Yarram Early Learning
Cystic Fibrosis Policy

Quality Area 2: Children's Health and Safety

PURPOSE
The service and all educators will effectively provide care and adopt inclusive practices to cater for the additional requirements of children with Cystic Fibrosis.

POLICY STATEMENT
Yarram Early Learning is committed to implementing strategies to assist students with cystic fibrosis and ensure that they have a Health Support Plan.

BACKGROUND
Cystic fibrosis (CF) is the most common life-threatening genetic disorder among Caucasians. It primarily affects the respiratory system (lungs), the digestive system (pancreas and sometimes liver) and the reproductive system.
When a person has CF, their mucus glands secrete very thick sticky mucus. In the lungs, the mucus clogs the tiny air passages and traps bacteria. Repeated infections and blockages can cause irreversible lung damage and a shortened life.
The pancreas is also affected, preventing the release of enzymes needed to digest food. This means that people with CF can have problems with nutrition and must consume a diet high in kilojoules, fats, sugar and salts.
People with CF have difficulty clearing mucous from their lungs and have recurrent respiratory infections, which can result in lung damage over time. The thick mucus also stops digestive enzymes in the pancreas from reaching the small intestine, which leads to difficulty with digesting fats and absorbing some nutrients. Some people with CF also experience liver disease.

Most students with cystic fibrosis are usually otherwise well and have minimal restrictions at school/kindergarten. However, students with moderate to severe lung disease may be regularly absent due to illness at home, or hospitalisation.
Students with cystic fibrosis may need extra support from time to time. Consideration may need to be given to:

- toileting, as frequent trips to the toilet may be necessary
- fatigue
- infections and illness
- body image
- social and emotional issues
- school absences and hospitalisation
- fluctuating capabilities/concentration related to learning
- prevention of cross infection from other students with cystic fibrosis.
  medication.

SOURCES AND RELATED POLICIES

Sources

- Cystic Fibrosis Australia www.cysticfibrosis.org.au
- Better Health Channel https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cystic-fibrosis-cf
- CFsmart Early Childhood Teacher Information Booklet https://cfsmart.org/wp-content/uploads/2017/02/Early-childhood-teacher-information-booklet.pdf

Service policies

- *Administration of First Aid Policy*
- *Dealing with Medical Conditions*
- *Enrolment and Orientation Policy*
- *Hygiene Policy*
- *Excursions and Incursion Policy*
- *Inclusion and Equity Policy*
- *Nutrition, Oral Health and Active Play Policy*

PROCEDURES

The approved provider is responsible for:

- Ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Cystic Fibrosis Policy*, *Dealing with Medical Conditions Policy* and *Hygiene Policy*
- Recognising the importance of providing a safe environment for children with Cystic Fibrosis through implementing and maintaining effective hygiene practices
- Ensuring that all educators are aware of the enrolment of a child with Cystic Fibrosis and have an understanding of the condition and the additional requirements of the individual child.
- Ensuring that families provide information on their child's health, medications, their medical practitioner's name, address, and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- Ensuring that a risk minimisation plan is developed for each child with cystic fibrosis on enrolment, and that the plan is reviewed at least annually (refer to dealing with medical conditions policy).
- Developing and implementing 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 it implementation (refer to dealing with medical conditions policy).
- Ensuring that children with Cystic Fibrosis are not discriminated against in any way
- Ensuring that children with Cystic Fibrosis can participate in all activities safely and to their full potential

The Nominated Supervisor is responsible for:

- Implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- Developing a Communication Plan, Health Support Plan, and Risk Minimisation Plan in conjunction with the child's family, based on the child's health support needs.
- Alerting the family of a child with Cystic Fibrosis when a particularly virulent strain of virus is present in the centre
- Ensuring all staff, and visitors follow handwashing and hygiene procedures as set out in the *Hygiene Policy*
- Maintaining ongoing communication between educators/staff and parents/guardians about the current status of the child's condition

Responsible Person, other educators and staff are responsible for:

