

CHCECE016

Establish and maintain a safe and healthy environment for children

Release 2

Learner guide

Aspire Version 2.1



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CHCECE016 Establish and maintain a safe and healthy environment for children, Release 2



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Before you begin

This learner guide is based on the unit of competency *CHCECE016 Establish and maintain a safe and healthy environment for children*, Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	<ul style="list-style-type: none"> ▶ These highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into practice. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, you can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summaries	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There are learning checkpoints at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.



Topic 1

In this topic you will learn about:

1A Discussing children's health needs

1B Managing medical plans

Supporting each child's health needs

Individual children have unique health needs. Information about these health needs must be regularly checked and updated. Families are a primary source of this information. You may also need to refer to medical management plans if a child has specific healthcare needs.

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

1A Discussing children's health needs

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

- ▶ required medication
- ▶ disabilities
- ▶ developmental needs
- ▶ dietary needs or restrictions
- ▶ doctor's contact details
- ▶ Medicare number
- ▶ medical conditions
- ▶ immunisation status
- ▶ abilities and level of independence.



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



Watch this video about duty of care.

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

Example

Keeping health information up to date

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

Here are some health information items that Isa schedules:

- ▶ Medications: Isa does a monthly check on medication details for all children. She also regularly discusses ongoing medical conditions with parents. When children are taking medication on a short-term basis, Isa discusses the child's medical condition with the parents each day that the child attends the centre.
- ▶ Dietary needs and restrictions: Isa checks on children's dietary needs with families every three months. She schedules this just prior to the seasonal menu change.
- ▶ Immunisation status: Isa notes each child's date of birth and their required immunisation updates. When a child is due to receive an immunisation, Isa discusses this with the child's parents. She provides information about why immunisation is important and where it can be accessed from. Immunisation records are updated once the child has been immunised.

Unwell children

At times, children will arrive at your service unwell. These are often difficult times for parents, and it may not be clear whether the child needs to be kept home or if they will improve as the day progresses. Parents may not be able to arrange time off work or organise for someone to care for the child.

Your service should have policies and procedures in place to determine when a child should be isolated from other children or removed from your care. This would be appropriate if a child:

- ▶ is unable to participate in normal play activities
- ▶ vomits or has diarrhoea more than once
- ▶ has a runny nose with a green discharge
- ▶ has a fever.



If your service policy does not clearly state how to manage common childhood illnesses, you should seek clarification from your supervisor.

Legislation and guidelines

You need to be familiar with the following legislation and guidelines addressing children's health needs:

- ▶ Education and Care Services National Regulations:
 - Regulation 90 – Medical conditions policy
 - Regulation 91 – Medical conditions policy to be provided to parents
 - Regulation 162 – Health information to be kept in enrolment record
- ▶ National Quality Standard (NQS):
 - Standard 2.1 – Each child's health and physical activity is supported and promoted
 - Element 6.1.1 – Families are supported from enrolment to be involved in the service and contribute to service decisions
- ▶ Service policies and procedures:
 - Nutrition
 - Food and beverage handling
 - Dietary requirements
 - Sun protection
 - Dealing with medical conditions
 - Dealing with infectious diseases

Watch this video about infection control procedures.



Health and safety authorities

To ensure your service policies are up to date and reflect current practice, it is necessary to contact relevant authorities such as public health units, health and safety authorities and food safety authorities.

The following table provides some key national authorities and the information they can provide.

Authority	Information
Australian Children's Education and Care Quality Authority (ACECQA)	<ul style="list-style-type: none"> ▶ National Quality Framework (NQF), including: <ul style="list-style-type: none"> – <i>Education and Care Services National Law Act 2010</i> (Cth) – Education and Care Services National Regulations – National Quality Standard (NQS) – <i>Belonging, being and becoming: The early years learning framework for Australia</i> (EYLF) – <i>My time, our place: Framework for school age care in Australia</i> (MTOF)
National Health and Medical Research Council (NHMRC)	<ul style="list-style-type: none"> ▶ Information about: <ul style="list-style-type: none"> – infectious diseases – medical conditions – dietary guidelines – hygiene
Food Standards Australia New Zealand	<ul style="list-style-type: none"> ▶ Standards that regulate the use of ingredients, processing aids, colourings, additives, vitamins and minerals ▶ Consumer information on additives, food allergies and intolerances, food safety and labelling
Nutrition Australia	<ul style="list-style-type: none"> ▶ Up-to-date, evidence-based nutrition information ▶ Nutrition fact sheets and research, including healthy food and drink advice for childcare services
Cancer Council	<ul style="list-style-type: none"> ▶ Sun protection guidelines, including how much sun is needed and how to protect children from too much sun exposure ▶ Details of SunSmart early childhood programs

You may contact a relevant authority when you are reviewing the policy or when your service is notified of changes. You may also choose to investigate when you hear of changes or need to implement a policy that has not been used for some time.

Many health guidelines that influence your service come from authorities that link to the relevant topic. Commonly used is the National Health and Medical Research Council publication, *Staying healthy: Preventing infectious diseases in early childhood education and care services*. This publication is updated regularly and includes a range of useful tools and information.

Practice task 1

1. How might your service record and update children's health information? Describe the procedure or provide evidence via a policy.

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2. If a child at the service becomes unwell, what would be the procedure for managing the situation? Describe the procedure or provide evidence via a policy.

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3. If a child is feeling unwell and is not able to participate in play, what would you say to the child's parents?

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4. If you were updating your service's SunSmart policy, which authority would you consult?

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1B Managing medical plans

Medical management plans help you to prepare for managing a wide range of health needs. Allergies, asthma, diabetes, epilepsy and cystic fibrosis are just some of the conditions that can be managed through such a plan.

A medical management plan is a document prepared and signed by a doctor that details the healthcare needs, allergy or medical condition of a child, including the severity of the condition. It lists symptoms and causes, and provides instructions on action and treatment.



If a child has a medical condition, you must receive a medical management plan from the child's doctor prior to the child commencing care. This plan must be updated regularly, depending on the child's circumstances. At a minimum, the plan should be reviewed annually.

A medical management plan:

- ▶ explains how to manage the condition day to day in order to avoid or minimise issues
- ▶ provides information on recurring symptoms or stages of the condition
- ▶ gives directions on when to call or access medical resources, such as medication, doctors, an ambulance and emergency contacts.

The following is an example of a medical management plan.

Medical management plan	
This plan is to be completed by the child's doctor and reviewed every 12 months.	
Date of plan: 06.2.18	
Child's name: Pamela Frederik	
Gender: Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>	Date of birth: 17.12.2014
	

Parent/guardian: Dorean Frederik		
Telephone: (H) 6639 9543	(W) 6635 9875	(M) 0496 587 928
Emergency contact (e.g. parent): Dorean Frederik		
Relationship: Mother		
Emergency contact telephone: As above		
Doctor's details: Dr Elina Raserna Red Hills Medical Clinic Telephone: 6659 8715		
Ambulance subscriber:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Medical condition: Asthma		
Symptoms: Coughing, wheezing, difficulty speaking		
Causes: Cold or chest infection		
Action and treatment: Two puffs of medication (Ventolin) through spacer every four hours		
Parent's signature: <i>D Frederik</i>		
Date: 06.2.18		
Doctor's signature: <i>E Raserna</i>		
Date: 06.2.18		
Risk minimisation plan		
To be completed by the service in consultation with parents/guardians.		
Risks of the medical condition: Asthma attack, difficulty breathing, distress		
Strategies to minimise the risk/s and person responsible: Lead educator: If asthma attack occurs, follow emergency asthma first aid. Shake medication, put one puff into spacer, ask child to take four breaths. Repeat this for a total of four puffs. Wait four minutes. If there is no improvement, call ambulance and continue with four puffs every four minutes.		
Staff signature: <i>D Conway</i>		
Date: 06.2.18		

Medical kits

Depending on the severity or type of health need, a child may require a medical kit containing specific medications or emergency supplies. This kit must accompany the child whenever they attend the service and must be clearly identified. Most services place the child's photograph on the lid along with their name.

Some services state in their policy and procedures that the parent must bring the child's medical kit in with the child at arrival and take it home with them again at departure. This is so that:

- ▶ the child has the kit with them while they travel to and from the service
- ▶ the parent has responsibility for ensuring the kit is up to date and in good order.

If your service takes this approach, the child cannot be left in care if they arrive without the kit. As the service may still be held legally responsible if the medication in the kit is unusable, regular checks are needed even though the kit is not stored at the service.

Refer to your service's policy and procedures on medical kits, and ask your supervisor if you have any questions.

Informing staff

Because children may have medical conditions that can progress rapidly and have serious consequences, it is vital that all staff members are informed about medical management plans. Staff need to know which children have plans and where to find them, and need to understand the medical management strategy.

Medical management plans containing photos for ready reference should be displayed in 'staff only' areas. The service can also inform staff of the medical needs of children via:

- ▶ a medical conditions poster or book
- ▶ discussions at team meetings
- ▶ daily updates
- ▶ information sessions delivered by medical practitioners.

Practice task 2

1. Provide the name of a service policy relating to maintaining medical management plans.

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2. What does the policy say about advising staff of the medical needs of each child?

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3. Where might the medical management plans of children be located in a service?

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4. Should these be readily available to all staff? Why?

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Summary

- ▶ Information about children's health and personal routines is collected at enrolment.
- ▶ This information is maintained through scheduled record updates and ongoing information-sharing that occurs at drop-off and pick-up times.
- ▶ If a child arrives at your service unwell, you should raise your concerns with the family in case alternative arrangements for care need to be made.
- ▶ To ensure your service policies and procedures for addressing health needs are up to date and reflect current practice, it is necessary to consult relevant authorities.
- ▶ Medical management plans are part of being prepared for managing a wide range of health needs.
- ▶ All staff need to have ready access to information about the specific healthcare needs of the children in the service.

