CHCECE002
Ensure the health and safety of children

Learner guide

One World for Children Pty Ltd

Aspire learning resources

CHCECE002

Ensure the health and safety of children

Release 2

Learner guide

Aspire Version 2.1

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CHCECE002 Ensure the health and safety of children, Release 2

407–411 Thompson Road
NORTH GEELONG VIC 3215 AUSTRALIA
Phone: (03) 5272 2714
www.owfc.com.au

Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone: (03) 9820 1300

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Before you begin

This learner guide is based on the unit of competency *CHCECE002 Ensure the health and safety of children,* Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au

How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
Learning content	▶ 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 practice. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, you can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summaries	▶ 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 learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Topic 1

In this topic you will learn about:

Supporting each child's health needs

Sharing information about children's health needs plays a vital part in ensuring each child remains safe and cared for. Each child has their own needs and requirements, and many of these will go unnoticed without sharing information with parents.

Medication documentation and administration are regular parts of education and care work practice. These tasks involve serious legal and ethical considerations.

When taking responsibility for administering medication, your knowledge of organisational practices and procedures as well as the needs of the child are critical. You also need to ensure you meet standards and regulations. These are the overarching expectations and legal guidelines that you are measured against.

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

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

1A Communicating health needs

Each organisation must communicate well with families about their health needs. Organisations may have different expectations regarding educator responsibilities. Some expect all educators to communicate details of the child's needs, whereas others allocate this responsibility to a particular educator.

All information communicated must be treated as confidential, whether it is written or verbal. When information is confidential, it means it is secret or private.

Your organisation will have policies and procedures that relate to maintaining the confidentiality of information. These are written according to the following regulations and standards.

Document	Example of how it relates to sharing information with families
Education and Care Services National Regulations http://aspirelr.link/education-and-care-national-regulations	▶ Regulations 181–184 — Confidentiality and storage of records ▶ Regulation 90 — Medical conditions policy: parents must provide a medical management plan, and a risk minimisation plan needs to be developed in consultation with parents
National Quality Standard (NQS) http://aspirelr.link/nationalqualityframeworkresourcekit	▶ Quality area 6 — Collaborative partnerships enhance children's inclusion, learning and wellbeing ▶ Quality area 7, Element 7.1.2 — Systems are in place to manage risk and enable the effective management and operation of a quality service

Your organisation's guidelines should advise you to never discuss private information. This includes details of families, staff and others; for example, their:

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

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.

Each child is an individual with 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 is with the family, the better your understanding will be of their individual concerns, and the more likely it is that they will share information about issues that concern them. When you have a trusting relationship, parents 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.

Communicating with families about children's health needs will be through either formal or informal exchanges of information. These exchanges rely on two-way communication, in which you and the parent both ask questions and provide information. This information exchange may occur through:

- normal routines, such as talking at arrival and departure times
- 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.

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 if the parent provides information in a note, record, doctor's letter or feedback form. Formal exchanges may also involve a meeting with parents. For example, parents may want to discuss an ongoing health issue, or temporary illness or injury.

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

You may be asked to be present at a parent–staff 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 with parents are not planned. These should happen daily and often occur at pick-up and drop-off times.

For example, a parent may approach you and 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.

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

These informal exchanges are more important than you may think, as you are exchanging meaningful information that can help you care for the child and involve the parent in the child's day. It will also help you to build a trusting relationship with the parent.

Sometimes you need to ensure there is time and space so that parents can speak to you confidentially.

Basic communication

You should use basic communication strategies to respond to and manage information exchanges. The following table illustrates some strategies you can use.

Strategy	What it involves
Listening	Acknowledging what you have heard by nodding your head, repeating what you understand and verbally acknowledging using words and phrases such as 'Yes' and 'I see'.
Talking	Speaking clearly when it is your turn, and avoiding cutting the other person off.
Creating a strong partnership	Being honest, trustworthy and enjoying the interactions you have.
Making yourself available	Avoiding distractions and asking for help so that you can listen and talk uninterrupted.
Using a variety of ways to communicate	Communicating using both formal and informal methods.
Being aware of your non-verbal communication	Demonstrating that you are listening and are interested, using facial expressions and turning your body towards the other person.

To fully understand a child's health concerns, you must listen actively. This means showing the other person you are listening through your attitude, body language and responses. The following table gives examples of what this involves.

What is involved	How to listen actively
Attitude	▶ Pay attention ▶ Let the person speak without interruption ▶ Watch the other person's body language
Body language	▶ Nod ▶ Use facial expressions ▶ Face the person ▶ Stand or sit at their level ▶ Keep your arms uncrossed
Responses	▶ Repeat what the person says ('So you are saying …') ▶ Reply with words of understanding ('Yes', 'I see')

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

Practice task 1

Review an organisational policy/procedure on privacy and confidentiality. Explain how you would respond to the following situations and why.

Situation	Your response	Why would you respond this way?
One parent asks for another parent's phone number so they can invite their child to a birthday party.		
A child has been injured by another child. The parent of the injured child wants to know which child caused the situation.		
You are about to take photos for a learning story and realise that the parents of one of the children have not given permission for their child to be photographed.		

1B Medication

Medication is a drug or remedy that treats, prevents or alleviates symptoms of illness or disease. Your service may have restrictions on the types of medications that can be administered and on who can administer them. You must follow these restrictions rigidly, and must refuse to administer medication that does not meet the guidelines. You must only ever act within your role and responsibilities.

Policies and procedures may provide some general steps to follow when preparing medication; for example, if a child requires medication, the policy may be to double check the things shown in the following table.

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

You may face the following issues related to medication:

- unmarked medications
- out-of-date medications
- medications stored in incorrect containers
- medications labelled for another person
- inappropriate documentation
- requests from parents to change the dosage or frequency of administration from that documented on the medication.

Natural medication, such as herbal mixtures, naturopathic treatments and homeopathic treatments, should be treated just as carefully as any other medication or treatment to be administered.

The policies, procedures, standards and regulations of your service should inform you of what to do in each of these cases. If you are ever unsure of something, check with your supervisor before doing anything.

Watch this video about administering medication.

Administering medication

Your service may have strategies for reminding staff about medication that is to be administered. This strategy might use a timer, whiteboard or other idea. Be sure the method observes the confidentiality of the child, as it is not appropriate to publicly display information that connects children to medication or illness. One exception to this is a child who has a severe allergy (such as the risk of anaphylactic shock), as this child's condition needs to be clearly communicated to everyone. Be aware that parental permission is required in this situation.

Medication documentation begins with the development of appropriate recording materials or forms based on regulations and standards. This is often a medication sheet that may be in a standard format or specific to the organisation.

Example

Medical documentation

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

Medication record			
Child's name: Prue Kennedy		Date of birth: 12.4.2015	
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	15.01.18	4 pm	15.01.18
Name of parent:		Una Kennedy	
Signature of parent:		U. Kennedy	
Date:		15.1.18	
To be completed by the educator when administered			
Medication administered		Dosage administered	Method of administration
Time	Date		
4.02 pm	15.01.18	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	

Medication information and consent forms

Parents and educators must complete a medication consent form (authorisation form) if a child requires any medical treatment. The information required on this form must be 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 consent form must also be based on Regulation 92 of the Education and Care Services National Regulations. You can find relevant regulations on the Australian Children's Education and Care Quality Authority (ACECQA) website: http://aspirelr.link/acecqa

The Education and Care Services National Regulations states 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 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 eye drop 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 parent to sign to acknowledge that the actions you take are according to their instructions, and that they give consent for workers to follow the instructions.

Administering medication

If you are responsible for administering medication (as specified in your job description and service policies/procedures), you should do the following.

Procedure	Appropriate practice
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.
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.
Clean/disinfect	Clean and disinfect materials, equipment and spaces you may need to use.
Wash hands/use gloves	Wash your hands and put on gloves.
Measure medication as directed	Measure out the medication as directed; if you are measuring out a liquid, ensure you use a level surface.
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.
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.
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.
Wash hands	Remove gloves and wash your hands thoroughly.
Sign administration documentation	You and the supporting staff member should sign the administration documentation.
Have parent sign documentation	When the parent 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 you are required to administer. The following table provides some tips that may assist you to ensure the full dose is received.

Tip	Procedure
Have another educator help	One educator may give the child a hug while the other administers drops or other medications.
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.
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.

Storing medication

The storage of medication is just as important as its administration and documentation. How you store and administer medications is guided by your service policy and the medication guidelines.

Specific storage requirements are clearly indicated on most medications, such as 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 to ensure 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. 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.

Finally, ensure all medication is put away as soon as possible after use to ensure it is not forgotten and left out.

Practice task 2

1. Create a log similar to the example provided. Research **two** different medications, then answer each question in relation to the medication.

Questions	Medication 1	Medication 2
What is the name of the medication?		
What role could you take in assisting others to administer this type of medication?		
How should this medication be stored?		
What is the expiry date of the medication?		
Is the medication prescribed?		

a. List **three** things that must be included when completing a medication record.

Summary

- The relationship you build with families will enable them to speak openly with you about their child's health needs.
- When health information is provided to you by parents, you must record this as requested by your service policies and procedures, and pass relevant information on to appropriate staff.
- As with all information, you must retain confidentiality in relation to children's health issues and medication.
- All medication must be stored appropriately.
- Your role in administering medication may change depending on organisational policies and procedures.
- You may be required to support the administration process of medication by double checking details and signing records.
- When supporting the administration of medications, check the use-by date, ensure it is in its original packaging and ensure the medication has been prescribed for the child.
- You may be asked to support another educator to administer medication to a child.

Learning checkpoint 1
Supporting each child's health needs

Part A

1. Look at the labels on asthma medication and answer the following questions.

a. Where should this medication be stored and why?

b. What is the use-by date of this medication?

c. What indicates that this medication is in its original packaging?

Part B

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

Case study

Amelia tells you that her son Keir has asthma. He needs to take a prescribed medication for this, which Amelia has provided.

You thank Amelia and help her to complete a medication record.

As an educator, it is your responsibility to manage Keir's medication. His medication record indicates that he needs two puffs of Ventolin administered every four hours. It is to be administered via a spacer which has been provided. When dropping Keir off, his mother tells you that he has had Ventolin at 9 am this morning.

1. Record the necessary information in this table.

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

2. What are **two** questions you might ask Amelia about Keir's medication requirements?

3. What are **two** questions you could ask that would help you to understand and manage Keir's asthma?

4. Who else should be informed regarding the requirements and management of Keir's asthma?

5. Where do you store this health information?

6. How do you ensure the medication record and verbal information is kept confidential?

Topic 2

In this topic you will learn about:

Providing opportunities to meet each child's needs

The sleep, rest and relaxation needs of children are important to parents. Ongoing communication with families allows you to identify the individual needs of each child. Through effective communication and your ability to provide safe and hygienic sleep and rest options, you can support children to feel safe and secure, and cater for individual preferences.

Let parents 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.

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

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

2A Providing opportunities for rest, sleep and relaxation

Rest and sleep are an important part of a child's routine. Every child is different; the age at which their needs change is individual. Children will move from needing daily sleeps to having a rest period or even just a quiet play to wind down. Their needs will change over time. Both the Education and Care Services National Regulations and the National Quality Standard (NQS) acknowledge the different needs of children. The standards set out what you should be encouraging children to do.

Regulation 81 of the Education and Care Services National Regulations	Take reasonable steps to ensure the sleep and rest needs of children are met, with regard to the children's ages, stages of development and individual needs.
Element 2.1.1 of the NQS	Concept: Wellbeing and comfort Descriptor: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Providing high-quality rest, sleep and relaxation time for children in your care requires you to:

- share rest and sleep information with parents
- meet individual needs for rest and sleep
- provide healthy rest and sleep environments
- support children to develop skills to assess their rest and sleep needs
- provide quiet activities for children who do not need to sleep during the day.

