



CHCECE031

**Support children's health, safety
and wellbeing**



**LEARNER
GUIDE**

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This Learner Guide

CHCECE031 - Support children's health, safety and wellbeing (Release 1)

This unit describes the performance outcomes, skills and knowledge to support and promote children's health, safety and wellbeing in relation to physical activity, healthy eating, sleep, rest and relaxation and individual medical requirements.

This unit applies to educators who work according to established policies and procedures and under the guidance of others in regulated children's education and care services in Australia.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCECE031>

About this Unit of Study Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Support children's health, safety and wellbeing

- I. Implement hygiene and health procedures
- II. Support each child's health needs
- III. Promote physical activity
- IV. Promote healthy and safe eating
- V. Provide opportunities for sleep, rest and relaxation
- VI. Supervise children
- VII. Minimise risks in the environment
- VIII. Support children to respond to risks
- IX. Provide a safe and healthy environment

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support, you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact,
- what you need to do to complete this unit of study, and
- what support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments.
- Provide you with online webinar times and availability.
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites.
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable.
- Keep in touch with you during your studies.

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where:

1. You can keep your study materials,
2. you can be reasonably quiet and free from interruptions, and
3. you can be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have quiet, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

1. A chair
2. A desk or table
3. A computer with Internet access
4. A reading lamp or good light
5. A folder or file to keep your notes and study materials together
6. Materials to record information (pen and paper or notebooks, or a computer and printer)
7. Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build-in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using this Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, ‘Have I seen this happening anywhere?’ ‘Could this apply to me?’ ‘What if...’ This will help you to ‘make sense’ of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction



Providing a safe and healthy environment for children in education and care services is essential for supporting and promoting their optimum growth and development. Children have a natural desire to explore their environment and enquire about their surroundings. When combined with children's curiosity and need to learn through play, the potential for illnesses, injuries, and accidents can arise if the environment is not adequately safe and healthy.

Children's health, safety, and well-being can be seen through regular physical activity, healthy and nutritious eating, adequate sleep, rest and relaxation, and meeting individual medical requirements. Apart from that, children's health, safety, and well-being can be achieved by promoting personal hygiene practices in children, maintaining hygienic conditions within the service, identifying and controlling risks in the environment, and providing children with adequate supervision. As an early childhood educator, it is your role to ensure that children grow and develop wholly by implementing these healthy practices and routines.

This Learner Guide will discuss the relevant topic areas and the relevant skills and knowledge you need to acquire and develop in supporting children's health, safety, and well-being. These include the following:

- I. Implementing hygiene and health procedures
- II. Supporting each child's health needs
- III. Promoting physical activity
- IV. Promoting healthy and safe eating
- V. Providing opportunities for sleep, rest, and relaxation
- VI. Supervising children
- VII. Minimising risks in the environment
- VIII. Supporting children to respond to risks
- IX. Providing a safe and healthy environment



I. Implement Hygiene and Health Procedures



When working closely with children and their families, the risk of cross-infection increases between individuals. Thus, it is essential for early childhood education and care workers to promote appropriate hygiene practices within their service. An environment that supports and encourages both the children and staff to adopt positive health and hygiene practices will significantly reduce this risk.

Positive health and hygiene practices are significant since they allow children to be involved in the different learning experiences for their general well-being. By encouraging children to practise proper hygiene, they will be able to protect themselves from any illnesses that prevent them from participating in the service's wholesome learning activities.

As an early childhood educator, you need to be the children's role model, encouraging them to do the same proper hygiene practices that you do. To do so, you need to follow your organisation's policies and procedures, which reflect the relevant regulatory requirements for hygiene and health. Additionally, you need to look out for any inconsistent practices in your service that may have consequences if not addressed.

This chapter will thoroughly discuss implementing hygiene and health procedures, including:

- following health and hygiene regulatory requirements and service policies and procedures
- supporting children to learn personal health and hygiene practices through discussion, modelling, and repeated experience
- identifying practices that are not consistent with requirements and procedures and taking corrective action within the level of responsibility.

1.1 Follow Health and Hygiene Regulatory Requirements and Service Policies and Procedures

The Australian Institute of Health and Welfare (AIHW) adopts the World Health Organization's definition of health as the state of complete physical, mental, and social well-being of an individual. It is not merely the absence of diseases or infirmities. Furthermore, AIHW explains that health is fundamental to one's well-being as it serves as a reflection of your ability to engage with society effectively.



Based on [What is health?](#), used under CC BY 4.0, Australian Institute of Health and Welfare

On the other hand, *hygiene* refers to conditions and practices performed to prevent or reduce the spread of diseases and, ultimately, promote health. It is related to the term cleanliness, which involves proper handwashing, oral care, and cleaning of surfaces and equipment, among many others. Especially in an early childhood education and care setting, hygiene is imperative as this reduces the risk of children, educators, and staff acquiring illnesses, regardless of their severity.

1.1.1 Diseases

Before you go further into the hygiene and health regulatory requirements, you need to first know and understand facts about *diseases*, including what causes them, their effects, and how they are spread from person to person. This helps you appreciate why following health and hygiene regulatory requirements is vital in children's overall growth and development.

Generally, diseases can be categorised into infectious and non-infectious diseases. The main difference between the two categories is that infectious diseases are contagious, which means they spread from one person to another. Conversely, non-infectious diseases are not contagious and are mainly caused by poor lifestyle (e.g. poor diet and hygiene), genetics, or toxic factors that exist in the environment.

Furthermore, diseases, whether infections or non-infectious, are also classified according to how they can be contracted. These are the following:

- **Airborne diseases**

These refer to diseases caused by inhaling microorganisms that are light enough to be suspended in the air. Usually, they are transmitted through coughing and sneezing.

- **Food-borne diseases**

These refer to diseases caused by the ingestion of contaminated food (i.e. spoiled or poisonous), which may be due to the improper handling or preparation of food, especially raw food.

As you will be interacting with different people in the service, such as staff members, colleagues, children, and families, extra attention should be invested in dealing with infectious diseases. You need to ensure that processes are in place to avoid or control the spreading of such diseases and keep everyone safe.

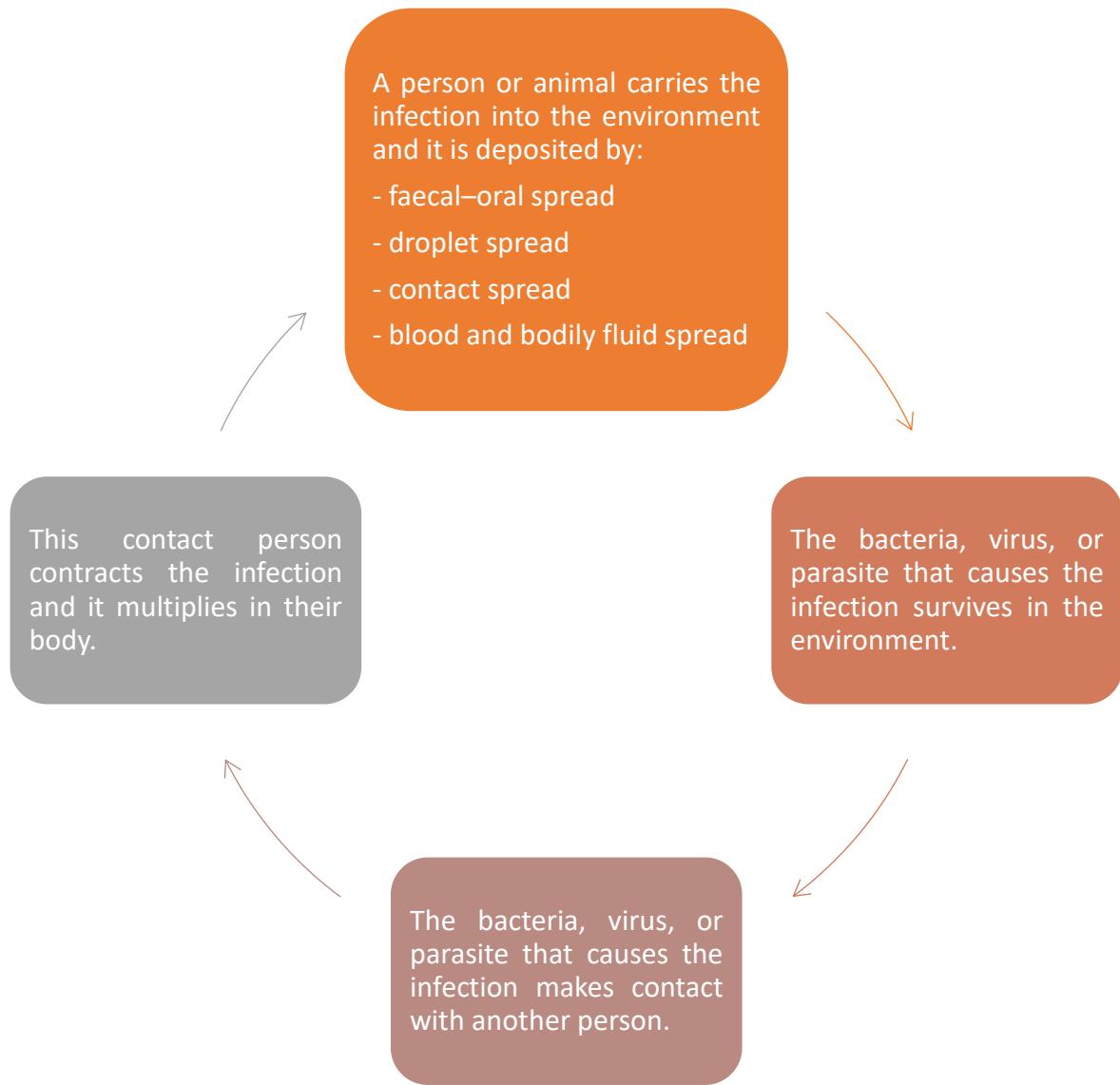
Infectious Diseases

Infectious diseases are diseases caused by microorganisms (*pathogens*) that invade the body and spread between people. These microorganisms survive and multiply, causing various diseases that the body needs to fight, including the following:

- **Bacteria** cause streptococcal sore throat, pertussis (whooping cough), and meningococcal disease.
- **Viruses** cause the common cold, gastroenteritis, varicella (chicken pox), measles, and influenza (the flu).
- **Fungi** cause *tinea corporis* (ringworm), *tinea pedis* (athlete's foot), and *candida* (thrush).
- **Protozoa** cause intestinal infections leading to diarrhoea, nausea, and stomach upsets.
- **Parasites** cause infestation and scratching, which may lead to secondary infections.

How Infection Spreads

The spread of infection follows a cycle that goes through four main stages:



Note that infection can spread directly due to person-to-person contact or indirectly through contact with contaminated or infected objects (e.g. door handles, support rails, among others).

As mentioned, the infection can be deposited in several ways, such as the following:

- **Faecal–oral spread**

This refers to the transfer of microorganisms that are present in faeces or bowel movements onto the hands, fingers, or surfaces, and then onto other people.

- **Droplet spread**

This is the transfer of microorganisms through droplets caused by coughing or sneezing.

- **Contact spread**

This refers to the transfer of microorganisms through contact with the skin or the mucous membrane.

- **Blood and bodily fluid spread**

This is the transfer of microorganisms when infected blood or other body fluids (e.g. urine and saliva) comes in contact with mucous membranes or the bloodstream.

The following are ways in which individuals can transfer and spread infection in children's education and care settings:

- Not maintaining a clean and hygienic environment, including but not limited to improper:
 - nappy changing procedures
 - cleaning of spills of bodily fluids
 - wiping of contaminated surfaces, such as toys, door handles, equipment, etc.
 - handling of food (especially raw food), including improper cooking, reheating, and thawing
- Improper and inadequate hygiene practices, such as improper:
 - handwashing
 - cough and sneeze etiquette
 - brushing of teeth
 - bathing

Note that it is common for children commencing care to pick up mild infectious diseases while their immune systems adjust to the situation. However, after some time that children are exposed to common infections, their immune systems will be able to resist these better.

To help you prevent or reduce the spread of diseases in the service, you need to follow and comply with regulatory requirements for early childhood education and care services. The succeeding discussion will tackle these regulatory requirements, as well as your service's policies and procedures, which should reflect the regulatory requirements.

1.1.2 Regulatory Requirements

Following regulatory requirements involves complying with legal provisions established by the Australian Government and your state/territory regulatory authority. The following sections will tackle the legal provisions relevant to health and hygiene practices in early childhood education and care service.

National Quality Framework (NQF)

The aim of the National Quality Framework is to raise the quality and drive continuous improvement and consistency in childhood care and education services through the following:



It also establishes a regulatory authority in each state/territory responsible for the approval, monitoring, and quality assessment of services and a national body, the Australian Children's Education and Care Quality Authority (ACECQA), which guides the implementation of the NQF.

National Legislative Framework

The National Legislative Framework is established through an applied laws system and consists of the following:

- **The Education and Care Services National Law (known as the National Law)**

The National Law provides the objectives and guiding principles of the NQF. In other words, it shapes the provisions outlined in the NQF.

- **The Education and Care Services National Regulations**

The National Regulations provide an outline of the operational requirements to be complied with by early childhood education and care services based on the objectives and guiding principles provided by the National Law.

Together, they create a national approach to the regulation and quality assessment of education and care services.



Further Reading

For further information on the objectives and guiding principles of the National Quality Framework, read the Introduction (pages 9 – 11) of the Guide to the NQF linked below.

[Guide to the NQF](#)

The NQF operates under an applied law system where there is a National Law, and each state/territory (except Western Australia) has applicable Acts. Essentially, the same law (Education and Care Services National Law Act) is applied in each state/territory with some provisions to satisfy the different needs of each state/territory. The legislation followed in each state/territory can be found in the table on the next page.

State/Territory	Legislation	Application Act
Australian Capital Territory		Education and Care Services National Law (ACT) Act 2011
New South Wales		Children (Education and Care Services National Law Application) Act 2010
Northern Territory		Education and Care Services (National Uniform Legislation) Act 2011
South Australia	Education and Care Services National Law Act 2010	Education and Early Childhood Services (Regulation and Standards) Act 2011
Tasmania		Education and Care Services National Law (Application) Act 2011
Queensland		Education and Care Services National Law (Queensland) Act 2011
Victoria		-
Western Australia		Education and Care Services National Law (WA) Act 2012

The National Quality Standard

The National Quality Standard, known as the NQS, sets a national benchmark for assessing and rating the performance of early childhood education and care services and outside school hours care services in Australia.

The NQS applies to most long day care, family day care, outside school hours care, and preschools/kindergartens in Australia. The NQS is based on seven quality areas that are indicated below.



Quality Area 2: Children's health and safety

In supporting children's health, safety, and well-being, Quality Area 2 of the NQS needs to be considered. The objective of this quality area is to safeguard and promote children's health and safety, including minimising risks and protecting children from harm, injury, and infection. A child's physical and psychological well-being should be well cared for, and their growing competence, independence, and confidence should be supported in early childhood education and care services.

The standards outlined by Quality Area 2 and their elements are presented in the table below.

Standard 2.1	Health	Each child's health and physical activity are supported and promoted.
Element 2.1.1	Well-being and comfort	Each child's well-being and comfort are provided for, including appropriate opportunities to meet each child's need for sleep, rest, and relaxation.
Element 2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
Element 2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
Standard 2.2	Safety	Each child is protected.
Element 2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards.
Element 2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised, and implemented.
Element 2.2.3	Child protection	Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Sourced from [National Quality Framework](#), used under CC BY 4.0.

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Further Reading



Linked below is a YouTube video about Quality Area 2 from ACECQA's YouTube channel. Click the link below to watch the video.

[Topic 7: Quality Area 2 - Children's health and safety](#)

1.1.3 Service Policies and Procedures

As mentioned, your service's policies and procedures should contain details and specifications that reflect the regulatory requirements provided by the National Regulations discussed previously, such as the ones included in the table below.

Regulations	Title
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

To access the regulations above, refer to the table provided in the discussion about the National Legislative Framework in Section 1.1.2, as these contain the application acts corresponding to each state/territory.



Further Reading

To give you an idea of all regulations relevant to early childhood education and care services, including regulations for children's health and hygiene, safety, and well-being, read the Guide to the National Quality Framework linked below.

[Guide to the NQF](#)

As an early childhood educator tasked with safeguarding and promoting children's health, safety, and well-being, you need to implement the health and hygiene practices established in your service's policies and procedures. These may include, but are not limited to, the following:

- Assisting children in performing health and hygiene routines, such as:
 - washing hands, especially after toileting and before meals
 - coughing and sneezing etiquette
 - regular bathing
 - brushing teeth
- Referring to children's enrolment and medication records, which contain the medical management and risk minimisation plans in situations such as administering medication, etc.
- Responding to children's illness and injury, including:
 - systematically recording any incident using the incident, injury, trauma, and illness record
 - promptly communicating with families about any incidences (e.g. accidents and illnesses) that happen to their children
 - reporting suspected abuse experienced by children in their family environment or the service
- Properly administering medication to children
- Observing proper hygiene practices in situations, such as:
 - preparing children's meals
 - being in contact with ill children or staff
 - dealing with spills of bodily fluids
- Checking the service environment for potential hazards and removing/minimising the risk they entail
- Ensuring the safe collection of children
- Properly storing hazardous or dangerous products (e.g. medicines, cleaning substances, and kitchenware)



Sparkling Stars Early Years Learning Centre

Sparkling Stars is the simulated early years learning centre environment referenced in our learning resources.

Their policies and procedures are published on their site. You can access them through the link below:

[Procedures for Communicating Health and Safety Information](#)

(username: newusername password: new password)



Checkpoint! Let's Review

1. Health is the state of complete physical, mental, and social well-being of an individual, not merely the absence of diseases or infirmities.
2. Hygiene refers to conditions and practices performed to prevent the spread of diseases and promote health, which includes proper handwashing, oral care, and cleaning of surfaces and equipment, among many others.
3. Note that infection can spread directly due to person-to-person contact or indirectly through contact with contaminated or infected objects (e.g. door handles, support rails, among others). It can be deposited in ways, such as:
 - faecal-oral spread
 - droplet spread
 - contact spread
 - blood and bodily fluid spread.
4. Following regulatory requirements involves complying with legal provisions established by the Australian Government and your state/territory regulatory authority.
5. It is vital that you follow your service's policies and procedures as these contain specifications that reflect the regulatory requirements provided by the National Regulations and other organisational requirements you need to comply with.

1.2 Support Children to Learn Personal Health and Hygiene Practices Through Discussion, Modelling and Repeated Experience



As an early childhood educator, part of your role is to find and implement ways to support children to learn personal health and hygiene practices. *Personal health and hygiene practices* refer to good habits that you do every day to care for your body and protect yourself from acquiring illnesses. As mentioned in the previous subchapter, these include:

- washing hands, especially after toileting and before meals
- coughing and sneezing etiquette
- regular bathing
- brushing teeth.

As you provide this support to children, you should also keep in mind the health and safety issues that can result as a consequence of poor health and hygiene practices, such as the following:

- The spread of diseases
- Children often getting sick
- Children showing signs of pain, discomfort, or irritability

When children gain knowledge and understanding of personal health and hygiene practices, it helps address the mentioned issues, ultimately promoting everyone's health. The following discussions will tackle in detail the ways you can do to manage these health issues.

1.2.1 Handwashing Hygiene

Handwashing refers to washing the hands, either with soap and water or an alcohol-based hand rub. It is considered one of the simplest yet most effective measures to prevent or reduce the risk of spreading and acquiring diseases. The list below shows some situations in which children must wash their hands (i.e. situations you need to look into or assess as these may lead to the spread of diseases):

- When hands are visibly dirty
- Before and after meals
- After using the toilet
- After they touch or blow their noses, or sneeze or cough on their hands

Besides teaching children, the situations in which they must wash their hands, you must show them the proper steps in handwashing and assist them when they do such a task. The steps for proper handwashing are the following:

- 1.** Wet hands with running water (preferably warm, for comfort).
- 2.** Apply soap to hands.
- 3.** Lather soap and rub hands for at least 15 seconds, including:
 - palm to palm
 - back of hands
 - in between fingers and back of fingers
 - around thumbs
 - around tips of fingers.
- 4.** Rinse hands with water.
- 5.** Dry hands thoroughly.

Below are the steps on how to use an alcohol-based hand rub.

1. Apply alcohol-based hand rub to hands, then rub the following:

- Palm to palm
- Back of hands
- In between fingers and back of fingers
- Around thumbs
- Around tips of fingers

2. Dry hands.

Based on material provided by the [National Health and Medical Research Council](#), used under CC BY 4.0. ©Commonwealth of Australia 2021



Further Reading

The steps (including images for each step) for handwashing are taken from the NHMRC. Click the links below to access these documents.

For handwashing using soap and water, click the PDF file entitled *How to wash hands - Poster*.

For handwashing using alcohol-based hand rub, click the PDF file entitled *How to use alcohol-based hand rub - Poster*.

[Staying healthy: Preventing infectious diseases in early childhood education and care services](#)

To learn more about methods for supporting children's developing personal hygiene, spend time reading through the articles below:

[Personal hygiene for children](#)

[How to Teach Your Child to Blow Their Nose](#)

1.2.2 Oral Health

Simply, *oral health* refers to the health of one's mouth, including the tongue, gums, and teeth. You must take note that while oral health is just one aspect of personal health, it can affect one's general health. Since the mouth is an organ through which disease-causing organisms can enter the digestive and respiratory systems, it is essential that it must be kept clean at all times.



Tooth decay is one of the grave effects of poor oral health. It is a disease that causes tooth breakdown due to the conversion of sugar into acids and can be seen as white or dark spots at first. Aside from the presence of these white or dark spots, other signs of tooth decay include:

- toothaches, which happen when biting down or without any apparent cause
- holes in the teeth
- tooth sensitivity, which is apparent when drinking cold or hot liquids.

Practices that lead to tooth decay include:

- frequently eating food/drinking liquids with a high sugar content
- irregular brushing of teeth
- incorrect method for brushing teeth
- lack of consultation with a dentist.

As discussed earlier, poor oral health can lead to diseases that affect one's general health. Such diseases may include those that affect the digestive system, cardiovascular diseases (e.g. heart disease and stroke), and respiratory diseases (e.g. pneumonia).

With all that said, good oral hygiene practices must be taught and established in children since tooth decay and other oral health-related diseases become more serious later in life. These are often difficult to reverse.

Some ways to prevent infections related to oral health include the following:

- Regular brushing of teeth, at least twice a day
- Using mouthwash only if prescribed by the doctor



Further Reading

To learn more about children's oral health, read the article below from CareforKids.com.au. This includes discussion regarding the causes of tooth decay, good habits to promote oral health, and guidelines for children's proper tooth brushing program. You can access the article by clicking the link below.

[Promoting Oral Health in Child Care](#)

1.2.3 Supporting Children's Learning Through Discussion, Modelling and Repeated Experience

In the previous sections, you learnt all about children's handwashing hygiene and oral health. In addition to that, you also learnt the effects of poor hygiene and oral health and good habits and practices to promote health. You must use this knowledge to support children's learning of personal health and hygiene practices through discussion and modelling.



On the one hand, a discussion is a teaching method in which early childhood educators engage in conversations with the children. Using this method, you can converse with children about the proper ways of handwashing or brushing the teeth using pictures or posters to complement the discussion.

To encourage children to participate in the discussion regarding personal health and hygiene, you can do the following:

- **Ask them open-ended questions, such as the ones below:**

- ‘What happens if you do not wash your hands properly?’
 - ‘Why should you brush your teeth before you go to bed?’

This method allows children to share their understanding of the topic and express what they need to do and why they do it in certain situations.

- **Share stories related to health and hygiene.**

This allows children to reflect and make a connection between the main character's life in the story and theirs.

On the other hand, modelling requires early childhood educators to perform specific health and hygiene practices (e.g. proper handwashing and brushing of the teeth) first and have children observe, follow, and complete the tasks themselves. Modelling complements the discussion method well since it allows children to execute the concepts or ideas they gained during discussions.

In supporting children's learning through modelling, you should do the following:

- Demonstrate in detail how certain health and hygiene practices (e.g. handwashing and brushing of teeth) must be done. In doing so, emphasise key actions or movements and provide additional discussions, if necessary.
- Let children follow or imitate the task themselves. Observe how each child does the task.
- Reinforce portions of the task that the children are doing right. For example, in handwashing, you can tell children that they are doing a good job of completely rinsing the soap from their hands and drying their hands with a clean towel.
- Appropriately correct portions of the task that need improvement. For example, in brushing their teeth, you should tell them to apply only a small amount of toothpaste on their toothbrush to prevent or minimise any chance of using too much toothpaste in the future.

It is important to take note that in order for children to make a habit of good personal hygiene, they must be provided with opportunities for repeated experiences. Examples include the following:

- Have children line up and take turns in washing hands before meals. You may also impose a rule wherein a child cannot sit at the meal table if they have not washed their hands.
- Have children wash their hands after meals and after every activity where they soil their hands (e.g. playing with modelling clay and other art and craft materials, playing in the sandbox, and playing in the playground).
- Have children brush their teeth after every meal.



Further Reading

The article from Raisingchildren.net.au contains tips on how you should converse with children. You can use them to guide you in applying discussions and role-modelling activities with the children. Access the link below:

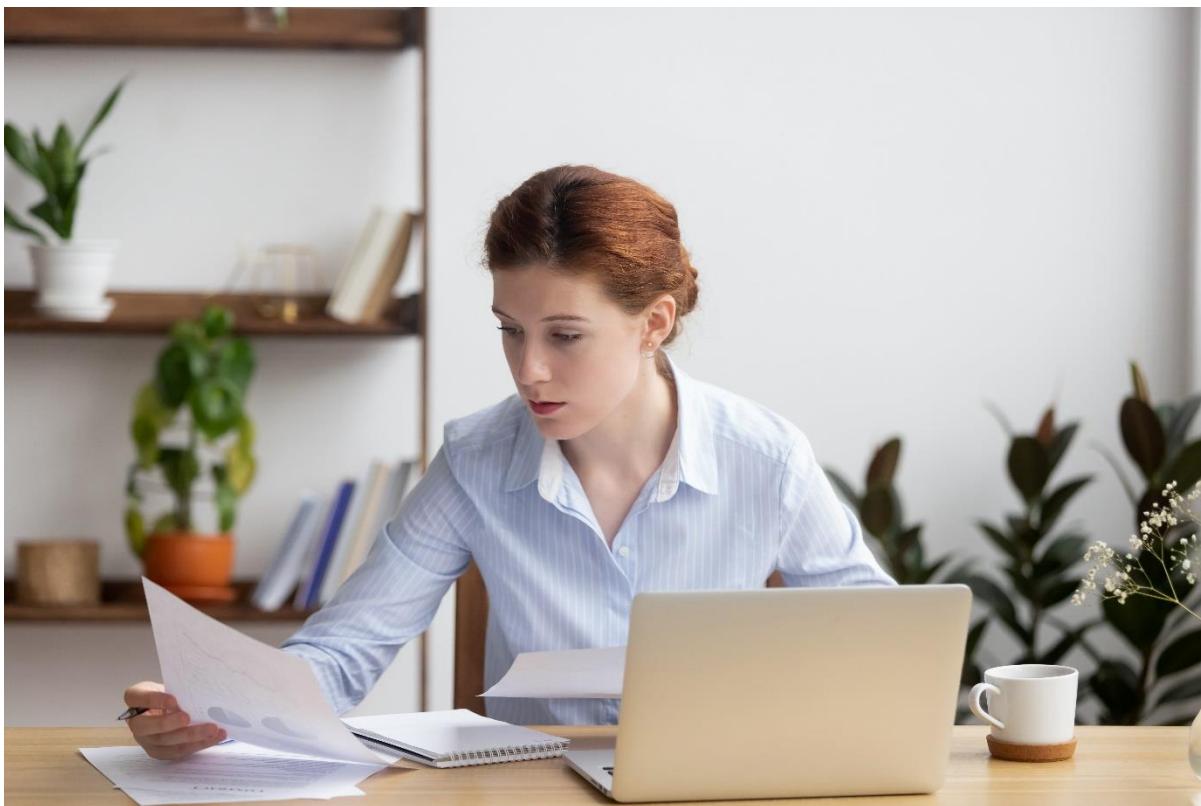
[Conversation skills for children: learning to talk and listen to others](#)



Checkpoint! Let's Review

1. Handwashing refers to washing the hands, either with soap and water or an alcohol-based hand rub.
2. Oral health simply means the health of one's mouth, including the tongue, gums, and teeth.
3. Discussions and modelling are teaching methods you can use to support children's learning of personal health and hygiene practices.