Learning checkpoint 1

Supporting each child's health needs

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

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

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

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c. Consulting relevant authorities about health information

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d. Ensuring that medical plans are up to date

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

The fact sheets should cover the following topics:

- ▶ Enrolment forms and medical plans and their role in documenting health needs
- ▶ What parents can do if they are concerned about their child's health
- ▶ Where to find reliable information about children's health



Topic 2

In this topic you will learn about:

2A Minimising the risk of overcrowding

2B Offering active and restful experiences

Providing for each child's comfort

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

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

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✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
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	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

2A Minimising the risk of overcrowding

When their environment is overcrowded, children are more likely to get frustrated and activities are less likely to succeed. In a crowded room, choice is reduced and children will be constantly competing for materials, space and resources.

Element 3.1.1 of the NQS states that 'outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child'. Element 3.2.2 requires resources, materials and equipment to allow for multiple uses, be sufficient in number and enable every child to engage in play-based learning.



The Education and Care Services National Regulations stipulate the following requirements in relation to equipment and space:

- ▶ Regulation 105 – Each child being educated and cared for by the education and care service has access to sufficient furniture, materials and developmentally appropriate equipment suitable for the education and care of that child
- ▶ Regulation 107 – For each child being educated and cared for by the service, the education and care service premises has at least 3.25 m² of unencumbered indoor space
- ▶ Regulation 108 – For each child being educated and cared for by the service, the education and care service premises has at least 7 m² of unencumbered outdoor space

This means that if you have 10 children enrolled, you need to provide at least 32.5 m² inside and 70 m² outside. This provision must be considered prior to the children using the space. Your state or territory education and care regulatory authority will grant approval for the number of children to be in the service's facilities. You can find details of your relevant regulatory authority at: <http://aspirelr.link/acecqa-regulatory-authorities>

Be aware that changing your groupings throughout the day may affect the number of children in an area, which could cause overcrowding.

Example

Overcrowding in an infants' room

Marc is in charge in the morning when all children who arrive prior to 8.30 am are together in the infants' room. The infants' room is registered to accommodate 10 children. While the ratio of adults to children is appropriate during this period, 15 children are in a space designed for 10 infants.

Although the adult to child ratio is being met, the space requirements are not. As a result, some of the older children become protective of their activities and materials. Some of the younger children become aggressive as they attempt to obtain access to activities.

Dealing with overcrowding

The following table details some common situations where overcrowding may occur and how the problem can be addressed by regrouping the children.

Situation	Possible solutions
Too many children in the bathroom	<ul style="list-style-type: none"> ▶ If there are four taps, allow only four children in the bathroom at a time. ▶ Encourage children to wait outside the bathroom or continue with other activities until space is available. ▶ Provide alternatives for hand-washing, such as a trough or bucket, or taps outdoors or in another room.
Too many children approach an activity	<ul style="list-style-type: none"> ▶ Limit numbers of children at an activity by: <ul style="list-style-type: none"> – providing the number of chairs that suit the number of children who can comfortably take part – using markers such as armbands, which show that if there are four armbands, there should only be four children present – using posters with pictures or numbers that show how many children may use the area.
Large numbers of children waiting for an activity	<ul style="list-style-type: none"> ▶ Alter the routine to create small groups and more activities to choose from. ▶ Ask other educators to either help with the activity to ensure waiting time is reduced, or to divert children to another activity.

Practice task 3

1. How many children is a particular play space approved for under the Education and Care Services National Regulations 107 and 108? You may need to ask your supervisor.

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2. Document the number of children in the play space at each hour throughout the day.

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3. If children exceeded the approved number in any space, how would you deal with the issue?

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2B Offering active and restful experiences

Young children primarily spend their time playing. This is how they learn and develop. For older children, structured activity is unavoidable and takes on a less play-like aspect. As older children attend lessons, classes and other organised activities, leisure time is when they are released from structure to relax and select activities they enjoy.

Children may use their leisure time to participate in:

- ▶ active activities where they use their mental or physical skills, such as playing sport, going for a walk, playing a game with friends, doing hobbies or undertaking creative movement
- ▶ restful activities, such as watching a movie, having a story read to them, reading a book, watching television, sitting unoccupied, listening to music or watching others
- ▶ solitary activities, such as reading, practising a skill, completing a puzzle, painting, or doing craft or visual arts
- ▶ social activities, such as parties, celebrations, cultural activities, sporting events, board games or talking with friends.



Indoor environments

When you create play spaces indoors, you need to ensure you provide areas for all types of play: active, restful, solitary and social play.

The way children are grouped can affect how you set up these areas. For example, your service may group children by age range, such as 0–2 years and 3–5 years, or by family groupings where the ages are mixed from infants to 5-year-olds. If you work in a school-age program, you may care for children aged from 5 to 12 years.



When examining these groupings, you need to use your knowledge of children's physical development at various ages to identify appropriate activities and equipment for the indoor play area. This indoor play area needs to offer a range of active and restful experiences to children.

Most activity areas for infants will be arranged on the floor rather than on tables, as this allows them ease of access.

Infants and toddlers use indoor areas for:

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

Preschoolers use indoor areas for:

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

School-age children use indoor areas for:

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

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

Outdoor environments

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

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



Outdoor play spaces need to be clearly defined so that children can immediately see how the space can be used and can easily move between spaces without interfering with others at play. Stepping stones and natural features can provide children with pathways and creative options for their physical play.

There should be a variety of interesting things to do – a quality outdoor environment offers each child a choice of four or five play activities.

Opportunities to rearrange equipment, change location, add or remove items, and engage in simple or complex play are provided by a selection of materials; for example:

- ▶ wooden planks
- ▶ car tyres
- ▶ small ladders
- ▶ A-frames
- ▶ outdoor blocks
- ▶ cable reels
- ▶ off-cut logs.



Watch this video about providing an outdoor play space.

If you provide appropriate materials and equipment for children, they can create the type of play experience they want to participate in.

All age groups need plenty of opportunities for active play. Children need to be able to run, jump, dig, skip and climb. They also need to be challenged and be able to actively manipulate their play space by redesigning and reinventing it with movable equipment and props. Through this interaction with the outdoor space, children practise skills of balancing, pushing, pulling and lifting.

Restful experiences may also be provided outdoors. Children may enjoy simple board games, sorting activities or water play. Cubbies, hidey holes and a stack of cushions or a blanket under a tree offer opportunities for relaxing. Gardening tasks such as watering plants and watching insects can also be appropriate wind-down activities.

Many experiences planned for indoors can be offered outdoors as well. By offering children the opportunity to choose indoor or outdoor experiences, they can freely play and express themselves.

Making decisions about participation

The set-up of play areas influences children's behaviour. Every child needs to be able to run, sit quietly, be part of the group and be alone. There should be enough activities and equipment for all the children to have a choice of what they want to do, particularly when they are spending long days in care.

Providing variety allows children to practise their decision-making skills. The ability to sort through the facts and emotions associated with making decisions develops with age and experience. Very young children tend to make their decisions based entirely on their own needs and wishes.

Once a child is in their third year, they begin to think about the consequences of their actions as well as how they feel before they decide what to do.

By their fourth year, most children begin to consider other people's feelings in their decision-making, as long as they are provided with appropriate support and encouragement from adults. As they mature, you can encourage children to consider other factors than their own immediate desires before they make a decision.

Ask children the following questions (directly or indirectly) to support them to make appropriate decisions:

- ▶ What are the positives and negatives?
- ▶ How does the decision affect you?
- ▶ Is it safe?
- ▶ Will others be affected by your decision?

As children grow and develop, they require less support from adults to make simple decisions; however, they still need guidance when making more complex decisions.

Example

Helping children to make decisions

Kath, the educator, works on her own as a home-based educator and can't supervise the children unless all three are in the same place. Tom (five years) wants to play outside. He knows that he can only go out if all the children agree.

Tom approaches Sarah (three years) and Monica (four years). 'Let's go outside', he says. The girls are engrossed in their play in the home corner. Monica replies to Tom's suggestion, 'We're playing here'.

Kath, hearing Monica's reply, encourages her to consider her decision by saying, 'Are you sure? If it's raining later you will miss out on playing in the sandpit and on the climbing frame'. Sarah says, 'I want sandpit', and runs to the door.

Monica is less sure and asks Kath, 'Can we play here later?' Kath replies, 'Yes, you can play in the home corner again this afternoon'.

Monica puts down the cup that she is holding and joins Sarah and Tom at the door.

Kath understands that Sarah and Monica need some help thinking beyond their own immediate desire to make a considered decision. Monica, being a year older than Sarah, is able to think about the future. She knows that she will be disappointed if it rains later and she can't go outside. As she also wants to continue with her play, she makes her decision after she has made sure that she can return to her game when she has finished playing outside. Because Sarah is younger, she doesn't have the cognitive ability to think about future events. She simply responds to her own desire to play in the sandpit, which is stronger than her desire to play in the home corner.

Practice task 4

1. List **three** experiences you could offer for each of the following:

a. Restful activities for a three-year-old

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b. Restful activities for a 10-year-old

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c. Active activities for a five-year-old

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d. Active activities for a 12-year-old

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2. Alek (five years) has been running around outdoors for an extended period of time. He now appears tired and agitated. How would you help Alek to make a decision about participating in a restful experience?

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Summary

- ▶ When the environment is overcrowded, children are likely to be frustrated and uncomfortable.
- ▶ There are regulations that stipulate the minimum amount of space that needs to be available to children both indoors and outdoors.
- ▶ When you create play spaces indoors and outdoors, you need to ensure that you provide areas for all types of play: quiet, active, social and solitary play.
- ▶ Children need to be supported to make appropriate decisions regarding their participation in active and restful experiences.

Learning checkpoint 2

Providing for each child's comfort

1. Provide a floor plan of an entire play space that shows the materials and equipment currently set up for children.
 - a. Identify which areas are set up for restful or quiet play and which for active play and the types of experiences available.
 - b. Include on the floor plan how many children each area is set up to cater for at one time.



- For each of the areas on the floor plan, evaluate whether enough space has been allocated for children to participate in the activity. Explain how each space allocation supports children’s comfort and reduces the risk of overcrowding.

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- Use a table similar to the following to illustrate how **three** experiences are used by children over a one-hour period. Record the number of children in the area at 10-minute intervals.

