Contents

1A Discussing children's health needs

Information about children's health and personal routines is collected at enrolment as part of organisational procedures. This information includes:

▶ required medication

▶ disabilities

▶ developmental needs

▶ dietary needs or restrictions

▶ doctor's contact details

▶ Medicare number

▶ medical conditions

▶ immunisation status

▶ abilities and level of independence.

This information is maintained through scheduled record updates and regular and ongoing information-sharing that occurs at drop-off and pick-up times. Questions should be asked of parents over the course of the year to ensure your understanding of children's health needs is current and that you are meeting your duty of care.

Watch this video about duty of care.

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In addition to the scheduled sharing of health information, you may need to raise concerns about a particular child if you are concerned about their health. You may be concerned that they need medical attention or want to be kept informed about the medical attention they have received. Make it clear to parents that this information may influence the way you make choices for the child each day. The child's health may affect their ability to manage throughout the day and how they interact with other children. If a child is unwell, it may be inappropriate for them to attend the service.

Example

Keeping health information up to date

Isa, a coordinator, develops a schedule for updating information about children's health needs at her service. She records this schedule of dates in her diary. Sometimes she discusses health information with all families and at other times she targets particular families. If she is concerned about the health needs of a particular child, she arranges to discuss her concerns with the parents immediately.

Here are some health information items that Isa schedules:

▶ Medications: Isa does a monthly check on medication details for all children. She also regularly discusses ongoing medical conditions with parents. When children are taking medication on a short-term basis, Isa discusses the child's medical condition with the parents each day that the child attends the centre.

▶ Dietary needs and restrictions: Isa checks on children's dietary needs with families every three months. She schedules this just prior to the seasonal menu change.

▶ Immunisation status: Isa notes each child's date of birth and their required immunisation updates. When a child is due to receive an immunisation, Isa discusses this with the child's parents. She provides information about why immunisation is important and where it can be accessed from. Immunisation records are updated once the child has been immunised.

Learning checkpoint 1
Supporting each child's health needs

1. Access a service policy relating to children's health needs. What guidance does the policy provide in relation to the following?

   a. Discussing information about children's medical and routine requirements with parents

   b. Collecting information about children's medical and routine requirements from parents

   c. Consulting relevant authorities about health information

   d. Ensuring that medical plans are up to date

2. Develop **three** fact sheets based on NQS Standard 2.1 – Each child's health and physical activity is supported and promoted. The purpose of the fact sheets is to encourage educators and parents to discuss children's health needs.

   The fact sheets should cover the following topics:

   ▶ Enrolment forms and medical plans and their role in documenting health needs

   ▶ What parents can do if they are concerned about their child's health

   ▶ Where to find reliable information about children's health

Topic 2

In this topic you will learn about:

2A **Minimising the risk of overcrowding**

2B **Offering active and restful experiences**

Providing for each child's comfort

The set-up of your play space and the number of children and adults that work together affect how active and quiet activities can be provided. By offering a range of active and restful experiences, you will enable children to more easily make decisions regarding participation.

The following table maps this topic to the National Quality Standard and both national learning frameworks.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership

Early Years Learning Framework		My Time, Our Place	
Principles			
	Secure, respectful and reciprocal relationships		
✓	Partnerships		
	High expectations and equity		
✓	Respect for diversity		
✓	Ongoing learning and reflective practice		
Practice			
	Holistic approaches	Holistic approaches	
✓	Responsiveness to children	Collaboration with children	
	Learning through play	Learning through play	
✓	Intentional teaching	Intentionality	
	Learning environments	Environments	
	Cultural competence	Cultural competence	
	Continuity of learning and transitions	Continuity and transitions	
✓	Assessment for learning	Evaluation for wellbeing and learning	
Outcomes			
	Children have a strong sense of identity		
	Children are connected to and contribute to their world		
✓	Children have a strong sense of wellbeing		
	Children are confident and involved learners		
	Children are effective communicators		

Infants and toddlers use indoor areas for:

▶ discovery – exploring interesting items with their senses in a safe way
▶ climbing
▶ playing with wheeled toys
▶ looking at mirrors, where they can see their images
▶ manipulative play
▶ pretend play
▶ block play
▶ messy play
▶ creative activity
▶ quiet time.

