

Cystic Fibrosis policy

2019

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement— anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

EYLF

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

Aim

The service and all educators will effectively provide care for children with Cystic Fibrosis. The service and all educators will ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with Cystic Fibrosis in a respectful and confidential manner.

Related Policies

Additional Needs Policy

Administration of Authorised Medication Policy

Continuity of Education and Care Policy

Emergency Service Contact Policy

Enrolment Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Immunisation and Disease Prevention Policy

Infectious Diseases Policy



Medical Conditions Policy
Privacy and Confidentiality Policy
Relationships with Children Policy

Implementation

The service will ensure all educators are aware of the enrolment of a child with Cystic Fibrosis (CF) and have an understanding of the condition and the additional requirements of the individual child. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Confidentiality, privacy, dignity and safety

Young children often enjoy sharing the news and their experiences of living with CF with their classmates. The degree and nature of this sharing should be discussed with parents so that they can support their child in this process.

Information exchange between the family and health professionals and the service is essential to support the child's learning and enhance peer support. The sharing of information needs to be assessed and negotiated for each child with CF, with due consideration to their needs. Educators need information about routine and predictable emergency care as it affects the child's access to the curriculum, and their safety.

Health Support Plan

For each individual child enrolled in the service with CF, a Health Support Plan will be developed by the Nominated Supervisor in conjunction with the child's family. It will be based on the child's health support needs as identified in their CF care plan and other care information (for example if the child also has asthma or diabetes).

A Health Support Plan for a child with cystic fibrosis should address the following components:

- overall wellness
- diet
- therapy and care
- internal body temperature control
- curriculum participation issues and
- potential emergency/first aid situations.

The information should focus on what educators need to know to provide routine and emergency care. It will be used by educators in planning support for the child.

In addition, a health support plan documents individualised support which educators have agreed to provide in the areas of:

- first aid
- supervision for safety
- personal care, including infection control
- behaviour support and
- additional curriculum support to enable continuity of education and care.

Overall Wellness

- The service and educators need to know if recent/frequent hospitalisation and/or general unwellness mean additional care and consideration. They also need to know of any infection control issues in addition to standard precautions.
- It is important to the future health of a child with CF, as with all children, to minimise the risk of cross infection of bacteria and viruses from others. This must be balanced with efforts to encourage children with CF to lead as normal lives as possible.
- Educators will alert the family of a child with CF when a particularly virulent strain of virus is present in the service, as parents may wish to keep their child with CF at home.
- All children in the service should be encouraged maintain hygienic practices. If possible, a child with CF should, discretely, not be partnered or sit next to another child with an obvious cold or cough.

Diet

- Children with CF have difficulty maintaining their weight and growth patterns as they cannot absorb essential vitamins, minerals, fat and proteins. For this reason, educators need to be aware of each individual child's dietary requirements as prescribed by a medical professional.
- Children who need additional food supplements may receive them through a gastrostomy button located in their stomach. There are no routine care issues associated with a gastrostomy button for educators however if the area becomes red or inflamed, parents should be informed as soon as possible
- Children with CF will often have non-prescription medication such as enzyme tablets, as well as prescription medication such as antibiotics, which the service and educators need to be aware of.

Therapy and Care

- Some children with CF may require complex/invasive health support, such as physiotherapy, while attending the service. This support should be provided by a visiting nurse or therapist.
- Some children with CF require nebulised medication prior to physiotherapy. While educators can supervise nebulised medication, this will generally be managed by a visiting health worker. Educators need training before supervising administration of medication via a nebuliser.

Body Temperature Control

- Children may need to be reminded to adjust their clothing to help maintain their internal body temperature control.
- A child with CF will have problems with internal temperature control and should be kept at a steady temperature in winter and summer. It is beneficial to place the child with CF in rooms that have heating and cooling where practical.
- Salt tablets may be required during warm weather. Educators should be informed about the required timing and amount of salt tablets and ensure the child has access to fluids at all times. Medical advice will be considered.

Participation in Education and Care Experiences

- An increase in fatigue or feeling tired is common for a child with CF. A lot of effort is required of a person with CF, on top of normal childhood activities, to maintain their health. Educators will be aware of this and provide adequate opportunities for rest.
- During the onset of infections, children with CF may experience difficulty breathing or catching breath. Educators should be aware that, as with other children, breathing difficulties also can be asthma related.
- Children with CF are continually battling infections or recovering from them, thus resulting in low energy levels and reduced concentration. Educators will be mindful of this when planning daily activities.
- A regular exercise program is very beneficial to children with CF as it helps loosen mucus, stimulates coughing and helps build up strength and endurance of the breathing muscles. Children with CF will be encouraged to take part in physical activity and exercise, following guidelines from the child's medical practitioner.
- Children with CF can become dehydrated much more quickly than other children. In relation to this educators will:
 - encourage frequent drinks during and after exercise, and on warm days
 - ensure salt tablets are taken either before or after exercise on warm days with consideration of medical advice
 - avoid scheduling physical activity during temperature extremes
 - ensure children with CF remain, as far as is practical, in a fairly constant temperature, neither too hot nor too cold.