1.3 Identify Practices That Are Not Consistent With Requirements and Procedures and Take Corrective Action Within Level of Responsibility



As mentioned in Subchapter 1.1, education and care services must follow health and hygiene regulatory requirements. Additionally, health and hygiene practices must also be consistent with the organisation's service procedures. Take note that service health and hygiene policies and procedures will only be effective if they are carried out consistently by all staff. Therefore, it is necessary to identify and correct inconsistent organisational health and hygiene practices to ensure the effectiveness of these practices.

1.3.1 Identifying Inconsistent Practices

Typically, inconsistent practices will come in the form of activities or aspects of activities that may be confusing or unclear. For example, you may have used liquid handwashing soap one time and bar soap for another. You may be using different concentrations of alcohol-based hand rub. While they may be taken at times as things of no or little consequence, it is still necessary to address them as there are situations in which they might be considered consequential. For example, there might be children with sensitive skin or sensitive teeth that require specific products to prevent irritation or inflammation.

To identify inconsistent practices, you need to regularly engage in critical reflection. This requires you to look deeper into all aspects of everyday experiences, including your own practice as an early childhood educator. This may be done individually or in collaboration with your fellow educators, allowing different perspectives to be discussed. In this way, you will be able to develop a deeper understanding of the various health and hygiene practices or routines in your service that do not comply with the regulatory requirements and other unique requirements reflected in your service's policies and procedures.

Apart from that, you need to be always watchful and observant as you carry on with the different health and hygiene routines and experiences that children undertake in the service. This allows you to pinpoint any subtle aspects that, as discussed earlier, may appear as something of no or little consequences but are actually detrimental in the long run when not addressed as early as possible. As you identify these inconsistencies, you must note them down.

For health and hygiene procedures to remain fresh in your mind, you should regularly review your organisation's health and hygiene policies and procedures. A fresh memory of your service's various health and hygiene procedures will greatly help you detect these inconsistent practices more easily.

1.3.2 Taking Corrective Action

Of course, apart from identifying practices that are not consistent with the regulatory requirements and service procedures, it is your responsibility as an early childhood educator to correct these inconsistent practices.

Generally, the level of responsibility expected of early childhood educators revolves around the supervision of children and provision of care for children to ensure:

- the children's health and safety
- the children's holistic development (i.e. physical, cognitive, social, language, and emotional development).

Simply put, early childhood educators are expected to take a hands-on approach to the development of children. This means that they must be directly involved in children's various learning experiences, such as initiating play and following children's lead.

In taking corrective action, you are expected to do the following:

- **Note down inconsistent health and hygiene practices identified.** This can be done by simply recording your findings in a journal or diary, which you can use as a reference during formal discussions with other educators and supervisors/leaders.
- **Send a formal report to your immediate supervisor using an approved template for lodging issues.** This may come in the form of physical prints or digitised forms, depending on your policies and procedures.
- **Directly report inconsistent practices to your immediate supervisor.** This is especially important when dealing with urgent issues so that they can be addressed as soon as possible.

Note that the correct procedure for taking corrective action varies depending on the organisation. You must refer to your organisation's policies and procedures as these contain specific details and the complete provision for taking corrective action. Additionally, when reporting inconsistent practices, remember to be specific and direct to the point so that these issues will be easier to understand and address.

Checkpoint! Let's Review



1. Service health and hygiene policies and procedures will only be effective if they are carried out consistently by all staff.
2. Inconsistent practices identified must be reviewed against the organisation's health and hygiene policies and procedures.
3. Be specific when reporting inconsistent practices by breaking down and emphasising the inconsistencies so that they will be easier to understand.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Support Each Child's Health Needs



In the previous chapter, you learnt about implementing hygiene and health procedures, including following health and hygiene regulatory requirements, supporting children to learn personal health and hygiene practices, and identifying and correcting inconsistent health and hygiene practices in your service.

While personal hygiene is of primary importance, children's health needs must also be treated with priority. This is because children may have long-term conditions and short-term medical needs which require careful assistance and monitoring. Additionally, keep in mind that children are highly susceptible to infection and illnesses since their bodies are still developing immunity. This means that any signs and symptoms of illness that children show must be noted down and attended to immediately.

As an early childhood educator, it is your role to be aware of children's health needs, including procedures for administering any required medication and risk-management strategies when symptoms of illnesses occur. Additionally, you must communicate with families and colleagues when exchanging confidential information regarding children's health needs.

This chapter will thoroughly discuss how to support each child's health needs, including:

- maintaining knowledge of children's health needs by seeking and sharing information with colleagues and families
- maintaining confidentiality in relation to children's individual health needs
- implementing service risk-management strategies for children with long-term medical conditions
- identifying service and regulatory requirements and procedures for short and long-term medication administration
- observing and responding to signs of illness and injury in children and systematically recording and sharing this information with colleagues and families according to service policies and procedures and regulatory requirements.

2.1 Maintain Knowledge of Children's Health Needs by Seeking and Sharing Information With Colleagues and Families

As an early childhood educator, it is your responsibility to maintain knowledge of the children's health needs. To do this, you must communicate with each of the children's families.

The best time to communicate with families about their child's health needs is when they are enrolling their child at the service. You must note these using an enrolment record (in compliance with the National Regulations) that you are required to keep in the service. This completed enrolment record serves as documentation of the children's health and the plan for medical management that covers health care needs, such as needs specific to anaphylaxis and asthma, immunisation, etc.

Since the enrolment record contains details of children's health, you can use it as a reference when cases such as illnesses or other medical conditions occur to a child. Additionally, having this enrolment record available to the rest of your colleagues allows all of you to share the preliminary information (i.e. benchmark information) about children. Through this, you can inform one another when any updates or revisions to accommodate children's ever-changing health needs are necessary.

2.1.1 Seeking and Sharing Information With Families

When seeking information related to children's health and health issues, you should communicate with families sensitively and appropriately. In this way, families will feel safe and comfortable sharing confidential experiences and matters concerning their child's health.

Key information related to children's health that you must seek from families can be found in your organisation's enrolment records. Although the enrolment record template varies from organisation to organisation, typical information may include the following:

- Full name of child
- Nickname of the child
- Age upon enrolment
- Date of birth
- Gender
- Address of the child
- Primary language
- Cultural background (e.g. Aboriginal, Torres Strait Islander, among others)
- Allergies
 - Causes of the allergy
 - Severity of the allergy (e.g. mild or severe)
 - Action plan to address allergies
- Food intolerances
 - Cause of intolerance
 - Severity of intolerance
 - Action plan to address intolerances
- Dietary restrictions

Asthma

- Severity of asthma
- Symptoms when experiencing asthma
- Action plan to address asthma

Immunisation status

Experiences of seizure

- Triggers
- Date of last seizure
- Action plan to address seizures

Regular medications

Other health details

- Specialist support services availed (e.g. speech therapy, hearing, vision, mobility, and occupational therapy)
- Diagnosed disability
- Contact details of child's medical practitioner (e.g. doctor, dentist, and pediatrician)

As you seek and share information with families about children's health needs, you should be able to discuss further details about allergies and anaphylaxis. These are two of the most common health conditions which can lead to severe consequences if not managed properly. Furthermore, you should also give extra attention to information regarding children's immunisation (status) as you need to make sure that children under your care have been given the appropriate vaccines to protect their bodies from various diseases.

Allergies and Anaphylaxis

Allergies are reactions that children's bodies show when exposed to certain *allergens*. Common examples of allergens include food (e.g. seafood, eggs and other proteins, etc.) and environmental elements (e.g. dust, pollen, smoke, heat, insect bites or stings, etc.).

Allergic reactions are apparent in ways such as:

- swelling in the face, lips, tongue, or other body parts
- excessive itching
- stomach pain and diarrhoea.

Note that allergic reactions may lead to anaphylaxis. Anaphylaxis poses a great risk to a child's health as it is life-threatening and potentially fatal if not treated with urgent medical attention. Unlike normal allergic reactions, anaphylaxis involves signs and symptoms related to a child's respiratory or cardiovascular systems. These include apparent breathing difficulty, chest pain, persistent cough, etc. Thus, your service must have processes in place to prevent or minimise the likelihood of anaphylaxis.

As you discuss with families about information regarding allergies and anaphylaxis, you must ask the following:

- Specific allergens that can cause a child's allergies
- Severity of the allergy
- Date of the latest occurrence of allergies
- History of anaphylaxis
- Medical action and management plans put in place as advised by a medical practitioner to address allergies

Immunisation

Apart from the hygiene practices discussed in Subchapter 1.2, one way of preventing or minimising the spread of infection is through the process of immunisation. As discussed earlier, a child's immunisation status must be documented in the enrolment record since immunisation details are often needed for families to enrol their child in school or childcare.

Immunisation is the process of protecting the child from disease-causing microorganisms (or pathogens) through the administration of a vaccine. The vaccine protects their bodies from various diseases by stimulating their immune system to create antibodies.

The Australian Government has established a National Immunisation Program Schedule which contains the required immunisation at specific times in a person's life. Immunisation must be administered to protect children against diseases including, but not limited to the following:

- Polio
- Mumps
- Tetanus
- Chickenpox
- Whooping cough
- Hepatitis
- Measles



Further Reading

The article from the Department of Health provides a discussion on the National Immunisation Program Schedule. Additionally, it provides state and territory schedules that include any additional vaccines funded by the health departments of each state or territory. Click the link below:

[National Immunisation Program Schedule](#)



2.1.2 Common Childhood Medical Conditions

In communicating with families regarding children's health, you will most likely encounter terms related to various childhood medical conditions. So, you must know and understand what these medical conditions are.

Childhood medical conditions are diseases and disorders that affect children. They need to be medically treated since some of these conditions may be fatal if not addressed or treated with urgency.

Information Regarding Short-Term Medical Needs

Short-term medical needs may refer to any processes, such as treatment or medication administration, that are usually required for a definite period to address short-term illnesses. In other words, processes for short-term medical needs are temporary and do not last long compared with those for long-term medical conditions.

In sharing information with families regarding children's short-term medical needs, you must seek the following:

- Any short-term illnesses the child is experiencing (e.g. headache, stomach ache, etc.)
- How the short-term illnesses usually show (i.e. symptoms)
- Actions usually done to address the short-term illness (e.g. prescribed medication, procedures such as hot or cold compress, providing additional time for the child to rest, etc.)



Information Regarding Long-Term Medical Conditions

Many common medical childhood conditions can be considered long-term medical conditions. These are referred to by the Australian Institute of Health and Welfare (AIHW) as chronic conditions or non-communicable diseases. According to the AIHW, long-term medical conditions are illnesses and diseases that tend to be long lasting with persistent effects. Often, long-term medical conditions persist throughout children's lives. Therefore, long-term health management is necessary to address these medical conditions.

Based on [Australian Institute of Health and Welfare material](#), used under CC BY 4.0

Before you go further into the various common long-term medical conditions indicated in the table below, you must first know and understand what characteristics, signs, and symptoms mean. These are defined as follows:

- **Characteristic** refers to the quality or feature that serves as a distinguishing trait of a medical condition.
- **Sign** refers to any observable indications that can be perceived by others.
- **Symptom** refers to indications that are perceived or experienced by the patient only.

The table below shows common long-term childhood medical conditions, including their characteristics, signs, and symptoms. Remember each medical condition's signs and symptoms, as you may encounter these when sharing information with families. Additionally, take note of the severity of each symptom, as well as any medical action and management plan to address these symptoms.

Medical Condition	Characteristic	Sign	Symptom
Asthma	<ul style="list-style-type: none"> ▪ Respiratory condition characterised by chronic inflammation (i.e. narrowing) of the airways 	Whistling sound when breathing out (i.e. wheezing), blue lips or fingers	Shortness of breath, chest tightness, difficulty breathing, coughing
<i>Based on Asthma: symptoms. raisingchildren.net.au</i>			
Anaphylaxis	<ul style="list-style-type: none"> ▪ A potentially fatal allergic reaction caused by exposure to <i>allergens</i> which are commonly food, medicine, and insect stings ▪ Can occur immediately or a few seconds or minutes upon exposure 	Swelling of face, tongue, lips and/or eyes, hives/welts, paleness	Itchiness, difficulty breathing, coughing, dizziness
<i>Based on Anaphylaxis. raisingchildren.net.au</i>			

Medical Condition	Characteristic	Sign	Symptom
Childhood Obesity	<ul style="list-style-type: none"> ▪ A condition wherein the child possesses excessive amounts of body fat for their age as a result of consuming more energy (through unnecessary eating and drinking of, especially, unhealthy food and drinks) than the energy expended through physical activity ▪ Caused by other factors, such as lack of physical activity, family history, and other medical factors 	Overweight, Hypertension, high cholesterol, type 2 diabetes, skin disorders	Pain on the joints such as hips, legs, ankles, etc., sleep apnoea, morning headaches, blocked nose
<i>Based on Childhood obesity. raisingchildren.net.au</i>			
Food Allergies	<ul style="list-style-type: none"> ▪ An allergic reaction caused specifically by a particular food that enters the body ▪ Can be moderate or mild, but they can potentially result in anaphylaxis 	Whistling sound when breathing out (i.e. wheezing), swelling of face, tongue, lips and/or eyes, paleness	Itchiness in the skin or mouth, vomiting, diarrhoea, nose congestion, coughing, dizziness
<i>Based on Food allergies in children and teenagers. raisingchildren.net.au</i>			



Further Reading

Access and read the articles linked below to know and understand more about the medical conditions discussed in this section.

For asthma:

[SYMPTOMS OF ASTHMA IN CHILDREN](#)

For anaphylaxis:

[Anaphylaxis](#)

For childhood obesity:

[Obesity in children](#)

For food allergies:

[Food allergies in children and teenagers](#)

Apart from the common long-term medical conditions discussed in the tables earlier, you may also encounter other long-term childhood medical conditions that need further support. Examples of these include the following:

- **Conditions related to mental and behavioural disorders**

- Attention Deficit Hyperactivity Disorder (ADHD)

This is a condition associated with problems related to attention, hyperactivity, and impulse control.

- Anxiety disorders

These are conditions associated with difficulties in managing one's emotions or feelings, such as worrying, stress and fear. They are usually characterised by withdrawal or decreased engagement in everyday activities.

- **Dental caries**

Also known as dental cavities or, more commonly, tooth decay (discussed in Section 1.2.2), it is a condition caused by the presence of bacteria and the production of acids that result in tooth damage.

As you proceed with the provision of education and care for early years children, you should be aware of the signs and symptoms that indicate these long-term medical conditions. This includes the proper ways to manage them so that medical assistance can be sought and provided as soon as possible.



Further Reading

To help you know and understand the signs and symptoms of the long-term medical conditions discussed previously, including ways to manage them properly, access and read the articles linked below.

For ADHD:

[Attention deficit hyperactivity disorder \(ADHD\)](#)

For anxiety disorders:

[Anxiety](#)

For dental caries:

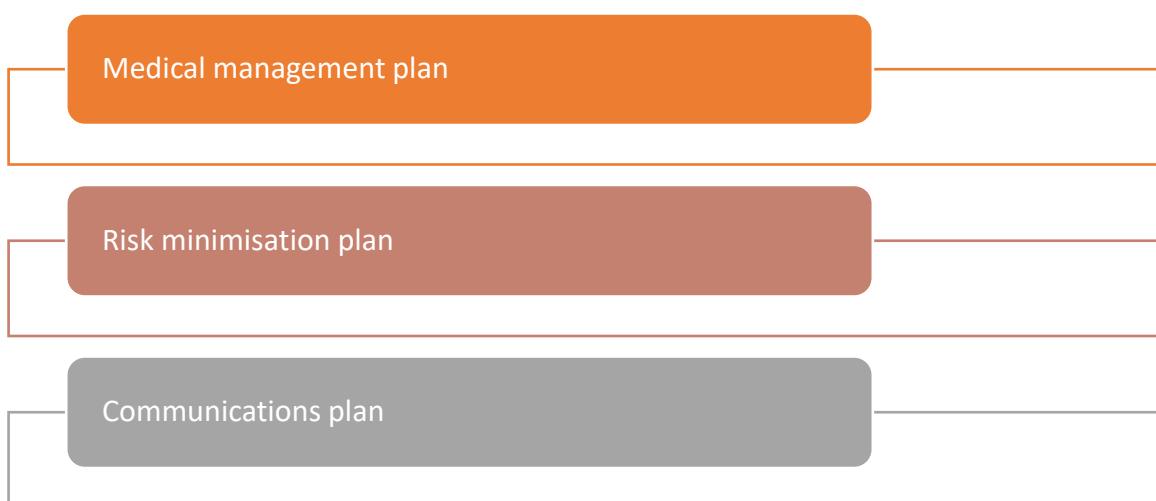
[Tooth decay](#)

In addition to the resources linked above, you can also read AIHW's report about other chronic conditions that children in Australia experience. You can access and read the report by clicking the link below.

[Chronic conditions and burden of disease](#)

Information in Health Management Plans

A health management plan is a document that contains the processes, methods, and strategies involved in addressing the health needs (i.e. short-term and long-term medical conditions) of each child under the service's care. This plan is composed of the following:



The medical management plan, prepared and completed by the child's registered medical practitioner, contains the following information:

- Details of the diagnosed health care need, allergy, or relevant medical condition, including the severity of the condition
- Any current medication prescribed for the child
- The response required from the service in relation to the emergence of symptoms
- Any medication required to be administered in an emergency
- The response required if the child does not respond to initial treatment
- When to call an ambulance for assistance

Based on [Children with medical conditions attending education and care services](#), used under CC BY 4.0. © State of Victoria (Department of Education and Training)

Note that the child's parents must provide the medical management plan after they have consulted with the child's doctor. Therefore, you should be able to discuss with them what this plan is and the necessary information it contains.

On the other hand, the two other plans— the risk minimisation plan and the communication plan — are documents that you need to develop in consultation with a child's parents. Refer to the table below for the descriptions of each plan.

Type of Plan	Description
Risk minimisation plan	<p>It refers to a document that contains details regarding a child's medical conditions and needs, including the risks relevant to the condition, strategies to minimise the risks identified, and the responsible people involved in the process. This ensures that:</p> <ul style="list-style-type: none">▪ the risks relating to the child's diagnosed health care need, allergy, or relevant medical condition are assessed and minimised▪ if relevant, practices and procedures are in place, including the safe handling, preparation, consumption, and serving of food are developed and implemented▪ the parents are notified of any known allergens that pose a risk to a child, and strategies for minimising the risk are developed and implemented

Type of Plan	Description
	<p><i>(Continued from the previous page)</i></p> <ul style="list-style-type: none"> ▪ all staff members and volunteers can identify the child, the child's medical management plan, and the location of the child's medication ▪ if relevant (and poses a significant risk), practices and procedures are in place ensuring that the child does not attend the service unless their relevant medications are at the service.
Communication plan	<p>It refers to a document outlining how communications among educators, staff, and families regarding a child's medical needs will be done. Furthermore, it sets out how:</p> <ul style="list-style-type: none"> ▪ relevant staff members and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for children at the service who have a diagnosed health care need, allergy or relevant medical condition ▪ a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for their child.

Sourced from [Children with medical conditions attending education and care services](#), used under CC BY 4.0. © State of Victoria (Department of Education and Training)

In order to acquire the medical management plan and develop both a risk minimisation plan and a communication plan, you need to engage in discussions with a child's parents through meetings or one-on-one consultations. In such meetings or consultations, you should be able to discuss the areas that need to be addressed and the necessary documents they need to submit. You can also agree on ways to best approach the child's medical needs.

Additionally, keep in mind that these meetings should be done prior to the child's enrolment in compliance with regulatory requirements (i.e. the health management plan must be completed before the start of a child's attendance at the service).

2.1.3 Seeking and Sharing Information With Colleagues



As educators responsible for providing quality education and care for early years children, it is necessary that you and your colleagues engage in discussions to seek and share information about the child's health needs. This is best done through group meetings.

In such a meeting, you should discuss the necessary information that would allow you and your colleagues to respond promptly to any circumstances where a child's health may be at risk. This includes a discussion on:

-  the names and ages of children under your care
-  the names of the parents of each child
-  the medical needs of each child and the individualised strategies to address their needs
-  how communication with educators, staff, and parents about children's medical needs will go.

Furthermore, it is significant to discuss where the enrolment record and these health management plans will be stored. This allows everyone to have access to the documents and reflect and share any updates (e.g. additional information and revisions) that come along as the child spends their time in the service.

Of course, in maintaining knowledge of children's health needs, communication with the children themselves is vital. This allows you to take note of what they say in cases where they feel unwell. However, in some cases, children may not verbally express that they feel unwell or feel some unusual pain or irritation. Thus, you need to keep an eye on any symptoms, behaviours, and tendencies that they are showing.

By listening to what children say when they feel unwell and being aware of symptoms, behaviours, and tendencies, you can confirm the medical conditions recorded in the enrolment record. Also, you will be able to note and document any instances where the enrolment record information may need some updates or revisions to address children's changing health needs.



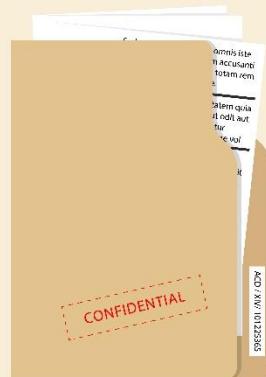
Checkpoint! Let's Review

1. The best time to communicate with families about their child's health needs is when they are enrolling their child at the service.
2. Since the enrolment records and the health management plans contain details of children's health, you can use them as a reference when cases such as illnesses or other medical conditions occur to a child. Furthermore, these documents must be revised and updated as necessary to accommodate children's changing health needs.
3. The Australian Government has established a National Immunisation Program Schedule which contains the required immunisation at specific times in a person's life.
4. As educators responsible for providing quality education and care for early years children, it is necessary that you and your colleagues engage in discussions through group meetings to seek and share information about the child's health needs.

2.2 Maintain Confidentiality in Relation to Children’s Individual Health Needs

Maintaining confidentiality means respecting and protecting the children’s and their families’ right to privacy regarding personal information of children’s health needs. In addition to that, it also means carrying out ethical procedures concerning the collection, sharing, storage, and disposal of information.

Services are required to uphold families’ privacy rights and to keep information relevant to children’s health needs confidential under the National Regulations, specifically the regulations specified in the table below:



Regulations	Title
Regulations 177	Prescribed enrolment and other documents to be kept by approved provider
Regulations 181	Confidentiality of records kept by approved provider
Regulations 182	Confidentiality of records kept by family day care educator

The succeeding sections further discuss confidentiality and privacy requirements, including other restrictions around sharing information.

2.2.1 Privacy Requirements

All early childhood education and care (ECEC) services are required to comply with the privacy law known as the Privacy Act 1988.

Under Australia’s privacy law, ECEC services are deemed as health service providers, which puts them in the category of an “Australian Privacy Principle (APP) Entity”. Under Australian law, all APP entities are bound by the Act and must comply with it. The APPs outline how ECEC services (and other relevant businesses) must handle, use and manage their clients’ personal information.

Sourced from [Changes to Australia's privacy law - What ECEC services need to know](#),
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As an early childhood educator, you must apply these principles in your daily provision of education and care for early years children.

There are 13 principles of the APP that govern standards, rights, and obligations around the following:

- The collection, use, and disclosure of personal information
- An organisation's or agency's governance and accountability
- Integrity and correction of personal information
- The rights of individuals to access their personal information

These APP principles are as follows.

Principle	Title
APP 1	Open and transparent management of personal information
APP 2	Anonymity and pseudonymity
APP 3	Collection of solicited personal information
APP 4	Dealing with unsolicited personal information
APP 5	Notification of the collection of personal information
APP 6	Use or disclosure of personal information
APP 7	Direct marketing

Principle	Title
APP 8	Cross-border disclosure of personal information
APP 9	Adoption, use or disclosure of government related identifiers
APP 10	Quality of personal information
APP 11	Security of personal information
APP 12	Access to personal information
APP 13	Correction of personal information

Based on [Australian Privacy Principles](#), used under CC BY 3.0 AU. Office of the Australian Information Commissioner website — www.oaic.gov.au

Further Reading



Linked below is the full document of the Commonwealth Privacy Act 1988 – Privacy Amendment Act 2000. Click the link below to access and read it.

[Commonwealth Privacy Act 1988–Privacy Amendment Act 2000](#)

You can also access the link below to read further about the purpose of each of the 13 Australian Privacy Principles and guidelines for applying them in practice.

[Australian Privacy Principles quick reference](#)

2.2.2 Ethical Requirements

Aside from the privacy legislation discussed earlier, you need to act according to ethical requirements implied by confidentiality provisions during the collecting, sharing, storage, and disposal of children's and families' private information.

The list provided below shows the ethical requirements (including the restrictions around the sharing of information) you need to follow when maintaining confidentiality concerning children's health needs. Your organisation's policies and procedures should reflect these requirements; thus, it is good to refer to these documents to be constantly reminded of your confidentiality responsibilities.

- In collecting information, you must:
 - obtain permission to collect, share, and store information through a signed agreement containing information relevant to the points discussed below
 - gather only the necessary information corresponding to the purpose with which you are to use it and use it according to that purpose only
 - ensure families are informed as to why certain information needs to be recorded (e.g. for the improvement of the curriculum)
 - inform families of people and other organisations with whom the information may be shared and the corresponding reason
 - inform families that it is their right to request access to the information collected and stored in the service.
- In sharing information, you must:
 - never give out information to other families or other people or parties not authorised to elicit or access it
 - give out information only to whom the information relates (under the conditions specified in the agreement during the acquisition of permission from families), which may include the following:
 - Relevant educators responsible for the care and protection of the child concerned
 - The families themselves
 - Regulatory authority

- Other persons who have authorisation from families to access confidential information
 - Other persons authorised under an act or law
 - Medical practitioners (e.g. doctors, nurses, emergency response personnel, etc.) in circumstances where a child or family's health or well-being is at stake and in situations where non-disclosure of information may potentially result in their or other people's harm
 - make sure that information, such as feedback about parent's children, are discussed in private with the parents, away from the presence of uninterested people
 - give families access to the information you elicited from them
 - discuss information only according to your responsibility and purpose of sharing information.
- In storing and disposing of information, you must:
- ensure that records are kept in a safe and secure place, protected from unauthorised access and from elements that could cause damage to the records (e.g. locked rooms, locked cabinets and drawers, and passwords only given to authorised people)
 - not keep records longer than necessary for the purpose it was obtained
 - get rid of confidential records that exceed the required period of storage (e.g. shredding before recycling)

Further Reading



The *Guide to the NQF* provides a discussion on the storage of records and other documents under Regulation 77 of the National Regulations, including the appropriate timeframes for keeping specific records in the service. Click the link below and head over to page 77 of the document.

[Guide to the NQF](#)



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on confidentiality through the link below.

[Confidentiality Policy](#)

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2.3 Implement Service Risk-Management Strategies for Children With Long-Term Medical Conditions

Risk-management strategies refer to strategies that must be applied in order to prevent or minimise the impact of risks that arise from children's long-term medical conditions. These risks manifest themselves as symptoms of the long-term medical conditions discussed in Section 2.1.1.