Preschoolers use indoor areas for:

▶ dramatic play
▶ block play
▶ looking at books
▶ a language and listening centre
▶ a manipulative table or toy area for puzzles, threading and construction sets
▶ a maths area for sorting, classifying, matching and ordering games and activities
▶ science and nature spaces
▶ creative arts; for example, clay, painting, drawing and collage
▶ sand and water play
▶ woodwork
▶ cooking
▶ quiet time.

School-age children use indoor areas for:

▶ creating; for example, painting, sewing and sculpting
▶ constructing; for example, carpentry, building and block play
▶ pretending and performing; for example, drama and music
▶ reading and writing
▶ science, nature and maths games.

Your service should offer as many resources as possible to help children undertake these activities. This allows them to choose their own activity and provides enough choice to ensure they do not get bored.

Outdoor environments

The outdoor space needs to be given the same level of consideration as the indoor area, and should also offer a mix of active and restful experiences.

Many services provide children with the opportunity to move between indoor and outdoor areas as they please. Your staff ratios and service design will determine whether this is an option for you.

On the spot	Daily	Weekly	Monthly
▶ Toys and objects put in the mouth (after each child's use) ▶ Tables (after use)	▶ Shared soft toys ▶ Toys and objects that may have been put in the mouth ▶ Tea sets ▶ Mattress covers and linen ▶ Water trough ▶ Tables	▶ Chairs ▶ Puzzles ▶ Sand tools ▶ Lockers ▶ Hard toys such as a doll's house and climbing frame ▶ Dress-up clothes	▶ Home corner furniture ▶ Construction sets ▶ Blankets ▶ Carpets

The following website provides a sample checklist that can be used to schedule and monitor cleaning of toys and equipment in a service: http://aspirelr.link/cleaning-disinfecting-checklist

Note that this is an international website and other information may not apply to Australian education and care services.

Practice task 5

1. Use the following table to provide a schedule for a service showing when toys and equipment are to be cleaned.

On the spot	Daily	Weekly	Monthly

2. What is a service policy that relates to this schedule?

When you wash your hands, you are removing dirt and germs. Some services provide an antibacterial hand treatment to use instead of hand-washing; this can be used when water and soap is inconvenient or if people's hands have become cracked and dry from excessive washing. Be aware that these antibacterial treatments are only effective if there is no residue on the hands; this is because they only act to kill bacteria, not to remove residue. For example, if you wipe a child's nose and mucus is transferred to your hands, you must wash your hands with soap and water. If you wipe a child's nose and mucus does not transfer to your hands, the antibacterial solution is suitable. Information about good hand hygiene should be placed in positions that remind staff, families and others in the service to be vigilant about washing and drying their hands. There are many posters available for communicating this information.

Source: Reproduced with permission of NSW Health.

4A Minimising risk

There is a range of strategies that can be used in an education and care setting to minimise the risk of illness and injuries, such as grouping children and excluding sick children from attendance until they are no longer contagious. The strategies you use can be informed by guidelines from health and safety authorities, and your service's health and safety policies and procedures.

Grouping children

To minimise the risk of infectious disease and injury for children, you can take simple steps, such as:

▶ ensuring that children are in groupings that are not overcrowded

▶ allowing free indoor and outdoor play

▶ ventilating rooms

▶ acting early when children are unwell.

Watch this video about infection control procedures.

The following table highlights some of the possible advantages and disadvantages of grouping children by age or stage compared to by family.

