CYSTIC FIBROSIS MANAGEMENT POLICY

Cystic fibrosis is a genetic disorder that predominantly affects the lungs and digestive system (Cystic Fibrosis Australia, 2017). Our Service will make every effort to fully include children/babies with cystic fibrosis in our program and provide a safe and healthy environment for them.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.167	Offence relating to protection of children from harm and hazard
77	Health, hygiene and safe food practices
87	Incident, injury, trauma and illness record
90	Medical conditions policy
90(1)(iv)	Medical conditions communication plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
95	Procedure for administration of medication
136	First aid qualifications
162	Health information must be kept in enrolment record

168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First Aid Policy	Immunisation Policy
Administration of Medication Policy	Incident, Injury, Trauma and Illness Policy
Dealing with Infectious Disease Policy	Medical Conditions Policy
Enrolment Policy	Nutrition and Food Safety Policy
Hand Washing Policy	Supervision Policy

PURPOSE

We aim to create and maintain a safe and healthy environment for all children enrolled at the Service. This policy aims to provide a basic understanding and awareness of the possible needs of children with cystic fibrosis. It does not constitute a replacement for medical advice or instructions provided by an individual child's family or health care professionals.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to provide-

a. a safe environment and;
b. adequate supervision for all children at all times.

Staff members, including relief staff, must have adequate knowledge of cystic fibrosis and the individual needs of a child/children in attendance with cystic fibrosis.

BACKGROUND

Cystic fibrosis is a genetic disorder present at birth that affects cells in the body that make mucus, sweat, and digestive fluids, causing the lungs and digestive system to get clogged with mucus. This frequently results in recurrent infections. Different people exhibit symptoms to different degrees and while there is

no known cure, treatment can help manage the condition (Cystic Fibrosis Australia, 2020). A child with cystic fibrosis is likely to have many health professionals working with him/her which may include:

- clinical nurse
- gastroenterologist
- dietitian
- physiotherapist
- respiratory physician
- social worker

Symptoms of cystic fibrosis include:

- a phlegmy persistent cough
- wheezing
- constantly runny nose
- sinusitis
- repeated lung infections
- foul-smelling, greasy and/or bulky stools
- diarrhoea and/or constipation
- poor growth and low body weight (despite a healthy appetite)
- inability to engage in physical play or exercise.

TREATMENT

The treatment for cystic fibrosis is ongoing and lifelong and varies from child to child. However, it generally involves:

- daily physiotherapy to clear the lungs
- exercise to assist in clearing the airways and build core strength
- the use of a nebuliser to assist in opening the airways
- a nutritious diet high in calories, salt and fat: In some cases, extra calories/salt/fats are required, but not always – the dietitian and families will provide individual information of dietary requirements.
- medications including (as required):
    - Enzyme replacement microspheres or capsules taken with food to aid digestion: Children/babies with cystic fibrosis vary in their ability to digest food naturally – some may need these while others will not.
    - Antibiotics as required to treat lung infections

- Anti-inflammatory medication to prevent airway passage inflammation
- Mucus thinners to assist the child in coughing up mucus and decreasing the risk of lung infection
- Bronchodilators to open up and relax the muscles around the bronchia (lungs).

DEHYDRATION

If a child/baby is lacking in salt they can quickly become dehydrated. Signs of dehydration include:

- fewer wet nappies than normal
- dark sunken eyes
- dry lips or skin
- crying without tears
- dark yellow urine
- rapid breathing
- drowsy and/or lethargic
- salt crystals on the skin

EARLY WARNING SIGNS OF A LUNG INFECTION

As children with cystic fibrosis are likely to frequently develop lung infections it is important to be aware of the early warning signs, which include:

- coughing more than normal, or a 'different' sounding cough
- coughing up more mucus than normal or a change in the colour of coughed-up mucus
- wheezing sounds while breathing, or unable to breathe while feeding
- reduced appetite
- decreased energy
- fevers

INFECTION CONTROL

Minimising the risk of infection for children with cystic fibrosis is imperative for their ongoing health. Precautions to take include:

- frequent and thorough hand washing
- encouraging the child to wash hands after coughing, and at all other usual times (after toileting, before eating etc.)
- keeping a child/baby with cystic fibrosis away from other children with a cold or are otherwise ill
- ensuring children's immunisations are up to date

- cleaning and drying all medical equipment thoroughly
- not allowing the child with cystic fibrosis to share cups or eating utensils
- not leaving containers of water lying around where germs that cause lung infections can breed
- keeping the classrooms dry and well-aired.

