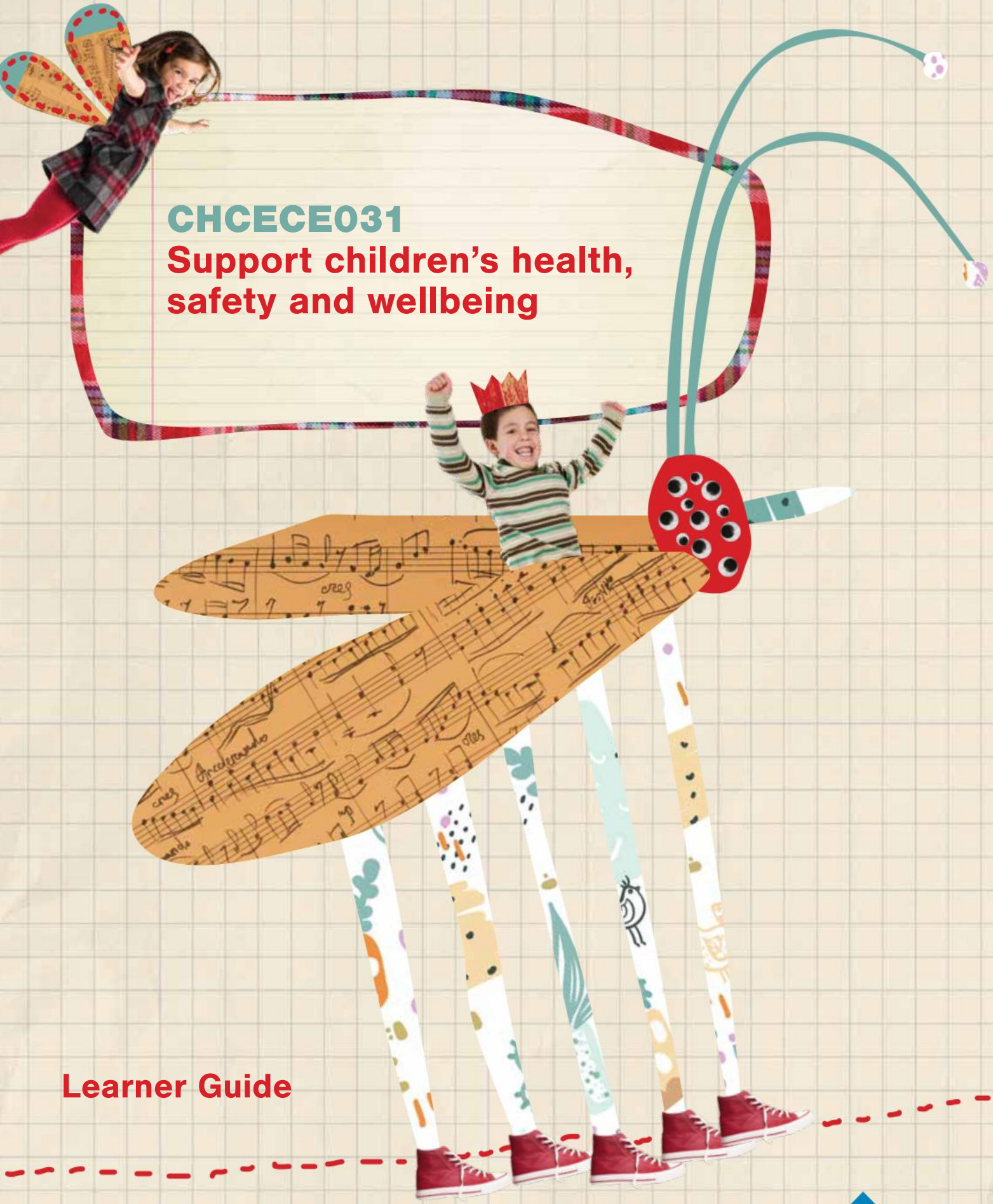
CHCECE031
Support children's health, safety and wellbeing



Learner Guide

One World for Children Pty Ltd

Updated to include National Quality Framework changes

Aspire Learning Resources

CHCECE031

Support children's health, safety and wellbeing

Release 1

Learner Guide

Aspire Version 2.1

One World for Children Pty Ltd

Aspire Learning Resources

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

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Supporting Vocational Education and Training for 30 years
1991 to 2023

Contents

Before you begin

This Learner Guide is based on the unit of competency *CHCECE031 Support children's health, safety and wellbeing*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program. Information regarding how this Learner Guide relates to this unit of competency is detailed in our mapping guide.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Additional resources include case studies, Practice Tasks and Learning Checkpoints. Your trainer will advise which parts of the Learner Guide you need to read, and which assessment activities you need to complete.

Feature of the Learner Guide	How you can use each feature
Learning content	➢ 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	➢ These highlight learning points and provide realistic examples of workplace situations.
Practice Tasks	➢ Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
Summaries	➢ Key learning points are provided at the end of each topic.
Learning Checkpoints	➢ There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

This table maps each topic in this Learner Guide to the National Quality Standard and national learning framework: Early Years Learning Framework (EYLF).

T = Topic

Topics	National Quality Standard (NQS)
T1, T4	Quality Area 1: Educational program and practice
T2-T4	Quality Area 2: Children's health and safety
T2, T3	Quality Area 3: Physical environment
T1, T3	Quality Area 4: Staffing arrangements
	Quality Area 5: Relationships with children
T1, T4	Quality Area 6: Collaborative partnerships with families and communities
T1	Quality Area 7: Governance and leadership
	Early Years Learning Framework
	Principles
T1–T4	Secure, respectful and reciprocal relationships
T1, T4	Partnerships
	Respect for diversity
	Aboriginal and Torres Strait Islander perspectives
T4	Equity, inclusion and high expectations
	Sustainability
T1, T4	Critical reflection and ongoing professional learning
	Collaborative leadership and teamwork
	Practice
T1	Holistic, integrated and interconnected approaches
T4	Responsiveness to children
T4	Play-based learning and intentionality
T4	Learning environments
T1	Cultural responsiveness
T1, T4	Continuity of learning and transitions
T4	Assessment and evaluation for learning, development and wellbeing
	Learning Outcomes
T4	1. Children have a strong sense of identity
	2. Children are connected to and contribute to their world
T3, T4	3. Children have a strong sense of wellbeing
	4. Children are confident and involved learners
	5. Children are effective communicators

Topic 1

In this topic you will learn about:

1A Communicating with families

1B Communicating with others

Gathering information from others

To fully understand a child's needs, educators must communicate with each other and with families.

The way you do this will vary depending on the situation; however, the information shared may be vital to a child's everyday health and safety, or pivotal to their general wellbeing.

Each child has their own needs, and many of these will go unnoticed without sharing information about children's health and safety. This ensures each child's wellbeing is taken into account. The information gathered might occur through communication with:

- family members
- educators
- others important to the child.

Without clear communication, errors can occur, people can be disrespected and ultimately children can be placed in danger.

1A Communicating with families

Each child has their own needs, strengths and interests.

In the same way, family members are individuals – they have different personalities, beliefs and life experiences. The stronger your relationship with the family, the better your understanding will be of their individual needs and the more likely it is that they will share information and concerns. When you have a trusting relationship, family members will share issues such as their need for financial, emotional or medical support. They may also share ideas, such as why they find particular child-rearing practices important or how they would like things to be done.

Families can provide you with a lot of useful information about their child.

In this Learner Guide, you will find support related to communicating with families in specific circumstances.

Orientation

Whether a child will be entering a service for the first time, moving to a new service or moving within your service, the family is likely to see this as a significant transition.

Although each child and family will adapt to changes at different rates and in a different manner, it will always take time and trust to reach a stage where a new routine is understood, becomes predictable and is looked forward to.

There are many brochures, websites and posters that provide advice to families about what to look for in an education and care environment. Families may visit a variety of services before their child commences and may ask for specific information to see how well the service matches their needs.

Once a family has accepted a place, orientation should occur. Orientation is a time for family members and children to get to know the service, meet the staff and get used to being apart. Orientation is also a time when you get to know a new child and family so you can gather information about them. By the end of the orientation, you should have built the foundations of a relationship with the child and their family members.

The orientation process

The orientation process may span a number of days or weeks.

It is likely to include the following steps.

1. Family member stays, educators observe	The child attends while the family member stays the entire time and is involved in play with the child. This helps the child to become familiar with the environment. It also gives educators the chance to observe the family member and child together, and to gather information about how the child reacts to and interacts with others.
2. Family member stays, educators talk to family member	The child attends while the family member stays the entire time and is involved in play. The family member and educator talk together during the time they are there. The family member completes routines with the educator close by.
3. Educator cares for the child	Gradually, the educator takes over the routine tasks and begins to care directly for the child.

Some family members may be unable to complete a suitable orientation process; for example, due to work commitments or being unwell. If this is the case, be particularly aware that the child may experience more difficulty settling than other children. If possible, ask family members to allow their child to attend orientation with another adult who is familiar to them, such as a grandparent, aunt or uncle. This allows you to collect as much information as possible about the needs and interactions of the child.

Arrival routines

A responsive arrival routine is about taking time to welcome everyone, gathering information about child and family needs, and allowing for active participation of children and their families.

Responsive and child-centred arrival time routines help to minimise the distress of children and families when they are separating.

The following table shows an example of a responsive routine. The order of these steps may vary depending on individual situations, but the basic points should still be covered in all situations.

Step	How it is implemented
Welcome on arrival	› Approach and give a warm welcome. › Show respect and communicate clearly. › Move to the child's level by sitting, kneeling or crouching when you are speaking to them.

Step	How it is implemented
Individually acknowledge the family	➢ Acknowledge the family in an individual way. This might include making a comment such as discussing: – something they have brought with them – an event you know they are attending – an activity you have set up for the child – an activity you think the child may be interested in – other individual situations.
Settle the child into an activity	➢ The child, educator or family member might choose or suggest an activity to the child. ➢ Whenever possible, stay with the child until they are settled. ➢ Sometimes this is difficult as other children are also arriving, and sometimes it is inappropriate because the child may immediately call out, 'Goodbye!' and take off to play.
Commence interaction early	➢ Interaction with the child commences early in the welcoming process. ➢ Initiate contact with the child as early as possible so separation is gradual, and both family member and child feel ready to separate.
Establish family plans	➢ Establish what the family member's plans are. This might include: – exchanging information – leaving the service – staying for a while. ➢ If the family member wants to stay, be sure to support and encourage this choice.
Exchange information about the child	➢ Exchange information about the child so everyone's needs are met. ➢ This also ensures that you: – are aware of your responsibilities – understand the child's routines and other needs – have all equipment and materials you need – are prepared to provide any additional or adapted support.
Establish a goodbye routine	➢ A goodbye routine is usually individual to the family. ➢ Some families already have an established goodbye strategy, while others are not sure how to do this effectively. Culture may also have an influence; some families may be physical with their children, giving hugs and kisses, while others may be more verbal, simply giving a wave or saying goodbye. ➢ Your suggestions should meet what you think the family requires; most goodbye rituals include a goodbye, a hug and/or kiss, and an indication of when the family member is expected to return. ➢ Goodbye routines must always include the child knowing that the family member is leaving, despite any stress this causes. If a family member 'disappears' the child will not develop trust in the family member or educator.

Step	How it is implemented
Reassure the child	➤ If a child is distressed, you may need to hug them and wave to the family member as you watch them leave. ➤ Acknowledge the child's feelings and reassure them that everything is fine by making a comment like, 'I know you are sad that Mum is leaving, but she'll be back later.'
Reassure the family member	➤ If the family member is distressed, you may need to offer suggestions for support, such as: – having a coffee in the staffroom before leaving – going with a staff member to have a chat or cry – calling the service later to find out how their child is doing – using a support service if the situation relates to family distress. ➤ Some signs that a family member is distressed include: – obvious emotions like crying – checking over and over that you understand what their child needs – watching for a long time after they have said goodbye – calling or contacting you frequently to check on their child.
Farewell the family member	➤ Say goodbye to the family member. If the family member and child are comfortable with the goodbye ritual and have been reassured, they will separate well and move into their daily routines.

Requests from families

At times you may receive requests from family members to modify routine practices.

Sometimes it is possible to adapt the routines to meet these requests; at other times it may be more difficult.

When a specific request is made, educators must reach an agreement with the family member who made this request. To do so, discussion should occur so the request is clearly understood. Sometimes a negotiation might be needed to reach an agreement; for example, if the request is difficult to accommodate.

You should take all requests from families seriously.

An educator's priority is to meet the needs of a child and their family, so working out their needs is essential. If the request is easy to accommodate, discuss how you will modify the routine to meet it. For example, if a parent requests that their child has two naps during the day because they are coming home tired and grumpy, this should be a straightforward request to meet. When more complex requests are made, educators may need to involve a supervisor or senior staff member.

When communicating about requests, keep the following things in mind.

Be open to the request	If a request is being made, this means it is important to the family. If you are not sure what the request means or involves, ask questions. Sometimes requests may seem unusual. By being open, you can look more broadly at the possibilities and keep your relationship with the family positive. At times requests might be made as the family member is unsure of what is already provided, or is unhappy with what is provided. This is something that must be resolved if the relationship and wellbeing of the child is to be met.
Identify how to meet the request	If the request can be met, you may need to clarify the exact details and ask others for their input to be sure you are clear. When the request seems difficult, check you understand. Brainstorm some possible options and involve everyone concerned. You may need to involve other educators to meet the request if there is a variation of routine or hours.
Consider sustainability	Assess the sustainability of requests by taking the following into account: › the environmental impact (through waste, chemicals and consumables) › the cost (immediate and ongoing costs) › educator burnout, stress and negative feelings › social sustainability (how change will affect the service, other children and how human rights will be met).
Weigh up alternatives or compromises	Identify the modification that best meets the child's and family's needs, and is also safe and suitable. You may be able to do this by discussing the options with the family member or consulting colleagues.
Encourage compromise	When the alternatives are not close enough to the request, you may need to compromise to find what best meets the family's needs. Remain positive and work with the family rather than against them.
Communicate the final decision clearly	Families and educators need to be very clear about what is going to happen and when – you may find that documenting the decision helps to keep the details clear. This should occur at the time of the discussion or negotiation, but in some circumstances, you may need to follow up later by speaking to the family member.
Review regularly	Check with the family that the final decision is working for them. If the family is not pleased with the outcome, rethink the alternatives and come to a more appropriate solution.

Example

Using orientation to check if needs are met

Hugh is an educator who talks to new families about their routines and checks if they meet the child's needs. Hugh explains what the family should do if they have specific requests and says that he will do everything possible to meet any request that is safe and is in line with regulations and policy. As part of the orientation, he also mentions that if the child has specific medical or dietary needs, the service should be told so they can accommodate the changes. They would do this by adding medication delivery to a current routine so that the child does not feel different or separated out from others in the group. Hugh mentions that if the child has specific dietary requirements, such as coeliac disease or gluten intolerance, the educators are able to provide those meals at the same time as the others so the children all feel part of the group by eating together, even if they are not eating the same foods.

Practice Task 1

1. Draw a line to match the beginning of each sentence about sharing information with families to the correct ending.

* The orientation process	* occurs when a child is entering a service for the first time, moving to a new service, or moving rooms within the service.
* Requests from family members	* may span a number of days or weeks, and it may include several steps to gradually make the child and family members feel welcome and comfortable.
* Orientation	* ensure that everyone feels welcome, you are able to gather information about family needs and allow active participation of children and their families.
* Responsive arrival times	* should always be discussed so they are clearly understood and attempts are made to accommodate the modification, although this may not always be possible.

1B Communicating with others

An important part of your role is to communicate with educators and others to determine how best to care for a child.

The approved learning frameworks, *Belonging, being and becoming: The early years learning framework for Australia (*EYLF) includes guidance for educators that is based on:

- theory
- research
- evidence about children's development and learning
- best practice expectations.

These are represented in:

- principles – the underlying beliefs that all educators should acknowledge
- practices – the actions that all educators should apply.

These learning frameworks identify the following as important to the communication that occurs in a service and are reflected in service procedures for communicating information.

Principle: Partnerships	Use information you collect and share with families, children and other educators. This is your knowledge of the child. Include ideas and skills of families and children, and take into account their needs.
Principle: Respect for diversity	Acknowledge differences between families, children, educators, the community and the world.
Principle: Aboriginal and Torres Strait Islander perspectives	Respecting and including First Nations peoples and embedding their perspectives to advance Reconciliation.
Principle: Critical reflection and ongoing professional learning	Regularly think about how well you are doing and what skills you could develop. Make changes when needed and set goals for yourself to increase your knowledge as well as developing further understanding of each child and their family.
Principle: Collaborative leadership and teamwork	Collaboration as a team to allow for a sense of shared responsibility as well as consistency in education and care.
Practice: Holistic, integrated and interconnected approaches	Consider all areas or aspects of the child or children.
Practice: Cultural responsiveness	Include the needs of each child and adult, respect others and learn about them, their needs and their ideas.
Practice: Continuity of learning and transitions	Make routines, change and learning opportunities as consistent as possible.

Confidentiality

All information communicated about children must be treated as confidential, whether it is written or verbal.

When information is confidential, it means it is private or not able to be disclosed.

This includes details of families, staff and others; for example, their:

- medical support and health needs
- contact details, such as phone number and address
- family values or beliefs
- issues
- preferences
- developmental information
- financial situation.

Services will have policies and procedures that relate to confidentiality of information. These are written according to Regulations 181–184 of the Education and Care Services National Regulations: Confidentiality of records, and to the following standards of the National Quality Standard (NQS).

Quality area	Standard	Element	Expectations
Quality area 1: Educational program and practice	Standard 1.3: Educators and coordinators take a planned and reflective approach to implementing the program for each child	Element 1.3.3: Families are informed about the program and their child's progress	Information needs to be shared with families, but remains confidential.
Quality area 4: Staffing arrangements	Standard 4.2: Management, educators and staff are collaborative, respectful and ethical	Element 4.2.2: Professional standards guide practice, interactions and relationships	Professional practice includes respect for privacy and confidentiality.
Quality area 6: Collaborative partnerships enhance children's inclusion, learning and wellbeing	Standard 6.2: Collaborative partnerships enhance children's inclusion, learning and wellbeing	All elements	Relationships with families and the community are built on respect, including respect for privacy and confidentiality.
Quality area 7: Governance and leadership	**Standard 7.1: Governance supports the operation of a quality service**	Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service	Information must be stored confidentiality. Program information must respect privacy and confidentiality. Policies need to reflect expectations of confidentiality.

Education and Care Services National Regulations can be found at: aspirelr.link/education-and-care-national-regulations.

The Guide to the National Quality Standard can be found at: aspirelr.link/nqf-guide

You must always seek permission before passing on information that has been shared with you. Remember to ask the person you talk with if you can tell relevant people prior to finishing any discussion.

Two-way communication

Educators communicate with others through formal or informal exchanges of information.

These exchanges rely on two-way communication, where both educator and family member ask questions and provide information.

This information exchange may occur through:

- normal routines, such as talking at arrival and departure times
- digital or face-to-face meetings
- phone calls or emails.

You may share information about:

- the child's routines
- the child's daily needs
- any changed needs or circumstances
- out of character behaviour.

Basic communication strategies allow you to respond to and manage information exchanges. The following table illustrates some strategies you can use.

Listening	Acknowledge what you have heard by nodding your head, repeating what you understand and by using words and phrases such as 'Yes' and 'I see'.
Talking	Speak clearly when it is your turn. Pay attention to the other person and let them speak without interruption.
Creating a strong partnership	Be honest, trustworthy and enjoy the interactions you have.
Making yourself available	Avoid distractions and ask for help so that you can listen and talk uninterrupted.
Using a variety of ways to communicate	Communicate using both formal and informal methods.
Being aware of your non-verbal communication	Demonstrate that you are listening and are interested by nodding, using positive facial expressions and turning your body towards the other person.

To fully understand a child's health concerns, listen actively. This means showing the other person you are listening through your attitude, body language and responses.

When you are confident that you have a good understanding of the message, you can take steps to respond to it.

Formal exchanges

Formal exchanges, such as meetings, are usually planned and organised in advance, and occur less often than informal exchanges.

Examples of written formal exchanges are when a family member provides information in a letter, email, record, doctor's letter or feedback form. Formal exchanges may also involve a meeting with family members, such as a discussion about an ongoing health issue, or temporary illness or injury.

Check who is the appropriate person to lead these exchanges and respect confidentiality. These discussions should take place in a quiet area without interruptions. There may be an office that can be used for this purpose.

You may be asked to be present at a discussion if you are the child's usual educator; however, a senior staff member tends to deal with most formal discussions.

Informal exchanges

Informal exchanges of information should happen daily and often occur at arrival and departure times.

Sometimes simply saying, 'Hi, good to see you' can lead to the family member telling you important information about the child's day or week.

For example, a family member may explain that their child:

- is sleepy because they had a restless night with a cough
- seems to be showing some uncharacteristic behaviour that could be related to a health issue.

Meetings are formal exchanges of information that are usually planned in advance.

Informal exchanges with family members might also occur throughout the day if the service has a communication program or app.

These informal exchanges are very important, as you are exchanging meaningful information that can help you care for the child and involve the family member in the child's day. It will help you to build a trusting relationship.

Corrective action

During every part of your day, you will need to communicate with others about issues and actions.

At times you will encounter practices that are not consistent with requirements and procedures. When this happens, it is called a breach. You have a responsibility to communicate any breaches; when you do so, you are taking corrective action. To manage these situations, you will need to rely on your ability to communicate and use methods that suit you, the service and those you are communicating with.

Often breaches occur due to a staff member not understanding their responsibilities, misunderstanding or forgetting how to do something. Other times this might happen due to laziness, lack of care or deliberate failure to meet requirements.

Examples of breaches include:

- breaking confidentiality or privacy
- disciplining a child physically or using inappropriate language or tone of voice
- failing to care for a child
- demonstrating disrespectful behaviour
- undertaking actions outside of regulations.

Breaches of laws or regulations have consequences that may include serious ramifications for children's health and safety. They are also linked to financial penalties as described in the laws and regulations.

Compliance responsibilities

In the laws and regulations there are references to people who have certain responsibilities.

These include:

- Approved provider – person legally responsible for compliance (meeting of laws and regulations).
- Nominated supervisor – person nominated by the approved provider to manage the service.
- Person in day-to-day charge – person nominated by the approved provider and nominated supervisor to take charge in their absence.

Educators are responsible for their own actions and must follow laws and regulations; however, approved providers and nominated supervisors take full responsibility if issues occur.

The following table outlines some laws and regulations relating to these roles.

Education and Care Services National Law

- Section 161: Offence to operate education and care service without nominated supervisor
- Section 161A: Offence for nominated supervisor not to meet prescribed minimum requirements
- Section 162: Offence to operate education and care service unless responsible person is present
- Section 163: Offence relating to appointment or engagement of family day care coordinators
- Section 164: Offence relating to assistance to family day care
- Section 164A: Offence relating to the education and care of children by family day care service

Education and Care Services National Regulations

- Regulation 117A: Placing a person in day-to-day charge
- Regulation 117B: Minimum requirement for a person in day-to-day charge
- Regulation 117C Minimum requirement for a nominated supervisor

The Education and Care Services National Law can be found at: aspirelr.link/education-and-care-national-law.

The Education and Care Services National Regulations can be found at: aspirelr.link/education-and-care-national-regulations.

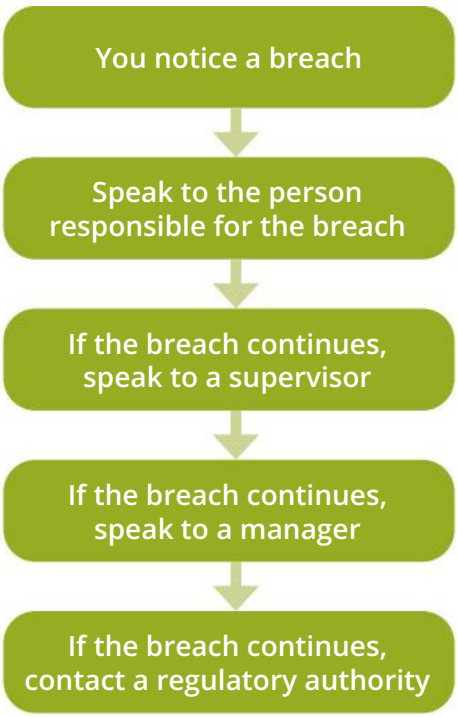
The laws and regulations provided in this resource are national. In most cases they have been simplified or condensed. Each state/territory may have clauses that apply to their jurisdiction.

Applying corrective actions

If you are aware that you have been responsible for a breach, speak to your supervisor as soon as possible to attempt to rectify the situation.

If the breach was committed by you due to the expectations others place on you, advise your supervisor of your concerns.

The following guides your actions and communication should you notice others are responsible for a breach. If at any stage you feel threatened or uncomfortable at a particular step, move forward to the next step.



Regulatory authorities are bodies appointed by the government to enforce their laws. The education and care services industry has a regulatory authority in each state and territory.

You can find the contact details for regulatory authorities on the Australian Children's Education and Care Quality Authority (ACECQA) website: aspirelr.link/acecqa-regulatory-authorities.

Example

Noticing a breach

Jeremy notices that Freda had not washed her hands after cleaning the bathroom. He knows that he must take corrective action. He approaches Freda and mentions that after cleaning the bathroom, she should wash her hands well due to the high risk of infection. If Jeremy notices that Freda is still not washing her hands or sanitising after cleaning or being in the bathroom, he will need to mention this to the team leader or manager for further action.

Practice Task 2

1. Which of the following statements are correct about communication? Select yes or no for each one.

a.	The EYLF has several principles and practices that identify the importance of communication with families.	* Yes	* No
b.	Confidentiality refers to court orders. You must share all information about children's health needs with those at the service.	* Yes	* No
c.	It is necessary to keep information private about children, but there is no requirement to keep information about co-workers confidential because they are adults.	* Yes	* No
d.	Services will have policies and procedures that relate to confidentiality and meet laws and regulations.	* Yes	* No
e.	The only information that is important is gained through formal communication such as through meetings, doctors' letters or feedback forms.	* Yes	* No
f.	Valuable information about a child's health can be gained through informal exchanges such as daily communication at arrival and departure times.	* Yes	* No

2. Which of the following people could you speak with to take corrective action in the case of a breach? Select all that apply.

- [ ] The person responsible for the breach
- [ ] Your manager
- [ ] Your best friend
- [ ] Your supervisor
- [ ] A regulatory authority
- [ ] Your family doctor

Summary

- You may need to communicate with educators, family members and others important to the child.
- Communication is a two-way process.
- If you notice actions that are inappropriate, there is a process you can follow to report them.
- Orientation is a time to find out as much information about a child and family as possible.
- Arrival and departure times are useful for sharing information.
- At times family members may make requests. Negotiate to accommodate these where possible.

Learning Checkpoint 1
Gathering information from others

1. Which of the following are breaches that would lead to corrective action? Select all that apply.

- [ ] A parent asks for another parent's phone number so they can ask their child to a party the next day. The educator doesn't want the child to miss out, so she passes on the number.
- [ ] The educator takes photos of three excited children building a block tower. She realises later that one of the children does not have a permission for photos to be taken. She uses the photos in her learning story as she plans to speak with the family later and get them to sign the permission form.
- [ ] A parent tells the educator that there has been a death in their family. Their child is upset. They ask the educator to tell the other educators caring for the child what has happened.
- [ ] Four-year-old Sylvia has been ill for over a week and may have a chronic disease. Her parents have warned the educators, but Sylvia is still having tests and they want to keep it quiet until they are certain. The educator tells the other parents as she believes they have a right to know.
- [ ] The educator checks the service policy for communicating information with families. She then communicates this information to another educator.

2. Read the following statement, then select true or false.

The educator is confronted by an angry parent who has seen a record about another child's health issues. The educator tells the parent that she must display program information and that is how they do it in the service. She shows the parent Element 1.3.3 of the NQS to prove her point. The educator was correct in doing this.

* True * False

3. Educators must share information about children's health needs with families. Draw a line to match the best time for sharing information with each example.

* Phone call after a doctor's appointment	* The educator wants to know about a child's current medical conditions and what they normally eat at home.
* Arrival time	* The educator wants to know if a child needs to sleep today and if they have had breakfast.
* Departure time	* The educator wants to explain that a child really enjoyed the lunch menu today.
* Text message	* The educator needs information on a child who has been diagnosed with measles.
* Orientation meeting	* The educator wants to let a parent know their child has settled after arriving upset.

Topic 2

In this topic you will learn about:

- **2A** Health guidelines
- **2B** Infection control
- **2C** Illness, injury and medical conditions
- **2D** Medication

Supporting the health needs of children

To protect yourself and others, you need to understand how infection spreads and what your role is in using and providing good hygiene and health practices.

Infection is an ongoing concern, as made obvious during the COVID-19 pandemic. Whenever people are together in small areas for large amounts of time the risks increase. Infection occurs as a result of coming into contact with germs that cause disease. Cleaning and sanitising are vital steps for infection control. Despite COVID-19 risks, cleaning and sanitising requirements remain the same.

A prompt response to a suspected illness reduces the risk of infection spreading, and offers support to a child and their family. While you are not expected to provide medical advice, you must be aware of the symptoms and signs that indicate a child is unwell. You must also be prepared to take action if this occurs.

2A Health guidelines

Health guidelines have been produced to help educators provide the healthiest possible environment.

The National Health and Medical Research Council (NHMRC) continually updates its guide, *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

This resource includes the following sections:

- causes and spread of infection
- preventing infection (hand hygiene, exclusion and other strategies)
- monitoring illness in children (including keeping records and managing symptoms)
- personal hygiene
- nappy change and toilet hygiene
- cleaning the service.

Your service may have a copy of *Staying healthy*. Alternatively, you can find a copy online at: aspirelr.link/staying-healthy-pdf.

A range of laws, regulations, standards, guidelines and support materials assist educators to provide education and care in the most effective and efficient manner possible.

You can access a copy of laws, regulations and standards on the ACECQA website: aspirelr.link/acecqa.

Infection control guidelines

The following table outlines the requirements for infection control in the service.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 77: Health, hygiene and safe food practices	Provide adequate health and hygiene practices and safe practices for handling, preparing and storing food to minimise risks.
	Regulation 103: Premises, furniture and equipment to be safe, clean and in good repair	Ensure that the premises and all equipment and furniture used in providing education and care are safe, clean and in good repair.
	Regulation 168: Education and care services must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including dealing with infectious diseases.

Guideline	Requirements	Details
National Quality Standard (NQS)	Quality area 3: Physical environment Standard 3.1: The design of facilities is appropriate for the operation of the service Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained	The physical environment, including the premises, furniture and equipment used in the service, must be safe, clean and well maintained.
Australia New Zealand Food Standards Code (Food Standards Australia New Zealand)	This code lists requirements for foods such as additives, food safety, labelling and genetically modified foods. Enforcing and interpreting the code is the responsibility of each state or territory's health department. The code contains useful information on infant formula products, foods for infants, formulated meal replacements and formulated supplementary foods.	

Examples of related service policies and procedures include:

- Infection control policy
- Cleaning procedures
- Environmental sustainability policy
- Universal precaution procedure
- Spills procedure
- Hygiene policy
- Food safety policy
- Food handling policy
- Storing food procedure
- Kitchen safety procedure
- Pet policy
- Immunisation policy
- Children's health policy

Following hygiene and cleaning procedures is an important part of infection control.