Every childcare service has policies and procedures that explain the organisation's risk management strategies. In implementing risk-management strategies for children with long-term medical conditions, you must refer to these policies and procedures.

On the following page is a table that contains long-term medical conditions and the corresponding general risk-management strategies to address each condition. The strategies listed are general strategies you can apply in the workplace. However, take note of your organisation's policies and procedures, as these may contain strategies not listed in the table.



Medical Condition	Risk-Management Strategies
Asthma	<p>Typically, you can also see risk-management strategies for asthma in the children's <i>Asthma Action Plan</i> written by their doctors. Strategies may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ▪ Identify children's asthma triggers. Asthma triggers include but are not limited to: <ul style="list-style-type: none"> ○ inhaling cigarette smoke ○ exposure to allergens such as dust mites, pollen, animals ○ air pollution ○ cold air ○ common cold and other airway infections ○ heavy exercise. ▪ Apply procedures to avoid/limit children's exposure to these triggers. These include: <ul style="list-style-type: none"> ○ ensuring no animals enter the facility ○ vacuuming regularly ○ using mite-resistant bedding ○ cleaning windows, floors, etc. regularly ○ avoiding staying outdoors during the pollen season ○ reducing the chances of acquiring colds by guiding children to observe proper hygiene practices ○ ensuring that children get the regular flu vaccination. ▪ Record occurrences of children displaying asthma symptoms, including the time, place, possible trigger, frequency and severity after exposure, and frequency.

Medical Condition	Risk-management Strategies
Asthma	<p>(continued from previous page)</p> <ul style="list-style-type: none"> ▪ When symptoms occur, administer appropriate asthma medications, such as relievers and preventers. Remember to: <ul style="list-style-type: none"> ○ administer medication approved by the child's doctor ○ administer the smallest dose of medication required (as advised by the doctor) to keep symptoms under control. <p>During occurrences of severe asthma attacks, call emergency units for assistance (i.e. ambulance) and then start performing asthma first aid.</p>
Anaphylaxis	<p>Typically, you can also see risk-management strategies for anaphylaxis in the children's <i>Allergy Action Plan</i> written by their doctors. Strategies may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ▪ Identify children's anaphylaxis triggers. Triggers include, but are not limited to: <ul style="list-style-type: none"> ○ food allergens, such as cow's milk, soy, shellfish, etc. ○ insect stings ○ medication.

Medical Condition	Risk-management Strategies
Anaphylaxis	<p>(continued from previous page)</p> <ul style="list-style-type: none"> ▪ Apply procedures to avoid children's exposure to these triggers. Some of these procedures include: <ul style="list-style-type: none"> ○ ensuring that dishes to be used for meals are not contaminated with allergens ○ teaching children not to share their food ○ dressing children in long-sleeved shirts and pants to avoid insect bites ○ informing doctors, dentists, and other appropriate personnel of children's allergies before undergoing treatment or taking any medication. ▪ Let children wear a medical bracelet. This informs appropriate personnel regarding children's allergies. ▪ Use an adrenaline auto-injector in cases of anaphylaxis attack. The adrenaline auto-injector must be put in an accessible place so anaphylaxis can immediately be addressed if it occurs. Remember that it is safer to administer the adrenaline auto-injector during a severe allergic reaction than to wait and see whether the symptoms worsen.
Childhood Obesity	<p>Risk-management strategies include the following:</p> <ul style="list-style-type: none"> ▪ Share healthy eating habits with children. Some examples include: <ul style="list-style-type: none"> ○ Eating healthy foods such as vegetables, fruits, grains, and low-fat dairy food ○ Minimising the consumption of 'junk food' such as chips, fast food, candies, cakes, etc. ○ Cutting back on sugary drinks and drink water instead ○ Teaching children to only eat when they are hungry and stop eating when they are full

Medical Condition	Risk-management Strategies
Childhood Obesity	<p>(continued from previous page)</p> <ul style="list-style-type: none"> ▪ Do physical activities together with children (at least 60 minutes daily). Some examples include: <ul style="list-style-type: none"> ○ Encouraging children to play team sports ○ Making mundane physical activities (e.g. walking) more fun and interactive for children to enjoy the physical activities ○ Limiting screen-based activities
Food Allergies	<p>Risk-management strategies for food allergies are similar to the risk-management strategies for anaphylaxis, excluding those wherein allergies are caused by allergens other than food. Strategies to address food allergies are also contained in the <i>Allergy Action Plan</i>. Strategies include the following:</p> <ul style="list-style-type: none"> ▪ Identify foods that trigger allergy, such as cow's milk, soy, shellfish, wheat, etc. ▪ Read food labels before giving them to children. Note that some allergenic foods are labelled with different names (e.g. cow's milk protein is also called 'whey' or 'casein') ▪ Ensure that dishes to be used for meals are not contaminated with allergens ▪ Let children wear a medical bracelet. This informs appropriate personnel regarding children's allergies. ▪ Use an adrenaline auto-injector in cases where allergies evolve into an anaphylaxis attack. The adrenaline auto-injector must be put in an accessible place in order to address anaphylaxis immediately if it occurs.

Also, be sure to have a record of hospitals' and/or health care personnel's contact numbers in case of any emergencies in the workplace. This record must always be available and accessible.

Take note that communication with relevant people such as parents, medical personnel, and staff is involved in following risk-management strategies for children with long-term medical conditions. Therefore, you must follow your organisation's communication plan when informing staff members and when communicating with parents regarding any changes in their children's medical action plans.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on allergy and asthma through the link below.

[Allergy and Asthma Awareness Policy](#)

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2.4 Identify Service and Regulatory Requirements and Procedures for Short and Long-Term Medication Administration

In the previous subchapter, you learnt about service risk-management strategies for children with long-term medical conditions. Part of those strategies discussed is the administration of medication. So, you must identify service and legislative requirements that you must follow when administering short and long-term medication.

In identifying regulatory requirements, refer to the National Regulations.

Requirements relating to the administration of medication specified in Quality 2 Element 2.1.2 of the NQS are listed in the table below.



Regulation	Title
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

In identifying service procedures for short and long-term medication administration, refer to your organisation's policies and procedures. These documents reflect and adapt the relevant regulations in the table above and include the necessary organisational procedures for administering medication to children.

The medication record established in Regulation 92 contains the details of administering medication to the children. These include the signature of the parent or person listed on the enrolment record, which serves as the authorisation for medication to be administered. You must complete this before respective families leave their child in the service. Especially in emergency situations, verbal authorisation of the parent or carer is valid for administering medication in compliance with Regulation 93.

In accordance with Regulation 94, medication may be administered without consent in cases of anaphylaxis or asthma emergency. However, you must notify the parents when such cases occur.

In compliance with Regulation 95, you must follow the specifications below:

- Medications to be administered must have a prescription from a registered medical practitioner, including any additional medical practitioner's instructions.
- Medication must be contained in its original container and must contain:
 - the name of the child
 - original labels and instructions.
- The dose of medication must be in accordance with the original labels and the instructions from the medical practitioner.
- The administration of medication must be documented using the medication record. This documentation must be done after every administration of medication.
- Labels of medication must be checked to ensure that the use-by-date of the medication has not been exceeded.

Regulation 96 allows children to self-administer medication as long as authorisation from the parent or carer is obtained and recorded in the medication record and the children's medication administration complies with the organisation's policies and procedures.

Additionally, remember to store medication in appropriate storage areas, in accordance with instructions on the label (e.g. storage temperature, refrigeration, etc.) and away from the reach of children. In cases of any confusion or questions regarding the medications (e.g. side effects, mixing it with other food, and how soon medication will start working), ask questions to the medical practitioner.

The National Regulations establish provisions and procedures for the administration of medication in general – regardless of whether medication is short-term or long-term. However, services may provide additional provisions in their policies and procedures specific to short-term and long-term medication.

For example, a service's policies and procedures may state that separate medication record forms (i.e. one form for each type of medication, whether short-term or long-term) must be completed and signed by parents or carers to authorise the administration of such medication. Additionally, the service may specify further what long-term and short-term medications are. For example, they may define short-term medication as medication to be administered for less than a month, while long-term medication is medication to be administered for more than a month.



Further Reading

Section 4 of the *Guide to the NQF* by the Australian Children's Education & Care Quality Authority (ACECQA) contains a discussion on the administration of medication. Head over to page 376 of the document linked below.

[Guide to the NQF](#)

You can also read the article by CareforKids.com.au linked below for more information regarding the administration of medication in child care services.

[Safely Administering Medications](#)

Below is an example of an organisation's policies and procedures which separately defines and establishes provisions for short-term and long-term medication. Access the website linked below and head over to the section under 'Children's health, safety and wellbeing'. After which, click the link entitled *Medication*.

[C & K Policies and Procedures](#)

Another organisation's policies and procedures are linked below, which shows a flowchart of how they administer medication to children.

[Administration of Medication to Children](#)



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on immunisation, medication, and management of illness through the link below.

[Immunisation Medication and Management of Illness Policy](#)

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2.5 Observe and Respond to Signs of Illness and Injury in Children and Systematically Record and Share This Information With Colleagues and Families According to Service Policies and Procedures and Regulatory Requirements

Illness refers to any medical condition that manifests itself through signs and symptoms (such as the medical conditions discussed in Section 2.1.2) and is often caused by factors such as infections, genetics, etc. On the other hand, an *injury* is a physical damage caused by falls, accidents, burns, etc.

As an early childhood educator, part of your role is observing and responding to any signs of illness and injury in children. Being watchful of any signs of illness and injury is critical as it allows you to respond as soon as possible and potentially avoid further health complications.

Apart from that, you must also record your observations and share this information with the children's families and your colleagues. Having a record of instances of children's illness and injuries allows you to have a reference for the planning of future actions to address children's illnesses and injuries.

2.5.1 Observing Signs of Illness and Injury

The following discussions will tackle specific areas you should look into when observing signs of illness and injury in children.

Illness

As mentioned, illnesses in children are apparent through signs and symptoms such as paleness, fever, fatigue, cough, difficulty breathing, and others. Thus, you need to take note of any apparent signs and symptoms that children are displaying since there is a possibility that a child has contracted an infectious disease. Also, you must act as soon as possible to ensure measures are taken to prevent the further spread of the diseases.

Refer to the table below for common illnesses in the childcare centre and the corresponding signs children display.

Illness	Signs that children display
Allergies	Excessive scratching of the skin, the appearance of hives/welts, swelling of the face, vomiting, and diarrhoea
Colds	Fatigue, constant coughing, and sneezing
Asthma	Heavy breathing, and blue lips or fingers
Ear infections	Problems with balancing, hearing problems, and pulling the ears often
Eye infections (e.g. sore eyes)	Red/pink eyes, swelling of eyes, and excessive scratching of the eye

Injury

Child injuries are damages to children's bodies caused by external forces that lead to falls, accidents, burns, sprains, and bleeding, among many others. In observing child injuries, take note of behaviours that an injured child will usually exhibit, such as (but not limited to):

- wincing
- crying
- prolonged silence
- withdrawal or disengagement from activities
- tiredness (e.g. sleeping more than usual).

Common child injuries include, but are not limited to:

- bruises
- cuts
- skin abrasions
- burns
- bumps or swelling
- sprains or dislocation

2.5.2 Responding to Illness and Injury

In responding to illness and injury, be sure to follow the guidelines listed below:

- When a child is diagnosed with fever, apply procedures that will lower the child's temperature. Let the child drink water to avoid dehydration.
- Find out what is causing the fever. If a child is showing symptoms of cold or flu, the child must be separated from other children to prevent infection.
- Administer medication to reduce pain, irritation, etc.
- For minor injuries, be sure to apply first aid to the child's wounds, cuts, sprain, etc.
- For emergency cases, call an ambulance. Emergency cases include situations wherein children display signs of deteriorating health or when severe symptoms of medical conditions occur.

Most likely, the specifications on how to respond to illness and injury in the workplace are reflected in your organisation's policies and procedures. Be sure you check and follow the guidelines written in those documents.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on accident, incident, and trauma through the link below.

[Accident, Incident and Trauma \(AIT\) Policy](#)

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Further Reading

Linked below is Goolwa Children's Centre for Early Childhood Development and Parenting's Incident, Illness, Accident & Trauma Policy which explains in detail how to deal with fever, colds/flu, diarrhoea, etc., in the service.

[Incident illness accident trauma policy](#)

2.5.3 Recording Information

In accordance with Regulation 87 of the National Regulations, services must have an incident, injury, trauma, and illness record. In recording information regarding illness and injuries, use your organisation's incident, injury, trauma, and illness record.

It is important that you complete an illness report that outlines any changes regarding a child's health. This record documents your observations and actions towards children's health, allowing you to provide a copy of the incident details to parents, as well as medical practitioners if required.

In recording information using your organisation's incident, injury, trauma, and illness record, make sure to fill out the following:

- Details of the person completing the record (i.e. your personal details)
- Details of the child (e.g. name and age)
- Details of the incident
 - Date
 - Time
 - Location
 - Cause of illness/injury
 - Symptoms
 - Affected body parts
- Actions/responses (e.g. first aid or other treatments given, consultation with a medical practitioner, and emergency services)
- Details of any notifications made, including the following:
 - Name of the parents or carer, coordinators, and regulatory authorities notified of the incident
 - Date of notification
 - Time of notification



Further Reading

Below is a template of an Incident, injury, trauma and illness record by ACECQA. Click the link below to access the document.

[Incident, injury, trauma and illness record](#)

2.5.4 Sharing Information With Families

As an early childhood educator, part of your role is to inform families regarding children's injuries or illnesses happening in the service.

In sharing information with families, remember to follow your organisation's policies and procedures (which also reflect the requirements provided by the National Regulations) for communicating information.

When contacting families regarding children's illnesses and injuries, ensure to share all the necessary information you placed in the illness record discussed in the previous section, such as the symptoms of the illnesses. By informing parents, you are assisting them in taking notice of symptoms that may affect their child and taking precautions to prevent further infection.

In most cases, your organisation's policies and procedures will contain provisions regarding the collection of children with illnesses. When a child shows symptoms of infectious disease, you will have to contact and tell parents (e.g. communicate through phone) to collect their child from the service and keep them home until symptoms disappear. Additionally, you may have to let the parent sign the incident, injury, trauma, and illness record upon the collection of the child.

Meanwhile, for child injuries considered minor, you can inform families upon the collection of the child. However, you can contact the families immediately after the incident for major injuries considered as emergency cases or when a child displays severe emotional distress.

Whether an illness or injury occurs, respective families must be informed within 24 hours of the occurrence.

Another example of communicating with families regarding illnesses in the service is shown below. This method involves posting notices on noticeboards either placed at an entry point or provided to parents individually.

Example



Notice of illness

There have been two cases of chickenpox reported in the service.

If you suspect your child has chickenpox, they must be taken to a doctor for diagnosis.

Symptoms: Fever, runny nose, cough, tiredness, itchy spots, and/or rash

Treatment: Follow your doctor's guidelines.

Warnings: Pregnant women should avoid contact with chickenpox.

To control the spread of infection, you must keep the child away from the service until all blisters have crusted or formed scabs and the child feels well.

You must tell the service staff if your child shows symptoms of chickenpox.

2.5.5 Sharing Information With Colleagues

Aside from sharing information with families, it is also crucial to share information with colleagues about any signs of illness or injury experienced by a child. By informing colleagues of such information, your colleagues will be able to temporarily adjust their position and scope of supervision as you are tending to the ill or injured child.

While information can be shared through immediate and incidental conversations, it can also be shared through your organisation's constantly updated incident, injury, trauma, and illness record, which is accessible to you and your colleagues. This can be referred to when considering any adjustment in the activities for children who might have had a recent illness or injury.



Checkpoint! Let's Review

1. Note that you must immediately act on any signs and symptoms that children are showing since the child may have contracted an infectious disease.
2. The specifications on how to respond to illness and injury in the service are reflected in your organisation's policies and procedures.
3. In recording information regarding illness and injuries, use your organisation's incident, injury, trauma, and illness record.



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Promote Physical Activity



In the previous chapter, you learnt about supporting each child's health needs, including maintaining knowledge and confidentiality of children's health needs, implementing service risk-management strategies for long-term medical conditions, short and long-term medication administration, and observing and responding to signs of illness.

In this chapter, you will learn how to promote physical activity in children. Simply, *physical activities* are opportunities for children to move around, such as stretching their arms, running in the game of *run and chase*, and walking at parks. Physical activity is important as this allows children to move and learn further about their bodies and have fun. Additionally, it provides children with benefits, such as:

- healthy weight
- strong muscles and bones
- improved balance, movement, and coordination skills
- improved social skills due to interactions with people
- developed thinking skills
- independence and self-confidence.

As an early childhood educator, it is your role to encourage children to participate in different physical activities and help them understand how their bodies work. Additionally, you should foster in children's minds the importance of physical activity and be an active role model for them to follow.

This chapter will thoroughly discuss promoting physical activity, including:

- encouraging children to participate in regular movement and physical experiences
- participating with children in their physical activity
- promoting physical activity through providing planned and spontaneous opportunities appropriate for each child
- discussing with children how their bodies work and the importance of physical activity to people's health and well-being.

Recommended Physical Activities

The National Physical Activity and Sedentary Behaviour Guidelines for Australians, created by the Australian Government's Department of Health, sets out the recommendations concerning physical activity and sedentary behaviours of Australians. Specific guidelines are established for different age groups, and they include the following:

- The appropriate kind of physical activity for different age groups
- The recommended hours for doing such activity
- Time limits for the use of electronic media and others that lead to physical inactivity



Further Reading

Click the link below to read the specific recommendations set in the National Physical Activity and Sedentary Behaviour Guidelines for Australians:

[Australia's Physical Activity and Sedentary Behaviour Guidelines](#)

On the other hand, the Australian 24-Hour Movement Guidelines incorporate recommendations regarding appropriate sleep practices (i.e. the recommended number of hours for sleep and nap) on top of the physical activity and sedentary behaviour guidelines set in the National Physical Activity and Sedentary Behaviour Guidelines for Australians. It separates the guidelines according to age groups, which include the following:

- Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years)
- Australian 24-Hour Movement Guidelines for Children and Young People (5 to 17 years)



Further Reading

Linked below are information brochures about the Australian 24-Hour Movement Guidelines mentioned previously. Click the links below to access them.

[24-hour movement guidelines – children and young people \(5 to 17 years\) – brochure](#)

[24-hour movement guidelines – birth to 5 years – brochure](#)

You must know and understand the recommendations established in the two guidelines discussed earlier, as they lay the foundation for all of the children's physical activities (i.e. regular movement and physical experiences) in the service. As you proceed with the contents of this chapter, keep in mind that the term *physical activity* will be used to indicate both the concepts of *regular movement* and *physical experiences*.

3.1 Encourage Children to Participate in Regular Movement and Physical Experiences

To promote physical activity, you need to implement ways to encourage children to participate in regular movement and physical experiences. On the one hand, *physical experiences* refer to intensive play opportunities that allow children to move and exercise major parts of their bodies, such as, but not limited to:

- running games (e.g. run and chase)
- climbing
- obstacle courses
- relays
- biking.



On the other hand, *regular movement* refers to recurring activities that are not necessarily intensive (i.e. requires lesser energy than physical experiences). However, it allows children to perform slight body movements to avoid long periods of physical inactivity (e.g. stretching exercises in the middle of discussions).

Apart from the recommendations in the National Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines, Raising Children Network Australia (2020) provides recommendations regarding physical activity for children that you can apply in the service. Refer to the table below for their recommendations:

Age	Recommendations for Regular Movement and Physical Experiences
0 to 2 years	<p>Physical activities in this age revolve around floor-based play.</p> <p>Some physical activities you can use when the baby cannot walk yet include the following:</p> <ul style="list-style-type: none">▪ Placing toys slightly out of reach to encourage children to grasp and reach▪ Singing, talking, or playing games such as pat-a-cake or peekaboo, to encourage children to exhibit reactions such as clapping, looking, etc. <p>When the baby can walk, physical activities may include:</p> <ul style="list-style-type: none">▪ strolling on surfaces such as grass, carpet, concrete, or sand▪ engaging in playful movements encouraged through musical accompaniment▪ engaging in play activities for bath times.

Age	Recommendations for Regular Movement and Physical Experiences
2 to 5 years	<p>Physical activities in this age include energetic play, such as:</p> <ul style="list-style-type: none"> ▪ running and twirling with streamers ▪ moving around and pretending to be different animals ▪ going to the adventure playgrounds, sporting fields, trails, parks, and beaches ▪ playing games such as follow the leader, hide-and-seek, tip/tap games, obstacle courses, etc. ▪ dressing up and acting out different roles ▪ playing in the sandbox ▪ riding the bike, scooter, etc. ▪ playing sports (e.g. basketball, soccer, netball, running, etc.) with prizes.

Encouraging Children's Participation

Below are some ways to encourage children to participate in the various physical activities you have prepared for them:

- **Offer children a variety of toys that they can choose from, such as blocks, balls, play dough, etc.** For example, toy balls of different colours and sizes spread on the floor can be stimulating and motivate children to crawl and reach for them.
- **Make physical activity fun.** This can be done by turning mundane physical activities into games or contests where children can interact with each other or by incorporating dance or songs as children move.
- **Model play by performing the activity yourself and participating with them.** Children will likely pick up the message as an invitation if you let them feel that they are in an environment where they are free to do the activity themselves.
For example, when inviting children to play in the sand, you need to go to the sandbox yourself and make a sandcastle. As a complement, you may also say words of invitation like, 'Come, let us build a castle!'
- **Use positive phrases to reinforce children's participation.** Examples of such include saying, 'Well done!' or 'Good job!'

3.2 Participate With Children in Their Physical Activity



As discussed in the previous subchapter, modelling children's play is one way to encourage their participation in the various physical activities prepared for them. Furthermore, showing your enthusiasm and enjoyment towards their activities is a way of being involved and interacting with children.

Apart from showing your enthusiasm which encourages children to enjoy their physical activities, one important purpose of your participation is to keep an eye out on the children so you can respond immediately to any unfavourable circumstances such as accidents and injuries. Remember that adequate supervision must be provided at all times to ensure children's safety and well-being.

Also, remember that some children may need special assistance or support to complete an activity, whether due to a physical disability or where they are learning a new skill or idea. Participating with children in their activities gives you an opportunity to accommodate their needs and provide them with the necessary support.

Encourage Children

Encourage children to do their activities by taking a real interest in what they are doing. There are several ways to encourage children. However, you will need to consider how to encourage a particular child best. In doing so, you may refer to the ways discussed in the previous subchapter. Another thing you can do to encourage children to do regular physical activity is to ensure that they have ample time for an enjoyable activity. For example, you can allot extra minutes for outdoor play so they can finish ‘building their pirate ship.’

Motivate Children

Children might need some motivation to participate in an experience that you have planned for them. Some ways to motivate children include, but are not limited to, the following:

Inviting the child to come look at something you have set up for them

Asking the child to help you or show you how to do or build something

Showing genuine enthusiasm by smiling and laughing with them

Engaging children in conversations (i.e. open-ended questioning)

Monitor Children’s Play

Monitoring play does not only mean providing adequate supervision to ensure safety. It also means moving around the groups, so you can provide assistance to children, especially when they need any of the following:

- Guidance to interact with one another appropriately
- Help to ensure safety for themselves
- Assistance with routine personal tasks, such as tying shoelaces

Follow Children’s Lead in the Play, and Participate When Invited

Children will indicate the extent to which they wish you to participate, and an invitation may present differently depending on the age or abilities of the child. For example, a toddler may bring you a toy to play with, whereas an older child might ask you to join them if they feel comfortable doing so. Remember that you should allow them to direct the play activity and only involve yourself to the degree necessary.

Begin Play and Physical Experiences and Invite the Child to Participate

When you recognise that an intervention or some assistance is necessary, you might initiate your own play experience for the children to join in. These will be in the form of games that use some physical skill, such as Red Rover or Hopscotch. These activities only need a few resources and can begin easily without much planning.



Checkpoint! Let's Review

1. Physical experiences refer to intensive play opportunities that allow children to move and exercise major parts of their bodies, such as (but not limited to):
 - running games (e.g. run and chase)
 - climbing
 - obstacle courses
 - relays
 - biking.
2. Regular movement refers to recurring activities that are not necessarily intensive (i.e. requires lesser energy than physical experiences) yet allow children to perform slight body movements to avoid long periods of physical inactivity (e.g. stretching exercises in the middle of discussions).
3. In participating with children in their physical activity, you need to monitor their play. This means providing adequate supervision to ensure safety and moving around groups to ensure assistance is provided in situations such as when they need any of the following:
 - Guidance to interact appropriately with one another
 - Help to ensure safety for themselves
 - Assistance with routine personal tasks, such as tying shoelaces

3.3 Promote Physical Activity Through Providing Planned and Spontaneous Opportunities Appropriate for Each Child

Providing opportunities for physical activity involves more than you may think. Some of the things you will need to consider include:

- getting to know the children (e.g. their ages, skills, and interests)
- designing experiences that align with their ages, skills, interests, etc.
- deciding how to provide those experiences.



In providing physical activity opportunities for children, remember to incorporate both planned and spontaneous activities, which are defined as followed:

- **Planned activities**

These refer to structured play opportunities which require you to carefully set down activities with a specific outcome in mind. Say, for example, you are aiming to instil teamwork in children. Therefore, you must plan and provide team-based games such as obstacle courses, relay races, etc.

- **Spontaneous activities**

These refer to free-play opportunities where children have the freedom to do physical activities they prefer doing. In other words, a child can either engage in solitary play activities or play with a small or large group of children.

Regardless of whether activities are planned or spontaneous, a well-designed environment encourages children to feel happy and confident to participate in the experiences provided within it. The materials and experiences you provide need to be placed invitingly, and each environment should also include various places for children to undertake different types of play.

Environment Layout

In providing opportunities for children to perform physical activities, you need to consider the environment layout. The *environment layout* refers to the environment where children can do their physical play activities. For example, your service can have a quiet play area where children can relax, create their own experiences, and have some alone time. You can also have an active area meant for noisier and livelier play activities.

There are many different forms of planned and spontaneous activities that educators can provide for children to promote physical activity. Examples are the following:



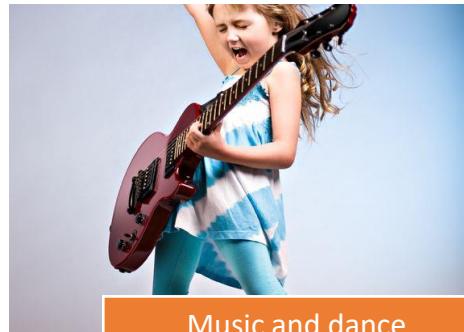
Excursions



Construction play



Physically active play



Music and dance



Dramatic/imaginative play

Refer to the table below for the different types of planned and spontaneous activities and their corresponding descriptions:

Activities	Description
Excursions	In excursions or field trips, children will be able to walk to different places and perform different activities such as playing in the park, walking in the garden, etc.
Construction play	Construction play involves using objects to build and create, such as blocks, carpentry, and interconnection toys that children use to build or construct. Especially for younger children, construction play allows children to develop fine and gross motor skills through shifting between standing, crawling, stretching, and reaching.
Physically active play	Usually involving energetic play, physically active play allows children to explore gross motor movements and ways to combine movements. Movements include running and playing ball games, jumping, riding bikes, climbing, dancing, and moving over, under, across, and through an obstacle course.
Music and dance	This activity allows children to move their bodies to the music, performing a range of muscular movements using creative expression.
Dramatic/imaginative play	Children take on roles within pretend games about common community experiences such as fighting fires, celebrating a party, preparing and serving food, and so on. Children can also create props and use them to engage in adventures of fantasy, such as creating an ocean floor using sheets for water and baskets for rocks in an underwater adventure. While it is not considered energetic play, it still promotes a degree of physical activity as children move around and perform a range of body movements depending on the scenarios they are trying to portray.