IMPLEMENTATION

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy and the Service's *Medical Condition Policy*
- upon employment at the Service all staff will read and be aware of all medical condition policies and procedures, including the *Cystic Fibrosis Management Policy*
- any child enrolled at the Service with cystic fibrosis will require a medical management plan completed by the child's medical practitioner/ specialists before commencing at the Service
- all staff are aware of the medical management plan and have procedures in place for ensuring the child's safety, health and wellbeing
- a risk minimisation plan has been developed in consultation with the parents of the child prior to commencing education and care at the Service
- a communication plan is developed in consultation with the parents of the child and encourage ongoing communication regarding the status of the child's medical condition, this policy, and its implementation
- staff primarily responsible for caring for the child participate in specific training about cystic fibrosis and are aware of strategies to support children and manage their cystic fibrosis
- staff preparing food are trained in food preparation and food requirements for the child with cystic fibrosis
- families of all children with cystic fibrosis provide all necessary medications/treatments showing the expiry date and clearly labelled with the child's name
- the immunisations of all children attending the Service are kept up to date (see *Immunisation Policy*)
- classrooms and areas occupied by children are kept dry and well ventilated
- that all staff adhere to high levels of hygiene at all times

- that all staff maintain written records of medications/treatments administered to a child with cystic fibrosis (see *Administration of Medication Policy*)
- communication between management, educators, staff and parents/guardians regarding the Service's *Cystic Fibrosis Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice reflecting latest research
- all staff members are able to identify the early warning signs of lung infection for children with cystic fibrosis attending the Service
- children with cystic fibrosis are not discriminated against in any way
- children with cystic fibrosis can participate in all activities safely and to their full potential
- to communicate any concerns with parents/guardians regarding the management of children with cystic fibrosis at the Service.

EDUCATORS WILL ENSURE:

- they are aware of the Service's *Cystic Fibrosis Management Policy* and medical management plan for each individual child with cystic fibrosis
- they complete education and training to learn about how cystic fibrosis affects children and the best ways to support them whilst at the Service
- they are able to identify the early warning signs of a lung infection
- they are able to identify the signs of dehydration
- children/babies with a cold or other illness are isolated from children/babies with cystic fibrosis while waiting to be collected from the Service by their parent/guardian
- that children's personal enzymes treatments are taken on excursions or other offsite events, including emergency evacuations and drills
- to adhere strictly to the child's cystic fibrosis medical management plan and the *Administration of Medication Policy*
- to complete an *Administration of Medication Record following administration of medication*
- to adhere to the highest levels of hygiene when dealing with a child/baby with cystic fibrosis. For example, high levels of hand hygiene, close supervision during meal and snack times to prevent sharing of cups etc.
- extra hygiene precautions are taken when there is an outbreak of an illness, including the common cold, such as additional cleaning of surfaces, door handles, tables, toys, and equipment and wearing of face masks
- to consult with the parents/guardians of children with cystic fibrosis in relation to the health and safety of their child, and the supervised management of the child's condition

- communicate any concerns to parents/guardians if a child's cystic fibrosis is limiting his/her ability to participate fully in all activities.
- that children with cystic fibrosis are not discriminated against in any way
- that children with cystic fibrosis can participate in all activities safely and to their full potential, ensuring an inclusive program, whilst ensuring a high level of supervision to ensure children with cystic fibrosis do not over-exert themselves
- families are advised of any early warning signs of a lung infection as soon as practicable.

FAMILIES WILL:

- ensure all details on their child's enrolment form are completed prior to commencement at the Service
- read the Service's *Cystic Fibrosis Management Policy* and *Medical Conditions Policy*
- inform staff, either on enrolment or on initial diagnosis, that their child has cystic fibrosis
- provide a copy of their child's medical management plan to the Service, ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- consult with management to develop a risk minimisation plan and communication plan to assist in managing their child's medical condition
- provide an adequate supply of cystic fibrosis medications/treatments (as required)
- notify staff in writing of any changes to their child's medical management plan (medications, actions)
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's cystic fibrosis
- encourage their child to learn about their cystic fibrosis, and to communicate with Service staff if they are experiencing discomfort or difficulty in breathing.

FURTHER RESOURCES

Cystic Fibrosis Australia. (2019). A guide to cystic fibrosis for early childhood educators

Cystic fibrosis: Infection control in schools

Starting school with CF

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Cystic Fibrosis Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2025). *Guide to the National Quality Framework*
Australian Children's Education & Care Quality Authority (ACECQA). 2021. *Policy and Procedure Guidelines. Dealing with Medical Conditions in Children Policy Guidelines.*
CF Smart: Cystic fibrosis education program: https://cfsmart.org/
Cystic Fibrosis Australia. (2014). A guide to cystic fibrosis for early childhood educators
Cystic Fibrosis Australia. (2017). Infection control in schools
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
Western Australian Legislation Education and Care Services National Law (WA) Act 2012
Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

REVIEW

POLICY REVIEWED BY	[NAME] Amy Flockhart	[POSITION] office admin	[DATE] 18/06/2026
POLICY REVIEWED	JULY 2025	NEXT REVIEW DATE	JULY 2026
VERSION NUMBER	V7.07.25		
MODIFICATIONS	• policy reviewed (note new date in policy review cycle) • minor additions/edits within policy • sources checked and updated as required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
DECEMBER 2024	• annual policy maintenance- no major changes • minor edits in policy • sources updated as required		JULY 2025