Sharing rest and sleep information

So that you can provide for children's individual needs, you need to share information about rest and sleep with parents. This sharing of information will be two-way:

- Parents can provide you with important information about settling their child, the quantity of rest/sleep required and other relevant needs.
- In turn, you should give feedback to parents about:
  - the 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.

Watch this video about sharing children's sleep routines with parents.

Sharing information with families

When you share information with families about the sleep, rest and relaxation needs of their children, you will need to consider the most appropriate environment and method to assist a child to settle. Consider the following questions.

Questions to ask about sleep routines:

- What times does the child usually sleep or rest?
- What does the child do before they sleep or rest?
- What does the child wear when sleeping?
- How is the child usually settled?
- Does the child have a special toy or comfort item that they use to settle?
- Where does the child usually sleep or rest?
- What specific physical or emotional needs does the child have during sleep or rest?

Parents 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 parents must understand that no single routine can meet the needs of every child. Therefore, the organisation's 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.

Requests from parents

At times you may receive requests from parents to modify routine practices. Sometimes it is possible to adapt the routines to meet these requests, but at other times it may be more difficult.

When a specific request is made, you need to reach an agreement with the parent who made this request. To do so, you should have a discussion with the parent to ensure you understand their request and exactly what they require. Once you understand the parent's request, you may need to negotiate to reach an agreement; for example, if the request is difficult to accommodate.

Use polite and respectful communication, and understand that the request relates to meeting their child's needs, which is your priority. 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 fairly straightforward request to meet.

The way that you handle requests depends on what the request involves. Therefore, each request should be addressed individually by the appropriate person. This may mean discussing the request with your supervisor or a senior staff member.

When considering requests, you should do one or more of the following as part of your negotiation to resolve the issue.

What to do	How to do it
Be open to the request	At first you may think some requests are strange or impossible, but by being open, you can look more broadly at the possibilities and keep your relationship with the family positive.
Identify how to meet the request	Think of some possible options and ensure you involve everyone concerned. You may need to discuss the situation with the parent or brainstorm ideas with colleagues.
Consider sustainability	Assess the sustainability of different options, taking the following into account: ▶ the environmental impact (through waste, chemicals and consumables) ▶ the cost to the organisation (immediate and ongoing costs) ▶ workforce burnout, stress and negative feelings ▶ social sustainability (how change will affect the service 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 parent or consulting your 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 during this stage and ensure you work with the family rather than against them.
Communicate the final decision clearly	Parents and educators need to be very clear about what is going to happen and when – you may document the decision so that it remains 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 parent (either in person or over the phone) or writing them a letter or email to explain the situation.
Review regularly	Check with the family that the final decision is working for them. If the family is not pleased with the outcome, you need to rethink the alternatives and come to a more appropriate solution.

Meeting individual needs for sleep and rest

In all settings, rest and sleep should be provided in a child-centred way with the guidance and support of parents. In addition to the individual needs of children that have been outlined by parents, 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 provides sleep requirement guidelines for children of different ages. Remember that each child will be different.

Age group	Guidelines
Up to 6 months	▶ 14–16 hours rest per 24-hour period in the form of night and day sleeps. ▶ Each sleep should last 3–7 hours.
6 months to 2 years	▶ 11–12 hours rest per 24-hour period in the form of naps during the day and 5–8 hours of sleep at night.
2 to 3 years	▶ 12 hours rest per 24-hour period, including short naps during the day and longer sleeps at night.
3 to 5 years	▶ 10–11 hours rest per 24-hour period. ▶ Naps are less common. ▶ Children should sleep through the night.
5 to 9 years	▶ 10 hours rest per 24-hour period that should be at night.

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. In a service environment, 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.

A safe and appropriate rest or sleep environment should meet the following requirements:

- There are no distractions.
- It is quiet – noise is limited or soft music is playing.
- The lights may be turned off or down.
- 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 must be provided.

Fresh linen and sheets must be provided for each child who uses a cot or mattress. To ensure 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 regularly washed and disinfected.

Supporting sleep and rest

Children may need your support to meet their rest and sleep needs. To do this, you may need to take the following steps:

- Encourage children to lie down and see if they fall asleep.
- Suggest some rest that may turn into sleep.
- Help children to recognise when they are tired by asking them how they feel.
- Talk to the children 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 lengths of time.

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 should be provided with designated rest areas that are different to those for sleep.

Providing quiet activity time

Children who do not need to sleep may need to participate in quiet activities instead, such as reading a book on a cushion or having a cuddle with the educator.

Wind-down periods may include quiet activities such as:

- simple stretching, breathing exercises or yoga – try http://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.

Be realistic about the length of time you expect children to relax for. The timing must meet their individual relaxation needs rather than your timetable.

Practice task 3

Observe a child who sleeps and a child who rests by participating in a quiet activity. Answer the following questions.

	Child who sleeps	**Child who participates in quiet activities**
How long does the sleep/quiet activity period last for?		
How long does the child sleep/participate in a quiet activity?		
How is this information shared with the parent?		
Explain the environment, including: ▶ Lighting ▶ Noise ▶ Temperature ▶ Ventilation ▶ Bedding ▶ Activities or materials available ▶ Hygiene ▶ Safety		
Is Element 2.1.1 of the NQS being met? Give one reason why or why not.		

2B Assisting with clothing needs

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.

Factor	Description
Climate	The weather conditions influence how you keep your body warm or cool. 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 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 whether parents provide enough, 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 training are all examples of activities that need particular clothing choices. As children get older, they may request a particular style because it is fashionable or because their friends wear this item.
Culture	A child's racial or ethnic background as well as socioeconomic and life experiences may affect clothing choices and the types of materials selected.
Requirements	Some clothing may be required; for example, they may need to wear a hat at all times when outside.
Storage	Aim to have enough clothing to meet needs, but avoid having too much so that things are not misplaced. The clothing used at the organisation should be labelled with the child's name or the organisation's name if it is owned by the organisation.
Safety	Children often overlook safety when choosing and wearing clothing. For example, they may need support to ensure their shoelaces are tied and they keep their hats on. Children may also select clothing based on their peers or social situations rather than the activities they plan to do.
Past experiences	Particular clothes may have been uncomfortable in the past, or the child may have received positive or negative comments about their clothing choice.

Individual clothing preferences

As all children and families are different, you may care for children who:

- wear clothing that is common to a cultural group
- are not permitted to undress in front of children of the opposite sex
- often wear many layers of clothing
- are encouraged to wear as little as possible when in the sun
- wear expensive or restrictive clothing
- do not have enough clothing to keep them warm
- feel overheated if wearing long pants and coats
- do not wear underwear.

When selecting their own clothing, children will probably make mistakes or choices that are inappropriate. Ensure there are alternatives that are appropriate. Encourage parents 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.

Safe clothing

What you consider appropriate clothing choices will be different to some parents, as clothing is often linked to a cultural and personal identity. Your main concerns should be whether the child is dressed to match the weather conditions. Always ensure you follow parents' instructions, and organisational policies and procedures.

Be flexible and acknowledge the child's clothing preferences when possible. 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.

Clothing type	Features
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	▶ Ensure it is fine if clothes are damaged or dirtied while children engage in active or messy play.

Respecting privacy

Toilet training and sleep/rest times are the most common periods of the day when children will need to undress. Some children may feel uncomfortable during these times due to their personality, cultural expectations, age or the rules in their family.

You can respect a child's privacy when toileting, dressing and undressing by taking this seriously and showing understanding. The following table provides examples of some actions you can take to accommodate privacy needs.

Action	What you can do
Avoid undressing	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 made to undress.
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 this child's need without concern or attention.
Provide shelter	Shelter the child with your body – stand in front of them so others can't see them.
Find private space	Provide them with a private area; for example, behind a bookshelf or in the bathroom.
Timing	Help them to find a time to use the toilet when the bathroom is clear.

Practice task 4

1. Ask a parent about the clothing their child wears. Tick the list to show the closest responses.

   ☐ Clothes are easy to play in.

   ☐ Clothes need to stay clean.

   ☐ It's fine if the clothes get dirty or damaged.

   ☐ Clothes are good quality.

   ☐ Clothes are practical.

   ☐ The child often wears layers of clothing.

   ☐ The child often wears cultural/religious items.

   ☐ The parent usually selects the clothes.

   ☐ The child usually selects the clothes.

   ☐ The child dresses themselves.

   ☐ The child is dressed by the parent.

2. Describe the clothing that this child is wearing today.
   a. Does it seem to match what the parent has described? Explain.

   b. Is the clothing safe and appropriate for the day's activities? Why or why not?

   c. List the times of the day that children dress or undress in your organisation. For each of these times, identify one way you could provide children with privacy.

Summary

- Individual children require different amounts of sleep and rest at different times of the day.
- Not all children require sleep or rest during the day; quiet play activities also allow for relaxation.
- Children's changing needs for sleep, rest and relaxation should be discussed with parents.
- Families and children will have a range of ideas about appropriate clothing choices.
- Clothing choices may be led by parents, or may be led partly or fully by the child as they become more autonomous.
- Clothing choices often reflect a person's development of identity.
- Children may require privacy when undressing or using the toilet.
- Children should never be made to undress unless their clothing is badly soiled.

Learning checkpoint 2
Providing opportunities to meet each child's needs

1. List **five** requirements of a safe and appropriate sleep or rest environment.

2. List **three** suitable relaxation activities for a child who does not need to sleep.

3. Explain how the set up in your service meets the organisational policies and procedures in relation to the following:
   a. Regulation 81 of the Education and Care Services National Regulations
   b. Element 2.1.1 of the National Quality Standard

4. What would you do if a child required privacy to undress for sleep?

5. Speak to a parent about their child's sleep, rest or relaxation.
   a. Ask the parent what the child would normally wear to bed in the home environment. Explain the similarities and differences if a service required children to sleep in their underwear.

   b. Ask the parent about the space their child sleeps in at home. Particularly ask about light, noise, temperature and ventilation. Compare the child's sleep environment at home to the sleep space in your service and explain the similarities and differences.

Topic 3

In this topic you will learn about:

Implementing effective hygiene and health practices

You need to understand how infection spreads and what your role is to ensure you protect yourself and others using good hygiene and health practices. Infection is an ongoing concern whenever people are together in small areas for large amounts of time. Infection occurs as a result of coming into contact with germs that cause disease. Cleaning and disinfecting are vital steps for infection control.

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.

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

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

3A Maintaining hygiene and cleanliness

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

In a childcare 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.