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Factor	Age/stage grouping	Family grouping
Hygiene practices	Young children may not have self-care skills and may rely on adults to carry out all practices. Older children are competent and can be relied on to complete hygiene activities independently.	Older children can encourage, model and support younger children to use appropriate hygiene practices.
Immunity	All the children can be vulnerable to the same illness at the same time.	Older children have usually built up immunity, so the whole group may not be threatened by the infection.
Injury	Equipment is set up to match the age/stage of the children participating, so there is less likelihood of children taking risks and being injured. Younger children can be vulnerable when they are exposed to an environment where risk-taking is possible, as they have less understanding of danger.	A range of risk levels is provided. Children may take risks that are beyond their ability. Being exposed to a variety of risk levels means children can experiment with taking risks and learn about their limitations.

Example

Completing an illness report

Andrea, an educator, notices that Sean (five years old) has been coughing, and has a runny nose and a hoarse voice. When Andrea looks closer, she finds that Sean also has an itchy rash all over his body and red cheeks. Andrea decides to take his temperature, fill in an illness report and move him to a quiet spot away from the other children. She speaks to her coordinator, Zara, about the situation and contacts Sean's parents.

Half an hour later, Sean is lying on a cushion almost asleep. Andrea records Sean's temperature and the time on the illness report.

It is two hours before Sean's father can come to collect him. In that time, Andrea keeps checking him and noting these checks on the record.

The record she completes looks like this.

Name: Sean McKewan	Age: 5 years
Room: Willows	Date: 8 February 2018

Time:	Symptoms and actions:
10.15 am	Coughing, runny nose, hoarse voice, red cheeks, itchy rash all over body, temperature 38.5°C. Called parents, administered paracetamol after phone call (permission was provided), moved Sean to quiet area, offered water and took heavy clothing off.
10.45 am	Temperature 38°C, resting, sipped water
11.15 am	Resting, temperature 38°C, sipped water
11.45 am	Quiet, holding racing car, sipped water, temperature 38°C
12.15 pm	Awake, quiet, looking at book, sipped water, temperature 38°C
12.45 pm	Temperature 38°C, sipped water. Sean's dad arrived and took him home.

Signed by educator: *Andrea Wilson*

Signed by coordinator: *Zara Lewis*

Signed by parent: *Michael McKewan*

Andrea provides a copy of the illness report to Sean's dad as a record for him and to pass on to the family doctor.

Contacting parents

Parents of a sick or injured child should be contacted and arrangements should be made with them or another emergency contact to pick up the child from the service as soon as possible. Be patient with parents when requesting they collect their child, as they may have a range of commitments and concerns that you are unaware of.

To ensure parents are prepared and that they understand the procedures of your service, provide them with a copy of service policies on:

▶ immunisation

▶ medication

▶ infection control

▶ exclusion.

Maintaining records

Immunisation status is directly linked to the Child Care Benefit (CCB), which may also entitle families to the Child Care Rebate (CCR). A child must meet the immunisation requirement to be eligible. The *Early childhood and education service handbook* states that children must meet the immunisation requirements or have an approved medical exemption for the family to be eligible for CCB and CCR.

This requirement alongside the 'No jab, no play' and 'No jab, no pay' legislation in Victoria, makes it all the more important for you to use strategies to help families to keep their child's immunisations up to date and provide you with current records.

You can:

▶ diarise the dates that immunisations are due for each infant/toddler and ask parents about their status

▶ add reminders about immunisation to invoices or other notices

▶ use noticeboards and newsletters to remind parents

▶ use electronic media; for example, SMS or email parents, or put a general reminder on your Facebook page

▶ routinely ask all parents about their child's immunisation

▶ provide an online form that parents can complete and submit when the child's immunisation is updated.

If parents or the service are unsure of the immunisation schedule, they can contact Medicare online through their myGov account or through the Express Plus Medicare App.

Parents can also enrol on the Australian Immunisation Register (AIR), a service that alerts parents when their child is due for an immunisation.