As you promote physical activity through planned and spontaneous opportunities, you need to make sure that the activity is appropriate for each child. This means considering a child's developmental stage, skills, interests, and strengths. For example, children aged two to five years old who can already walk and run properly can be taken to parks or playgrounds to engage in energetic play, such as run and chase, hide and seek, sports, and so on. Another example would be inviting a child who prefers quiet play to engage in solitary construction play.

Below are ways you can do to promote these planned and spontaneous opportunities:

- **Establish a welcoming and child-friendly environment.**

This means setting the play area in an inviting way so that it stimulates a child's interest and curiosity. For example, providing blocks of different colours and sizes will most likely motivate a child to engage in block play, as they may find the colours visually appealing.

- **Participate in the opportunities you provided for them.**

This means initiating play or following a child's lead during play. The child will most likely show a positive attitude and willingness to do the activity when they see you enjoying the activity you both share.

- **Incorporate child-friendly materials or methods.**

This means leading a child to engage in the opportunity prepared for them through entertaining ways, such as, but not limited to:

- storytelling
- puppet shows
- songs and rhymes.

- **Offer various play options.**

This means providing children with a variety of tools and materials to accommodate their ideas, imagination, preferences, and so on. For example, in promoting dance to a child, you must include several songs in the repertoire so they can choose the song they find suitable or enjoyable.

3.4 Discuss With Children How Their Bodies Work and the Importance of Physical Activity to People's Health and Wellbeing



As an early childhood educator, you should be able to foster a sense of appreciation in children regarding how the human body works and how important physical activity is. This is significant as children will become more motivated and have fun as they go through their physical activities every day. When children know and understand their bodies and how important physical activity is, it would not be as hard to make them get their bodies moving. Also, rather than seeing it as a mundane, compulsory task, children will more likely treat physical activity as a necessity and look at it as a vital habit for everyday living.

How the Body Works

When performing physical activities, the body exhibits natural reactions, such as the following:

- Faster heartbeat (the heart pumps more blood to be distributed to the body)
- Sweating
- Deeper breathing (the lungs work more to allow for more oxygen to enter the body)

You should be able to touch on the points mentioned when you talk to the children about how their bodies work. Additionally, it is recommended that you incorporate respiratory activities (i.e. breathing exercises) when discussing those natural reactions, as they allow children to understand their own breathing patterns before and after physical activity. This will also enable you to identify children who have onset signs and/or symptoms of respiratory conditions (e.g. asthma).

In addition, you can further discuss the human body and how they work in ways such as the following:

- Present to children the different bones and muscles of the body. You can use images or models of a human body's anatomy (e.g. plastic skeleton and pictures) and point the muscles and bones to them. While doing so, let children feel their own muscles and bones and experiment on the many ways they can move these.
- Let children place their hands over their chest where they can locate the heart. Let them feel the beating of their hearts.
- Demonstrate how the heart reacts after doing some light and vigorous exercises. Let them feel how their hearts beat faster as the exercises become heavier. You must explain to them that this reaction is normal.
- Explain to them that sweat is normal and that it is the body's way of cooling the skin down when exercising.

Importance of Physical Activity

Apart from discussing with children how their bodies work, you must put extra emphasis on how important it is to engage in physical activities. When doing so, you need to explain (in a way that children can understand easily) that physical activity must both be:



- **Adequate**

This means that physical activity must be done in the right amount of time.

- **Appropriate**

This means that there must be a balance between physical activity and proper rest.

Additionally, this also means that physical activity must encompass the following:

- Light physical activity
- Moderate physical activity
- Vigorous physical activity

Adequate and appropriate physical activity allows children to fully achieve the health and well-being benefits of physical activity. Benefits for children's health include the following:

- Stronger bones, muscles, heart, and lungs
- Better physical coordination, balance, posture, and flexibility
- Maintained healthy weight
- Lesser chance of acquiring ailments, such as heart disease, cancer, diabetes, and many others
- Lesser chance of physical injuries

On the other hand, benefits related to children's well-being include the following:

- Boost in confidence and a sense of belonging
- Better sleep and relaxation
- Better concentration in doing activities
- Development of the ability to interact and make friends with others

*Based on [Physical activity for babies and children: why and how much.](#)
[raisingchildren.net.au](#)*

In discussing the importance of physical activity with children, you may initiate conversations during daily routines such as mealtimes, group times, etc. As these conversations occur daily, children will be constantly informed and reminded of the importance of physical activities in their daily living.

Apart from that, you should incorporate the benefits of physical activity in your discussion about how children's bodies work. Singing songs and acting out the lyrics of the songs are great ways that can make discussions more fun and interactive.



Checkpoint! Let's Review

1. Planned activities refer to structured play opportunities, while spontaneous activities refer to free-play opportunities.
2. Different types of planned and spontaneous plays include:
 - physically active play
 - construction play
 - dramatic/imaginative play
 - excursions
 - music and dance.
3. When discussing with children how their bodies work, it is recommended that you incorporate respiratory activities (i.e. breathing exercises). They allow children to understand their own breathing patterns before and after physical activity and help you identify children who have onset signs and/or symptoms of respiratory conditions (e.g. asthma).



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Promote Healthy and Safe Eating



In the previous chapter, you learnt about promoting physical activity, including organising and encouraging regular movement and participation, participating with children in their physical activity, providing planned and spontaneous opportunities, and discussing how bodies work with children.

Aside from physical activity, infants and children need to consume nutritious foods in order to be healthy. Not only that, but they must also develop healthy eating habits in order for their bodies to get the necessary nutrients as they grow old. This chapter will guide you in promoting healthy and safe eating in children.

As an early childhood educator who promotes healthy and safe eating in children, it is your role to engage children in enjoyable and relaxing experiences, routines, and conversations while eating healthy, nutritious foods during mealtimes. Additionally, you need to make sure that children are consuming the recommended types of food and the appropriate amount of servings of healthy food and water. You also need to ensure that the process for mealtime tasks such as food storage, preparation, cooking, reheating, thawing, and service comply with food safety procedures to prevent the spread of foodborne diseases.

This chapter will thoroughly discuss promoting healthy and safe eating, including:

- providing opportunities for children to engage in experiences, conversations, and routines that promote relaxed and enjoyable mealtimes, healthy lifestyles, and good nutrition
- encouraging and supporting healthy eating and nutrition practices with children during mealtimes
- checking that children have ready access to water and are offered healthy food and drinks regularly
- implementing service food safety policies and procedures when assisting with practical mealtime tasks
- sharing information with families that supports a healthy lifestyle.

National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is the leading organisation for health and medical research in Australia. They aim to improve Australians' health by establishing a health system that is research-led, evidence-based, efficient, and sustainable. They address matters such as:

- improving health
- preventing, diagnosing, and treating disease
- healthcare provision
- public health and medical research
- ethical issues relating to health.

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There are two important documents developed by the NHMRC that provide information you can use to support healthy eating and encourage nutrition practices in children. These are the following:

- Australian Dietary Guidelines
- Australian Guide to Healthy Eating

Australian Dietary Guidelines

The Australian Dietary Guidelines provide guidance for a healthy diet and recommendations for healthy eating patterns. These include food groups, and the amount and kinds of food Australians must consume to get the essential nutrients and reduce the chances of acquiring health risks such as diabetes, cancer, obesity, high cholesterol, etc.

Published in 2013, the Australian Dietary Guidelines provide five general dietary guidelines. The guidelines are outlined in the table below.

Guidelines	Description
Guideline 1	To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
Guideline 2	Enjoy a wide variety of nutritious foods from the five groups every day.
Guideline 3	Limit intake of foods containing saturated fat, added salt, added sugars, and alcohol.
Guideline 4	Encourage, support, and promote breastfeeding.
Guideline 5	Care for your food; prepare and store it safely.

Source: [National Health and Medical Research Council](#), used under CC BY 4.0. © Commonwealth of Australia 2016



Further Reading

As mentioned, the Australian Dietary Guidelines by the NHMRC serve as a guide for eating healthy. To access the full document, as well as the other references related to eating healthy, click the link below:

[Australian Dietary Guidelines](#)

It is also vital to take note of the sources upon which the Australian Dietary Guidelines were developed. The Guidelines were developed using the following sources of scientific information:

1. The previous 2003 Dietary Guidelines for Australians series;
2. The *Nutrient Reference Values for Australia and New Zealand 2006*, which identify daily nutrient requirements;
3. The report *Modelling System to Inform the Revision of the Australian Guide to Healthy Eating 2011*, which details the serve sizes and minimum number of serves required to meet nutritional needs;
4. The report *A Review of the Evidence to Address Targeted Questions to Inform the Revision of the Australian Dietary Guidelines 2011*, which is a review of the evidence on the links between foods/nutrients and health outcomes;
5. A review *Nutritional Requirements and Dietary Advice Targeted for Pregnant and Breastfeeding Women 2013*;
6. Other key authoritative reports, such as the World Cancer Research Fund report.

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Further Reading

Click the link below to access and read the sources upon which the Australian Dietary Guidelines were developed:

[GUIDELINE DEVELOPMENT](#)

Australian Guide to Healthy Eating

The Australian Guide to Healthy Eating, which forms part of the Australian Dietary Guidelines, is a visual representation that serves as a food selection guide. It shows the proportions of the five food groups that must be consumed daily. Refer to the image on the next page for the Australian Guide to Healthy Eating.



Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.



Source: National Health and Medical Research Council, used under CC BY 4.0.
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4.1 Provide Opportunities for Children to Engage in Experiences, Conversations and Routines That Promote Relaxed and Enjoyable Mealtimes, Healthy Lifestyles and Good Nutrition



Nutrition is the process of eating or consuming food for the body's health, growth, and development. Proper nutrition is just as important as adequate and appropriate physical activity in promoting healthy lifestyles in children as it helps them to develop the following:

- **Physical health**

Children will have stronger muscles and bones and enough defences against short-term diseases (e.g. colds) and long-term diseases (e.g. diabetes, cancer, among others).

- **Mental health**

Children will have improved memory and focus for their daily activities.

Additionally, when proper nutrition is practised early in children's lives, they are more likely to develop and maintain healthy eating habits through adulthood. This means that as they grow in age, they become aware of unhealthy food. They must avoid and correct bad eating habits that negatively affect their lives.

Thus, as an early childhood educator, it is your role to ensure that children's mealtimes provide opportunities to engage in conversations, experiences, and routines that promote healthy lifestyles and good nutrition.

4.1.1 Mealtime Conversations

Mealtime conversations assist in providing relaxed and enjoyable experiences where staff model positive eating habits and talk about the food that they are eating as learning extensions.

Seating children together in small groups with an educator allows for good communication and a relaxed, social atmosphere where children are given time to eat and enjoy their meal.

Some things you can talk about include:

- the name of the food
- the taste of the food
- the colour of the food
- the texture of the food
- how the food they eat helps them grow.

You might also talk to children about:

- whether they have tasted this food before
- what it feels like
- what it smells like
- where it comes from.

As you engage in conversations about the things mentioned above, you should incorporate child-friendly methods to foster the value of good nutrition and develop children's appreciation of nutritious foods, such as songs, stories, puppet shows, and so on. Furthermore, in such conversations, you should be able to explain to children the role of good nutrition in achieving a healthy lifestyle. For example, you can sing about how 'an apple a day keeps the doctor away'.

By showing a positive, healthy interest in food, children will have more appreciation towards mealtimes and develop a positive attitude toward food. To do so, you should think of interesting ways to present the food to inspire children and get them to talk, tell stories, and learn about their food. For example, bring the children's attention to the shape of the whole fruit, how it grows, the texture of the skin, and the smell, and let them explore the seeds. Compare the seeds of one fruit to the seeds of another. Collect seeds from all the fruits and look at them all together.

4.1.2 Mealtime Routines

Mealtime routines help you develop the value of good nutrition in children as you consistently provide them with the right types of food and amount of serving. When doing so, you need to refer to the Australian Dietary Guidelines, and the Australian Guide to Healthy Eating discussed earlier in this chapter.

Furthermore, routines allow you to provide children with opportunities to practise proper hygiene. These include encouraging children to:

- properly wash their hands before and after meals
- brush teeth after a meal.

Take note that one important routine that children must always follow is sitting down during mealtimes. While children are naturally energetic, running when eating increases the chance of choking, which is dangerous.

As children mature and enhance their skills, it is crucial that they are involved in the set-up and clean-up during mealtimes. Toddler and pre-school age children can begin to assist in setting the tables, serving themselves using tongs, placing their food leftovers into scrap bowls, etc. If your service has a worm farm or compost, you can utilise this to reinforce environmentally sustainable practices with the children. However, this must be done with adequate supervision as there may be health risks involved in such an activity.

4.1.3 Mealtime Experiences

Children's mealtime experiences are a great way for them to apply healthy lifestyle practices. Through the service's consistent provision of healthy food, children will be able to experience and develop a proper diet. Furthermore, positive mealtime experiences allow children to develop and improve relationships (i.e. improve social health) as they interact with their peers and adults. These experiences encourage children to look forward to mealtimes and appreciate the mealtime routines they experience every day in the service.

Ways you can provide these positive mealtime experiences include:

- rewarding children by acknowledging their actions (i.e. using positive phrases) when they properly sit down when eating, properly set the table, wash their hands before they eat, etc.
- occasionally having meals (i.e. picnics) at parks or other suitable areas
- setting up themes for meals (e.g. attending a party, etc.).

4.2 Encourage and Support Healthy Eating and Nutrition Practices With Children During Mealtimes



As discussed in the previous subchapter, children must practise healthy eating as this plays a significant factor in their physical and mental development. This also helps them become aware of unhealthy foods and bad eating habits. As an early childhood educator, it is your role to encourage and support healthy eating and nutrition practices during mealtimes.

4.2.1 Supporting Healthy Eating

In supporting healthy eating in children, you can refer to a summary of the Australian Dietary Guidelines.



Further Reading

Click the link below to read the summary of the Australian Dietary Guidelines.

[The Guidelines](#)

According to the summary, you must follow the minimum recommended number of serves per day of the following:

- **Vegetables**

Children aged two to three should consume 2½ serves a day, while those aged four to eight should consume 4½ serves a day. Take note that a standard serve is about 75 grams.

Also, remember to serve different types and colours of vegetables to ensure that children get all the necessary nutrients.

- **Fruits**

Children aged two to three should consume one serve a day, while those aged four to eight should consume 1½ serves a day. Take note that a standard serve is about 150 grams.

- **Wholegrains**

Children of age from two to eight should consume the recommended four serves a day.

- **Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans**

Children aged two to three should consume one serve a day, while those aged four to eight should consume 1½ serves a day.

- **Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat**

Children aged two to three should consume 1½ serves a day, while those aged four to eight should consume two serves a day.

Additionally, the Australian Dietary Guidelines recommend drinking plenty of water.



Further Reading

Linked below is an article about water from Better Health Channel, which contains a table of the recommended amount of fluids to drink each day. Click the link below to access and read it.

[Water - a vital nutrient](#)

For infants (zero to 12 months), the Australian Dietary Guidelines set the following principles:

- For children from birth to six months of age, breastfeeding is recommended and may be continued beyond 12 months as the mother and child desire.
- Formula milk may be used as an alternative for infants.
- When the infant reaches six months, iron-rich food (e.g. iron-fortified cereal, meat and alternatives) should be introduced. Additionally, small quantities of cow's milk served as custards with cereals or as yoghurt may be introduced.
- Hard food pieces (e.g. raw vegetables/fruit, whole nuts) should be avoided.

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Further Reading

Go to page 77 of the Australian Dietary Guidelines to read the whole section about infants. Click the link below.

[Australian Dietary Guidelines](#)

High-Risk Food

Apart from the recommended types of food and the number of serves per day, you must also be aware of food that are considered *high-risk*. Referred to as *discretionary choices* in the Australian Dietary Guidelines, high-risk food are those that contain saturated fats, added salt, added sugars, and alcohol. While they provide Australians with enjoyable meal experiences, often as part of social activities and celebrations, they should be consumed in moderation and in smaller amounts since these are associated with health risks, such as obesity and chronic diseases including heart disease, type 2 diabetes, and some cancers.

Examples of food containing saturated fats include, but are not limited to:

- butter and cream
- chips
- processed meats
- potato chips and crisps.

Examples of food containing added sugar include, but are not limited to:

- ice cream
- sweet pastries
- doughnuts
- fruit drinks
- soft drinks

Food containing high salt content usually come from processed foods.

Source: National Health and Medical Research Council, used under CC BY 4.0. © Commonwealth of Australia 2016



Further Reading

Guideline 3 of the Australian Dietary Guidelines provides a discussion on food that are considered discretionary choices and what is considered a serve of discretionary choices. You can read this section for tips for children to eat less saturated fat and salt and limit the intake of added sugars. Click the link below.

[Australian Dietary Guidelines 1 - 5](#)

4.2.2 Encouraging Nutrition Practices

To encourage nutrition practices in children during mealtimes, take note of the tips listed below:

- Eat the same food children are eating. As an early childhood educator, you are the children's role model in doing nutrition practices during mealtimes.

- Serve children nutritious food and water on the table during mealtimes. Use the list below as a guide in serving nutritious food to children:
 - Decorate the table to make it attractive and inviting for children.
 - Make food look appealing to children. This includes serving food at the appropriate temperature, colour, shape, etc.
 - Include a variety of food flavours.
 - Gradually introduce new food to the table. In doing so, remember to incorporate food that they already like and are already familiar with so as not to overwhelm them.

You can refer to the Australian Dietary Guidelines to guide you in serving the appropriate food for children.

- Converse with children regarding the importance of healthy eating during mealtimes.

In encouraging and supporting healthy eating and nutrition practices, be sure to be close enough to children so that you can supervise them and monitor their safety while they eat. This is a big factor that influences their perception of mealtimes. Examples of situations that pose risks to children's health and safety include choking hazards and food intolerances. Refer to the following discussions as these will tackle both of these risks.

Choking Risks for Toddlers and Young Children

Preventing choking is one of the most vital nutrition practices that you should apply during mealtimes, as this prevents the likelihood of death due to airway blockage. When children inhale or ingest food, it can easily lead to a blockage of their airways as they are smaller compared to adults. Certain food items that pose greater choking risks to young children include the following:

- Hard lollies and marshmallows
- Whole raw fruits (e.g. apple)
- Popcorns, seeds, and nuts
- Chewy or hard meat (e.g. chicken)
- Hot dogs and sausages

Based on [Choking prevention and choking risks. raisingchildren.net.au](http://raisingchildren.net.au)

When dealing with the food items mentioned, extra care should be taken to ensure that these do not lead to choking. You must maintain adequate supervision of children during mealtimes and have children properly seated (i.e. not running or moving around).

Food Intolerances

Apart from preventing choking, checking for any food intolerances is a nutrition practice that you should never forget during mealtimes. Checking first whether a child has intolerance towards certain kinds of food will ultimately prevent health problems such as:

- headaches
- upset stomach
- excess gas.

Note that food intolerances generally occur when the digestive system cannot properly digest certain foods. Compared to food allergies which are immune-system responses, food intolerance is a digestive-system response. However, it is easy to mistake one for the other as both have more or less the same symptoms, such as the ones mentioned above.

Food intolerance needs to be managed by working with parents to develop a plan (i.e. risk minimisation plan) that includes strategies for reducing the exposure of the child to a particular food. You should take note of the strategies specified in the plan and make sure that you apply them during mealtimes.

4.2.3 Food Labels

Part of encouraging and supporting healthy eating and nutrition practices in children is checking whether the food being served to them contains the necessary nutrients they need for growth. This also requires you to check if the foods do not contain any ingredients that pose a risk to a child's health and safety. This means looking at food labels.

Food labels are labels placed on food packages that primarily tell you about the food's nutrition content. Furthermore, these labels contain the list of ingredients used to make the food, including ingredients of concern that may contribute to children's poor nutrition.

You must take note that food labels, including the necessary information that must be presented, must comply with the provisions established in the Australia New Zealand Food Standards Code. These provisions are developed and maintained by the Australian agency, Food Standards Australia New Zealand (FSANZ), which is also responsible for regulating the use of ingredients, processing aids, colourings, vitamins, and minerals.

Refer to the image below for the parts of a food label.



1. Nutrition information panel
2. Percentage labels of key ingredients
3. Name of food
4. Information for people with any food allergies or intolerances
5. Use by date or best before date
6. Ingredients list
7. Correct weight/measurement of food
8. Food additives
9. Directions for use and storage
10. Country of origin
11. Name and address of food manufacturer
12. Nutrition and health claims

Sourced from [Labelling poster - how to read food labels](#), used under CC BY 3.0 AU. © Food Standards Australia New Zealand

In identifying nutrition content, you need to refer to the nutrition information panel. Typically, you can see the average amount of the following per 100 g (or 100 mL) of food:

- Energy
- Protein
- Fat
- Saturated fat
- Carbohydrate
- Sugars
- Sodium

Additionally, you can see in the nutrition information panel all the nutrients or substances mentioned in the nutrition and health claim, as these are also reflected here.

Aside from the nutrition information panel, remember to check the ingredients list underneath, as the food may contain ingredients of concern that may contribute to the children's poor nutrition. Under the ingredients list, you can identify the following:

- The corresponding percentage label of each ingredient
- Information for people with food allergies or intolerances (e.g. peanuts, tree nuts, soybeans, fish, eggs, and cereals containing gluten)
- Any food additives (e.g. thickener and colour)

Based on [Labelling poster - how to read food labels](#), used under CC BY 3.0 AU. © Food Standards Australia New Zealand

Health Star Rating (HSR) System

Another more convenient way to check for the nutrition content of food is by referring to the Health Star Rating label (HSR). The HSR, placed at the front of food packages, provides an overall rating of the healthiness of food by specifying information related to nutrients and energy. Food labelled with a high star rating (i.e. more stars) means that they are healthy food options. An HSR label looks like the image below.



Source: © Food Standards Australia New Zealand, used under CC BY 3.0 AU



Further Reading

To know more about how to interpret food labels, read the article linked below. This article contains further discussion about the nutrition information panel, the Health Start Rating (HSR) system, ingredients list, nutrition and health claims, and percentage daily intake.

[How to understand food labels](#)

4.2.4 Special Diets

Take note that some children may have other special dietary needs and preferences due to features or influences, such as:

- culture
- religion
- health
- family belief systems.

As a way to promote inclusion, these features must be considered and included in your service's program, particularly in thinking of and implementing ways to encourage and support healthy eating and nutrition during mealtimes. By putting these features into consideration, a child will most likely respond positively to the support you will be providing for them.

Culture

Culture refers to customs and traditions shared by a group of people. Since food is strongly tied with culture, dietary needs and preferences may vary. Apart from Australian children, other children in centres may have different cultural backgrounds, including but not limited to the following:

Aboriginal Australians	Torres Strait Islanders	English
Irish	Chinese	Filipino

With that said, the strategies to support healthy eating and nutrition practices must be culturally appropriate. For example, an Indian child may find food without the usual amounts of herbs and spices bland. Australian children may say no to eating bread unless an adequate amount of Vegemite is spread over their bread.

As an early childhood educator, you must take note of these food preferences and include them in your service's menu. Failing to adhere to those may lead to consequences including, but not limited to, the following:

- Children not eating the food they are served
- Children eating less than the appropriate portion of food, which leads to not getting the necessary nutrients

Religion

Because of religious diversity in Australia, children may be practising different religions. Christianity, Islam and Hinduism are some of the most common religions. Generally, religions put responsibilities on their followers. Included in their responsibilities is the food restriction. Children might avoid certain food due to reverence and adherence to religion. Examples of food restrictions are the following:

- **Christianity**

Practices vary between Christian-religious groups, e.g. Protestant, Catholic, Mormon (Latter Day Saints), and Seventh-Day Adventists. Some groups celebrate Easter and Christmas with feasts whilst others do not. Fasting and abstinence practices differ within the specific religions too, for example, fasting for one hour before communion; avoiding stimulants such as caffeine (Mormon, Seventh-Day Adventists); avoiding meat on a Friday (Catholics) etc.

- **Islam**

The degree to which some practices are followed within the Muslim religion may vary. Foods are either lawful (*halal*) or unlawful (*haram*) and guidance is provided via the Holy book (*Quran*).

- **Hinduism**

The degree to which practices are followed within the Hindu religion may vary. Feast days have regional variation and fasting; depends on your caste (social standing) and days of religions or personal significance

Sourced from Cultural and Religious Dietary Needs, used under CC BY-ND 4.0. © The State of Queensland (Queensland Health) 1996-2022

Not adhering to these needs and preferences may lead to consequences including, but not limited to, the following:

- Children may avoid eating the food served.
- Children may be emotionally affected. They might feel the burden of disobedience to their religious traditions. They might even fear getting punished for violating the rules.

As an early childhood educator, it is your role to ensure that food preferences due to religion are considered in your service's menu. You can refer to the child's enrolment records, as these will most likely contain the specifics of such food preferences.



Further Reading

You can read more about cultural and religious dietary needs here:

[Cultural and Religious Dietary Needs](#)

Health

Health-related concerns, such as food allergies and intolerances and certain medical conditions, influence what a child needs and prefers to eat. For example, children may have certain allergies to proteins (e.g. egg, peanuts, etc.), which must be avoided or consumed in small amounts to prevent complications such as swelling, itching, etc., from happening. Additionally, children may have lactose intolerance. Although small amounts of milk can be tolerated, children with lactose intolerance may prefer to consume other healthy alternatives such as water.

Not adhering to these needs and preferences may lead to consequences including, but not limited to the following:

- Children developing symptoms associated with allergies such as swelling, itching, difficulty breathing, paleness, etc.
- Medical emergencies (i.e. hospitalisation) due to complications of symptoms or life-threatening reactions (e.g. anaphylaxis)

As an early childhood educator, it is your role to look for food alternatives to ensure that children will still be getting the nutrients necessary for development and growth. It is also your role to discuss to children the consequences of eating foods not recommended by their doctors and how these can make them sick.

Family Belief Systems

The family belief system is related to the three factors tackled in the previous discussions. As parents themselves are bounded by culture, health, and religion, children observe and quickly pick up or adopt any practices or beliefs demonstrated by their parents and other adults in the family. With that said, family belief systems greatly influence children's dietary needs and preferences. For example, children's parents may be vegetarians and not eat animals and animal-based products (e.g. eggs, dairy, etc.). As a result, children may adopt these practices, avoiding animals as meals and preferring protein alternatives such as nuts.

Not adhering to these needs and preferences may lead to consequences including, but not limited to, the following:

- Children not eating the meal served
- Children eating less than the appropriate portion of food, which leads to not getting the necessary nutrients

You must ensure that the child's family belief system is incorporated into the strategies to support healthy eating and nutrition practices. This includes modifying the service's menu and performing rituals (e.g. praying) that families do before or after meals.

Checkpoint! Let's Review



1. Proper nutrition is just as important as adequate and appropriate physical activity in promoting healthy lifestyles in children as it helps them to develop their:
 - physical health
 - mental health.
2. When conversing with children during mealtimes, make sure to incorporate child-friendly activities, such as songs, stories, puppet shows, and so on.
3. The Food Standards Australia New Zealand (FSANZ) is an agency that forms part of the Australian Government's Health portfolio and is responsible for regulating the use of ingredients, processing aids, colourings, vitamins, and minerals.
4. Aside from the nutrition information panel, remember to check the ingredients list underneath, as this may contain ingredients of concern that may contribute to children's poor nutrition.

4.3 Check That Children Have Ready Access to Water and Are Offered Healthy Food and Drinks Regularly

As discussed in the previous subchapter, the Australian Dietary Guidelines recommend that children drink plenty of water. Since children are active during the day, sweating out from the various activities in the service and going to the toilet, they must replenish water loss by drinking adequate amounts of water.



Additionally, some services include the drinking of water after meals as part of their dental health policy. Thus, children must be provided with water to rinse their mouths and reduce the sugar content remaining on their teeth. This will reduce the chance of tooth decay.