To help educators provide the healthiest areas possible, the National Health and Medical Research Council 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 organisation may have a copy of the *Staying healthy* resource. Alternatively, you can find a copy online at: http://aspirelr.link/staying-healthy-pdf

Maintaining hygiene plays an important role in minimising and preventing the spread of infection. To implement effective hygiene and health practices, you need to:

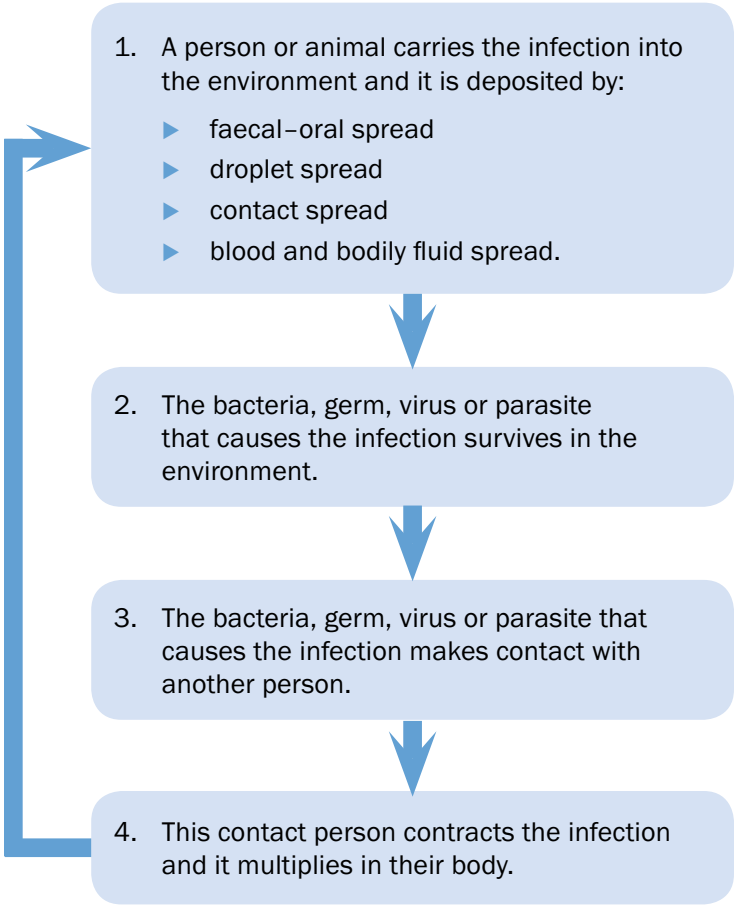
- understand how infection spreads
- maintain personal hygiene
- support children to learn personal hygiene practices
- implement cleaning of surfaces and equipment.

Watch this video about following infection control procedures.

How infection spreads

It is common for children commencing care to pick up mild infectious diseases while their immune systems adjust to the situation. For example, infants attending an organisation that implements appropriate hygiene practices are expected to contract up to eight illnesses in their first year of care. If your service hygiene practices are less strict, this number may increase. After a time, when children become exposed to common infections, their immune systems are better able to resist these.

Infection spreads in four stages.



Faecal–oral spread

Faecal–oral spread is the transfer of germs that are present in faeces or bowel movements onto the hands, fingers or surfaces and then onto other people. The infections most likely to circulate through faecal–oral spread include:

- gastroenteritis (gastro) – diarrhoea and/or vomiting
- hepatitis A
- threadworm.

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

To reduce the risk of these infections occurring, you, children and other educators should follow the actions outlined in the following table.

Action	What you need to do
Wash hands	Wash hands thoroughly after changing nappies, going to the toilet, before serving food or touching any food utensils, and before eating.
Disinfect toys	Ensure that toys for young children are disinfected regularly.
Do not share personal items	Ensure personal items such as cups and spoons are not shared.
Keep pests out	Keep the environment free of flies and other pests.
Exclusion	Ensure sick children are kept at home.
Avoid multi-tasking	Do not move between nappy changing/toilet training and food handling.

Droplet spread

Droplet spread is the transfer of bacteria or viruses to another person via contact with mucus or saliva, as well as from breathing, coughing and sneezing. The infections most likely to spread via droplet include:

- respiratory tract infections, such as common colds or tonsillitis
- measles
- mumps
- chickenpox
- meningitis
- rubella.

To reduce the risk of these infections occurring, you, children and other educators should follow the actions outlined in the following table.

Action	What you need to do
Wash hands	Wash hands after blowing noses or coming into contact with mucus or saliva – use antibacterial wipes if soap and water are inaccessible.
Disinfect toys	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 with detergent.
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.
Ensure the environment is well ventilated	Ensure ventilation, temperature levels and fresh air supplies are adequate.

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 fresh air ventilation as often as possible.

Contact spread

Contact spread 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 contact include:

- chickenpox
- head lice
- hepatitis A
- 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.

To reduce the risks of these infections occurring, take the following steps:

- Wash your hands frequently.
- Ensure information is shared about infectious diseases.
- Be aware of skin infections or unusual skin sores, cover any skin that concerns you and inform parents of any concerns.
- Keep the environment clean.
- Cover sandpits and digging patches when not in use.
- Take careful precautions if pets are part of the environment by cleaning cages regularly and ensuring that pets receive regular vet checks.
- Be aware of areas outside that cats use to go to the toilet and attempt to remove this hazard; always keep these areas child-free until they are hazard-free.

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 urine, saliva, tears, mucus or 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.

To reduce the risk of making contact with these fluids, take the following steps:

- Follow the organisational procedures when you come into contact with blood and other bodily fluids; these are often called 'universal precautions' or 'standard precautions', and you must treat 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.

Maintaining personal hygiene

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

Microorganisms such as bacteria, germs, viruses and parasites are present on the hands at all times, and live in the oil that is naturally produced in your skin. Using soap or detergent and water removes most of these organisms and decreases the risk of cross-infection.

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

Item	Guidelines
Sink	Use a sink that is solely used for washing hands. It is particularly important that hand-washing is not carried out in sinks that are used for food preparation to avoid cross-contamination.
Water	Use warm running water where possible, although cold running water is acceptable.
Hands	Wash hands with soap or detergent, including the sides of hands and between fingers.
Soap dispenser	Dispense soap or detergent from a liquid dispenser. A cake of soap harbours microorganisms that grow and are then spread to the next person who uses it.
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.
Hand dryers	Use paper towels or a hand dryer to dry hands, as cloth towels retain bacteria. Leaving hands damp also increases the growth of microorganisms because microorganisms thrive in a warm and moist environment.

Source: Reproduced with permission of NSW Health

Washing your hands helps you to remove dirt and germs. Some organisations choose to use antibacterial hand sanitisers instead of hand-washing, particularly for outside use where hand-washing is inconvenient, or where the skin on hands can become cracked and dry from excessive washing. Antibacterial solutions are only effective if there is no residue on hands, as they only kill bacteria and do not remove any residue. For example, if you wipe a child's nose and mucus is transferred to your hands, you must wash your hands with soap and water. If you wipe a child's nose and mucus does not transfer to your hands, the antibacterial solution is suitable.

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

- on arrival at the service
- before and after toilet training or changing nappies
- 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.

In addition to hand-washing, 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?

Children's hygiene

Children need to be supported to learn personal hygiene practices. Encourage children to follow your modelling and wash their hands at appropriate times. Ensure that the equipment is appropriate and they have easy access to cleaning areas. Provide gentle reminders and encouragement to make hygiene practices a fun and positive experience.

Dental health routines will also support the child's understanding of their bodily needs. Dental care not only relates to how teeth look, but reduces tooth decay, one of the most prevalent health issues in Australia. Untreated decay is painful and contributes to sleep disturbance, poor concentration and other behavioural issues.

The most effective way to include good hygiene practices for children is to embed them into the organisation's normal routines.

Strategies to encourage children to care about personal hygiene:

- Talk about the importance of hygiene.
- Teach coughing and sneezing etiquette, such as using the inner elbow to cover the mouth and nose if a tissue is not available.
- Sing songs or recite poems about washing hands.
- Use clear, colourful posters.
- Use positive language and reminders.
- Brush their teeth after meals or, if this is not possible, provide water and encourage the children to rinse their mouths.
- Ensure cleaning equipment is accessible to children (for example, low sinks and soap dispensers).

The hygiene practices of children you care for should be as rigorous as your own, and their environment needs to support effective hygiene practice.

The *Belonging, being & becoming: The early years learning framework* (EYLF) and *My time, our place: Framework for school age care* (MTOP) outcome 'Children have a strong sense of wellbeing' includes the sub-category 'Children are supported to take increasing responsibility for their own health and physical wellbeing'. When you support children to understand health and hygiene aspects, you are working towards this outcome.

You can find the learning frameworks on the ACECQA website at: http://aspirelr.link/explaining-nqf

Implementing cleaning practices

Most education and care services organise a roster for cleaning and disinfecting equipment and surfaces. The roster includes tasks that must be completed to ensure the organisation meets regulations and requirements, and that all tasks are completed in appropriate time frames. Cleaning tasks include:

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

A roster allows tasks to be shared and allows the team to work together to complete tasks within time lines. Cleaning on a regular basis will ensure microorganisms are kept to a minimum.

You may find a cleaning roster that outlines daily, weekly, monthly and yearly expectations, and you may also encounter tasks that are not on a roster, but still need to be completed.

There should be clear hygiene strategies in place, including:

- using colour-coded sponges
- explaining cleaning products and their uses
- 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)
- when to wear gloves.

Cleaning must occur prior to disinfecting as disinfection processes are focused on killing microorganisms rather than removing dirt. Using hot water and soap or detergent gets rid of dirt, while disinfection ensures microorganisms are removed.

Consider environmental sustainability when choosing cleaning products. Many environmentally friendly cleaning products are available, which are not only better for the environment but also the health of the person using them.

The following are some tips for using everyday products for cleaning.

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.

Disinfection

A variety of chemicals can be used to disinfect. Bleach is a common product that requires careful preparation to the manufacturer's specification. It only holds its disinfecting qualities for 24 hours, so the preparation must be completed daily. The most common dilution is one part bleach to nine parts water. The longer the bleach is left on the surface before being wiped away, the greater its ability to eliminate microorganisms. The most effective use of bleach solution is to apply it to a surface and then allow the bleach to dry in the sun.

Any chemicals used in your service 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.

Other effective disinfectants include:

- sunlight – ultraviolet (UV) rays
- heat – above 30°C
- cold – below freezing.

The following everyday products can also be used for disinfecting.

Environmentally friendly product	How to use it
Eucalyptus oil	▶ Use a solution of 50ml eucalyptus oil to 1 litre of water. ▶ Shake well before use. ▶ Store in an opaque container in a cool place.
Hydrogen peroxide	▶ Mix 30ml of hydrogen peroxide with 1 litre of water. This solution ensures a full range of bacteria is killed. ▶ Clean the surface with a vinegar solution, then immediately spray with the hydrogen peroxide solution and leave to dry. ▶ Store in a dark-coloured bottle.

Cleaning and infection control

Studies have shown that children and adults are 50 per cent less likely to contract diarrhoea if their hand-washing, cleaning and disinfecting practices are adequate.

Obviously, 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.

Your organisational policies and procedures should take these types of health risks into consideration. You regularly need to clean and disinfect the following:

- toys and equipment
- nappy-change and toileting areas
- beds and bedding
- food preparation, handling and storage areas.

Watch this video about cleaning and disinfection techniques.

Cleaning toys and equipment

Toys need to be continually cleaned and disinfected, particularly if they come into contact with children's mouths. If possible, you should clean and disinfect any toy seen being mouthed before another child places it in their own mouth.

In an infant room, mouthing is common due to the children's need to explore using their senses; it is a good idea to have two sets of toys and to rotate these, so that while you clean and disinfect one set, the children play with the other set.

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

Cleaning nappy-change and toileting 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, but also in a place that children can't access. Soiled nappies, wipes, paper 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 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 hand-washing sink as this is a sure way to spread microorganisms.

Cleaning beds and bedding

To maintain a hygienic sleeping environment, you need to consider the following.

Consideration	How to maintain adequate hygiene
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.
Quiet areas	Quiet 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.
Light	Light 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 hot and the risk of children picking up infection if they are too cold.

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

It is important to clean and disinfect beds and bedding because these are items that 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 use and disinfect them at least once a week.
- Separate mattresses and bedding for storage.
- Set up mattresses and bedding with adequate space between them.