Type of experience	Number of children at various times					
<i>E.g. Home corner</i>	<i>10:00am: 5 children</i>	<i>10:10am: 7 children</i>	<i>10:20am: 10 children</i>	<i>10:30am: 2 children</i>	<i>10:40am: 7 children</i>	<i>10:50am: 3 children</i>

- Which element of the NQS relates to children making appropriate decisions regarding their participation?

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- What part of the EYLF or MTOP links to the element you identified?

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Topic 3

In this topic you will learn about:

3A Maintaining current hygiene practices

3B Sharing hygiene information

Promoting and implementing effective hygiene practices

Hygiene practices are backed up by research-based policies, procedures and schedules. Using recommended procedures helps to prevent the transmission of infectious diseases and helps the service comply with regulations and meet the NQS.

However, hygiene practices can only be of value if everyone at the service understands and uses them daily. Information and support should be provided to families so they can also follow good hygiene practices at home.

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

3A Maintaining current hygiene practices

As part of your policy review process, you need to research and regularly evaluate hygiene practices. Changes may be made due to new information, new requirements by regulatory authorities or internal changes. For example, your service might adopt environmentally friendly cleaning practices, and this would need to be updated in your policies and procedures.



As mentioned in Topic 1, the National Health and Medical Research Council publication *Staying healthy: Preventing infection diseases in early childhood education and care services* is updated regularly and includes a range of useful tools and information. Because it is recognised as a relevant resource by ACECQA, many hygiene policies and procedures are based on this publication.

Cleaning toys and equipment

Cleaning toys and equipment is necessary to reduce the spread of disease. At a minimum, toys should be washed in warm water and detergent, and should be rinsed at the end of each day. Disinfectants are also required if the toys or equipment are known to be contaminated with a potentially infectious material.

Toys that come into contact with children's mouths are particularly in need of care. If possible, you should clean and disinfect any toy seen being mouthed before another child places it in their mouth.

In an infant room, mouthing is common due to the children's need to explore using their senses. It is a good idea to rotate two sets of toys – while you wash and disinfect one set, the children can play with the other set.

Children's play clothes also require regular washing. Water play equipment must be attended to daily, as troughs quickly become slimy. Clean equipment and fresh water should be provided each day.

Written procedures and schedules

Element 3.1.2 of the NQS and Regulation 103 of the Education and Care Services National Regulations state that the service's premises, furniture and equipment must be safe, clean, well maintained and in good repair.

Schedules and rosters allocating staff to cleaning tasks will spread the workload and ensure that toys, equipment and play areas are cleaned regularly.

The following table shows cleaning tasks that are completed on the spot, daily, weekly or monthly to ensure toys and equipment are adequately cleaned. Note that if an item is soiled, it should be taken out of use and cleaned immediately.

On the spot	Daily	Weekly	Monthly
<ul style="list-style-type: none"> ▶ Toys and objects put in the mouth (after each child's use) ▶ Tables (after use) 	<ul style="list-style-type: none"> ▶ Shared soft toys ▶ Toys and objects that may have been put in the mouth ▶ Tea sets ▶ Mattress covers and linen ▶ Water trough ▶ Tables 	<ul style="list-style-type: none"> ▶ Chairs ▶ Puzzles ▶ Sand tools ▶ Lockers ▶ Hard toys such as a doll's house and climbing frame ▶ Dress-up clothes 	<ul style="list-style-type: none"> ▶ Home corner furniture ▶ Construction sets ▶ Blankets ▶ Carpets

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

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

Practice task 5

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

On the spot	Daily	Weekly	Monthly

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

3. Find information that outlines how and when to clean toys and equipment. Cross-check this with the policy, schedule and roster to ensure these all reflect current practice. Record your findings.

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4. Which regulation from the Education and Care Services National Regulations relates to equipment being safe and clean?

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3B Sharing hygiene information

The EYLF and MTOP play an important part in supporting children's health needs. Outcome 3 – Children have a strong sense of wellbeing outlines that children should take increasing responsibility for their own health and wellbeing. The EYLF/ MTOP suggests that educators can achieve this outcome by:

- ▶ supporting children to learn about hygiene practices
- ▶ discussing health and safety issues with children, and involving them in developing guidelines to keep the environment safe
- ▶ modelling and reinforcing health, nutrition and personal hygiene practices with children.



Hygiene in a family home may not be the same as in an education and care service; however, there are principles of hygiene that are useful in any setting. You can share information with families about using effective and environmentally safe hygiene practices, and provide them with access to resources about hygiene and health. Ensure that families understand how infection spreads, and the link between poor hygiene and illness.

Moreover, families can be provided with information on the hygiene practices you expect in the service so that practices will be understood by the family if discussed by the child or observed by the parent. This should include information about why you have chosen particular practices, not just stating what you do.

The following table outlines hygiene practices you may choose to discuss.

Hygiene practice	Reason
Wearing gloves when handling food	Helps to avoid contamination.
Using separate chopping boards for various foods	To avoid cross-contamination of foods (particularly raw and cooked foods), services use a colour-code system; for example: <ul style="list-style-type: none"> ▶ red for raw meat ▶ blue for raw fish ▶ yellow for cooked meat ▶ green for salad and fruits ▶ brown for vegetables ▶ white for bakery and dairy products.
Sneezing or coughing into your elbow	Helps to contain the sneeze or cough so droplet spread is reduced.
Thorough hand-washing and drying	Helps to prevent the spread of infectious diseases and prevent bacteria from breeding on damp hands.

Hand-washing

Hand-washing is an important strategy to prevent the spread of many infectious diseases. In fact, hand-washing is the single most important thing you can do to reduce the spread of bacteria, viruses and parasites that might infect you, other staff and the children you care for. This is why hand-washing is always included in advice from food and health authorities, and in your service policies and procedures.

Microorganisms such as bacteria, viruses and parasites (commonly known as ‘germs’) are naturally present on the hands at all times and live in the oil and moisture that is produced on your skin. Although many germs are harmless, you can pick up potentially harmful organisms when handling uncooked food, using the toilet or coming into contact with bodily fluids such as saliva.

Soap or detergent and water removes most of these organisms and greatly decreases the risk of infection.

Watch this video about effective hand-washing.

Hand-washing is most effective when the guidelines outlined in the following table are adhered to.



Sink	Use a sink that is solely for washing hands. Hand-washing must not be carried out in sinks that are used for food preparation, as this could allow cross-contamination.
Water	Use warm running water if possible, but cold running water is also acceptable.
Soap dispenser	Dispense soap or detergent from a liquid dispenser. A cake of soap harbours microorganisms that grow and can then spread to the next person who uses it.
Hands	Clean hands with soap or detergent, including the sides and backs of hands and between the fingers.
Duration	Rub your hands together for at least 20 seconds.
Scrubbing brush	Use a scrubbing brush to clean dirty fingernails.
Taps	Turn off the tap using a paper towel or your arm. If possible, use a tap with an automatic sensor. Remember that if you touch the tap after washing, your hands will pick up germs again.
Drying	Use paper towels or a hand dryer to dry hands, as cloth towels retain bacteria. Leaving hands damp also increases the growth of microorganisms, because wet hands become warm to a temperature that microorganisms thrive in.

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



Source: Reproduced with permission of NSW Health.

Practice task 6

1. List the areas where posters or signs might be placed in a service to remind you and others to wash their hands.

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2. How might children and parents be encouraged to wash and dry their hands?

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3. What number regulations from the Education and Care Services National Regulations relate to handling food safely? How do they compare with current practices in your service?

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Summary

- ▶ Hygiene practices should be researched and evaluated regularly as part of your service’s policy review process.
- ▶ Washing and cleaning toys and equipment is necessary to reduce the spread of disease and should be done regularly.
- ▶ A cleaning schedule makes sure that toys and equipment are maintained in good order.
- ▶ Provide families with information on the hygiene practices you expect in the service so that practices will be understood by the family if discussed by the child or observed by the parent.
- ▶ Hand-washing is a simple and effective strategy for preventing the spread of infectious diseases.



Topic 4

In this topic you will learn about:

4A Minimising risk

4B Following immunisation recommendations

Taking steps to control the spread of infectious diseases

Infectious diseases are easily spread in an environment where people work closely together. You can take action to reduce the effect and extent of infections, and ensure that families are prepared to deal with these.

By maintaining immunisation information and supporting families to keep this current, you can help families to keep children safe from the dangers of serious illness.

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
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	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

4A Minimising risk

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



Grouping children

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

- ▶ ensuring that children are in groupings that are not overcrowded
- ▶ allowing free indoor and outdoor play
- ▶ ventilating rooms
- ▶ acting early when children are unwell.



Watch this video about infection control procedures.

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

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

Other actions you may find useful include:

- ▶ isolating unwell children
- ▶ excluding children and adults based on the NHMRC recommended minimum exclusion periods (<http://aspirelr.link/exclusion-period-poster-nhmrc>)
- ▶ keeping animals in the environment healthy
- ▶ maintaining a high level of hygiene and cleanliness.

Sourcing information

Your policies and procedures will provide clear guidelines on health and safety. These policies should reference legislation and regulations, and should give clear details of the research and sources they are based on. When policies include this information, it allows educators to easily identify resources and check their currency.

Sources of health and safety information are detailed in the following table.

Resource	Source	Link
Education and Care Services National Regulations	Australian Children's Education and Care Quality Authority (ACECQA)	http://aspirelr.link/acecqa-national-regulations
National Quality Standard (NQS)	ACECQA	http://aspirelr.link/nationalqualityframework
<i>Staying healthy: Preventing infectious diseases in early childhood education and care services</i>	National Health and Medical Research Council	http://aspirelr.link/staying-healthy-pdf
Health and safety legislation and guidelines	State or territory authority and Safe Work Australia	http://aspirelr.link/safe-work-australia
Exclusion periods	National Health and Medical Research Council (NHMRC)	http://aspirelr.link/exclusion-period-poster-nhmrc
National Immunisation Program Schedule	Department of Health	http://aspirelr.link/national-immunisation-program

Other useful websites include:

- ▶ Kidsafe Australia (<http://aspirelr.link/kidsafe>)
- ▶ Better Health Channel (<http://aspirelr.link/better-health>)
- ▶ Cancer Council Australia (<http://aspirelr.link/cancer-council-australia>)

Reporting responsibilities

You are required to advise parents and public authorities of particular issues; for example, parents must be notified if their child is injured. Your service should have documents and policies that you should be familiar with relating to notification. These guidelines should also give you specific advice about how to handle different types and severities of injury, who needs to be told and in what time frame.

