**THIS IS AN EXAMPLE. COMPLETE YOUR QIP TEMPLATE LIKE THIS USING YOUR OWN STRENGTHS AND IMPROVEMENTS.**

**This example uses Exceeding Indicators. You can use same technique using Meeting Indicators for a Meeting rating if you wish.**

Week 19, 17 to 21 June 2024 - QIP Suggestions - complete and copy this into your QIP

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| **Element 2.1.2** | **Health Practices and Procedures** Effective illness and injury management and hygiene practices are promoted and implemented. |
| **Strengths** | **MEETING**  **Using the 'Staying Healthy' Publication:**  We implement handwashing routines and hygienic toileting/nappy changing procedures to minimise the spread of germs. Inside/outside supervision plans ensure children are always monitored, reducing the risk of injuries. Additionally, we follow strict allergy/anaphylaxis management plans, keeping children with allergies safe by avoiding cross-contamination and ensuring all staff are trained in emergency response.  **Teaching Children about Health and Hygiene:**  We engage children in activities about handwashing by using fun, interactive songs and visual aids showing the steps. We also conduct sun safety lessons, teaching children to apply sunscreen and wear hats. For healthy eating, we have interactive food sorting games where children learn to differentiate between healthy and unhealthy foods, fostering lifelong healthy habits.  **Discussing Service Health or Hygiene Practices with Families:** A risk management approach involves identifying, assessing, fixing, and monitoring hazards. For example, before a walking excursion, we conduct a risk assessment by identifying potential hazards (busy roads), assessing their severity, implementing safety measures (using pedestrian crossings, holding hands), and evaluating the effectiveness of these measures through feedback and review after the excursion.  **EXCEEDING**  **Embedded practice -** We ensure responsiveness to children's health needs by staying vigilant and proactive. For instance, we adjust programs for children with temporary injuries and implement updated medical plans in consultation with health professionals. We also connect families with medical experts when we have concerns, such as suspected ASD or SPD. Our team receives regular training to confidently handle health-related events, ensuring children's well-being at all times.  **Critical Reflection -**We regularly reflect on children's health by considering various factors like their eating habits, sleeping routines, and physical activity levels. For instance, we discuss with families whether a child eats healthy food at home and if they follow good dental hygiene practices. We also consider cultural practices and work to connect families with community resources like support groups or medical professionals, ensuring a comprehensive approach to each child's health.  **Families and community -**We build partnerships by collaborating with health professionals like OTs and speech therapists, and community organisations such as Munch and Move. For example, we worked with a paediatrician to create an effective asthma management plan for a child, ensuring consistency between home and the service. Additionally, we partner with local councils to implement health and behaviour plans, enhancing children's health outcomes through a supportive network.  **Above can be used for NSW’s SAT in the 5 separate boxes for each individual element.** |

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| **Element 2.1.2** | **Health Practices and Procedures** Effective illness and injury management and hygiene practices are promoted and implemented. |

Improvement plan (identified through assessment against NQS indicators)