Immunisation recommendations

Immunisation recommendations for children and adults need to be communicated to families and educators. As parents and educators are commonly carriers of some childhood infections, they should also be vaccinated against the diseases listed on the schedule. As an educator, you must ensure that your own immunisation is maintained so you do not contract an infectious disease or infect young children who have not yet been immunised.

The Immunise Australia Program website, http://aspirelr.link/immunise-australia, should be regularly checked for the most up-to-date information on the National Immunisation Program recommendations and schedule. Your state or territory health department's website will also provide information about any changes to the immunisation schedule.

4. How should children be grouped to minimise the risk of cross-infection?

5. Would Phil have a higher or lower risk of infection if he was part of a group of infants under 12 months or a family day care group where children were aged 18 months, five years and seven years? Explain your response.

Part B

Read the case study, then answer the questions that follow.

Case study

Coleman, 18 months old, falls from an A-frame and hurts his arm. He holds his arm and is upset if it is touched or moved.

1. How you would explain to Coleman's father that Coleman had fallen and hurt his arm? What service procedures would you follow?

2. How would the number of children in the play area influence his risk of injury? Explain your response.

3. List **two** sources of information about health and safety guidelines in education and care services.

5A Arranging safe spaces

To maintain a safe environment, there needs to be adequate supervision. This requirement is clearly stipulated in Element 2.2.1 of the NQS: 'At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard'. The element guidance states that there is a need to:

▶ inform new and relief educators of the service supervision arrangements and what they are required to do in relation to supervising children

▶ ensure that supervision arrangements are flexible to allow supervision of individuals or small groups of children, such as when children are sleeping, or when both indoor and outdoor experiences are being offered.

An adequate number of educators need to be available to care for and supervise children. The legislation describes the minimum standards acceptable; however, your service should consider increasing the number of staff in situations requiring greater care or in unusual circumstances. Know the regulations for the correct staff-to-child ratios and make sure you meet these at all times.

Watch this video about supervising children.

Supervision strategies

New, casual and relief staff may need guidance when it comes to understanding your service's supervision plans. There will be some experiences or routines that need to be closely monitored. Supervision requirements vary according to the age of the children you are working with and the types of experiences, furniture and equipment used.

Supervision means having an overall awareness of where each child is and what they are doing. To do this, use the strategies outlined in the following table.

Position	
	▶ So that you have the best possible view of the area
	▶ With your back to the wall or fence
	▶ In places that allow all areas to be observed
	▶ Away from other educators so that there is a good coverage of supervision
	▶ So that no children are out of sight
Know	▶ Where children are
	▶ What the correct ratio of children to adults is and adhere to this
	▶ How many children are in attendance
	▶ Each child's name
	▶ How to communicate with staff
	▶ When other staff are leaving the area and where they are going
	▶ What activities are available and the limits for each
	▶ Which children and activities require greater supervision

Step	Considerations
7. Document findings	▶ Document your risk management plan.
8. Reduce or remove risks	▶ Remove or reduce the risks or hazards for the excursion.
9. Communicate your plans	▶ Communicate the plans to all educators and other adults going on the excursion and the parents/guardians.
10. Monitor and review the plans	▶ Check the effectiveness of your plans and, if necessary, change during the excursion.
11. Review and modify the plans	▶ Review how effective the plans were and whether changes could be made to ensure future excursions are as safe as possible.

Supervision considerations

An adequate number of educators (and, if necessary, other adults) must accompany the children on an excursion. You need to consider how many adults have first-aid training so that you are prepared to respond to an emergency.

It is not only the children who require supervision – there needs to be an adequate number of experienced and qualified educators to supervise any adult volunteers on the excursion as well.

As part of your planning process, you may find that you need to group children and adults according to their ages, interests and abilities. You may find that having all children and adults together is appropriate or, if the group is large, you may arrange smaller groups of adults and children. Ensure that you and each adult have a copy of who is in each group.

