of:	Write your critical reflection below	What changes did you or will you make because of the reflection?
a child	I knocked my arm on a post outside playing with my friends. Didn't stop the game though. I wanted to keep having fun.	After this incident, the Nominated Supervisor held a staff meeting and discussed compliance requirements under Reg 87. She also used the incident as an example of what can happen when
an educator	I saw Damien hit his arm quite hard on the post but he kept on playing so I thought he was fine. I had a quick look soon after and there was just a tiny red mark on his arm – no actual injury apparent.	Regs are breached eg families don't receive relevant information about their child, relationships with families can start to break down, the Department starts investigating Service operations, and the reputation of staff and the Service is adversely affected.
your families	When I picked Damien up he said his arm was starting to hurt real bad. He said he'd hit it on a post outside. I took him to the doctor who organised an X-ray. Turns out it's broken – there's a hairline fracture. I contacted the centre and they didn't even have a record of any incident.	The educator involved in not documenting the incident was counselled and a file note about not meeting the requirements and expectations of their role placed in their personal file.
	Reg 87 Incident, injury, trauma and illness record "The incident, injury, trauma and illness record must include details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for"	
theorist and current research		
Current research		

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Health practices and procedures

Week 29 – 12.9.22 Monday to Friday



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:

- Which health or hygiene practices do educators or staff have the most trouble getting families to comply with? Why might this be? What changes could be implemented to improve this situation?
- Are there any food safety issues, including any related to the preparation, transport, storage or serving of food, that you're unsure of? How will you clarify Service procedures or best practice? (eg see QIP/SAT improvement example)

 Incidents where a child has been injured must always be documented (Reg 87). Incidents where a child may have injured themselves should also be documented. Why do you think this is? Do you need to change your practice?

Critically reflect	Write your critical reflection below	What changes did you or will you make
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an educator		
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Complete your QIP

Instructions If you are happy with a Meeting rating you do not need to answer the Exceeding questions. Note if you can't answer all meeting questions you are not meeting the element, and you need to create an improvement plan and make changes to your practice.

If you are striving for an Exceeding rating, we suggest you answer all meeting and exceeding questions. You can copy your answers into your QIP, or SAT (NSW ONLY).

For a MEETING QIP and Self-Assessment Tool (SAT)	For Exceeding the QIP and Self-Assessment Tool (SAT)
Please give an example showing how you use the 'Staying Healthy' publication to guide your practice and to provide relevant information to families.	Embedded Practice Please give an example of how you and your team promote effective hygiene practices with the children every day.
Please give an example of activities you implement which teach children about health and hygiene issues.	Critical Reflection Give an example where you have reflected with your team on a health or illness incident involving a child at the Service, and helped implement changes
	to policies, procedures or practices to strengthen your approach to these incidents.
Please give an example where you discussed Service health or hygiene practices with families so they're familiar with Service practices and/or can implement relevant practices at home.	Engagement with families and community 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 (see QIP/SAT Strength).