Illness and injury

The following table outlines guidelines for preventing and dealing with illness and injury in the service.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 85: Incident, injury, trauma and illness policies and procedures	Procedures must be in place to guide all service staff.
	Regulation 86: Notification to parents of incident, injury, trauma and illness	Parents must be notified as soon as practicable about an incident, injury, trauma or illness that occurs. This must be no later than 24 hours after the event.
	Regulation 87: Incident, injury, trauma and illness record	An approved record must be completed that includes all details as required.
	Regulation 88: Infectious diseases	Steps must be taken to avoid the spread of infection. Parents must be notified about infectious diseases.
	Regulation 89: First-aid kits	➤ First-aid kits must be suitably equipped and easily recognised. ➤ First-aid kits must be accessible to adults. ➤ First-aid kit contents must not have expired. ➤ The contents of a first-aid kit should be cross-checked with the recommendations of a reputable organisation such as St John Ambulance or the Red Cross. ➤ First-aid contents lists are available in the *Code of Practice: First Aid in the Workplace* document.
	Regulation 90: Medical conditions policy	Practices must be set out for management of medical conditions including asthma, diabetes and anaphylaxis, and the requirements that arise such as medical management plans and risk minimalisation plans.
	Regulation 91: Medical condition policy to be provided to parents	Parents of a child with a specific health care need, allergy or relevant medical condition must be provided a copy of the medical conditions policy document.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including incident, injury, trauma and illness.

Guideline	Requirements	Details
National Quality Standard (NQS)	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.	The service must manage illness and injury appropriately and follow hygiene practices in order to support and promote children's health and safety.

Examples of related service policies and procedures include:

- Incident, injury, trauma and illness policy
- Health and safety policy
- First-aid policy
- First-aid kit policy
- Exclusion policy
- Infectious disease policy
- COVID-19 procedures

Medical conditions

The following table outlines guidelines in relation to specific medical conditions.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 77: Health, hygiene and safe food practices	Provide health and hygiene practices and safe practices for handling, preparing and storing food to minimise risks.
	Regulation 90: Medical conditions policy	Practices must be set out for management of medical conditions, including asthma, diabetes and anaphylaxis and the requirements that arise such as medical management plans and risk minimalisation plans.
	Regulation 94: Exception to authorisation requirement – anaphylaxis or asthma emergency	Medication must be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. The parents and emergency services must be notified as soon as practicable.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including dealing with medical conditions in children.

Examples of related service policies and procedures include:

- Food allergy policy
- Cross-contamination procedures
- Allergy and anaphylaxis policy
- Emergency procedures
- Allergy action plans
- Egg and nut policy

Medication

The following table outlines the guidelines related to providing medication in the service.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 92: Medication record	A medication record is kept for all children who receive medication. The record includes all relevant information.
	Regulation 93: Administration of medication	All medication given to a child must be authorised and written notice given to the parents or other family member as soon as practicable.
	Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency	Medication must be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. Parents and emergency services must be notified as soon as practicable.
	Regulation 95: Procedure for administration of medication	Medication must have been prescribed by a medical practitioner and be in the original container, bearing the original label with the name of the child to whom it is to be administered. The medication must be before the expiry or use-by date in accordance with any instructions attached or provided by a medical practitioner.
	Regulation 96: Self-administration of medication	A child over preschool age may self-administer medications if authorisation has been recorded and the service practices include it in the medical conditions policy.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including dealing with medical conditions in children.

Guideline	Requirements	Details
National Quality Standard (NQS)	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented.	The service must manage illness and injury appropriately and follow hygiene practices in order to support and promote children's health and safety.

Examples of related service policies and procedures include:

- Medication policy
- Medical management policy
- Medication management policy
- Medication administration procedure

Practice Task 3

1. Draw a line to match the health need on the left to the relevant guideline or policy on the right.

* Medication	* Regulation 103 of the Education and Care Services National Regulations
* Medical conditions	* Element 2.1.2 of the NQS
* Infection control	* Allergy and anaphylaxis policy
* Illness and injury	* Regulation 93 of the Education and Care Services National Regulations

2B Infection control

Children are reasonably well protected from infection at home because they usually have limited contact with others and use equipment that is solely for their needs.

In a service environment, however, infection can spread quickly and easily from one child to another. This is due to the large numbers of people in confined spaces where the environment and equipment are shared.

Maintaining hygiene plays an important role in minimising and preventing the spread of infection. This is vital as we face more dangerous infections such a COVID-19 (Coronavirus).

Coronavirus

Coronavirus, or COVID-19, is an extremely infectious virus that has caused worldwide illness and death.

Your understanding of the virus and how to remain safe is a must. Some resources that will help you understand the virus and protect those around you can be found in the following places.

- Department of Health Australia:
  - Resources for the general public: aspirelr.link/health-gov-covid19
  - General information: aspirelr.link/health-gov-covid19-alert
  - Daily Infographics: aspirelr.link/health-gov-covid19-infographics
  - Environment cleaning and disinfection principles: aspirelr.link/health-gov-covid19-cleaning-principles
  - Safe Work Australia: aspirelr.link/swa-covid19-general-cleaning-info
- World Health Organisation:
  - Public advice and country and technical guidance: aspirelr.link/who-covid19
  - Questions and answers: aspirelr.link/who-covid19-q-a
  - Myth busters (includes printable posters and videos): aspirelr.link/who-covid19-myth-busters
  - When and how to use masks: aspirelr.link/who-covid19-masks
  - Getting your workplace ready for COVID-19: aspirelr.link/who-covid19-workplace-cleaning-advice

Infection spread

Despite the level of hygiene practised, children commencing in an education and care service are likely to pick up mild infectious diseases while their immune systems adjust.

Infants are expected to contract up to eight illnesses in their first year. If a service implements less strict hygiene practices, this number may increase. After a time, when children become exposed to common infections, their immune systems are better able to resist these.

The following outlines some common ways for infections to be spread.

Airborne droplet spread

Airborne droplet spread is the transfer of infection from person to person from coughing and sneezing.

Some infections likely to spread via airborne droplets include:

- COVID-19
- chicken pox
- colds
- haemophilus influenzae type b (Hib) infection
- influenza (flu)
- measles
- meningitis (bacterial)
- meningococcal disease
- mumps
- parvovirus infection
- rubella
- streptococcal sore throat (strep throat)
- tuberculosis (TB)
- whooping cough (pertussis).

Ventilation and room temperature are the two main environmental factors that contribute to the spread of infection. Children need to be warm or cool depending on weather conditions, but they also need fresh air. Children at any age require time outdoors and rooms that receive as much fresh air as possible.

Urine/faecal–oral spread

Urine/faecal–oral spread is the transfer of germs that are present in urine (wee) or faeces (bowel movements) onto the hands, fingers or surfaces. The infections most likely to circulate through urine/faecal–oral spread include:

- cytomegalovirus infection (CMV)
- gastroenteritis (gastro) if viral
- giardiasis
- hand, foot and mouth disease
- meningitis (viral)
- rotavirus
- salmonella
- shigella
- thrush
- worms.

Diarrhoea is more common in children who attend an education and care service than in children who are cared for at home.

Blood and bodily fluid spread

Bacteria or viruses may transfer from one person's blood or bodily fluids to another person through broken skin. Bodily fluids include blood, urine, saliva, tears, mucus and secretions from the vagina or penis.

The infections most likely to spread through blood and bodily fluids include:

- hepatitis B
- hepatitis C
- human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).

Note that hepatitis B and C are much more contagious than HIV and AIDS.

Spread through contact

Spread through direct contact is the transfer of organisms from person to person via direct touching. The transfer may also occur when an infected person touches a surface that another person then touches. This is called indirect contact.

The infections most likely to spread through direct and indirect contact include:

- COVID-19
- chickenpox
- glandular fever
- head lice
- impetigo (school sores)
- infective conjunctivitis
- meningitis
- meningococcal infection
- ringworm
- scabies.

Be aware that pets may also pass on infections, such as tapeworm or toxoplasmosis, through direct or indirect contact.

Spread through food or water

Spread through food or water occurs when micro-organisms contaminate food or water. If these are eaten or drunk, the bacteria are transferred to the person. Some infections spread by food or water include:

- botulism
- campylobacter
- cholera
- listeria
- salmonella
- typhoid/paratyphoid.

Sanitising and disinfecting

Studies have shown that children and adults are 50 per cent less likely to contract infections if their handwashing, cleaning and disinfecting practices are adequate.

The words sanitise and disinfect or often used interchangeably. It is suggested that we disinfect surfaces with hospital grade products, but we should avoid using the same chemicals on our skin. The reasons for this are that disinfectants

are very strong, possibly toxic, to the skin due to the strength of their ingredients. They may cause skin irritation and, in some cases, burning or blistering, particularly if used over long periods.

Infection may be greatly reduced if cleaning and hygiene practices are followed consistently. Where possible, methods used for cleaning should be natural to avoid overloading the environment with chemicals and limiting exposure of children and adults to cleaning that may irritate skin and airways. This should be followed by disinfection.

The disinfection method chosen should suit the equipment, item and environment. For example, you should only use chemicals when children are not close by. Children can inhale chemicals that are sprayed on surfaces close to them or their skin may make contact with these chemicals.

You can read up-to-date information on COVID-19, sanitising and disinfecting at the following website: aspirelr.link/swa-covid19-general-cleaning-info

Preventing infection

By following hygiene and cleaning practices you can reduce the risk infection.

The following are some expectations that will be consistent within all education and care services.

Wash hands	Wash hands: › after blowing noses or coming into contact with mucus or saliva › after changing nappes or participating in any bathroom/ toilet related tasks › before and after touching food or food utensils › before and after eating. Use antibacterial/sanitising wipes if soap and water are inaccessible.
Cough and sneeze etiquette	Use the inner elbow to cover the mouth and nose if a tissue or handkerchief is not available.
Sanitize or disinfect toys	Sanitise or disinfect toys regularly and rotate them so that teething toys are used by a minimum number of children.
Small groups	Keep the number of children in groups small.
Clean surfaces	Clean surfaces regularly.
Use clean materials	Use clean tissues or cloths for each child.
Use covered bins	Remember to discard used cloths or tissues in a covered container and to wash your hands between assisting each child.
Do not share food	Discourage children from sharing food.
Do not share personal items	Ensure personal items such as cups and spoons are not shared.
Ensure a clean environment	Ensure ventilation, temperature levels and fresh air supplies are adequate. Cover sandpits and digging patches to reduce the likelihood of cats or other animals using the area.

Care for pets	If pets are included in the service, clean cages and provide regular vet checks.
Keep pests out	Keep the environment free of flies and other pests.
Exclusion	Ensure sick children are kept at home. Share information about infectious diseases.
Avoid multi-tasking	Do not move between nappy changing/toilet training and food handling.

To reduce risk of contracting an infection from blood and other bodily fluids use 'universal precautions' which means treating every contact as if it is infectious. Wear gloves to avoid direct contact with blood or bodily fluids. Change these regularly as needed. Cover any abrasions (grazes), cracked skin or cuts with dressings as soon as possible.

Personal hygiene

Although many germs are harmless, you can pick up potentially harmful micro-organisms when handling uncooked food, using the toilet or coming into contact with bodily fluids such as saliva.

In addition to handwashing, personal hygiene includes caring for yourself by:

- showering or bathing daily
- using underarm deodorant
- washing your hair regularly
- cleaning your teeth
- wearing clean clothes and shoes.

Think about your personal hygiene and ask yourself these questions:

- Do I wash my hands enough and do I do it effectively?
- Do I usually smell okay?
- Do I usually look clean and tidy?
- Do I wear appropriate clothing for the job I do?

Cleanliness

Wear clothing that is washed daily and changed when dirty. This includes your shoes, which may need cleaning if they become soiled. Wearing an apron can help you keep your clothing clean and also allows you to change easily if the apron becomes soiled.

Safety

Wear clothing that keeps your body safe and free from bacteria. Shoes should be closed in and non-slip. Sleeves should be short or close-fitting so they do not drape into food or come into contact with hot surfaces. Hair should be tied back or held in place with a cap or hat so it does not fall into food.

Contamination

If you wear disposable gloves, remember to change them regularly because gloves can become contaminated and grow bacteria just as hands do. Wash and dry your hands prior to putting on gloves.

Hand hygiene

Handwashing is the single most important thing you can do to reduce the spread of infection.

This is why handwashing is always included in advice from food and health authorities, and in your service hygiene and infection control policies and procedures.

Micro-organisms, or germs, are naturally present on the hands at all times and live in the oil and moisture that is produced by your skin.

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

Handwashing is most effective when the guidelines outlined in the following table are adhered to.

Sink	Use a sink that is solely for washing hands. Handwashing must not be carried out in sinks that are used for food preparation, as this could lead to 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 micro-organisms that grow and can 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. 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 may 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 micro-organisms, because wet hands become warm to a temperature that micro-organisms thrive in.

To ensure the greatest level of hygiene, you should wash your hands:

- on arrival at the service
- before and after toilet training or changing nappies
- before and after going to the toilet
- after wiping a runny nose – yours or a child's
- before and after administering any first-aid procedures
- before and after administering any medication
- after cleaning or using chemicals
- before and after eating, preparing or serving food or infant formula
- after cleaning up bodily fluids
- after removing protective gloves
- before going home.

Source: Reproduced with permission of NSW Health

Hand sanitising

When you wash your hands, you are removing dirt and germs. When you sanitise, you are killing germs.

Most educators have access to an antibacterial hand treatment to use instead of handwashing; this can be used when water and soap is inconvenient or if hands have become cracked and dry from excessive washing.

All educators have access to antibacterial hand treatment (sanitiser) to use instead of, or as well as, handwashing. It is common practice to use sanitiser at regular intervals throughout the day.

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 as well as sanitising.

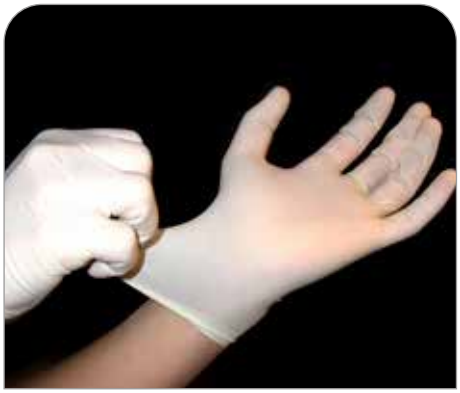
Information about good hand hygiene should be placed in positions that remind staff, families and others in the service to be vigilant about washing and drying their hands. There are many posters available for communicating this information.

Wearing gloves

Gloves are a form of protection that is included as part of your personal protective equipment (PPE).

Other items of PPE include face masks, aprons and hair nets.

If you wear disposable gloves, remember to change them regularly as gloves can become contaminated and grow bacteria just as hands do. Wash and dry your hands prior to putting on gloves and then consider your use of gloves, just as you would your hands. Wearing gloves does not automatically mean you are being hygienic.



Gloves are an effective way of preventing the spread of infection.

It is necessary to change gloves:

- if they become contaminated
- if they tear or get a hole in them
- when switching between raw and cooked food
- when changing tasks
- after cleaning
- if you handle rubbish
- if you touch any other surface, object or person, including your own body.

Remove gloves by peeling them back from your wrists inside-out, and dispose of them in the appropriate bin. With practice you can remove both gloves without touching the outer soiled area. You may even be able to fold the gloves over each other for greater hygiene.

Be sure to sanitise following removal.

Face masks

Face masks help protect you from airborne bacteria, such as COVID-19 and influenza.

Face masks come in a variety of sizes, shapes, colours and materials. For some, they have become almost part of our daily lives. Each service will have policies around the wearing of masks: some might expect wearing of facemasks at all times of the day; others might expect face masks only when away from children. Check with your policy and with your supervisor, and consider your own risk factors and negotiate your needs.

To gain up-to-date information and guidelines for wearing masks, go to the Department of Health website: aspirelr.link/health-gov-covid19-masks

Children's hygiene

Children need to be supported to learn personal health and hygiene practices. One of the best ways to teach this is by modelling.

Modelling happens when you demonstrate what should happen by doing it yourself. For example, by washing and sanitising your own hands and using good handwashing practice, children learn and do this as well.

Encourage children to regularly wash their hands.

Children will also need:

- routines that include healthy, hygienic procedures
- gentle reminders to wash and sanitise their hands
- encouragement
- health and hygiene practices that are fun or positive experiences
- appropriate equipment that is easy to access.

Strategies to encourage children to care about personal health and hygiene

- Talk about the importance of health and hygiene.
- Teach coughing and sneezing etiquette, such as using the inner elbow to cover the mouth and nose if a tissue or handkerchief is not available.
- Sing songs or recite poems about washing hands.
- Use clear, colourful posters.
- Use positive language and reminders.
- Ensure cleaning equipment is accessible, such as low sinks and soap dispensers.

The health and hygiene practices of children should be as rigorous as your own.

Practice Task 4

1. Number each step from 1 to 6 in the order you would follow to discuss and model how to wash your hands before touching food.

☐	Vigorously rub and rotate your hands together palm to palm.
☐	Rinse hands thoroughly.
☐	Wet all surfaces thoroughly with water.
☐	Apply soap or skin cleanser.
☐	Rub palm over back of each hand, palm to palm and with interlaced fingers. Rub tips and backs of fingers into each palm. Clean thumbs and wrist.
☐	Pat hands dry thoroughly and turn off tap using a disposable paper towel.

2. Draw a line to match the beginning of each sentence about hygiene practices to the correct ending.

* When wearing gloves	* they should be made comfortable, monitored and isolated from others to prevent the spread of infection.
* Infections can be spread	* they should be changed regularly to avoid cross- contamination.
* Children learn about good hygiene practices	* can be spread through blood and bodily fluids, airborne droplets, urine and physical contact.
* When children become ill	* through modelling, routines and discussions.
* Hepatitis B and C	* can be spread through body fluid spills, so they need to be cleaned quickly and thoroughly.

Cleaning routines

Cleaning tasks are included as part of every education and care service routine.

While some services employ cleaning staff to manage heavy duty or timely tasks, educators will usually take on some cleaning roles.

Cleaning tasks include:

- disinfecting nappy-change areas
- washing floors
- vacuuming
- disinfecting bathroom areas
- cleaning food preparation areas.

There should be clear hygiene strategies in place, including:

- using colour-coded sponges
- explaining cleaning products and their uses
- following chemical storage strategies to ensure the safety of those using these materials (chemicals need to be kept out of reach of children, labelled clearly and in reach of all staff members)
- wearing gloves and other PPE when needed.

Some tips for using everyday products for cleaning can be found in the following table.

Environmentally friendly product	What it cleans	How to use it
Vinegar and water	Tabletops and benches	Use a solution of equal parts vinegar and water with a few drops of detergent in a spray bottle.
Vinegar and detergent; newspaper	Windows and mirrors	Use a few drops of vinegar and a few drops of detergent in a spray bottle filled with water. Spray the surface, then wipe clean with newspaper or a squeegee.
Bicarbonate of soda	Baths and basins	Use a sprinkle of bicarbonate of soda and rub with a soft cloth. Rinse off with water.

Most services organise a roster for cleaning, which includes tasks that must be completed to meet regulations and requirements, and makes sure that all tasks are completed in appropriate time frames.

A roster allows the team to work together to share tasks. Cleaning on a regular basis will keep micro-organisms to a minimum. You may find a cleaning roster that outlines daily, weekly, monthly and yearly expectations. There may also be some tasks that are not on a roster, but still need to be completed.

Disinfection

Disinfection is a process that helps to destroy bacteria.

While it is not as effective as sterilisation, it is more practical and realistic. Cleaning must occur prior to disinfecting as disinfection processes are focused on killing micro-organisms rather than removing dirt and grime. Using hot water and soap or detergent gets rid of dirt and grime, while disinfection removes micro-organisms.

Disinfection can occur in a number of ways. Since COVID-19, many circumstances have dictated we use harsher products to make our environments safer.

Bleach is a common product that holds disinfectant qualities for 24 hours. It requires careful preparation to the manufacturer's specifications. Preparation must be completed daily with a dilution of one-part bleach to nine parts water. The longer bleach is left on a surface before being wiped away, the greater its ability to eliminate micro-organisms. The most effective use of bleach solution is to apply it to a surface and then allow the bleach to dry in the sun.

However, bleach is not suitable for all surfaces. In these cases, you might use an alternative hospital grade disinfectant. If choosing disinfectant wipes, attempt to increase sustainability by choosing products made from biodegradable fibres.

Any chemicals used should come with a safety data sheet (SDS). This is an information sheet that explains how the chemical should be used and stored, and what safety precautions should be observed, such as wearing gloves. Always follow these instructions. If you have any questions, ask your supervisor

Bodily fluid spills

Bodily fluid, including blood, vomit, urine, faeces and mucus, must be dealt with quickly and carefully.

The area must be secured to ensure that both children and adults are prevented from accessing it.

Precautions should be taken to avoid skin contact with the spill. Most services have a prepared spills kit that includes:

- gloves
- paper towels
- disposable cloths or sponges
- detergent
- disposable scraper and pan to scoop
- bleach (sodium hypochlorite).

You will need to clean up bodily fluid spills as soon as they occur.

The spills kit might be set up in a bucket ready for use and may also contain a bag or other option for disposing of the spills kit items once used.

After using a spills kit, non-disposable items, such as the bucket, should be disinfected. The spills kit should then be restocked ready for use.

Cleaning toys and equipment

Equipment should be clean, well maintained and stored in hygienic conditions.

This means keeping storage areas well organised and clean. Mouthing is common in young children as they explore using their senses. By having more than one toy or item of equipment, you can rotate these so that while you clean and disinfect one item, the children can play with the other item.

The following table guides you to maintain hygienic toys and equipment.

Toys and equipment	How to keep hygienic
Art and craft supplies	➢ Clean straight after use. ➢ Store in an organised way. ➢ Encourage children to clean up and organise. ➢ Use wet areas for messy activities. ➢ Soak items if they are difficult to clean. ➢ Be aware that sinks and drains may become blocked if used for cleaning thick substances or lots of items – this is also bad for the environment.
Toys	➢ Continually clean and disinfect toys, particularly if they come into contact with a child's mouth. ➢ If possible, clean and disinfect any toy seen being mouthed before another child places it in their own mouth. ➢ Create a roster for cleaning and rotate toys so they are regularly cleaned.
Carpets, mats and rugs	➢ Vacuum at least daily. ➢ Steam clean at least every six months. ➢ Spot clean as required.
Computers and electronic games	➢ Wipe over with screen wipes and/or follow manufacturer's directions. ➢ Clean between users depending on use and level of soil.
Curtains	➢ Spot clean as required. ➢ Wash every six months.
Play dough	➢ Play dough is made with salt, which reduces germs. ➢ Make a new batch of dough regularly. ➢ Choose if dough is a safe option when infection is of concern. ➢ Store dough in an airtight container when not in use.
Prams and strollers	➢ Wash with detergent and hot water regularly, every week if the pram or stroller is used daily, or as required if soiled. ➢ Where possible, a cover might be used so that cleaning is easy and can be more regularly completed, particularly changing the cover between children.

Toys and equipment	How to keep hygienic
Sand pits and sand troughs	➤ Rake daily, if not covered, prior to use to remove sharp objects and animal droppings. ➤ If sand is contaminated with animal faeces, urine or bodily fluids (for example, a child vomits in the sand), use a shovel and dispose of the contaminated sand. Allow the area to dry well in the sun. ➤ Wash or sanitise hands after sand play. ➤ Replace sand if areas of contamination are noticed.
Slides, swings and climbing frames	➤ Clean if soiled. ➤ Use the spills kit if soiled with faeces or bodily fluids from animals or humans.
Soft furnishings and toys including cushions, sofas and teddies	➤ Avoid inclusion of soft furnishings or toys that cannot be cleaned and choose those that are durable with covers that can be washed. ➤ Machine wash or hand wash regularly and when soiled.
Tables and chairs, including highchairs	➤ Clean and disinfect after use or when soiled. ➤ Remember to clean in difficult to reach spots and crevices.
Utensils and crockery	➤ Clean after each use and if dropped on the floor.
Water play equipment	➤ Must be attended to daily, as troughs quickly become dirty when used by many unhygienic hands. ➤ Clean, fresh equipment and water should be provided each day.

Cleaning bathroom areas

The environment and equipment you use for nappy changing and toileting should be easy to clean, safe and comfortable for children.

Older children can participate in their own hygiene practices, but younger children need constant support, modelling and guidance while they develop their skills.

On a nappy-change bench, all equipment should be within easy reach of educators, but also in a place that children can't access. Soiled nappies, wipes and washers must be kept out of children's reach and placed in lidded containers as soon as possible after use.

Between each nappy change, the bench and/or change mat should be cleaned. A hospital grade disinfectant should be used regularly throughout the day to disinfect the area. If an area is soiled, it should be immediately cleaned and disinfected.

Toilet areas require the same level of care as nappy-change benches. Potties must be emptied into the toilet, and cleaned and disinfected as soon as possible after use. They should never be cleaned in a handwashing sink as this is a sure way to spread micro-organisms.

Bathroom taps, dispensers and toilet seats must be cleaned daily.

Cleaning beds and bedding

Beds, cots and bedding come into close contact with children's bodies and bodily fluids.

Mattresses and bedding are ideal locations for infections to harbour. Take the following steps to reduce infection risks:

- Use waterproof coverings on mattresses.
- Clean mattresses after each use and disinfect after each use.
- Separate mattresses and bedding for storage.
- Set up mattresses and bedding with adequate space between them.

Beds should be set up in ways so they are not stepped on or tripped over. Allow time for children to assist with setting up and packing away beds and time to dress and undress themselves, with or without support.

Each child must have their own sheet and/or blanket, and these must be stored separately from other children's bedding. Children's clothing should be clearly labelled and stored separately to minimise the risk of infection spreading.

To maintain a hygienic sleeping environment, take the following into account.

Safe, adequate storage	Beds and bedding should be kept separate for each child, and children's clothing should be stored while they sleep.
Placement of beds and bedding	Beds and bedding should be kept apart from other children's materials and resources.
Restful areas	Restful areas should be set up with hygiene in mind, taking into consideration that cushions and pillows need removable covers that should be cleaned and replaced regularly.
Ventilation	Ensure air is fresh and circulating to decrease risk of cross-contamination from airborne bacteria.
Lighting	Lighting should be low enough for children to rest and sleep, but adequate for you to observe your cleaning duties during rest times.
Heating and cooling	The temperature needs to be appropriate for the children's needs. Take into consideration the transfer of bacteria when it is too warm and the risk of children picking up infection, or being uncomfortable, if they are too cold.

Food safety

The areas and equipment used for food preparation, handling, storage and serving may harbour bacteria which can be dangerous, especially to young children.

Food-related infection can be extreme and even fatal, so any service with food on the premises must develop policies and procedures for cleaning and disinfection. These must meet the guidelines of state and territory legislation, and may include procedures such as those shown in the following table.

Personal protective equipment (PPE)	➤ Staff must wear gloves when handling food. ➤ Services may expect staff to wear aprons, hair nets and/or face masks in addition to gloves.
Separate chopping boards	➤ Separate chopping boards must be used for vegetables, meat and fish. Colour-coding can assist with this (for example, green for vegetables, red for meat, white for fish).
Food storage	➤ All food items should be stored at the correct temperature; for example, dairy products should be kept in the fridge at or below 4°C. ➤ Raw meat should always be stored on the bottom shelf of the fridge.
Monitor use-by dates	➤ Any food or drink past its use-by date should be disposed of properly.
Labelling	➤ All food items and leftovers must be clearly labelled and dated.
Separate utensils	➤ Separate utensils should be used for separate food types.
Washing	➤ All utensils used in food preparation must be washed in hot soapy water.

There are serious ramifications for services that do not make safe food handling a high priority, and even greater ramifications if food-related illnesses occur. Be aware that the specific requirements relating to food handling, preparation and storage may vary according to your state or territory, so ask your supervisor where to find the relevant legislation.

Due to severe reaction of some people, services often remove certain foods from the menu. For example, many services are nut-free. In some cases, a person may only need to smell or touch the food to develop an allergic reaction. This means you must separate all risky foods during preparation, handling and serving to prevent cross-contamination.

Cross-contamination can occur on:

- cutting boards and knives
- baking and cooking utensils
- serving utensils and crockery.

Cross-contamination can also occur when foods are served close together on a platter.

Follow these rules to prevent cross-contamination and ensure food is safe to eat:

- To prevent cross-contamination between raw and cooked foods:
  - keep raw and cooked foods separate
  - use separate utensils, chopping boards and surfaces for raw and cooked foods
  - wash your hands between touching different types of food.

- Ensure raw food cannot drip onto or make contact with anything else in your refrigerator. One way to do this is to store raw meat on the bottom shelf. You can include a specific place for defrosting foods so the defrosting process does not contaminate other foods.
- Bacteria grow very quickly when food is kept between 5°C and 60°C. This is known as the 'danger zone'. Avoid keeping food in the danger zone; instead, keep chilled foods below 5°C and hot foods at or above 60°C.
- Check that food has cooled enough before giving it to a child. Remove a small piece of food with a spoon and test the temperature with your hand. Throw this piece of food away and get a clean spoon. Never blow on a child's food as a means of cooling it down; this spreads your germs onto the food.
- Check that food has cooled enough before giving it to a child. Remove a small piece of food with a spoon to another plate and test the temperature with your hand. Throw this piece of food away and get a clean spoon. Never blow on a child's food as a means of cooling it down; this spreads your germs onto the food.
- Ensure food is not left outside a fridge for more than one hour.
- Throw leftover food away.
- Only heat food and milk once.
- Keep a thermometer in your fridge so you can check that cold food is below 5°C prior to eating or cooking it.
- Keep frozen foods solid and at –15°C. If it thaws, do not refreeze it; cook it instead.
- Ensure all fridges, freezers and cool rooms have working thermometers.
- Thaw frozen items in the refrigerator; never leave food on a bench or sink to thaw and never thaw food in water.

Families may provide meals or special items, such as birthday cakes. In each situation, your service policies and procedures must be followed so that children are protected from unsafe foods and allergies.

Food brought from home should be clearly named and dated so you know where it came from and when it came into your service. This procedure is just as important when bottles and drinking cups are brought from home.

Animals

Children enjoy caring for animals and their benefits are numerous. However, strategies must be in place to make sure they are safe and that disease and infection is reduced.

Follow these recommendations:

- Wash or sanitise hands after touching animals.
- Wear gloves to clean the animal's cage or tank and wash hands afterwards.
- Empty litter trays and pick up faeces daily.
- Dampen the floor of bird cages prior to cleaning to avoid inhalation of powdery faeces.

- Maintain the recommended vet checks and follow flea, worm and immunisation schedules. You might need to check with the vet on what the recommended care responsibilities are prior to adopting the animal.
- Supervise children when they have contact with animals and be aware that animals might scratch, bite or leave faeces, increasing infection risks.
- Avoid having animals in sand pits as these areas are difficult to clean.
- Be aware of allergies. Children and adults may be sensitive to the hair, fur or faeces of a particular animal.

Immunisation

Immunisation helps to control the threat of infectious diseases and has contributed to the elimination of many severe conditions worldwide.

In an effort to improve childhood immunisation rates, the Commonwealth Government has imposed immunisation requirements that are linked to tax rebates, childcare subsidies and early childhood education and care service guidelines. Called 'No jab, no pay', the program expects children to meet the immunisation requirements of the National Immunisation Program Schedule, unless the child has a medical reason not to be vaccinated, as defined by national guidelines.

Immunisation is an important way to control the spread of infectious disease.

Under 'No jab, no pay' 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 'No jab, no pay' legislation.

States and territories have their own guidelines and many follow a 'No jab, no play' directive.

You can find out more about these state and territory requirements through the National Centre for Immunisation Research and Surveillance website: aspirelr.link/ncirs-no-jab

The easiest way for families to access a statement of immunisation is through a Medicare Online account or through the Express Plus Medicare mobile app. You can also request a statement at any Medicare Office or call the Australian Immunisation Register.

Immunisation records

Assist families to keep their child's immunisation up to date and remind them to provide you with current records.