The practices that are used by your service to prepare and implement excursion opportunities must be reviewed regularly to ensure that they meet:

▶ service procedures
▶ the Education and Care Services National Regulations (Regulations 99, 100, 101 and 102)
▶ the NQS (Element 2.2.1)
▶ the needs of the children.

This review should occur prior to any new travel arrangements being undertaken. A hazard and risk assessment will form part of this planning.

Topic 6

In this topic you will learn about:

6A Checking safety

6B Implementing safety precautions

Taking precautions to protect children from harm

Your service needs to take precautions to protect the children in its care from harm. Safety checks need to be consistently implemented and follow-up action needs to be taken to manage any risks identified.

Risk minimisation plans need to be in place to address the needs of children who have specific healthcare needs, allergies or other medical conditions.

Thorough record-keeping is another strategy that will help to keep the service environment safe.

Involving others

To ensure decisions are made thoughtfully and that every person in the workplace is aware of what is needed to keep it safe, strategies for communicating safety are required. All educators can be involved in identifying hazards and potential safety risks in the environment. Educators can participate in the following strategies commonly used by services to communicate and maintain safety standards.

Induction	Reading policies and procedures and becoming familiar with how the service works and what each person's role is in maintaining safety.
Discussion	Discussion at meetings or informally during the day, through planned or spontaneous identification of hazards and risks.
Assessment tasks	Using checklists and checking records to identify patterns of concern, and participating in surveys and other feedback processes.
Quality assurance	Working toward the highest quality service possible and undertaking self-evaluation.

These strategies are useful ways to assess and remove hazards, and they are also excellent ways to involve all educators in developing, implementing and reviewing safety plans. Senior educators may take a lead role, but all educators need to be involved to ensure processes are practical and yield the desired result.

Formal methods to identify and monitor hazards

Formal methods to identify and monitor safety hazards are outlined in the following table.

Method	Description
Incident/risk reports	The records that reflect issues that have occurred in the service often show patterns of behaviour or areas that cause injury. By reviewing these, educators can identify, limit and even eliminate risk.
Near-miss reports	These are records identifying when a situation has almost become a hazard or where a hazard almost caused an incident. When a team of educators contributes continuously to near-miss records, you will be able to start removing hazards prior to them becoming a concern.
Risk and hazard checklists	A checklist that lists the items that may become a hazard can be completed daily, weekly, monthly, per term or per year. When an item is found to be a hazard, it can be highlighted on the checklist so that action can be taken. Checklists demonstrate that you have taken steps to maintain a safe environment over time.
Enlisting the help of children	When children are given information about safety, they are able to become part of the four-step process (scan, predict, decide, act). This provides lifelong learning skills, enables the children to become responsible for their environment and assists you to maintain safety.

Risk	Strategy	Who is responsible?
Physical activity	▶ Medication to be given prior to outdoor play and prior to active indoor play.	Educators working directly with Lawanda
Air pollution where the outdoor air quality index is fair, poor or very poor	▶ Lawanda should stay indoors. ▶ Additional medical support may be required.	Educators working directly with Lawanda
Monosodium glutamate (MSG)	▶ Food prepared and served in the service should not contain added MSG.	Cook and educators working directly with Lawanda

Food and drink safety

The safety of the food and drink used in the service relates to healthy options, food handling and medical conditions. Important documents include menus, food-handling policies and procedures, medical risk minimisation plans and recipes.

Healthy and nutritious foods should be the focus of your service menu, with children being provided choices from a healthy range of foods each day. Water and milk are the most suitable beverages. Foods that are low in saturated fat with no added salt or sugar promote healthy growth and development.

Food must be handled and stored appropriately. Any foods that are not kept according to food hygiene rules need to be disposed of due to the risk of food poisoning and other illnesses. Food poisoning can be very serious in young children, so if in doubt, throw it out.