Parents also need to be advised about illnesses, not only in regard to their own child, but also illnesses at the service that could be infectious. Notification in these circumstances allows the parent to be cautious, to make decisions about their child's attendance, and to care for their own and other family members' health, as some infections are particularly dangerous for pregnant women, older people or infants.

Children often present with common complaints such as:

- ▶ colds
- ▶ diarrhoea
- ▶ ear infections
- ▶ fever
- ▶ conjunctivitis
- ▶ respiratory infections.
- ▶ vomiting
- ▶ head lice

To manage these, you should follow your service policies and procedures, which will give you direct guidance.

Reporting illness

It is recommended that you complete an illness report when you notice changes or make observations regarding any child's health. This provides a record of your actions and observations, and allows you to provide parents with a copy of the details to inform a medical practitioner if required.

Most services have guidelines in place that indicate when you need to contact a child's parents. For example, if a young child experiences a bout of vomiting or diarrhoea, but soon recovers and looks quite well, you may notify the parents at the end of the day. However, if the child throws up multiple times or hits their head, you should notify the parents immediately.

Consult your coordinator and refer to service guidelines to manage illness and injury correctly.

The information you gather from your illness or injury reporting helps you to identify whether the child needs to be:

- ▶ diagnosed by a doctor (for example, in the case of suspected measles or head injury) or if a staff member's opinion is sufficient (for example, in the case of mild diarrhoea or fever)
- ▶ excluded and for how long.

When children are excluded due to illness or injury, the organisation can provide parents with guidelines for appropriate return to the service.

Example

Completing an illness report

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

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

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

The record she completes looks like this.

Name: Sean McKewan		Age: 5 years
Room: Willows		Date: 8 February 2018
Time:	Symptoms and actions:	
10.15 am	Coughing, runny nose, hoarse voice, red cheeks, itchy rash all over body, temperature 38.5°C. Called parents, administered paracetamol after phone call (permission was provided), moved Sean to quiet area, offered water and took heavy clothing off.	
10.45 am	Temperature 38°C, resting, sipped water	
11.15 am	Resting, temperature 38°C, sipped water	
11.45 am	Quiet, holding racing car, sipped water, temperature 38°C	
12.15 pm	Awake, quiet, looking at book, sipped water, temperature 38°C	
12.45 pm	Temperature 38°C, sipped water. Sean's dad arrived and took him home.	
Signed by educator: <i>Andrea Wilson</i>		
Signed by coordinator: <i>Zara Lewis</i>		
Signed by parent: <i>Michael McKewan</i>		

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

Contacting parents

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

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

- ▶ immunisation
- ▶ medication
- ▶ infection control
- ▶ exclusion.

When children in care contract an infectious disease, it is your responsibility to advise parents of other children who attend the service. By advising parents, you alert them to watch for symptoms in their child and allow them to take precautions to prevent further infection.

When notifying parents, you must provide them with details of the infectious disease, such as:

- ▶ what symptoms may be noticed
- ▶ what to do if symptoms are displayed
- ▶ how long the child must be excluded from care.

The exclusion time reflects the time that a person with an infectious disease is contagious. When reporting an illness, it is essential that the child's identity is kept confidential.

The following is an example of a notice informing parents of an illness in the service. This should be placed on a noticeboard, at an entry point or provided to parents individually.

Example

Notice informing parents 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, coughing, tiredness, blistery and itchy rash

Treatment: Follow your doctor's guidelines.

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 again.

Warning: Pregnant women should avoid contact with chickenpox.

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

Exclusion

Service policies should be made clear to parents when their child is enrolled, and you should encourage parents to discuss these policies with you. The exclusion policy may cause concern, so make sure parents understand why this policy is in place. Inform them that the aim of exclusion is to reduce the spread of infectious disease.

Most parents appreciate your attempts to prevent illness in their children and support the service's policies on infection control and hygiene.

To make exclusion policies clear, the service will have an exclusion table. An exclusion table lists various infectious diseases and advises:

- ▶ whether an exclusion applies
- ▶ when a child is ready to return to care
- ▶ whether those who have been in contact with the child must also be excluded.

The local public health units can support any decisions that need to be made. The exclusion table also states when the public health unit must be contacted. A table of recommended minimum exclusion periods for a range of conditions is provided in the NHMRC publication, *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Notifiable diseases

Particular infectious diseases, called notifiable diseases, must be reported to health authorities. Each state and territory has expectations for this reporting; some consider education and care services as reporting bodies and others include only medical practitioners. However, all health authorities will accept reports from your service if multiple outbreaks occur. This reporting will help your service prevent further outbreaks and spread of the infection.

In New South Wales, the *Public Health Act 2010* (NSW) requires that certain medical conditions (notifiable diseases) be reported to the NSW Ministry of Health. Childcare centres must notify their local public health unit by phone as soon as possible after they are made aware of a child having:

- ▶ diphtheria
- ▶ haemophilus influenza type b (Hib)
- ▶ measles
- ▶ mumps
- ▶ meningococcal disease
- ▶ pertussis (whooping cough)
- ▶ poliomyelitis
- ▶ rubella (German measles)
- ▶ tetanus.

Education and care services are also encouraged to seek advice from their local public health unit when they suspect an infectious disease outbreak is affecting their service, such as gastrointestinal or respiratory illness.

Practice task 7

Use a service's policies and procedures, regulations and standards to answer these questions. Include the policy, regulation and/or standard you found information in as part of your responses.

1. What information would you include if you were developing a sign for parents alerting them of a case of whooping cough?

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2. Who do you report serious incidents to and how soon after an incident do you need to make this report?

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3. Who would you report a serious infectious disease to?

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4. If the illness was whooping cough, how many cases would you need to see prior to reporting?

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5. How soon after identifying the cases of whooping cough would you need to alert the health authority?

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4B Following immunisation recommendations

The communication of health information also includes immunisation details.

In Victoria, under the 'No jab, no play' legislation, before enrolling a child, early childhood services must first obtain evidence that the child is:

- ▶ fully immunised for their age, or
- ▶ on a recognised vaccination catch-up program, or
- ▶ unable to be fully immunised for medical reasons.

'Conscientious objection' is not an exemption under the 'No jab, no play' legislation.

This legislation came into effect on 1 January 2016.



The law applies to all early childhood education and care services in Victoria providing:

- ▶ long day care
- ▶ kindergarten (including three- and four-year-old kindergarten)
- ▶ occasional care
- ▶ family day care.

The law does not apply to:

- ▶ enrolment in primary or secondary school
- ▶ children attending an outside school hours care service (such as after school care, before school care or vacation care)
- ▶ enrolments of school children in long day care, family day care or occasional care
- ▶ casual occasional care services that offer care of no more than two hours per day and no more than six hours per week (for example, crèches at gyms and shopping centres)
- ▶ playgroups
- ▶ services primarily providing instruction on particular activities (such as sport, dance or music)
- ▶ services primarily provided or shared by children's family members, where a family member is readily available and retains responsibility for the child.

Ensure you check your state/territory legislation as variations and exceptions differ for each state and territory in Australia.

Maintaining records

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

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

You can:

- ▶ diarise the dates that immunisations are due for each infant/toddler and ask parents about their status
- ▶ add reminders about immunisation to invoices or other notices
- ▶ use noticeboards and newsletters to remind parents
- ▶ use electronic media; for example, SMS or email parents, or put a general reminder on your Facebook page
- ▶ routinely ask all parents about their child's immunisation
- ▶ provide an online form that parents can complete and submit when the child's immunisation is updated.

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

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

Immunisation recommendations

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

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



Practice task 8

Access children's immunisation records and complete an audit.

1. Record how many children have up-to-date immunisation records and how many have immunisation details outstanding.

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2. Access service policies on immunisation and find out how immunisation is to be logged, and what to do if immunisation details are outstanding.

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3. Collect information from the service that is currently used to advise parents and educators about immunisation. Briefly summarise the information.

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Summary

- ▶ Health and safety guidelines can be sourced from key government websites and your organisation's standards, policies and procedures.
- ▶ Families need to be notified of their children's illnesses and injuries.
- ▶ Infectious diseases need to be reported to families and, in some cases, public health authorities.
- ▶ Communicating health information also includes immunisation details. These immunisation records need to be kept up to date.

Learning checkpoint 4

Taking steps to control the spread of infectious diseases

Part A

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

Case study

Phil is eight months old. His mother has called this morning to tell you he has been diagnosed with measles. Immunisation for measles does not commence until children are 12 months old.

1. How would you notify families that a child with measles has been identified in the service? Provide an example of the notification you would use, ensuring it highlights the signs and symptoms of measles. Include the details of where you found this health information.

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2. Would you advise the public health authority? Access the website of your state/territory public health authority and record their advice in relation to measles.

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3. How would you respond if children under 12 months (unimmunised) had been in contact with Phil? How would you identify which children had not been immunised against measles?

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

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

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Part B

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

Case study

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

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

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

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

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Topic 5

In this topic you will learn about:

5A Arranging safe spaces

5B Assessing excursion risks

Ensuring adequate supervision of children

Children must be supervised at all times. All educators, especially new and relief staff, need to be informed of supervision arrangements. Equipment, furniture and activities also need to be arranged in a way that ensures adequate supervision while allowing children access to privacy and quiet spaces.

As you go about your daily work, you need to assess the safety of the environment for the children. A risk assessment should be undertaken for each excursion. Supervision requirements must be a key consideration when assessing risks.