A few strategies you can use to support families to immunise include:

- Diarising the dates that immunisations are due and then asking families about their status. If applicable, you can refer them to the 'No jab, no play' information available from the service.
- Adding reminders about immunisation to invoices or other notices.
- Using noticeboards or newsletters to remind families about the importance of immunisations.
- Using electronic media; for example, sending an SMS or email, or putting it on the centre's Facebook page.
- Providing an online form that can be completed and submitted when the child's immunisation is updated.

You can find out more about childhood immunisation and schedules at: aspirelr.link/immunise-australia.

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

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

As family members and educators are commonly carriers of some childhood infections, they should also be vaccinated against the diseases listed on the schedule. As an educator, your own immunisation must be maintained so you do not contract an infectious disease or infect young children who have not yet been immunised.

The beta health website (aspirelr.link/immunisation) should be regularly checked for the most up-to-date information on immunisation program recommendations and schedules. Your state or territory health department's website will also provide information about any changes to the immunisation schedule.

Example

Immunisation records

It is 19-month-old Greta's orientation. Mavis, the educator, notices that Greta is due for her immunisation in two weeks. Mavis discusses this with the Greta's mother, Bernice, and explains the 'No jab, no pay' legislation. Bernice confirms that Greta is booked in with their family doctor in 10 days. Mavis writes this down in Greta's file and logs it in the computer. Mavis provides Bernice with a form for recording the immunisation.

Practice Task 5

1. Which of the following would be appropriate methods for following up immunisation records and keeping families up to date with immunisation requirements? Select all that apply.

- [ ] Providing displays, posters and pamphlets in the foyer
- [ ] Including reminders in newsletters, on statements and social media
- [ ] Adding a fee to the family's account for not providing updated records
- [ ] Diarising when immunisations are due and sending a reminder SMS or email
- [ ] Providing an online form for families to submit when immunisations are updated

2. Draw a line to match each food safety procedure on the left with the example on the right.

* Labelling food	* Staff must wear gloves when handling food.
* Chopping boards	* Must be separate for vegetables, meat and fish.
* Use-by dates	* All food items should be stored at or below 4°C.
* Separate utensils	* Any expired food or drink should be disposed of properly.
* Washing	* All food items and leftovers must be dated.
* Personal protective equipment (PPE)	* Different food types need separate spoons and ladles.
* Food storage	* All utensils must be washed in hot soapy water.

3. Select true or false for the following statement.

As long as educators respond immediately to illness and clean up any bodily fluid or spill, these events do not need to be reported. * True * False

4. Select true or false for the following statement.

One procedure to ensure equipment such as toys are maintained in a hygienic manner is to have more than one toy or item of equipment, so they can be rotated between the children when being cleaned and disinfected. * True * False

5. Which of the following statements are correct? Select yes or no for each one.

a. Hygiene procedures include when to wear disposable gloves and the use of colour-coded sponges for wiping equipment. * Yes * No

b. Tables and chairs, including highchairs, need to be cleaned after use or when they are soiled. * Yes * No

c. Detergent and hot water is suitable for using on prams and strollers. * Yes * No

d. To save space, mattresses and bedding must be in a stack. * Yes * No

2C Illness, injury and medical conditions

During your regular contact with children, you will need to be able to identify signs and symptoms of illness, and to deal with injuries and medical conditions.

Your first-aid training will help you manage these situations, including caring for a child and knowing when to access medical support. You are legally responsible for the care of any child that becomes unwell or injured until other support is made available.

Children may present with ongoing medical conditions. These will need to be managed as required based on plans provided by doctors and other medical professionals.

Be aware of signs of illness in children.

Discussing illness, injury and infectious disease

When a child is ill, injured or has an infectious disease, families must be notified.

If the illness or injury happens at home, the family should notify educators of their child's needs. In each situation records will need to be completed to make sure the child's immediate and ongoing needs are met.

When a child is ill or injured during their attendance at the service, there are responsibilities that will be consistent across all education and care services, and those that will be unique to your service policies. Some things that you might discuss with family members when a child is ill or injured include:

- how the injury happened
- how to read and complete related records
- what you have done to make sure the child is safe and comfortable
- why you have excluded the child, if this has occurred
- what the child's needs are
- what the family member needs or wants you to do
- the policies and procedures of the service, and how they protect the child, the family and others in the service.

Confidentiality and privacy expectations mean that you are unable to tell family members details about other children. This means that if family members ask who hurt their child or which other children have an illness, you are unable to tell them. You might reply that it is inappropriate to say.

When a child has been ill or injured at home, or contracts an infectious disease, families will want to share information with educators to make sure their child is cared for adequately and consistently.

Some things they might want to discuss include:

- what happened
- what needs to happen next
- how the child is coping and what their needs are
- descriptions of plans and guidelines
- additional support the child may require
- how to prevent further illness, injury or medical issues
- if the child may attend the service, if they need to be excluded, and for how long
- how they feel about the situation and if they need support
- the requirements of the service, including information about policies and procedures and obligations to meet these.

Encourage families to tell you when anyone in their family is sick. If someone in the family is ill, watch for signs of illness in the child. Also check if you can support the family in any way.

Family members should be provided with the opportunity to speak to an educator privately about their child's or family's health or injury. If you are speaking to a family member about these issues, ask them if they would like privacy and arrange this if needed.

Signs of illness

Some signs of illness may be easy to identify, such as coughing and sneezing. Other health issues are more difficult to identify early on.

Some common signs and symptoms that you should take note of include:

- fever
- a runny nose (thick, green or bloody mucus)
- persistent coughing
- difficulty breathing
- weepy eyes
- rashes, spots or blisters
- diarrhoea
- vomiting
- stomach ache
- sore throat
- headache
- stiff neck
- convulsions or fits
- a grey or pale face
- nausea
- behavioural changes

A runny nose is a common sign of illness.

Ill and injured children

General illness, infectious diseases and injury are frequent occurrences in an education and care service.

Children are susceptible to disease and also take risks as they learn and try new skills. A sick or injured child has additional physical needs, which impact on their emotional needs as they deal with pain or discomfort, or become tired and lethargic.

To care for the child emotionally, you may need to separate the child from other children and place them in a comfortable and safe place. Supervise the child and use supportive comments and comfort as appropriate. Separating the child will reduce the risk of cross-contamination of any infection.

Talk about what you are doing before attending to the child's needs. For example, before taking a child's temperature say, 'I'm going to take your temperature with this thermometer. It goes near your face and you will hear a quiet beep sound. It doesn't hurt at all.'

Caring for a child's physical needs involves managing symptoms or injuries, including administering any first-aid treatment. It also takes into consideration any hygiene procedures. The following table outlines some examples.

Sign/ symptom	Action to take
Coughing and sneezing	Remind a child to cover their mouth. It is recommended to use the inside of your elbows. You may need to help children to wash their hands, or provide wipes.
Runny nose	If you wipe a child's nose, dispose of the tissue in a covered, lined rubbish bin, and then wash and/or sanitise your hands.
Skin abrasions	Keep any skin conditions and abrasions covered with a suitable bandage, such as a bandaid, dressing or gauze strip.
Vomiting or diarrhoea	Keep the child in a quiet, restful place away from other children. Let the child use one of the toilets and ensure other children only use other toilets.

Reporting injury, illness and infection

Regulations, policies and procedures require educators to report illness, injury and infectious diseases.

These requirements are in place so ongoing issues can be recorded, reduced and reflected on. The reports are kept over long periods so that they are available should any long-term or unexpected issues occur. The content of the report is also led by regulations.

Time frames for retaining records are as follows:

- Incident, injury, trauma and illness records must be kept until the child is 25 years old.
- Medication records must be kept until three years after the child's last attendance at the service.

Reporting injuries

When children are injured, family members must be advised.

Most commonly, you will inform them through a report. The information you gather for your injury report helps you to identify whether the child needs to be treated by a doctor and gives the doctor more information.

Two legislative aspects are being covered by these records:

1. The report shows how you provided, or did not provide, duty of care.
2. The report provides details a family needs in order to give informed consent to further treatment.

When notifying the family verbally and through a report, you must provide them with details of the injury, including:

- what happened and how it happened
- what the signs of injury are and where they are on the body
- what first aid has been applied.

Guidelines will be in place in each service that clearly indicate when to contact a child's family; for example, if a child receives a head injury, or if they do not settle after an incident.

Here is an example of a blank injury report that meets regulations.

Details of person completing this record

Name: ..... Position/role: .....

Date and time record was made: ...../...../..... ..... : ..... am/pm

Child details

Child's full name: .....

Date of birth: ...../...../..... Age: ..... Gender: ☐ Male ☐ Female

Incident/injury/trauma/illness details

Incident date and time: ...../...../..... ..... : ..... am/pm Location: .....

Name of witness: .....

Witness signature: ..... Date : ...../...../.....

General activity at the time of **incident/injury/trauma/illness**:

.....

Causes of **injury/trauma**:

.....

.....

Circumstances surrounding any **illness**, including apparent symptoms:

.....

.....

.....

Circumstances if child appeared to be **missing** or otherwise unaccounted for (duration, who found child, etc.):

.....

.....

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (who took the child, duration, etc.):

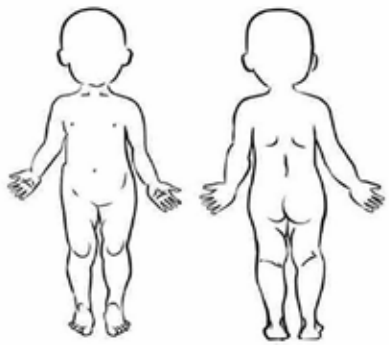
.....

.....

Nature of injury/illness/trauma

Indicate on diagram the part of body affected

- ☐ Abrasion / Scrape
- ☐ Allergic reaction (not anaphylaxis
- ☐ Amputation
- ☐ Anaphylaxis
- ☐ Asthma / respiratory
- ☐ Bite wound
- ☐ Bruise
- ☐ Broken bone / fracture / dislocation
- ☐ Burn / sunburn
- ☐ Choking
- ☐ Concussion
- ☐ Crush / jam
- ☐ Cut / open wound
- ☐ Drowning (non-fatal)
- ☐ Electric shock
- ☐ Eye injury
- ☐ Infectious disease (e.g. gastrointestinal)
- ☐ Other
  (please specify) .....



- ☐ High temperature
- ☐ Ingestion / inhalation / insertion
- ☐ Internal injury / Infection
- ☐ Poisoning
- ☐ Rash
- ☐ Respiratory
- ☐ Seizure /unconscious/ convulsion
- ☐ Sprain / swelling
- ☐ Stabbing / piercing
- ☐ Tooth
- ☐ Venomous bite/sting

Action taken

Details of action taken (including first aid, administration of medication etc):

.....

.....

Did emergency services attend?: Yes / No

Was medical attention sought from a registered practitioner / hospital?: Yes / No

If yes to either of the above, provide details:

.....

.....

Have any steps been taken to prevent or minimise this type of incident in the future?

.....

.....

Notifications (including attempted notifications)

Parent/guardian: .....

Time: ..... am/pm Date: ...../...../.....

Director/teacher/coordinator: .....

Time: ..... am/pm Date: ...../...../.....

Other agency (if applicable): .....

Time: ..... am/pm Date: ...../...../.....

Regulatory authority (if applicable): .....

Time: ..... am/pm Date: ...../...../.....

Parental acknowledgement:

I ..... (name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness. (Please circle)

Signature: ..... Date: ...../...../.....

Details of person completing this record

Name: ..... Signature: .....

Time record was made: ..... am/pm

Date record was made: ...../...../.....

Source: www.acecqa.gov.au

Reporting illness

To provide a record of your actions and observations, complete an illness report at the time a child demonstrates any symptoms of illness.

You should also add to the report as you notice changes or make observations regarding a child's health.

This shows you have acted responsibly and allows you to provide families with a copy of details to inform a medical practitioner if required.

Most services have guidelines in place that clearly indicate when to contact a child's family. For example, if a young child experiences a bout of vomiting or diarrhoea, but looks quite well, it may be a random response. However, if the child is feeling unwell, or is listless and then has a bout of diarrhoea or vomiting, you must implement infectious disease practices immediately. Nonetheless, either event must be reported so a history is available.

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

- treated by a doctor
- excluded for a period of time
- provided with guidelines for appropriate return to the service.

Although a child that becomes ill is likely to have been infectious before showing symptoms, you are still responsible for making sure other children are excluded from an infectious child as much as possible to reduce risk of cross-infection.

Example

Completing an illness report

Andrea notices that Sean (five years) has been coughing and has a runny nose and a hoarse voice. Sean has red cheeks and the beginnings of an itchy rash over his torso. Andrea decides to take his temperature, fill in an illness report and move him to an area away from other children. She then speaks to her coordinator 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
Date:	8 February
Time	**Symptoms and actions**
10.15 am	Symptoms included coughing, runny nose, hoarse voice, red cheeks, beginnings of an itchy rash over torso, temperature of 38.5°C. Actions: Called parents, administered paracetamol, moved Sean to a restful area, provided water, took heavy clothing off.
10.45 am	Temperature of 38°C. Sean rested, sipped water.
11.15 am	Temperature of 38°C. Sean rested, sipped water.
11.45 am	Temperature of 38°C. Played quietly with a racing car, sipped water.
12.15 pm	Temperature of 38°C. Quietly looked at a book, sipped water.
12.45 pm	Temperature of 38°C. Sipped water, went home with dad.
Signed by educator: Andrea Wilson **Signed by coordinator:** Melissa Jones **Signed by parent:** Ian McKewan	

Reporting infectious disease

Infectious diseases are ones that are spread by micro-organisms.

When a child has contracted an infectious disease, families of other children must be advised. By advising all families, you are providing them with information to help them take notice of symptoms that may affect their child and to take precautions to prevent further infection.

When notifying families, provide them with details of the infectious disease, such as:

- the symptoms that may be noticed

- what to do if symptoms are displayed
- how long the child must be excluded from the service.

The following is an example of a notice informing families of infectious disease. This might be placed on a noticeboard, on a door, provided individually or communicated through a service app or email.

Example

Notice of infectious disease

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

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

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

Treatment: Follow your doctor's guidelines

Warnings: Pregnant women should avoid contact with **chickenpox**.

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

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

Exclusion periods

An exclusion period is a time that a child must be withdrawn from contacting others based on the type of infectious disease they have contracted.

Exclusion periods are presented on exclusion tables.

Exclusion policies prevent illness in other children and support service infection control and cleanliness requirements. These policies should be clearly explained to families when a child is enrolled and then discussed as needed. An exclusion policy may cause concern, so help families understand why this is in place. Most families appreciate your attempts to care for all children.

An exclusion table lists various infectious diseases and advises you:

- 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 exclusion table also highlights when the public health unit must be contacted.

The NHMRC guide, *Staying healthy: Preventing infectious diseases in early childhood education and care services*, includes an exclusion table. You can find a copy online at: aspirelr.link/staying-healthy-pdf.

The following is an extract of the exclusion table available in the *Staying healthy* publication.

Measles	Exclude for 4 days after the onset of the rash.
Influenza and influenza-like illnesses	Exclude until person is well.
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected.

Diagnosing illness or injury

Educators are not medical practitioners, so are not qualified to make a diagnosis.

Similar symptoms may apply to many illnesses and some signs of more serious injury may not show at the time of an incident. It is a family's responsibility to seek medical support and have a doctor make a diagnosis. Your role is to follow your service procedures for reporting symptoms and providing appropriate care.

In some situations, the support of a medical practitioner may be needed prior to a family member arriving. Attempt to seek permission before doing so, but remember that your care of the child is your first priority. This means that in an emergency, you must call an ambulance to maintain your duty of care. In most services, using a private vehicle to transport a child is not approved and concerns may arise if this occurs; for example, the car may be involved in an accident, or a higher level of care may have been possible if an ambulance was called.

Practice Task 6

1. Which of the following help you respond to and care for a sick child? Select all that apply.

- [ ] Find out what the child's needs are.
- [ ] Be clear if the child needs to be excluded.
- [ ] Ask the child what they need to be safe and comfortable.
- [ ] Check which friend the child wants to sit with so they feel safe if they vomit.
- [ ] Read policies and procedures of the service to be clear about how to record and share information with the family.
- [ ] Let families entering the service know that a child is sick and they should keep away from the area and stay quiet.

2. Which of the following statements are correct about infectious disease? Select yes or no for each one.

a. An exclusion table lists various infectious diseases and advises you:
   - 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
   - when a public health unit must be contacted.

   * Yes * No

b. Educators are qualified to make a diagnosis of a sick child. They must also notify all families about who has spread any infection.

   * Yes * No

c. Families must be notified about every illness or injury that occurs to their child within the service. They must also be given notification of any infectious disease that occurs in the service so they can be aware of symptoms.

   * Yes * No

Medical conditions

You may be responsible for children who suffer long-term illness, including diabetes, allergic reactions and food intolerances.

Preventing reactions generally involves routine management; however, severe reactions such as anaphylaxis require you to take urgent, specific action.

Asthma is a common medical condition among children that you need to be aware of.

While you can implement a number of measures to prevent medical issues, appropriate medication and clear action plans must be in place and kept up to date in case of emergency.

When a child has a long-term medical condition, including an illness, allergy or food intolerance, families will share the child's immediate and ongoing needs. You may have responsibilities that will be consistent requirements across all education and care services as well as ones that are unique to your service, as identified in procedures.

Some things that you might need to discuss with family members include:

- how the medical condition or requirement was identified
- what the requirements of the service are
- how to read and complete any related records
- what you have done to make sure the child is safe and comfortable
- what the child's needs are
- what the family member needs or wants you to do.

Some things that families might want to discuss include:

- what happened
- what needs to happen next
- how the child is coping and what their needs are
- descriptions of plans and guidelines
- additional support the child may require
- how to prevent further medical issues from occurring
- situations where they would like to be contacted
- how they feel about the situation and if they need support
- the requirements of the service, including information about policies and procedures and obligations to meet these.

Confidentiality and privacy expectations mean that educators are unable to tell family members details about other children. This means that if family members ask about children who have medical conditions, you are unable to tell them.

Families will want to share information with educators to make sure their child is cared for consistently and in a way that reduces impact.

Family members should be provided the opportunity to speak to an educator privately about their child's or family's health. If you are speaking to a family member about these issues, ask them if they would like privacy and speak to other educators to arrange this if needed.

Medical management plans

The management of children's long-term illness must be documented on a medical management plan and kept at all times in the service.

A medical management plan is a regulation requirement. It must be provided for any person, child or adult, who has a specified healthcare need or medical condition, such as an allergy, asthma, diabetes, epilepsy or risk of anaphylaxis. In these cases, a child must have a medical management plan to attend the service.

A medical management plan is a document that is developed and provided by a doctor. The plan should be reviewed every year or when there are changes to the person's condition. It describes:

- symptoms
- causes
- indications that treatment or medical intervention is required
- instructions for action and treatment
- emergency contact people and details
- emergency actions
- medication details, including administration, storage, timing, dosage and side effects.

Each plan has the child's name and must include a photo of the child.

A medical management plan must be displayed in a place that any staff member caring for the child is able to access. In many cases, with family permission, this will be in a prominent place. The service may also have multiple copies of the plan in various places around the service.

Casual or new staff need to be made aware of medical management plans and their roles and responsibilities in relation to these.

Risk minimisation plans

Services may develop a risk minimisation plan that works alongside a medical management plan.

A risk minimisation plan provides specific information that relates to how the service and its staff will manage and prevent medical issues occurring in relation to the person.

This might include:

- strategies used to avoid onset of symptoms, such as using particular products or removing foods or substances from the service
- roles and responsibilities if the person requires treatment
- specifics of implementation of the medical management plan
- locations of required materials and equipment
- information about any training or professional development required or completed to support the person.

Some services state in their risk minimisation plans that the family must provide the child's medical kit with the child at arrival, and take the child's medical kit home with them at departure. This is to ensure that:

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

If your service takes this approach, the child cannot be left if they arrive without the kit. You may also be held legally responsible if the medication in the kit is unusable.

Allergies and anaphylaxis

An allergy occurs when a usually harmless substance causes an immune reaction in someone's body.

The body thinks the substance is dangerous, so it produces antibodies, which try to fight and remove the substance. Families will keep you updated on children's needs and may need the child to follow different diets at different times. Take these requests seriously as they are in place to reduce or resolve dietary issues.

Ensure children are not exposed to an allergen.

Some common allergens (causes of allergy) are:

- certain types of food, such as cow's milk, eggs, legumes, tree nuts, seafood and grains
- pollen
- dust mites
- moulds
- pet hair
- bee and wasp stings
- chemicals
- medicines
- certain materials, such as latex and nylon.

When a person with an allergy comes into contact with an allergen, their body has a reaction and they may show the following signs and symptoms:

- hives
- cramps/vomiting (this could be a sign of anaphylaxis in relation to insect allergies)
- distress
- sneezing/runny nose
- itchy eyes and ears, and itchy skin at the site of contact
- wheezing/asthma
- eczema
- headache
- lethargy
- loss of concentration
- coughing
- shortness of breath
- shock
- rash
- swelling (oedema)
- anaphylaxis.

Some of the signs and symptoms of an allergy are localised and occur only where the allergen has made contact; for example, a child may develop a rash after brushing past a plant. Other signs and symptoms are generalised and affect parts of the body that have not been directly exposed to the allergen; for example, a child may eat strawberries and develop hives all over their body.

Allergies may be managed by eliminating the allergen from the environment. In cases where this is not possible, or where the child comes into contact with an allergen, they will be prescribed medications in their medical management plan.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that needs urgent medical attention.

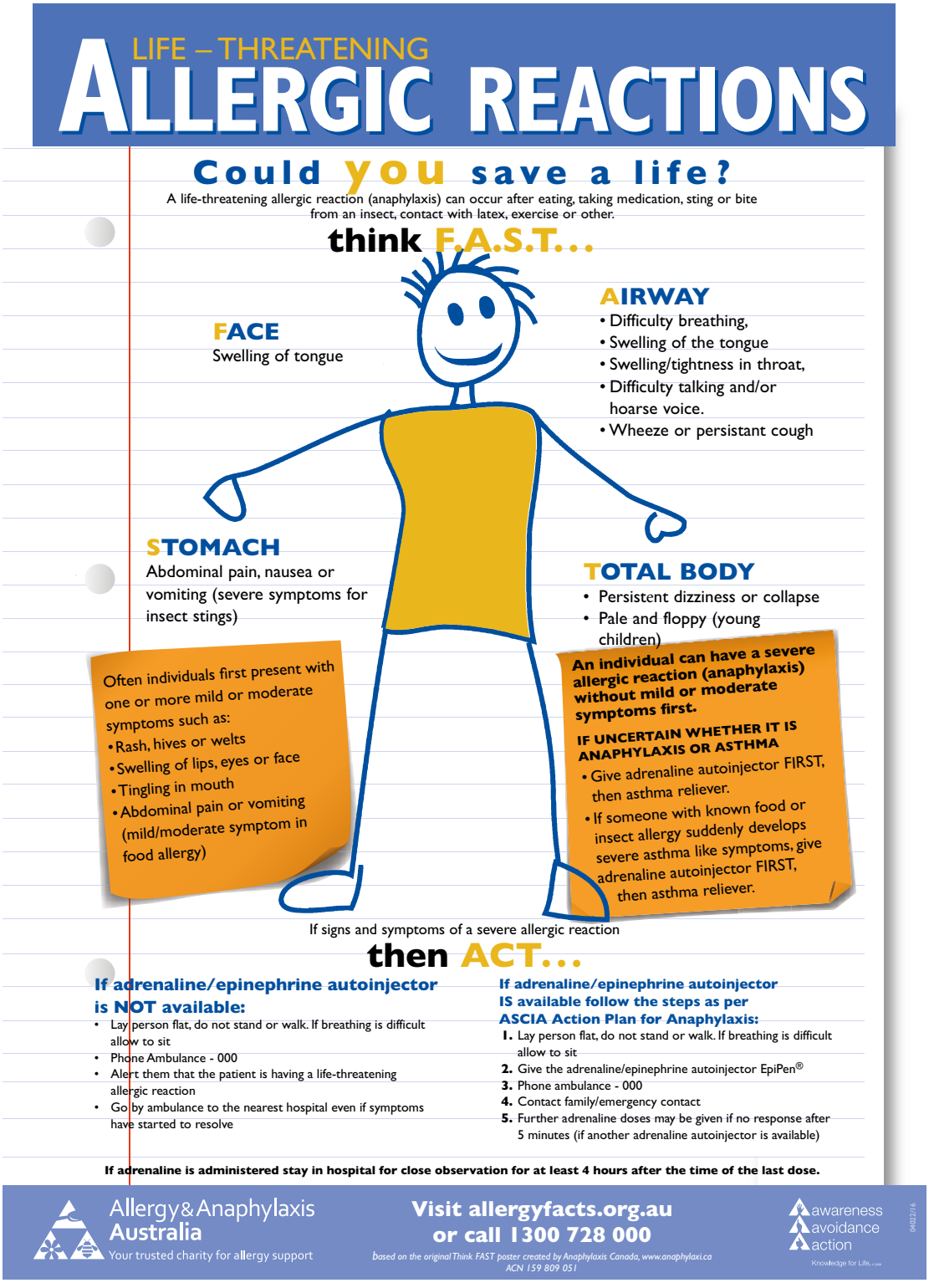
Nuts, insect stings and some medicines are the most common allergens that cause anaphylaxis.

Within minutes of exposure to the allergen, a child may experience potentially life-threatening symptoms, including:

- difficult or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- difficulty talking or a hoarse voice
- wheezing or a persistent cough
- loss of consciousness or collapse
- becoming pale and floppy (in young children).

Swelling and redness of the face are some common signs of an allergic reaction.

Here is a poster about allergic reactions you can download from Allergy & Anaphylaxis Australia: aspirelr.link/think-fast-poster.



Source: allergyfacts.org.au

Food intolerances

A food allergy is usually a fast response by the body's immune system, whereas a food intolerance is the body's inability to process a particular food.

Intolerances are less severe and much more common.

Symptoms of food intolerance can include:

- nervousness, tremors
- sweating
- palpitations
- rapid breathing
- headache, migraine
- diarrhoea
- abdominal pain
- burning sensations on the skin
- tightness across the face and chest
- breathing problems – asthma-like symptoms
- skin rashes including eczema
- allergy-like reactions.

Children with food intolerances might show signs over time as the foods build up in their systems. Where a range of intolerances occur, the child may become quite unwell due to the overload of symptoms.

Asthma

Asthma is a condition where a person's airways react to certain triggers and become narrow.

Three conditions change the airway, making breathing difficult:

- The airway becomes inflamed, swells and becomes red.
- Extra mucus is produced.
- The muscles of the airway tighten, spasm and constrict.

Spacers are an effective way to administer asthma medication to children.

These conditions cause the signs and symptoms of asthma, which include:

- rapid breathing
- shortness of breath
- difficulty talking
- wheezing
- tightness in the chest
- a persistent cough.

Asthma can be triggered by a number of things, each individual to the child.

Some common triggers of asthma are:

- weather changes
- dust and dust mites
- moulds
- deodorants and perfumes
- some medications
- some foods and food additives
- exercise and physical activity
- pollens
- chemicals
- emotional reactions
- pollutions, including cigarette smoke or the smell of cigarettes on a smoker's clothing
- colds and flu
- animals.

Children with asthma will take an inhalant of some type. They may use a spacer as shown in the image, to make it easier to inhale the medication.

Diabetes

Diabetes occurs when the blood sugar or blood glucose level in the body is higher or lower than it should be.

These levels are influenced by low insulin or decreased insulin function. Insulin is the hormone the body produces to regulate blood glucose levels.

To maintain an adequate blood glucose level, a child with diabetes should be provided with the same nutritional balance as any other child; however, children with diabetes require different amounts and types of foods. Some people with diabetes may require insulin injections to help control their blood glucose levels.

Coeliac disease

Coeliac disease affects the small intestine and is the result of intolerance to gluten.

Coeliac disease may lead to many serious health complications if left untreated. People who have coeliac disease cannot eat foods containing gluten, which includes wheat, rye, oats and barley. The common symptoms of coeliac disease include:

- abdominal pain
- bloating and flatulence
- bulky, foul-smelling bowel motions
- chronic anaemia
- diarrhoea or constipation
- nausea and vomiting
- poor weight gain or weight loss in older children
- delayed growth or delayed puberty
- tiredness
- irritability.

Epilepsy

Epilepsy is a disorder of the brain where electrical impulses are disrupted.

Those with epilepsy might experience tonic-clonic or grand mal seizures where they fall unconscious, are stiff and jerking. Other types of reactions include:

- unusual movements or spasms
- odd feelings, such as tingling
- changed behaviour
- loss of or impaired consciousness
- suddenly going blank.

A person with epilepsy will have a medical management plan. This should be followed and any medication provided as prescribed. An ambulance should be called if a child experiences a seizure for the first time or if the medical management plan suggests this is the action to take. If in doubt, call an ambulance.

Example

Managing health conditions

The following examples outline how educators manage diagnosed medical conditions in children.

Example 1

Hilda cares for Sally, who has coeliac disease. This means Sally is unable to tolerate gluten in her diet. Hilda knows Sally must avoid certain foods, particularly wheat, barley and rye products. This means that Hilda must ensure that any food Sally has at the service is gluten-free. Hilda also knows that if Sally demonstrates the following signs and symptoms, her mother would like to be contacted as soon as possible:

- stomach ache
- diarrhoea
- nausea.

Example 2

Greg cares for Arthur, who has diabetes. This means he is unable to digest glucose properly. Greg knows that Arthur must follow the food and medication guidelines that are provided by his parents and the doctor, and that he needs to be alert for signs and symptoms that indicate Arthur is not well, including:

- trembling
- dizziness
- paleness
- feeling nauseous
- sweating and clammy skin.

If these symptoms occur, Greg needs to give Arthur sugary food or drink (there is a list of foods provided and a hypoglycaemia kit in Arthur's bag).

Practice Task 7

1. Draw a line to match each term about medical conditions to its definition.

* Anaphylaxis	* Covers a wide variety of conditions that will each be managed individually as required to meet the child's needs. Families will discuss these conditions with you and share information. This information must be kept private and confidential.
* Food intolerance	* Occurs when a usually harmless substance causes an immune reaction. The body thinks the substance is dangerous, so it produces antibodies, which try to fight and remove the substance. This can present with many different signs and symptoms. Families will keep you up to date with their child's needs.
* Medical condition	* A severe reaction that needs urgent medical attention. Within minutes of exposure to the allergen, a child may experience potentially life-threatening symptoms.
* Allergy	* The body's inability to process a particular food, which may cause a range of symptoms.

2. Draw a line to match each term about appropriate measures to manage medical conditions with its definition.

* Risk minimisation plan	* This is developed by a doctor and required for any person who has a specified healthcare need or medical condition, such as an allergy, asthma, diabetes, epilepsy or risk of anaphylaxis.
* Exclusion period	* Specific information that relates to how the service and its staff will manage and prevent medical issues occurring, such as strategies to avoid the onset of symptoms, roles and responsibilities if treatment is required, and other instructions.
* Medical management plan	* Applies to children who are unwell and not allowed to attend the service according to service policies and procedures.

2D Medication

Medication is a drug or remedy that treats, prevents or alleviates symptoms of illness or disease.

A service may have restrictions on the types of medications that can be administered and who can administer them.

Whether the medication is required long or short term, you must follow these restrictions rigidly and refuse to administer medication that does not meet the guidelines. You must only ever act within your role and responsibilities.

Natural medication, such as herbal mixtures, naturopathic treatments and homeopathic treatments, must be administered as carefully as any other medication or treatment.

There are many different types of medication that you may need to administer to children in the service.

When taking responsibility for administering medication, your knowledge of service practices and procedures as well as the needs of the child are critical. If you are ever unsure of something, check with your supervisor.

Discussing medication

A child's need for medication will be noted on a medication record.

This record, and receipt of medication, indicates that educators must discuss the child's needs with their family members and that the family gives permission for the educator to administer the medication.