Ensure that beds are not set up in an area needed for other activities. This will deter children and adults from stepping on or tripping over the beds. Allow time for children to assist with setting up and packing away beds. Give children enough time to dress and undress themselves, with or without support.

Cleaning food preparation, handling and storage areas

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

What	Procedure
Gloves	▶ Staff must wear gloves when handling food.
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 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 trainer or supervisor where to find the legislation relevant to your state or territory.

Practice task 5

Access the National Quality Standard and the approved learning frameworks from the ACECQA website: http://aspirelr.link/explaining-nqf

1. Read organisational policies and procedures regarding hygiene practices. Element 2.1.2 of the NQS – Health practices and procedures – requires that 'effective illness and injury management and hygiene practices are promoted and implemented'. How do the organisational policies and procedures promote and implement hygiene practices?

2. Read the EYLF or MTOP sub-category 'Children take increasing responsibility for their own health and physical wellbeing'. What is one action you could take to increase the health responsibilities of a child?

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

Case study

Xander uses the toilet and goes to the basin to wash his hands. He reaches the tap, with some difficulty, and turns on the water. The soap is too far for him to reach, so he doesn't use it. The water runs down Xander's arms to his elbows and drenches his shirt sleeves. The educator is very cross with Xander for getting wet.

   a. How could you change the environment to allow Xander to wash his hands more effectively?

b. What would have been a more appropriate and positive way for the educator to act towards Xander?

c. What could you talk about with Xander to help him learn about health and hygiene issues? Give **two** examples.

d. What routine could you incorporate to encourage Xander to take care of his teeth?

e. What signs might indicate that Xander had tooth decay?

3B Recognising and responding to illness

During your regular contact with children, you will need to be able to identify signs and symptoms of illness. You are responsible for the care of any child that becomes unwell until other care is made available.

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

- 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
- high temperature.

Some children may have known allergies or medical conditions. In these cases, you will be provided with details of the signs and symptoms to be aware of.

Some signs of illness may be easy to identify; for example, coughing and sneezing. Other health issues such as tooth decay are more difficult to identify early on. For example, early tooth decay starts with a dull, white band along the gum, then brown spots on the teeth, and gums that become red and swollen. Advanced tooth decay shows as blackened areas on the teeth.

To help you recognise signs and symptoms of various illnesses, refer to individual children's medical plans and your organisation's exclusion table. 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.

Organisational policies should be clearly explained to parents when the child is enrolled, and you should encourage parents to discuss these policies with you. The exclusion policy may cause concern, so make sure parents understand why this is in place. Most parents appreciate your attempts to prevent illness in their children and support the organisation's policies on infection control and cleanliness.

Example

Managing health requirements

Hilda cares for Sally, who has coeliac disease, which means she is unable to tolerate gluten in her diet. Hilda knows Sally must avoid certain foods, particularly wheat, barley and rye products. 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.

Greg cares for Arthur, who has diabetes. People with diabetes are 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
- numbness.

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).

Supporting ill or injured children

Along with general illness, infectious diseases and injury may frequently affect children in your care. A sick or injured child has additional physical needs as symptoms emerge. In addition, their emotional needs may increase as they become tired, ill or lethargic and may seek extra comfort and support.

To care for the child emotionally, you must report the situation to other educators. They can assist you to arrange a situation where you can separate the child from other children and place them in a comfortable and safe position. Always ensure the child is not left alone and that they receive cuddles and supportive comments as appropriate. Talk to the child about what you are doing before attending to their needs. For example, before taking a child's temperature say, 'Melissa, I'm going to take your temperature with this thermometer. It goes into your ear 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 the hygiene procedures to be followed. The following table outlines some examples.

Sign/symptom	Action to take
Coughing and sneezing	Remind a child who is coughing or sneezing to cover their mouth. It is recommended to use the inside of your elbows to cover your mouth. You may need to help them to wash their hands, or provide wipes if it is difficult to get to the bathroom.
Runny nose	If you wipe a child's nose, dispose of the tissue in a covered, lined rubbish bin, and then wash your hands.
Skin abrasions	Keep any skin conditions and abrasions covered with a suitable bandage such as a bandaid, dressing or gauze strip.

Encourage parents 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. If you touch a child who is sick, wash your hands before touching other children or equipment.

Reporting responsibilities for illness

When any child has contracted an infectious disease, it is your responsibility to advise parents of other children who attend the service. By advising parents, you are assisting them to take notice of symptoms that may affect their child and to take precautions to prevent further infection.

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

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

An exclusion time is the time that a person with an infectious disease is contagious and should therefore stay away. When reporting an illness, ensure the identity of the child with the disease is kept confidential.

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

Example

Notice of illness

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

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

Symptoms: Fever, runny nose, 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 symptoms of chickenpox.

Illness reports

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

Most services have guidelines in place that clearly indicate when you need to contact a child's parents. 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 has a bout of diarrhoea or vomiting, you must implement infectious disease practices immediately.

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 ensuring that 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, who is five years old, has been coughing and has a runny nose and a hoarse voice. She also notices that Sean has red cheeks and an itchy rash all over his body. 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
Room: Willows	**Date:** 8 February 2018
Time	**Symptoms and actions**
10.15 am	Symptoms included coughing, runny nose, hoarse voice, red cheeks, itchy rash all over body, temperature of 38.5°C. Actions: Called parents, administered paracetamol, moved him to a quiet 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 responsibilities for injuries

When children are injured, it is your responsibility to advise parents. This includes letting them know of a minor issue that requires no further action, and advising them of a more serious situation that may require medical care.

When notifying parents, 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.

Two legislative aspects are being covered by these records:

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

The record may also be used to support medical treatment or to refer to if the injury has delayed effects.

Most services have guidelines in place that clearly indicate when you need to contact a child's parents; for example, if a child receives a head injury, or if they do not settle after an incident.

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.

Diagnosing illness or injury

Remember, you are not a medical practitioner, so it is recommended that you do not 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, so let parents seek medical support and have a doctor make a diagnosis. Your role is to follow your organisational procedures for reporting symptoms and providing appropriate care.

In some situations, your organisation may be required to seek the support of a medical practitioner prior to parents arriving. It is important to seek parental 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 ensure you 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.

Practice task 6

1. Collect a copy of an exclusion table and identify **five** infections that lead to exclusion.

2. Access a copy of *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Use this link if you cannot obtain a hard copy: http://aspirelr.link/staying-healthy-pdf

   a. Choose one infectious illness that is included in this manual (you will find these under 'Part 5: Fact sheets'). What did you choose?

   b. What would you notice if a child was infected with this illness?

   c. What would the exclusion period be for this child?

3. Read this case study, then answer the question that follows.

Case study

Andrea sees Joseph, who is five years old, trip on a rug and bump his head. Andrea notices that Joseph has a bruise on his forehead that is quickly swelling. There is a small cut next to the bruise that is bleeding slightly.

Andrea applies first aid and moves Joseph to an area away from other children. She then speaks to her coordinator about the situation and contacts Joseph's parents.

Joseph's dad agrees to pick him up. Andrea provides a copy of the injury report to Joseph's dad as a record for himself and the doctor.

Access an injury report from the ACECQA website: http://aspirelr.link/acecqa-injury-report

Use the report to record Joseph's injury.

Summary

- When hygiene practices are consistently implemented, they reduce the number of infections found in an education and care service.
- Children learn to use adequate hygiene practices if they are modelled, discussed and embedded into daily routines.
- The link between hygiene and health may not be obvious to children, so include it in your learning strategies.
- Policies and procedures are built around standards, and health and safety guidelines. By following these policies and procedures, you are complying with these standards and guidelines.
- Organisational cleanliness and hygiene is everyone's responsibility.
- Respond to illness and injury promptly, and inform parents.
- Record illness and injuries in line with organisational policies and procedures.

Learning checkpoint 3
Implementing effective hygiene and health practices

For this assessment, you will need to use the resources mentioned in Element 3 of the NQS.

1. Create a fact sheet about coughing/sneezing etiquette that is suitable for use when discussing hygiene issues with children. Include images or diagrams, the actions that children should take and how you can provide assistance to the children.

2. Create a fact sheet regarding toy and equipment hygiene. You should include information on how to manage toys that have been mouthed and how to manage wet play areas. You may use images and diagrams to complement the information.

3. Create a warning notice about conjunctivitis. You can use a similar format to the warning notice regarding chickenpox in section 3B. Include the following:
   - Symptoms
   - Treatment
   - How to control the spread of conjunctivitis
   - What to do if the parent suspects their child has conjunctivitis
   - Exclusion criteria, including how long the child will be excluded from the organisation
   - A photograph or image of what conjunctivitis looks like
   - Any other important information

4. A child in your organisation has sustained a head injury. Outline what you would do to respond to this incident. Refer to a service policy if needed.

5. Locate and record or create a song, poem or story that could help you explain oral health to children. Explain how you would use this resource to discuss and support children's hygiene practices.

Topic 4

In this topic you will learn about:

Supervising children

Children must be supervised at all times. Adequate supervision of children involves a number of important factors, including:

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

As you go about your daily work, you must take steps to reduce hazards and risks, and assess the safety of the environment for the children in your care. Your level of supervision may vary according to the ages and developmental stages of the children and how safe the environment and activities are.

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

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

4A Supervising children

All children must be supervised constantly to ensure their safety and wellbeing. Supervision rarely involves just watching or observing children. Rather, supervision is an opportunity to interact with children, extend their activities, share information and ensure they are kept safe.

Organisational 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. Always ensure there are adequate educators available to care for and supervise children. The legislation describes the minimum standards acceptable; however, your organisation 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.

Element 2.2.1 of NQS covers supervision with the following descriptor: 'At all times, reasonable precautions and adequate supervision ensure children are protected from harm'. Regulations 122 and 123 from the Education and Care Services National Regulations outline staff-to-child ratios.

How to supervise

Children must be in sight or within hearing distance at all times. There are a variety of ways to supervise a child or group of children. Ensure that you 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.
- Ensure you can hear the children.

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 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 ▸ so children are in sight ▸ close to high-risk areas.

Knowledge	At all times, you should know: ▶ where children are ▶ what the correct ratio of staff to children is — ensure you adhere to this ▶ how many children are in attendance ▶ each child's name ▶ how to communicate with staff ▶ when other staff are leaving the area and where they are going ▶ what activities are available and the limits for each 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 need to 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 rooms. Indirect contact may involve only being able to see or hear the children. You need to be aware of other noises in the room to ensure that a child in distress can be heard. Listening is most effective when combined with regular visual scans. 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. It is important that viewing windows are not used as the 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 required 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 for infants ▶ using scissors for toddlers ▶ using the monkey bars for preschoolers ▶ using a glue gun for school-age children.

Choosing a supervision type

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.

Attributes of the group	Things to be aware of
Skill level	▶ Young children have less experience and knowledge of dangers and their 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.

Attributes of the group	Things to be aware of
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 you care for and the types of experiences and skills they use will alter the level of supervision required. ▶ Children may have different interests and levels of ability and need additional supervision to ensure all children are safe.
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.

Example

Supervising children at play

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 undertake the activity under her close supervision. This ensures 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 ensure the children in the adjoining bathroom are safe while washing their hands.

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. 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 experience. ▶ 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.

Practice task 7

Identify the correct type of supervision in each of these cases.

- close supervision
- direct contact
- indirect contact

Situation	Type of supervision required
Harrison, who is three years old, likes to swing upside down on the A-frame.	
Janine is 12 months old and is playing with water.	
May is reading a book on a cushion in the cubby.	
The children are indoors. All activities are safe and ratios of educators to children are correct.	