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

5A Arranging safe spaces

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



- ▶ inform new and relief educators of the service supervision arrangements and what they are required to do in relation to supervising children
- ▶ ensure that supervision arrangements are flexible to allow supervision of individuals or small groups of children, such as when children are sleeping, or when both indoor and outdoor experiences are being offered.

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



Watch this video about supervising children.

Supervision strategies

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

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

Position	<ul style="list-style-type: none"> ▶ So that you have the best possible view of the area ▶ With your back to the wall or fence ▶ In places that allow all areas to be observed ▶ Away from other educators so that there is a good coverage of supervision ▶ So that no children are out of sight
Know	<ul style="list-style-type: none"> ▶ Where children are ▶ What the correct ratio of children to adults is and adhere to this ▶ How many children are in attendance ▶ Each child’s name ▶ How to communicate with staff ▶ When other staff are leaving the area and where they are going ▶ What activities are available and the limits for each ▶ Which children and activities require greater supervision

Listen	<ul style="list-style-type: none"> ▶ For sounds that indicate hazards or injury such as water running, bangs, bumps or cries ▶ For silence, as this often indicates all is not well ▶ To the children’s concerns and issues ▶ To other educators and any instructions or advice
Scan	<ul style="list-style-type: none"> ▶ The whole play area constantly ▶ All children, even when you are focused on one activity ▶ Other areas if you need to move away
Be in physical reach	<ul style="list-style-type: none"> ▶ When children are involved in high-risk activities ▶ When children are young

These are basic supervision strategies, but educators may need to be reminded of how and when strategies are to be implemented, especially if they are new to the service or room.

Example

Supervision strategies

Your setting includes an L-shaped outdoor yard, an indoor open play area and a sleep room. To ensure that you supervise children appropriately, you do the following:

- ▶ In the outdoor area you position yourself so that you can see both lengths of the L-shaped yard.
- ▶ You know which children are outside with you and regularly do a head count.
- ▶ When children are asleep in the sleep room, you listen to the monitor that links to the room and regularly scan the room to ensure the children are still asleep and safe.
- ▶ When you supervise the play area, you position yourself with your back to the wall where possible so that you can see the whole room.
- ▶ If you are supervising a high-risk activity like water play, you ensure you are in physical reach of the activity so you can act quickly if needed.

Types of supervision

Your choice of supervision type will depend on the level of risk involved in the activity and group characteristics, such as skill levels, age mix, group dynamics and group size. There are three main levels of supervision, as outlined in the following.

Indirect contact	<p>Indirect contact occurs when you are able to hear the children. You need to be aware of other noises in the room to ensure that a child in distress can be heard. Listening is most effective when combined with regular visual scans.</p> <p>Viewing windows do not allow you to have the full picture when supervising as you are unable to hear what is going on. They may be supported with an audio monitor. Viewing windows should never be used as the primary method for a long period of time.</p> <p>Indirect contact is useful for supervising bathrooms and sleep rooms.</p>
Direct contact	<p>Direct contact means being able to see all the children you are responsible for all the time. This may require suitable positioning of equipment inside and outside.</p> <p>Direct contact is useful when you are working in a room with children or supervising an outdoor space on your own or with other educators.</p>

Close supervision

When direct contact requires you to have children within your reach, it is called close supervision. This is required when activities are dangerous or challenging. Close supervision means that if something dangerous happens, an educator is there to intervene immediately.

If you are stationed at an activity that requires close supervision, you should not move from this area unless you alter the activity to make it safe or are relieved by another educator.

Close supervision is used depending on the age and skill of children and the potential dangers of the activity. Some examples include:

- ▶ infants engaging in water play
- ▶ toddlers using scissors
- ▶ preschoolers using monkey bars
- ▶ school-aged children using a glue gun.

The environment that is provided for children alters during play. Children may move equipment, add and take away materials, develop new themes of play, change who they play with and attempt new skills. Your supervision will alter as these changes take place in accordance with the children’s interests.

Arranging equipment, furniture and activities

Equipment, furniture and activities need to be arranged in a way that enables effective supervision, while also allowing children access to privacy and quiet spaces.

The following table examines how equipment, furniture and activities can affect the type and level of supervision required.

Equipment, furniture or activities	Supervision	Supervision level
Water play	<p>All children must be supervised near water and must never be left alone. This means in the bathroom, toilet and laundry, and during water play.</p> <p>Water must be removed whenever children are unsupervised; for example, wading pools and water play troughs should be emptied as soon as the activity is over.</p>	High
Areas without fences (out-of-bounds areas)	<p>Supervision includes reminding children of rules and limits relating to out-of-bounds areas and observing the children to ensure they are not lured into dangerous areas by unpredicted events such as a ball rolling out of the area or a familiar person walking by.</p> <p>During excursions, special plans for supervision and covering staff-to-child ratios must be in place and head counts must be performed regularly.</p>	High

Equipment, furniture or activities	Supervision	Supervision level
Balancing equipment	<p>Balancing activities can be dangerous for even the most skilled child.</p> <p>Many factors can cause a fall, including:</p> <ul style="list-style-type: none"> ▶ slipping ▶ losing concentration ▶ misjudging. <p>It is common for children to attempt tasks above their ability and for children to be distracted. Close supervision is needed to take these things into account and to help the child feel supported.</p>	Medium
Playing together	<p>When you provide an age- and stage-appropriate environment, you will be able to supervise according to the children's needs, and will also be assured that the children's abilities and interests are catered for.</p>	Low to medium
Furniture	<p>Furniture is commonly used to divide spaces; for example, tables and chairs, shelves, curtains, specially made barriers or natural materials such as logs or wood offcuts.</p> <p>When rooms and spaces are divided adequately, quiet play will be uninterrupted and noisy play will not affect other activities.</p> <p>The furniture should be positioned in a way that enables adequate supervision of all areas. For example, open bookshelves allow visibility for the purpose of supervision.</p> <p>Remove or provide close supervision for furniture that the children cannot use safely on their own.</p>	Low to medium

Supervision plan

Appropriate supervision will be demonstrated through:

- ▶ your actions with the children
- ▶ how you place or organise other educators, and the staff-to-child ratios you use
- ▶ your program and placement of activities; for example, how these are arranged, how many there are, how you set them up and how you implement them
- ▶ child groupings; for example, family grouping, age/stage grouping, permanent grouping or situation/activity grouping.

These considerations, as well as your constant monitoring of hazards and risks, make up your supervision plan. You need to regularly review this plan to ensure you are maintaining the necessary levels of supervision. This includes reviewing individual experiences and the group as a whole. Supervision needs may change due to group dynamics of the children in care.

Example

Inadequate supervision plan

In the morning program, all children and activities are supervised adequately as planned. Activities include two medium-level supervision experiences, so one educator is delegated to sit between the activities, which are set up side by side.

In the afternoon, one of the educators goes home unwell, and a new and unfamiliar educator replaces this person. Although the same activities are provided, the new educator is not clear about her role and stays at one activity of low-level supervision for most of the play time.

This has a flow-on effect. The children become more boisterous and less focused on their work as the other staff have to supervise more activities and have to decrease their interactions with individual children.

This highlights the following key issues:

- ▶ All educators must be made aware of their role in supervision, particularly where the best placement spots are (i.e. with their back to the wall where possible). They need to know which are high, medium and low supervision activities, and whether they have been delegated responsibility for a particular area.
- ▶ All educators must be made aware of how changes should be dealt with. This is a constant task as educators move in and out of rooms, deal with unforeseen issues, and manage and support children’s routines.
- ▶ Sometimes the plan needs to change based on supervision issues, not just interest and development needs. This may be noticed during set-up or on the first use of the materials. If there are not enough educators or the educators lack the skills needed to provide adequate supervision for the activities chosen, the plan needs to change to reflect this.
- ▶ By placing some activities together, you may be able to provide more challenging and higher level supervision activities; for example, water play beside a single-chair table of science materials may mean that one educator can sit in between and monitor both activities.
- ▶ Educator abilities dictate the types of supervision possible. This includes the educator’s ability to express limits and guidelines, support children, manage difficulties and problems, watch more than one thing at a time and physically move around the area.

Practice task 9

1. When you leave the play space for a break or the end of a shift, you will normally provide any new or relief educators with information about supervision arrangements (often called a handover). What would you say to an incoming educator about a group of five toddlers engaged in water play?

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2. Check the Education and Care Services National Regulations and calculate the ratio of educators to children for a group of 20 children aged between three and five years.
 - a. Outline the number of educators required.

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b. Outline the number of diploma-qualified educators required.

3. Develop a floor plan of an indoor space. Show how each particular play space is set up to enable you to supervise other areas.



5B Assessing excursion risks

Excursions need to be carefully planned. When children are taken into new environments outside your service grounds, staff must take adequate precautions to ensure the children are protected from harm and any hazards that may cause injury. Adequate supervision is a key strategy for achieving this. When planning an excursion, a risk assessment must be undertaken to establish the adult supervision levels required.



Risk assessment

A risk assessment is the process used to identify the risk of injury or harm resulting from a hazard, and how these risks will be addressed. Every aspect of the excursion environment must be considered as part of this process. The aim is to make the excursion as safe as possible.

An excursion risk management plan must be completed prior to any excursion. You can find an approved plan on ACECQA’s website at: <http://aspirelr.link/acecqa>. The excursion risk management plan includes a risk matrix that helps you to determine the level of each risk.

The Department of Education and Early Childhood Development suggests the following steps can be used for planning an excursion and completing a risk assessment.

Step	Considerations
1. Identify the purpose	▶ Is the excursion educational or recreational?
2. Determine the duration	<ul style="list-style-type: none"> ▶ How long will the children be absent from the service? ▶ What needs to be planned, e.g. transport, drink and bathroom breaks, meals and sun protection?
3. Identify the activities	▶ List all the planned activities including travel.
4. Identify risks and hazards	<ul style="list-style-type: none"> ▶ Identify the risks and hazards associated with each of the activities. You may want to visit the location prior to the excursion. ▶ Considerations include the method of travel, access to drinking water, availability of toilets, safety of the terrain, equipment to be used and the children’s behaviour.
5. Evaluate the level of risk	▶ Categorise the risks as high, medium or low.
6. Decide on precautions	<ul style="list-style-type: none"> ▶ Decide how to manage each risk. ▶ You may be able to remove or reduce the risk. ▶ Work out the number of adults required to supervise the children.