Potential Emergency Situations

Emergency situations associated with CF are rare.

If children have an intravenous line for medication, there are specific standard first aid responses which may be anticipated:

- Child reports discomfort, nausea, rashes or general unwellness.

Call family emergency contact. If they cannot be reached, call the nominated cystic fibrosis nurse for advice.

- Child reports redness, pain, inflammation or swelling at site.

Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.

- There is a leakage of some sort from the site.

Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.

- A needle or line falls out.

Use standard first aid and apply pressure to stop any bleeding, call nominated cystic fibrosis nurse for advice, then advise family emergency contact.

Supervision for Safety

The child's Health Support Plan may include a range of routine accommodations so they can continue to access learning programs while effectively managing their health care. Accommodations could include:

- provision of additional time to support children managing their dietary requirements
- access to fluids and food, and the toilet, as needed
- rescheduling of physical activity to support body temperature control
- supportive and sensitive encouragement to participate in physical activity
- targeted social skills programs: frequent absences mean that some children with cystic fibrosis have difficulty making and retaining friends
- modification of the program and activities in response to the demands of therapy and treatment

Infection Control Consideration

Educators should be aware that, where there is more than one family in the service with CF, cross-infection is a serious health risk. For this reason, our service will only accept the enrolment of one child with CF at any given time. This is based on guidelines developed under the Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008.

Behaviour Support

As for all children, behaviour expectations for children with CF should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and other potential mental health issues.

Strategies

Enrolment

- On application for enrolment families will be required to complete full details about their child's medical needs (**National Regulation 90**). We will assess whether Educators are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan (**National Regulation 90**). Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.
- The Approved Provider or the Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation Plan (**National Regulation 90(c)(iii)**). This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/volunteers can identify the child, their medication.
- Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.



Where the service staff have been found to have inadequate training, resources or facilities, training will be given and resources will be considered and purchased where necessary.

Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the cystic fibrosis policy and the medical management plan and Risk Minimisation Plan for each child.
- A child's parent should communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication is to occur.

Administration of Prescribed Medication

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (**National Regulation 92(b)**).
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration (**National Regulation 95**).

Medical Management Plans

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- Requiring a parent of the child to provide a medical management plan for the child. The medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs (**National Regulation 90(c)(i)**).
- Requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition (**National Regulation 90(c)(ii)**).

Risk Minimisation Plans

Risk Minimisation Plans are required to be developed in consultation with the parents of a child (**National Regulation 90(c)(iii)**):

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- If relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- To ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.

- If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented.

Responsibilities of the Approved Provider

- Ensuring the development of a communication plan and encouraging ongoing communication between parents/ guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation **(National Regulation 90 (1)(c)(iv))**.
- Ensuring relevant staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.
- Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service **(National Regulation 136(1))**.
- Ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually.
- Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies **(National Regulation 91)**.

Responsibilities of the Nominated Supervisor

- Implementing this policy at the service and ensuring that all staff adhere to the policy.
- Informing the Approved Provider of any issues that impact on the implementation of this policy.
- Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.
- Ensuring children do not swap or share food, food utensils or food containers.
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service.
- Ensuring staff follow each child's Risk Minimisation Plan and Medical Management Plan.
- Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Maintaining ongoing communication between staff and parents/guardians in accordance with the strategies identified in the communication strategy to ensure current information is shared about specific medical conditions within the service.

Responsibilities of the Educators

- Communicating any relevant/changes information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current.
- Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan.



- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.

Responsibilities of the Families

- Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition upon enrolment of child(ren).
- Developing a Risk Minimisation Plan with the nominated supervisor and/or other relevant staff members at the service.
- Providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current original photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific medical needs (**National Regulation 90(1)(c)(i)**).
- Families are responsible for communicating any changes to their child's medical management.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008

Early Years Learning Framework

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Related Statutory Obligations & Considerations

Australian Children's Education and Care Quality Authority (ACECQA) <http://www.acecqa.gov.au/>

Australasian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

Australasian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>

Children (Education and Care Services) National Law (NSW) 104a

<https://www.legislation.nsw.gov.au/#/view/act/2010/104a/full>

Department of Education - <http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care>



Early Years Learning Framework (EYLF) - http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf
Education and Care Services National Regulations <http://www.legislation.nsw.gov.au>
National Quality Framework (NQF) - <http://acecqa.gov.au/national-quality-framework/>
Cystic Fibrosis Australia - <http://www.cysticfibrosis.org.au>

Related Telephone Numbers

- Early Childhood Directorate 1800 619 113
- NSW Health 9391-9000
- Health Direct 1800 022 222
- Emergency Services 000
- CF community care NSW 02 9888 6276

Amendment History

Version	Amendment	Short Description
100	Approved Provider update	Update Approved provider

This policy will be updated to ensure compliance with all relevant legal requirements every year. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with Regulation 172 of the *Education and Care Services National Regulation*, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

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Position: Veronica Klumper-Peters