4B Communicating with co-workers

During every part of your day, you will communicate with others in your service about supervision issues and actions. Sometimes your communication will link to a change in your ability to supervise effectively, while at other times this will be due to an alteration in the activities that children participate in or their particular needs at a given time.

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

Reason to communicate	Actions to take	When you may need 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. ▶ How many children are present (head counts). ▶ Whether 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 need to 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. ▶ How you could adjust your supervision to be more effective.

Reason to communicate	Actions to take	When you may need to communicate with other educators
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 need to 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.
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 to ensure one educator is still able to provide direct contact to other areas. ▶ Some organisations 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 to ensure 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.

Reason to communicate	Actions to take	When you may need to communicate with other 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 need to 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.

Practice task 8

Consider the photo above, then answer the following questions about supervision.

1. Which activity in the photo would be classed as high risk?

2. How would you supervise this high-risk activity?

3. If another educator was supervising this high-risk area, where would you place yourself so that you could see as many children as possible?

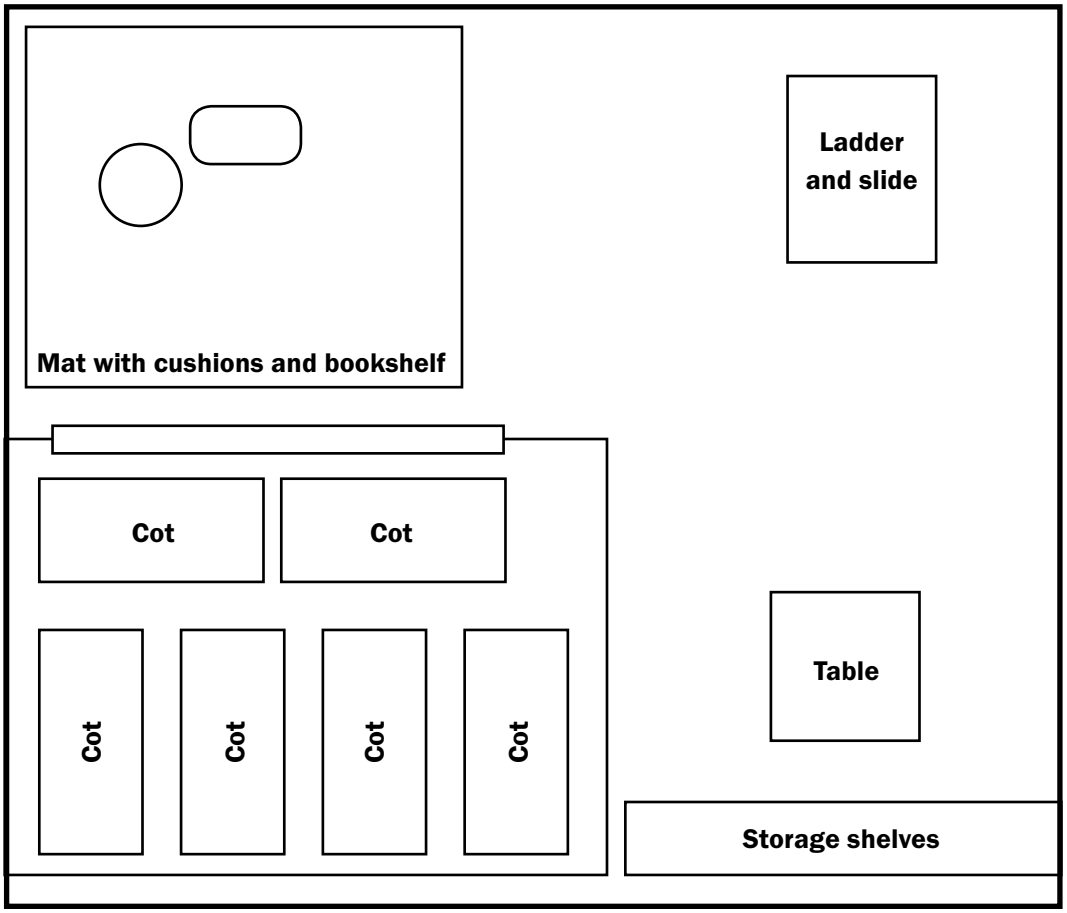
4. Why do you need to communicate with your co-workers in relation to your supervision if you leave a play space?

Summary

- When determining whether ratios of educators to children are appropriate, only count adults who are directly working with children.
- Children must be in sight or in hearing distance at all times.
- The level and type of supervision you provide will depend on children's skill levels, age mix and individual risk-taking behaviour.
- Your level of supervision alters based on the dynamics and size of the group.
- Adequate supervision requires you to exchange information with colleagues.
- Sometimes you will need to delay your actions to wait for an educator to take over your supervising position.

Learning checkpoint 4
Supervising children

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. There are eight educators available.



1. Put crosses on the floor plan showing three positions that enable you to see the children clearly during supervision.
2. Write down an activity indicated by the floor plan that would need close supervision and explain why.

3. If you were providing close supervision at the activity you chose, and a relief educator came to relieve you for your morning tea break, what would you need to tell the educator and any other educators in the room?

4. The sleep area is in a room that has glass windows. Explain why indirect supervision is adequate in this space.

5. Explain the benefits of the following two additional supervision items if used in the sleep area:

   a. Baby monitor

   b. Checking the room using direct contact every 10 minutes.

6. Refer to Regulation 123 of the Education and Care Services National Regulations. How many educators are required to supervise this number of children?

7. Refer to Regulation 126 of the Education and Care Services National Regulations. How many educators in the organisation must have, or be working toward, a diploma qualification?

Topic 5

In this topic you will learn about:

Minimising risks

Regardless of the location or the size of your organisation, 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.

The environment and its safety can be addressed through:

- hazard and risk assessment
- personal protective equipment
- supervision.

Your responsibilities as an educator extend beyond an awareness of the immediate environment in which you work, and should focus on the wider environment and the safety of the specific activities and equipment provided for children in your service.

The best way to limit injuries is to ensure that risks and hazards are kept to a minimum; after all, most accidents are caused by situations in the environment that could be prevented. The more experienced and knowledgeable you are about child development, the greater your ability to predict the consequences of hazards and risks, and prevent harm.

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

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

5A Checking for safety

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

Minimising risks requires planning ahead by:

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

Watch this video about hazards and risks.

Conducting safety checks

A safety check is a basic safety concept that is effective in reducing hazards. A safety check identifies any hazards and helps you implement appropriate strategies to minimise or remove the risk. Most workplaces have procedures for identifying both actual and potential risks.

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 ensure you 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 it.

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.

In the example, 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, as the educator did with the sandpit in the example.

Risk assessment

Risk is the chance that someone may be harmed by a hazard. A risk assessment is a careful examination of what might cause harm or injury to people prior to any new activity taking place. By doing a risk assessment, you can work out whether you have taken enough safety precautions to prevent harm or injury, or if you need to take more.

Risk assessment is most commonly used when you are planning to go on an excursion outside of the normal play area. Regulations 100 and 101 of the Education and Care Services National Regulations require a risk assessment to be conducted prior to an excursion.

You may be asked to complete a risk assessment if you notice a hazard, and prior to attempting a new activity or event. Keep the risk assessment simple. Often the risks are obvious and so is the solution.

The following are steps you need to follow to complete a risk assessment.

1	**Identify hazards.**	To identify hazards, look for things that may cause harm. If you are going on an excursion, think about where you are going and list the hazards. Talk to other workers about the hazards they think of.
2	**Decide who might be harmed and how.**	For each hazard, consider who might be harmed and what type of injury or ill health may occur in order. For example, if you notice that a water trough has been left outside in the rain and has collected a large amount of water, the children in this play area are at risk of drowning.
3	**Evaluate the risks and decide on precautions.**	Once you know the risks, decide what to do about them. This may involve removing the hazard or securing the area to prevent children from accessing it.
4	**Record and implement planned actions.**	Each service has its own reporting and recording system. Policies and procedures, along with support from a supervisor will help you complete these documents.
5	**Review the risk assessment and update if necessary.**	The risk assessment needs to be kept up to date. Check your organisational policies and procedures to see how often a review needs to take place.

Prioritising hazards

Part of managing identified hazards is to classify them according to the level of risk, which helps to prioritise how and when they should be dealt with. Risks are usually assessed as being high, medium or low.

Level of risk	How to decide the level	Examples
High	High-risk situations could result in death, serious injury, permanent disability or serious illness.	High-risk hazards include: ▶ objects lying on the floor ▶ spills on the floor ▶ faulty electrical equipment or wiring ▶ incorrect use of equipment. High-risk hazards for children include: ▶ chemicals or hot items being in their reach ▶ toys with small parts being accessible to infants ▶ slippery surfaces on ramps or stairs ▶ fences that can be climbed over ▶ water play that is left without supervision ▶ not enough soft fall or sand on concrete paths.
Medium	Medium risk is where there is a chance that someone may get hurt. A medium-risk hazard may cause injury or illness resulting in an employee being off work for several days.	Examples of medium-risk hazards include: ▶ not using the correct personal protective equipment ▶ not taking enough breaks when doing repetitive tasks ▶ not following the correct procedures for lifting children. For children, a medium-risk hazard includes: ▶ toys that are broken or splintered ▶ too many toys on the floor ▶ doors and gates that are not secured open or shut.
Low	Low risk is when there is little chance that someone will be hurt or when the injury is likely to be minor. A low-risk hazard may cause injury or illness resulting in a worker requiring first aid, such as a splinter.	Low-risk hazards include: ▶ windows that are not fully opening ▶ a light bulb not working in a well-lit area ▶ a staff member using scissors or other cutting tools (however, this might present a medium or high risk to children using them, depending on their skills).

Managing hazards and risks

You need 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. The situations likely to cause the most or the worst injuries or harm to health should have high priority. If something is high-risk, do something about it immediately.

If the likelihood of the hazard occurring is low, but the consequence is death or serious injury, this is still a high risk and should be given high priority.

All hazards should be assessed and reported, and the level of risk attached to them should be highlighted to determine the priority in which they are controlled. The way you report the risks is determined by organisational policies and procedures.

Example

Risk assessment

Macy Brown wants to take the four-year-old children on an excursion to the library. She conducts a risk assessment and records the following details.

Risk assessment		
Where is the hazard?	**Location**	**Who may be at risk?**
On the way to the library	12 Simpson Lane, Flemington	All children and adults

Hazard	**Risk**	**Level of risk**	**Control methods**
1. Power points in foyer	Electrical shock	**Low**	Ensure safety plugs in sockets and close supervision of children.
2. Front door does not have a plastic hinge cover	Children being hurt by door	**Medium**	Adult to stand and hold the door until all children are out.
3. Crossing a road	Person being hit by a car	**High**	Higher than required adult-to-child ratio using pedestrian crossing, adults evenly spread between children, including one at the front of the group and one at the rear.

Risk assessment	
Who conducted the assessment? **Name:** Macy Brown **Signature:** **Date:** 01.02.18	**Who conducted the assessment?** **Name:** Libby Grey **Signature:** **Date:** 01.02.18

Removing hazards and securing areas

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 to ensure it cannot be accessed by children or unauthorised adults until the problem is solved.

Educating children about hazards

Assist children to understand the hazards and risks in their environment by involving them in simple risk 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 and risks, which helps them develop important life skills.

When communicating limits to children, 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. When you tell children what not to do, you are assuming they know or remember what to do instead. Therefore, it is more effective to let a child know what you want them to do. This makes your instructions clear and allows the child to learn and remember the appropriate action.

For example, instead of saying, 'Don't run', say 'Only 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.'

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.