- Being aware of specific requirements of children with Cystic Fibrosis and following their Risk Minimisation and Health Support Plans
- Know the identity of the child or children at the centre who have cystic Fibrosis. Understand the causes, symptoms and issues
- Implementing and promoting correct hand washing and hygiene practices
- Encouraging and assisting (where required) children to wash their hands according to hand washing guidelines
- Maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables and cleaning up spills
- Monitoring signs and symptoms specific to Cystic Fibrosis and communicating any concerns to Nominated Supervisor, Responsible Person
- Be aware of each individual child's dietary requirements as prescribed by a medical professional
- **The Supervisors and relevant Room Leader are responsible for ensuring volunteers and students are following this policy and the outlines procedures.**

Parents/guardians are responsible for:

- Informing the service of their child's medical condition, and informing the service of any specific requirements that their child may have in relation to their medical condition
- Developing a risk minimisation plan and health support plan with The Nominate Supervisor, Responsible Person and/or other relevant staff members at the service
- Providing a medical management plan signed by a medical practitioner on enrolment at the service
- Notifying The Nominated Supervisor, Responsible Person of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved
Provider will:

- Regularly seek feedback from staff, parents/guardians, children, management, and all affected by the policy, regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service's policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any change to this policy or its procedures.

ATTACHMENTS

Attachment 1: Hand Washing Procedure
Attachment 2: CFsmart Student Health Support Plan

AUTHORISATION This policy was adopted by Yarram Early Learning Incorporated in November 2020

REVIEWED BY MANAGEMENT - November 2023

TO BE REVIEWED - 2024

ATTACHMENT 1

HYGIENIC PROCEDURES

Hand Washing Procedure

This is the single most effective infection control measure. Hands should be kept in good condition with hand creams to avoid split skin.

Hands must be washed:

1. After toileting
2. After nappy changing
3. Before and after handling/preparing food
4. Before and after eating and drinking
5. After wiping noses
6. After contact with body fluids
7. Before and after administering first aid or medication
8. After bathing a child
9. After handling garbage
10. After handling animals

How to wash hands:

1. Use liquid soap and warm running water
2. Vigorously rub hands together while washing them (15 seconds)
3. Ensure you wash your hands all over – back of hands, wrists, between fingers and under fingernails.
4. Rinse your hands under running water. (15 seconds)
5. Pat dry hands with disposable paper towel.
6. Turn off the tap with paper towel.

ATTACHMENT 2

9 A GUIDE TO CYSTIC FIBROSIS FOR EARLY CHILDHOOD EDUCATORS

PHOTOCOPY DOWNLOAD

Student health support plan for cystic fibrosis

This document has been developed as a guide for principals, teachers and parents to use when completing a student health support plan for a child with cystic fibrosis (CF) in child care, kindergarten or preprimary. A blank form is available from cfsmart.org

School:	Date plan created:
Student's name: Date of birth:	Date for plan to be reviewed for following year:
Year level: Student's teacher:	Medical Practitioner contact: Phone: Email: CF Clinic contact: Phone: Email:
Parent/carer contact information:	**Parent/carer contact information:**
Name:	Name:
Relationship to student:	Relationship to student:
Home phone:	Home phone:
Mobile:	Mobile:
Work phone:	Work phone:
Address:	Address:
Email:	Email:
Parent responsibilities:	
☐ Provide teacher with daily medications **required.**	Inform teacher of additional medications which **may be required during the year.**
☐ Provide teacher with clear information **about the medication e.g. how and when to be administered and side effects.**	Inform teacher/school when child has to go to hospital, clinic appointments, is home on IV **treatment or is unwell at home.**
☐ Discuss appropriate location for storing **medications.**	Inform teacher if there are any changes in the **child's health.**
Signs or symptoms to bring to parents' attention at end of the day:	
☐ **Toilet issues e.g. diarrhea, constipation, frequent trips to toilet or on toilet for a long time.**	Complaints of stomach aches or abdominal **swelling.**
☐ **Lethargic, extra tired.**	**Markedly decreased or increased appetite.**
☐ **Increased coughing.**	**If child has eaten food without consuming enzymes**
☐ **Small amount of blood in mucus.**	Changes in the student's behaviour