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

Supervision considerations

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

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

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

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

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

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

Practice task 10

Create a poster that advises parents of an excursion you are taking to a local attraction. Choose an outing that is suited to the children.

Include:

- ▶ where you are going
- ▶ why you are going
- ▶ how you are going
- ▶ what you will do there
- ▶ what ratio of staff to children there will be
- ▶ a request for volunteers, if needed
- ▶ any safety precautions you are taking.

Summary

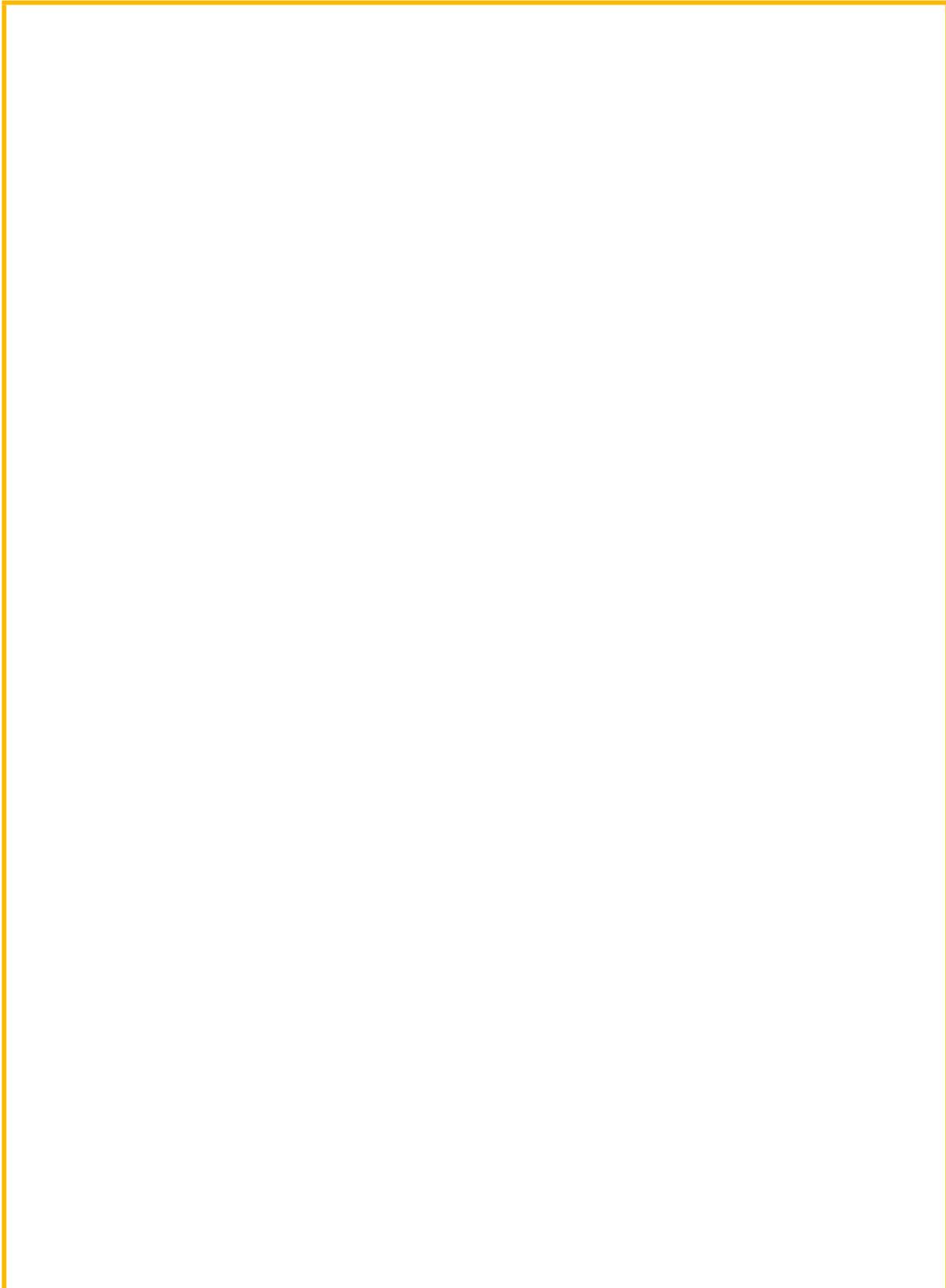
- ▶ Supervision requires an overall awareness of where each child is and what they are doing. This can be achieved through positioning, knowing, listening, scanning and being in physical reach.
- ▶ Equipment, furniture and activities need to be arranged to allow for effective supervision.
- ▶ New, casual and relief educators need to be fully informed about supervision arrangements and what they are required to do.
- ▶ Different activities and groupings of children need different methods of supervision.
- ▶ A risk assessment needs to be conducted prior to undertaking an excursion. Supervision is a key component of any risk management plan.

Learning checkpoint 5

Ensuring adequate supervision of children

Part A

1. Develop a floor plan that shows **five** experiences provided in a service, then answer the questions that follow.



- a. For each experience, record the level of supervision required – high, medium or low.

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- b. Highlight where educators should position themselves to effectively supervise each experience. Give reasons for your choices.

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- 2. A relief educator has been engaged. Create a bullet list stating what the relief educator is required to do when supervising children.

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- 3. How would you arrange quiet spaces so that children are supervised effectively, but still allowed privacy?

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Part B

Read the case study, then complete the task that follows.

Case study

You are walking eight children under three years to a park to play. Two children need to be transported in a pram.

There are no water hazards, but the area is not fenced and you need to cross a main road to get to the park. The road has a pedestrian crossing.

Access a copy of an excursion risk management plan approved by ACECQA at:
<http://aspirelr.link/sample-forms-and-templates>

Fill out the plan to reflect your excursion to the park. Include all relevant details, particularly implications for supervision.



Topic 6

In this topic you will learn about:

6A Checking safety

6B Implementing safety precautions

Taking precautions to protect children from harm

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

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

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

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children’s health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

6A Checking safety

‘Scanning for safety’ is a housekeeping strategy that will help you develop hazard and risk identification skills. The aim is to have all staff actively on the lookout for potential risks. You can do this by following these four steps.

Step	Action	Example
1. Scan	<ul style="list-style-type: none"> ▶ Scan for potential hazards and risks when walking through your service area. ▶ Keep your eyes moving and cover various vantage points to see from different angles. ▶ Make an effort to see what is actually there, not just what you expect to see. 	You see a wet patch on the floor.
2. Predict	<ul style="list-style-type: none"> ▶ Predict what could happen – briefly review in your mind what could go wrong if the hazard is not rectified. 	You identify that someone could slip over.
3. Decide	<ul style="list-style-type: none"> ▶ Decide what action should be taken, when and by whom. 	One of the staff needs to mop the area immediately.
4. Execute	<ul style="list-style-type: none"> ▶ Execute the needed action. ▶ Be willing to act immediately to prevent incidents from occurring. 	You mop the area.

If the hazard could occur again, you need to take further steps to prevent this. For example, if you discover that the source of the water on the floor is a leaking pipe under the kitchen sink, you should notify your coordinator and fill in a maintenance request.

Safety checks

A checklist is an efficient tool that ensures you scan your workplace effectively and regularly for potential hazards. The checklist should cover all areas that people use and should list all items in that area that people could come into contact with. The checklist should also have space for you to indicate:

- ▶ whether or not the items are a hazard
- ▶ what action is needed to rectify the hazard
- ▶ who is responsible for solving the problem.



Involving others

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

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

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

Formal methods to identify and monitor hazards

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

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

Method	Description
Involving all educators in hazard identification and risk management	Every educator has a part to play in safety. When specific roles are given, educators have the opportunity to learn more about safety and the environment. These roles or tasks may rotate throughout the team.
Including educators in safety meetings and discussions	Safety is not only the responsibility of health and safety representatives and senior educators. All educators should have the opportunity to participate in safety meetings and discussions. Outcomes of these meetings and discussions can be shared through meeting minutes, posters and newsletters.

Example

Involving educators in risk management

Fiona, a diploma-level educator, takes on three roles when it comes to safety in the service environment:

- ▶ She works with her colleagues to develop strategies to identify hazards and risks.
- ▶ She implements these strategies by completing checklists periodically, checking that safety data sheets (SDSs) are current, and monitoring the environment and children throughout the day.
- ▶ She supports and guides educators who are less qualified or less experienced than herself. She does this by helping them to complete area checklists, providing information from meetings and professional development sessions she attends, and discussing hazards she identifies with them to highlight the importance of safety.

Common checks

Many safety checks are completed as part of normal service maintenance and upgrading. These include basic strategies that are either scheduled or checked regularly.

Hazard	Requirement
Dangerous products	<ul style="list-style-type: none"> ▶ Dangerous products must be stored in a secure place that children can't access, such as a locked cupboard. ▶ Containers that are used for storing dangerous products must be clearly labelled. ▶ Areas where chemicals and solvents are used should be well ventilated, and you should be aware of correct usage and the dangers of the chemicals in your workplace. ▶ Store different types of dangerous products separately, and provide clear warning signs so that others are aware of the hazards.
Car seats, restraints and booster seats	<ul style="list-style-type: none"> ▶ Road safety officers are available to check restraint fitting. ▶ A seat must meet Australian Standards and have all parts, including having the instruction booklet available for reference. ▶ Straps and buckles must be checked regularly for fitting and to ensure they are in good order.

Hazard	Requirement
Pest/vermin	<ul style="list-style-type: none"> ▶ Records of pest/vermin inspections and eradications must be kept for quality purposes. ▶ Inspections should take place as recommended by the treatment specialist – many services are inspected every six months. ▶ Pest eradication should not occur while children are at the service.