When children require medication, details of their needs must be discussed with family members. Questioning is an excellent way to find out more information. Discussion with family members may highlight information that is not recorded on a medication record.

Some things you might discuss with family members include:

- cross-checking the details of the medication report and the medication
- how best to administer the medication
- if the child is experiencing any side effects from the medication or requires additional support (for example, needing extra comfort, being sleepy, having a lower concentration level or experiencing loose bowel movements)
- if there is illness within the family that might affect the child.

Provide privacy when discussing children's health and medication needs, and remember that this discussion is confidential.

Storing medication

The storage of medication is just as important as its administration and documentation.

Specific storage requirements are clearly indicated on most medications. This might include specified temperatures, sunlight restrictions and refrigeration details. Examples include: 'Store in a cool dry place' or 'Keep refrigerated at or below 5°C'.

You must always follow these instructions so the medication you are administering is safe and effective.

Medication must be stored in a place that children cannot access; for example, a high lockable cupboard or a refrigerator. Make sure children are never left alone in areas where medication is administered, and that medication and food are stored separately; for example, there may be a separate labelled area in the refrigerator for children's medication.

Medication record

Family members and educators must complete a medication record (authorisation form) if a child requires any medical treatment.

The information required on this record must be kept confidential, so an individual sheet must be provided for each child. This should be stored in a place that maintains confidentiality, yet provides ready access for staff; for example, a lockable filing cabinet.

A medication record must also be based on Regulation 92 of the Education and Care Services National Regulations. You can find relevant regulations on the ACECQA website: aspirelr.link/acecqa.

The Education and Care Services National Regulations states that the form must include:

- the name of the child
- the name of the parent – this should be the person that is recorded as the child's parent or legal guardian on the enrolment form
- the name of the medication
- the dosage of the medication
- the way the medication must be administered; for example, as an eyedrop or liquid for drinking
- the time the last dose was administered – this allows you to check that the times requested are as detailed on the medication
- when the medication should be administered – this may be a specific time or a specific event, such as 'after eating lunch' (it is inappropriate for a parent to write 'when required'; they must detail what should occur to make you decide to administer the medication, such as when coughing, if feeling nauseous, if scratching, etc.)
- the reason the medication is required
- the parent's signature and date.

After administering medication, the form must be completed to reflect:

- the dosage that was administered
- the way it was administered
- the time and date it was administered
- the name and signature of the person who administered the medication
- the signature of a witness who has checked all the details (except for family day care).

There is also a space for the family member to sign to acknowledge that the actions you take are according to their instructions, and that they give consent for educators to follow the instructions.

Administering medication

Medication consent forms provide the details of administration of medication.

This information, along with the medication labels and packaging, provide the directions for educators. If you are responsible for administering medication (as identified in your job description and service policies/procedures), you should do the following.

Procedure	Appropriate practice
1. Read forms and check details/ information	Read the forms and check that they match the details and information provided with the medication. Check the following and seek advice if necessary: - the use-by date - the child's name - that it is the original container - that the dosage on the container matches the form - that the instructions for administration match the form.
2. Read medication labels and follow directions	Read medication labels and follow the directions for preparation; for example, you may need to shake a bottle before pouring and measuring a liquid.
3. Wash hands/wear gloves	Wash your hands and put on gloves.
4. Clean/disinfect	Clean and disinfect materials, equipment and spaces you may need to use.
5. Measure medication as directed	Measure out the medication as directed. If you are measuring out a liquid, use a level surface.
6. Have another staff member check details	Have another staff member check the details and the measurement in the same way you have (unless you are working in family day care). Be sure that the staff member you choose to check the medication details is approved to do this task in the service's policy and procedures.
7. Administer medication with a colleague observing	Administer the medication to the child with the other staff member observing. This is particularly important if the child is being administered drops or ointments.

Procedure	Appropriate practice
8. Return medication to storage, clean and disinfect	Return the medication to its storage area, and clean and disinfect any materials, equipment and spaces that were used.
9. Wash hands	Remove gloves and wash your hands thoroughly.
10. Sign administration documentation	You and the supporting staff member should sign the administration documentation.
11. Have family member sign documentation	When the family member picks up the child, they must also sign to demonstrate their approval of this administration.

At times, children may be reluctant to receive the medication. The following table provides some tips that may assist you to provide a full dose.

Talk to the child	Let the child know what you are doing and talk to them about what you want them to do. Praise them when they are cooperating and have taken their medication.
Have another educator help	One educator may give the child a hug and reassurance while the other administers drops or other medications.
Clean areas	Clean wounds, sores, noses and other areas before applying or administering medication, particularly if the area is weepy or encrusted.
Never mix medicines	Never mix medicines with food or fluids; you can never be sure that the complete dose has been taken.
Use a dropper	Use a dropper or oral syringe to administer liquids.
Position the child for eye drops	For eye drops, lay the child's head back and dispense the drops into the inner corner of the closed eye, then have the child blink the drops in.
Observe the child	Stay close to the child to observe any side effects. Provide reassurance and offer a comfort item or activity if required.

When preparing to administer medication, check that the following requirements have been met.

Authorisation form	Check that the form is current, is recorded and completed correctly.
Name	Ensure that the name on the medication matches the child's name.
Instructions	Ensure you understand any instructions for administering the medication.
Use-by date	Check that the medication is within the use-by date.
Container	Check that the medication is in its original container.
Storage	Ensure the medicine is stored according to instructions.

The following medication issues are common:

- unmarked medications
- out-of-date medications
- medications stored in incorrect containers
- medications labelled for another person
- inappropriate documentation.

Example

Medication record

Prue is a child at the centre who has tonsillitis. Her medication record looks like this.

Medication record			
Child's name: *Prue Kennedy*		**Date of birth:** *12.4.2018*	
To be completed by the parent/guardian			
Name of medication:		Cefaclor	
Dosage to be administered:		5 ml	
Reason medication is required:		Tonsillitis	
Method of administration:		Medicine syringe	
Last administered		**To be administered**	
Time	**Date**	**Time**	**Date**
8 am	15.1.21	4 pm	15.01.21
Name of parent:		Una Kennedy	
Signature of parent:		U. Kennedy	
Date:		15.01.21	
To be completed by the educator when administered			
Medication administered		**Dosage administered**	**Method of administration**
Time	**Date**		
4.02 pm	15.01.21	5 ml	Medical syringe
Name of educator administering:		Kaleah Tu	
Signature of educator administering:		K.T	
Name of witness:		Aviva Spring	
Signature of witness:		A. Spring	
Name of parent:		Una Kennedy	
Signature of parent:		U. Kennedy	

Practice Task 8

1. Which of the following statements about medication are correct? Select yes or no for each one.

a.	Family members can provide information about the best way to administer medication to their child.	* Yes	* No
b.	The medication report will always be correct.	* Yes	* No
c.	Family members can provide background information about the family history of illness, which may be useful.	* Yes	* No
d.	All of the possible side effects or allergies to medication will be listed on the packaging.	* Yes	* No
e.	All medication can only be administered according to guidelines and restrictions.	* Yes	* No
f.	Natural medications such as herbal mixtures, naturopathic or homeopathic treatments are not the same as prescription medication; therefore, they can always be administered without authorisation.	* Yes	* No

2. Number each step from 1 to 11 in the order you would follow to administer medication according to health and safety regulatory requirements and service procedures

- [ ] Administer medication with a colleague observing.
- [ ] Have family member sign documentation.
- [ ] Return medication to storage, clean and disinfect.
- [ ] Have another staff member check details.
- [ ] Wash hands and dispose of gloves.
- [ ] Read forms and check details/information.
- [ ] Sign administration documentation.
- [ ] Wash hands and put on gloves.
- [ ] Measure medication as directed.
- [ ] Clean and disinfect materials, equipment and spaces to use.
- [ ] Read medication labels and follow directions.

Summary

- Seek information from reputable sources when it comes to COVID-19 infection and requirements.
- The National Health and Medical Research Council continually updates its guides.
- Service policies and procedures play an important role in infection control, medication, and children's health and safety guidelines.
- Children in an education and care service are likely to pick up mild infectious diseases.
- By following hygiene and cleaning practices properly, educators can reduce the spread of infection and assist with infection control.
- Cleaning tasks are included as part of every education and care services routine.
- Food safety guidelines must be followed at all times.
- Immunisation records must be obtained and the 'No jab, no pay' legislation must be followed.
- Discussions must be had with families in relation to illness, injuries and infectious diseases.
- All illnesses, injuries and infectious diseases must be reported in accordance to service guidelines.
- A child's long-term illness must be documented on a medical management plan.
- Allergies can be recognised through watching for changes and symptoms in children.
- Service policies and procedures must always be followed in relation to storing, recording and administering medication.

Learning Checkpoint 2
Supporting the health needs of children

Part A

1. Select true or false for the following statement.

A child has a small paper cut. You complete an injury report. This is a requirement in Regulation 87 of the Education and Care Services National Regulations.	* True	* False

2. Which of the following statements are correct about immunisation requirements? Select yes or no for each one.

a. Staff don't need to worry about their own immunisation. Immunisation information is only relevant to children.	* Yes	* No
b. Staff and families need to be provided with up-to-date immunisation information.	* Yes	* No
c. Services do not need to follow up immunisation records.	* Yes	* No
d. The 'No jab, no pay' legislation is linked to tax care rebates and childcare subsidies. This means that children need to be fully immunised for their age in order for families to receive certain payments.	* Yes	* No
e. Services will have their own policies and procedures regarding immunisations.	* Yes	* No

3. Draw a line to match each image of an item used in the service to the cleaning procedures used to prevent infection.

* Machine wash or hand wash regularly and when soiled.

* Disinfect throughout the day. If soiled clean and disinfect immediately after use.

* Continually clean and disinfect, particularly after a child has mouthed this.

* Disinfect after use.

4. Identify two items of personal protective equipment (PPE) used in the image above.

5. Which of the following statements are true about infection spread and cross-contamination related to dietary health needs when handling food? Select all that apply.

- ☐ Infectious disease might be transferred through physical contact, airborne or food-related spread.
- ☐ Infections are able to spread through blood or bodily fluid.
- ☐ All infections can be prevented by using PPE.
- ☐ Hands should be washed before and after wearing PPE such as gloves.
- ☐ Cross-contamination might occur and this could contribute to an allergic reaction.

Part B

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

Case study

Amelia's son, Keir Smith, had an asthma attack at home last week. He has been prescribed two puffs of Ventolin to be administered every four hours using a spacer, which Amelia has provided along with an in-date Ventolin puffer. His medication record indicates that his last dose was at 9am. Amelia tells you that Keir is mostly vulnerable when he has a cold, but his asthma can also be triggered by the use of chemicals in the environment. She has provided a medical management plan signed by a doctor.

1. You are responsible for administering and recording Keir's medication. Use the record below to complete details of his next dose.

Medication record		
Child's name:		
Time medication is to be administered	**Dosage**	**Method**
Name of educator administering medication		
Name of educator observing medication administration		

2. Examine Keir's medication and provide one reason why you would not administer the medication.

3. Which of the following would be appropriate questions you could ask Amelia to maintain knowledge of Keir's health needs? Select all that apply.

- ☐ Was Keir admitted to hospital?
- ☐ What signs should I notice if Keir is having an asthma attack?
- ☐ Will you pick Keir up early so we can clean without him being in danger?
- ☐ Is he comfortable using the spacer?
- ☐ Shall we give Keir our asthma medication so yours doesn't run out?
- ☐ Would you like to come into the office and we can talk about Keir's asthma?

4. Which of the following statements are true about Keir's needs? Select yes or no for each one.

a. It would be appropriate for you to ask Keir to wash his hands prior to being given his medication. This would be a good way for him to learn about hygiene and personal health practices. * Yes * No

b. If Keir arrived the next day and his medication was not provided, he could stay until his next dose of medication was due. * Yes * No

c. All families should know about Keir's asthma in case they notice signs that their child has been infected. * Yes * No

d. The service must develop a risk management strategy to make sure Keir is not exposed to chemicals and that all staff are aware of his health needs. * Yes * No

e. If a parent saw you administering medication to Keir and asked if he was OK, you would be able to tell her that he is doing fine. * Yes * No

5. At 10.15am Keir vomits and you notice three itchy blisters on his neck. Which of the following would you do? Select all that apply.

- ☐ Clean the area thoroughly using gloves, paper towels, disposable cloths or sponges, detergent, disposable scraper with pan and scoop, and bleach.
- ☐ Take Keir to a quiet, restful area away from other children as he may have an infectious illness.
- ☐ Clean any furnishing or toys that were soiled.
- ☐ Diagnose Keir with chicken pox.
- ☐ Ask Keir to clean up the vomit, then take him to a quiet, restful area where he will be excluded from the other children.

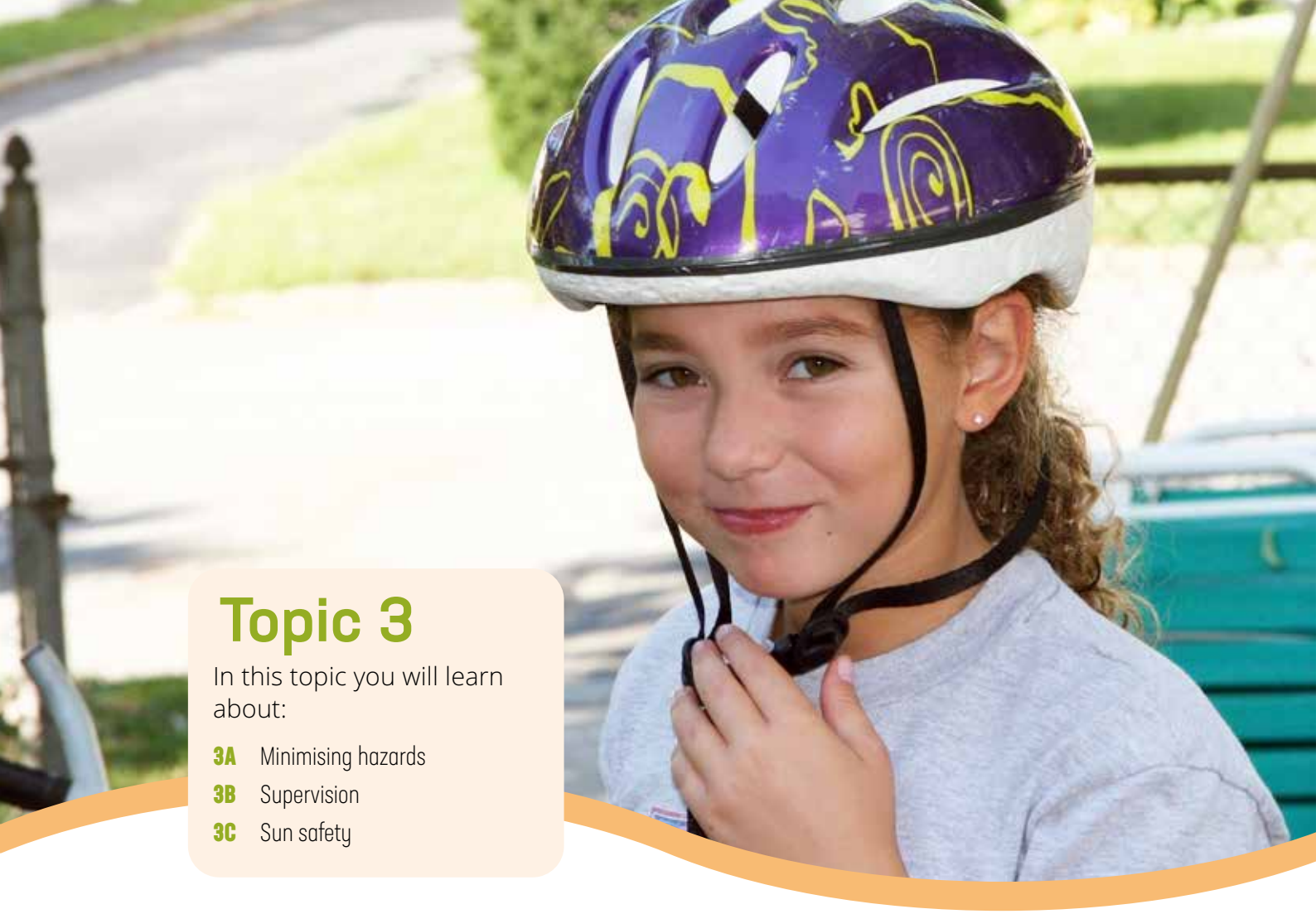
6. You must report incidents of illness or infection following service policies and procedures. What are two signs and symptoms that you could add to a service illness record?

. . . . . .

. . . . . .

7. Select true or false for the following statement.

A child has a small paper cut. You complete an injury report. This is a requirement in Regulation 87 of the Education and Care Services National Regulations. * True * False



Topic 3

In this topic you will learn about:

3A Minimising hazards
3B Supervision
3C Sun safety

Support safety needs of children

The best way to limit injuries is to make sure risks and hazards are kept to a minimum as most accidents are caused by situations in the environment that can be prevented.

Common injuries that occur in service environments include:

- falls (the most common cause of injury)
- strains and sprains
- grazes
- hits
- bites.

Children must be supervised at all times. Adequate supervision reduces risk of injury. Supervision involves consideration of:

- how you supervise
- what to pay attention to
- where you should position yourself
- how you should communicate with others while supervising.

Supervision rarely involves just watching or observing children. Rather, it is an opportunity to interact with and develop relationships with children, extend their activities, share information and keep them safe.

3A Minimising hazards

Regardless of the location or the size of your service, all educators must take part in assessing hazards and risks.

A hazard is a situation or item that could cause harm to yourself and others; a risk is the chance that the hazard will cause harm, injury or illness.

Your knowledge of the environment and the children assists you to provide safe, suitable areas for play and routines.

The following table outlines the requirements for minimising hazards in the service.

Guideline	Requirements	Details
Education and Care Services National Law	Section 167: Offence relating to protection of children from harm and hazards	Ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.
Education and Care Services National Regulations	Regulation 82: Tobacco, drug and alcohol-free environment	Ensure that children are provided with an environment that is free from the use of tobacco, illicit drugs and alcohol.
	Regulation 83: Staff members and family day care educators not to be affected by alcohol or drugs	Staff members must not be affected by alcohol or drugs (including prescription medication) so as to impair the person's capacity to supervise or provide education and care to children.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including: › safety during any water-based activities › providing a child safe environment.
National Quality Standard (NQS)	Quality area 3: Physical environment Standard 3.1: The design of the facilities is appropriate for the operation of a service	Element 3.1.1: Outdoor and indoor spaces, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child.
		Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained.
Approved learning frameworks: › **EYLF**	Outcome 3: Children have a strong sense of wellbeing	Sub-outcome: Children are aware of and develop strategies to support their own mental and physical health and personal safety.

Examples of related service policies and procedures are listed below:

- Enrolment policy
- Health and safety policy
- Alcohol and drug policy
- Healthy environment policy
- Injury and illness policy
- Injury procedure
- Hazard checklist
- Risk analysis
- Maintenance policy
- Equipment policy
- Staffing policy
- Supervisor policy
- Management and leadership policy
- Child to staff ratio policy
- Roster
- Timetable
- Visitor policy
- Visitor record
- Educator qualifications policy
- Staff code of conduct
- Staff expectations

Environmental hazards

Indoor and outdoor play areas have their own hazards.

While some of the risks are reduced in a purpose-built service, consider the potential hazards outlined in the following table.

Plants, foliage and vegetation	➤ Some species of trees are prone to dropping branches, while many provide a climbing hazard, particularly if placed near service boundaries. ➤ When plants are flowering, bees may live in your natural environment. ➤ Landscape design and maintenance must be carefully planned and assessed. ➤ Some plants cause allergies and some carry toxic flowers, stems, leaves or berries. ➤ Children with allergies should be supervised carefully and staff should be prepared to act if necessary. ➤ Lists of toxic plants can be obtained from the Poisons Information Centre in your state or territory. You can also call the national phone number for information on poisons: 13 11 26 (available 24 hours).
Infection	➤ Infection can spread quickly and easily from one person to another due to a shared environment, shared equipment and having large numbers of people in confined spaces.

Sunburn	➤ The sun can cause sunburn once the UV level is 3 and over, and this may eventually result in skin cancer. ➤ Sunburn should never occur in child-focused services where all children should be carefully protected. ➤ The service should have a sun safe policy so that children: – know about sun safety – wear clothing that covers their shoulders – have sunscreen applied 20 minutes prior to going outdoors – wear a hat that covers their neck while outdoors – have access to adequate shaded areas where they can play – are exposed to play in the sun at the least dangerous times of the day.
Electrical equipment	➤ Every child-focused service must be aware of the dangers of electricity and how to avoid electrical hazards. ➤ Educators should check that: – electrical equipment is in good working order with no fraying cords – power points have suitable covers in place when not in use – any faulty equipment is removed from use and a 'Do not use' sign is attached to it.
Fire	➤ If you work in a family day care, you should add basic home fire safety to your hazard and risk concerns. ➤ Groups with a high risk of death due to fire include children under five years, people with disabilities and those in low socioeconomic groups. ➤ Common behaviours that contribute to fire injury and/or fatality include: – lack of supervision around fires and ignition sources (such as heaters, stoves, matches and cigarette lighters) – alcohol consumption – forgetting to do something like turning off a stove. ➤ A working smoke alarm is essential so that children and adults are safe. You will be required to have correctly installed these and they should be cleaned and checked regularly. All educators can provide support to families by encouraging them to install smoke alarms in their own homes and reminding them to maintain them. ➤ There are many types of smoke alarms available, including: – hard-wired smoke alarms that are connected to a home's electrical system and have a battery back-up in place – battery-operated smoke alarms; the batteries should be checked regularly so the alarm will work when needed – ionisation smoke alarms that 'smell' smoke – photo electric smoke alarms that 'see' smoke.

Hazardous spaces

All service environments involve hazards that must be monitored and controlled.

Overcrowded and high-traffic indoor areas	Overcrowded and high-traffic areas can cause trips, falls, collisions and arguments. They can be avoided by considering how you place equipment and space dividers. Section off play areas in indoor areas and avoid large open spaces, as these encourage running and rough play. Limiting the number of children in particular areas may also help to avoid these issues. Limits can be indicated by the number of chairs, the space available, using markers such as armbands (e.g. if there are four armbands there should only be four children) or using posters with pictures or numbers of how many children may use the area. To assist in planning, make a diagram of the room and outdoor areas with high-traffic spots and walkways marked, so you can plan your activity locations around these areas.
Outdoor playground areas	The outdoor playground has a high risk of trips, falls, collisions and arguments. Avoid hazards by making sure equipment is set up on appropriate ground. Equipment that needs to be placed on soft fall, bark or matting should also be placed away from edges that are hard or sharp. Consider how children will use the equipment and whether they may fall from it, and estimate how far from any other equipment or edging the equipment should be placed to be safe. Provide a clear space for running and active play, and attempt to keep these spaces away from high-traffic areas to avoid collisions. Poor visibility and distractions may cause inadequate supervision. This situation can be avoided by ensuring there is an adequate number of educators to accommodate the areas being used. If this is not possible, impose limits on the children based on what areas you can manage. For example, if you are alone outside in an L-shaped yard, you may have the children stay in one length of the yard rather than using the entire play area. You could say, 'For now you can play in the sandpit and on the climbing area.'
Obstructed areas	Areas such as storerooms, toilets and walkways must be free from trip hazards and allow those using the area to pass safely without having to step around or over items. Fire exits must be kept clear in case of emergency so that evacuations can take place as efficiently as possible. This is a legal requirement. You should regularly check that all fire exits are unobstructed and easily accessed. If something is blocking an exit, move it to an appropriate and safe place. If you are unsure where to move the item, check with your supervisor.

Hazardous routines

There are a number of dangers that can arise during routines at the service.

These hazards, and how to control them, are outlined in the following table.

Eating	A safe eating situation is one where a child is seated and closely supervised. While children are eating, they are exposed to hazards and risks, including: ➤ choking ➤ allergic reactions ➤ slipping, falling or being tangled in safety straps in highchairs ➤ falling from chairs ➤ using chairs and tables inappropriately ➤ using cutlery and crockery inappropriately. To reduce the risk, provide age-appropriate: ➤ equipment; for example, highchairs for infants and small chairs for toddlers ➤ restrictions and/or limits; for example, check that children are seated appropriately at mealtimes and that they eat in a safe way. Children do not have a full set of molars (chewing teeth) until they are about two years old. This increases the danger of choking on certain foods that they are not able to chew properly. Ensure these children are safe by: ➤ nursing infants when they feed from a bottle and never propping the bottle or letting an infant go to sleep with a bottle (this is also important for their emotional needs and reduces the incidence of tooth decay) ➤ grating or cooking apple, carrot and similar hard foods for infants ➤ cutting up round foods as they are often slippery and hard to chew ➤ cutting up dried fruit as it is difficult to break up and can cause problems if large chunks are swallowed ➤ never giving nuts to children under five years ➤ eliminating foods from the service if a child has a serious food allergy ➤ ensuring children sit down at meal and snack times.

Sleeping	All educators are required to follow the recommended guidelines for preventing sudden infant death syndrome (SIDS). The best place to find these details is from the Red Nose website: aspirelr.link/red-nose. On this website you will find a range of resources for families and educators, including the 2017 childcare kit that reflects the National Quality Framework. In addition, there are recommendations for: › setting up a baby's cot › putting an infant to sleep safely › safe wrapping. Although infants and children are not usually expected to sleep for great lengths of time during the day, there have been cases of SIDS occurring in services in the past.
Playing	A safe environment should have clear floor spaces and no sharp edges on the furniture. All rooms should have clear walkways so adults and children can move safely from one area to another. Activities that support the development of balance are common to outdoor environments, while smaller equipment can be set up indoors. Some hazards and risks that may occur in these environments include: › children attempting tasks above their ability › equipment being in bad repair (for example, having splinters or cracks) › equipment that is not set up securely › equipment that is too close to other equipment or borders. Social skills, as well as physical skills, are practised and learnt. Social learning is possibly one of the most difficult areas to master, as it requires an understanding of how people think and react. Young children have an egocentric (self-centred) outlook and are often unable to appreciate other children's points of view. This can cause hazards and risks relating to issues such as: › the goals of the activity › sharing or possession of equipment.

Toys and equipment

The design features of toys and equipment are a major cause of injury.

Prior to purchasing, you should check:

- that the item conforms with Australian Standards, which shows the design's safety has been checked
- the age and/or developmental stage recommendations for the children using the toy or equipment
- clear assembly instructions to avoid breakage or disassembly
- instructions for use and supervision.

Guidelines are particularly important when you use materials or equipment provided by families to meet an individual child's needs. For example, a family member might want their child to sleep in a hammock. This may not be a common piece of equipment used in your service, so you must make sure it meets standards and that it is appropriate for the age and developmental stage of the child. You also need to set up and maintain the equipment safely.

In general, toys should fit the guidelines outlined in the following table.

Feature	Guidelines
Size	Toys should allow children to handle them safely to complete the task they are using them for. Toys for infants and toddlers should not be easily swallowed or put whole into mouths, ears or noses. Parts should be no smaller than 35mm round and 6cm long.
Detachable parts	Parts should be attached securely if their removal will cause the child to be unsafe. This includes handles or wheels on bikes, wheelbarrows and scooters. Toys for infants and toddlers should not have parts that can be detached or fall off. For example, the eyes of dolls or teddies and the wheels on trucks and cars should be checked regularly.
Gaps and traps	Ensure that parts are not removed from the body of the equipment, and that any folding equipment can be locked in place. A 5mm gap is enough for children's fingers to get trapped in.
Long strings	Toys for infants and toddlers should not have any long strings or cords that could be a choking, strangling or cutting hazard. To avoid strangling or choking, a cord should be no longer than 30cm, and to avoid cutting into the skin the cord should be at least 1.5cm thick.
Noise	Toys should not be too loud.
Brittleness	Toys should not be brittle; that is, able to be snapped or broken easily.
Toxicity and flammability	Make sure toys are non-toxic and non-flammable. Remember to consider toys that contain liquid because if they are broken or punctured, they could become a hazard.
Sharp edges	Toys should not have sharp edges or parts.
Sturdiness	Toys should be sturdy enough to withstand the expected level of use.
Cleanliness and good order	Toys should be kept clean and in good order. This means checking regularly for breaks, tears and splinters, and ensuring equipment is regularly cleaned and maintained.

Some toys need to be placed in certain areas that are safe for use. Examples include:

- Heavy toys should only be used on the floor.
- Toys and equipment that a child can fall from need to have soft fall, a pillow or a mat underneath.
- Toys that create a mess need to be near a bathroom, and the floor needs to be kept dry to prevent slipping.

Supervise children's use of toys according to their level of risk, and ensure all toys and equipment are in good order.

Water play

Water play is an important part of learning, but also presents a danger.

All children who play near water must be supervised at all times and never left alone. This not only includes areas where water play is provided, but also areas such as the bathroom and laundry.

By law, and according to Australian Standards, large wading pools and swimming pools must be fenced and gated. Many pools can be emptied after use, as can wading pools and water play troughs, but remember, empty pools and troughs also pose the danger of slips and falls.

Large amounts of water that have collected in puddles or containers, such as buckets or troughs after rain, are also potentially dangerous to an infant or toddler.

Dangerous products

Cleaning and waste materials carry a high risk.

These items must be stored and labelled clearly. Labels should include the name of the contents and, if needed, the date it was made up.

Each service will have policies on what types of cleaning materials are to be used (natural or chemical), what types of waste will be generated, and which items families must manage disposal of themselves. For example, some services will not dispose of nappies.

Follow procedures to ensure the safest possible outcomes, and label and store items as suggested. Even natural materials can be dangerous. The following table provides some guidelines to follow when dealing with dangerous products.

Product	Suggested guidelines
Cleaning materials	➤ Spraying chemicals while children are close by puts them at risk of skin contact or inhalation. Even with natural cleaning products, the dangers of respiratory or skin complaints are heightened. ➤ Cleaning should be done when children are not present, and materials should be stored out of reach of children, clearly labelled and placed in spaces that are easily accessible to staff members. ➤ To address sustainability issues, choose environmentally safe cleaning products where possible and use all cleaning products sparingly.
Waste materials	➤ The service will have hazardous materials that must be monitored and disposed of. ➤ Waste materials, such as nappies, soiled wipes and tissues, must be promptly disposed of in waste bins with secure lids, particularly if they are in areas where infants and young children are playing. ➤ If possible, keep waste bins in spaces inaccessible to children. ➤ Maintain the hygiene of waste-disposal areas, ensuring that waste storage areas are frequently cleaned and disinfected. ➤ Consider ways you can reduce the waste you produce to maintain environmental sustainability. ➤ Label waste receptacles so that each staff member knows where each type of waste belongs.

Example

Storing dangerous products

Brock makes up disinfectant spray as suggested in the manufacturer's instructions and places it on a high shelf in the bathroom. Kay is rostered to clean the bathroom and comes in to get the disinfectant spray.

Kay, who is shorter than the other staff members, reaches up and uses the tips of her fingers to edge the spray bottle off the shelf. The bottle comes to the edge of the shelf, then falls towards Kay. Brock has not replaced the lid correctly so, as the bottle falls, the lid comes off and Kay's face and eyes are splashed with the chemical.

The team discusses an appropriate procedure and storage place for the chemicals to ensure they are out of reach or locked away from children, but are also easily accessed by staff.

Conducting safety checks

A safety check identifies any hazards and helps you implement appropriate strategies to minimise or remove the risk.

A safety check should occur prior to any space or equipment being used, and again throughout the day as children participate in play and use equipment. A safety checklist helps you to scan your environment for potential hazards on a regular basis. The checklist should cover the areas that people use and should list as many items in that area as possible that someone 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
- what action will be taken.

The following example is a section of a safety checklist for an outdoor play area. Remember, checklists will vary in content and layout, but should be simple so that all staff members are able to use them.

Here is an example of a safety checklist.