Part of your role as an early childhood educator is to make sure that children have ready access to water. This is

important, especially during the summer months to prevent dehydration in children. In doing so, you should:

- see to it that a jug filled with water is placed on the table during meal and snack times so that children can easily get water from it
- bring jugs or bottles filled with water whenever activities are held outside of the service, such as on playgrounds, parks, etc.
- check whether jugs or bottles are running out of drinking water and fully refill them from time to time
- tell children where water jugs are placed inside the service for them to refill their own water bottles
- use your creativity in putting up a ‘water refilling station’ sign so children can easily remember.

Apart from providing children with ready access to water, you also need to ensure that children are offered healthy food and drinks regularly.

In offering healthy food, you should remember the following:

- See to it that the service's menu for mealtimes provides the appropriate portion of food based on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. You can also refer to Section 4.2.2 for children's serves for the five food groups:
 - Vegetables
 - Fruits
 - Whole grains
 - Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
 - Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat

Also, remember that there are separate guidelines for children under 12 months of age, as their diet consists mainly of either breastmilk or formula milk.

- Ensure that food considered as discretionary choices in the Australian Dietary Guidelines (e.g. chocolates, burgers, chips, and pastries) are not included on the menu or served only sparingly (i.e. on special celebrations or occasions).

In offering healthy drinks, you should do the following:

- See to it that water is served as the children's main drink. Milk can be an alternative option.
- Ensure that drinks considered as discretionary choices in the Australian Dietary Guidelines (e.g. fruit juices, soft drinks, iced teas, etc.) are not included in the menu or served only sparingly (i.e. on special celebrations or occasions).



Further Reading

Linked below is an article by Healthy Eating Advisory Service about menu planning guidelines for long day care. You can use it as a guide to check that children are offered healthy food and drinks regularly.

[Menu planning guidelines for long day care](#)

4.4 Implement Service Food Safety Policies and Procedures When Assisting With Practical Mealtime Tasks

As an early childhood educator, part of your role is to implement food safety procedures when assisting with practical mealtime tasks, such as the following:

- Storage
- Preparation
- Cooking/reheating/thawing
- Service

You must observe food safety at all times to promote hygiene and prevent food contamination. The succeeding discussions will cover general food safety procedures. However, you must refer to your organisation's policies and procedures regarding food safety, as these contain specific and additional guidelines.

4.4.1 Storage

Food storage is an important consideration in ensuring food safety in the service as it prevents spoilage and reduces the risk of foodborne illnesses. Below are some guidelines you should follow for safely storing food:

- Store raw/uncooked foods separately from cooked and ready-to-eat food.
- Ensure that containers for storage are clean and dry before using them. Containers should be sealed properly and labelled with the product name, date when it was opened, and best before date.
- Ensure that the material used for storage is non-toxic.
- Refer to the manufacturer's instructions for the proper storage of food (refer to the food labels on packaged foods). The instructions will tell you whether to refrigerate or store the food in dry, cool areas at room temperature.
- Ensure the correct temperature when refrigerating food. Do not overload the refrigerator. Keep the refrigerator closed and open only when necessary.

*Based on [Storing food safely](#), used under CC BY 3.0 AU.
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4.4.2 Preparation

Food preparation is a crucial process in ensuring food safety. It is the stage where you need to read food labels and make sure that the foods to be cooked are free of any ingredients of concern, such as those that cause allergic reactions, food intolerances, etc.

Furthermore, food preparation is the stage where you will be directly in contact with the ingredients used to cook the food. In such a stage, you are required to wear appropriate personal protective equipment (PPE). Primarily, PPE is used to prevent the spread of microorganisms that often come in contact with food through coughing or sneezing. It helps avoid or minimise the likelihood of people in the service acquiring any infectious diseases. However, PPE is also used to protect you from accidents (e.g. having your clothes soiled, burns, etc.) in the kitchen. Examples of PPE used in food preparation include face masks, aprons, and gloves.

Below are some guidelines you should follow for promoting food safety in food preparation:

Be clean and careful

- wash and dry your hands thoroughly
- stop hair, clothes, jewellery or phone touching food or surfaces (e.g. tie hair back, remove loose jewellery, cover open sores)
- don't touch ready-to-eat food with your bare hands - use tongs or gloves
- wear clean clothing and aprons
- do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food.



Wash your hands properly

- use the sink provided just for hand washing
- wet your hands under warm running water
- lather them with soap and thoroughly scrub fingers, palms, wrists, back of hands and under nails for about 15 seconds
- rinse hands under warm running water
- turn off taps using a paper towel or elbow
- thoroughly dry your hands with a single-use towel.

When to wash your hands

- before you start handling food or go back to handling food after other tasks
- before working with ready-to-eat food after handling raw food
- after using the toilet
- after smoking, coughing, sneezing, using a handkerchief or tissue, eating or drinking
- after touching your hair, scalp, nose, etc.
- after doing anything else that could make your hands dirty, like handling garbage, touching animals or children, or cleaning duties.

What if I'm sick?

Some illnesses can be passed to people through food – these are called foodborne illnesses (e.g. gastro and hepatitis A).

If you know or think you have a foodborne illness (e.g. you have vomiting, diarrhoea or fever):

- tell your supervisor
- do not handle food if it's likely to become contaminated
- only return to food handling when a doctor says you are well enough (usually 48 hours after symptoms have stopped).

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4.4.3 Cooking/Reheating/Thawing

Cooking, reheating, and thawing are essential procedures in the food preparation process that ensure bacteria and other microorganisms present in raw/left-over/ready-to-eat food are avoided or eliminated. Furthermore, these processes ensure that children do not get food poisoning.

Before doing any of the three procedures, ensure that kitchen areas, including the utensils you will use, are clean.

Below are guidelines for safe thawing, reheating, and cooking.

Thawing

- **Refrigeration:** Thawing food under refrigeration maintains it at 5°C and below and will minimise the potential for the growth of pathogenic microorganisms. It may take several days for large food items to thaw completely at this temperature, requiring forward planning and adequate refrigeration space.
- **Running water:** Food may be thawed more quickly by submerging under cool running water. This method requires adequate sink space and sufficient water flow to ensure thawing is as rapid as possible. Foods susceptible to water damage should be contained within impermeable packaging. It is important to monitor the food and remove it as soon as it is thawed to ensure it is not kept at temperatures above 5°C.
- **Microwave:** Thawing in a microwave oven is the fastest option; however, the suitability of this method will depend on the size and nature of the food item to be thawed. It may be difficult, for example, to achieve complete thawing of certain meats without partial cooking and reduction in food quality.
- **As part of the cooking process:** Thawing foods as part of the cooking process is appropriate where thorough and timely cooking can be ensured. Foods typically cooked from the frozen state include single portion foods such as meat patties and chicken nuggets as well as pizzas and vegetables. It is safer to completely thaw larger portions of frozen raw foods (e.g. chickens and turkeys) before cooking to ensure the internal cooking temperature required is reached.
- **Room temperature:** Thawing food at room temperature is faster than under refrigeration; however, there is a greater likelihood that the thawed portion of the food will reach temperatures greater than 5°C. The thawing process should be monitored to ensure the time that thawed potentially hazardous food is at temperatures greater than 5°C is minimised and safe time limits are not exceeded.

Source from *Standard 3.2.2 Food Safety Practices and General Requirements*, used under CC BY 3.0 AU.
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Reheating

- Reheat previously cooked food to a temperature above 60°C or above in two hours or less.
- Do not reheat potentially hazardous foods more than once.

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Cooking

- Cook *potentially hazardous foods* (e.g. meat, poultry, eggs, and seafood) at an internal temperature above 75°C to kill pathogens inside the food. You can use a thermometer (appropriately cleaned before and after use) to check the internal temperature.
- Use appropriate equipment in cooking the food to ensure that it will be cooked to the required temperature.
- Cool hot food (for the shortest time possible) to the desired temperature for children's consumption. You may do so by portioning food into small bowls.

Based on [Safe Food Australia - A guide to the Food Safety Standards](#), used under CC BY 3.0 AU. © Food Standards Australia New Zealand



Further Reading

Linked below are Food Standards Australia New Zealand's publications. Read more about the standard procedures for cooking, reheating, and thawing by clicking the pdf document entitled *Standard 3.2.2 Food Safety Practices and General Requirements*.

[Standard 3.2.2 Food Safety Practices and General Requirements](#)

Additionally, you can read the articles linked below. These articles by Food Standards Australia New Zealand discuss cooling and reheating food and temperature control.

[Cooling and reheating food](#)

[Temperature control](#)

4.4.4 Service

When the food is already cooked or reheated, you can now serve this to children during their mealtimes. This stage is just as crucial as the previous stages as it involves checking that children's utensils are in good condition (e.g. no cracks, chipped parts, etc.) to prevent injuries, such as cuts in the mouth or hands. Additionally, this involves cleaning the dining area to ensure that it is free of any microorganisms that children may come in contact with and cause illnesses.

Below are guidelines to follow when serving food and assisting children during mealtimes.

- Observe good personal hygiene, including having clothes and pulled-back hair to prevent hair from falling into the food. You can also use a hairnet.
- Before meals, clean all the tables to be used for the meal. Set the chairs properly for children's convenience.
- Make the meal table attractive to draw children towards the meal area.
- Use clean, sanitised utensils (e.g. tongs, spoons, and spatulas) to serve food. The size of the utensils should be appropriate and convenient for children's use.
- Serve food in eating and drinking containers (plates, bowls, cups, etc.) that are in good condition – not chipped, broken, or cracked.
- Check that all the children have washed their hands before they eat or drink.
- Dispose of any food spilled onto the floor.

4.5 Share Information With Families That Supports a Healthy Lifestyle

As an early childhood educator, part of your role is to support a healthy lifestyle by sharing and communicating information with the children's families. By doing this, you will encourage families to support and continue healthy eating practices in their own respective homes.

Below are some ways in which you can communicate information with families:



- Put posters of healthy and safe eating on noticeboards where families can see them easily. Alternatively, you can provide these posters individually through email. Information may include:
 - your organisation's policies and procedures related to healthy and safe eating
 - pictures and descriptions of healthy food, including the menu and recipe of the week
 - documentation (e.g. photos) of children's healthy and safe eating activities in the service.
- Involve families in the service's activities such as inviting them over to plan the menu, eating meals together with their children, etc.
- Invite parents to join talks/seminars hosted by your organisation.
- Share educational materials or relevant sources of information (e.g. the Australian Dietary Guidelines) with families.



Further Reading

Apart from the Australian Dietary Guidelines and the Australian Guide to Healthy Eating, the Infant Feeding Guidelines are also a good source of information you can use to support and encourage mothers who breastfeed their children. This document contains proper breastfeeding practices, the proper use of breastmilk substitutes, and others. Click the link below to access the document.

[Infant Feeding Guidelines: information for health workers \(2012\)](#)



Checkpoint! Let's Review

1. Positive mealtime experiences are a great way for children to apply healthy lifestyle practices as they develop a proper diet and improve relationships (i.e. improve social health) through their interaction with peers and adults.
2. Features or influences, such as culture, health, religion, and family belief systems, must be considered in thinking of and implementing ways to encourage and support healthy eating and nutrition during mealtimes. By taking these into consideration, a child will most likely respond positively to the support you will be providing for them.
3. In offering healthy food to children, make sure that your service's menu provides the appropriate portion of food based on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating.
4. When preparing food, wear the proper PPE to prevent food from being contaminated by foodborne diseases.
5. Sharing information with families about safe eating and a healthy lifestyle is important as this encourages families to support and continue healthy eating practices in their own respective homes.



Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

V. Provide Opportunities for Sleep, Rest and Relaxation



In the previous chapter, you learnt about promoting healthy and safe eating, including providing opportunities for children to engage in experiences, conversations, and routines, and encouraging and supporting healthy eating and nutrition practices with children. You also learnt about checking that children have ready access to water and are offered healthy food and drinks regularly, implementing service food safety procedures, and sharing information with families that supports a healthy lifestyle.

In this chapter, you will learn about providing opportunities for sleep, rest, and relaxation. Take note that sleep, rest, and relaxation are just as important as regular physical activity and healthy and safe eating since adequate sleep, rest, and relaxation are responsible for restoring children's energy levels. Additionally, this chapter will also guide you in maintaining children's privacy during toileting, dressing, and undressing times and meeting their clothing needs and preferences.

As an early childhood educator, it is your role to consult families regarding children's individual sleep and rest needs and apply standard practices to address these. Additionally, you must maintain children's privacy during toileting, dressing, and undressing times.

This chapter will thoroughly discuss providing opportunities for sleep, rest, and relaxation, including the following:

- Using individualised sleep and rest practices that are consistent with approved standards and in consultation with families
- Providing developmentally appropriate restful play activities for children who do not sleep or rest
- Maintaining children's right to privacy during any toileting and dressing and undressing times
- Meeting individual clothing needs and preferences within the scope of the service requirements for children's health and safety
- Supporting well-being through the exchange of information with families about individual child's rest and sleep patterns

5.1 Use Individualised Sleep and Rest Practices That Are Consistent With Approved Standards and in Consultation With Families

Element 2.1.1 of the NQS states that each child's comfort, including their individual needs for sleep, rest, and relaxation, is provided. Contained in this element are details of the requirements for providing environments and approaches that ensure individual children's needs for sleep and rest are respected and met.

You can refer to your organisation's policies and procedures as these reflect the requirements relevant to rest, sleep, and relaxation under Element 2.1.1. Additionally, your organisation's policies and procedures must reflect the recommendations from Red Nose (formerly SIDS and Kids), which is the national authority on safe sleeping practices for infants and children.

Educators must adhere to the policies and procedures in place at the service and be fully aware of the requirements for preventing Sudden Infant Death Syndrome (SIDS) when providing sleep and rest opportunities for young children.

5.1.1 General Practices for Safe Sleep, Rest and Relaxation

Discussed in the table below are some recommendations for children's safe sleep, rest, and relaxation and how you can apply each practice in the service.

General Practice	How Practice Is Used to Consider A Child's Individualised Sleep and Rest Needs
Re-positioning	<i>For children who do not have the ability to roll from front to back, assist them by re-positioning (i.e. laying them again) on their backs when they unintentionally roll onto their front or sides.</i>
Tucking of beddings	<i>For children who are likely to get stuck in loose bedding (as they do not yet possess the ability to free themselves), you must fold, turn, and insert sheets or blankets properly to prevent loose parts from forming.</i>
Using a safe baby sleeping bag	<i>For children who cannot re-position by themselves and/or who are likely to get stuck in loose bedding, you can instead place them inside baby sleeping bags to secure their positions. Furthermore, this ensures that their faces are uncovered with things (e.g. blankets) that can obstruct breathing.</i>
Swaddling/wrapping	<i>For children who do not possess the ability to soothe themselves and/or control their hands from scratching (and damaging) their faces, you can wrap them in blankets to provide comfort while restricting movement.</i>
Proper positioning (of educator)	<i>For children who need extra supervision in sleeping (e.g. infants, younger children), you must be stationed in an area where you can adequately supervise children. In doing so, you can monitor their breathing, skin colour, and any risks that may arise (e.g. medical conditions and environmental risks).</i>
Moving children out of cots	<i>For children who can already climb out of their cots, make sure to move them out of their cots to prevent the risk of falling from a height.</i>

Note that the individual sleep and rest needs cited in the examples above are only a few of the many needs you can identify in children. As you observe and supervise children in the service, you will be able to determine other needs relevant to safe sleeping and resting that you need to always address.



Further Reading

The articles linked below provide further discussion on safe beddings, including pillow use, soft toys, and recommended bedding amount. Click the links below to access these documents from the Red Nose website.

[Pillow Use](#)

[Soft Toys in the Cot](#)

[Bedding Amount Recommended for Safe Sleep](#)

The articles linked below show the recommendations by Red Nose regarding the safe wrapping of babies to promote safe infants' sleep. Click the links to access the articles.

[Wrapping or Swaddling Babies](#)

[Is it Safe to Wrap/Swaddle My Baby?](#)

When using cots in the service, refer to ACECQA's article regarding safe sleep and rest practices to know more about the Australian Standards relevant to safe cots, safe cot mattresses, and safe bedding.

[Safe sleep and rest practices](#)

Refer to Red Nose's brochure regarding moving children out of cots to beds. Click the link below to access the brochure.

[Cot to Bed Safety Brochure](#)

Aside from the general practices mentioned above, you must set the environment to one that promotes children's rest and sleep. This environment must:

- be free from noise
- be free from cigarette or tobacco smoke

- be safe and free from hazards, including the following:
 - curtains, wires, and other hanging components kept away from the cot
 - electrical appliances kept away from cots
 - not using electric blankets, hot water bottles, and wheat bags
- be maintained at a temperature appropriate for sleeping or resting
- have dim lights by closing the blinds or curtains to avoid bright light
- have clean and safe cots/beds for sleeping
- incorporate relaxing music, as well as puzzles and stories for children to reflect
- have quiet play activities for children who remain awake.

Be sure to keep an eye on the environment as you may identify new hazards or hazards that were overlooked. You must report these hazards according to your organisation's policies and procedures.

Additionally, make sure that children are properly dressed as they prepare for sleeping time. Their clothes should be clean, dry, and tidy (i.e. no sweat or spills).

5.1.2 Consultation With Families

To help you further in applying sleep and rest practices, you can consult with families and ask about each child's individual needs to be able to sleep, rest, and relax properly. Below are some things you need to consider during consultations with families:

- **Sleeping times**

Some children will sleep during the service's scheduled sleeping times, while others will not or cannot. For children who cannot and/or decide not to sleep, it is better to have them do resting activities instead, such as reading books, listening to music, etc.

- **Clothing for sleeping**

Children may prefer to wear clothing they use at home when they sleep.

- **Familiar items**

Some children may have familiar items they bring to sleep, such as dummies, toys, blankets, etc. Thus, it is better to have families bring these to the service for children's use.

- **Sleep-inducing methods**

While some children can be left to sleep on their own, others are not used to being alone and require some methods that will help them get to sleep, such as rubbing the back, patting, etc.

Additionally, in consulting with families about their children's individual needs, you may encounter families expressing their beliefs regarding sleep, rest, and relaxation. You must take their concerns with sensitivity. The service may choose to determine alternate practices in consideration of any request that contradicts recommended guidelines (i.e. guidelines by Red Nose) and endorse this practice only if the child's medical practitioner supports it.

Checkpoint! Let's Review



1. Element 2.1.1 of the National Quality Standard states that each child's comfort is provided, including opportunities to meet each child's need for sleep, rest, and relaxation.
2. You must refer to your organisation's policies and procedures as these reflect the recommendations from Red Nose regarding safe sleeping practices for infants and children.
3. Some things you need to consider during consultations with families include:
 - sleeping times
 - clothing for sleeping
 - familiar items
 - sleep-inducing methods.

5.2 Provide Developmentally Appropriate Restful Play Activities for Children Who Do Not Sleep or Rest



Children's individual needs for sleep and rest vary, which is why it is not appropriate to insist that all children sleep for a predetermined time period. Therefore, it is better to have them engage in developmentally appropriate restful play activities instead, which provide an opportunity for them to find solitude and relaxation. *Developmentally appropriate restful play activities* refer to play activities that suit the child's skills and abilities, strengths, and interests corresponding to their current developmental stage. For example, jigsaw puzzles are more appropriate for children aged three to five years old, who generally possess more cognitive abilities than children under three.

The table below shows some examples of restful play activities that you can provide for children in the service.

Activity	Description
Listening to music	It involves having children listen to relaxing music such as nature sounds or soft lullabies. This works for both infants and young children.

Activity	Description
Sensory bottles	It involves putting beads, shells, glitter, small toys, liquids, etc., of varying sizes and colours inside tightly closed bottles. It can be used to create interesting sounds and visuals, which may be attractive and stimulating for babies and young children.
Children's stories	It involves reading books with short stories. It is a good idea to have books with a lot of graphics or images in order to stimulate young children's imagination. Alternatively, audiobooks may be used.
Jigsaw puzzles	It involves fitting separate pieces together to form the correct pattern or image. While puzzles are usually a way to develop young children's problem-solving skills, it also develops their creativity, self-confidence, and relaxation.
Drawing and colouring	It involves the use of art materials, such as pencil, crayons, paint, etc., to draw different images or patterns. This is a good way to keep young children's imagination and creativity working.
Origami	It involves paper folding to create various patterns or shapes. Young children may recreate their favourite boats, aeroplanes, animals, and others.
Playdough	It involves moulding different-coloured modelling clays into shapes and patterns such as foods, toys, and other objects. This eases tension in young children as they pull, squeeze, and tear the modelling clay into their desired shapes.



Further Reading

Access the link below to read more about quiet time activities for children.

[6 Toddler Quiet Time Activities](#)

The list below shows how you can provide the restful play activities mentioned in the table on the previous page:

- **Make sure that restful play areas are accessible to children.**

This involves telling children the location of rooms or areas they can go to when, for example, they want to listen to music, read books, or do origami.

- **Ensure that materials are easily accessible to children.**

Basically, this means that materials (e.g. toys and art tools) must be within the child's reach. When doing so, you may, for example, have papers already stacked on top of tables for children to proceed immediately with origami. Apart from convenience, this also promotes safety as this reduces the likelihood of children doing dangerous stunts in an attempt to, for example, reach for things on the top shelf of a tall cabinet.

- **Facilitate the activity.**

This means assisting children in their activities by directing play or following a child's lead (given they allow you to join them) and engaging them in worthwhile conversations. When doing so, you can also combine two activities into one, for example, incorporating music during storytelling for dramatic effect.

5.3 Maintain Children's Right to Privacy During Any Toileting and Dressing and Undressing Times

As you supervise children, you will realise that toileting and dressing/undressing are two of the most frequent tasks that children do many times a day as a result of natural body processes. Thus, you should be able to provide adequate support for children to meet their toileting and dressing/undressing needs.

Below are ways to support a child with toileting:



- **Ensure that the toilet is clean at all times.** This creates a good impression on the child since the area appears safe and comfortable for them.
- **Provide the necessary tools for easy toileting.** This includes placing a footstool for children to get onto the toilet or setting a smaller seat over the toilet seat that will better fit the child.

- **Take note of signs or behaviours children are displaying and respond accordingly.** This means listening to a child's words or watching non-verbal cues that may indicate that they need to go to the toilet. You should immediately tell them to go to the toilet or accompany them in going there.
- **Teach them words to indicate they need to poop or urinate.** Simply, this means having them practise words they need to say to you when they need to go to the toilet, such as 'wee', 'poo', 'toilet', etc.
- **Establish toileting routines.** This involves setting a specific time wherein children are told to use the toilet, for example, before meals. Additionally, this means setting for yourself a routine where you remind a child to go to the toilet in cases where you notice they have not been going to the toilet.
- **Use positive phrases.** This means telling children words of affirmation to encourage them to continue proper toileting practices. For example, you can say, 'Good job for sitting properly on the toilet!' or 'Thank you for telling me that you needed to go to the toilet.'

On the other hand, below are ways to support a child with dressing/undressing:

- **Encourage parents to have a child wear clothing that is easy to take off.** This allows children to have an easier time learning how to take off (and put on) their clothes, especially during toileting times.
- **Teach children about the clothes they are about to wear.** As you assist children in dressing, you can mention the name of such clothing, which area of the body it is supposed to be worn, and its purpose. For example, you can say, 'This hat goes on your head to protect you from the sun'.
- **Set a dedicated time to practise dressing/undressing.** Simply, this means establishing a routine for children to practise dressing/undressing. For example, with the use of songs, you can teach children every group time how to tie their shoes and have them slowly master each 'stage' until they can do the task themselves.
- **Use positive phrases.** As discussed earlier, this means rewarding the child with words of affirmation to reinforce actions. For example, you can say, 'Good job for pulling up your pants and putting on the buttons!'

During toileting, and dressing and undressing, every child's right to privacy must be respected. This applies to children of all ages and stages of development, including babies, young children, and school-age children. Educators need to be attentive in protecting children's privacy during nappy change times, in toilet areas, and at any time a child dresses and undresses, such as for sleep and rest times.

Additionally, it is important to maintain children's privacy during these times as these activities allow children to develop a sense of independence and confidence.

Below are some guidelines you can follow to maintain children's needs for privacy during any toileting, and dressing and undressing times:

- Accompany children every time they go to the toilet or when dressing or undressing. Keep an eye on them from time to time but do not stare as this may make them uncomfortable.
- Lead children to the appropriate area for dressing or undressing.
- As much as possible, let the children do the task themselves. Assist only if they do not know how to do the task (usually applies to younger children) or when they ask for help.
- Refrain from making physical contact with the children when assisting them with toileting and dressing or undressing.
- Do not make any comments regarding their bodies.
- Remind children to follow basic hygiene, including washing their body parts and their hands after toileting.



Further Reading

The resources linked below from raisingchildren.net.au provide some guidelines for toilet training and teaching children how to dress. You can apply the guidelines to develop confidence in children to do these tasks independently.

[Toilet training: a practical guide](#)

[Teaching your child how to get dressed](#)

5.4 Meet Individual Clothing Needs and Preferences Within the Scope of the Service Requirements for Children's Health and Safety

As a means to promote inclusion in the service, it is your role to meet a child's individual clothing needs and preferences. However, as you need to prioritise children's safety, you must look further into the safety and suitability of children's clothing. In other words, you need to make sure that clothing used by children in the service is safe and suitable, which means clothing must:

- not cause injuries, such as scratches, bruises, skin irritation, etc.
- be comfortable (e.g. suited for the weather and allows children to perform a variety of actions freely)
- be easy to put on and remove.

In ensuring the safety and suitability of children's clothing, you need to be aware of the hazards and risks that can lead to health and safety issues relevant to children's clothing. Refer to the table below for some examples of clothing and the hazards relevant to the clothing indicated, including ways to assess and manage the identified risks.

Clothing	Relevant Hazard	How to Assess an Associated Risk	How to Manage Identified Risk
Clothes with buttons	Loose or poorly sewn buttons	You can examine how likely it would be for the child to remove the button from their clothes and place them in their mouth, which risks choking.	You can communicate to parents to alarm them of any clothing with buttons that are poorly sewn. If you have the necessary skills, you can also sew the button yourself.
Shirts	Inappropriate type (i.e. thickness) of clothing	You need to check the weather for the day to see if a child's clothing is appropriate or not. For example, a heat-absorbent shirt increases the risk of dehydration in children during the summer; or a shirt with a thin fabric can make a child feel cold during chilly weather.	You must inform the parents that their children must wear clothing appropriate for the current weather. Additionally, you may require parents to bring extra clothes for their children.
	Allergens present in the clothing	You need to examine behaviours of children that may indicate allergic reactions, such as frequent coughing, sneezing, difficulty breathing, and so on. This allows you to address allergic reactions as soon as you can to reduce complications (e.g. anaphylaxis).	You must have children immediately change into new clothes and keep contaminated clothing away from the child (e.g. storing it in a separate container away from their reach).
Pants	Too-tight pants	You need to examine children's behaviour that may indicate discomfort or pain as these may indicate that pants are too tight. If not immediately addressed, this runs the risk of the child acquiring bruises due to restricted movement.	You must have the child put on a new pair of pants that fit them comfortably. You should also look into other accessories they are wearing, such as belts, as you may need to loosen them to address the situation.

Remember that your service's policies and procedures contain the full specifications of what you need to do to assess and manage the hazards and risks relevant to clothing safety and suitability. Therefore, you must see to it that the ways you are going to implement align with the provisions established in those documents.

As discussed earlier, it is your role as an early childhood educator to consider children and their families' preferences regarding children's clothing. You need to understand that these preferences may arise from factors such as family beliefs and culture.

While being respectful to families regarding children's clothing preferences, you must inform them of your organisation's health and safety requirements for children's clothing and the risks of wearing clothing that is considered unsafe. On the other hand, children must be encouraged to practise wearing safe clothing by politely asking them to, for example, tie their shoes properly or take off their hats, etc.