Many medical conditions link to food and beverage choices, whether due to allergy (such as anaphylaxis) or other conditions. For example, a child with lactose intolerance will have stomach cramps and diarrhoea if they are given regular milk. Any food restrictions should be made clear to you in a risk minimisation plan, but remember, when you are working with very young children, reactions may occur unexpectedly.

When choosing recipes, remind yourself of healthy and safe food options. Seek out recipe ideas that are nutritious, tasty and child-friendly.

Watch this video about food allergies in children.

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2. What does the policy say about the safety of food, drinks, cooking utensils and appliances used as part of the program?

3. What does the policy say about monitoring who enters and leaves the premises?

4. What does the policy say about providing information to families regarding excursions?

Summary

▶ 'Scanning for safety' is a housekeeping strategy that will help you develop hazard and risk identification skills.

▶ A checklist is an efficient tool that ensures you scan your workplace effectively and regularly for potential hazards.

▶ Ensure every person in the workplace is aware of what is needed to keep it safe.

▶ Once you have identified a hazard, you need to report it to the correct person.

▶ There are particular safety issues that require plans to be in place.

▶ Children with medical conditions will come to the service with individual medical plans, but they may also need risk minimisation plans.

▶ The safety of the food and drink used in the service relates to healthy options, food handling and medical conditions.

▶ When cooking with children, allow yourself time to check the utensils and appliances beforehand.

▶ A visitor book should be used to monitor who enters and leaves the premises.

▶ Families should be provided with detailed information about excursions.

7A Preparing the environment for emergencies

An emergency is an abnormal or sudden event that requires immediate action to prevent harm to people or damage to property. The service needs to be prepared for:

▶ serious injury

▶ evacuation

▶ fires and explosions

▶ hazardous substance (chemical) spills

▶ bomb threats

▶ security emergencies, such as armed robberies, intruders and disturbed persons

▶ internal emergencies, such as loss of power or water supply, and structural collapse

▶ external emergencies and natural disasters, such as floods, bushfires, storms or traffic accidents that affect the service.

Emergency management plan

An incident or emergency management plan (EMP) serves as a practical written guide for your service to follow if an emergency occurs. Information contained in the plan should be communicated to both staff and families.

Having an EMP:

▶ prepares a service to manage an emergency when it occurs

▶ can reduce the risk of incidents occurring

▶ puts controls in place to effectively manage an emergency.

The Department of Education and Early Childhood Development (DEECD) identifies the following as the minimum requirements for your service's EMP.

Watch this video about emergency management.

Component	Details
Cover information	▶ Name, address and other relevant details about your facility
Emergency contact lists	▶ Contact details of emergency services agencies and DEECD regional and central offices ▶ Names and emergency contact information of service personnel
Facility profile	▶ Description of the facility ▶ Number of children and their age levels ▶ Number of staff ▶ Number of buildings and rooms