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| **Standard/ element** | **Issue identified during self-assessment** | **What outcome or goal do we seek?** | **Priority (L/M/H)** | **How will we get this outcome? (Steps)** | **Success measure** | **By when?** | **Progress notes** |
| 2.1.2 | Inadequate implementation of risk management procedures. | To ensure a safe and healthy environment for children. |  | Review and update risk management policies and procedures.  Conduct regular risk assessments of the learning environment.  Provide training and support to educators on risk identification and mitigation.  Implement clear protocols for supervision and monitoring of children's activities.  Communicate and collaborate with families to promote awareness of safety practices. | *Educators implement procedures to minimise the risk of children being injured, or becoming unwell. For example, in relation to:*   * handwashing, hygienic toileting/nappy changing, Covid hygiene/cleaning procedures * exclusion procedure * inside/outside supervision procedures/plans * allergy/anaphylaxis management plans * play dough procedures (fresh batch made every day) * birthday cake procedures (individual cupcakes) * disinfecting after cleaning if spill of urine or blood known to be infectious * excursion (including walking excursions)/transport procedures * safe-food practices (four-hour, two-hour rule) * hot drinks/water never near children * bottle preparation procedures (testing temperature before giving to children, microwave-use safe) * safe-sleep practices (never put to bed with teething necklace or chain attached to dummy, never left to sleep in pram, bassinet) * daily safety checks * sandpit cleaning procedure * bike safety procedure * regular scheduled cleaning and maintenance procedures * testing surface temperatures in hot weather to avoid burns to feet * sun-safety and water-safety procedures. |  |  |
| 2.1.2  **Exceeding  Embedded** | Inconsistent response to children's health needs and events. | To ensure prompt and appropriate responses to children's health needs. |  | Provide ongoing training and professional development for educators on recognising and addressing health issues.  Establish effective communication channels with families to stay informed about children's health concerns and updates.  Regularly review and update health records and medical consent forms for each child.  Create an accessible and well-equipped first aid area with necessary supplies and equipment.  Conduct regular health and safety audits to identify areas for improvement. | *All educators are responsive to children’s (changing) health needs at all times, and confidently respond to events that affect children’s health needs. For example, in relation to:*   * babies’ teething * mental health needs (Covid, bullying, anxiety,   trauma related to bushfires, earthquakes, floods, domestic violence, abuse and neglect, death in family, including stillbirth)   * new medical diagnosis * implementing changing medical plans or plans implemented in consultation with ancillary health professionals (OTs) * helping families connect with/liaise with medical professionals when educators are concerned, for example, child missing relevant learning outcomes, child may be on ASD spectrum, have SPD, have middle-ear infection * adapting program for children with temporary injuries (broken limbs, grazes, nappy rash, colic) * implementing illness/injury management procedures when child becomes ill/is injured at service. |  |  |
| 2.1.2  **Exceeding  Critical reflection** | Limited reflection on opportunities to enhance each child's health outcomes. | To continually improve and enhance each child's health outcomes. |  | Implement a structured reflection process for educators to regularly review and evaluate each child's health outcomes.  Encourage educators to seek input and perspectives from children and families regarding their health needs and experiences.  Provide professional development and resources to support educators in staying informed about current health guidelines and best practices.  Foster a culture of open communication and collaboration among educators, children, and families to share insights and ideas for improving health outcomes.  Establish partnerships with health professionals and community organisations to access additional expertise and resources.  Regularly review and update health-related policies, procedures, and practices based on reflection outcomes. | * *All educators regularly reflect on opportunities to enhance each child’s health outcomes, from various perspectives (including those of children and families). For example, we reflect on the following.* * Is a child eating healthy food at home? * What are their sleeping routine/toileting practices like at home? * How much physical activity does a child engage in at home? Does a child spend a lot of time on devices? * How is a child's dental hygiene? Do they brush enough at home? * Are there cultural practices impacting on a child’s health? * If a child has a diagnosed medical condition/health need, is the medical plan/family practices following the latest guidance/information? Is there a better way to manage some aspect of the condition? * Can educators help connect the family with relevant community resources/information (support groups, financial help, medical professionals)? * Can educators manage a child's needs more sensitively (increased privacy) or more efficiently? * Immunisations, and their benefits. |  |  |
| 2.1.2  **Exceeding  Families and community** | Limited engagement with families and the broader community to enhance children's health outcomes. | To establish strong partnerships with families and the broader community that positively impact children's health outcomes. |  | Actively involve families in the planning and decision-making processes related to children's health, seeking their input and perspectives.  Collaborate with healthcare professionals, such as paediatricians and nurses, to access expert guidance and support in addressing children's health needs.  Organise workshops and presentations conducted by health professionals or community organisations to provide families with valuable information and resources on health-related topics.  Establish partnerships with local support services and organisations specialising in children's health and well-being to access additional resources and referrals.  Participate in community health initiatives and campaigns, collaborating with local health authorities, organisations, or government agencies to raise awareness and provide resources for families.  Seek feedback from parents and community members regarding health-related policies, programs, or initiatives to ensure continuous improvement and responsiveness to their needs. | *Educators* *regularly build partnerships with families and the broader community to enhance children’s health outcomes. For example, we:*   * form partnerships with health professionals such as OTs, speech therapist, optometrists, dentists, paediatricians * form partnership with community organisations on all levels such as Healthy Harold – Life Education, state healthy eating organisations (Munch and Move – NSW), Nutrition Australia, and local (council) support groups * work with organisations/community members to implement behaviour plans/learning plans/medical plans * work with families consistently to implement behaviour/health plans at home and at the service. |  |  |

**Summary of Exceeding Themes Standard 2.1 Health**

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| **Exceeding themes** |  |
| 1. Practice is embedded in service operations | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators:   * Educators are always responsive to children’s (changing) health needs, and confidently respond to events that affect children’s health needs. |
| 2. Practice is informed by critical reflection | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators:   * Educators regularly reflect on opportunities to enhance each child’s health outcomes, from various perspectives (including those of children and families). |
| 3. Practice is shaped by meaningful engagement with families, and/or community | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators:   * Educators regularly build partnerships with families and the broader community to enhance children’s health outcomes. |