Below are some guidelines to meet individual clothing needs and preferences. However, as mentioned earlier, you must refer to your organisation's policies and procedures as these contain clothing safety and suitability requirements.

You must ensure the following:

- **Clothing is suited for the weather.** For example, children should wear thick clothing to protect themselves from cold temperatures, and they should wear light clothing during hot temperatures. Additionally, they must wear long-sleeved shirts, long pants, and hats when spending time outdoors on a sunny day. This is for protection against harmful ultraviolet (UV) rays.
- **Footwear is appropriate.** For example, when children are required to play outdoors (e.g. playground), they must wear fit and secure shoes. They protect children from accidents such as slipping, turning their ankles, or having their feet stomped by other children.



- **Clothing is safe for the activity.** In other words, look out for any clothing components that pose a hazard when doing certain tasks. For example, when children are to play outdoors, ensure that they do not use clothing that is too loose and any jewellery, such as necklaces and earrings that may accidentally be caught in equipment. Another example would be to have girls wear shorts or trousers instead of skirts during outdoor play to protect their skin from dust or dirt particles. Children must always wear safe clothing that allows them to move freely and comfortably.
- **Clothing is easy to manage.** Since children are just starting to learn toileting and dressing or undressing independently, it is better to use easy-wear clothing.

Take note that some children may prefer other clothing for reasons such as discomfort. You can see signs of discomfort in their clothing when they keep scratching certain areas of their body. This may be due to the type of material applied to the clothing. When this happens, you should discontinue the use of such clothing and inform families of such incidence so that children would not wear the same material again.

Additionally, you must inform families to bring extra clothing for children in cases where their clothes get soiled or when the weather seems unpredictable (i.e. not sure whether it would be sunny or rainy).



Further Reading

Read the article below to learn more about children's health and safety in relation to children's clothing. You can access the article by clicking the link.

[What children wear to education and care](#)

5.5 Support Wellbeing Through Exchange of Information With Families About Individual Child's Rest and Sleep Patterns

To ensure that children's individual sleep and rest needs are met on an ongoing basis, it is essential for educators to communicate with families regularly since a child's sleep and rest may change over time. Typically, when they are babies, children sleep many times during the day. As they grow older, however, the number of times they sleep lessens.

As discussed in Section 5.1.2, you should discuss information with families regarding their children's individual needs related to sleep, rest, and relaxation. This includes knowing the times children usually sleep and familiar items and rituals that children have to sleep or rest.

Additionally, you should share information regarding children who choose to do quiet and restful activities since some families may request that these children be not made to sleep. Parents of these children may believe that the children will not sleep at night if they sleep during the day. On the other hand, other parents may ask the service to make their children sleep so that they may be less tired and stressed when they go home. You should always be flexible in the approach to sleep and rest as this can assist with children's problematic behaviours.

It is also important to provide families with feedback regarding any of their concerns and the methods you used to address their requests or concerns. Discuss with them whether methods have been effective or not and brainstorm ways to maintain, improve, or correct them.

Always remember to refer to your organisation's policies and procedures when communicating this information to families. For example, your organisation may require you to discuss information in a formal meeting with families personally or provide families with the necessary supporting documentation such as tables, charts, etc., that outline when a child may have slept or rested or issues relating to their sleep and rest.





Checkpoint! Let's Review

1. Developmentally appropriate restful play activities refer to play activities that suit the child's skills and abilities, strengths, and interests corresponding to their current developmental stage.
2. During toileting, and dressing and undressing, every child's right to privacy must be respected. This applies to children of all ages and stages of development, including babies, young children, and school-age children.
3. In order to meet children's individual clothing needs and preferences, you must ensure that:
 - clothing is suited for the weather
 - footwear is appropriate
 - clothing is safe for the activity
 - clothing is easy to manage.
4. In exchanging information with families about individual child's rest and sleep patterns, you must discuss with them whether the methods applied to address the children's sleeping and resting patterns have been effective or not and brainstorm ways to maintain, improve, or correct them.



Learning Activity for Chapter 5

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

VI. Supervise Children



In the previous chapter, you learnt about providing opportunities for children's sleep, rest, and relaxation, including individualised sleep and rest practices and restful play activities for children who do not sleep or rest. You also learnt about children's privacy during any toileting and dressing and undressing times, maintaining clothing needs and preferences, and exchanging information about individual child's rest and sleep patterns.

In this chapter, you will learn how to supervise children. Whatever children are doing in the service—whether playing, eating, or sleeping—they need to be supervised adequately and actively to prevent injuries or incidents and address any incidents that happen.

As an early childhood educator, it is your role to actively supervise children and positively communicate with them what they should and should not do. More importantly, you need to adjust your level of supervision when necessary.

This chapter will thoroughly discuss supervising children, including:

- following regulations and implementing service policies and procedures for active supervision of children
- using positive, developmentally appropriate communication when informing children of safety requirements

- adjusting levels of supervision depending upon the area of the service and the skill, age mix, dynamics and size of the group of children, and the level of risk involved in activities and play
- exchanging information about supervision with colleagues to ensure adequate supervision at all times.

6.1 Follow Regulations and Implement Service Policies and Procedures for Active Supervision of Children



One of the significant regulations you must follow, as required by the National Regulations and the National Quality Standard (particularly, Element 2.2.1), is that you must always supervise children to ensure that they are protected from harm and hazard. While supervision means observing children in care, learning about their interests, needs, and abilities, and creating stimulating play and learning environments, it is more importantly about ensuring children's safety.

If you refer to your organisation's policies and procedures, you will see that the requirement mentioned earlier is reflected and may be adapted to suit the needs of the children in your service. Additionally, this sets down the proper procedures for active supervision, which will be discussed shortly. In order to properly implement service policies and comply with the regulations, you need to embed and apply the principles of active supervision in your daily provision of education and care to children. Refer to the following discussions as they tackle the principles of active supervision, including situational examples to illustrate them.

Active Supervision

Active supervision means focused and intentional supervision. It requires attention to detail with regard to children's actions while engaging with them to ensure safety in their various activities. Refer to the table below to know the principles of active supervision and how to apply each.

Principle	Ways of Applying
Awareness of environment	<p>Staff members should set the environment in a way that children can be supervised easily. Examples include:</p> <ul style="list-style-type: none"><li data-bbox="573 1035 1367 1114">▪ using waist-height furniture to observe children from several angles<li data-bbox="573 1136 1049 1170">▪ keeping small spaces clutter-free<li data-bbox="573 1192 1319 1226">▪ arranging furniture to suit different learning activities.
Positioning	<p>Staff members should be positioned carefully and appropriately to be able to see and hear children easily and ensure they are protected from harm. Examples include:</p> <ul style="list-style-type: none"><li data-bbox="573 1439 938 1473">▪ facing the group always<li data-bbox="573 1495 1367 1574">▪ deciding carefully where to sit or stand when children perform new activities<li data-bbox="573 1596 1335 1630">▪ being aware of areas that are less visible or 'blind spots'<li data-bbox="573 1653 1351 1686">▪ staying close to children who need more help than others<li data-bbox="573 1709 1367 1832">▪ ensuring that there are clear paths between themselves and the children so that if they need to act quickly, there is no obstruction to do so.

Principle	Ways of Applying
Scanning and counting	<p>Staff members should keep scanning the environment to know where children are and what they are doing. Examples include:</p> <ul style="list-style-type: none"> ▪ checking on children from time to time and being aware of the activities they are currently doing ▪ developing a headcount system to mark arrivals and departures, especially during excursions ▪ ensuring enrolment records are readily accessible and updated, which is essential during pick-up times.
Listening	<p>Staff members should identify any sound (or the lack of it) that may imply potential danger. Examples include:</p> <ul style="list-style-type: none"> ▪ splashing water ▪ crying ▪ choking or gasping ▪ children being too silent ▪ using bad language.
Awareness of group and individual dynamics	<p>Staff members should be knowledgeable of children's backgrounds, including culture and religion and individual ideas, abilities, and interests. Additionally, they should see how each individual's dynamics connect within different groups and how children grouped together behave as a unit. This allows you to anticipate behaviour, which makes it easier to address potential harm (e.g. signs of illness).</p>
Interaction with children and adults	<p>Staff members should interact with children through planned learning experiences that engage curiosity and wonder. Being present and communicating with them during these planned activities will minimise the risk of harm and injury.</p> <p>In addition to that, staff members should interact with each other during the supervision of children. This includes letting each other know when someone is leaving a particular area to get something or take a toilet break or when a staff member is absent on that day in order to make adjustments in the positioning or roster.</p>

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To better illustrate the principles mentioned, refer to the situation presented below.

For the day's indoor play (free play) activity, Reuben and Carla, two educators in the centre, followed the supervision plan they made earlier to inform how they would be supervising children during the play activity.

The 10-metre square room is primarily divided into two areas: one for playing blocks, playdough, balls, and other related toys, and the other for arts and crafts. Reuben positioned himself at the room entrance to ensure that no child gets out of the room, while Carla was on the corner opposite Reuben's to ensure they can see and communicate with each other easily.

As the activity went on, Reuben and Carla heard a child crying loudly and saw that they seemed to be fighting over a toy with another child. Reuben took the initiative to take both children out of the room and resolve the conflict. He told Carla to look after all the children left in the room.

After a while, Carla observed that a child situated near the door entrance who is doing origami attempted to go out of the room. Quickly, she went over to the area to stop the child from going out. To redirect the child's attention, Carla took the child to another area and conversed with another child playing blocks, saying, 'That is a very tall building you made. Can you show us how you did it?' The child responded positively, and then both children immediately engaged in block play, building a tower from scratch. As Carla returned to her position, she picked up balls, blocks, and other toys scattered on the aisle and put them in their respective containers.

Reuben returned with the two children in conflict and placed them apart (one near him and the other near Carla to prevent further fighting), as they seemed to fight a lot based on previous observations. They scanned the room and ensured (by counting) that all children were complete. After which, both educators returned to their original designated positions.

Based on the situation presented earlier, you can see that there are specific actions done by Reuben and Carla that demonstrated the principles of active supervision. Refer to the table below for these actions.

Principle	Actions
Awareness of environment	<ul style="list-style-type: none"> ▪ Carla picked up the balls, blocks, and other toys scattered on the aisle and put them in their respective containers.
Positioning	<ul style="list-style-type: none"> ▪ Reuben positioned himself at the room entrance to ensure that no child gets out of the room, while Carla was on the corner opposite Reuben's to ensure they can see and communicate with each other easily.
Scanning and counting	<ul style="list-style-type: none"> ▪ Carla went to the door entrance quickly to stop the child from going out of the room. ▪ When Reuben returned to the room, both he and Carla scanned the room and ensured (by counting) that all children were complete.
Listening	<ul style="list-style-type: none"> ▪ Reuben and Carla heard a child crying loudly and saw that the child seemed to be fighting over a toy with another child.
Awareness of group and individual dynamics	<ul style="list-style-type: none"> ▪ Reuben took the initiative to take the children who were fighting out of the room and resolve the conflict. ▪ Reuben returned with the two children in conflict and placed them apart (one near him and the other near Carla to prevent further fighting), as they seemed to fight a lot based on previous observations.
Interaction with children and adults	<ul style="list-style-type: none"> ▪ Reuben told Carla to look after all the children left in the room as he will be resolving the conflict between the children. ▪ Carla redirected the attention of the child who attempted to go out of the room by leading them to play blocks with another child.

As you provide children with active supervision, remember to always refer to your organisation's policies and procedures as these contain the complete procedures and specifications for actively supervising children.

6.2 Use Positive Developmentally Appropriate Communication When Informing Children of Safety Requirements

As discussed in the previous subchapter, interacting with children is an essential part of active supervision principles, wherein educators and staff members are required to interact and engage children through planned learning experiences. This is for the purpose of promoting both children's learning and safety.

In engaging with children, positive, developmentally appropriate communication should be used. *Positive communication with children* means communicating in ways that promote mutual understanding. In this way, children feel respected and understood, which encourages them to interact with the same respect and understanding and respond well to any requests or instructions that they need to follow.

Below are some guidelines you can follow to engage children using positive communication while supervising them.

- **Listen attentively.**

Listening attentively to children involves paying full attention to what they are saying. This can be done by looking them in the eye and bringing yourself down at eye level as they are talking to you. In addition, you must not make any quick corrections to their grammar or the way they speak. Let them finish their sentences when expressing their opinions and ideas.



Part of attentively listening is being aware of children's body language and tone of voice. Sometimes, children could be too silent than usual, which indicates that they might be feeling down or unwell.

- **Control your response.**

Some children may be easy-going, while others may be difficult to deal with. When confronting the latter, make sure to control your response, including your body language and the tone of your voice. Give yourself some time to diffuse your emotions before responding.

In some cases, you may need to provide constructive feedback to children to make them aware of and correct their actions. In doing so, you must incorporate positive phrases, as children are more likely to respond well to praise than criticism.

- **Use positive phrases.**

Using positive phrases encourages children to continue displaying good behaviour and be better at things that they are already good at. In other words, positive phrases improve children's confidence and boost their sense of self-validation. Examples of positive phrases include but are not limited to the following:

- 'Good job!'
- 'That is beautiful!'
- 'You can do it!'
- 'Thank you for the help!'
- 'Perfect!'

Of course, positive communication also needs to be developmentally appropriate. Developmentally appropriate communication means communicating in ways that correspond to a child's developmental stage to ensure that they are able to pick up or understand the message you are trying to tell them. For example, it may be more appropriate to exaggerate gestures when talking to two-year-olds as they may still find it difficult to comprehend complex language through discussions.

Below are some guidelines you can follow to engage children using developmentally appropriate communication while supervising them:

- **Use simple language.**

Young children have a limited vocabulary. Thus, in giving out instructions or responding to any of their concerns or questions, make sure you are using simple words so they could understand you easily.

- **Use child-friendly ways to give out instructions.**

When giving out instructions relevant to safety requirements, you may engage children in entertaining ways such as songs and rhymes, storytelling, puppet shows, and others. As these ways are usually straightforward, children will be able to better understand what is expected of them as they go through their play activities. For example, before outdoor play, you can gather children and facilitate singing songs (incorporated with actions) about areas where they should not go.

6.3 Adjust Levels of Supervision Depending Upon the Area of the Service and the Skill, Age Mix, Dynamics and Size of the Group of Children, and the Level of Risk Involved in Activities and Play

As discussed in Subchapter 6.1, active supervision is both focused and intentional. It means demonstrating attention to detail with regards to children's actions and engaging with them to ensure safety in their various activities. As you actively supervise children, you may encounter situations wherein you need to adjust your level of supervision.

Simply, *levels of supervision* refer to the degree to which you are overseeing children's activities. In other words, it refers to the level of attention or observation you are providing children, which mainly depends on the risk involved in such activities. For example, when children are doing high-risk activities, you need to provide a higher level of supervision. Conversely, when children are involved in low-risk activities, a lower level of supervision can be provided. This will be further discussed later on in this subchapter.

Supervision Requirements

Regardless of the level of supervision required for a particular situation, you need to always be aware of and follow the supervision requirements required of service providers. These requirements are as follows:

- **Educator-to-child ratios**

The educator-to-child ratio refers to the minimum number of educators required to supervise children under the service's care. Note that the educator-to-child ratios vary depending on the age of children under the service's care, the type of service, and the state/territory wherein the service belongs. For example, a centre-based service provider located in the State of Victoria is required to have an educator-to-child ratio of 1:4 (one educator per four children) when supervising children over 24 months and less than 36 months.

To help you determine the required educator-to-child ratio for your service, you can access ACECQA's article about educator-to-child ratios (refer to Further Reading section below). Alternatively, you can directly contact your regulatory authority for these ratios.

Further Reading



Read the article by ACECQA linked below to know more about educator-to-child ratio requirements. Note that the website also includes an educator to child ratio calculator for centre-based services.

[Educator to child ratios](#)

- **Mandatory reporting to the regulatory authority**

As you provide active supervision to children, keep in mind that there are situations wherein you and your organisation are required to notify the regulatory authority, specifically:

- *serious incidents
- any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
- any incident where the approved provider reasonably believes that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service
- any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service
- complaints that allege a serious incident has occurred or is occurring while a child was or is being educated and cared for by the approved education and care service or alleging the National Law or National Regulations have been contravened.

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Further Reading

Read the article by ACECQA linked below to know more about the requirements for reporting incidents in the service.

[Reporting requirements about children](#)

Influencing Factors

As mentioned earlier in this subchapter, adequate supervision requires adjustments in the level of supervision. Levels of supervision may be low or high, depending on factors such as the following:

- Area of the service and skill
- Age mix

- Dynamics and size of the group of children
- Level of risk involved in activities and play

The influencing factors mentioned will be tackled in the following discussions.

6.3.1 Area of the Service and Skill

The area of the service refers to the physical layout wherein various children's activities such as play, sleep, mealtimes, etc., are held. Considerations include, but are not limited to, the following:

- Whether furniture and equipment (e.g. children's slide) are in good condition and free from hazards (e.g. sharp edges from chipped plastic, rust formation in metals, etc.)
- Whether rooms that pose potential hazards can be easily accessed by children (e.g. kitchen, which houses sharp tools, storage areas containing toxic substances, etc.)
- Whether tools that are potentially risky (e.g. electric devices) are present where children are performing their activities



For example, a children's slide made of metal, if not maintained properly, will usually corrode over time. This leads to rusty and sharp edges that may cause injuries if accidentally touched by children during outdoor playtime. In a case like this, you are required to raise the supervision in this area during outdoor play from low supervision to high supervision. For example, you can position yourself closer than usual to the defective equipment to ensure no children will use it.

On the other hand, *service skill* refers to the service's overall expertise, including the staff and the system used in supervising children. Say a service is composed of a handful of staff members with zero or minimal experience in the early childhood education industry. In this case, the level of supervision may be raised by pairing the inexperienced educator with an experienced one. In this way, the experienced educator will be able to give suggestions and advice on the proper way of supervising children, including crucial areas to look out for. In doing so, consequences as a result of inexperience can be avoided or minimised.

6.3.2 Age Mix

Mixed-age groups are composed of children of different ages (e.g. one year apart from each other) belonging to the same group. In other words, some children in the group may be older than others.

In supervising children belonging to a mixed-age group, you are required to provide a higher level of supervision towards the group's younger members. This means positioning yourself in close proximity to these children so you can easily look after them and engage them whenever necessary. This is not to say that older children are to be provided with low supervision. Older children will most likely have more experience doing certain activities than younger ones. Thus, the risk of harm is reasonably less in this case.

For example, younger children will need more assistance and supervision when playing with toys that are new to them to minimise risks such as choking. Older children playing with the same toys will have been accustomed already to the toys being played. Thus, the risk is reasonably lower.

6.3.3 Dynamics and the Size of the Group of Children

Group dynamics refers to the behaviour that children exhibit as they interact with one another in a group. For example, children with a track record of being overly outgoing or rowdy may spend time together as a group during outdoor playtime. You are required to focus more on these children as the chances of risk (e.g. injuries due to playing and accidents caused by touching random things) increase due to their outgoing or rowdy nature. You may, for example, engage them in conversations from time to time to find out what they are up to. You can also facilitate other activities that will separate them from each other whenever they exhibit risky behaviours.

Meanwhile, the size of the group of children simply refers to the number of children in a group. This is when the regulated educator-to-child ratio requirements (discussed earlier in this subchapter) apply. Generally, as the number of children increases, you must raise your level of supervision by adding more educators. Services must follow the minimum qualification and educator-to-child ratio requirements for children's education and care services.

6.3.4 Level of Risk Involved in Activities and Play

There is also a need to adjust the level of supervision with the level of risk involved in activities and play accordingly. *Level of risk* refers to the degree of the impact that a particular risk poses. High-risk activities can be considered activities with risks that have a high probability of happening and/or which can have severe consequences. On the other hand, low-risk activities are activities with risks that have a low probability of happening and/or which can have consequences that can be considered minor.

For example, excursions or field trip activities may pose greater risks (e.g. children getting lost and transportation-related accidents) than play activities held inside the service. In this case, you can raise the level of supervision by adjusting the minimum educator-to-child ratio (e.g. increasing the number of educators per number of children in a group). This ensures that variables, such as children's age and health needs and risk of activities involved, are considered.



6.4 Exchange Information About Supervision With Colleagues to Ensure Adequate Supervision at All Times



In order to adequately supervise children at all times, educators need to communicate with each other about supervision routines and responsibilities constantly.

Below are some ways you can exchange information about supervision:

- Ongoing written and verbal communication, including tables, charts, and other documentation regarding children's behaviour
- Incidental on-the-spot chats
- Staff meetings

Remember to refer to your organisation's policies and procedures in sharing and exchanging information with colleagues, as these contain specifications regarding the exchange of information about supervision. Your organisation may require you to document your discussion and display important points on a notice board where all staff members can see them.

Information that you need to discuss include the following:

- Necessary updates to policies and procedures relevant to children's supervision revisions
- The relevant educator-to-child ratios applicable to your service that must be followed at all times
- Children's behaviour and tendencies, including individual and group dynamics
- Newly discovered risks in the service and ways to address these risks
- Recurring issues related to supervision, including staff grievances, challenges, and ways to resolve them
- Ways to appropriately communicate children's behaviours and tendencies to families
- Ways to provide educators and families with opportunities to be involved in:
 - review of the policy
 - opportunities for professional discussion and development.



Checkpoint! Let's Review

1. In order to properly implement service policies for active supervision, you need to embed and apply the principles of active supervision in your daily provision of education and care to children. These principles are the following:
 - Awareness of environment
 - Positioning
 - Scanning and Counting
 - Listening
 - Awareness of group and individual dynamics
 - Interaction with children and adults
2. Active supervision requires attention to detail with regard to children's actions while engaging with them to ensure safety in their various activities.
3. Some things to remember when engaging with children using positive communication include:
 - listening attentively
 - controlling your response
 - using positive phrases.

4. Ways to engage children in developmentally appropriate communication include:
 - using simple language
 - using child-friendly ways to give instructions.
5. Influencing factors that affect the level of supervision include the following:
 - Area of the service and skill
 - Age mix
 - Dynamics and the size of the group of children
 - Level of risk involved in activities
6. Ways you can exchange information about supervision with colleagues include ongoing written and verbal communication, incidental on-the-spot chats, and staff meetings.



Learning Activity for Chapter 6

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

VII. Minimise Risks in the Environment



In the previous chapter, you learnt about supervising children, including active supervision, positive developmentally appropriate communication with children, levels of supervision, and exchanging information about supervision.

Remember that along with children's medical conditions, environmental hazards need to be considered and addressed in order to protect children from health and safety risks. Examples of hazards include wet floors, broken glasses, and unsanitised toilets. Thus, when supervising children, you need to keep a close eye on potential hazards that put children in danger. This chapter will guide you on how to minimise risks in the environment.

Part of your role as an early childhood educator is to check for the safety of the service, including the building itself, the equipment that children will be using and the general environment. In addition to that, you need to properly and carefully handle dangerous products, ensure the safe collection of children, and observe anyone who enters the service.

This chapter will thoroughly discuss minimising risks in the environment, including:

- Checking the safety of buildings, equipment and the general environment according to the scope of own role and service policies and procedures
- Using, storing and labelling dangerous products according to manufacturer's instructions, service policies and procedures , and regulations

- Implementing service procedures and regulations for the safe collection of each child, ensuring they are released to authorised people only
- Assisting in the supervision of every person who enters the service premises through observation and reporting

7.1 Check Safety of Buildings, Equipment and the General Environment According to Scope of Own Role and Service Policies and Procedures

As you know, you and the children will be doing various activities in the same building for a considerable period of time. Therefore, it is important that the building, including the equipment and the general environment that you are in, is safe.

Remember that your responsibility revolves around the hands-on approach of supervising children and providing care for children to ensure their health, safety, and holistic development. In other words, it is your role to be physically present in the service and keep an eye out for children's activities and the play environment they are in. Thus, in checking the safety of buildings, equipment and the general environment, your role includes the following:

- **Identifying the hazard** – You have to spot anything, such as objects and conditions, that may cause harm or injuries to you and the children.
- **Assessing the risk** – This means evaluating:
 - how likely the harm caused by the hazard is going to happen
 - the severity of the harm caused by the hazard.
- **Controlling the risks** – This means removing or reducing the risks you identified. While risk control requires intensive planning from the end of the upper management, there are simple things you can do to control the risks, such as picking up clutter to prevent children from tripping, falling, or getting foot injuries.

*Based on [Hazard identification, risk assessment and risk control](#), used under CC BY 4.0.
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A safety checklist is a simple tool that makes checking hazards and assessing risks easier. It is usually made up of a list of possible hazards and columns to verify the hazard and assess the risk (e.g. severity, probability of happening, and any remarks).

Refer to the table below for an example of a safety checklist. Note that the below example is only one of the many ways a safety checklist can be done. Your organisation should have a template for the safety checklist you must use.

Hazard	Risk Due to the Hazard	Likelihood of Harm to Happen (Likely Or Not Likely)	Severity of Harm (e.g. Severe, Moderate, Minor)	Risk Control Measures Done
1.				
2.				
3.				
4.				
5.				

The list below shows some of the potential hazards relevant to the building, equipment, and general environment that you can refer to when checking your workplace's safety.

Buildings

- Peeling paint may cause poisoning due to inhalation of toxic substances and cuts when coming into contact with skin.
- Cracked glass windows may disintegrate over time due to external forces and cause cuts and wounds when shattered.
- Inappropriate floor covering or tiling may cause slipping.
- Loose doors may fall on children.
- Creaking wood (in stairs, for example) may indicate decay or weakening and may result in collapse.

Equipment

- Cots that do not meet Australian Standards can be life-threatening to babies.
- Tables with sharp edges can cause injuries on children's sides or other body parts.

- Old playground equipment (e.g. rusty slides and swings) can cause skin lacerations and abrasions.
- Mealtimes utensils made of glass can break and cause cuts and wounds when shattered.
- Unstable cabinetry or shelves may fall on children.

General Environment

- Toilets that are not properly sanitised may cause the spread of infection.
- The temperature in sleeping areas that is not set according to standards may cause sleep deprivation in children.
- Outdoor plants that are poisonous or those that have spikes may cause poisoning or injuries.
- Rooms that are not well lighted may cause accidents due to not being able to see properly.
- The presence of insects in the outdoor area can cause anaphylaxis or allergies in children due to insect bites.

The hazards mentioned above are only a few of the many potential hazards that may compromise the safety of buildings, equipment, and the general environment. If you do not sense any potential hazard after careful examination, you can say that the area is safe. However, if hazards are present, they must be controlled (e.g. eliminated, substituted, or isolated). Only then can the area be considered safe.

When checking the safety of buildings, equipment, and the general environment, remember to view the areas from different angles and heights. For example, say, you are checking the safety of the children's sleeping area. Upon observation, you notice the following:

- A few cracks in one window
- A table with sharp edges
- Busted lighting

With the hazards you identified, you can immediately think of ways to address the situation and record this using your organisation's safety checklist.

Your checklist may look like the sample below.

Name of Educator:	
Area Checked:	Children's sleeping area

Hazards	Risks Due to the Hazard	Likelihood of Harm to Happen (Likely or Not Likely)	Severity of Harm (e.g. Severe, Moderate, Minor)	Risk Control Measures Done
1. Few cracks in the window	This runs the risk of children getting lacerations whenever they touch the windows.	Likely	Severe	<ul style="list-style-type: none"> ▪ Placing a caution signage/barrier to prevent anyone from getting near the broken window (<i>Status: done</i>) ▪ Reporting the hazard to the immediate supervisor to request fixing of a broken window by qualified personnel (<i>Status: still for follow-up</i>)
2. A table with sharp edges	This runs the risk of children bumping on these tables and acquiring bruises.	Likely	Severe	<ul style="list-style-type: none"> ▪ Replacing the dangerous table with one that has round edges (<i>Status: done</i>)
3. Busted lighting	This increases the chance of accidents due to poor lighting.	Likely	Severe	<ul style="list-style-type: none"> ▪ Replacing busted lighting with new ones (<i>Status: for follow-up; will still request for the purchase and installation of new lighting by qualified personnel</i>)

After identifying hazards, assessing risks, and completing the safety checklist, you must then report these to your head and fulfil the outstanding action items (i.e. risk control measures done) stated in the checklist. As mentioned, remember to follow your organisation's policies and procedures for reporting hazards and risks. Your organisation's policies and procedures contain the specifications for reporting hazards and risks corresponding to the scope of your role as an educator.