Safety checklist

Item	Hazard	Comment/action taken
Sandpit	☑	Animal faeces noticed in sandpit. Cover secured and kept on during play period until this can be properly cleaned. 'Please do not use' sign placed on sandpit.
Slide	☐	Dried with towel.
Sand under fort	☐	Raked to even out.
Balance board	☐	Free of splinters. Soft-fall mats placed alongside.

In the example above, the issue was noticed in the sandpit. When completing a safety check – with or without a checklist – it is your responsibility to act on any issues you notice. You may be able to do this immediately by removing the hazard. If you need assistance or more time to fix the problem, secure the area from use until it is safe.

Educating children about hazards

Assist children to understand the hazards and risks in their environment by involving them in simple hazard assessments and alerting them to risks.

Encourage safe actions and provide explanations about why certain items or situations are hazardous. Provide clear limits that children can link to the hazard itself. Supporting children in this way helps them to be able to identify hazards, which helps them develop important life skills.

When communicating limits, use positive language that gives appropriate detail and instruction for the child's age and stage of development. Describe acceptable behaviour rather than unacceptable behaviour. For example, instead of saying, 'Don't run', say 'Walk inside'. To extend on this for older children, you can add more information, such as how you want things to happen and an explanation; for example, say, 'Walk while you're inside. You might slip on the floor if you run.'

Give children limits about how tall a structure can be.

Another example is when children are building with blocks. Older children like to create tall buildings. A hazard in this case is the potential for children to become hurt by falling blocks. A safe limit to implement would be for children to build no taller than their own chin height. This avoids any blocks falling onto their heads.

Personal protective behaviours

Many children are faced with situations where their personal safety is at risk due to the threat of violence and abuse, mostly being harmed by someone they know. Between ages 3 to 8 years, children are most at risk.

Educators can support children to feel safe, to notice early warning signs and to communicate with others when they feel unsafe.

Everyone feels scared for their safety on occasion, so it helps to pass on messages to everyone, that:

- we all have the right to feel safe
- there is nothing we can't talk about.

You can start this by having open discussions and taking children's comments seriously. You might:

- pay attention when children communicate about their daily lives and day to day occurrences – this helps develop a safe communication, develops a bond and shows the child that they are valued and can trust you to listen
- take comments and concerns seriously, including actions that are concerning such as playing inappropriately with other children or with dolls
- talk about safety and security as well as times that safety and security has not been felt – create a feeling of acceptance and show that bias or judgemental attitudes are not a concern

- ask children questions if you are concerned – use open ended, non-leading questions so the child provides all information without you making any suggestions

You might also provide strategies including:

- talking about feelings, particularly ones that tell us we may be unsafe
- discussing secrets and the types of appropriate secrets such as the difference between keeping a secret birthday wish compared to keeping a secret about a time you felt unsafe
- providing children with words to say when they feel scared such as 'No' or 'Stop'
- identifying who might be able to help if the child feels unsafe
- knowing what to do if someone doesn't listen or help.

Be aware of early warning signs of abuse, understand your service policies and be prepared to act if concerned.

You can find further training and resources at the Australia ROAR personal safety education website aspirelr.link/roar-australia

Appropriate risk

As you develop your knowledge of each child and their individual abilities, you will be able to support them to learn new skills and you will notice them taking risks.

These types of risks are necessary for the child's development.

The following examples show how children need to take appropriate risks to further their learning and physical development.

Walking

- A child walking around holding the furniture must take an appropriate risk of letting go of the furniture if they are to learn to stand and walk independently.

Climbing

- A child climbing an A-frame must take an appropriate risk of climbing over the top if they are to move from one side of the frame to the other.

While you should offer children opportunities for challenge and adventure, you also have a responsibility to minimise the risks.

Minimising risks requires planning ahead by:

- conducting safety checks of:
  - equipment
  - toys
  - buildings
  - the general environment
- undertaking risk assessments
- removing hazards and/or securing areas.

Managing hazards and risks

The aim of hazard management is to determine which situations are most likely to cause injury or harm to people in the environment and how serious this is likely to be.

Once you have conducted a safety check or risk assessment, you will need to identify what action is needed to solve the problem. Some hazards can be removed either by disposing of the item, removing it from the area, replacing it or having repairs made. Other hazards will be more difficult to fix immediately, such as a large or expensive piece of equipment. In these cases, you will need to secure the item or area so it cannot be accessed by children or unauthorised adults until the problem is solved.

The following are examples of activities that involve risk:

- water play
- cooking
- riding a bike or tricycle
- excursions
- jumping on a trampoline
- swinging
- climbing.

At different ages and stages of development, children are prone to various types of accidents. The following tables outline examples of possible dangers at each stage and suggestions for keeping children safe.

Developmental stage	Dangers	Suggestions for keeping children safe
Infants and newborns	Falling from a bed or change table	➤ Collect all the equipment and materials required for nappy changing before laying the infant on the table. ➤ Always take the infant with you if you move away from the table, bench or bed. ➤ Try to always have one hand on the baby.
	Falling from a stroller or highchair. Unrestrained infants can easily slide out of strollers and highchairs. They may catch their neck as they slide, possibly even strangling themselves.	➤ Use suitable, age-appropriate restraints and check they are fitted correctly and used at all times.
	Catching their legs in the bars of a cot.	➤ Any nursery equipment that is used should be well designed and meet the standards, such as Australian and New Zealand Standard 2172: 2003 Cots for household use.
	Choking on solid food	➤ Food must be prepared to meet the dietary stage suited to each individual child. ➤ Meal and snack times must be carefully supervised.
Infants who can crawl	Choking on small objects. Infants can pick up small objects and put them into their mouths with the risk of swallowing, inhaling or choking on these objects.	➤ Closely supervise infants who are crawling. ➤ Keep small items out of reach. ➤ If infants are sharing a space with older children who use small items, limit their use to times when the infant is resting or sleeping, or set up the small items in an area that the infant cannot access. ➤ Count how many small pieces you start with, then count again when you pack up so you do not accidentally leave behind dangerous items that infants who are crawling may find and swallow.

Developmental stage	Dangers	Suggestions for keeping children safe
	Objects falling on them: Crawling infants are in danger of pulling heavy objects from shelves and tables onto themselves as they start to stand and walk around furniture.	➤ Check that all furniture is stable. ➤ Provide walking toys that are built to allow the crawler to stand safely while holding onto them. ➤ Ensure dangerous items are not within the child's reach.
Toddlers	Objects falling on them. Toddlers may pull at objects, such as books from a shelf.	➤ Remove dangling tablecloths if there are dangerous items on the table, such as sharp items, heavy objects or hot drinks. ➤ Ensure cords are secure and out of reach.
	Poison – toddlers can take the tops off bottles of medicine or poison and can open tablet packs.	➤ Keep medicines and chemicals out of reach and away from children's access.
	Falling from furniture and other high places. Children of this age can solve problems, so they may work out how to access different areas or get an item off a high shelf by moving furniture and climbing up.	➤ Supervise toddlers closely. ➤ Direct toddlers to safe climbing and problem-solving activities.
Preschoolers	Slips, trips and falls. Preschoolers are becoming more independent and require a safe and secure environment where they can run around, climb and try new activities.	➤ Check soft fall areas. ➤ Create environments that are suited to particular activities. ➤ Discuss safety with children and have them help you create a safer environment or identify hazards.
	Falls from high places. Preschoolers are active climbers and need well-designed and well-maintained equipment to climb safely. They also extend their physical skills to running, jumping, riding and other activities that involve heights and physical challenges.	➤ Provide suitable impact-absorbing material such as tanbark or foam mats, and place these under all climbing equipment, swings and slides. ➤ Involve the children in hazard identification and resolution.
	Injuries from equipment such as scissors, hammers and glue.	➤ Supervise preschoolers closely when they are using medium- and high-risk equipment.

Developmental stage	Dangers	Suggestions for keeping children safe
School-age children	Falls and other injuries from climbing and attempting more challenging activities. Children may undertake competitive games like basketball, football, soccer and tennis, and other activities that involve heights and physical challenges. They may also be at risk from equipment such as bikes, scooters, roller blades, hammers and hot glue.	➤ Check soft fall areas. ➤ Create environments that are suited to particular activities. ➤ Insist on helmets for children riding bikes. ➤ Discuss safety with the children and have them help you identify hazards and create a safer environment.

Examples

Providing a safe environment

The following examples outline what may happen if these considerations are not taken seriously.

Example 1	John, an educator, is in a hurry to prepare the children to eat their lunch. He sends too many children to the bathroom at once. The children start pushing and spill water, and James slips on the floor and hurts his arm.
Example 2	Sarah, a toddler, sits at the table before the meal is ready. None of the educators notice, but she becomes restless with nothing to do and climbs onto the table. She falls off, knocking a chair into Thomas's pathway and he falls over too.
Example 3	Jacinta is an educator, who is setting up for finger painting. She sets up this messy activity a long way from the bathroom. The children spill paint on the floor on their way to the bathroom, and Peter slips over in it.
Example 4	Matthew is taking a group of toddlers outside. He knows there is only one bucket and spade in the sandpit, but he is in a hurry and the children are anxious to get outside as it looks like rain is on its way. They will not be out for long, so Matthew does not bother getting more equipment for the sandpit. Three toddlers want to play with the bucket and spade, so this leads to a conflict and, consequently, a child is hit in the face with a spade.

Practice Task 9

1. Draw a line to match each term about hazards to the example experienced by Bethany, an educator.

* Toys and equipment	* Bethany goes out to the yard in the morning before the children. She looks around the yard, identifying and removing any hazards.
* Storing and labelling dangerous products	* Bethany is heating a bottle in the warmer and notices that the cord is starting to fray. She removes the warmer and puts a cover over the power point.
* Environmental hazard	* Bethany is feeding a young child in a highchair. The meal today is chicken with peas and carrots. Bethany gives the child a piece of chicken to hold and makes sure that she mashes the cooked carrots and peas up before feeding her.
* Safety check	* It's a cloudy day outside and the children are getting ready to go outdoors. Bethany checks the UV rating and notices that it is five. She checks that all children have sunscreen and hats on before going outside.
* Hazardous routine	* Bethany is cleaning and disinfecting the toys from the shelf. She notices that one of the wheels on the cars is becoming detached and could easily be pulled off. She removes the car from the basket and puts it on a high shelf until it can be repaired.
* Sun safety	* Bethany is refilling a spray bottle with cleaning solution. She notices that the spray bottle is unlabelled so she writes 'Dangerous - Cleaning fluid' on the front. When she is finished, she puts it up on a high shelf out of reach of the children.

2. Which of the following are appropriate actions to take to support children to understand their right to be safe? Select all that apply.

- ☐ Teaching children about the different types of abuse
- ☐ Asking children if they have ever been abused
- ☐ Talking about how it feels when we are afraid
- ☐ Talking about people that make us feel safe and how they can help when we feel unsafe.

3B Supervision

As you go about your daily work, you must take steps to reduce hazards and risks, and assess the safety of the environment.

Your level of supervision may vary according to the ages and developmental stages of the children and how safe the environment and activities are.

Service policies, procedures, regulations and standards must be followed to reduce the incidence of injury and the legal implications faced by staff if an injury occurs. These provide clear expectations for each educator and stipulate your responsibilities in relation to supervision.

Supervise children to make sure they remain safe.

Always check there are adequate educators available to care for and supervise children. 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. Check the regulations for the correct staff-to-child ratios and meet these at all times.

Supervision requirements

Supervision is an important aspect of safety in the service, and requirements are outlined in laws, regulations and standards.

The following table outlines the legal supervision requirements in the service.

Education and Care Services National Regulations
➤ Regulation 99: Children leaving the education and care service premises ➤ Regulation 119: Family day care educator and family day care educator assistant to be at least 18 years old ➤ Regulation 120: Educators who are under 18 to be supervised ➤ Regulation 122: Educators must be working directly with children to be included in ratios ➤ Regulation 123: Educators to child ratios – centre based services ➤ Regulation 123A: Family day care coordinator to educator ratios – family day care ➤ Regulation 124: Number of children who can be educated and cared for –family day care educator ➤ Regulation 126: Centre-based services—general educator qualifications ➤ Regulation 127: Family day care educator qualifications ➤ Regulation 128: Family day care coordinator qualifications ➤ Regulation 136: First-aid qualifications ➤ Regulation 151: Record of educators working directly with children ➤ Regulation 168: Education and care service must have policies and procedures

Education and Care Services National Law

- Section 165: Offence to inadequately supervise children
- Section 169: Offence relating to staffing arrangements
- Section 170: Offence relating to unauthorised persons on education and care service premises
- Section 171: Offence relating to direction to exclude inappropriate persons from education and care premises

The Education and Care Services National Regulations can be found at: aspirelr.link/education-and-care-national-regulations.

The Education and Care Services National Law can be found at: aspirelr.link/education-and-care-national-law.

The following requirements of the National Quality Standard (NQS) also relate to supervision.

Quality area	Standard	Element
Quality area 2: Children's health and safety	Standard 2.2: Each child is protected	Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm.
Quality area 4: Staffing arrangements	Standard 4.1: Staffing arrangements enhance children's learning and development	Element 4.1.1: The organisation of educators across the service supports children's learning and development.
		Element 4.1.2: Every effort is made for children to experience continuity of educators at the service.

Examples of related service policies and procedures include:

- Staffing policy
- Supervisor policy
- Management and leadership policy
- Child to staff ratio policy
- Roster
- Timetable
- Visitor policy
- Visitor record
- Educator qualifications policy
- Staff code of conduct
- Staff expectations

How to supervise children

Children must be in sight or within hearing distance at all times.

To supervise a child or group of children, do the following:

- Keep children in full view or within your line of sight.
- Use glass viewing windows to monitor children who are sleeping or in the bathroom.

- Keep infants within physical reach – never leave an infant unattended on a change table or in the bath.
- Make sure you can hear the children at all times.

Suitable methods of supervision require 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 yourself	Position yourself: - so children are in sight - so you have the best possible view of the area - with your back to a wall or fence - somewhere that allows all areas to be observed - away from other educators so there is a good coverage of supervision - close to high-risk areas.
Knowledge	At all times, you should know: - where children are - what the correct ratio of staff to children is, and ensure this is being followed - 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 activity - which children and activities require greater supervision.
Listen	Pay attention by listening: - for sounds that indicate hazards or injuries, such as bangs, bumps and 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	Remember to scan: - the whole play area constantly - all children, even when you are focused on one activity - other areas if you move away.
Reach	Be in physical reach when children are: - very young - involved in high-risk activities.

Types of supervision

Your choice of supervision 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 here.

Indirect contact	Indirect contact is useful for supervising bathrooms and sleeping areas. Indirect contact may involve only being able to see or hear children. Listening is most effective when combined with regular visual scans. Viewing windows do not allow you to have the full picture as you are unable to hear what is going on. However, viewing windows may be supported with an audio monitor. Viewing windows are not suited as a primary method of supervision for any length of time.
Direct contact	Direct contact should be your main supervision method. It means being able to see and hear all the children you are responsible for all the time. This may require suitable positioning of equipment both inside and outside.
Close supervision	When direct contact requires you to have children within your reach, it is called close supervision. This is needed when activities are dangerous or challenging. Close supervision means that if something happens, an educator is there to intervene immediately. If you are stationed at an activity that requires close supervision, you would not move from this area unless you altered the activity to make it safe or you were replaced by another educator. Close supervision is used depending on the age and skill of children and where the activity has some element of danger. Some examples include: › water play › toddlers using scissors › preschoolers using the monkey bars › school-age children using a glue gun.

Adjusting supervision

The environment that is provided for children alters during play.

For example, children may:

- move equipment
- add and take away materials
- develop new themes of play
- change who they play with
- attempt new activities and develop new skills.

Your supervision will alter as these changes take place and in accordance with the children's interests.

The type of supervision method you choose will depend on the group attributes outlined in the following table. However, it is best practice to ensure all children receive direct supervision from at least one educator at all times.

Skill level	➢ Young children have less experience and knowledge of dangers and their own abilities than older children. ➢ Toddlers and some children who enjoy challenges may attempt activities that are beyond their capabilities. ➢ Children who are learning a particular skill need more supervision than children who are able to complete the task. ➢ Some children need support through supervision to feel safe trying new activities and developing skills.
Age mix	➢ When working with children of a particular age group, ensure the materials and equipment are safe for the group. ➢ When working with children of mixed ages, a higher level of supervision may be required for some activities.
Group dynamics	➢ The number of children and the types of experiences and skills they use will alter the level of supervision required. ➢ Children have different interests and levels of ability and some need additional supervision.
Size of the group	➢ When working with a small group of children, it is likely to be easier to supervise all children directly; however, you will have fewer educators to support you. ➢ When working with a large group of children, it will be harder to supervise each child, but there should be more educators present to help supervise.
Environment	➢ The balance of safe and challenging activities will determine how many educators are required to supervise a specific area or activity, and how many are free to move about the area for general supervision. ➢ Some areas have limited viewing, such as bathrooms, toilet areas, sleep, rest and quiet areas, so alternative methods of supervision will work best. ➢ The shape of the play space may determine how much of the area is used and where educators are stationed.

Level of risk

As children learn, they make mistakes and experience failure – this is to be expected.

Experiencing activities that involve elements of risk forms part of their development and learning. The following are basic developmental abilities that contribute to the level of risk a child may take, and determines the amount and type of supervision required.

Attribute of the child	Things to be aware of
Awareness of safety and danger	➤ The younger the child, the less aware they are of what is safe and what is dangerous. This may result in young children placing themselves in risky situations. ➤ Some children are not afraid to experiment with their skills and take big risks without thinking about the outcomes. ➤ Some children undertake safe exploration prior to attempting any level of risk. ➤ Some children are afraid of challenge, mistakes and failures.
Spontaneous behaviour	➤ Young children tend to be more spontaneous than older children. ➤ Each child has their own level of response. Some children are very spontaneous, while others are very wary of change and new ideas.
Ability to follow limits and guidelines	➤ This may alter due to the child's level of understanding of the limits and guidelines, their enthusiasm for their activity or their need to make decisions and be autonomous.
Curiosity	➤ Some children are happy to work within the bounds of the activity. ➤ Some children want to know about everything linked to the situation, including how things work.
Interest in adult-modelled behaviour	➤ All children learn from modelling, but each child is attracted to different aspects of the modelled behaviour; for example, one child may be influenced by the way you talk to others, while another is influenced by what you wear or eat.
Independence	➤ Some children are content to be provided for. ➤ Some children may become upset because they want to do everything for themselves.
Understanding consequences	➤ Some children are aware of natural consequences due to their past experiences. ➤ Other children will have been protected from consequences and may take more risks, unaware of the implications. ➤ Some children will fear consequences, whether or not there are any.
Mobility and stability	➤ Infants are learning to move about and use raw skills that may lead to bumps and scrapes. ➤ Toddlers are more in control of their bodies, but are still trying lots of new things, such as running, jumping and balancing, which can be risky activities at first. ➤ Preschoolers have developed the ability to control their body and successfully move about and balance. ➤ School-age children begin to use equipment in more challenging ways; for example, moving from rail to rail on a monkey bar and hanging upside down or sometimes flipping from play equipment.

Communicating about supervision

Sometimes there will be a change in your ability to supervise effectively, other times this will be due to an alteration in the activities that children participate in or their particular needs at the time.

The following table outlines a range of supervision issues and gives examples of what you may need to communicate to other educators and why.

Reason to communicate	Actions to take	When to communicate with other educators
Maintaining ratios	➤ Check ratios via the Education and Care Services National Regulations. ➤ Remember, an educator can only be included in the ratios if they are working directly with children.	➤ When there are too many children in an area. ➤ To determine how many children are present (head counts). ➤ When you need assistance due to the number of children. ➤ When you are moving from one area to another (e.g. indoors to outdoors).
Attempting to have more than one person in an area at a time	➤ This gives each educator the ability to assist and support children during play. ➤ If one educator's attention is occupied, the other is able to continue observing the children.	➤ When you move from your position. ➤ If you are overwhelmed or if the experiences need closer supervision. ➤ If an accident or incident occurs and first aid is required.
Keeping all children in your line of sight	➤ Plan your position so you can see difficult areas, including around equipment. ➤ Sit with your back to the wall, fence or area where children are not permitted. ➤ Reduce the play space if you are unable to see all areas.	➤ If you cannot see all areas. ➤ If you need to work with a group of children to help them understand the dangers of using a particular area or activity. ➤ To determine how you could adjust your supervision to be more effective.
Developing a supervision action plan that outlines where educators should be stationed for best supervision	➤ Ensure the plan is suited to the current curriculum or to the everyday environment.	➤ Where areas of unplanned additional supervision may be needed. ➤ If you move from an area of high supervision. ➤ If you are unable to continue to monitor a child who needs close supervision. ➤ If you are leaving the area of supervision.
Including supervision in the curriculum plan	➤ Highlight activities that need close supervision.	➤ To advise other educators why you are at a particular activity. ➤ To let other educators know where their supervision could best be placed, particularly casual and relief educators.

Reason to communicate	Actions to take	When to communicate with other educators
Planning hazardous activities with supervision in mind	➤ Match the number of high-risk activities with the number of educators available to supervise. For example, if there are two educators, only plan one experience requiring close supervision so one educator is still able to provide direct contact to other areas. ➤ Some services or educators will choose to have no activities requiring close supervision unless there are at least three educators.	➤ If you think an activity requiring high supervision needs to be removed or changed for safety. ➤ To advise other educators why you are supervising a particular activity.
Clarifying expectations with new or unfamiliar educators	➤ Check to make sure the educators are aware of their responsibilities and how to meet your expectations.	➤ To advise other educators why you are supervising a particular activity. ➤ To let other educators know areas they should supervise, particularly casual and relief educators.
Letting others know if you or a child needs to exit the area	➤ Advise educators if your ability to supervise changes. This may occur if you leave an area to change a nappy, help another child or go on a break. ➤ Check the ratios of educators to children prior to leaving any area you are supervising and make sure another educator takes your place before you leave if necessary.	➤ To let other educators know the supervision plan will alter and that responsibilities will change. ➤ To advise educators if you are taking children out of the area so they are not looking for them.

Children can become engaged in the way supervision occurs. They can help and support you. Use developmentally appropriate language when informing children of safety requirements and explain how they will be supervised. Some ideas for engaging children are shown in the following table.

Sharing details of supervision

- Show children the area and how it is difficult to see.
- Ask children where they might position themselves if they were supervising.
- Let children know why you are in a particular place.
- Explain why an area is unsafe or out of bounds.
- Provide cues and limits that are consistent so children know expectations; for example, when one educator is outdoors, they must stay in the undercover area, when more than one educator is outdoors they may play in the whole yard.

Ratios

- Ask children to count how many children and how many adults are present.
- Involve children in working out if there are enough educators.
- Ask children to help communicate with other educators if you are not able to leave an area.

Example

Supervising children

Loran, an educator, is stationed at the collage table. The children, aged from three to five years, are able to access the scissors and paste, and participate in the activity under her close supervision. She can make sure the children are safe using the materials despite their different skill levels.

As the children explore the room, they become involved in other activities, and Loran finds that the collage activity is not being used. Loran packs away the scissors and paste, and exchanges these for puzzles so that she can interact elsewhere with the children.

She uses direct contact to supervise the children using the dramatic play and block construction areas. She also uses indirect contact to check the children in the adjoining bathroom are safe while washing their hands.

Authorised collection of children

Regulations outline requirements for children leaving the premises.

They state that children may only be:

- given into the care of their family member or an authorised person named in the child's enrolment form
- taken outside of the premises as part of an authorised excursion or due to an emergency.

You should only ever allow a child to leave your service if you are sure the right person is taking the child. This may require you to access a child's enrolment form and check for the names of authorised people. Your service policies and procedures may provide guidance; for example, they may state that the person collecting a child must be over 18 years old.

To follow these guidelines, you may need to ask for some form of identification to check that the person wanting to collect the child is named in your records. You have a duty of care to ensure that children remain in your care unless legally taken by an authorised person.

Example

Ensuring authorised collection of children

As a new staff member, Simone doesn't know many family members, but she makes an effort to introduce herself when children are dropped off so she can learn who everyone is. However, she notices that often different people come to pick the children up.

One day, when a man enters reception and starts to sign the departure book, Gloria (who is five years old) runs to him and gives him a hug. Simone sees that they know each other, and that the man understands the centre's procedure, but she is not certain if he is authorised to pick up Gloria.

Simone wants to ask another staff member if they know the man, but there is no one available. Instead, she approaches the man and introduces herself. He responds by saying he is Arthur, Gloria's uncle, and that he picks Gloria up on Fridays.

Simone explains that she is new to the service and asks if it is okay to see some identification. Arthur understands why she is asking, and shows Gloria his driver's licence. Simone then checks Gloria's records and notes that Arthur is on the permission list. She thanks Arthur, and he and Gloria leave the service.

Orders and risks

A child's parents or legal guardians must be provided access to their child.

This would only cause issues if a legally binding document clarified that a parent was not permitted to access the child.

The most common incidents that pose a safety risk are:

- the late pick-up of a child
- an accident or emergency involving the family member
- an intoxicated person picking up a child
- a person who has a restraining order against them arriving to pick up a child.

If you release a child into the custody of an adult who has authority, but is not in a fit state to care for the child, you may also be held accountable for any incident that occurs. This means you must take all reasonable steps to ensure the child is in the care of the right person and that this person is fit to care for the child.

By knowing certain family details, such as the people who are authorised to collect each child, you can ensure that children do not leave your service with an unauthorised person. Children's files may also hold legal information of supervision or custody orders from:

- licensing authorities
- courts of law
- the police.

Staff should be made aware of these orders so they can act appropriately.

Example

Safe collection of children

Rodriguez is one of the last staff members at the service. Eva's mum, Helen, arrives to pick her up at the usual time, but Rodriguez notices that Helen smells of alcohol, is a bit giggly and trips over a few times.

Rodriguez has a good relationship with Helen and feels comfortable asking what she has been up to. Helen tells him that there was a farewell party at work and she had a few drinks.

Rodriguez says it looks like she enjoyed herself. He suggests that he calls Helen an Uber, but Helen disagrees. Rodriguez reminds Helen that if something goes wrong during the drive home, she would be devastated. Helen thinks for a minute and then agrees that calling her an Uber is a good idea.

Rodriguez makes Helen a coffee and they chat about the party while they wait for the Uber to arrive.

Supervising people on the premises

Most services are set up with safety doors and fences to enable only authorised people to enter.

At times, people other than staff and family members will enter the building.

When an unknown person is noticed in the building, they should be approached quickly and asked their purpose. Unless the person is authorised to pick up a child or attending to complete a particular task, such as a maintenance request or delivery, they should be supported to complete their activity away from areas where children are situated. If they are not authorised to be on the premises, you may need to ask them to leave.

If a maintenance or delivery person needs to be near areas where children are educated and cared for, they should never be left alone with the children.

Regulations about the presence of adults in the service and the collection of children make your role in these two areas clear. You must follow through with your responsibilities to meet this legislation. Sometimes this may result in you taking action to protect children.

You must always:

- follow service procedures for the safe collection of children
- release children only to authorised people
- supervise every person who enters the premises when children are present.

Staff records must include the full details of any volunteer or student that participates in the service operations. Volunteers and students are not counted in the ratios of educator-to-child ratios.

Safety must be maintained by supervising students and volunteers at all times.

Practice Task 10

1. Which of the following statements about supervision are correct? Select yes or no for each one.

   a. A parent arrives to collect their child. You can smell alcohol on their breath and they are slurring their words. Should you say nothing and let the child go home with their parent? * Yes * No

   b. A mother arrives and is pleading to take her child. She tells you that her partner has made up lies and that the child is unsafe. She says she must take the child to a safe place. There is a court order against the mother. Should you allow her to take the child? * Yes * No

   c. A family friend arrives to collect a child. He is on the authorised list and he shows photo identification. Should you allow the child to go with the family friend? * Yes * No

   d. A child is having a severe asthma attack and an ambulance has been called. You have not been able to get in contact with any family members or emergency contacts. Should you let the child go in the ambulance? * Yes * No

   e. A person dressed in overalls comes to the door. He says he is there to provide a painting quote. Should you allow him to come inside? * Yes * No

2. Which of the following things could you do during a lunch routine to make sure supervision is adequate? Select all that apply.

   - [ ] Sit at a table with the children so you can talk with them about the meal.
   - [ ] If a child goes to wash their hands, make sure you can see or hear the child.
   - [ ] If a child wants you to read a book but you are helping a baby learn to use a spoon, you could ask the child what they might do while they wait until you are finished.
   - [ ] If you were scheduled to have a break, you would tell other educators you are leaving the room.
   - [ ] You should sit with your body facing most of the area so you can see as much of the area as possible.

3C Sun safety

By teaching children about the dangers of sun exposure and the relevant precautions to take, you can educate them as to why they need to take actions like wearing a hat outside.

This is knowledge they will need throughout life.

The Cancer Council of Australia, along with other cancer councils, have developed many resources for educators. These include downloadable apps and websites that support the identification of UV levels in your location.

Other resources available online give background information about sun safety and outline how to incorporate sun safety messages into:

- imaginative and dramatic play ideas
- group experiences
- songs and rhymes
- posters
- books
- construction
- creative play and learning experiences
- discovery play.

Ensure children wear sunscreen and a hat when outside.

Promoting sun protection

Children and educators must be dressed to match the sun conditions.

This means enforcing sun safety at all times.

Sun-safe clothing includes:

- sun-protective hats that cover the face and neck
- clothing that covers the neck, shoulders and arms (i.e. has a collar and sleeves)
- pants or a skirt that covers the legs as much as possible.

Every activity should be carefully considered so the environment it takes place in is safe. Sun exposure can have serious consequences. Heat from the sun can cause sunburn and may eventually result in skin cancer. Sunburn should never occur in child-focused services; all children should be carefully protected. Infants under 12 months should never be exposed to direct sunlight.

To find out more, visit: aspirelr.link/sun-smart.

UV rays

Solar ultraviolet (UV) radiation is energy produced by the sun that damages the skin and can cause sunburn, ageing and eye damage. UV radiation is also the main cause of skin cancer.

You are unable to feel UV on your skin, so you won't know it is causing damage. Children have a high sensitivity to sun damage and UV can burn quickly.

UV rays can come through clouds, so keep in mind that cloudy days are not safe days in terms of UV.

The following is a summary of basic guidelines to follow.

High exposure levels

When UV radiation levels are three or above, adults and children must demonstrate appropriate sun-safe practices by:

- wearing clothing that reduces skin exposure
- wearing a hat that protects the face, neck, ears and eyes
- using an SPF 30+ (or higher) sunscreen that has been applied 20 minutes before exposure to the sun
- seeking shade where possible
- wearing sunglasses (optional).

When UV levels are high, exposure to the sun's rays can cause dehydration, eye damage and premature ageing of the skin. Even more serious is the fact that Australia has the highest rate of skin cancer in the world, caused by excessive exposure to UV rays. These facts require you to take responsibility to protect children and yourself from these conditions.

Follow all sun-safe procedures and strategies at all times, model behaviours and consistently support and encourage children.

Balancing UV exposure

When UV radiation levels are below three, some sun exposure is recommended (except in alpine or snow areas) as it assists the body to develop vitamin D. Vitamin D regulates calcium levels in the blood and is necessary for the development and maintenance of healthy bones, muscles and teeth.

You can find out what the UV radiation level is by:

- checking the UV alert issued by the Bureau of Meteorology
- reading reports in daily newspapers, some television and radio weather forecasts, and at: aspirelr.link/sun-smart
- purchasing a UV radiation meter
- downloading a UV alert app or widget on your mobile.

