

## Cerebral Palsy Policy

### 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

All educators can effectively provide care for children with Cerebral Palsy in an inclusive, 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  
Medical Conditions Policy  
Privacy and Confidentiality Policy  
Relationships with Children Policy

## Implementation

The Nominated Supervisor will ensure all educators are aware of the enrolment of a child with Cerebral Palsy and have an understanding of the condition and the child's requirements.

### Symptoms

Cerebral Palsy (CP) is a permanent but non-progressive disability caused by damage to the brain which distorts message from the brain to the muscles resulting in impaired movement and body posture. Symptoms can include difficulty with talking or making themselves understood, walking and balance, lack of motor skills or muscle coordination, muscle spasms, digestive problems, visual, hearing, communication and cognitive impairments, poor bladder and bowel control as well as epilepsy. The severity of symptoms can vary. Some people may only experience minor difficulties with motor skills while others may be totally physically dependent.

### Babies

Some of the symptoms which indicate a baby may have CP include:

- low muscle tone (baby feels 'floppy' when picked up)
- unable to hold up their head while lying on their tummy
- muscle spasms or feeling stiff
- poor muscle control, reflexes and posture
- delayed development (eg can't sit up or roll over by 6 months)
- feeding or swallowing difficulties
- prefers to use one side of their body

### Toddlers/children

Some of the symptoms which indicate toddlers/children may have CP include:

- not walking by 12-18 months
- not speaking simple sentences by 24 months

### Confidentiality and privacy

Educators need information about a child's routine and emergency care because it affects their learning and safety. Information exchange between the family, health professionals and the service

is also essential to support the child's mental and physical health. However, employees and volunteers will adhere to the Privacy and Confidentiality Procedure when accessing and sharing a child's medical information.

Young children, for example, often enjoy sharing the news and their experiences of living with epilepsy with their classmates. The Nominated Supervisor and educators will discuss with families the amount and type of information which may be shared with other children. This will also enable parents to support their child in this process.

## Medical Management Plan

Any child enrolled with CP requires a Medical Management Plan developed by the child's doctor to inform routine and emergency support and care for the child. Depending on the child's symptoms, the Plan may include the following:

### Diet

Children with CP may have difficulties eating and drinking, and some foods may be easier to eat than others. The child's doctor may prescribe a specific diet or provide information about suitable food choices.

Children with significant eating, drinking and swallowing difficulties may receive food supplements through a feeding tube which goes into their stomach through a special opening (gastrostomy). The Plan must cover any routine care issues associated with the gastrostomy, and what to do if the area becomes red or inflamed.

### Mobility

Cerebral Palsy often affects a child's ability to move around the service, and in this instance the child's doctor must outline the mobility aids required eg ankle foot orthoses (splints), a walking frame, walking sticks and orthotics to help maintain balance when walking or if the child uses a wheelchair for mobility. Some children with CP may require physiotherapy or occupational therapy to encourage daily movement.

### Medication

The child's doctor must outline any prescribed medication eg muscle relaxants, epilepsy or gastro-oesophageal reflux medication.

### Therapy and care

The Plan must include any therapy or personal care requirements educators will need to assist child with. For example, children with CP may be reluctant to practice certain movements that are necessary for learning and physical development. Treatment can include physiotherapy and occupational therapy. Children who have difficulty talking may also receive speech pathology.

The Plan must also cover potential emergency situations for a child with CP and the appropriate first aid response.

## **Medical Conditions Risk Minimisation Plan**

A Medical Conditions Risk Minimisation Plan will be developed by the Nominated Supervisor in conjunction with the child's family based on the child's health care needs identified in their Medical Management Plan. To ensure the child's wellbeing and safety at the service the Plan will include measures to address events which may worsen a child's CP symptoms or result in the need for first aid. For example the Plan may cover:

- who will provide any required therapy and support services for child when they attend service
- any staff training required before assisting children with physical therapy, gastrostomy or medication
- action taken to prevent inflammation of gastrostomy opening
- that parents will be notified as soon as possible if gastrostomy opening becomes inflamed
- that educators will provide additional time to support children managing their dietary requirements
- actions taken to remove obstacles which may hinder child's access to children's areas
- any adjustments which need to be made to an activity to ensure the child can participate eg child wears protective gear, there's increased supervision of activity
- measures taken to ensure child is not given any food which could cause choking or which is difficult to eat
- that child cannot attend with their medication or mobility aids.

## **Medical Conditions Communication Plan**

The Nominated Supervisor will implement a medical conditions communication plan for the child to ensure that employees and volunteers:

- are aware there's a child with specific health care needs or medical conditions at the service
- are familiar with the child's medical management plan and risk minimisation plan
- know where each child's medication is stored
- can discuss the child's health needs with families
- have current information about the child's needs and conditions

The Nominated Supervisor will also:

- ensure the Communication Plan describes how parents may advise changes to their child's medical management and risk minimisation plans
- ensure the Plan is signed by parents, the Nominated Supervisor and relevant educators
- ensure any new information is attached to the child's Enrolment Form and medical plans and shared with relevant employees and volunteers
- ensure displays about a child's health care needs or medical conditions are updated
- regularly remind families to update their child health and medical information.

## The Educational Program

Educators will support children with CP to achieve learning outcomes by consistently implementing their medical management plan and using this information and that shared by families to plan and implement learning activities. Educators understand that it may take children with CP longer to achieve the learning outcomes, and will adjust their expectations of children's abilities during times of illness and stress. Educators may for example:

- assist children with communication or language difficulties by using simple language broken down into small steps, repeating instructions, using cues, gestures, pictures, written words, using communication boards, books or electronic devices
- assist children with difficult motor tasks eg opening lunch boxes/bags. Educators will ask older children if they need help first
- assist children with toileting following a set procedure established with the child's doctor and/or family
- promote collaborative learning opportunities with peers to encourage new skills and sense of belonging
- focus on what children with CP can do rather than what they can't do to promote confident and positive self identities
- modify activities and equipment to ensure a child with CP is included where possible in all activities, including sport, outdoor play and transitions. Educators will involve older children in deciding how to modify the activity/equipment
- ensure children with CP are positioned to encourage participation, independence and social interaction eg seated at same height as other children and on same table where possible
- ensure there are clear, unobstructed pathways for children with mobility aids
- allow children with CP more time to complete activities
- intersperse tiring activities or those that require concentration with more restful activities
- assist children with short attention spans by ensuring they aren't trying to balance on their seat, seating children at the front of room and away from doorways or passages, and limiting distractions eg uncluttered table in quiet location

- help children who have trouble planning the steps in an activity by breaking complex activities into smaller steps, giving directions one at a time, demonstrating the activity, writing steps down in words or picture communication symbols, and practising and repeating the same sequences
- assist children with difficulties interpreting information from their senses (perceptual difficulties) by planning gross motor activities like climbing frames and obstacle courses, planning activities/games involving sequences, sorting and matching and spotting differences, allowing children to copy from paper next to them or to use a cut out window to track their place on a page, placing activities on plain coloured place mat to reduce background clutter, planning auditory activities which involve identifying sounds and rhythms, offering children a clipboard or angled surface to write on.

Educators may develop a tailored support plan with families and external professionals to help a child with CP reach their potential and achieve learning outcomes consistent with practices at homes and in other settings.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Early Years Learning Framework**

**Better Health VIC – Cerebral Palsy**

**Cerebral Palsy Alliance – Cerebral Palsy**

**Cerebral Palsy Alliance - Early Years Fact Pack**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties
- **Last reviewed: 2<sup>nd</sup> July 2025      Date for next review: 2<sup>nd</sup> July 2026**