Checkpoint! Let's Review



1. Hazards are anything that may cause harm to you and the children.
2. Assessing the risk means evaluating:
 - how likely harm caused by the hazard is going to happen
 - the severity of the harm caused by the hazard.
3. Safety checklists are a simple tool that makes checking hazards and assessing risks easier.

7.2 Use, Store, and Label Dangerous Products According to Manufacturer's Instructions, Service Policies and Procedures and Regulations



Dangerous products are products that pose great risks to a child's health and safety in ways such as the following:

Risk	Hazards That Can Potentially Lead to Such Risks
Poisoning (when ingested, swallowed, or spilt on the skin)	<ul style="list-style-type: none">▪ Medicines▪ Cleaning chemicals▪ Garden sprays▪ Fertilisers
Cuts and wounds (e.g. lacerations and puncture wounds)	<ul style="list-style-type: none">▪ Scissors▪ Knives▪ Sharp pencils and ballpoint pens
Risk of fire or explosions	<ul style="list-style-type: none">▪ Cooking oil▪ Lubricants for equipment

Note that if not addressed as soon as possible, the risks stated above may result in graver consequences, such as trauma, illnesses, and, worst of all, child death.

Thus, it is crucial to apply proper use, storage, and labelling of these products. The manufacturer's instructions must be followed at all times. You can easily see the manufacturer's instructions as these are placed or stuck on the product's packaging or container. According to Therapeutic Good Order No. 91 – Standard for labels of prescription and related medicines, information in medicine labels must have the following:

Information to be included on the label

Subject to the qualifications and requirements specified in sections 9 and 10 below, the labels of a medicine must include:

- (a) the name of the medicine; and
- (b) the name(s) of all active ingredients in the medicine; and
- (c) the quantity or proportion of all active ingredients in the medicine; and

- (d) the name of the dosage form; and
 - (e) the quantity of the medicine; and
 - (f) the batch number of the medicine preceded by the batch number prefix; and
 - (g) the expiry date of the medicine, preceded by the expiry date prefix; and
 - (h) the storage conditions applicable to the medicine; and
 - (i) the name and contact details of the sponsor or distributor of the medicine; and
 - (j) where:
 - i. a substance or substance within the group of substances referred to in Column 1 of Schedule 1 to this Order is present in the medicine; and
 - ii. the circumstances as set out in Column 2 of Schedule 1 exist in relation to such a substance or no circumstances are set out in Column 2; and
 - iii. the medicine is intended to be administered via any one or more of the route(s) of administration referred to in Column 3 of Schedule 1,
- then:
- iv. a statement:
 - (A) indicating that the medicine contains the substance expressed using the Name stated in Column 4 of Schedule 1; and
 - (B) where any of the circumstances and requirements set out in Column 2 of Schedule 1 exist in relation to the substance – a statement of the kind referred to as a ‘requirement’ in that Column (if any)
- except where a statement is included on the label advising consumers to refer to the Consumer Medicine Information for information about other ingredient(s) present in the medicine that are referred to in Column 1 of Schedule 1 to this Order and where any of the circumstances and requirements in column 2 of Schedule 1 exist in relation to the ingredient (s); and
- (k) relevant warning statements, where these are required in relation to a particular medicine; and
 - (l) if the medicine requires some preparation, such as dissolving, suspending, diluting or reconstituting before use - instructions for its preparation and, where relevant, a statement of the conditions of storage and the maximum period of storage between preparation and use, except where:
 - i. there is insufficient space on either the label of the container or the primary pack, or both, to include this information; and
 - ii. this information is set out in a package insert provided in the primary pack of the medicine; and
 - iii. a statement is included on whichever label on the container, or the primary pack, or both, that does not set out the information itself, that those instructions are set out in the package insert; and

(m) if the medicine is:

- i. an injection or infusion - the approved route(s) of administration, such as 'intravenous', 'intramuscular', or 'subcutaneous' or other phrase, word or abbreviation denoting the approved route(s) of administration; or
- ii. contained in an ampoule but is not an injection - a statement of the approved route of administration for the medicine, such as 'inhalation', 'For oral use only' or other phrase, word or abbreviation denoting the approved route(s) of administration; and

(n) a machine readable code, except where the medicine is a starter pack; and

(o) where the medicine is packaged in a primary pack that is a carton, the name of the medicine on at least three non-opposing sides of the carton.

Sourced from the Federal Register of Legislation at 30 May 2022.

For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.

Therapeutic Goods Order No. 91 – Standard for labels of prescription and related medicines,

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Further Reading



Read Queensland Health's article below to know more about the parts of a medicine label.

[How to read a medicine label \(and why you always should\)](#)

On the other hand, information on labels for toxic chemicals (e.g. cleaning chemicals and fertilisers) include the following:

- The product identifier
- The name, Australian address, and business telephone number of the manufacturer or importer
- The identity and proportion of each ingredient according to Schedule 8 to the model WHS regulations
- Any hazard pictogram consistent with the correct classification of the chemical
- Any hazard statement, signal word, and precautionary statement consistent with the correct classification of the chemical
- Any information about the hazards, first aid and emergency procedures relevant to the chemical, which is not included in the hazard statement or precautionary statement
- An expiry date, if applicable

*Based on [Labelling of workplace hazardous chemicals](#),
used under CC BY 4.0. © Commonwealth of Australia 2020.*

Refer to your organisation's policies and procedures as these contain the specifications and procedures for the proper use, storage, and labelling of dangerous products. You will see that your organisation's policies and procedures reflect the regulation adopted in the NQS (particularly Standard 2.2) regarding children's safety against potentially dangerous products.

The following sections discuss how to use, store, and label dangerous products. Note that your organisation's policies and procedures may state similar (or slightly different) guidelines.

Using Dangerous Products

Below are some guidelines you should keep in mind when using dangerous products:

- Check the dosage specified in the manufacturer's instructions before giving it to children. Additionally, first, be aware of other details such as how many times a day you are going to administer the medicine and the expiry date.
- Administer medication in areas where distractions or interruptions (e.g. too much noise) are at a minimum. This is crucial since distractions might lead to incorrect dosage.
- Check with other staff members if they have already administered medication to the children to avoid double dosage. You can also check the child's medication administration record to check details such as the time medication was administered and the person who administered it.
- Use the appropriate PPE, such as goggles and gloves, when handling cleaning chemicals to prevent skin burns and other injuries.
- Make sure to close the cap tightly and securely on the containers after using dangerous products to avoid accidental spillage.
- Properly dispose of empty containers and expired products in the appropriate area.



Storing Dangerous Products

Below are some guidelines you should keep in mind when storing dangerous products.

- Store medicines and chemical substances in child-resistant containers placed in a secure location and away from the reach of children. You can put them in locked cabinets or rooms.
- Do not remove the contents from their original container. If you have to, ensure that containers are not for storing food products and ingredients, as this may contaminate the food container.
- Do not store cleaning chemicals, such as dishwashing liquid and detergent, with food ingredients.
- Follow the manufacturer's instructions on the proper storage of the product as there are times when a product must be stored under a specific temperature range or specific conditions (e.g. dry, cool place).
- Keep utensils, especially sharp ones, in a locked container at a high elevation so children cannot reach them.

Labelling Dangerous Products

As mentioned earlier, there may be instances where dangerous products are transferred from the original container to another container. When this happens, remember to follow the guidelines below:

- Ensure that the original label's specifications are reflected in the new container, including the name of the product, instructions for use, storage, and safety precautions.
- Make sure the labels can be read easily to avoid human errors in reading instructions.

As much as possible, dangerous products should not be stored at the service centre. If this is not possible, policies and procedures for correct storage and handling such products should be in place to minimise the danger posed to children. All products need to be clearly identifiable at all times.

7.3 Implement Service Procedures and Regulations for Safe Collection of Each Child, Ensuring They Are Released to Authorised People Only

Releasing children to parents and authorised persons from the service is where educators need to be vigilant. Safe collection of each child means that no child should be released to anyone who does not have written authorisation to do so.

Departure times are often hectic in education and care services. Therefore, careful attention should always be paid to who is collecting the children.

In implementing procedures for the safe collection of each child, refer to and follow the steps contained in your organisation's policies and procedures. These also reflect the provisions from Regulation 99 of the National Regulations.

According to the National Regulations (Regulation 99), children are only released from the service into:

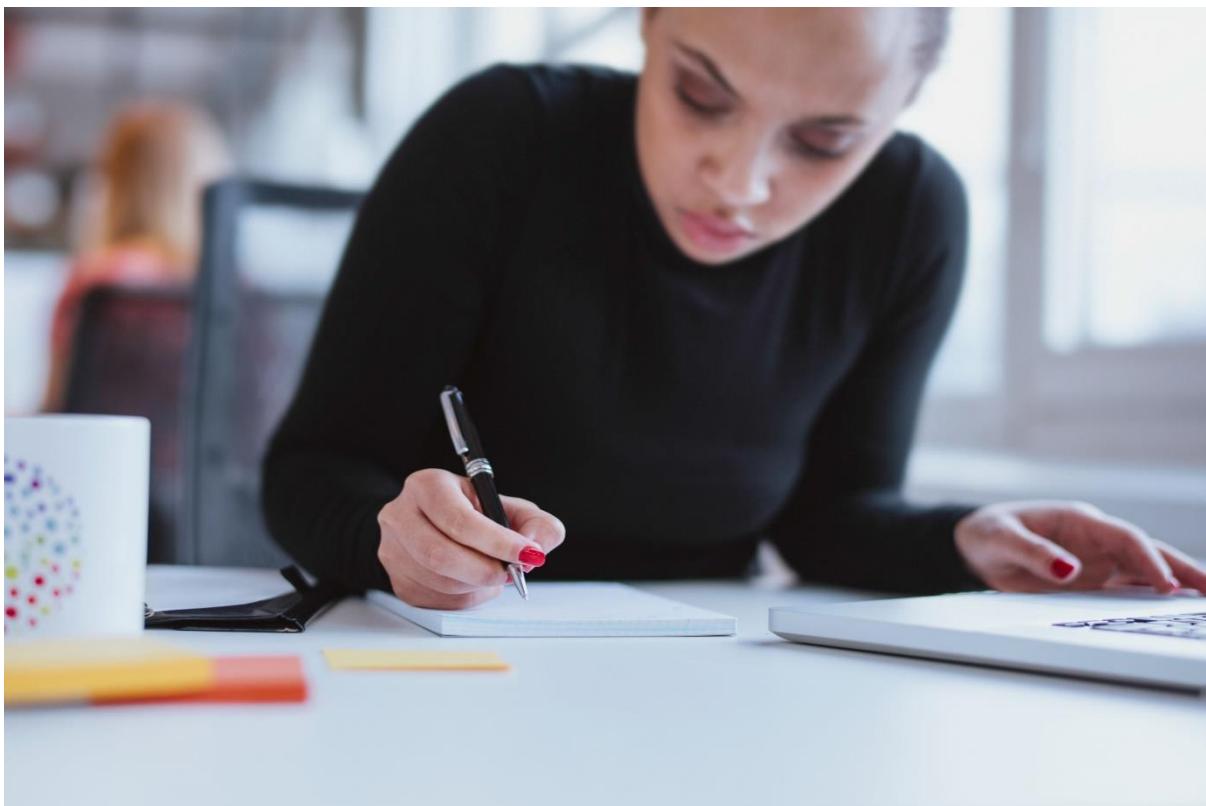
- the parent of the child
- an authorised person specified in the child's enrolment record
- a nominee that the parent has provided written authorisation to collect their child.

The enrolment record would normally identify the parents and approved persons to whom you may release the child; thus, you must always refer to this record before you release a child. If you are unfamiliar with the person collecting the child, you should always request identification. If you have concerns, you should contact the parents or another authorised person to confirm. A child should never be released to an unauthorised person, even if the child knows who the person is.

Other than the one discussed earlier, your organisation's policies and procedures also contain other requirements relevant to the safe collection of children that you must keep an eye on. Examples include the following:

- Releasing children to parents or authorised nominees who are under the influence of drugs and alcohol
- Children who will be collected beyond the service's operation hours
- Documents to be signed by the parent or authorised nominee upon the collection of the child
- Cases wherein parents cannot be contacted during children's collection period
- Informing authorities when a child is left at the service beyond the collection period
- Releasing children to authorised personnel during emergency situations

7.4 Assist in the Supervision of Every Person Who Enters the Service Premises Through Observation and Reporting



Apart from parents collecting their children, other people may enter the service premises due to various purposes. These include family members, authorised collectors, students, maintenance crew, professionals, and tradespeople. It is essential to be vigilant when assisting in supervising people who enter the premises as they may pose certain risks to children's health and safety. For example, a plumber scheduled to fix the service's broken pipes will most likely bring dangerous products (e.g. chemicals and sharp tools) that may be risky when accessed by children.

It is necessary to observe and report the activities done by people who enter the premises. On the one hand, observation allows you to keep an eye on whether visitors are observing the service's policies and procedures, especially provisions relevant to children's health and safety. On the other hand, reporting allows you to document basic details of the visitors and, more importantly, note down any incidents that may have affected the health and safety of children in the service. Furthermore, this documentation will be used to inform (e.g. modify, remove and develop) practices to avoid or minimise the likelihood of such incidents happening again in the future.

Below are some things to keep in mind when assisting in supervising people who enter the premises.

- Upon the entry of people, make sure they fill out your organisation's 'Visitor's Log' or 'Visitor's Register'. These may include details such as the following:
 - Date
 - Name of the visitor
 - Purpose
 - Time of arrival
 - Time of departure
 - Signature

Note that this document is usually reported (e.g. logged and kept in the service) for the service's use to inform practices. However, for any incidents involving the visitor wherein an investigation is deemed necessary, this document must be reported to the regulatory authority.

- Be in your proper position according to the supervision plan. You are responsible for observing and monitoring the area where you are situated, including entertaining visitors around the area.
- Make sure to observe visitors carefully to ensure that they do not:
 - enter rooms that are off-limits to certain people, including parents
 - touch or manipulate anything (unless with acquired prior permission, such as in cases where a plumber needs to fix the toilet plumbing or an appropriate authority conducting assessment in the service)
 - make unnecessary contact with children.
- Record any incidences concerning the visitors, such as inappropriate behaviour, and communicate it with your supervisor. Depending on your organisation's policies and procedures, you may be required to fill out an official template and use the appropriate communication channels to raise the incident to your supervisor.
- For people who do child-related work (whether volunteer work or not) within the service premises, be sure to check if they have a Working With Children Check (WWCC). This serves as proof that they are authorised and cleared to perform child-related works.



Checkpoint! Let's Review

1. Dangerous products can cause poisoning when ingested or swallowed, or spilt on the skin. Examples include:
 - medicines
 - cleaning chemicals
 - garden sprays
 - fertilisers.
2. Safe collection of each child means that no child should be released to anyone who does not have written authorisation to do so.
3. A 'Visitor's log' or 'Visitor's register' is a good idea to record essential details of every person who enters the service premises, such as the following:
 - Date
 - Name of the person
 - Purpose of the visit
 - Time of arrival
 - Time of departure
 - Signature



Learning Activity for Chapter 7

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

VIII. Support Children to Respond to Risks



In the previous chapter, you learnt about minimising risks in the environment, including checking the safety of buildings, equipment, and the general environment, handling dangerous products, safe collection of a child, and supervision of people entering the service premises.

In this chapter, you will learn how to assist children to respond to risks. When children are taught and encouraged to respond to risks at an early age, they will be able to develop a sense of independence and confidence when dealing with risks as they grow old. As a result, they will be able to become aware of any risks easily and protect themselves from harm.

As an early childhood educator, it is your role to help children to respond to risks, especially those risks related to sun safety, using toys and equipment, and other potential hazards in the service. Additionally, you need to develop children's knowledge of personal protective behaviours.

This chapter will thoroughly discuss assisting children to respond to risks, including:

- assisting children to recognise potential hazards and age-appropriate responses
- developing children's knowledge of personal protective actions appropriate to their developmental stage
- promoting sun safety to children and implementing measures to protect children according to service policies and procedures.

8.1 Assist Children to Recognise Potential Hazards and Age-Appropriate Responses



As children are naturally curious about the world around them, they tend to take on unfamiliar experiences for exploration and discovery without awareness of the dangers that come with them. This often results in children being ill or injured following exposure to such dangers or hazards.

You must take note that no matter the amount of effort you put into supervising children and keeping their environment safe, there is always the likelihood of unexpected harm that can affect them. Therefore, you need to teach children the potential hazards they are likely to encounter within and outside the service environment. By doing so, they will be able to know and understand the things that can harm them and make an effort to keep away from them.

Recognising Potential Hazards

Of course, you need to, first and foremost, explain to children's what hazards are, i.e. objects, places, or instances that they need to look out for and, in some cases, avoid since these often result in harm or injuries. Some common examples of these hazards include the following:

- Sharp objects, such as scissors, pencils, pens, and broken toys, may cause wounds and cuts.
- Slippery floors due to liquid spills may cause children to trip or fall.
- Emergency situations, such as earthquakes and fire, may cause emotional distress and physical harm (e.g. cuts, wounds, and bruises).
- Old playground equipment (e.g. rusty slides and swings) may cause skin lacerations and abrasions and injuries related to falling from heights.
- Outdoor plants that are poisonous or have spikes may cause poisoning or injuries.
- Dangerous products, such as medicines and other chemicals (e.g. alcohol and cleaning solutions), can cause poisoning when ingested.

To help children recognise these potential hazards, you need to engage them in conversations or discussions. Conversations can be about the following:

- What happens when alcohol is in contact with the eyes
- Your experience of falling on the ground due to running on slippery floors
- What occurs during an earthquake and what causes it
- Why the alarm goes off to signal a fire

Conversations can also be in the form of storytelling, which helps you further describe and explain hazards to children through the use of fictional characters and exaggerated scenarios for emphasis. In doing so, you can incorporate images or photographs of components related to the hazards mentioned earlier. For example, you can show images or videos of:

- fire trucks or ambulances with their alarms going off
- things that they need to be careful of when using, such as scissors and pencils, including the proper way of using them
- harmful substances, such as cleaning materials and medicines.

Recognising Age-Appropriate Responses

Of course, apart from teaching children the potential hazards that exist within their environment, you also need to show them appropriate actions or ways of responding to keep themselves away from harm. Examples of appropriate responses include the following:

- Keeping sharp objects, such as pencils and scissors, in the correct container after using
- Cooperating with educators and following instructions on walking instead of running in common areas and avoiding slippery floors
- Wearing protective equipment, such as the following:
 - Helmet when riding a bike
 - Shoes when playing outside
 - Hats when playing under the sun

Ways to assist children in recognising these responses include the following:

- **Discussions**

Discussions are a great way to share facts or your personal experiences with children. For example, you may tell children the rule to walk in common areas instead of running to avoid accidents, such as bumping into each other or slipping on the floor. Additionally, you should also explain the consequences of not following the instruction. For example, you may tell them that they would not be able to play with their friends outside with a broken limb or a big scratch on the knee.

- **Storytelling**

As discussed earlier, storytelling helps you create unique and vivid scenarios which can pique children's curiosity and interest and allows you to highlight points of emphasis. For example, you can tell a story about how a 'baby rabbit' cried because it scratched its foot while playing outside without shoes.

- **Modelling**

Modelling behaviour means doing the appropriate responses yourself for children to observe and apply. This allows children to have a firsthand experience of the appropriate responses and helps them develop such responses as a habit. For example, after every arts and crafts session, you may ask the children to help you keep the materials and tools in the correct containers and keep the tables and floors free from clutter. After which, you can use positive phrases, such as 'Good job!' or 'Keep up the good work!' to encourage them to continue such a response.

8.2 Develop Children’s Knowledge of Personal Protective Actions Appropriate to Their Developmental Stage

Part of your role as an early childhood educator is to help children develop personal protective behaviours. Simply, *personal protective behaviours* refer to actions that children should exhibit to protect themselves from danger or unsafe situations. The age-appropriate responses discussed in the previous subchapter are all examples of personal protective actions.



Refer to the list below for some examples of personal protective actions appropriate for early years children:

- Keeping sharp objects (e.g. pencils and scissors) in the correct container after using
- Placing toys, such as blocks, dolls, playdough, and others, inside proper containers to keep the play area free from clutter
- Wearing protective equipment (e.g. helmet, closed shoes and hats)
- Following signages (e.g. ‘slippery floor’ and ‘no entry’)
- Following emergency procedures (i.e. procedures to be done during earthquakes and fire)
- Telling parents, educators, and adults about any feelings of sickness or injury

Developing children’s knowledge of personal protective actions allows them to gain an awareness of what they should do in situations where they may be at risk. This is important since practising at an early age allows children to turn practices into habits, which they can bring and develop further to prevent injuries, illnesses, abuse, and other risky experiences as they grow.

Below are some examples in which you can develop children's personal protective behaviours during the early years.

- **Incorporate conversations about hazards and personal protective behaviour in children's daily routines.**

Keep in mind that children need to be often reminded about personal protective behaviours so that these become ingrained in their daily lives. Children's daily routines, such as mealtimes, group times, and playtimes, are great avenues to initiate this conversation. When conversing with children, it is also a good idea to incorporate images or videos of signages and what they mean or personal protective equipment they need to wear when playing under the sun.

- **Initiate role-play activities.**

Role-playing allows children to experience a simulated scenario of a risky environment, wherein they are to act out what they must do in such a scenario.

For instance, you can spread out several toys and objects on the floor and ask the children, 'What happens when you accidentally step over the toys?' and 'What should you do to avoid falling or tripping over?'

Another example would be simulating emergency situations, such as a fire. In this way, you can tell children where the fire exits are and where they must proceed should a fire happen in the service. In the case of an earthquake, children will be able to practise earthquake emergency procedures (i.e. duck, cover, and hold). When doing such simulations, remember to incorporate the singing of songs or other ways to help them feel at ease.

- **Assist children in expressing their thoughts or feelings.**

This means helping children to practise saying the right words when they experience the following:

- Feel unwell, such as:
 - 'My tummy is aching.'
 - 'My head hurts.'
 - 'I do not feel good.'

In helping them practise such statements, you should also define related words, such as 'fever' and 'cough', among many others.

- Express disapproval, such as:

- ‘No.’
- ‘Stop it!’
- ‘Do not do that to me!’
- ‘No, I do not want to!’

This is especially important when children are stuck in a situation that may potentially lead to abuse.

- Ask for help (in doing or using something), such as:

- ‘Help me.’
- ‘Can you do this for me?’
- ‘Can you show me how...?’
- ‘Can you tell me where...?’

Note that this is more appropriate for children who possess the ability to communicate verbally properly. For children who could not yet speak in complete sentences, you may opt to practise one-word statements, such as ‘yes’ and ‘no.’



Further Reading

Western Australia’s Department of Health has guidelines in place for children’s protective behaviours so that children will be able to identify, avoid and protect themselves when risky situations, including sexual abuse.

[Protective behaviours education](#)

As you carry out the ways to develop children’s knowledge of personal protective behaviours discussed earlier, keep in mind to:

- model protective behaviours, as children will most likely follow behaviour if displayed by an adult
- incorporate fun and games for children to be more engaged during the discussions or activities
- praise children for doing a good job during the discussions or activities (i.e. using positive phrases, such as ‘Good job!’, ‘Perfect!’).

8.3 Promote Sun Safety to Children and Implement Measures to Protect Children According to Service Policies and Procedures

One way to protect children's health and well-being is by promoting sun safety and implementing measures to protect them against harmful sun exposure. This is crucial to prevent prolonged exposure of children to ultraviolet (UV) radiation, which can result in risks such as sunburn and skin cancer.



As an early childhood educator, you must implement measures in order to protect children from the sun's harmful UV rays. In doing so, you need to refer to and follow your organisation's policies and procedures relevant to sun safety. Some measures you need to implement may include the following:

- Ensure that children are wearing comfortable clothing that protects them from sun exposure. This includes the following:
 - Clothing made of dark-coloured fabric
 - Hats (i.e. broad brim, bucket, or legionnaire type)
 - Collared and/or long-sleeved shirts
 - Pants, or knee-length shorts or skirts
 - Closed shoes
 - Sunglasses (when appropriate)
- Change or adjust outdoor playtimes according to the season to ensure limited exposure to the sun.
- Assist children in applying SPF 50+ broad-spectrum, water-resistant sunscreens to uncovered areas of the skin.
- Assist children in locating man-made shades and natural shades within the premises for them to seek from time to time.
- Enforce rules, such as the 'no hat, no play' policy.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures regarding sun safety through the link below.

[Suncare Policy](#)

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In some cases, it may be difficult to have children follow sun safety rules. This might be due to reasons such as being uncomfortable wearing sun safety clothing or not being able to fully understand and appreciate the importance of wearing such. The list below shows some examples to promote and encourage sun safety in children:

- Model sun safety behaviours by wearing your own sun safety clothing and applying sunscreen. As children are more likely to mimic adults, they will be encouraged to display sun safety behaviours if they see you doing these behaviours yourself.
- Incorporate fashion trends in children's sun safety clothing.
- Use positive phrases such as 'You look good in those!' This makes them confident in being in those clothes.
- Discuss sun safety regularly through incidental conversations with children and planned experiences that raise their awareness of sun protection.
- Involve families in developing and discussing the organisation's sun safety plan to gain families' support and encourage practice in their own homes.



Further Reading

Read the article by Queensland Government linked below to know more about early childhood sun safety. This also includes infographics about sun-safe clothing and sunscreen recommendations.

[Early childhood sun safety](#)

CareforKids.com.au also provides information about protecting children's skin in childcare. Click the link below to access the article.

[Protecting your child's skin in child care](#)



Checkpoint! Let's Review

1. Age-appropriate ways you can do to assist children in recognising potential hazards include the following:
 - Discussions
 - Storytelling
 - Modelling
2. Personal protective behaviours refer to actions that children should exhibit to protect themselves from danger or unsafe situations.
3. Prolonged exposure to ultraviolet (UV) radiation can result in risks such as sunburn and skin cancer. Thus, you must implement measures to protect children against harmful sun exposure.



Learning Activity for Chapter 8

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IX. Provide a Safe and Healthy Environment



In the previous chapter, you learnt about assisting children to respond to risks, including personal protective behaviours, sun safety, checking that toys and equipment are safe, and potential hazards.

In this final chapter, you will further learn how to provide a safe and healthy environment. As an early childhood educator, you should promote safety and a healthy environment to promptly address any incidences of illness or spills of bodily fluids that can be infectious. Additionally, you must also follow the rules of excluding children who are unwell and report any incidences such as illnesses, infections, or accidents. As stated in Chapter 1, hygiene is an important factor in the safety of the service. Therefore, you need to maintain cleanliness and hygiene in the service.

This chapter will thoroughly discuss providing a safe and healthy environment, including:

- checking toys and equipment are safe for children and safe to use in their proposed area
- reacting promptly to incidences of illness or spills of bodily fluids and promptly responding to ensure a hygienic environment
- liaising with families to ensure that children who are unwell are excluded according to service policies and procedures and government guidelines

- identifying children who display signs of illness and taking appropriate measures to prevent cross-contamination
- reporting incidences of illness, infection or accident according to service policies and procedures and regulatory requirements
- following service policies and procedures to ensure that equipment, furnishings and resources are maintained in a hygienic manner.