Sun safety

The following table outlines the sun safety requirements in the service.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 114: Outdoor space – shade	Outdoor spaces must include adequate shaded areas to protect children from overexposure to ultraviolet radiation from the sun.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including sun protection.
Approved learning frameworks: › **EYLF**	Outcome 3: Children have a strong sense of wellbeing	Sub-outcome: Children are aware of and develop strategies to support their own mental and physical health and personal safety

Examples of related service policies and procedures include:

- Sun safe policy
- Sun protection procedures
- Health and safety policy

Example

Educating children about sun safety

Concetta, an educator, is preparing the children for outdoor play. As the UV level is over three, she assists each child to take sun safety precautions and talks to them about what they are doing.

'Today the sun might burn our skin. We need to wear sunscreen and safe clothing so that our skin is protected. First we will pop on the sunscreen, then we will put on our hats. Remember, you will need to play indoors or under the pergola if you take your hat off.'

Practice Task 11

Which of the following statements about sun safety are correct? Select all that apply.

- [ ] All children should wear hats when outdoors.
- [ ] You don't need to apply sunscreen on a cloudy day.
- [ ] To keep children cool in the heat they should wear singlets.
- [ ] When the UV levels are above three, sunscreen should be applied.
- [ ] Adults do not need to wear hats outdoors as their skin is used to the sun.
- [ ] Sun safety policies should be followed all year round.

Summary

- Keeping risks and hazards to a minimum limits injuries to children.
- Basic needs must be met before you can progress to satisfying other needs.
- Supervision must be undertaken at all times with consideration to group size, location of children and areas needing to be monitored.
- Sun safety guidelines must be followed at all times.
- All educators must take part in assessing hazards and risks.
- There are a number of dangers that can arise during routine times.
- Cleaning and waste materials carry a high risk.
- Safety checklists should be undertaken daily.
- There are three main levels of supervision: indirect contact, direct contact and close supervision.
- All educators must supervise people on the premises, including students and volunteers.
- Children and educators must be dressed to match sun conditions and ensure sun-safe clothing is worn at all times while outdoors.

Learning Checkpoint 3
Support safety needs of children

Part A

1. According to Regulation 123 of the Education and Care Services National Regulations, how many educators are required to supervise eight children under two years so that active supervision can occur and their health, hygiene and learning needs are met?

2. Which four experiences or routines in the following images would require close supervision if provided to children?

☐ Image 1

☐ Image 2

☐ Image 3

☐ Image 4

☐ Image 5

☐ Image 6

☐ Image 7

☐ Image 8

☐ Image 9

3. Identify two ways the item in the following image may be made safer?

4. Identify two items of clothing that could be worn by the children in this image to implement safer outdoor play.

5. According to Regulation 126 of the Education and Care Services National Regulations, how many educators working toward or holding a diploma qualification must be present with the children at all times so their health, hygiene and learning needs are met?

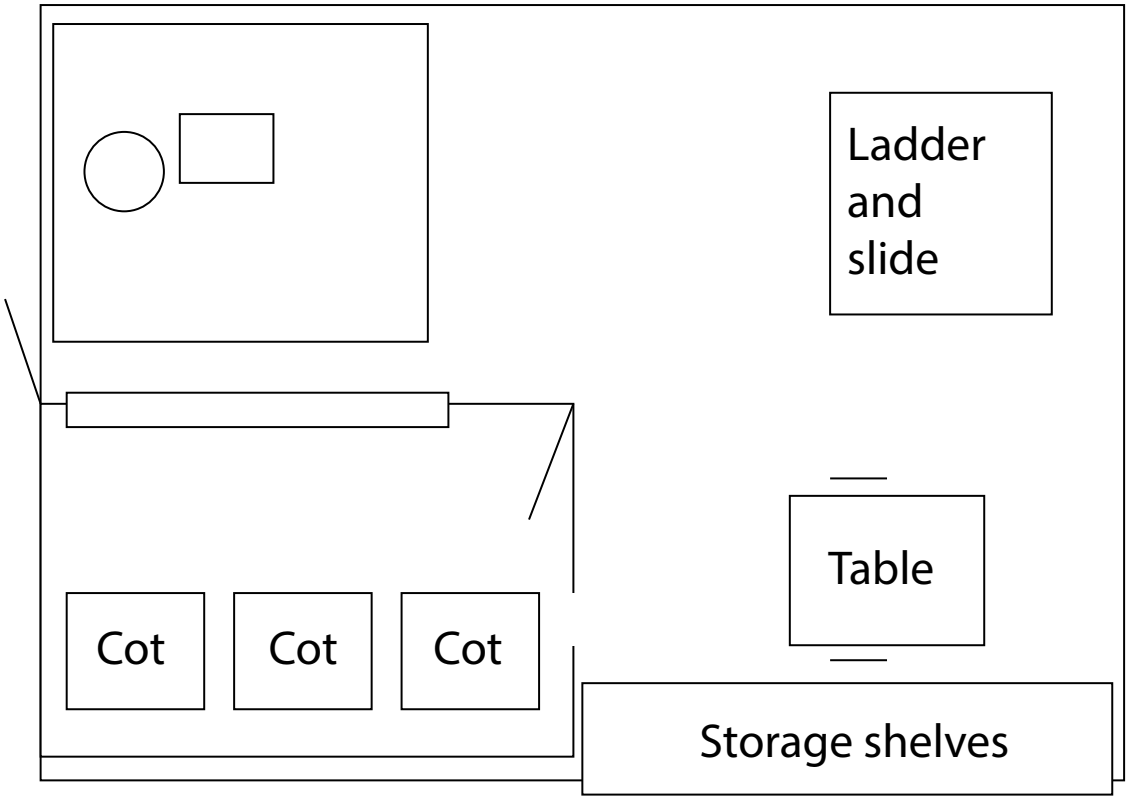
6. Which of the following would be appropriate if an unknown person entered the service? Select all that apply.

- ☐ If the person is planning to take a child, check the enrolment form for names of authorised people.
- ☐ Check the person's identification, such as a driver's licence to make sure they are an authorised person recorded on an enrolment form.
- ☐ Tell the person to leave. Only those you know should enter the premises.
- ☐ Let the children know and ask them if they know what to do if they feel unsafe.
- ☐ If the person is delivering items to the kitchen, they should not need to be part of children's activities, so should be supervised to check they complete their role and leave.
- ☐ If the person is completing maintenance checks, they should be left alone to do their job.

7. If the materials in the following image were provided to babies, why would they be unsafe?

Part B

Use the floor plan to answer the questions that follow. There are six children in this space and they are aged between four months and two years old.



1. Put crosses on the floor plan showing three positions that enable you to see the children during supervision.

2. Which of the following statements about supervision in the floor plan are correct? Select yes or no for each one.

a.	On this floor plan the area with the ladder and slide would need close supervision.	* Yes	* No
b.	If you were providing close supervision at the ladder and slide, and another educator came to relieve you for a break, you would need to tell the educator and any other educators in the room that this area will now need to be supervised by someone else.	* Yes	* No
c.	The sleep room has glass windows, so indirect supervision is acceptable in this space.	* Yes	* No
d.	Because there are glass windows on the sleep room, you do not need to check on the children at all. You will hear them when they wake up.	* Yes	* No

e. It is important to position yourself so that you can see as much of the area as possible. You will need to move around according to the children's needs. * Yes * No

f. If a child asks you to help them find a puzzle but you are supervising the ladder and slide, you could suggest they ask the educator near the puzzles to help. * Yes * No

Topic 4

In this topic you will learn about:

- **4A** Routine guidelines
- **4B** Child-focused routines
- **4C** Physical activity
- **4D** Nutrition and mealtimes
- **4E** Sleep and rest needs
- **4F** Clothing needs and preferences

Support routine needs of children

The experience and knowledge of educators influences routines, as there are many ways to implement each routine.

Routines need to be flexible and enjoyable. Make the most of the learning available as you participate in routine activities. All activities provide opportunities for the development of skills and knowledge, as well as recognition of cultural needs.

You may provide routines that cater for:

- arrival and departure times
- toileting
- tidying up
- moving from one activity to another
- snack times
- mealtimes
- rest and sleep times
- meeting times
- play.

4A Routine guidelines

A range of laws, regulations, standards, guidelines and support materials assist educators to provide education and care in the most effective and efficient manner possible.

The laws and regulations provided in this resource are national. Each state/territory may have clauses that apply to their jurisdiction. In most cases they have been simplified or condensed.

You can access a copy of laws, regulations and standards on the Australian Children's Education and Care Quality Authority (ACECQA) website: aspirelr.link/acecqa.

The following information is a list of relevant guidelines for this topic.

Child-focused routines

This table outlines guidelines you must follow in relation to child-focused routines.

Guideline	Requirements	Details
National Quality Standard (NQS)	Quality area 1: Educational program and practice Standard 1.1: The educational program enhances each child's learning and development	Element 1.1.2: Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program
	Quality area 6: Partnerships with families and communities Standard 6.1: Respectful relationships with families are developed and maintained, and families are supported in their parenting role	Element 6.1.1: The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
	Standard 6.2: Collaborative partnerships enhance children's inclusion, learning and wellbeing	Element 6.2.1: Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
Early Years Learning Framework (EYLF)	Principle: Secure, respectful and reciprocal relationships	Provide safe and predictable learning experiences that show that you welcome the child and family. Include their interests, needs, strengths, ideas and knowledge, and make sure children see themselves and their identities in the environment.
	Principle: Sustainability	Implement practices and use resources in ways that respect environmental, social and economic sustainability.

Guideline	Requirements	Details
Early Years Learning Framework (EYLF)	Principles: ➤ Partnerships ➤ Respect for diversity ➤ Aboriginal and Torres Strait Islander perspectives ➤ Equity, inclusion and high expectations	Use information you collect and share with families, children, communities and other educators. This is your knowledge of the child. Include ideas and skills of families and children, and take into account their needs. Accept that each child and family have their own individual needs and each of these must be respected and provided for.
	Principles: ➤ Critical reflection and ongoing professional learning ➤ Collaborative leadership and teamwork	Reflect on routines and check in to make sure they meet best practice guidelines.
	Practice: Continuity of learning and transitions	Make routines, change and learning opportunities as consistent as possible. Take into account the emotional needs of children and work from this to help them to become confident and capable.
	Practice: Assessment and evaluation for learning, development and wellbeing	Plan based on the things you see and know are consistent. Gather information over time and take this into consideration in order to provide environments that meet each child's needs.
	Outcome 3: Children have a strong sense of wellbeing Sub-outcome: Children take increased responsibility for their own health and physical wellbeing	Respect children's ability to recognise their needs. Share ownership of timetables and routines, and allow for individual needs. Discuss and model healthy lifestyles and good nutrition.

Physical activity

The following table outlines the guidelines you must follow in relation to physical activity in the service.

Guideline	Requirements	Details
NQS	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted	Element 2.1.3: Healthy eating and physical activity are promoted and appropriate for each child

Guideline	Requirements	Details
EYLF	Principle: Equity, inclusion and high expectations	Provide challenges and taking of risks.
	Principles: - Respect for diversity - Aboriginal and Torres Strait Islander perspectives	Support the learning of new skills. Reflect on the child as an individual, their skills and how their needs can be met.
	Practice: Holistic, integrated and interconnected approaches	Take into account the connectedness between the needs of children, families and communities
	Practices: - Responsiveness to children - Cultural responsiveness	Acknowledge children's strengths. Respond to children's ideas. Stimulate activity through participation.
	Practice: Play-based learning and intentionality	Model, demonstrate, question, explain and engage children.
	Practice: Learning environments	Provide time for learning.
	Practice: Assessment and evaluation for learning, development and wellbeing	Plan, evaluate and reflect to increase the suitability of the environment and its experiences.
	Outcome 1: Children have a strong sense of identity Sub-outcome: Children develop their emerging autonomy, interdependence, resilience and sense of agency	Provide choices and a range of activities. Maintain high expectations. Show enthusiasm for children's attempts and successes. Support children to persist in their activity.
	Outcome 3: Children have a strong sense of wellbeing Sub-outcome: Children take increased responsibility for their own health and physical wellbeing	Plan and provide energetic activity. Share familiar physical games. Support the balance of activity and rest.

Examples of service policies and procedures in relation to physical activity include:

- Health and safety policy
- Physical activity policy
- Program development policy
- Curriculum policy
- Activity policy
- Movement policy
- Fundamental movement policy

Eating and drinking

The following table outlines the guidelines you must follow in relation to nutrition and mealtimes.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 77: Health, hygiene and safe food practices	Limit the risk to children by using safe practices for handling, preparing and storing food.
	Regulation 78: Food and beverages	Children must always have access to clean drinking water. All foods and beverages need to be nutritious and adequate in quantity. Children are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day.
	Regulation 79: Service providing food and beverages	Food and beverages must be nutritious and adequate in quantity. Food and beverages should be chosen based on: - each child's growth and development needs - specific cultural, religious or health requirements. This regulation does not apply to food or a beverage provided by a parent or family member for consumption by the child.
	Regulation 80: Weekly menu	If food or beverages other than water are provided, a weekly menu must be displayed. The menu must be displayed in a position that is accessible to parents. The menu must adequately describe all food and beverages provided each day. This regulation does not apply to food or a beverage provided by a parent or family member for consumption by the child.
	Regulation 168: Education and care service must have policies and procedures	The service has in place policies and procedures in relation to health and safety, including nutrition, food and beverages, and dietary requirements.

Guideline	Requirements	Details
NQS	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted	Element 2.1.3: Healthy eating and physical activity are promoted and appropriate for each child.
EYLF	Outcome 3: Children have a strong sense of wellbeing Sub-outcome: Children take increased responsibility for their own health and physical wellbeing	Respect children's ability to recognise their needs. Share ownership of timetables and routines and allow for individual needs. Discuss and model healthy lifestyles and good nutrition.

Examples of service policies and procedures in relation to mealtimes include:

- Health and safety policy
- Food safety policy
- Routine policy
- Food handling policy
- Mealtime procedures
- Menu procedure
- Healthy eating policy

Sleep and rest

The following table outlines the guidelines you must follow in relation to sleep and rest routines.

Guideline	Requirements	Details
Education and Care Services National Regulations	Regulation 81: Sleep and rest	Sleep and rest of all children must be considered in relation to the ages, developmental stages and individual needs of the child.
NQS	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted	Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Examples of service policies and procedures in relation to sleep and rest include:

- Sleep and rest policy
- Health and safety policy
- Sleep procedure
- Planning policy
- Routine policy
- Timetable procedure
- Relaxation policy

Clothing needs

The following table outlines the guidelines you must follow in relation to clothing needs.

Guideline	Requirements	Details
NQS	Quality area 2: Children's health and safety Standard 2.1: Each child's health and physical activity is supported and promoted	Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation

Examples of service policies and procedures include:

- Health and safety policy
- Clothing policy
- Uniform policy
- Toileting policy
- Routine policy

Practice Task 12

1. Draw a line to match each routine need on the left to the guideline on the right.

* Physical activity	* Element 1.1.2 of the NQS
* Sleep and rest	* Program development policy
* Child-focused routines	* Regulation 81 of the Education and Care Services National Regulations
* Nutrition and mealtimes	* Element 2.1.1 of the NQS
* Clothing needs	* Regulation 78 of the Education and Care Services National Regulations

4B Child-focused routines

Children will learn about their own needs and develop trust if you provide routines that meet their individual needs and flow easily from one focus to the next.

Routines benefit adults and children as they allow you to:

- structure the day so everyone knows what is happening
- provide predictability so that everyone is ready for the next part of the day
- plan and prepare for what happens next
- provide enough time for children to complete tasks and to be fully involved in the learning process
- involve children to finish one task and start another; for example, pack up activities and then set up for snack time
- assist children with hygiene according to their particular needs
- make the most of any one-to-one interaction that may occur.

Daily routines in an education and care service may differ according to a variety of things, including:

- the age of the children in care
- the number of staff available
- individual needs of staff, families and children
- service management requirements
- philosophy of staff and the service
- experience of staff.

Child-focused routines

An action that is designed to meet the needs of a child as a first priority is called a child-focused practice or routine.

If you have a child-focused routine, it means that you have:

- consulted families about their child's needs
- considered how the service operates and how it can meet the child's needs
- observed the child and identified how you can meet their needs
- put into place routines and care practices that meet the child's needs.

Being child-focused means that you understand the needs of the children and provide for these needs as a priority. Consider whether the following types of child-focused routines may work for your service.

Progressive mealtime

A progressive mealtime is when the snack or mealtime foods are prepared and placed out ready to be eaten, and children come in small groups to eat when they are ready. This replaces a group mealtime.

Staggered transition

A staggered transition is where the individual needs of children are catered for differently in a group. A staggered routine allows some children in the group to start a routine earlier or later than others. For example, younger children may commence eating and preparing for sleep prior to the rest of the group, or preschool children may arrive at different times if they are involved in a kinder program.

Indoor–outdoor program

An indoor–outdoor program is one where educators and activities are available indoors and outdoors at the same time, and children can choose to be indoors or outdoors as their preference or activity dictates.

In most circumstances, children respond well when they are able to move through routines at their own pace or in small groups. This enables their routines to be implemented in a way that provides choice and flexible timing. It also makes a typical day for an educator more spontaneous and enjoyable.

Whatever the routine, families, children, staff and management should all have some contribution to how routines operate, and have their needs met as much as possible. Be aware that many routines follow policies, procedures and standards; some of these are set by the service, some are guided by legislation and others are guided by quality assurance.

Routine changes

A daily timetable should comprise a variety of routine practices that link together to meet everyone's needs.

From experience in the service and in your daily life, you should constantly consider priorities and practicalities regarding when to do particular things. With children this includes the way you move them from one activity or area to the next. This linking or moving from one activity to another may involve interrupting play or a routine activity to move to another type of play or routine.

Encourage children to set up and pack away activities.

Smooth routine changes allow children to feel secure and respected when moving from one activity, task or routine to another. Well-planned routine changes:

- are flexible
- cater for individual needs
- keep the program relaxed and enjoyable.

Here are some ways to help you develop and implement smooth routine changes.

Give warnings	Provide a warning that a change is approaching. Children often become very engrossed in play and it shows respect when you give them a warning that they soon need to stop.
Clear, simple directions	Use clear and simple directions so that children know what you expect. Remember that young children can only follow one or two instructions at a time.
Finish activities	If possible, allow children to finish an activity they are engrossed in or provide a means for them to continue later. It is a sign that you value the children's work when you allow them to save what they are doing and continue or complete it later. You may need to consider storage or how you use space to enable this.
Appropriate group sizes	Consider whether the group size is appropriate to the activity you are moving to. You may find that you only need to move some children to a new routine, activity or space, and others can come later or may not participate at all. You may also be able to eliminate a structured routine change by using progressive techniques where children choose to move to a routine or activity by themselves.
Participation and independence	Allow children to participate and be independent when possible. Remember that the service exists for the children and that the environment is meant to give them a feeling of belonging. Educators often become stressed about what needs to be done and forget that children are capable of taking on responsibilities, particularly if they are supported, encouraged and thanked.
Allow children to set up and pack away activities	By the time children are preschool age, they are able to set up and pack away activities themselves with guidance. The more responsibility and impact children have over their environment, the greater their sense of security and belonging. Children are often much more capable than adults give them credit for.
Use tidying up as a learning time	Include tidying up as a valuable learning time rather than a chore that must be completed quickly. There are many things a child can learn at this time, such as: › classifying or sorting – organising things into containers and shelves › placement – putting things in the correct place › care and respect for the environment and equipment – modelling by educators assists children to gain this skill; by helping to care for the equipment, children can feel ownership and responsibility for it › cooperation – working with others to achieve a task › responsibility – for the task, for leading others, for equipment and for their own time and space › independence – developing skills so that they gain greater competence as they grow.

Reducing waiting times

For a routine to flow, you must exclude or reduce waiting times and be prepared with ways to fill unexpected waiting times.

The younger the group of children, the less appropriate it is for your routines to include waiting. When an infant cries to tell you they are hungry, sleepy or lonely, they expect to be fed, put to bed or hugged and played with immediately. This is because they have no concept of time or understanding of the tasks you need to complete to prepare yourself and the environment. They simply recognise that they are hungry and then alert you to this fact.

Preschoolers and toddlers should be energetic and involved with you and their peers. They have a limited understanding of time, yet they know what is coming next in most cases. Children of this age see waiting as time to amuse themselves, sometimes in the form of behaviour that may not be appropriate.

Preparation is the best way to exclude waiting times and keep your stress levels low. By having the materials, space, staff and activities ready to go, or at least ready to set up, the plan is more likely to go smoothly and allow for flexibility.

Communicate with the person who prepares the plan and, once they have completed this, ask if any preparation is required. You may also have a look at the plan when you arrive for the day to see what preparation you can assist with.

Practice Task 13

1. Draw a line to match the beginning of each sentence about child-focused routines to the correct ending.

* You can meet individual sleep needs	* providing them with a stool so that they can reach the tap by themselves.
* You can assist a child with toileting by	* having progressive routines and sitting with the children while they eat.
* You can support a child to wash their own hands by	* providing child-sized toilets and allowing children to have privacy.
* You can assist more than one child during mealtimes by	* providing and allowing them time to practise using fasteners and helping them with difficult tasks.
* You can assist a child with dressing and undressing by	* adjusting to suit children's own routine and having both cots and beds available.

4C Physical activity

Regular physical activity during early childhood has a positive impact on health as children grow, and may help children develop healthy behaviours in the future.


Encourage children to get involved in physical activity.

Active play lays foundations for the development of physical, mental and social skills, such as sharing and taking turns. Physical skills are also developed as children become independent and start to take responsibility for caring for themselves.

As you implement activities to meet each child's physical needs, there are many opportunities for you to extend the child's understanding of themselves and others. From their direct involvement in these activities, children gain essential skills and knowledge that they can draw on throughout their lives.

All age groups need to be given many opportunities for movement and physically active play. Children need to be able to:

- extend and develop their skills through challenging activities and experiences where they can try new things
- involve themselves in physical movements, such as rolling, crawling, walking, running, jumping, digging, pushing, skipping and climbing
- actively manipulate their play space by redesigning and reinventing it with movable equipment and props, and practise skills of balancing, bouncing, lifting and pushing.

Discussing physical activity

Children have individual interests and strengths, including in relation to physical activity.

You may need to discuss these interests and strengths with family members.

Discussion with family members might include information about:

- a child's interests and strengths
- a child's level of ability
- the amounts of physical activity the child participates in at home or in out of service activities
- the amount of screen time the child usually has
- the child's health and growth.

Some things that families might want to discuss include:

- if their child is developing appropriately
- if their child is participating in activities
- what their child enjoys during the day
- how they might reduce screen time at home
- what children need to be healthy.

How bodies work

When children understand how their bodies work, they are able to care for themselves and make better decisions.

To learn this information they will watch educators and other people important to them. Educators can create ideas for discussions that link to how physical activity helps their bodies to be strong and healthy, such as in the following table.

Developmental stage	Discussion ideas	Examples
Infants	- Talk about activity and movement. - Celebrate achievements such as learning to crawl, walk, etc. - Incorporate song into movement.	- 'Look at your strong legs.' - 'Yes! You are walking!' - 'Row, row, row your boat.'
Toddlers	- Talk about the activities they are completing. - Describe their movements. - Add words that describe the skills they are developing.	- 'Look at your strong arms sweeping the floor.' - 'That is a huge jump!' - 'Now your legs are running fast!'
Preschoolers	- Involve the community through activities and visits. - Talk about their body structures and how these work, such as muscles, bones and the brain. - Discuss individual abilities and achievements.	- Invite a dietitian to talk about how food gives them energy. - 'Milk and cheese provide calcium to our bones to make them strong.' - 'Hayley jumps very high and Stacey can run fast. They both have strong legs.'

The following table outlines recommendations for activity and screen time for children of various ages.

Guideline	Age/ developmental stage	Recommendation
Australian 24-hour movement guidelines for the early years (birth to 5 years) **aspirelr.link/24hour-movement-guidelines-0-to-5**	Babies	➤ Support babies to be active several times a day in a variety of ways. ➤ Include at least 30 minutes of tummy time a day for those children who are not yet mobile. ➤ Encourage reaching, grasping, pushing and pulling. ➤ Use floor-based play such as crawling for older babies. ➤ Screen time is not recommended.
	Toddlers	➤ Include at least 180 minutes (3 hours) of physical activity per day, including energetic play spread throughout the day. ➤ Screen time should be no more than 1 hour per day, less is better.
	Preschoolers	➤ Include at least 180 minutes (3 hours) of physical activity per day, including 60 minutes (1 hour) of energetic play spread throughout the day. ➤ Screen time should be no more than 1 hour per day, less is better.
	All children under five years	➤ Restrict restraint in a stroller, highchair or car seat to a maximum of 1 hour. ➤ When children are not involved in active play, encourage reading, singing, puzzles, storytelling and educator engagement. ➤ Support good-quality sleep.
National physical activity and sedentary behaviour guidelines for Australians **aspirelr.link/physical-activity-guidelines**	Children aged five to 12 years	➤ Include at least 60 minutes (1 hour) of moderate to vigorous activity daily. ➤ At least three days a week, children should participate in aerobic activity that strengthens bones and muscles. ➤ Screen time should be no more than 2 hours per day, less is better. ➤ Break up long periods of sitting.

To identify activities and experiences best suited to each child, start by observing them. Find out what they do already and what they are interested in. You may notice they are confident in some areas and are learning or being challenged in others. Set out some activities to measure the child's skill levels if needed.

Movement activities

Movement activities are those that encourage children to use their various muscles in coordination; for example, building with blocks, sorting items and balancing.

Movements like these use the brain and body together, and can help the child to think more clearly.

The term 'gross motor skills' refers to the actions that use the large muscles of the body. The term 'fine motor skills' refers to the actions that use the small muscles of the body. You can identify whether a child is using gross or fine motor skills by observing them at play.

There are different types of activities that happen during the day.

Planned activity

You organise activities for the children to use.

Example: The educator plans a range of activities, one being a course where children move over various obstacles in different ways.

Spontaneous activity

Play happens automatically and is led by an idea that occurs during play.

Example: The children are playing when they start singing a jumping song. The educators encourage the children to jump from one end of the yard to the other while they sing.

Structured activity

You plan, organise and direct activities.

Example: The educator sets up a movement activity. The children are asked, in a group, to stretch high, roll into a ball, crawl and jump when the educator calls the words.

Unstructured activity

Play moves at the child's pace and follows their interests.

Example: The children are carrying blocks from the shelf. They decide to use a wheelbarrow to carry the blocks. They then work together to build a house.

However the activity is commenced, it is best suited to the child if it:

- interests them
- allows them to adapt and change the play so that it meets their needs
- provides a challenge, but is not too frustrating or scary.

You will notice if the child is frustrated or fearful. Children display a lack of confidence in different ways, but some common signs include that they:

- tell you they can't do something
- cling to you
- stop or do not progress in the activity
- show anger through their words or actions
- refuse to try.

Indoor play

Indoor play provides opportunities for children to develop physical skills.

Infants and toddlers usually use indoor areas for:

- discovery – safely exploring interesting items with their senses
- playing with wheeled toys
- manipulative play.

Preschoolers develop their physical skills from indoor activities such as:

- dramatic play
- building with blocks
- puzzles, threading and construction sets
- clay modelling, painting, drawing and collage
- sand and water play
- woodwork
- cooking.

Provide a range of open-ended items for indoor play.

As children's bodies grow larger and take up more space, their skills also increase. However, it becomes unsafe for them to practise gross motor skills in busy indoor areas. A gymnasium is a perfect place to develop gross motor skills indoors. Movement might also be integrated into daily activities. For example, where appropriate, encourage movement, participation and development of independence through activities such as:

- allowing children to help set up or pack up activities
- setting tables for meals and snacks
- cleaning up their own activities
- dressing themselves.

Outdoor play

Children prefer to have the opportunity to move indoors and outdoors as they please.

Encourage children to use their physical skills to play outside.

This can be achieved through what is called an 'indoor–outdoor program'. Staff ratios and service design will determine if this is an option. Almost all activities planned indoors can be offered in an outdoor space, so if an indoor–outdoor program is not possible, consider this option.

Outdoor play spaces should be clearly defined so children can immediately see how the space can be used. This allows them to move easily between areas without interfering with the play of others. Stepping stones and the use of other natural features can provide children with creative options for their physical play. Open-ended materials allow educators and children to rearrange equipment, change location, add or remove materials, and provide either simple or complex play arrangements. Open-ended materials encourage children to engage in spontaneous play. Spontaneous play stimulates children's creativity and imagination, and allows them to develop their own ideas and themes of play.

You can encourage spontaneous physical play by providing things such as:

- wooden planks
- car tyres
- small ladders
- A-frames
- outdoor blocks
- off-cut logs or log rounds.

Routine activities

Routines occupy a major part of the day, and can be especially valuable if you slow them down and prioritise children's self-help skills in the process.

Self-help or autonomy skills can emerge or be learnt at these times. They are also times when important physical skills are being used and developed.

Some key self-help skills include:

- handwashing – after going to the toilet, before eating and after messy play
- toileting, including flushing the toilet after use
- brushing teeth
- rinsing their mouth after a meal
- dressing and undressing
- discarding tissues in the bin after use.

It is essential to allow time for practice and to provide encouragement and support for children to complete all tasks. With this in mind, it is vital that your routine allows children time for this learning to take place and for them to complete tasks in their own time.

Something quite simple for adults can be quite complex for children, depending on how far the child's development has progressed. The task may take a long time and require great concentration. It may also require support and encouragement from you.

Life skill development

Life skills are the abilities to handle problems and questions that occur in everyday life.

For children to develop these skills, you must provide environments that allow for exploration appropriate for their age and stage of development.

Consider the following when preparing an environment in which children are encouraged to do or try things for themselves:

- Ensure materials are accessible to them.
- Keep storage areas open to children.
- Organise shelving and equipment.
- Ensure equipment needed to complete tasks is available.
- Provide access to rooms and spaces where personal care is undertaken, such as lockers and bathrooms.
- Provide different selections of materials and equipment, showing that children have choices.
- Display children's work to show individual experimentation and ideas.
- Provide activities that support the development of self-help skills, such as using pegs or play dough to strengthen grip.
- Provide directions, instructions and recipes.

Interactions with children should also be encouraging. They should:

- support the children's ideas and interests
- encourage the children to want to find out more
- assist the children to construct their own play situations and learning activities.

Provide an appropriately challenging environment for children in different age groups to develop their life skills. Evidence of the age range of the children should be immediately observed in:

- the type and size of equipment offered
- the types of activities and experiences provided
- the number and types of choices.

Participating with children

When you model enjoyment of physical activity, you encourage children to participate and to become physically active themselves.

At times this might be difficult as you balance your supervision requirements with your involvement, so the way you participate in physical activity may change due to this responsibility and will depend on the number of children you are educating and caring for.

The following are some examples of ways to participate and demonstrate enthusiasm with children:

- At a busy slide, your enjoyment may be demonstrated through spontaneous singing, celebration of children's achievements, laughter and encouragement.
- In a quiet sandpit, your enjoyment may be demonstrated by creating sandcastles, talking about what you and the children are doing, working together on a project, singing or chatting about the materials or resources.
- In a game of chase, you might do some chasing and running away.

Example

Encouraging physical activity

Sally, an educator, decides to use the *Get set 4 life* information to develop a series of healthy exercise group discussions.

She uses the following characters:

- Biggs loves to tell stories and ask questions.
- Stretch shows others how to be happy.
- Tok likes to do lots of active play.
- Eko loves to learn and do quiet activities.

For the first session, she enlarges the figures and cuts them out so she can introduce them to the children.

First, she explains what each of the characters likes to do. She encourages the children to pretend to be one of the characters. Some children act out what they think this character might do, while others move around the room to activities they think suit the character.

Jedd goes to the book corner and says he is being Biggs. Ivan stays with the group, but stretches his mouth into a massive smile and says he is Stretch.

Sally calls all the children back to be themselves on the mat. Extending on the conversation, she asks what would happen if all they did was have screen time all day. The children give their thoughts:

- 'We will miss out on other things.'
- 'We won't learn to climb on the A-frame.'

