# 2.1.2 Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

Educators 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).

|  |  |
| --- | --- |
| To **MEET** QIP and Self-Assessment Tool (SAT) | To **EXCEED** the QIP and Self-Assessment Tool (SAT) |
| *Please discuss two or three service procedures you implement to minimise the risk of children being injured, or becoming unwell due to the spread of germs while playing, eating, or being cared for.* | *Please explain how you and all educators are responsive to children’s (changing) health needs at all times, and confidently respond to events that affect children’s health needs.* |
| We implement rigorous 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. | 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. |
| *Please give an example of activities you implement which teach children about health and hygiene issues.* | * *Please give an example where you and all educators* * *regularly reflect on opportunities to enhance each child’s health outcomes, ensuring your reflections include the perspectives of children and families.* |
| 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. | 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. |
| *Please explain what we mean by a risk management approach and give an example where you’ve taken this approach (for example, completing a risk assessment).* | *Please give an example where you and all educators regularly build partnerships with families and the broader community to enhance children’s health outcomes, for example, collaborating with health professionals and other support services.* |
| 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. | We build partnerships by collaborating with health professionals like OTs and speech therapists, and community organisations such as Munch and Move – NSW. 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. |
| *Please give an example where you discussed service health or hygiene practices with families so they’re familiar with service practices and/or can implement relevant practices at home.* | *Please give an example of how you and your team regularly promote effective hygiene practices with the children every day.* |
| We regularly discuss our handwashing practices with families, emphasising the importance of washing hands after using the toilet, handling food, or playing outside. We also provide guidelines on safe-sleep practices, explaining the necessity of putting children to bed without teething necklaces or dummies attached, ensuring these practices are followed both at the service and at home. | We promote hygiene daily by encouraging regular hand-washing, especially after playing outside or using the toilet. We involve children in cleaning routines, explaining why different cloths are used for different areas. For instance, we teach children about cough and sneeze etiquette and ensure hygienic nappy changing. We also discuss the importance of not eating food dropped on the floor and using tongs to serve food, fostering lifelong hygiene habits. |
| *Please give an example showing how you use the Staying Healthy publication to guide your practice and to provide relevant information to families.* | *Give an example where you have reflected with your team on a health or illness incident involving a child at the service, and helped implement changes to policies, procedures or practices to strengthen your approach to these incidents.* |
| We use the Staying Healthy publication to guide our exclusion practices for illnesses. When a child has a fever, we refer to the guidelines and provide families with "illness fact sheets" from Staying Healthy. This helps families understand the necessary steps for managing fevers and the importance of keeping their child at home until they are well enough to return. | After a child experienced a severe allergic reaction, we reflected on the incident and identified gaps in our response. We updated our allergy management plan, ensured all educators received additional training on recognising symptoms and using EpiPens, and revised our communication procedures with families. We also improved our incident documentation process and ensured emergency contact information was always current, enhancing our overall approach to health incidents. |