Sun safety

Sun safety is a lifelong issue. 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 certain precautions, such as wearing a hat outside. This learning particularly supports the approved learning framework outcome 3, 'Children have a strong sense of wellbeing'. It also acknowledges your role in Element 2.2.1 of the NQS, 'At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard'.

The 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 at these sites 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.

Example

Educating children about sun safety

Concetta, an educator, is preparing the children for outdoor play. As the UV level is over 3, she assists each child to take sun safety precautions and talks to them about what they are doing.

'Today the sun is bright and it 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.'

Fire safety in the home

Whether in a family home or a service building, evacuation drills must take place and a plan must be followed. Helping children understand and be part of working out what the plan requires is a perfect way to encourage them to participate and help others.

Fire safety is a great topic for conversation with children. There are many useful things to learn about being safe around hot objects and near fire. Practical information about what to do in a fire will be useful for life.

An incursion or excursion where children can see a fire truck and talk to firefighters is always of interest to children, and this enables them to become involved in their community and understand how people support each other to be safe.

The Country Fire Authority of Victoria has developed a teacher resource for primary school students from prep to grade 2 called *Junior fire safe*. The resource includes some fire safe songs, and supports educators to provide a range of information to children with messages about:

- home fire safety
- personal safety
- community safety.

Example

Educating children about fire safety

Concetta has created a range of experiences about fire safety that help the children identify which behaviours are safe and which are dangerous. Some ideas she uses are:

- a movement game that incorporates the 'Stop, drop and roll' technique
- posters that show dangerous behaviour; she asks the children to identify the dangers and think of how they could make the situation safe
- putting new batteries into the smoke alarm while explaining what the alarm is and what it does, demonstrating the alarm and talking about why the batteries need to be changed.

Practice task 9

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

Case study

Samira, an educator, is setting up the room prior to children aged between four and five years attending. As she sets up, she looks for safety hazards.

When Samira picks up one of the children's chairs, she notices that the seat is loose. She also notices that there are some marbles on the floor that must have fallen off the table last night.

1. List **five** items that Samira should be doing safety checks of.

2. Complete a risk assessment by identifying the level of risk for the **two** hazards. For each hazard, explain why you chose that level of risk, then explain how you would eliminate or reduce the risks.

5B Providing safe environments

The safety of your service environment will vary according to whether the organisation is:

- a purpose-designed and purpose-built centre
- a non-purpose-built centre
- a home
- another venue appropriate for the age range of the children.

Working with children involves considering safety, while also allowing some risk taking. If you rigorously ensure that children are completely safe at all times, you will not be providing them with opportunities to explore, develop and learn. For example, if a child is learning to ride a bike, they may wobble, bump into things or fall off; if a child is learning to walk they may slip, trip or lose their footing. These are necessary developmental risks.

Managing risk

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.

Dangers	Suggestions for keeping children safe
Infants and newborns	
Falling from a bed or change table.	▶ Ensure you 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 need to 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.	▶ Ensure that suitable, age-appropriate restraints are fitted and used at all times.
Catch 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.
Infants begin to eat solid food, so choking is a hazard.	▶ Food must be prepared to meet the dietary stage suited to each individual child. ▶ Meal and snack times must be carefully supervised.

Dangers	Suggestions for keeping children safe
Infants who can crawl	
Choking on small objects: Infants who can crawl 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. ▶ Remove small items from access. ▶ 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 to ensure you do not accidentally leave behind dangerous items that infants who are crawling may find and swallow.
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 medicines or poisons and open tablet packs.	▶ Keep medicines and chemicals out of reach and away from child 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- to high-risk equipment.

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, etc. ▶ Discuss safety with the children and have them help you identify hazards and create a safer environment.

Providing a safe environment

Further ways to provide a safe environment for children are outlined in the following list.

Steps to provide a safe environment for children:

- Make sure the organisation's safety policy is being put into practice.
- Have a checklist of all areas in the organisation that need to be regularly assessed for safety.
- Regularly check that all equipment is maintained and that repairs are carried out when necessary. Bolts and screws on climbing equipment may become loose and protrude, causing lacerations. The eyes in teddy bears and soft toys may also become loose and detach, risking inhalation, choking and swallowing.
- Choose equipment with safety in mind. This includes all types of equipment, from the design of fences and gates, to the utensils used for eating and drinking.
- Plan the program taking safety into account in all activities, learning experiences and routines.
- Choose locations and set up activities with safety in mind.
- Ensure there is constant supervision of children at all times. Position yourself where you can talk to a child or small group while still being able to observe and supervise the rest of the children.
- Encourage staff and children to act safely to prevent accidents. You are an important role model for children; when children see you acting safely, this provides safety education.
- Never leave children on their own, including children who are sleeping.
- Make sure there is adequate planning and preparation for activities and routines.

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 over 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.

Managing hazardous environments

All environments involve an element of risk and may include the following hazardous situations.

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 to children 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, but not on the trampoline or swings.'

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.

Managing personal care dangers

There are a number of dangers that can arise during children's personal care routines, as the following outlines.

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, you should ensure the provision of age-appropriate:

- equipment; for example, highchairs for infants and small chairs for toddlers
- restrictions and/or limits; for example, ensure 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 organisation if a child has a serious food allergy
- sitting 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: http://aspirelr.link/red-nose. On this website you will find a range of resources for parents and educators, including the *2017 child care 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 in an organisation, there have been cases of SIDS occurring in organisations in the past. See Topic 2 for more information on safe sleeping.
Playing	A safe environment should have clear floor spaces and no sharp edges on 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

When making and using your own toys and equipment, you have control over their design. Carefully consider all aspects regarding the use of toys and equipment, and make sure they are appropriate for the age and developmental stages of the children they are provided to.

The design features of equipment are a major cause of injury. Always consider the design of equipment at purchase, following your organisation's procedures and guidelines. You should check:

- that the item conforms with Australian Standards, which shows the design's safety has been considered
- the age and/or developmental stage recommendations for the children using the 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 parents to meet an individual child's needs. For example, a parent might want their child to sleep in a hammock. This may not be a common piece of equipment used in your organisation, 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 ensure it is safely set up and maintained.

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 35 mm round and 6 cm 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 5 mm 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 30 cm, and to avoid cutting into the skin the cord should be at least 1.5 cm thick.
Noise	Toys should not be too loud.
Brittleness	Toys should not be brittle; that is, not 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, splinters, etc., 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 played with 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 to children. All children who play near water must be supervised at all times and never be left alone. This not only includes areas where water play is provided, but also areas such as the bathroom and laundry.

Wading pools and water play troughs should be emptied as soon as the activity is over.

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, but remember, empty swimming pools 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.

Environmental factors

Indoor and outdoor play areas have their own hazards. While some of the risks are reduced in a purpose-built organisation, you need to consider the potential hazards outlined in the following table.

Potential hazard	What you need to be aware of
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. ▶ Children with allergies should be supervised carefully and staff should be prepared to act if necessary. ▶ Some plants cause allergies and some carry toxic flowers, stems, leaves or berries. ▶ Landscape design and maintenance must be carefully planned and assessed. ▶ 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).

Potential hazard	What you need to be aware of
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 policy that ensures children: – know about sun safety – wear clothing that covers their shoulders – have sunscreen applied 20 minutes prior to outdoor play – 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.
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. ▶ See Topic 3 for more information on infection control procedures.
Electrical equipment	▶ While most electrical injuries and deaths of children occur in homes, every child-focused service must be aware of the dangers of electricity and how to avoid electrical hazards. Educators should therefore ensure: – 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.

Potential hazard	What you need to be aware of
Fire	▶ If you work in a family day care centre, 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 to ensure that children and adults are safe. You will be required to ensure you 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 that require batteries; the batteries should be checked regularly to ensure the alarm will work when needed – ionisation smoke alarms that 'smell' smoke – photo electric smoke alarms that 'see' smoke. ▶ Whichever smoke alarm you have, to be effective it must be placed: – on the ceiling – between bedrooms and the rest of the house.

Dangerous products

Cleaning and waste materials have a high safety risk. These items require you to follow policies to ensure they are stored and labelled correctly.

Your organisation 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 parents must manage disposal of themselves. For example, some services will not dispose of nappies.

As your day is busy, lapses in care may put you and those you work with in hazardous situations.

Always 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 organisation 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 to ensure each staff member knows where each type of waste belongs.

Example

Failing to follow safe procedures

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.

Practice task 10

1. Investigate how dangerous products are stored and labelled in your organisation and identify how they meet organisational policies and procedures.

2. How would you explain to a child why they must wear a hat outdoors?

3. Identify and record where fire alarms are placed in your organisation.

5C Protecting children

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

You must always ensure that you:

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

Ensuring authorised collection of children

Regulation 99 of the Education and Care Services National Regulations outlines requirements for children leaving the premises. It states that children may only be:

- given into the care of their parent 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 care 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 organisational policies and procedures may also provide guidance; for example, it may state that the person collecting a child must be over 16 or 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 the child to ensure they remain in your care unless legally taken.

Example

Ensuring authorised collection of children

As a new staff member, Simone doesn't know many parents, 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 seven 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.

Ensuring safe collection of children

You must act responsibly in all situations that involve children in your care. This requires you to gain and maintain relationships with parents and significant others. When faced with unusual situations, you must always act in the best interests of the child.

According to Regulation 157 of the Education and Care Services National Regulations, 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 (see Regulation 99 (5)).

The most common incidents that pose a safety risk to children are:

- the late pick-up of a child
- an accident or emergency involving the parent
- 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

Ensuring safe collection of children

Rodriguez is one of the last staff members left at the centre. 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 a taxi, 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 a taxi is a good idea.

Rodriguez makes Helen a coffee and they chat about the party while they wait for the taxi 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, other people will enter the building, often when another person (such as a parent) leaves the door open or allows this person in.

When an unknown person is noticed in the building, they should be approached quickly and asked why they are there. 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 kept 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.

Supervising students and volunteers

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 11

1. Collect a copy of an organisational policy related to safe collection of children. Write down what it says about custody orders.

2. Find out, through a policy or a supervisor, what the minimum age must be of a person collecting a child from the organisation.

3. Describe how you would deal with a situation where an adult comes to pick up a child and you do not know who this person is.

4. Describe how you would deal with a person standing in the foyer of your service who has entered the premises when the door has been opened by a parent.

Summary

- You must participate in safety checks as well as everyday checks as the day progresses.
- Children must be taught about sun safety so they can make safe decisions about their own health.
- Educating children about hazards assists them to develop important life skills.
- Toys and equipment can present safety issues, depending on a variety of environmental and situational differences.
- Check the safety of toys and equipment throughout the day.
- Remove hazards from play areas and secure any areas that are not safe.
- Dangerous products, such as cleaning chemicals, must be clearly labelled and stored safely.
- Only authorised people may pick up a child from your care; all visitors must be supervised.

Learning checkpoint 5
Minimising risks

1. It is important to complete regular safety checks. Use this table or similar to record information about each of the safety check items.

Item to be checked	**One possible hazard**	**Level of risk**	**How you could eliminate/ remove the hazard**
Doors			
Toys and equipment			
Play areas			
Chemicals			
Shade outdoors			
Fire safety policy			

2. If the entry to a service was damaged and became insecure, explain how you would do the following.
   a. Secure the organisation from unauthorised people

   b. Ensure all people entering the service are supervised

   c. Keep children in a safe area.

3. Summarise the departures procedure using dot points and explain what you would do if an adult who was not listed as authorised arrived to collect the child.

4. Give an example of a resource you can use to help you explain sun safety to children.

Topic 6

In this topic you will learn about:

Allergy management

You may be responsible for children who suffer allergic reactions. Preventing these reactions generally involves routine management; however, severe reactions such as anaphylaxis require you to take urgent, specific action.