Sally encourages these comments. At the end of the session, Sally asks each child to tell her what physical activity they like the best. She encourages the children to choose active, challenging experiences and, where possible, suggests that the children move to this activity.

Practice Task 14

Which of the following statements are correct? Select yes or no for each one.

a. Children each have individual interests and strengths. Discussions with family members help educators to identify these. * Yes * No

b. All age groups should be given opportunities for regular movement and physically active play. Preschool children need at least three hours of active play per day. * Yes * No

c. When educators participate in physically active play with children, they are modelling healthy habits and showing children how physical activity can be fun. * Yes * No

d. Planned physical activity can be boring. Physical activity should always be spontaneous; this way children will be more involved. * Yes * No

e. When children understand how their bodies work, they are able to care for them and make better decisions. * Yes * No

4D Nutrition and mealtimes

Good nutrition is essential for growth, prevents sickness and helps to speed up recovery if a child becomes unwell.

Good nutrition is essential for growth, prevents sickness and helps to speed up recovery if a child becomes unwell. Children who are well nourished are more likely to be alert, active and happy. In contrast, children who are missing out on certain nutrients may:

- have poor concentration
- be tired or lethargic
- display behaviour that is out of character
- experience tooth decay
- be obese.

Ensure children have plenty of healthy food and drinks.

While educators and other staff in a service have the responsibility to provide for children's nutritional needs, they also partner with families and share valuable information and knowledge.

Discussing nutrition

Families are usually interested in the foods that children eat during the day and may want to have access to and details of all food and drink consumed.

Families may want to be in continuous contact with those responsible for food provision to discuss their child's needs and options if they have:

- a food-related medical condition
- a child who is a fussy eater
- concerns that the child may develop or is at risk of having a food-related medical condition
- commenced a food-related program, such as dealing with a nutritional deficiency
- cultural, religious or lifestyle food choices.

Some things you might discuss with family members include:

- the menu
- the food and drink a child enjoys
- requirements and flexibility of the service
- how to read menus
- what you have done to cater for the child's needs
- how the child is managing with the foods provided
- any additional needs the child may have
- signs that the child needs alternative foods
- when you should contact the family member.

Confidentiality and privacy expectations mean that educators are unable to tell family members details about other children. This means that if family members ask about children who have food-related medical conditions, you are unable to tell them. You might reply that it is inappropriate to say.

Families will want to share information with educators to make sure their child is cared for consistently and in a way that reduces impact.

Some things that families might want to discuss include:

- the foods available
- their expectations and limitations
- if they need to provide certain foods
- how the mealtime is arranged
- if all educators are following their expectations
- how the child is coping or what their needs are
- additional support the child may require
- situations where they would like to be contacted
- the requirements of the service, including information about policies and procedures.

Family members should be provided the opportunity to speak to an educator privately about their child's or family's health. If you are speaking to a family member about these issues, ask them if they would like privacy and speak to other educators to arrange this if needed.

Educators and families will have the opportunity to learn from each other. There may be sharing of:

- recipes
- food ideas
- nutrition news
- new research into medical conditions or influences
- cultural practices and inclusions.

Get set 4 life – Habits for healthy kids is a resource that includes information aimed at parents of four-year-olds. It includes fun pictures and characters that children can relate to and information that is useful for all ages. This includes information about:

- four-year-old children
- healthy eating
- play and learning
- sleep
- speech and language
- emotional health
- daily care
- routines.

Intake of nutrients

The vitamins and minerals gained from food and drink, also known as nutrients, serve our bodies in specific, targeted ways.

The body's intake and use of food and drink is a three-part process:

1. Food and/or drink is consumed.
2. The body breaks down the food and/or drink into nutrients.
3. Nutrients travel through the bloodstream to different parts of the body where they are used for many purposes, including fueling and energising the body.

A child's diet is influenced by many individual social, cultural and medical factors that can lead to special dietary requirements.

Healthy eating recommendations

The Australian dietary guidelines offer directions to promote health and wellbeing, and reduce the risk of diet-related conditions, including chronic diseases.

The *Australian dietary guidelines* incorporate:

- the *Australian guide to healthy eating*, which is a food selection guide and education and promotion tool
- the *Infant feeding guidelines*, which support breastfeeding and are aimed at the needs of infants.

Information in the *Australian dietary guidelines* is focused on ensuring children are provided with and encouraged to eat the most nutritious meals possible. You can find out more about these guidelines at: aspirelr.link/eat-for-health.

Everyone should have a variety of food for a balanced diet.

The guidelines are based on National Health and Medical Research Council (NHMRC) scientific research, and are intended to:

- promote health and wellbeing
- reduce the risk of diet-related conditions
- reduce the risk of chronic disease.

To assist you to understand the nutritional needs of children, the *Australian dietary guidelines* have separated foods into different food groups. The food group method allows you to easily determine what types of foods children need, how much food a child should eat and appropriate serving sizes. Of course, all children have individual needs, but the following tables provide a general summary.

Food group	Number of serves	
	1–4 years	4–6 years
Grains/cereals (mostly wholegrain and/ or high-fibre cereal varieties)	4 serves	4 serves
Vegetables and legumes/beans	2–3 serves	4.5 serves
Fruit	0.5–1 serve	1.5 serves
Milk, yoghurt, cheese and/or alternatives (mostly reduced fat)	1–1.5 serves	2 serves
Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans	1 serve	1.5 serves

Food group	Suggested serving size for children
Grains/cereals (mostly wholegrain and/ or high-fibre cereal varieties)	▸ 1 slice of bread ▸ Half a medium roll or flat bread ▸ ½ cup cooked rice, pasta, noodles, barley, buckwheat, semolina, polenta, bulgur or quinoa ▸ ½ cup porridge ▸ 2/3 cup (30 g) wheat cereal ▸ ¼ cup muesli ▸ 3 crispbreads ▸ 1 crumpet, muffin or scone
Vegetables and legumes/beans	▸ ½ cup cooked green or orange vegetables ▸ ½ cup canned beans, chickpeas or lentils ▸ 1 cup green leafy or raw salad vegetables ▸ ½ medium potato or other starchy vegetable (sweet potato, taro or cassava) ▸ 1 medium tomato
Fruit	▸ 2 apricots, kiwi fruit or plums ▸ 1 banana, apple, orange or pear ▸ 1 cup diced or canned fruit (no added sugar)
Milk, yoghurt, cheese and/or alternatives (mostly reduced fat)	▸ 1 cup milk or buttermilk ▸ ¾ cup yoghurt ▸ 2 slices hard cheese, such as cheddar ▸ ½ cup ricotta ▸ 1 cup of soy, rice or other cereal drink

Food group	Suggested serving size for children
Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans	➤ 65g cooked lean red meats, such as beef, lamb, veal, goat or kangaroo (90–100g raw) ➤ 80g cooked lean poultry such as chicken or turkey (100g raw) ➤ 100g cooked fish fillet or one small can of fish ➤ 2 eggs ➤ 1 cup cooked or canned legumes/beans such as lentils, chickpeas or split peas ➤ 170g tofu ➤ 30g nuts, seeds, peanut or almond butter, tahini or other nut or seed paste

The Australian dietary guidelines encourage you to:

- provide plenty of drinking water
- offer sweet and snack foods only sometimes and in small amounts
- use small amounts of fats and oils
- limit the use of salt.

Access to water

Despite children's nutritional needs, they must have access to water at all times.

Services manage this in different ways with consideration to their access to resources and how they manage hygiene practices of children of various ages. Some ideas include:

- children providing their own drink bottle that they recognise and labelled with their name, which is replenished throughout the day
- ensuring a jug, container or dispenser of water is always available with fresh cups for children to access as they choose.

Babies' feeding schedules are important, particularly in hot weather as lack of fluids can result in dehydration.

Development and nutrition

The developmental stage of a child influences how foods are provided.

Babies should be fed individually by educators, while toddlers should be supported to feed themselves independently. Older children should be given opportunities to serve themselves and contribute to the menu and choices.

Children of different age groups have different abilities and nutritional requirements. The following table gives you an overview of the developmental changes you will notice.

Age	Developmental changes
Newborn	➤ Reflexes assist them to drink.
6–10 days	➤ Responds to the smell of milk.
1–3 months	➤ Trust develops through being held and fed when hungry.
3–4 months	➤ Anticipates feeds.
3–6 months	➤ Communicates during feeds.
4–6 months	➤ Reflexes in the tongue decrease, allowing food to be swallowed. ➤ Able to hold their head upright without support. ➤ Can turn away and close their lips if full. ➤ Gets excited when food is being prepared. ➤ Can transfer objects from hand to hand and from hand to mouth.
9 months	➤ Likes to try to feed self. ➤ Likes to play with food. ➤ Able to chew. ➤ Can pick up small objects with fingers, including a spoon and a cup.
12 months	➤ Becomes fussier because they have some control over the environment and people. ➤ Able to wait short periods for food preparation.
18 months	➤ Feeds self with spoon. ➤ Growth slows, so less food is needed.
3 years	➤ Imitates others. ➤ Feeds self. ➤ Interested in handling and cooking food. ➤ Has developed food preferences. ➤ Can make simple food choices.
4 years	➤ Has strong self-help skills. ➤ Seeks approval from other children, teachers and educators. ➤ Has an irregular appetite.
5 years	➤ Appetite increases.
5–12 years	➤ Appetite is influenced by physical, social, spiritual, emotional and intellectual issues relating to food.

Teething

Teeth begin to erupt at around six months of age, and all first teeth are expected to be present at two to three years.

This process can be painful as teeth break through gum tissue. During this time, you may notice signs of discomfort, such as children:

- frequently putting hands and other objects in their mouth
- dribbling
- experiencing redness and swelling of the gums
- being restless.

Providing cold teething rings, a toothbrush or some other safe item for the child to chew on can relieve these symptoms. There are also gels that can be rubbed onto the gums, although you must follow the medication procedure of your service and gain parental permission to use these.

Oral health

Young children rely on adults to support their oral health practices.

They will learn to take care of their own teeth, but need to be provided with materials and reminders, support and encouragement.

Tooth decay occurs when the enamel on the teeth is damaged. It is first noticed as a white band around the gum line, then slowly spots darken and blacken as the tooth is decayed.

Sugars from foods and drinks break down to form bacteria in the mouth which is acidic. This bacteria damages the outer surface of the tooth (the enamel). Saliva helps to minimise the effects, but decay can occur if the amount of bacteria is high or the care of the teeth is low.

Diseases such as diabetes, thyroid problems and iron deficiency/anaemia can also impact oral health.

Encourage children to regularly brush their teeth.

Oral health influences more than just the teeth of a child. If the child's mouth is unhealthy, they may experience:

- pain and discomfort
- difficulty sleeping
- difficulty chewing
- poor growth and development
- poor self-esteem
- speech development problems
- higher risk of decay in baby teeth
- damage to developing permanent teeth.

As tooth decay is the most common chronic illness found in children, educators must be aware of and take steps to reduce its incidence.

To help care for children's teeth:
Offer healthy food as much as possible.
Limit foods high in processed sugar.
Offer water throughout the day, particularly after meals to wash away food from teeth.
Encourage children to brush their teeth regularly.
Encourage families to provide regular dental check-ups for their children from the time their first tooth erupts.
Promote healthy eating and dental care to families by having information nights and dentist visits, and providing pamphlets.

Infant oral care

Infants' bottles have been identified as a common cause of tooth decay.

It is unsafe for a child to fall asleep with a bottle in their mouth due to the high possibility of choking and because the contents of the bottle can sit in the child's mouth, coating their teeth for long periods of time. Tooth decay can occur either before or after an infant's teeth erupt.

To prevent infants and toddlers from developing tooth decay:

- Encourage breastfeeding.
- Remove a bottle from a child's mouth, unless they are feeding.
- Only use a bottle for water, milk or formula.
- Introduce a cup as soon as possible.
- Clean the child's teeth after feeding using a face washer.
- Never dip a dummy in food or liquid as the coating sits on the teeth.

Introducing solid foods to infants

At around six months, infants have developed enough to be introduced to solid food.

The following table provides some tips for introducing solid foods to infants.

Introduce solid foods at around six months

Solid foods are usually introduced to an infant at about six months of age because:

- their digestive system has matured
- they need more nutrients, especially iron-rich foods
- they are beginning to chew and swallow more effectively, their oral coordination is improving and teeth are emerging.

Signs that an infant is ready for solids

Signs that an infant needs the nutrients that solid foods provide include:

- showing an interest in food, e.g. watching and leaning forwards when food is around
- putting their fingers in their mouth and being able to move their tongue up and down
- being able to sit upright and support their head independently
- reaching out to grab food or cutlery
- opening and closing their mouth when food is offered.

Do not wait too long before introducing solids

Starting infants on solid foods too late may lead to problems, including:

- poor growth due to low energy intake
- iron-deficiency anaemia
- chewing or swallowing issues
- an increased risk of allergy.

After 12 months, most infants are eating the same food as older children and can share the family meal.

Food preferences of toddlers

Toddlers are often picky eaters.

The toddler's world is an exciting place, and food may be less important when there are many other things to do.

At times family members are anxious about this reduced intake and need your support.

Some reasons a toddler's eating patterns change are outlined in the following table.

Slower growth

Growth slows down in a child's second year. This means that toddlers often have smaller appetites and need less food. The amount eaten from day to day may also change dramatically. Although this sometimes worries families, this change is expected and does not mean the child is being difficult or is unwell.

Tendency to graze and snack

Toddlers rarely follow a traditional meal pattern. They often need small, regular snacks. This suits their small stomachs and provides the energy they need to keep moving all day. The amount eaten at mealtimes, particularly the evening meal, may be smaller than families would like; however, children can balance the amount of food eaten with exactly how much they need if they are not forced to over-eat or finish all the food on their plate. This means healthy snacks are important to provide the energy and nutrition toddlers need during the day.

Fussy eating

Showing independence is part of a toddler's development and this often includes refusing to eat foods to see what will happen. Rejecting a food does not always mean the child doesn't like it. If you don't make a fuss and offer it on another day, they may eat it.

The following offers some tips for managing toddler's diets.

To help manage toddlers' diets:	
➤ Be a model by eating a healthy, balanced and varied diet.	➤ Provide healthy snacks appropriate for the child's developmental stage.
➤ Remember that toddlers need small meals and regular snacks.	➤ Assume a child will like new foods.
➤ Don't worry too much; a toddler's appetite and food intake can vary daily.	➤ Let the child tell you when they are full.
➤ Offer small serves and give more if needed.	➤ Don't force a child to finish all the food on their plate.
➤ Offer new foods in a relaxed way.	➤ Remove food after 20 minutes if the child has lost interest.
➤ Serve a new food with food the child already likes.	➤ Don't use food as a reward, pacifier or punishment.
➤ Be patient and keep offering new foods, even if they are rejected at first.	➤ Use mealtimes to provide some nutritional education to the toddler.

Discussing food with preschool children

The ideas that children have about food can impact their health.

Preschool children might hear or see food being used in certain ways, or ask questions about food. This can be an opportunity to explore the following topics.

Areas of development	Discussion topics
Physical	➤ What foods are needed to help you grow? ➤ How does food make your body strong and healthy? ➤ How much exercise do you need?
Social	➤ What types of food does your family eat? ➤ What do your friends and educators eat? ➤ Is there any food you can't eat? How do you feel if you can't eat the same food as your friends?
Spiritual	➤ What sort of foods are included in your religion? ➤ Do you eat certain foods during particular celebrations or at certain times of the year?
Emotional	➤ What food do you like to eat? ➤ Is there any food you don't like to eat?
Intellectual	➤ What are good food choices? ➤ What are foods you should eat every day? ➤ What are foods you should only have sometimes?

How children experience and deal with these issues affects the foods they choose to eat and the amounts they eat.

Dietary needs and preferences

Families might have dietary preferences that relate to culture, religion, lifestyle choices, health issues and personal tastes.

Discuss dietary preferences with families at every opportunity. You will learn more about the family, the child's needs, their culture and their beliefs.

Common dietary needs and preferences include the following.

Functional medicine approaches

Functional medicine approaches are often used where underlying causes of disease or conditions are investigated and food choices are included as part of treatment. The functional medicine approach involves considering the health of the gut and how this influences the body.

Functional medicine often includes a 'clean' approach to foods, where additives and processing are avoided and foods are prepared and cooked fresh. The clean approach may also include organic foods.

Functional medicine approaches are becoming more common in treating children with conditions such as autism and other mental health issues (as well as allergies and auto-immune issues).

Gluten-free diet

Gluten-free diets might be followed by choice or linked to a health condition such as coeliac disease.

Gluten-free products, including bread and biscuits, can be made or purchased and substituted for usual foods. Many of these products taste very similar to foods that contain gluten and can be eaten by all children.

Gluten-free grains include:

- buckwheat
- polenta
- quinoa
- corn
- millet
- rice.

Obesity

Obesity is diagnosed by a doctor, nutritionist or dietitian when a child is excessively overweight. In children, obesity is usually caused by unhealthy eating and lack of exercise.

There may also be medical conditions or life events that contribute. Children who have been confined to bed rest or have an injury that reduces their level of exercise may increase in weight.

Medical conditions such as hormone imbalances, hypothyroidism, Cushing's syndrome, Prader-Willi syndrome and reactions to medications can be causes of obesity.

To support children who are obese, you can provide education to families around healthy eating and work with them to:

- provide a range of healthy meals and snacks
- encourage children to be physically active
- teach children about preferred foods, sometimes foods and foods to avoid
- treat all children with respect
- build the self-esteem of all children
- ensure all children receive enough nutrition throughout the day
- focus on children's interests and strengths
- seek medical support.

Cultural variations

Families may choose foods suited to or familiar to their cultural backgrounds. They have often been brought up eating these foods and their tastes and expectations are connected to these foods. While in most cases families are prepared for their child to sample new foods, it is respectful to include cultural variations in a menu. Always ask families about their preferences rather than assuming.

Some examples of cultural variations include:

- sequence of introducing new foods to infants
- levels of spice used
- difference in carbohydrate used, for example, rice, potatoes, breads and cereals
- whether fruit is included in the diet
- the types of vegetables that are familiar
- dairy products might come from cows, soy beans, goats or sheep.

Religious variations

Families may choose foods according to religious beliefs. Always ask families about their preferences rather than assuming.

Some examples of religious variations include:

- Muslim – Halal foods (lawful foods) include a large range of foods; however, meats and products coming from animals must be prepared in particular ways. Foods to avoid are pork, crustaceans, gelatine and suet. Alcohol and any foods containing alcohol are prohibited.
- Hindu - Although some may eat lamb, chicken or fish, vegetarianism is common. Beef is always avoided because the cow is considered a sacred animal.
- Sikh – Some Sikhs are vegetarian. The religion allows individual choices about meat consumption. Sikhs do not consume alcohol.
- Jewish – Judaism requires that food is kosher, meaning the food must meet the standards of Jewish laws. Chicken, turkey, goose and duck can be eaten, but other birds are forbidden. Eggs from kosher birds can be eaten as long as they do not contain blood. Only fish with scales may be eaten and shellfish is forbidden. Fruit and vegetables may be eaten.

Underweight children and nutritional deficiencies

Underweight children and nutritional deficiencies occur due to either a lack of adequate healthy foods or as a result of a medical condition. A child who is underweight or who has a nutritional deficiency needs support from a dietitian or nutritionist and medical practitioner to ensure their particular needs are met. The child's family may also need support and guidance to assist with:

- understanding healthy foods
- behaviour guidance for children who are chronically fussy or difficult eaters
- financial access to purchase food
- access to food stores
- medical care for the causes and/or outcomes of deficiency.

Vegetarian diet

Diets that exclude meat can include nutritious alternatives; however, special care needs to be taken so all nutrients and food groups are provided. As with other diets, each family has their own preferences and you must check with the family to ensure you are following their guidelines.

Some alternatives to meat include:

- beans, including kidney beans, borlotti beans and cannellini beans
- lentils
- chickpeas
- dairy products, such as cheese
- soy products, such as tofu
- eggs.

Individual tastes

Children's food choices are influenced by their likes and dislikes.

While it is good to offer children a range of healthy foods, there may be some things that a child simply does not like or refuses to eat. Encourage the child to at least try the food, but never force a child to eat something they don't like. Instead, try to find an appropriate substitute; for example, if a child does not like pears, offer them an apple. If they don't like the lunch being served, they might choose a healthy sandwich instead.

When it comes to food, presentation is important. When you present food, think about how you place it on the plate. If the food doesn't look appetising, try to think of ways to make it look more appealing.

Making food appetising includes considering:

- colour
- shape
- texture
- variety.

There are also many recipes that hide healthy foods. Consider the following examples.

Recipe	Hidden food	Website
Golden bread rolls	Carrots	aspirelr.link/golden-rolls
Red velvet devil's cake	Tomato juice	aspirelr.link/red-velvet-cake
Sunny risotto	Carrot juice	aspirelr.link/sunny-risotto
Mini sausage rolls	Carrot and zucchini	aspirelr.link/mini-sausage-rolls
Berry and beet popsicles	Beetroot	aspirelr.link/berry-beet-popsicles

When children participate in food activities, they often find the food more appealing. They are generally more interested in eating the food they have made or doing a new activity relating to food.

Some food activities that may encourage children to become interested in food include:

- setting tables
- cleaning up after eating
- pouring their own drinks
- serving their own meals
- helping with food preparation, e.g. sifting, shaking, tearing lettuce, cutting soft foods, mixing ingredients, cracking eggs, peeling fruit and vegetables, mashing or measuring ingredients
- doing food-related puzzles, games and activities
- growing fruit and vegetables
- visiting a market or supermarket
- visiting a garden or orchard.

Reading food labels

Reading labels can be a challenge, but is necessary to choose healthy foods suited to children's needs.

All packaged products include the following things on their label.

Ingredients

Food ingredients are always listed in order of the greatest to the least amount based on how much they weigh. If an ingredient shows a percentage (%), this highlights the amount of this ingredient that makes up the whole food. If the food label mentions an ingredient as 'flavoured', it means the ingredient is not present, but the food is flavoured so it tastes as though the ingredient has been used.

Advisory statements

Advisory statements are provided so that people with allergies and intolerances can avoid foods they react to. An advisory statement must be provided on the label if a food contains any of the following, or their products:

- sesame seeds
- eggs
- milk
- unpasteurised egg and milk products
- fish
- crustaceans (e.g. crabs, lobsters and crayfish)
- peanuts
- soybeans
- tree nuts
- bee pollen
- aspartame and phenylalanine
- caffeine
- plant sterols.

An advisory statement may say 'contains peanuts', 'contains caffeine' or 'may contain traces of egg or egg products'.

Nutritional information panel

A nutritional information panel explains the nutrition that can be found in food. It includes the nutrition found in one serving and in 100g. The serving size will be specified, and may be more or less than 100g. Always check what a serving size is when using this information.

When comparing foods to see which is more nutritious, use the 'Quantity per 100g' panel. Try to choose foods from the 'Preferred foods' column in the following table.

Food type	Preferred foods	Sometimes foods	Foods to avoid
Fat	3g per 100g or less	3g to 20g per 100g	More than 20g per 100g
Saturated fat	1.5g per 100g or less	1.5g to 5g per 100g	More than 5g per 100g
Sugar	5g per 100g or less	5g to 15g per 100g	More than 15g per 100g
Salt (sodium)	300mg per 100g or less	300mg to 1500mg per 100g	More than 1500mg per 100g

Take notice of serving sizes, as the amount of food you provide alters the amount of ingredients included.

Food additives

Food additives are ingredients, either natural or chemical, that are added to foods to help keep them fresh, make them easier to use or enhance their colour, flavour or texture.

The additive may be spelled out in full, written as an abbreviation or represented by a number (called an E number). For example, monosodium glutamate is a food additive that may be written in full, listed as 'MSG' or listed as the E number 621.

You can find a food additives list at: aspirelr.link/food-additives-list.

You may want to download the following apps, which list the E number, what the additive is, its origins, characteristics, safety level and possible side effects:

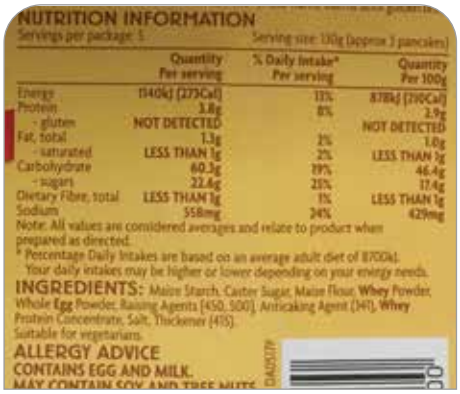
- E-Codes Free: Food Additives – Google Play
- Food Additives Checker (E Numbers) – iTunes

Whether a food additive is natural or chemical, it can cause allergies, intolerances, behaviour changes and other medical conditions. Be aware of these additives and double-check their origins.

Food allergies

A child with a food allergy or intolerance will have a list of foods to avoid that has been prepared by a dietitian or medical practitioner.

The requirements will be listed on a medical management plan, and a risk management plan may also be in place. The risk management plan may include information on how to avoid certain foods and may also describe how to eliminate the risk of cross-contamination. Cross-contamination occurs when foods touch each other or when utensils or preparation tools come into contact with different foods.


NUTRITION INFORMATION

	Quantity Per serving	% Daily Intake* Per serving	Quantity Per 100g
Energy	(1406kJ (275Cal)	13%	878kJ (210Cal)
Protein	3.8g	8%	2.9g
- gluten	NOT DETECTED		NOT DETECTED
Fat, total	1.3g	2%	1.0g
- saturated	LESS THAN 1g	2%	LESS THAN 1g
Carbohydrate	60.3g	19%	46.4g
- sugars	22.4g	25%	17.4g
Dietary Fibre, total	LESS THAN 1g	1%	LESS THAN 1g
Sodium	558mg	24%	429mg

Note: All values are considered averages and relate to product when prepared as directed.
* Percentage Daily Intakes are based on an average adult diet of 8700kJ. Your daily intakes may be higher or lower depending on your energy needs.

INGREDIENTS: Maize Starch, Caster Sugar, Maize Flour, **Whey** Powder, Whole **Egg** Powder, Raising Agents (450, 500), Anticaking Agent (341), **Whey** Protein Concentrate, Salt, Thickener (415).
Suitable for vegetarians.

ALLERGY ADVICE
CONTAINS EGG AND MILK.
MAY CONTAIN SOY AND TREE NUTS

You may need to read food labels carefully if any children have a food allergy.

Food labels will identify common allergens and food intolerances. For example, a label might say:

- Contains nuts.
- May contain nuts.
- May contain traces of nuts.

Each child will have their individual requirements in relation to foods, so check this with families. Some children must avoid any trace of a food they are allergic to, while others are able to eat foods containing traces.

When a child presents with allergies, you must become aware of the ingredients shown on food labels so you can identify safe foods. Some ingredients to be aware of are shown in the following table.

The following words mean that cow's milk protein is present:

- Ammonium caseinate
- Artificial butter flavour
- Buttermilk
- Butter fat
- Cheese
- Butter solids
- Calcium caseinate
- Casein
- Lacto acidophilus
- Lactose
- Magnesium caseinate
- Milk
- Milk derivative
- Milk protein
- Milk solids
- Milk sugar
- Cream
- Curds
- Delactosed whey
- Demineralised whey
- Dry milk solids
- Lactalbumin
- Lactalbumin phosphate
- Sodium caseinate
- Sour cream
- Sour cream solids
- Sour milk solids
- Whey
- Whey protein concentrate
- Yoghurt
- Potassium casienate
- Rennet casein

The following words mean that egg protein is present:

- Albumin
- Egg
- Eggnog
- Egg white
- Egg yolk
- Ovomucoid
- Mayonnaise
- Ovalbumin

The following words mean that peanut protein is present:

- Mixed nuts
- Peanuts
- Peanut flour
- Peanut butter

The following words mean that wheat protein is present:

- Bran
- Enriched flour
- Graham flour
- High-gluten flour
- High-protein flour
- Vital gluten
- Farina
- Gluten
- Wheat germ
- Wheat gluten
- Wheat starch
- Wheat bran
- Whole-wheat flour

Practice Task 15

1. Which of the following ingredients might you find on a food label that would be dangerous to a child who is lactose intolerant? Select all that apply.

   - [ ] Delactosed whey
   - [ ] Lacto acidophilus
   - [ ] Egg
   - [ ] Casein
   - [ ] Albumin

2. Which of the following might you discuss with family members to learn more about a child's nutrition needs? Select all that apply.

   - [ ] Foods suited based on the family religion or culture.
   - [ ] Confidential information that might be included in an allergy-related risk-management strategy.
   - [ ] When you have your lunch and which educators serve foods.
   - [ ] What you have done to cater for the child's needs so far.
   - [ ] What the child eats at home.

3. What might be some common health impacts on a child with a toothache? Select all that apply.

   - [ ] Difficulty chewing
   - [ ] Difficulty doing a puzzle
   - [ ] Pain and discomfort
   - [ ] Vomiting
   - [ ] Difficulty sleeping

4. The *Australian guide to healthy eating* and the *Infant feeding guidelines* are incorporated into which nutritional guide?

Mealtime routines

The environment may be adapted to encourage children to enjoy mealtime routines and learn to love the science and art of food, while learning to choose healthy options.

Mealtimes provide a great opportunity to have positive and fun interactions. They are times for both adults and children to chat freely and talk about the foods they are eating, their interests and topics of the day.

Use mealtimes as a way to discuss food and nutrition with children.

Routines for mealtimes may be structured or relaxed. Commonly, progressive mealtimes are being implemented as they fit well with the National Quality Standard (NQS) and learning framework objectives for children to be more active in their choices and respected for taking responsibility for their needs.

The decision to implement a progressive or group mealtime may link to a number of factors. For example, you may choose to have a group mealtime if you are celebrating a special occasion or need to supervise all children on your own. Alternatively, you may want to be flexible and provide different social experiences for the children where some meals are progressive and some are organised with the group.

Part-group mealtimes work particularly well when the children range in ages and stages of development. Some children may need to eat earlier than others or will be ready for a change in routine at different times.

However a mealtime routine is organised, consider the following factors.

Creating a setting

Children under five years are exploring foods and learning to use utensils. The children and the floor may become messy during mealtimes.

Choose a setting where any mess is easy to clean up. In an area that cannot be easily cleaned, place a tablecloth or sheet under the eating area. Think about this first, and act to prevent issues so that you and the children are relaxed and able to enjoy the mealtime.

Your consideration of the setting includes how it will be presented. Indoor and outdoor picnics are fun and loved by children. Brightly coloured blankets or log chairs make a picnic even more enjoyable.

Consider how the area is presented. Use different ideas to keep the children interested. Use a variety of items; for example, coloured tablecloths, flowers, napkins, music or a menu, and have children self-serve at the table or from a buffet. Move to different parts of the room or set up tables outdoors.

Furniture

Highchairs, tables and chairs are the logical choices for mealtime furniture.

Make sure that children are comfortable. For example:

- Infants should be strong enough to hold their heads upright and sit unsupported.
- Toddlers should be stable in their chairs or not too tight in a highchair.
- Older children should be able to sit at the table comfortably with their bodies at the right height for the table.

Utensils

If you select utensils made specifically for children, their design should allow the children's skills to develop.

Utensils should suit the ability of the child and must also match the types of foods provided; for example, children who are served peas may find that they roll off a spoon, but they can spike them with a fork.

Infants may need to be spoon-fed by an educator, but will also benefit by holding a spoon at the same time. This gives them practice and encourages them to feed themselves.

Alternative utensils, such as chopsticks, can be fun and a great way to introduce cultural alternatives. You can find easy-to-use chopsticks at many supermarkets.

Clothing

Bibs and napkins are useful for catching and wiping up mess.

Children should wear clothing that allows them to practise skills with little anxiety about spots and stains. It would be disrespectful and uncomfortable for a child to eat in their underwear or with no clothing on, so work out ways to meet all needs.