Medications	Reason used	When required
Enzymes	*To assist with digestion of food.*	*With most meals and snacks.*
Salt tablets	*To reduce risk of dehydration and to replace loss of salt from body.*	*Mainly needed in summer.*
Inhaler e.g. Ventolin	*To open airways and improve oxygen intake.*	*During sport, exercise.*
High fat drinks, extra snacks	*To assist with the amount of calories required for a person with CF.*	
Antibiotics	*To treat lung and sinus infections.*	
Vitamins	*To treat vitamin deficiency associated with CF.*	
Other		

Other considerations	Reason	Management in class
High fat diet	*To assist with the amount of calories required for a person with CF.*	*When discussing healthy eating, mention different diets e.g., high fat CF diet.*
Easy access to water bottle and drinks such as cordial or sports drinks	*To avoid dehydration, mainly needed in summer.*	*May have dark drink bottle to conceal if child having cordial instead of water.*
Infection control	*Flus, colds, gastro, whooping cough etc can pose a greater risk to children who have CF.*	*Good hand washing practices of all students in class.* *Unwell students to stay home.* *Class learn about germs and good hygiene etc.*
Easy access to toilet	*Bowel issues, embarrassment at amount of flatulence.*	*Have an agreed signal with the child, so they can easily indicate when they need to go. Discuss with parents, or child the best strategy.*
Coughing	*Very common for children with CF to have a cough, clears mucus in lungs.*	
Regular absence from school due to hospitalisation and clinic appointments.	*If child has an infection in lungs or gastro issues, needs IV antibiotics etc. Can be up to two weeks in hospital.*	*Discuss with parent re: type of catch up work which would be suitable and achievable.*
Tired/lethargic	*Common for some children to be extra tired, lungs are working extra hard.*	*May need a few minutes to rest.*
Exercise	*Very good for CF, but sometimes child may not be able to perform consistently, depending on lung function.*	*May need to participate in less strenuous activities e.g.. helping set up equipment.*
Cross infection risk if another student with CF attending the school.	*Risk of passing germs to children with CF that don't affect other people.*	*Avoid two children in same year group with CF if possible (unless siblings).* *If big age gap, and wont cross paths, shouldn't be a problem.*
PORT, PEG or PICC line	*Increased calorie feeding via tube / administration of intravenous antibiotics while participating in a Hospital in the Home program.*	*Avoid certain activities.*

PHOTOCOPY
DOWNLOAD

Student health support plan for cystic fibrosis: Emergency action plan

Situation	Symptoms	Action required
Dehydration	*Lethargy, thirst, dry sticky mouth, decreased urine output- 8 hrs without urination (school aged child), fever, headache, rapid breathing, fast pulse, vomiting.*	*Give fluids (gastrolyte or similar if available), keep cool out of sun* *Call parent/carer.* *If pulse remains above 110 beats per minute after 15 minutes rest consider ambulance if parent not able to come straight away.*
PICC/Port problems	*INFECTION: Skin around port / catheter is painful, red, hot swollen or oozing (pus / blood), fever.* *DAMAGE: cut line, lost cap on end* *WET DRESSING.* *PICC LINE accidentally pulled out.* *Chest pain accompanied by shortness of breath*	*Call parent/carer.* *Kink line so air does not get in.* *Call parent/carer or ambulance .* *Needs replacement - call parent/carer.* *Apply pressure to area for 5 minutes to prevent / stop bleeding.* *Call parent/carer or ambulance* *Call parent/carer or ambulance*
Bowel obstruction	*Severe stomach ache, vomiting.*	*Call parent/carer.*
Blood in mucus (uncommon)	*Small < 5 ml* *Moderate over 5 ml* *Large < 240 ml*	*Inform parent the same day.* *Call parent/carer or ambulance if can't reach parents.* *Call ambulance.*
PEG feeding tube or button problems (not many students have this)	*Leaking around tube, pain.* *Accidental dislodgement.*	*Call parent/carer.* *Call parent immediately, tube needs to be replaced ASAP. Country schools if close to hospital take child to ED and call parent.*
Rectal Prolapse (uncommon)	*Rectal pain, bleeding, protrusion of rectum through anus.*	*Reassure child, lie quietly if painful to sit. Call parent/carer.*