9.1 Check Toys and Equipment Are Safe for Children and Safe to Use in Their Proposed Area



Children will be playing with many toys and equipment throughout the day. Thus, you must ensure that children's toys and equipment in any area of the premises are safe, clean, and in good condition to prevent injuries and illnesses from occurring.

Simply, *toys* are play instruments that children use for enjoyment and sensory stimulation. Examples of these include dolls, animal figures, construction toys, and playdough. On the other hand, *equipment* refers to any structures or components that are usually bigger and more complex than toys in terms of composition and function, such as slides, swings, and bicycles.

In checking the safety of toys and equipment, you need to do the following:

- **Be aware of hazards that compromise children's safety.**

Some key points you need to keep a close eye on include the following:

- Sharp edges or points from broken or worn-out toys or playground equipment (e.g. rusts and malformations) may cause wounds and injuries.
- Toys with small or loose parts (e.g. missing screws) may be swallowed and cause choking in younger children. Loose parts on playground equipment can also cause major injuries, such as broken limbs and falling from heights.
- Electric toys or equipment with faulty wiring may cause burns and injuries.
- Malfunctioning toys may produce loud noises that can damage children's hearing.
- Soiled toys may be contaminated with disease-causing microorganisms.
- Toys with long strings can cause choking if accidentally wrapped around the neck.
- Toys made of toxic materials can cause poisoning.

You can refer to labels placed on toys and equipment to help you assess whether they are safe or not. Examples of labels include 'non-toxic', 'washable', and so on.

- **Ensure that toys or equipment is age-appropriate.**

Note that toys for toddlers may be dangerous for infants or babies. For example, wagons or rocking horses may pose a risk of falling for infants or babies as they cannot yet sit up by themselves.

- **Regularly check toys and equipment for any signs of deterioration.**

A toy or equipment deemed safe the first time does not necessarily mean it remains safe in the next few years. Thus, you need to repair it if the toy or equipment is restorable or dispose of any toys which show signs of breakdown, such as:

- splinters (for toys and equipment made of wood)
- rust (for toys and equipment made of steel)
- ripped seams (mostly for stuffed toys).

Apart from the general points mentioned earlier, note that you also need to check if toys and equipment are safe to use in the area where the child plays. To do so, you need to remember the following:

- **Ensure that toys and equipment are suitable for the area where the child plays them.**

This involves checking for instances wherein children are playing with toys in inappropriate areas as these may pose a risk to other's health and safety. Examples are as follows:

- Children playing with modelling clay on top of mealtime tables instead of play tables or the floor
- Children riding their bicycles indoors when it is supposed to be used outdoors
- Children playing with toys with loud noises in quiet-play areas

When these situations occur, you need to lead or instruct the child to transfer to the room where such toys or equipment should be used.

- **Ensure that toys and equipment are within children's reach.**

This requires you to place toys and equipment in proper containers or areas where children can access them easily. Otherwise, children will be caught in risky situations, such as climbing cabinets to reach for toys on the top shelf.



- **Ensure that the area is free of other hazards that can potentially harm the child.**

This involves modifying or removing aspects of the play environment. For example, you may cut tall grasses or low-lying tree branches to provide a clearer path for biking. Another example would be replacing sharp-edged tables with round-edged ones.

9.2 React Promptly to Incidences of Illness or Spills of Bodily Fluids and Promptly Respond to Ensure a Hygienic Environment



In order to provide a safe and healthy environment for the children under your care, part of your responsibility is to promptly react and respond to incidences of illnesses or spills of body fluids. This will help prevent or minimise the spread of infection among children and staff in the service.

As mentioned in Subchapter 2.5, illness refers to any medical conditions, such as those discussed in Section 2.1.2. Incidences of illnesses are apparent when children exhibit signs such as paleness, fever, fatigue, cough, and difficulty breathing. Refer to Section 2.5.2 for the guidelines you need to follow when responding to illness.

On the other hand, spills of bodily fluids may also be an indication of apparent illness or injury in children, which come in several forms, such as:

- blood, which may be due to cuts or wounds
- nasal discharge, which may be due to colds and flu
- sputum, which may be due to respiratory diseases

- urine, which may be due to lack of toilet training, underlying conditions, or side effects of medication
- faeces, which may be due to lack of toilet training, underlying conditions or others such as food poisoning, medication, or diarrhoea
- vomit, which may be due to digestion-related illness or other diseases.

When incidences of spills occur, you need to attend to the child immediately and appropriately and make sure they are well taken care of. Refer to the table below for ways to address the indicated spills of bodily fluids.

Spills of Bodily Fluids	How to Respond Appropriately
Blood due to cuts or wounds	<ul style="list-style-type: none"> ▪ Apply first aid for minor bleeding (e.g. washing the wound clean, applying direct pressure, putting on an antiseptic solution, and placing over a bandage). ▪ For major bleeding (i.e. bleeding due to a deep cut that does not seem to stop), seek medical help from a doctor or an emergency unit to take the child to a hospital.
Nasal discharge or sputum	<ul style="list-style-type: none"> ▪ Wipe off any traces of nasal discharge or sputum on the child's face and other parts of their body. ▪ Suction the child's nose and apply nasal drops (upon the doctor's recommendation) to ease the child's breathing. ▪ Assist them in applying personal hygiene practices (e.g. proper handwashing and changing into new clothes). ▪ Consider isolating the child, as these spills may indicate colds or flu.
Urine and faeces	<ul style="list-style-type: none"> ▪ Take the child to the toilet as they might not have finished urinating or defecating. ▪ Wipe off or wash away traces or particles of urine or faeces on the child's body. ▪ Assist the child in applying personal hygiene practices (e.g. proper handwashing and changing into new clothes). ▪ Consider isolating the child, as loose, watery faeces may indicate diarrhoea.

Spills of Bodily Fluids	How to Respond Appropriately
Vomit	<ul style="list-style-type: none"> ▪ Wipe off any vomit on the child's face and other parts of their body. ▪ Assist the child in applying personal hygiene practices (e.g. proper handwashing and changing into new clothes). ▪ Have the child rest and, if they are well enough, drink water to replace fluids. ▪ Consider isolating the child, as vomiting may indicate diarrhoea. ▪ Seek medical help from a doctor immediately to have an idea of the seriousness of such an occurrence. ▪ Have the child taken to a hospital immediately when traces of blood are observed in the vomit.

In addition to the points mentioned above, you may need to administer medication to a child. When doing so, refer to the child's health management plan as these contain the specifications of strategies to address the child's health needs, including the administration of medication. However, it is best to seek medical advice from the child's doctor in cases where you are unsure.

Furthermore, you should always provide the child with emotional support by assuring them that everything will be alright. These may be in the form of conversations with the child or gestures such as rubbing them in the back.

Generally, when you witness instances of spills of bodily fluids, you must immediately approach the area to make sure that no other children come into contact with the fluid. For example, accidents such as nappy leaks usually happen in the service, which leads to fluids spilling on the floor. Another example would be when a child vomits due to some illness yet to be diagnosed. Your organisation's policies and procedures will usually outline the steps you have to do to safely deal with spills as a measure for infection control. It may cover provisions for the following:

- **Immediately cleaning the spill**

You may be required to act quickly to incidences of spills of bodily fluids to secure the area from children and apply the correct procedures for cleaning small and large spills.

- **Using appropriate equipment for cleaning**

You may be required to use floor scrubs to clean the floor from stains or immerse floor covering (e.g. carpets) in liquid mixed with a specific kind of substance to remove stains. Additionally, you may be required to use the recommended trash bags to dispose of cloths used for wiping and other waste.

- **Using PPE**

You may be required to wear an apron and disposable gloves when cleaning bodily fluids and safety masks and goggles when using hazardous cleaning materials.

- **Observing proper hygiene after cleaning the spills**

You are most likely going to be required to wash your hands and dry them properly.

Further Reading



Section 3.3 of *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)* provides a discussion of the recommended procedures for cleaning spills of bodily fluids. Click the link below.

[Staying Healthy: Preventing infectious diseases in early childhood education and care services](#)



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on health, hygiene, and infection control through the link below, as this contains procedures on how to deal with areas contaminated with blood and bodily fluids.

[Health, Hygiene and Infection Control Policy](#)

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9.3 Liaise With Families to Ensure Children Who Are Unwell Are Excluded According to Service Policies and Procedures and Government Guidelines



When children are showing signs of illness, their corresponding families must be informed and consulted. Aside from communicating the child's health situation, it is also necessary to inform them of your organisation's policies and procedures for the exclusion of children who are feeling unwell.

Further Reading



Access the article linked below to read more about school exclusion for health reasons. In the 'Further information' section of the article (bottom portion), you can see the links to state- and territory-specific information regarding exclusions of ill children.

[School exclusion for health reasons](#)

Excluding children who are unwell means sending the children home for a recommended period (referred to as exclusion time) to minimise the spread of infection among children in the service. This means that children will not be allowed to enter and join the service's activities temporarily until the recommended exclusion time has passed.

However, take note that just because a child is feeling unwell does not mean they are to be excluded immediately. For example, children may experience bloating after a big meal, which is usually harmless and disappears in a short span of time.

The NHMRC has guidelines for the exclusion of unwell children in place. Based on those guidelines, situations that require children's exclusion depend on the illness that they are experiencing. Children may be excluded when they experience illnesses such as the following:

- Diarrhoea
- Conjunctivitis
- Hand, foot and mouth disease
- Influenza
- Measles
- Chickenpox

The guidelines include provisions for the exclusion of those who were exposed or had physical contact with ill children. Additionally, the corresponding exclusion periods are also specified in the guidelines. Note that your organisation's policies and procedures will most likely reference these guidelines. Thus, you must refer to these documents regularly.



Further Reading

Section 1.2.3 of *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)* provides a discussion of the provisions for children's exclusion, including the recommended minimum exclusion periods for different diseases.

[Staying Healthy: Preventing infectious diseases in early childhood education and care services](#)

When excluding a child from the service due to illness, it is essential to liaise with families about the illness. This means that you must:

- promptly contact parents regarding their child's condition
- ensure parents that everything is well taken care of by telling them actions made to treat or comfort their child (e.g. administration of medication and first aid treatment)
- provide parents with the details of the incident, such as the cause of their child's illness, the symptoms displayed, and the time the illness probably occurred (this information can be seen in the incident, injury, trauma and illness record)
- inform parents of your exclusion policies and procedures (i.e. sensitively communicate to them that their child needs to be taken home to fully heal from a potentially communicable disease), including other relevant provisions, which may include the following:
 - Families are not allowed to bring the child to the service if the child is unwell at home
 - The service will require a medical certificate from the child's medical practitioner to be presented as proof that they are well
 - Families will be informed if their child becomes extremely unwell while on the service premises and will be asked to bring their child home
- provide referrals to a health professional when appropriate or necessary
- note down the parent's responses, such as any requests or suggestions (e.g. things that can comfort the child).

In some cases, parents may express objections towards the exclusion rule, as they may find this difficult to do due to various circumstances. This may lead to conflicts between educators and parents. Therefore, it is imperative to provide parents with access to your organisation's policies and procedures, including the exclusion rules. In addition to that, parents must be informed and reminded of these policies and procedures regularly (e.g. through regular educator-family consultations).

Exclusions Due to Reasons Other Than Illness

Note that while exclusion often means excluding a child due to illness or diseases, there are other situations wherein exclusion of a child is required, such as the following:

- Physical injuries, including:
 - fractures
 - burns and scalds
 - sprains
- Occurrence (especially first time) of epilepsy attacks or seizures, wherein a medical management plan is to be developed by the child's doctor
- Occurrences of extremely problematic behaviour, leading to injuries or other kinds of harm to other children, which may be caused by an underlying mental disorder (e.g. bipolar episodes)

Refer to your organisation's policies and procedures as these may contain further explanation or description of exclusions due to reasons other than illness.

Responding to Situations When Children Are Excluded

Following a child's exclusion from the service (whether due to illness, injuries, or behavioural problems), there are measures that you need to take to ensure that the health and safety of the children remaining in the service are protected. These measures include the following:

- **Contact tracing**

This involves identifying, assessing, and managing children who may have been in contact with the ill child before exclusion. This also involves identifying and assessing people (e.g. children, parents, staff, and visitors) who may have been carriers of the contagious disease to break the chain of transmission.

- **Sanitising areas within service premises**

This involves carrying out procedures for cleaning and disinfecting areas, including furniture, equipment, and others, to control infection.

- **Controlling hazards related to accidents leading to physical injuries**

This involves eliminating the hazard or implementing modifications in the service's systems (e.g. adding equipment) to reduce risks.

- **Promptly attending to a child affected by another child's challenging behaviour (which may be caused by an underlying mental health condition)**

This involves applying first aid to cuts or wounds and providing emotional support to soothe and comfort affected children.

As mentioned in this subchapter, it is vital that you refer to your organisation's policies and procedures. The policies and procedures should lay out the complete specifications and descriptions of the steps you need to take to appropriately respond to situations wherein the health or safety of children may be compromised as a consequence of another child's exclusion.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on immunisation medication and management of illness through the link below. These documents contain provisions related to the exclusion of unwell children.

[Immunisation Medication and Management of Illness Policy](#)

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9.4 Identify Children Who Display Signs of Illness and Take Appropriate Measures to Prevent Cross-Contamination



When young children are ill, they may be reluctant to or not be able to express why and how they feel unwell. It is, therefore, critical that staff observe children closely for signs of illness and take appropriate measures to minimise the spread of disease and ensure the health and well-being of children.

In supervising and caring for children in your group daily, you will see how each child behaves and how they look when healthy. Through this, you will be able to set a benchmark that you can use to tell if a child is ill or needs urgent medical attention.

The table below shows signs of illnesses that children display when they feel unwell and their descriptions. Note that some of these signs may have been mentioned in Section 2.1.2.

Sign	Description
High fever	High fever happens when a child's temperature is higher than the normal body temperature. Oftentimes, this indicates that an infection is taking place in the child's body.
Drowsiness	When a child is drowsy, they make less eye contact. They may also be less alert and less interested in the surroundings and activities in the service.
Lethargy and decreased activity	This happens when you notice that a child wants to stay put (e.g. lie down or sit down) rather than engage in activities they are interested in or used to doing.
Breathing difficulty	When a child has difficulty breathing, they usually show: <ul style="list-style-type: none"> ▪ quick and/or noisy breathing ▪ paleness (i.e. blue) around the mouth.
Decreased appetite	This happens when you notice that a child suddenly does not want to eat food they usually take or when they are eating less than the appropriate serve for children.
Wet nappies less than usual	This means that infants are urinating less than usual, which may imply an underlying condition.
Red or purple rash	These are red or purple spots on children's skin which implies an allergic reaction.
A stiff neck or sensitivity to light	A stiff neck or any behaviour showing sensitivity to light may be an indication of meningitis.
Pain	Pain is any discomfort or irritation oftentimes displayed through children's facial expressions or unusual behaviour (e.g. too silent or too inactive).

Take note that not all signs listed above indicate a communicable disease. For example, lethargy may indicate an underlying mental health condition, and pain may be due to muscle strain. However, you need to place extra attention to signs that may indicate communicable diseases, such as:

- high fever (as these may indicate the presence of infectious diseases)
- frequent coughing or sneezing
- signs of fatigue, such as:
 - muscle aches
 - extreme drowsiness or tiredness
- rashes (as these may indicate chickenpox and measles)
- abdominal cramps or pains and vomiting (as these may indicate diarrhoea).

In such cases, it is best to separate or isolate the child from the rest of the children as a precautionary measure to prevent cross-contamination. Cross-contamination refers to the spread of disease-causing microorganisms through direct physical contact or indirect ways such as touching a contaminated object.

Assist the child in a place where they can be isolated from the rest of the group and make sure that they are comfortably settled. As discussed in the previous section, you must contact the parents regarding the child's current health condition and request that they send the child home.

At all times, you must observe and model proper personal hygiene, including coughing/sneezing etiquette, proper blowing of the nose, and proper handwashing to encourage the child to do the same while they wait for their parents or authorised carers to bring them home.

When the child has left the service, do not forget to clean the area occupied by the child properly, including surfaces of tables or sofa covers and utensils. Dispose of any cloth or tissue used to wipe the hands or blow the nose of the ill child. Lastly, thoroughly rewash your hands before you go back to assisting the rest of the children.

9.5 Report Incidences of Illness, Infection or Accident According to Service Policies and Procedures and Regulatory Requirements



As an early childhood educator, it is your role to report to your supervisor any incidences of illness, infection, or accident according to your organisation's policies and procedures and legislative requirements. This is to notify relevant authorities for issues or incidences to be addressed immediately and prevent incidences from getting worse. Additionally, this is for documentation, which can then be used as a basis for implementing strategies to address such incidences.

The National Law and Regulations require service providers to notify the regulatory authority of serious incidents in the service within 24 hours of the incident. Refer to the table on the next page for the incidents and their corresponding reference from the National Law and Regulations.

Incident	Reference
Death of a child	Section 174(2)(a) Regulation 12 Regulation 176(2)(a)(i)
Serious illness that required hospitalisation or medical assistance	Section 174(2)(a) Regulation 12
Injury or trauma that required hospitalisation or medical assistance	Section 174(2)(a) Regulation 12
Emergencies that required emergency services	Section 174(2)(a) Regulation 12

Additionally, the National Law and Regulations require service providers to notify parents when serious incidents occur in the service. Refer to the table below for the incidences and their corresponding references.

Incident	Reference
Involvement of a child in any injury, trauma or illness	Regulation 86
Occurrence of an infectious disease	Regulation 88
Injury or trauma that required hospitalisation or medical assistance	Section 174(2)(a) Regulation 12
Administration of medication during an anaphylaxis or asthma emergency	Section 174(2)(a) Regulation 12



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Access and review Sparkling Stars' policies and procedures on mandatory reporting procedures through the link below. You can see that the legislative requirements discussed above are reflected in the service's policies and procedures.

[Mandatory Reporting Procedures](#)

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Aside from the provisions mentioned earlier, you are also required to complete or fill out the necessary forms such as the Incident, Injury, Trauma and Illness record discussed in Section 2.5.3. Take note that your organisation may have other forms you are required to fill out, such as the ones listed below:

- Accident Report Summary
- Minor Accident and Incident Report (Not Requiring Doctor's Visit or Hospitalisation)
- Client in Care Incident/Injury Report (Needing Medical Treatment)
- Accident at Home – Record of Injury Not Occurring in Care

Note that apart from the requirements mentioned above, the details and specifications for the communication channels to contact regulatory authorities, families, and medical and emergency services are most likely provided in your organisation's policies and procedures. You must refer to these documents before you report incidences to the appropriate person/organisation.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on accident, incident and trauma through the link below.

[VOCATIONAL PLACEMENT: \(EARLY CHILDHOOD EDUCATOR Certificate III\) Accident/Incident/Trauma \(AIT\) Policy](#)

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9.6 Follow Service Policies and Procedures to Ensure That Equipment, Furnishings and Resources Are Maintained in a Hygienic Manner



It is essential that the service's equipment, furnishings, and resources are maintained hygienically as this promotes the service's overall cleanliness. Furthermore, service cleanliness is important for reasons such as the following:

- It reduces the likelihood of infections or illnesses spreading within the service
- It reduces the likelihood of child exclusions due to illness, allowing children to proceed and engage in all wholesome learning experiences prepared for them
- It gives parents peace of mind knowing that the environment in which their children are spending time is clean and healthy

To maintain service cleanliness and hygiene, you must refer to and follow your organisation's policies and procedures. These contain the cleaning and infection control specifications for equipment, furnishings, and resources.

The table below shows NHMRC recommendations for cleaning and infection control for equipment, furnishings, and resources, which should be reflected in your organisation's policies and procedures.

Object/Area	Cleaning and Infection Control Procedures
Equipment	
Change mats	<p>After each nappy change (especially if faeces or urine spill onto the mat):</p> <ul style="list-style-type: none"> ▪ clean the mat thoroughly with detergent and warm water ▪ rinse and dry the mat with a single-use paper towel ▪ if possible, dry them under the sun (this is preferable).
Toileting areas	<ul style="list-style-type: none"> ▪ Clean toilets at least once a day or when visibly dirty, including: <ul style="list-style-type: none"> ○ water tap handles ○ toilet seats ○ toilet handles ○ doorknobs. ▪ Provide appropriate disposal bins for sanitary products. ▪ Use the designated rugs, scrubs, or mops for toileting areas. Do not use cleaning equipment for toileting areas when cleaning other areas of the service.
Soft Furnishing	
Bedding	<ul style="list-style-type: none"> ▪ When carrying bedding, do not carry against your own clothing. Instead, carry it using a laundry basket or plastic. ▪ Soak and wash soiled bedding or linen separately in warm to hot water with detergent. ▪ Dry bedding or bed linen under the sun or on a hot cycle in the clothes dryer.
Cushions	<ul style="list-style-type: none"> ▪ Remove cushion covers daily and change with clean ones. ▪ Washed soiled cushion covers daily or when visibly dirty.

Object/Area	Cleaning and Infection Control Procedures
Hard Furnishing	
Cots	<ul style="list-style-type: none"> ▪ Put on gloves before cleaning the cot. ▪ Remove the bulk of the soiling or spill with absorbent paper towels. ▪ Place the soiled linen in a plastic-lined, lidded laundry bin. ▪ Remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and water. ▪ Remove gloves and wash your hands. ▪ Provide clean linen for the cot.
Change tables	<p>After each nappy change (especially if faeces or urine spill onto the mat), do the following:</p> <ul style="list-style-type: none"> ▪ Wash the surface well with detergent and warm water. ▪ Rub with a paper towel or a cloth as you wash. ▪ Dispose of the used paper towel in the appropriate trash bin, or put the cloth aside for washing. ▪ If the change table surface is contaminated with spill coming from a child with diarrhoea or vomit from a child with gastroenteritis, apply disinfectant to the surface after washing with soap and water. ▪ Leave the surface to dry.
Resources	
Toys	<ul style="list-style-type: none"> ▪ Segregate contaminated toys from clean toys (i.e. toys used by unwell children) by implementing a 'Clean Toys' box and a 'Toys to wash' box. ▪ Wash toys in warm water and detergent at the end of each day and rinse them well. ▪ Alternatively, you can use the dishwasher to clean the toys, but not together with the dishes. ▪ Dry wet toys under sunlight.

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In addition to the procedures specified in the previous tables, below is a table that contains cleaning and infection control procedures for other aspects that may be covered and reflected in your organisation's policies and procedures.

Object/Area	Cleaning and Infection Control Procedures
	Equipment
Prams or strollers	<ul style="list-style-type: none"> ▪ Wipe the handles with water and detergent. ▪ If the fabric of the stroller can be removed, remove the fabric and either machine wash or hand wash it. ▪ If the fabric cannot be removed, use a vacuum cleaner to remove dust and other particles and rub stained areas with cloth immersed in water and detergent. ▪ Dry it completely under the sun.
Utensils and crockery	<ul style="list-style-type: none"> ▪ Provide each child with their own drinking and eating utensils. Discourage children from sharing food, plates, or utensils. ▪ Wash utensils and crockery in a dishwasher. ▪ If a dishwasher is not available, wash utensils and crockery with detergent and hot water. Ensure that no food stains or particles remain stuck on the surfaces. ▪ Make sure to use the designated scrub, especially when washing infant's bottles. ▪ Air-dry utensils and crockery in a clean and sanitised rack. Store appropriately when fully dry.
Equipment storage areas	<ul style="list-style-type: none"> ▪ Store outdoor and indoor equipment separately. In other words, outdoor equipment must be stored in the outdoor storage area, while indoor equipment must be stored indoors. ▪ Especially for outdoor storage areas, make sure to mop off traces of dirt (e.g. bicycle wheel traces) from the storage area floor. It is recommended that the equipment to be stored be initially cleaned to reduce dirt in the storage area. ▪ Keep walls clean by removing any cobwebs and wiping excess dirt and grime. ▪ Keep the storage areas dry and pest-free.

Object/Area	Cleaning and Infection Control Procedures
	Resources
Art and craft supplies	<ul style="list-style-type: none"> ▪ Properly dispose of art and craft materials that are for one-time use, such as the following: <ul style="list-style-type: none"> ○ Sketch paper ○ Used paint ○ Art paper ○ Cut-outs ○ Spilt glitter ○ Newspapers ▪ Wipe paint, glitter, glue, and other liquid art materials off tables. Scrub hardened droplets of paint or stains from tables, as well as those on the floor. ▪ Clean and disinfect art and craft supplies that can be used multiple times, such as the following: <ul style="list-style-type: none"> ○ Paintbrushes ○ Palettes ○ Pencils ○ Scissors ○ Pens ○ Rulers ▪ Separate clean art and craft supplies from dirty ones. You can do this by providing dedicated boxes or areas labelled ‘Clean art supplies’ and ‘Dirty/used art supplies’.

Object/Area	Cleaning and Infection Control Procedures
Hard Furnishing	
Tables and chairs	<ul style="list-style-type: none"> ▪ Use the designated cloth for wiping tables (every after and before meals) and chairs. ▪ Wipe the table using a cloth immersed in water and detergent and rinse with water. ▪ Rub areas with grime until completely removed. ▪ Dry the tables and chairs through air-drying or using a paper towel. ▪ Wash your hands after cleaning tables and chairs.
High chairs	<ul style="list-style-type: none"> ▪ After meals, wipe off the food stains and crumbs from the eating surface with water and detergent. ▪ Check handles and other parts of the high chair for any food particles stuck. Wipe with water and detergent. ▪ Remove chair cushions and straps and check for food particles stuck inside small openings. Brush off or wipe food particles completely. ▪ Replace the cushion and straps with a new and clean one. ▪ Wash used cushions and straps with soap and detergent and let dry for use next time.



Sparkling Stars Early Years Learning Centre

Access and review Sparkling Stars' policies and procedures on health, hygiene, and infection control through the link below.

[Health, Hygiene and Infection Control Policy](#)

(username: newusername password: new password)

In addition to the guidelines discussed earlier, note that the cleaning process should start in the cleanest areas and end in areas that are dirtier. By doing such, you can prevent a clean room from being contaminated with microorganisms from the dirty room.

The NHMRC also recommends the use of appropriate cleaning materials and equipment, such as the following:

- Mops with detachable heads, which allow them to be laundered in a washing machine using hot water
- Disposable cloths or cloths that can be laundered
- Vacuum cleaners with HEPA (high-efficiency particulate air) filter to reduce dust dispersion
- Colour-coded cloths or sponges for each area (e.g. blue in the bathroom, yellow in the kitchen) so that it is easier to keep them separate



Further Reading

Section 3.4 of *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition)* provides a discussion regarding recommendations for cleaning the education and care service. Click the link below to access the document.

[Staying Healthy: Preventing infectious diseases in early childhood education and care services](#)



Checkpoint! Let's Review

1. Toys are play instruments that children use for enjoyment and sensory stimulation, such as dolls, animal figures, construction toys, and playdough. On the other hand, equipment refers to structures or components that are usually bigger and more complex than toys in composition and function, such as slides, swings, and bicycles.

2. Spills of bodily fluids may also be an indication of apparent illness or injury in children, which come in several forms, such as the following:
 - Blood
 - Nasal discharge
 - Sputum
 - Urine
 - Faeces
 - Vomit
3. Exclusion of unwell children means sending the children home for a recommended period (referred to as exclusion time) to minimise the spread of infection among children in the service.
4. When you have identified a child exhibiting signs of illness, you must separate the ill child from the rest of the children to prevent cross-contamination.
5. The National Law and Regulations require service providers to notify the regulatory authority of serious incidents in the service within 24 hours of the incident.
6. It is important to maintain cleanliness in the service, which greatly reduces the spread of infections or illnesses. Furthermore, this reduces the chances of having children excluded from the service, which allows children to proceed and engage in all wholesome learning experiences with their peers and educators.



Learning Activity for Chapter 9

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

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