Emergency evacuation route
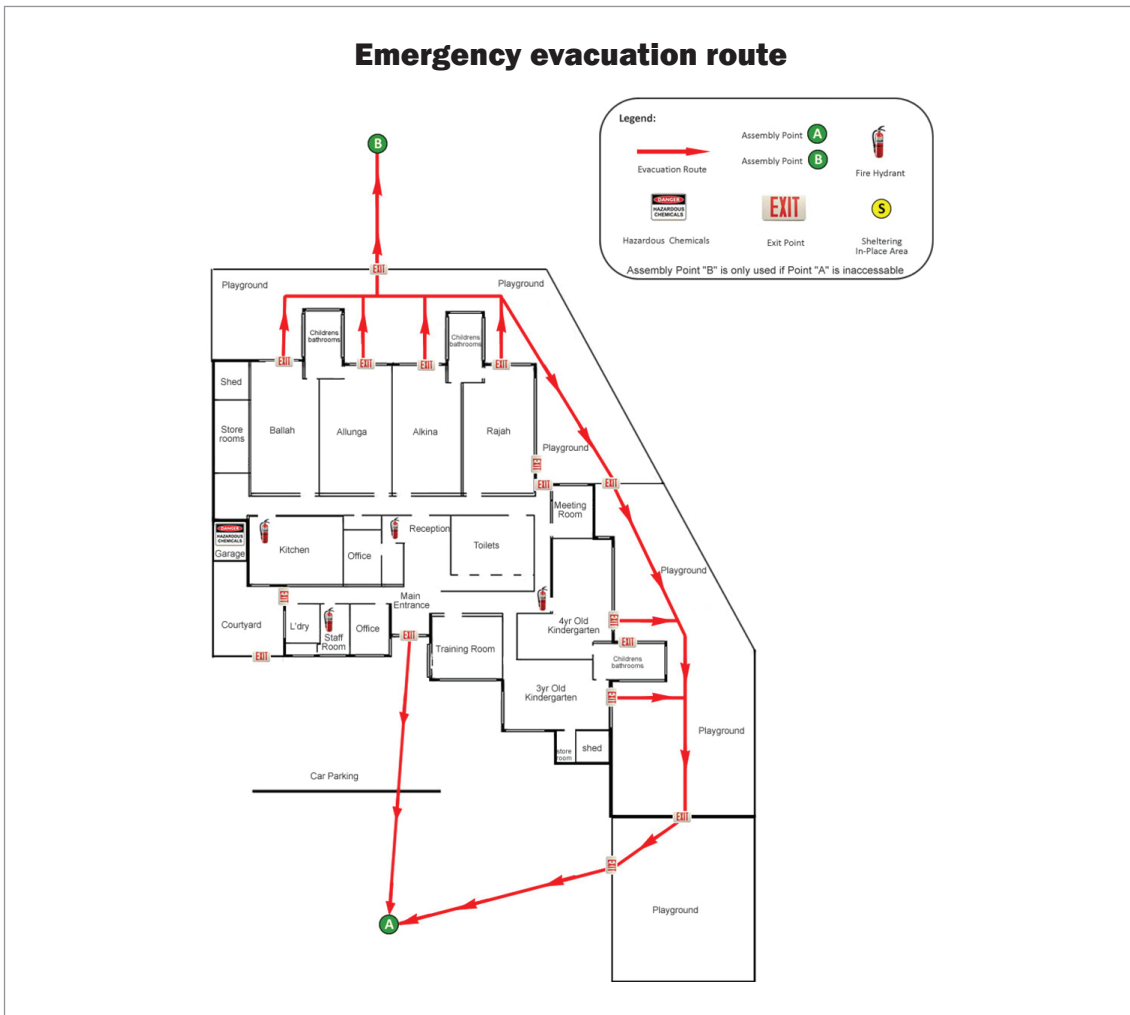
Emergency drills

Regulation 97 of the Education and Care Services National Regulations states that all services must rehearse the emergency and evacuation procedures every three months. These drills should be discussed and practised with children, educators and any other people on the premises, including family members.

Evacuation drills are the most effective way to ensure every staff member knows what is expected of them should an emergency occur. In an emergency, you may be faced with loud noise, limited visibility, and distressed or injured people. If you have practised under drill conditions, you will be able to put the emergency plan into action calmly and effectively in a stressful situation.

Emergency drills should be held at different times of the day and be based on different scenarios. To ensure they are effective, drills should be evaluated afterwards to find out what went well and what needs to be improved.

Your service policies and procedures on emergency management should also be reviewed regularly. The tasks allocated in an emergency plan should be clearly identified, and should be linked to people's roles rather than their names. This makes it clear to others what tasks they take on and also ensures that if someone is away, involved in the incident themselves or unavailable, the plan will still work well.

There should be clear directions in the plan so that if someone needs to take on a particular role, they will know what to do and how to do it.