



Law & Regs

Law Section 51(1)(a) Conditions on service approval (safety, health, and wellbeing of children) A service is operated in a way that—
(a) ensures the safety, health and wellbeing of the children ...

Regulation 77 Health, hygiene and safe food practices (1)& (2) The approved provider and nominated supervisor... must ensure that nominated supervisors and staff members of, and volunteers at, the service implement—

- (a) adequate health and hygiene practices; and
- (b) safe practices for handling, preparing and storing food— to minimise risks to children **Penalty: \$2000.**

Regulation 85 Incident, injury, trauma and illness policies and procedures The incident, injury, trauma and illness policies and procedures ...required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—
(a) is injured; or (b) becomes ill; or (c) suffers a trauma.

Regulation 86 Notification to parents of incident, injury, trauma and illness The approved provider ... must ensure that a parent of a child ... is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for**Penalty: \$2000.**

Regulation 87 Incident, injury, trauma and illness record (1) The approved provider ... must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.

Regulation 88 Infectious diseases If there is an occurrence of an infectious disease ..., the approved provider ... must ensure that reasonable steps are taken to prevent the spread of the infectious disease
Penalty: \$2000. (2) If there is an occurrence of an infectious disease ..., the approved provider ... must ensure that a parent or an authorised emergency contact of each child ... is notified ...as soon as practicable. **Penalty: \$2000.**

Regulation 89 First aid kits The approved provider ... must ensure that first aid kits are kept in accordance with this subregulation, ... (a) an appropriate number of first aid kits must be kept having regard to the number of children being educated and cared for by the service; and (b) the first aid kits must be suitably equipped; and the first aid kits must be easily recognisable and readily accessible to adults, having regard to the design of the ... premises. **Penalty: \$2000.**

Regulation 90 Medical conditions policy. Regulation 91 Medical conditions policy to be provided to parents.

Regulation 92 Medication record (1) The approved provider ... must ensure that a medication record is kept that includes the details set out in subregulation (3) for each child to whom medication is or is to be administered ... **Regulation 93 Administration of medication** (1) & (3) The approved provider and nominated supervisor... must ensure that medication is not administered to a child ... unless — (a) that administration is authorised; and (b) the medication is administered in accordance with regulation 95 or 96. **Penalty: \$2000.** (2) The approved provider ... must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b). **Penalty: \$1000.**

Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. (2) If medication is administered under this regulation, the approved provider or a nominated supervisor ... must ensure that the following are notified as soon as practicable— (a) a parent of the child; (b) emergency services.

Regulation 95 Procedure for administration of medication Subject to regulation 96, if medication is administered to a child ...— (a) the medication must be administered— (i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the

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name of the child to whom the medication is to be administered, and before the expiry or use by date; or (ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and (b) the medication must be administered in accordance with any instructions— (i) attached to the medication; or (ii) any written or verbal instructions provided by a registered medical practitioner; and (c) ... the following must be checked by a person other than the person administering the medication— (i) the dosage of the medication to be administered; (ii) the identity of the child to whom the medication is to be administered.

Evidence to show compliance – Educators prioritise the safety, health, and wellbeing of children. We implement proper health, hygiene, and safe food practices and follow our policies and procedures for incidents, injuries, trauma, and illness, ensuring parents are promptly notified of any occurrences. Records are maintained for incidents, injuries, trauma, and illnesses. Reasonable steps are taken to prevent the spread of infectious diseases, and first aid kits are appropriately equipped and accessible. A medical conditions policy is shared with parents. Medication administration follows regulations, with a medication record kept and proper authorisation obtained. An exception applies for anaphylaxis or asthma emergencies, but parents and emergency services must be notified. Medication is administered following specific procedures, including checking dosage and the child's identity.

Why is the element important?

Element 2.1.2 and understood educators must model and implement:

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

Historical Context of Child Mortality

Throughout history, various factors have contributed to child mortality, differing across time periods and regions. Some notable causes include:

Infectious Diseases: Previously, infectious diseases were a leading cause of child mortality. Illnesses such as pneumonia, measles, whooping cough, tuberculosis,

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and polio claimed many young lives. The lack of vaccines, limited healthcare access, and poor sanitation contributed significantly to the spread of these diseases.

Malnutrition and Starvation: Historically, inadequate access to nutritious food led to high child mortality rates. Malnutrition, especially in impoverished communities or during famines and conflicts, made children more susceptible to illnesses and infections.

Neonatal Conditions: Newborn health has always been a major concern. Complications from premature births, birth asphyxia, and congenital anomalies were common causes of infant death. Advances in perinatal care, skilled birth attendants, and neonatal intensive care have helped reduce these rates over time.

Respiratory Infections: Respiratory infections, including pneumonia and influenza, have been significant contributors to child mortality. Overcrowded living conditions, poor ventilation, and limited healthcare access increased the prevalence of these infections.

Diarrheal Diseases: In areas with poor sanitation and limited clean water access, diarrheal diseases have been a major threat to children's health. Contaminated water and poor hygiene practices led to diseases like cholera, dysentery, and rotavirus, resulting in high mortality rates.



You must practice

It's important to acknowledge and address these potential causes of death and learn how scientific development along with policies, procedures and risk assessments have saved children's lives.

Promoting Children's Health and Hygiene

Effective Illness Management and Injury Prevention

We prioritise children's well-being through effective illness management, adhering to the 'Staying Healthy in Childcare' guidelines by excluding children with communicable diseases. Our injury prevention practices are supported by comprehensive risk assessments. We encourage children to engage in calculated risky play while ensuring vigilant supervision. Regular risk

assessments and analysis help us identify potential hazards and implement strategies to mitigate them.

Maintaining High Standards of Infection Control and Hygiene

Creating and maintaining a clean, hygienic environment is paramount. We follow health authority guidelines, particularly post-COVID and for the emergences of other respiratory issues ie RSV, flu etc, to uphold high infection control and hygiene standards. Our educators model and reinforce good health and personal hygiene practices, such as regular handwashing and covering mouths when coughing. Consistent implementation of these practices instils lifelong healthy habits in our children.

Hygiene and Sanitation in Practice

Our service has clear policies and procedures for maintaining cleanliness. Educators implement appropriate hygiene practices, including handwashing, toileting, nappy changing, and cleaning equipment. We regularly assess our environment's cleanliness and follow guidelines for laundering children's toys and equipment, ensuring a safe and hygienic space for children to learn and grow.

Collaboration with Families and Access to Information

We believe in the importance of collaborating with families. Open communication is key, and we provide families with information and resources to help them understand and implement health and hygiene practices at home. By addressing concerns and misconceptions, we foster a partnership focused on children's well-being. We stay updated on current health guidelines and research from recognised authorities, ensuring our practices are based on the latest evidence.

Continued Learning and Growth

Our commitment to enhancing children's health and hygiene practices is ongoing. We actively engage with professional networks and communities to share knowledge and best practices. Through continuous learning and growth, we remain connected to the evolving field of early childhood education, making a positive impact on the health and well-being of the children in our care.

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After reading these points, which one(s) do you think you are doing well? Describe your practice in detail so it can go directly into you QIP or SAT (NSW only).

After reading these points, which one(s) do you think you need to work on? Describe how you could improve your practice.