While you can implement a number of measures to prevent allergic reactions, it is essential that appropriate medication and clear action plans are in place and kept up to date in case of emergency.

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

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

6A Understanding allergies

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.

Some common allergens (causes of allergy) are:

- certain types of food
- pollen
- dust mites
- moulds
- pet hair
- bee and wasp stings
- chemicals
- medicines
- certain materials, such as latex and nylon.

Recognising an allergy

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 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.

The most common allergies relate to food. As allergies can have very serious health implications for the child, your service must gather specific information about the child's needs at the time of enrolment. Knowing the following information will help to ensure a safe environment.

Watch this video about food allergies.

Key information	What to find out
Allergies	What exactly is the child allergic to?
Severity	How severe is the child's allergy?
High-risk times	Are there any times when the risk is higher?
Signs and symptoms	What are the early signs and symptoms of the allergy?
Strategies	Are there any strategies that can minimise the risk of an allergic reaction?
Action	What needs to be done if an allergic reaction occurs?

Common food allergens

The following outlines six foods that commonly cause an allergic reaction.

Cow's milk	Children with allergies to cow's milk need to replace the nutrients with alternative sources, such as legumes, meats, nuts and whole grains. Sometimes the child may also be allergic to one of these alternative sources, so balancing the child's nutrition may be a challenge.
Eggs	Eggs are used in many common food products. Food containing eggs may be baked alongside food that do not contain eggs, which can also present a challenge in avoiding eggs.
Tree nuts	Tree nuts, such as almonds, brazil nuts, cashews, hazelnuts, macadamias, pecans, pine nuts, pistachios and walnuts, are one of the most common allergens.
Legumes	Legumes include dried peas, beans, lentils, soybeans, chickpeas, kidney beans, pinto beans, black beans and peanuts. Peanut allergies are common. In some cases the allergy is so severe that it is triggered by the scent of peanuts alone. However, children who are allergic to peanuts are often not allergic to tree nuts.
Seafood	Some people are allergic to fish and other seafood. However, shellfish, such as crab, prawn and lobster, are more common allergens than other types of seafood.
Gluten	Wheat protein (gluten) is contained in many processed foods, so you must read labels carefully. Many substitutes and gluten-free products are now available.

Food substitutes for children with allergies are often suitable for all children. For example, you may use rice milk instead of cow's milk in cooking. However, always check that no one at the service is allergic to the substitute.

Care should be taken when introducing solid foods to babies, especially for those who have history of food allergies. For more information on the introduction of solid foods, go to: http://aspirelr.link/ascia-introduce-solid-foods

The following example explains the different words that may be used for common food allergens.

Example

The following words mean that cow's milk protein is present:

Ammonium caseinate	Delactosed whey	Milk solids
Potassium casienate	Artificial butter flavour	Demineralised whey
Butter fat	Dry milk solids	Rennet casein
Butter solids	Half & half	Sodium caseinate
Buttermilk	Lactalbumin	Sour cream
Calcium caseinate	Lactalbumin phosphate	Sour cream solids
Casein	Lactose	Sour milk solids
Cheese	Cream	Curds
Magnesium caseinate	Milk derivative	Milk protein
Yoghurt	Whey protein concentrate	

The following words mean that egg protein is present:

Albumin	Egg yolk	Ovalbumin	Egg
Eggnog	Ovomucoid	Egg white	Mayonnaise

The following words mean that peanut protein is present:

Mixed nuts	Peanut flour	Peanut butter	Peanuts

The following words mean that wheat protein is present:

High-gluten flour	Wheat germ	Enriched flour	Bran
High-protein flour	Wheat gluten	Farina	Vital gluten
Wheat starch	Gluten	Wheat bran	Graham flour
Whole-wheat flour			

Practice task 12

1. Choose a common allergy and research it, then answer the following questions.

   a. What is the allergy?

   b. List the common signs and symptoms of the allergy.

   c. List the common methods to prevent and/or treat the allergy

6B Managing anaphylaxis

Your organisation should have risk-management strategies for children with severe allergies, particularly anaphylaxis. Managing the risks requires you to follow:

- strategies to prevent allergic reactions
- allergy action plans
- policies and procedures.

The Education and Care Services National Regulations state that there must be at least one person trained in anaphylaxis management on the premises at all times.

Understanding anaphylaxis

If a generalised allergic reaction affects a person's breathing and circulation and occurs within minutes, the allergic reaction is serious. This type of allergic reaction is called anaphylaxis. Some signs and symptoms that anaphylaxis may be about to occur include:

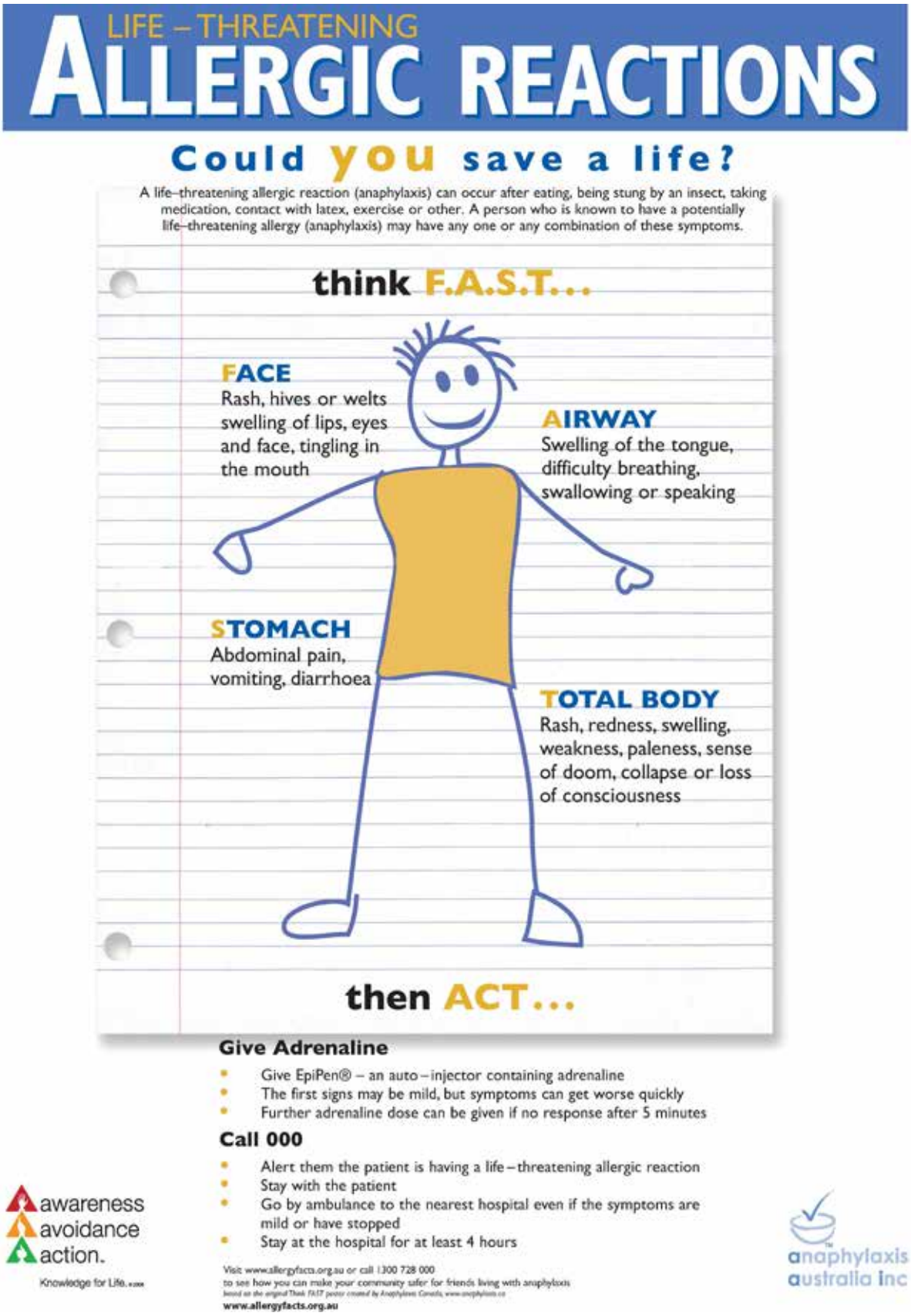
- swelling of the face, lips and eyes
- congestion and watering of the nose and eyes
- hives or welts on the skin
- headaches
- anxiety.

Signs, symptoms and characteristics that warn anaphylaxis is occurring include:

- difficulty breathing or noisy breathing
- swelling of the tongue, and swelling or tightness in the throat
- difficulty talking or a hoarse voice
- wheezing or a persistent cough
- tightness of the chest
- abdominal pain, nausea and vomiting
- confusion
- loss of consciousness or collapse
- a pale and floppy appearance (particularly in a young child).

An anaphylactic reaction is a very serious and life-threatening situation. The reaction will progress rapidly after exposure to the allergen, and may cause the child to collapse and/or stop breathing.

A child at risk of having an anaphylactic reaction should have this detailed in an action plan. They also require a medical kit containing an adrenalin auto-injector and any other medication and instructions for its use.



Think FAST poster reproduced with permission from Anaphylaxis Australia Inc. Further childcare resources are available at: www.allergyfacts.org.au

Strategies to prevent allergic reactions

To prevent allergic reactions, particularly anaphylaxis, there are some simple yet effective strategies to put in place, as the following outlines.

Understand allergic responses

All staff members must understand allergic responses. To ensure this, the service should:

- ensure that action plans are visible
- provide training in using adrenalin auto-injectors, such as an EpiPen, and have educators practise using it regularly
- ensure new staff members are trained in managing anaphylaxis and allergies and make them aware of any person at risk.

Apply food hygiene practices

Food hygiene practices are general procedures you need to follow if a person with an allergy attends your service. You must be particularly vigilant in ensuring these practices are enforced. Your service should implement some risk-management strategies.

You must also:

- stop people from sharing or trading food, utensils and containers
- suggest the parents of children with allergies prepare their children's food at home if you are unsure whether your kitchen can remain safe
- ensure personal items such as drink bottles, cups and lunch boxes are clearly labelled
- restrict the use of food in play
- provide continuing training for food staff and others who care for children with allergies
- follow sanitising procedures
- provide increased supervision on days where special occasions occur that involve food; for example, birthday cake and excursions
- request that all parents avoid providing specific foods if a child with allergies attends the service.

Read and understand labels

When a food allergy is identified, all products containing this food must be removed from the person's diet. This is a very complex and sometimes frustrating task, as you must consider the following:

- Food labels: often the allergen in a food is identified by a different name
- Food hygiene and preparation: some stores use practices that contaminate other foods; for example, at a delicatessen, cold meat may be cut on the same slicer as cheese.

Food hygiene is also a concern in your service as the person who prepares meals must ensure allergens are not transferred to foods that an allergic person may come into contact with.

Remember that adults, including educators, may also have allergies and you will also need to know about strategies to assist them.

Action plans

For children with allergies, you must receive an action plan from the child's doctor prior to the child commencing care. This plan must be updated regularly depending on the child's circumstances, and reviewed at least once a year. An action plan outlines guidelines for:

- reducing an allergic reaction that occurs
- involving medical resources as needed, including doctors, paramedics, medication and other emergency contacts
- providing information on recurring symptoms or stages of the reaction.

For more information and examples of action plans used in early childhood and schools, visit: http://aspirelr.link/ascia-action-plan-anaphylaxis

Depending on the severity of the allergy, a child may also require a medical kit containing specific medications which may include an autoinjector and other emergency supplies. This kit must accompany the child whenever they attend the service. To ensure the child's medical kit is clearly identified, most organisations place a photograph of the child on its lid, along with their name.