Reporting safety issues

Once you have identified a hazard, you need to report it to the correct person or people, as outlined in your service's policies and procedures. All staff members should take initiative in hazard identification, assessment and control so that the workplace remains safe for everyone. Although you may not be in a position to implement changes straight away, you should report and record any:

- ▶ obvious hazards
- ▶ potential hazards
- ▶ safety suggestions
- ▶ incidents
- ▶ residual risk (risk that remains after the original hazard has been dealt with)
- ▶ corrective action taken to improve health and safety.

Factors that may affect the procedure a service adopts for reporting safety hazards include:

- ▶ the size and nature of the service
- ▶ the organisation's culture
- ▶ the degree of formality in the workplace.

Always ensure that others are aware of the hazard, secure the area or items so they are not used, and act to resolve the issue if it is within your power to do so.



3. Check or inquire about the car seats, restraints and booster seats that a service uses. Do they meet Australian Standards? What training is provided to educators regarding this equipment?

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4. What pests/vermin may be inspected for and eradicated in a service? How often should this occur?

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6B Implementing safety precautions

There are particular safety issues that require plans to be in place, such as:

- ▶ medical conditions (risk minimisation plans)
- ▶ food and drink safety
- ▶ cooking utensil and appliance safety
- ▶ monitoring service access
- ▶ excursions.



Risk minimisation plans

Children with a specific healthcare need, allergy or medical condition will have individual medical plans, but may also need risk minimisation plans. These are created to help reduce the chance of a health issue occurring, while a medical plan is a guide to what you must do if a health issue does occur.

A risk minimisation plan is only effective if all educators are aware of its existence, and know who the child is and how to best manage their medical condition. Many services use staffroom noticeboards to display this type of important information, but your service may have permission to display the plan in the play space the child uses and around the service in predominant areas so that all staff are aware of it.

An example of a risk minimisation plan for asthma, produced by Asthma Australia, can be accessed at: <http://aspirelr.link/asthma-risk-minimisation-plan>

Example

Risk minimisation plan

Lawanda, a child at your service, suffers from asthma. She is also allergic to monosodium glutamate (MSG). She has a management plan that explains what to do if she has an asthma attack or allergic reaction.

Lawanda’s asthma is severe and an attack can be triggered easily. To address this safety risk, she has a risk minimisation plan that explains all her medical details and contacts. The plan also lists her triggers, and the strategies the service can use to avoid Lawanda having an asthma attack or allergic reaction.

All staff are aware of the risk minimisation plan as her parents have given permission for the plan to be placed in the staffroom.

The plan includes the following information.

Risk	Strategy	Who is responsible?
Cleaning products	<ul style="list-style-type: none"> ▶ Use non-allergenic cleaning products. ▶ Do not spray products when Lawanda is nearby. ▶ Remove Lawanda from areas being cleaned until odours have gone. 	All staff

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

Food and drink safety

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

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



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

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

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

Watch this video about food allergies in children.



Cooking utensils and appliances

Check cooking utensils and appliances regularly to ensure they are safe and hygienic.

Common issues you may come across are:

- ▶ chipped or cracked glass and crockery
- ▶ knives not stored properly
- ▶ pots and pans with loose handles
- ▶ damaged electrical cords
- ▶ unstable equipment
- ▶ cords that are too long or left hanging.

As stated in the Australian Standard AS/NZS 3760:2010 – In-service Safety Inspection and Testing of Electrical Equipment, it is required that all plug-in and non-fixed electrical equipment be tested and tagged (checked for safety). Testing and tagging must be carried out by a qualified electrician or tester. In March 2015, Safe Work Australia published a revised model Code of Practice – Managing Electrical Risks in the Workplace to provide practical guidance for persons conducting a business or undertaking (PCBUs) on managing electrical risks in the workplace.

Guidelines for testing and tagging are detailed in the following table.

Electrical item	Testing frequency
Fixed computer equipment (if not moved from its location)	5 years
Laptop and tablet chargers	12 months
Commercial cleaning equipment (tools of trade)	3 months
Kitchen equipment and appliances	12 months
Extension cords, power boards	3 months

Monitoring service access

To ensure the safety of children, the Education and Care Services National Regulations (Regulation 165 and 166) and the NQS state that:

- ▶ a record of visitors to the service should be kept
- ▶ children are not to be left alone with any visitor.

A visitor book is commonly used to record visitors' names and times in and out of the service for future reference. This is also useful in the event of an evacuation to make sure the premises are empty. A family day care template is provided on the ACECQA website within their sample forms and templates page at: <http://aspirelr.link/sample-forms-and-templates>.

A visitor policy should accompany this process to ensure everyone working in or visiting the service is aware of these expectations.

Excursion information

It is a legal requirement that parents or guardians give written permission for their children to leave a service. If children are to leave the service for an excursion, parents need to approve travel and excursion details in advance. You may need to negotiate with parents and/or provide legal information about the venue or transport plans.

Children in family day care may travel with educators around local areas. Children in all services may travel with educators:

- ▶ on excursions or outings
- ▶ from school to the service
- ▶ to activities or special programs
- ▶ to and from a care provider
- ▶ during a fire or evacuation.

The type of transport chosen and the way you prepare children for travel depends on the ages of the children, the distance to be travelled, the availability of transport options, the cost and the number of participants. Prior to the excursion or travel, inform parents and provide clear details of your plans.

Parents may want to know:

- ▶ when you are going and coming back
- ▶ what the purpose of the excursion is
- ▶ what options there are if they prefer their child not to attend
- ▶ what risks are involved
- ▶ what preparations you have made, particularly to manage the risks
- ▶ how many educators and children will attend (staff-to-child ratio)
- ▶ how many other people will attend and who will be supervising the children
- ▶ how to contact you if needed
- ▶ how you will cater for the children’s health needs (food, drink, toileting, washing hands, sun safety, etc.)
- ▶ what will happen if the weather is unsuitable.

Allow adequate time for parents to ask questions and prepare for the excursion, particularly if this is not a common activity in your service.

Practice task 12

Access service policies relating to each of the following. Review the information and check that policies and procedures are suitable. Comment on each item.

1. What does the policy say about risk minimisation plans?

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

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

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

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Summary

- ▶ ‘Scanning for safety’ is a housekeeping strategy that will help you develop hazard and risk identification skills.
- ▶ A checklist is an efficient tool that ensures you scan your workplace effectively and regularly for potential hazards.
- ▶ Ensure every person in the workplace is aware of what is needed to keep it safe.
- ▶ Once you have identified a hazard, you need to report it to the correct person.
- ▶ There are particular safety issues that require plans to be in place.
- ▶ Children with medical conditions will come to the service with individual medical plans, but they may also need risk minimisation plans.
- ▶ The safety of the food and drink used in the service relates to healthy options, food handling and medical conditions.
- ▶ When cooking with children, allow yourself time to check the utensils and appliances beforehand.
- ▶ A visitor book should be used to monitor who enters and leaves the premises.
- ▶ Families should be provided with detailed information about excursions.

Learning checkpoint 6

Taking precautions to protect children from harm

Part A

1. Locate the following items. For each one, explain its purpose, where it is placed and why.

a. A risk minimisation plan for a child with a specific healthcare need, allergy or medical condition

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b. A warning sign for storage of potentially dangerous products

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c. A 'tested' tag on an electrical appliance

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d. Food-handling information

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e. A visitor record book

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f. A safety checklist for the play spaces you work in

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2. Record the contact details of an organisation that could provide basic training and testing on how to move and fit car seats, restraints and booster seats. Find out and record how many educators in your service have received this training.

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3. Record the contact details of the pest control service that is used by a service to inspect for and eradicate pests and vermin. Include the date of the last visit.

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Part B

Read the case study, then complete the task that follows.

Case study

Georgia is walking eight children under three years to a park to play. Two children need to be transported in a pram.

There are no water hazards, but the area is not fenced and they need to cross one main road to get to the park. The road has a pedestrian crossing.

Check your service policy and the Education and Care Services National Regulations, then create a notice for families to provide information about this excursion.



Topic 7

In this topic you will learn about:

7A Preparing the environment for emergencies

7B Preparing people for emergencies

Developing plans to effectively manage incidents and emergencies

All services need to develop plans to effectively manage incidents and emergencies. These plans should be communicated to families and educators so that they can respond appropriately should an emergency occur. As part of this process, children and staff need to be involved in regular emergency drills.

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

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
✓	Quality Area 7: Governance and leadership
Early Years Learning Framework	My Time, Our Place
Principles	
	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
	Learning environments
	Cultural competence
	Continuity of learning and transitions
✓	Assessment for learning
Outcomes	
	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

7A Preparing the environment for emergencies

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

- ▶ serious injury
- ▶ evacuation
- ▶ fires and explosions
- ▶ hazardous substance (chemical) spills
- ▶ bomb threats
- ▶ security emergencies, such as armed robberies, intruders and disturbed persons
- ▶ internal emergencies, such as loss of power or water supply, and structural collapse
- ▶ external emergencies and natural disasters, such as floods, bushfires, storms or traffic accidents that affect the service.



Emergency management plan

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

Having an EMP:

- ▶ prepares a service to manage an emergency when it occurs
- ▶ can reduce the risk of incidents occurring
- ▶ puts controls in place to effectively manage an emergency.

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

Watch this video about emergency management.



Component	Details
Cover information	<ul style="list-style-type: none"> ▶ Name, address and other relevant details about your facility
Emergency contact lists	<ul style="list-style-type: none"> ▶ Contact details of emergency services agencies and DEECD regional and central offices ▶ Names and emergency contact information of service personnel
Facility profile	<ul style="list-style-type: none"> ▶ Description of the facility ▶ Number of children and their age levels ▶ Number of staff ▶ Number of buildings and rooms

Component	Details
Risk assessment	<ul style="list-style-type: none"> ▶ A risk assessment matrix establishing the risk of specific hazards and the emergencies that may occur
Incident management team	<ul style="list-style-type: none"> ▶ Identifies the person who is in charge of emergency management and decision-making at the facility
Site plans	<ul style="list-style-type: none"> ▶ Detailed area map showing evacuation routes ▶ Facility site plan that includes the area surrounding your facility
Evacuation/relocation plans	<ul style="list-style-type: none"> ▶ Includes a contingency plan for hazards ▶ Identifies whether lockdown, lockout or external or internal evacuation is necessary
Emergency exercise and drill schedule	<ul style="list-style-type: none"> ▶ A schedule of emergency exercises and drills
List of children and staff with special needs	<ul style="list-style-type: none"> ▶ An up-to-date list of those who need additional assistance if an emergency occurs, such as children and staff with disabilities, allergies or injuries who may need assistance or medication

Communication equipment and contact numbers

Regulation 98 of the Education and Care Services National Regulations requires that a phone or other form of communication equipment is available to staff at all times while children are being educated and cared for, and that staff have access to phone numbers for parents and emergency services.