Children may be worried about getting nice clothes dirty. Keep a change of clothes handy if needed.

Children's involvement

The more children take responsibility and are involved in serving and eating food, the greater their interest in the routine. Children can participate in many ways, including:

- choosing which foods to eat
- preparing part or all of their meal
- setting tables
- serving themselves and others
- cleaning up afterwards.

One way to involve children and help them learn about healthy meals is to work with them to plan menus. You may start with simple menu planning and then allow the children to cook some or all of the food.

Not all of the group has to be involved; you may find that using project groups works best for this type of activity.

Some ideas you could try are:

- teaching about food groups and encouraging the children to work out what they could add to a daily menu
- allowing the children to find a recipe for a salad or side dish that would go well with a particular main meal
- providing the current menu and gaining their input as to what they do and don't like
- asking children to help adapt a menu to include healthy options that they prefer.

As with any other part of a routine, allow time for children to complete tasks; this is their time to learn. Be open to their participation. For example, allow them to wash their own dishes, even if you put them into the dishwasher later on.

Example

Progressive snack time

Marina prepares for a progressive snack time by placing a brightly coloured tablecloth on a table. She sets out four chairs, four plates, four cups, a platter of mixed fruit, some tongs and a jug of water.

Once the table is set up, four children sit down to eat. The children know they are welcome at the table when they are hungry. Marina checks that the children have washed their hands.

While the children eat and drink, she discusses the fruits provided and chats to the children. The children use the tongs to select their fruits and pour their own cups of water from the small jug.

Two of the children leave the table after a few minutes. As Marina replaces their used plates and utensils, she reminds them to wash their hands again as the fruit is sticky. The table is now ready for other children to join the group.

She notices Gemma nearby and asks her if she would like some fruit and water. Gemma answers that she had some water earlier and that she is not hungry. Marina respects Gemma's decision.

Marina asks other children if they would like to join her at the table. Children consistently approach the table after washing their hands. They eat and drink, then go back to their activities. Marina replenishes the jug and platter as needed.

Once all children have eaten or said that they are not hungry, Marina packs up the snacks and lays out a new activity.

Mealtime interactions

During mealtimes, you can engage children in positive and fun interactions while you supervise their safety.

Mealtimes are times for both adults and children to chat freely and talk about their interests. To make the most of this time, supervise by sitting at the table with children or sitting nearby if you are supervising more than one table of children.

The following is a guide to providing educational and enjoyable mealtimes.

Communicating

Encourage children to communicate by doing the following:

- Talk to the children about the meal, including:
  - colours
  - textures
  - tastes
  - preparation
  - origin of the food, the country it is from, if it grows in the ground or on a tree, and whether it comes from an animal or plant.
- Encourage children to talk with each other or with you.
- Discuss the nutritional values of different foods and why healthy food is good for us.

Supporting and guiding

You are a model and children will watch you eating and take notice of the eating habits you demonstrate.

You can support and guide children during mealtimes by:

- encouraging healthy eating habits, such as finishing one mouthful before starting another
- suggesting manners to use, such as saying thank you or asking others to pass items
- creating enjoyable environments; for example, having some music playing
- helping children learn about hygiene by modelling appropriate actions and supporting children in their attempts
- showing enthusiasm about the food being provided
- encouraging children to develop skills in helping themselves and each other, including:
  - setting the table
  - pouring drinks
  - serving food
  - making choices about foods
  - cleaning up after eating
  - washing their hands and faces
  - helping others to do these tasks.

Healthy lifestyles

By modelling healthy practices and engaging children in experiences that promote healthy eating, you are able to encourage them to make better choices and learn to support others in doing so.

To do so, consider the following suggestions

Get involved in community activities	You could encourage families to be involved in community activities, get involved yourself and share the outcomes with others. You could even create your own child-focused campaign that supports this type of learning. For example, Wyndham Council developed a healthy eating campaign called 'Give Peas a Chance'. This campaign supported parents to consider ways to incorporate more vegetables into their meals. A range of different activities were run throughout the area, including a pop-up kitchen, posters and activities in community learning centres.
Add healthy food to the play area	Replica fruit, vegetables, crackers and other items are available for purchase, or children could make their own. You can ask staff and families to collect items such as used milk cartons, yoghurt tubs and healthy cereal boxes. You may even consider placing the real items in play spaces, allowing children to prepare their own snacks and drinks as part of their play.

Treats don't need to be sweet	There are many recipes on the internet and in cookbooks that are low in sugar, fat and preservatives, and that taste and look great. For some recipe ideas, you could go to these websites: - Super healthy kids: aspirelr.link/healthy-kids-recipes - Kids health: aspirelr.link/kids-health-recipes - Healthy snacks for kids from Jamie Oliver**:** aspirelr.link/jamie-oliver-kids-snacks You can also look for the following cookbooks: - *Cool healthy muffins: Fun and easy baking recipes for kids!* by Alex Kuskowski - *Real food for healthy kids: 200+ easy, wholesome recipes* by Tanya Wenman Steel and Tracey Seaman - *Healthy meals for healthy kids: 80 delicious recipes for kids of all ages* by Catherine Atkinson
Grow a garden	A vegetable or herb garden is an excellent way for children to learn about where food comes from and how it grows. Children are more likely to want to eat food they have seen growing.
Take time to eat	Make sure enough time has been allowed for the mealtime routine to occur. Leisurely eating is healthy and enhances the enjoyment of food.
Edible art	Provide opportunities to create edible art. Children love creative activities, so consider letting them serve their own foods from a selection and create a plate of art for lunch. Alternatively, take a little extra time to put food on the plate so it looks like a face, caterpillar or rainbow. If you do an internet search for 'food art images', you will find endless ideas to try.
Talk about the food groups	Have children create plates of food in different food groups. This could be part of their mealtime routine or during an activity. You can purchase or make a plate that demonstrates the food groups and the serving size that is appropriate for each. The *Australian guide to healthy eating* demonstrates these servings as a poster: aspirelr.link/healthy-eating-guide-aus
Supermarket catalogues	Collect supermarket catalogues and look at the different foods. Talk about healthy foods that we should eat all the time, and foods that we should only eat occasionally, as they are not healthy for our bodies. Create collages, use the pictures to draw a recipe that the children can follow or sort the foods into their food groups.
Try different foods	Introduce new, culturally rich or unusual foods to try, such as star fruit, dragon fruit and lychees. Every group of children will have different ideas about what is a new food. Ask families for ideas on the types of food they eat at home.
Present your setting in different ways	Have a picnic, create a fancy restaurant theme, set up a buffet or ask children which space they would like to eat in today.
Include books with a focus on food	Books allow you to explore different ways of sourcing foods and alternative meal ideas. Even simple recipe books with photos are great for children to look through.

Mealtime hygiene and safety

Good hygiene, including handwashing, minimises the spread of infectious diseases.

By using the guidelines outlined in the following table, you will be able to create and maintain safe and hygienic eating spaces.

Prepare food areas	Before meals, clean and disinfect surfaces that food may sit on. Food preparation areas, including serving benches and trolleys, can transfer germs to food, so pay attention to hygiene and safety in these areas.
Wash hands	Check that all hands are washed before preparation and before eating or drinking. This is important before all meals, especially when children are serving themselves. Teach children to turn away from food when they cough or sneeze, and then to wash their hands. You can find fact sheets and posters relating to coughing and sneezing, and a sneeze-safe program at: aspirelr.link/sneeze-safe. If you have a break between preparing or serving food, remember to wash your hands prior to beginning again. This includes when returning from a tea break, toilet break, meal break or smoke break.
Use individual utensils	Make sure children do not share food, plates or utensils. If children are choosing food from a shared bowl or plate, they should use a spoon or tongs, because germs and bacteria can pass from hands to food. Remind children that if they share food, they may spread germs that could make them or other children sick. Use a separate spoon for each infant you feed. If a child drops their spoon, get a new one – rinsing it under a tap does not kill all the germs.

Mealtime independence

As children grow, they become more physically capable.

Although their skills help them to become more independent during mealtimes, their activity and any distractions are likely to interfere with safe eating.

Support children to:

- prepare for mealtimes by washing their hands
- participate in preparing meals by setting tables, organising the meal area, and preparing and serving foods
- sit down to eat and drink
- chew with their mouth closed
- talk when their mouth is empty
- use appropriate utensils for the task; for example, using a spoon to eat soup
- use utensils safely; that is, use them for their intended purpose of eating or drinking
- use the utensils in a hygienic manner; for example, get a clean utensil if one falls on the floor
- clean up after mealtimes by packing away the area, cleaning utensils, scraping plates, washing dishes and resetting activities.

The following table sets out some things to be aware of for each age group.

Developmental stage	What to expect	Supervision suggestions
Infant	➤ Tasting, touching and smearing food ➤ Learning to use a spoon, starting with a soft spoon and moving to a regular metal spoon ➤ Eating foods that are soft and smooth, progressing to chewable foods ➤ Using a bottle or sip cup ➤ Developing skills in moving food from the bowl and spoon to their mouths	➤ Keep food from being smeared in the eyes and nose. ➤ Feed children so their needs are met. ➤ Support the use of a spoon and cup without spilling and/or replenish any food or drink that is spilt. ➤ Maintain contact at all times to avoid choking. ➤ Focus on satisfying their hunger
Toddler	➤ Sometimes experimenting with food; for example, putting peas in their nose ➤ Usually focused on satisfying their hunger/thirst ➤ Using a cup and learning to use a fork and later a knife ➤ Using serving implements such as tongs ➤ Chewing harder foods and eating a wider range of foods ➤ Combining foods, including eating hard and soft foods together; for example, mashed potatoes and meat ➤ Showing interest in other people's food ➤ Using utensils imaginatively; for example, as a sword or to draw on the table ➤ Looking at how other children do things and trying this for themselves ➤ Looking at what else is going on in the environment ➤ Focusing on foods they like and dislike ➤ Making choices about which foods they eat ➤ Finding distractions that may draw them away from the table ➤ Helping with simple mealtime routines either with assistance or independently, such as putting their plate out or setting the table	➤ Observe safe use of foods. ➤ Ensure utensils are used safely and for the purpose they were designed for. ➤ Encourage children to pay attention to chewing their foods if they are distracted. ➤ Provide enough food and drink so their needs are met. ➤ Acknowledge their likes and dislikes so their needs are met. ➤ Remind them about the need to chew foods well. ➤ Discuss safe and unsafe activities with food and utensils. ➤ Help children focus on eating. ➤ Respect decisions and act to support the children. ➤ Remind children about simple nutrition facts, such as healthy foods to eat. ➤ Encourage children to sit at the table until they have finished eating. ➤ Support children to carry out mealtime tasks safely and hygienically.

Developmental stage	What to expect	Supervision suggestions
Preschooler	➤ Enjoying particular foods ➤ Using knives, cups and tongs ➤ Trying different cutlery, such as chopsticks ➤ Socialising during mealtimes; for example, telling stories and discussing things outside of the service ➤ Being less focused on the food they are eating and more on what is happening socially around the eating area ➤ Serving their own food and drink, and completing more complex mealtime routines, such as setting the table, clearing dishes and washing up	➤ Offer a choice of foods to enable the children to enjoy and be more engaged in mealtimes. ➤ Encourage social discussion. ➤ Support children to take up activities they are interested in after eating rather than during mealtimes. ➤ Encourage their involvement in mealtime routines in a safe way and give reminders when needed. ➤ Talk about healthy foods and benefits of particular foods.

Food should never be used as part of a disciplinary measure, and should never be denied to a child as a punishment. Rewarding children with food – either healthy or unhealthy options – may also result in eating issues and emotional eating. It is unrealistic to expect that all children will choose or enjoy each meal that is provided. It is also unrealistic to expect that all children enjoy the same foods. Offer options for children. Encourage them to try foods, but be ready if they need alternatives.

Example

Offering food choices

Shari is three years old, and is not eating her main course for lunch. Harrison, an educator, asks another educator, Mandy, whether he can tell Shari that if she doesn't eat her main meal – she won't get any fruit – which is the second course.

Mandy explains that food and drink are not bargaining tools, but are basic needs that must be provided to all children. Mandy shows Harrison how all meals at the service are nutritionally balanced and provide healthy choices; this includes all parts of the meal.

She suggests that Shari be encouraged to eat without making much of a fuss. If she doesn't eat her main meal, she can be provided the option of a sandwich or the fruit.

Practice Task 16

1. Draw a line to match each image with the learning that is taking place.

* Children become responsible for their personal health and hygiene.

* Children engage in conversation and are supported to eat healthy foods.

* Children are encouraged to participate in the routine.

* Children take responsibility for their own needs.

2. Draw a line to match the beginning of each sentence about mealtimes to the correct ending.

* Families may ask where	* ideas and recipes for the menu planner.
* Children should always have	* how much lunch their child ate.
* Mealtimes should be	* to find the daily menu.
* Families may want to know	* access to water.
* Mealtimes are a good opportunity	* unhurried and an opportunity to have conversations with children.
* Families may be able to contribute	* to model and discuss healthy eating with children.

4E Sleep and rest needs

Family members will be able to discuss with you how their child's sleep cycle is changing and what their priorities and expectations are.

This information gives a profile of the child's needs that will be the basis for your expectations.

Both educators and families need to understand that no single routine can meet the needs of every child. The overall routines should meet children's basic needs, with the flexibility to cater for individual needs. Children will need this flexibility as their individual needs alter.

You need to cater for the individual sleep and rest needs of all children.

Discussing sleep and rest needs

Share information about rest and sleep so that you can provide for children's individual needs.

Let families know you care about their child's changing needs and that you are interested in them providing you with accurate information so you can meet their ongoing needs. This sharing of information is a two-way process:

- Family members can provide you with important information about settling their child to sleep, the quantity of rest/sleep required and other relevant needs.
- In turn, you should give feedback to families about:
  - the sleep and rest routines you provide
  - the options for sleep preparation, timing and activities – including rest and relaxation time
  - how their child participates in rest and sleep times throughout the day.

Families are not usually present during a sleep or rest routine, so offer information and talk to them about how the routine occurs.

The following table outlines some of the information you need to know in order to meet a child's needs for rest and sleep.

Questions	Possible responses
What times does the child usually sleep or rest?	➤ In the morning and afternoon ➤ Only at night
What does the child do before they sleep or rest?	➤ Eat ➤ Drink ➤ Play ➤ Read a book ➤ Want a cuddle

Questions	Possible responses
What does the child wear when sleeping during the day?	➢ Underwear ➢ Normal clothing ➢ T-shirt and pants ➢ Pyjamas
How is the child usually settled?	➢ They are cuddled ➢ They are rocked ➢ They are left alone to self-settle ➢ They have music playing
Does the child have a special toy or comfort item that they use to settle?	➢ They have a dummy ➢ They have a blanket ➢ They have a toy ➢ They want a book to be read to them ➢ They want a person in sight
Where does the child usually sleep or rest?	➢ On a cushion ➢ In a cot ➢ In a bed ➢ On a mattress ➢ In a hammock ➢ In a sling ➢ In a pram

Individual sleep/rest needs

Rest and sleep should be provided in a child-centred way with the guidance and support of families.

In addition to the individual needs of children that have been outlined by families, a child's rest and sleep needs may be affected by their activity levels and their physical needs based on their age and stage of development.

The following table, based on information from the Sleep Health Foundation (www.sleephealthfoundation.org.au), provides daily sleep recommendations for children of different ages. Remember that each child will be different.

Age	Recommendation	May be appropriate
0–3 months	14–17 hours	11–19 hours
4–11 months	12–15 hours	10–18 hours
1–2 years	11–14 hours	9–16 hours
3–5 years	10–13 hours	8–14 hours
6–13 years	9–11 hours	7–12 hours

Supporting sleep and rest needs

Children need time to wind down to allow for a balanced day and acknowledge what their body needs.

Signs that a child may be tired include:

- loss of interest in play
- crying
- becoming clingy
- irritability
- tantrums
- asking for a security item
- cuddling up
- reduced coordination
- rubbing eyes or ears
- sucking their thumb.

Rest periods usually last for less time than a period of sleep, and it is unreasonable to expect that all children sleep and rest for the same amount of time. Ideally, children resting should be provided with areas separate to those who are sleeping.

Children may need your support to meet their rest and sleep needs. To do this, you may need to take the following steps:

- Suggest some rest and let the child know that it's fine if they fall asleep.
- Help children to recognise when they are tired by asking them how they feel and what they need.
- Talk about how sleep is good for their body and will give them energy to play later on.
- Make sure sleep and rest times are pleasant.
- Never force children to sleep or stay in a resting position for long periods of time.

Rest environments

Children who do not sleep may participate in quiet, restful activities instead, such as reading a book on a cushion or having a cuddle with the educator.

Be realistic about the length of time you expect children to rest and relax for. The timing must meet their individual rest and relaxation needs.

Wind-down periods may include restful activities such as:

- simple stretching, breathing exercises or yoga – try aspirelr.link/yogaforkids
- helping to leisurely set up the room for the next routine
- reading books
- listening to book or music recordings
- looking through photo albums or their individual child portfolio
- writing stories about their day
- doing puzzles
- water play
- drawing
- playing with or cuddling soft toys or other comfort items
- single child activities, such as playing with a doll's house or activity centre.

Sleep environments

Environmental issues, such as whether children can access rest and sleep facilities at any time of the day or if lighting and sound are appropriate, influence the child's needs.

Children often sleep in areas where other activities take place. This affects your daily routines and may limit the way you meet individual children's needs during sleep or rest times and throughout other times of the day. However, by finding out as much information as you can about a child's needs and observing their sleep habits, you can adjust the environment to suit them.

Ensure bedding remains clean and hygienic.

A safe and appropriate rest or sleep environment should meet the following requirements:

- There are no distractions.
- It is restful – noise is limited or soft music is playing.
- The lights are turned down or off.
- Clothing and materials are not restrictive.
- Strings and ties are removed – these are hazards.
- The temperature is warm.
- Adequate bedding is provided for the individual child's needs; for example, some children are cold when they sleep and need a blanket, others overheat and are comfortable with just a sheet.
- The air is not stuffy – fresh air should circulate through the area.
- Beds are placed in positions where equipment and furniture can't fall on them.
- Supervision is provided.

Fresh linen and sheets must be provided for each child who uses a cot or mattress. To provide adequate hygiene and avoid cross-contamination, each child should have their own bedding that is clearly labelled. Each child's bedding should be stored separately, and should be frequently washed and disinfected.

Practice Task 17

1. Which of the following statements are correct? Select yes or no for each one.

a.	All children of the same age will sleep for the same amount of time.	* Yes	* No
b.	Children may be forced to sleep if parents communicate to educators that they do this at home.	* Yes	* No
c.	During rest times, some children need comfort items, while others need a restful area to rest or a relaxing activity.	* Yes	* No
d.	Sleep practices for each child should be individualised and arranged in partnership with families.	* Yes	* No

4F Clothing needs and preferences

When selecting their own clothing, children will learn from being given opportunities.

They may make mistakes or choices that are inappropriate for the weather or activities, and then know for next time. Encourage families to provide additional clothing or gather some spare clothes yourself; this will allow children to dress in a way they feel is adequate, then make a change if they feel they need to alter their choice.

Children will have their own preferences when it comes to selecting the clothes they want to wear.

Clothing selection

Many factors determine the selection of children's clothing.

As children develop, they should be encouraged to take more responsibility for their clothing choices. To select appropriate clothing, some or all of the following factors should be taken into consideration.

Climate	The weather conditions influence how children keep their bodies warm or cool. For example, extra layers may be required for colder weather.
Body temperature	Some children are warm or cool whatever the climate. Children with skin ailments such as eczema may feel uncomfortable if they are too hot. Children who are active and constantly moving may feel overheated if dressed in coats and thick clothing.
Materials	Some materials may irritate the skin. The use of natural or synthetic materials may depend on how the skin reacts and how comfortable they feel on the body.
Cost	The cost of clothing can influence the amount of clothing available, whether it is well maintained, or whether it meets trends encouraged by peers or expected by the family.
Practicality and style	Clothing should be suited to the activities carried out during the day. Painting, climbing, sand play, crawling and toilet learning are all examples of activities that need particular clothing choices. As children get older, they may request a particular style because it is fashionable, because their friends wear this item or because they feel comfortable in this style.

Culture	A child's racial or ethnic background may influence the types of materials selected, the pattern or colour, or the style of clothing. Culture may also influence a child's clothing in the following ways. They may: › wear many layers of clothing › wear as little as possible when in the sun › wear expensive or restrictive clothing › not have enough clothing to keep them warm › feel overheated if wearing long pants and coats › not wear any underwear.
Requirements	Some clothing may be required; for example, children may need to wear a hat at all times when outside or clothing that covers their shoulders. When sleeping, children need clothing that has no strings or ribbons.
Storage	Aim to have enough clothing to meet needs, but avoid having too much so they are misplaced. The clothing used should be labelled with the name of the child or the service.
Safety	Children often overlook safety when choosing and wearing clothing. For example, they may need support so their shoelaces are tied and they keep their hats on.
Past experiences	Particular clothes may have been uncomfortable in the past, or the child may have received positive or negative comments about their clothing choices.

Safe clothing

What you consider to be appropriate clothing choices will be different to some families, as clothing is often linked to cultural and personal identity.

Your main concerns should be whether the child is dressed to match their needs. Follow family instructions and service policies and procedures.

Be flexible and acknowledge the child's clothing preferences. By giving children the opportunity to choose clothing from a selection that is appropriate, you can teach them about safe clothing choices while still allowing them to learn and express themselves.

When you are considering clothing choices, keep the following issues in mind.

Sun-safe clothing	› Protective hats that shade the face and neck › Clothing with sleeves and a collar that covers the neck, shoulders and arms › Pants or a skirt that covers the legs as much as possible
Mobility	› Clothing that allows children to move about; for example, it should be appropriate for crawling, climbing and rolling on the ground › Shoes that protect the foot and can grip equipment such as slides, balance boards and ladders

Toilet learning	➢ Children need to be able to dress and undress in a relatively short time to be able to use the toilet without delay ➢ Buckles, buttons, studs, belts and overalls may hinder a child's ability to develop their autonomy and success in toileting
Play clothes	➢ Check it is okay if clothes are damaged or dirtied while children engage in active or messy play
Sleeping	➢ The SIDS (Sudden Infant Death Syndrome) recommendations should be followed. Prior to sleeping, remove: – hats or hoods – drawstrings – ribbons and cords

Respecting privacy

Toileting, sleep and rest times are the most common periods of the day when children will need to dress and undress.

Some children may feel uncomfortable during these times due to their personality, cultural expectations, age or the rules in their family. Some families may prefer or require that their child is provided with privacy.

You can respect a child's privacy when toileting, dressing and undressing by taking this seriously and showing understanding. The following table provides some actions you can take to accommodate privacy rights.

Allow them to wear some clothing	Don't expect the child to undress altogether – unless the child is extremely dirty or has a toilet accident, there is little reason for them to be completely naked.
Ask first	Always ask before you attempt to remove or help a child to remove their clothing.
Don't fuss	Don't make a fuss – treat the child's need without concern or special attention.
Provide shelter	Shelter the child with your body – stand in front of them so others can't see them.
Find a private space	Provide the child with a private area; for example, in the bathroom, in a quiet enclosed corner or behind a bookshelf.
Timing	Help the child to find a time to use the toilet when the bathroom is clear.

Toileting mishaps

Despite a child's age and developmental level, toileting mishaps may occur.

To prepare for these, and to help protect the self-esteem and privacy of children, you can:

- keep spare clothes on hand
- be flexible and allow children to use the toilet when they ask to
- react calmly
- support children without overshadowing them
- understand that children often identify a need to use the toilet shortly before they go, rather than when you ask them or when it is convenient
- accept that accidents will happen
- provide information for families if necessary.

Clothing needs may need to cater for a child learning toileting skills.

Accidents are more common (and expected) during toilet learning and less common for more capable children.

As the causes of toileting accidents are either out of the child's control or part of a larger issue, it is unreasonable to punish a child for toileting accidents. Be aware that an ongoing problem may indicate an infection or emotional issue, or it may just be that the child has difficulty focusing on bodily functions while busy doing an activity.

Whatever the cause, support the child to return to a clean and dry state. This may depend on the age and stage of development; for example, a toddler may be unconcerned about changing their pants in the open bathroom in the presence of other children. However, an older child may require privacy and a careful, discreet reaction from you so their self-esteem is protected.

Remember to follow all of the usual toileting hygiene practices, including thorough handwashing by both you and the child. Wear gloves as you would if changing a nappy, and be sure to clean the child's skin so the risk of rashes and sores is decreased.

Practice Task 18

1. Draw a line to match each factor that influences clothing choice with the description.

* Culture	* Weather conditions influence how you keep your body warm or cool. Extra layers may be required for colder weather.
* Materials	* A child's racial or ethnic background may influence the types of materials selected, the pattern, colour or style of clothing.
* Safety	* The use of natural or synthetic fabric may depend on how the skin reacts and how comfortable it feels on the body.
* Climate	* The activities chosen might require specific clothing. For example, sometimes accidents are more likely if the right shoes are not worn.

2. Which of the following statements relate to respecting children's toileting, dressing and undressing needs? Select all that apply.

- ☐ Always ask before you help a child to remove their clothing.
- ☐ Provide a child with a private area for undressing if they feel embarrassed or the family has requested this.
- ☐ Children often identify a need to use the toilet shortly before they go, rather than when you ask them or when it is convenient.
- ☐ Unless a child is extremely dirty or has a toilet accident, there is little reason for them to be naked.
- ☐ It may be appropriate to punish a child for toileting accidents.
- ☐ Ask parents if you can undress their child for outdoor play during summer.

Summary

- Routines need to be flexible and enjoyable.
- A range of laws, regulations, standards, guidelines and materials assist educators to provide the most effective and efficient care practices that are child-focused.
- Routine changes need to be smooth and allow children to feel secure and respected when moving between activities.
- To enable flowing routines, wait times must be reduced.
- Physical activity assists children's growth and development, and helps to extend on their understanding of themselves and others.
- Children need a range of active indoor and outdoor play options to choose from.
- Educators need to participate and encourage active play opportunities.
- Discussions about the nutritional needs of all children should be had regularly with families.
- The *Australian dietary guidelines* focuses on encouraging the most appropriate nutritional meals possible.
- The developmental stages of children influence how foods are provided.
- Young children rely on adults to support their oral health practices.
- Families have dietary preferences that relate to religion, lifestyle, health and personal taste.
- Children with food allergies will have a list of foods they need to avoid.
- No single routine can meet the needs of every child.
- The clothing selections of children must be considered for safety, wellbeing and other environmental influences.

Learning Checkpoint 4
Support routine needs of children

Part A

1. Look at the following image and briefly describe two ways the educator could encourage the children to use their physical movement skills by participating in the activity.

2. Which of the following planned or spontaneous experiences provide a movement and gross motor physical activity opportunity?

☐ Image 1

☐ Image 2

☐ Image 3

3. Draw a line to match each age group with the appropriate discussion an educator could have about physical activity and how bodies work.

* Preschoolers	* 'Look how well you can balance on that plank.'
* Babies	* 'Doing lots of exercise makes us healthy and strong.'
* Toddlers	* 'Peek-a-boo, I see you.'

4. Draw a line to match each age group with the movement activity recommended in the *Australian 24-hour movement guidelines for the early years (birth to 5 years)*.

* Babies	* At least 180 minutes of physical activity per day, including 60 minutes of energetic play spread throughout the day.
* All children under five years	* Only 1 hour of time spent in a highchair, stroller or car seat per day.
* Toddlers	* At least 180 minutes of physical activity and energetic play spread throughout the day.
* Preschoolers	* At least 30 minutes of tummy time a day.

5. Read the following food labels and identify which food is the healthier choice. Briefly explain why.

Food 1 – nutrition information

Servings per package: 12 Serving size: 30g

Nutrition	Quantity per serving	Quantity per 100g
Energy	616kj	1540kj
Protein	3.3g	8.2g
Fat, total	0.9g	2.3g
Saturated	0.2g	0.5g
Carbohydrate, total	29.1	72.7g
Sugars	2.2g	5.5g
Sodium	8mg	20mg

Food 2 - nutrition information

Servings per package: 16 Serving size: 30g

Nutrition	Quantity per serving	Quantity per 100g
Energy	860kj	1720kj
Protein	5.0g	10.0g
Fat, total	6.3g	12.6g
Saturated	1.8g	3.7g
Carbohydrate, total	29.9g	59.7
Sugars	7.5g	15.1g
Sodium	130mg	260mg

6. Which of the following must you do before serving children lunch? Select all that apply.

- ☐ Check there are low-fat options for any children that are obese.
- ☐ Arrange individual utensils for each child and make sure water is available.
- ☐ Assist the children to wash their hands, wash your own hands and talk about why washing hands is important.
- ☐ Sit the children down for a song.
- ☐ Check for any dietary requirements or needs such as cultural, religious or health conditions, including allergies.
- ☐ Eat some of the food to check the temperature.
- ☐ Cut up any large pieces that could be a choking hazard.

7. Provide an example of a question you might ask to start a conversation with the children in this image to promote healthy eating and good nutrition.

8. Which of the following questions are appropriate to ask family members to find out more about their children's routine needs? Select all that apply.

- ☐ Have there been any changes to your child's medical management plan?
- ☐ What have you been doing about your child's obesity issues?
- ☐ Have you noticed your child having a reaction to any new foods?
- ☐ We can go into the office for some privacy if you would like to talk about your child's health needs.
- ☐ I'm too busy. Are you able to talk to someone else about the privacy rights of your child?
- ☐ Is it okay if I make all the decisions today, so you can relax?

9. Which of the following is correct information based on the *Australian dietary guidelines*, which includes the *Australian guide to healthy eating?* Select all that apply.

- ☐ Foods are organised into food groups including grains, vegetables, fruit, milk and meat.
- ☐ It is recommended that you provide plenty of drinking water.
- ☐ Sweet foods are fine, as long as you give them to children regularly during the day rather than all at once.
- ☐ Fatty foods cause obesity. Children over 10kg should have dietary restrictions.
- ☐ It is recommended that a five-year-old child have one serve of meat, poultry, fish, eggs, tofu or legumes per day.

Part B

Read the case study and answer the question that follows.

Case study

Fabian is an educator who is working with other educators to care for a mixed age group of children. It is time for the children to sleep or rest.

Candie (12 months) is nodding her head and her eyes are half-closed as she sits in her highchair. Fabian puts Candie to bed and puts the rest of Candie's lunch in the fridge. He leaves her bib on as he doesn't want to disturb her and it is not dirty.

Otis (four years) goes to the toilet before going to bed. When he returns, Fabian asks him what he should do next. Otis says he will get his teddy bear, then get undressed ready for sleep. Otis can't find his teddy bear and this upsets him.

Barrett (three years) doesn't always sleep. Fabian has discussed this with his mum, who prefers him to have a sleep, but if he refuses, she likes him to at least have a rest.

Naima and Iona (both four years) do not sleep.

1. **Which of the following statements are correct about Fabian's actions? Select yes or no for each one.**

a.	Candie could stay at the table. She hadn't fallen asleep yet, so she may have eaten more lunch.	* Yes	* No
b.	Fabian should make Otis go to sleep without his teddy today. It's too busy and Otis is old enough to sleep without a teddy.	* Yes	* No
c.	If Barrett says he doesn't want to sleep today, Fabian should make him lay on a mattress until the other children wake up. He might fall asleep and this is what his mum prefers.	* Yes	* No
d.	Fabian should ask Naima and Iona to lie on a cushion for 20 minutes so they have some restful time and they aren't too noisy.	* Yes	* No
e.	Naima and Iona could sit at a restful play activity such as puzzles, construction or books while the other children are going to sleep.	* Yes	* No
f.	Fabian should have taken Candie's bib off. The ties are dangerous during sleep.	* Yes	* No