Some organisations state in their policy and procedures that the parent must bring the child's medical kit in 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 organisation
- the parent takes responsibility for ensuring any medication is up to date and in good order.

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

Understanding anaphylaxis action plans

Allergy action plans are a very important part of managing allergies, particularly anaphylaxis. As anaphylaxis progresses rapidly and may have very serious consequences, all staff members must know and understand the action plans that are in place.

An anaphylaxis action plan typically includes the following steps.

1	**Lay the person flat**	Lay the person flat. If they find breathing too difficult, they can sit in a supported position on the ground. They should not be allowed to stand or walk.
2	**Use an adrenalin auto-injector**	Use the adrenalin auto-injector as described in the action plan. A second auto-injector can be used if there is no response after five minutes.
3	**Ambulance**	Call 000 to request an ambulance. The child must be transferred to hospital for ongoing monitoring.

4	**Contact family**	Phone the person's family member or emergency contact.
5	**First aid**	Use first-aid measures if there is no pulse, no breathing or loss of consciousness – this includes CPR (cardiopulmonary resuscitation) if required.

Adrenalin auto-injectors

An adrenalin auto-injector is used to give someone having an anaphylactic reaction a dose of adrenalin, which rapidly reverses the effects of anaphylaxis by reducing throat swelling and breathing difficulties. The person's action plan will explain how to use an auto-injector if there is any risk that they may have an anaphylactic reaction; for example, if they are allergic to bee stings or peanuts. A person with an allergy may also require an adrenalin auto-injector if they:

- have had a dangerous allergic reaction in the past
- experience frequent asthma requiring regular medication
- live in a remote area far from medical care.

There are two different strengths of auto-injectors, which are colour-coded for easy identification. You should always check you are using the correct device as prescribed and documented on the person's action plan.

Even if steps such as using an adrenalin auto-injector helps to relieve the symptoms of the allergic reaction, you must still call an ambulance. Document the circumstances of the reaction using your service incident or illness record, and include:

- the trigger (if known)
- the symptoms that occurred
- the treatment that was given
- any other relevant information.

This information may be used by the medical professionals treating the person, or later to review prevention strategies or identify other allergies.

Remember, if you use an adrenalin auto-injector, it needs to be replaced. You may also need to review service policies and procedures to identify how to prevent the situation that led to the reaction from recurring.

If a person has an adrenalin auto-injector, your service should ensure that all staff members are trained to use this so that if an allergic reaction occurs, the person receives fast and appropriate treatment.

For a video and fact sheet on how to use an auto-injector, visit: http://aspirelr.link/ascia-how-to-give-epipen

There are many other materials and sources of information to help educators stay up to date in their treatment skills, including:

- The Australian Society of Clinical Immunology and Allergy (ASCIA) http://aspirelr.link/ascia

- Allergy and Anaphylaxis Australia: http://aspirelr.link/allergy-facts. Here you will find a broad range of items to support allergy management, including cookbooks and children's picture books.
- Medication and training accessories, including practice adrenalin auto-injectors, medical pouches, trainer kits and posters.

Policies and procedures

Most services have an anaphylaxis policy in place, which includes the need for those with allergies to provide an action plan and medical kit. It may also include expectations for how you communicate information about people with allergies to all staff. This may form part of the regulatory expectations of your service.

Ensure that all families are aware of the anaphylaxis policy. In some cases, a food item such as peanuts may be restricted or eliminated entirely from your organisation to minimise the risk of anaphylaxis. Your policy should explain this decision and the reasons for its implementation.

Ensure you follow your organisation's policy and procedures, and all legislative requirements for administering medication, including the use of an adrenalin auto-injector. Be aware that this may mean only certain staff members are allowed to administer medication, so ensure you understand the limitations of your job role. If you are unsure of anything, ask your supervisor for clarification.

Refer to Topic 1 for more information about implementing appropriate practices when administering medication, including for anaphylaxis.

Practice task 13

1. Using an organisational policy or a child's allergy/anaphylaxis plan, explain **two** actions you need to take to reduce the likelihood that a child will come into contact with an allergen. If you use a child's action plan, protect their confidentiality in your response.

2. Tick the signs of anaphylaxis.

- ☐ Difficulty breathing
- ☐ Noisy breathing
- ☐ Sadness
- ☐ Swelling of the tongue
- ☐ Unhappiness
- ☐ Running around
- ☐ Abdominal pain
- ☐ Not eating
- ☐ Vomiting
- ☐ Frustration
- ☐ Confusion
- ☐ Loss of consciousness or collapse

3. What are **two** ways you could reduce the risk of a person with a dairy allergy coming into contact with cheese?

4. If a child who is allergic to dairy food experienced signs that indicated an anaphylactic reaction, what would you do first out of the following options? Explain your choice.
   a. Call the parent and ask what to do.
   b. Tell all the staff and ask what the policy says to do.
   c. Administer adrenalin using an adrenalin auto-injector.
   d. Tell the child they need to calm down; this might help them breathe.

5. Access an organisational policy on anaphylaxis. What does it say about the following items?
   a. Medical kits

   b. Action plans

   c. Communicating information about allergies

   d. Food exclusions

Summary

- An allergy is an immune reaction to usually harmless substances.
- Anaphylaxis is a potentially life-threatening allergic reaction that affects a person's breathing and circulation.
- There are distinctive signs and symptoms of allergies that can be used to identify if a person is allergic to a substance.
- Severe allergic reactions such as anaphylaxis can be triggered by very minor levels of exposure.
- Organisations should implement preventative strategies, such as educating staff and following strict food-handling and hygiene procedures to minimise allergic reactions.
- Organisations must have medications and action plans in place prior to children with allergies attending.
- Action plans and medications must be regularly checked for currency.
- Educators must be trained and prepared to use an adrenalin auto-injector, which delivers a dose of adrenalin, if required.
- Educators are required to comply with all organisational policies in relation to preventing, documenting and reporting all severe allergic reactions.

Learning checkpoint 6
Allergy management

1. Provide **five** common examples for each of the following:
   a. Allergens

   b. Signs, symptoms or characteristics of a mild allergic reaction

   c. Signs, symptoms or characteristics of anaphylaxis

2. Access an organisational policy and procedure regarding anaphylaxis.
   a. Dot point **two** strategies used to avoid allergic reactions.

b. Outline **two** requirements that relate to medication for anaphylaxis.

3. Access an EpiPen adrenaline auto-injector and summarise the steps for use, including preparation, administration and finalising the injection process.

Topic 7

In this topic you will learn about:

7A Following asthma plans

Asthma management

Asthma is a common illness. A severe attack of asthma can be life-threatening. Your ability to recognise signs and symptoms and to find possible triggers can assist the ongoing health of a child.

Responsible use of first aid and confidence in how to follow medical plans can make a difference to how well a child recovers from an asthma attack.

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

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

7A Following asthma plans

Asthma is a condition in which a person's airways react to certain triggers and become narrow. Three conditions change in 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.

These conditions cause the signs and symptoms of asthma. Each sign or symptom may present differently in the person with asthma, depending on the severity of the attack and their airway difficulties. Signs and symptoms to look out for include:

- rapid breathing and shortness of breath
- difficulty talking
- anxiety and distress
- wheezing
- tight chest
- persistent cough.

Asthma can be triggered by a number of things, and each sufferer has different triggers.

Common triggers of asthma are:

- weather changes
- dust and dust mites
- moulds
- deodorants and perfumes
- some medications
- some foods and food additives (for example, preservatives, flavourings, colourings)
- exercise and activity
- pollens
- chemicals
- emotions or emotional reactions (for example, stress or laughter)
- pollution, including cigarette smoke
- colds and flu
- animal dander (material shed from the skin or body of an animal).

Asthma action plans

Children who have asthma should be provided with an asthma action plan by their doctor. The Education and Care Services National Regulations require your organisation to have policies and procedures in place that include strategies for communicating asthma management plans to all staff, as these plans outline the triggers for the child and the steps to take if an attack occurs.

Some of these strategies include:

- a poster or the child's medical plan displayed in a staff-only area
- a medical conditions poster or book
- regular updating and discussion
- daily information and updates for staff.

An asthma action plan includes:

- what medication to take
- how to tell if asthma is getting worse
- what to do if the symptoms get worse
- what to do if an asthma attack occurs

The plan must be updated at least once a year and whenever major changes occur to the child's health.

You can access an example of an asthma action plan for education and care services, produced by Asthma Australia, at: http://aspirelr.link/asthmaactionplan

In Victoria registered services should use the Victorian Asthma Action Plan, which is available from: http://aspirelr.link/asthma-plan-vic

Watch this video about asthma management plans.

Asthma medication

Many children with asthma take medication regularly as a preventative measure, even if they are feeling well. Medication may be inhaled through a spacer, which is a container with a mouthpiece that medication is sprayed into. A spacer should always be used to provide asthma medication to children as this enables more medication to reach the lungs.

To ensure all medication is inhaled, follow these steps:

1. Shake the medication.
2. Place the spacer on the child's face or into the mouth of an older child.
3. Spray once into the spacer.
4. Ask the child to take four breaths from the spacer.
5. Repeat these steps the number of times prescribed on the action plan or medication record.

A spacer and reliever medication should be part of your general first-aid kit; however, Asthma Australia states that, to be declared asthma-friendly, each organisation should prepare and maintain an asthma first-aid kit. The asthma kit should contain:

- reliever medication
- two spacers (and masks for children under five years)
- a blank copy of an incident/illness record
- an asthma first-aid instruction card.

Spacers are items that should only be used by one person, so if you use one from the first-aid kit, it should be discarded or given to the child, and a new one should be sourced to replenish the first-aid kit.

Document the circumstances of the asthma attack using your service incident or illness record, and include:

- the trigger (if known)
- the symptoms that occurred
- the treatment that was given
- any other relevant information.

Asthma emergency

If an asthma action plan is not in place, Asthma Australia recommends taking the following steps.

1. Sit the child upright.
2. Give four puffs of a blue reliever puffer medication in a spacer, if possible.
3. Wait four minutes.
4. If there is no improvement, give four more puffs.
5. If there is still no improvement, call an ambulance and follow the directions. Continue to give four puffs every four minutes.
6. Record the incident in an incident/illness record.

A child may have other prescribed medication that may be used in an emergency. You should always check the child's action plan and follow the specific instructions for use of the medication.

Practice task 14

Refer to an organisational policy relating to medical plans (including asthma plans).

1. What does the policy state should be included in an asthma plan?

2. What strategy does the policy suggest implementing to ensure all staff members are aware of the asthma plan?

3. List the steps you would take to ensure a child with asthma inhales medication properly from a spacer.

Summary

- Asthma occurs due to a variety of triggers specific to the individual.
- Asthma affects a person's breathing and can be life-threatening.
- The signs and symptoms of asthma can be identified easily.
- Organisations must have medications and action plans in place for children with asthma.
- Action plans and medications must be regularly checked for currency.
- Educators must be trained and prepared to use asthma medications and first aid.
- Educators are required to comply with all organisational policies in relation to preventing, documenting and reporting asthma attacks.

Learning checkpoint 7
Asthma management

1. List **five** examples for each of the following.

   a. Triggers of asthma

   b. Signs or symptoms of asthma

2. Refer to an asthma action plan. You find one here: http://aspirelr.link/asthmaactionplan

   In dot-points, summarise what information should be contained in the plan.

3. Explain how you know whether a child has an asthma medication plan. You may need to read a service policy to identify this.