Emergency service numbers should be displayed with or next to the phone. Children's emergency contact details should be portable (e.g. in a book), so that they can be taken away from the premises if a full evacuation occurs.

Children's emergency contact numbers are usually separate to attendance books, so these need to be updated frequently and checked with families. A handy place to keep contact numbers is near an evacuation point. Remember to ensure confidentiality by making sure only authorised people have access.

Emergency equipment

Emergency materials and equipment must be checked and maintained in accordance with a defined timetable. This includes:

- ▶ maintaining fire extinguishers
- ▶ checking the placement of fire blankets
- ▶ making sure fire exits are clear and accessible.

These checks may be done by service staff or safety equipment specialists. By participating in regular checks, you will ensure that equipment is safe and in good operating order.

Staff also need to know how and when to use emergency equipment. This information is provided through formal training, updates by professionals, regular reminders in staff meetings and during emergency drills.

Other material and equipment that must be provided and checked includes:

- ▶ first-aid equipment
- ▶ eye wash shower or portable eye washes
- ▶ evacuation alarms
- ▶ evacuation equipment, especially for those with disabilities or impairments
- ▶ torches
- ▶ personal protective equipment (PPE), such as coloured hard hats and vests.

Practice task 13

1. List the emergency numbers and details that are provided near phones.

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2. Where would the portable records of children’s emergency contacts be kept in a service? Who is responsible for taking them from the premises during an emergency?

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3. Locate a service’s log of emergency evacuation drills. How often are these drills carried out? Does this comply with the Education and Care Services National Regulations?

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7B Preparing people for emergencies

When incidents and emergencies occur, quick and coordinated action can make the difference between life and death. A situation that might have a devastating effect may be kept under control and the impact minimised.

Others may look to you for advice and direction in relation to:

- ▶ what their roles are
- ▶ how they can provide support or be involved effectively
- ▶ what action policies, procedures and legislation dictates
- ▶ the severity of the situation.



Watch this video about following emergency procedures and drills.

Evacuation plan

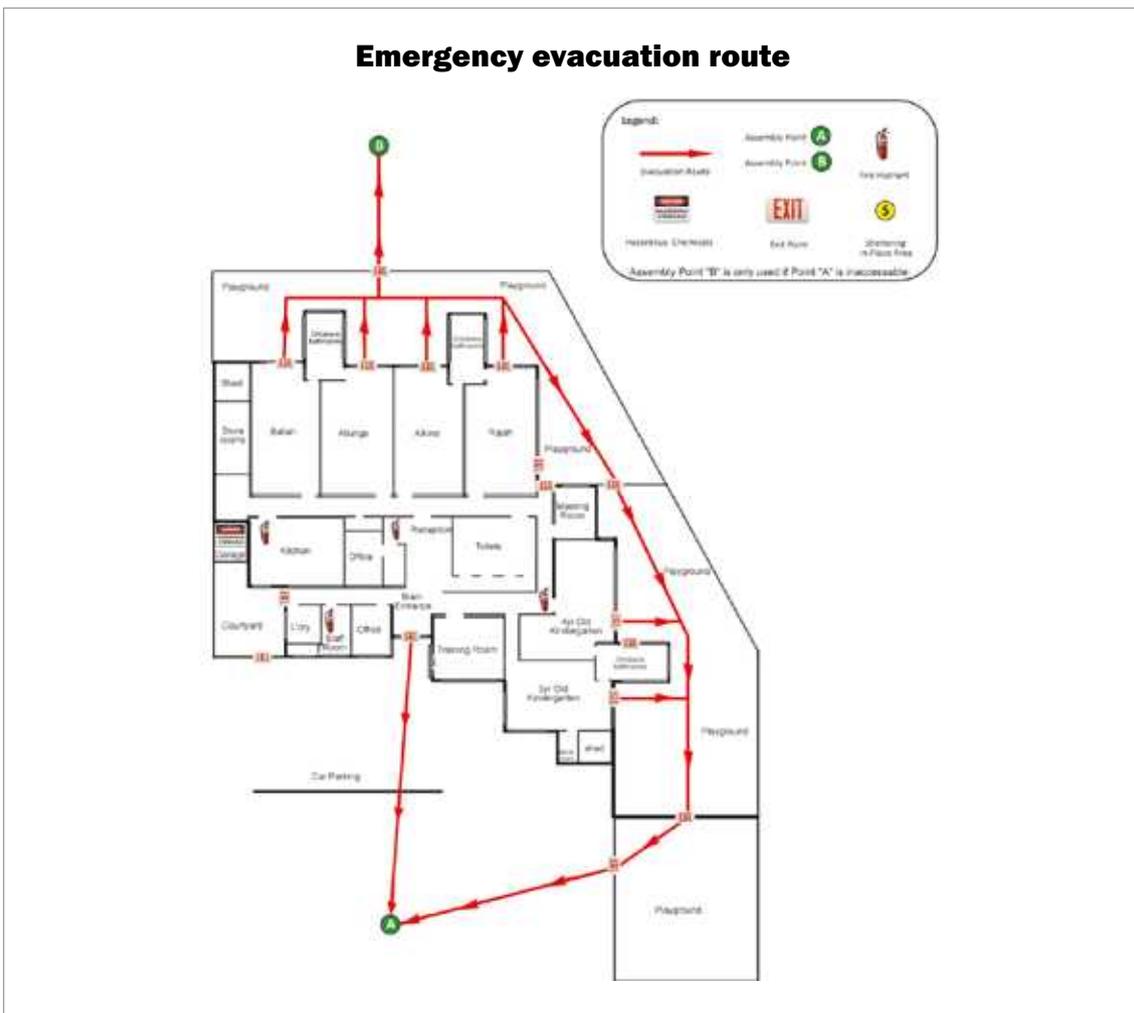
An emergency evacuation plan is a set of written instructions for people to follow when vacating a building in response to an emergency. The following example shows a service's steps and plan for evacuation.



Example

Evacuation procedure

1. Senior person on site takes charge and decides roles. Activate incident command system (ICS).
2. Call 000.
3. Inform emergency services of the nature of the emergency and where you are calling from. For example, 'There is smoke in the building, which is located ...'
4. Seek advice from the emergency services management unit (ESMU), your regional office, local government area or local diocese.
5. If the decision to evacuate is made, using all available staff/volunteers, calmly move/carry/walk the children out of the building to your predetermined outdoor assembly area (any cooks, administration and training staff are to help with the evacuation of children).
6. Take the children and staff sign-in sheets, back-up driver (multimedia manager), emergency kit/first-aid kit and two mobile phones (manager) and room weekly check sheet (team leader).
7. Once at assembly area, check that all children and staff are accounted for.
8. Focus on safety and wellbeing of staff and children.
9. Wait for emergency services to arrive or for further information.



Emergency drills

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

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

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

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

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

Communicating procedures to staff

To help staff remember their roles, many services display emergency plans in the staff room, toilet or bathroom so they are reminded of the information regularly when not engaged in supervision.

Other ideas for communicating information include:

- ▶ attaching a copy just inside the exit door
- ▶ putting a copy in or next to the attendance record
- ▶ reviewing the plan in a staff meeting
- ▶ reviewing the plan as part of staff induction and performance reviews
- ▶ including a review of the plan in a hazard checklist
- ▶ using 'remember to take me in an emergency' signs; for example, next to the attendance book.

Communicating information to parents

When parents enrol children in your service, you must provide them with information about emergency procedures. This should be done verbally, and through policies and procedure manuals and handbooks. Sharing procedure and management plans regularly through the year is a handy way to remind parents about emergency procedures and keep them informed.

Newsletters and displays can be used to show the outcomes of training and drills. Notices on the front door or other prominent place can advise parents that drills are taking place, allow them to ask questions and invite them to participate in the drill if they are at the service.

These communication efforts help parents develop confidence in you and your team, and reassure them that their child is in good hands.

Practice task 14

Draft an email or letter for parents that explains the important aspects of emergency preparation a service undertakes. Include the following information:

- ▶ A list of the policies and regulations that relate to evacuation procedures
- ▶ How you plan regular and varied emergency drills
- ▶ How you make sure all educators are able to communicate with each other in an emergency
- ▶ The safety equipment accessible in an emergency
- ▶ How staff are trained to use safety equipment
- ▶ Where evacuation plans can be found in a service (if parents wish to read them)

Learning checkpoint 7

Developing plans to effectively manage incidents and emergencies

Access the full emergency management plan of a service and answer the following questions.

1. Where is this emergency management plan kept and how is this information displayed on the service premises?

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2. Where is the portable record of children’s emergency contacts in case of emergencies kept?

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3. Locate the information on phones. How do all educators have ready access to a phone or similar means of communication?

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4. Which phone numbers are or should be listed in the emergency management plan as key contacts? Explain how staff would access these numbers if needed.

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5. Create a poster for parents that uses information from the service’s emergency procedures and incident management plan. Choose one type of incident and detail the emergency contact numbers, location and information to provide to emergency services.

6. Locate an emergency drill training schedule in the emergency management plan. Discuss any questions you have about the drill and suggest any improvements that could be implemented.

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7. Identify a person trained in the use of emergency equipment in a service. Ask them the following questions and record their answers:

a. What emergency equipment is available at the service?

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b. Where is the emergency equipment located?

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c. When was the emergency equipment last tested and by whom?

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d. Who is trained to use the equipment?

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