

# Epilepsy Management Policy

*Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements. The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.*

## National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety	
2.1	Each child's health is promoted
2.2	Healthy eating and physical activity are embedded in the program for children
2.3	Each child is protected

## Education and Care Services National Regulations

Children (Education and Care Services) National Law	
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
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

## Early Years Learning Framework

Learning Outcome 3
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

## PURPOSE

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are at diagnosed with Epilepsy. The aim of this policy and procedure is to ensure that educators, staff and families are aware of their obligations and required strategies in supporting children with epilepsy and management of seizures

## SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

## DUTY OF CARE

Our service has a legal responsibility to provide

- a. A safe environment
- b. Adequate Supervision

Staff members including relief staff need to know enough about epilepsy and managing seizures to ensure the safety of those students.

### BACKGROUND & LEGISLATION

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child’s abilities, learning and skills will be affected by seizures. Because the child’s brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan. It is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. National Regulations of the Education and Care Services requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

### DEFINITIONS

#### FOCAL SEIZURES

Focal Seizures without impaired consciousness	Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas. Consciousness is NOT impaired and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.
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<p>Focal Seizures with impaired consciousness</p>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes.</p> <p>Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy and they will not respond normally to questions and commands. Behaviour may be confused and they may exhibit automatic movements and behaviours e.g. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.</p> <p>Following the seizure the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
<p>Focal Seizures becoming bilaterally convulsive</p>	<p>Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures</p>
<p><b>GENERALISED SEIZURES</b> Tonic-clonic Seizures</p>	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.</p> <p>The seizures usually last a couple of minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused.</p>
<p>Absence Seizures</p>	<p>Absence seizures produce a brief cessation of activity and loss of consciousness, usually lasting 5-30 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.</p>
<p>Myoclonic Seizures</p>	<p>Myoclonic seizures are sudden and brief muscle contractions that may occur singly, repeatedly or continuously. They may involve the whole body in a massive jerk or spasm, or may only involve individual limbs or muscle groups. If they involve the arms they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.</p>
<p>Tonic Seizures</p>	<p>Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling.</p> <p>Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.</p>

Atonic seizures	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').
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## 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.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators so that management of epilepsy is effective.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

### Management, Nominated Supervisor/ Certified Supervisor will ensure:

- All staff including volunteers are provided with a copy of the Epilepsy Management Plan along with the Medical Conditions Policy annually
- A copy of this policy is provided and reviewed during each new staff member's induction process.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises
- All staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the Service
- A Medical Conditions Risk Minimisation plan is completed for each child diagnosed, outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure
- All staff members are trained to identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- All children enrolled at the service with epilepsy must have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner
- Individual Epilepsy Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service
- A copy of this policy will be provided to a parent or guardian of each child diagnosed with Epilepsy at the Service and reviewed regularly
- Ensure updated information, resources and support is regularly given to families for managing epilepsy
- Ensure that no child who has been prescribed epilepsy medication attends the Service without the medication
- Ensure that a child's Epilepsy management plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe the prescribed medication for that child and the circumstances in which the medication should be used

- Implement a communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy and its implementation
- Ensure that a staff member accompanying children outside the Service carries the prescribed medication and a copy of the Epilepsy Management and Emergency Medical Management Plan for children diagnosed with epilepsy attending excursions

#### Educators will:

- Ensure a copy of the child's Epilepsy Management Plan is visible and known to staff in a Service
- Follow the child's Epilepsy Management Plan in the event of a seizure
- Record all epileptic seizures according to the Epilepsy Management Plan
- Take all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other events
- A suitably trained and qualified Educator will administer prescribed medication when needed according to the Emergency Medication Management Plan in accordance with the service's Administration of Medication Policy
- Recognise the symptoms of a seizure, and treat appropriately by locating the Epilepsy Management Plan and the Emergency Medication Management Plan
- Identify and where possible minimise possible seizure triggers as outlined in the child's Epilepsy Management Plan
- Consult with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- Ensure that children with epilepsy can participate in all activities safely and to their full potential
- Increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and family days
- Regularly check and record the expiry date of the prescribed Epilepsy Management medication
- Provide information to the Service community about resources and support for managing epilepsy
- If a child who is not diagnosed with epilepsy has a seizure, a suitably trained and qualified Educator will;
  - Protect the child from injury- Remove any hazards that the child could come into contact with
  - Not restrain the child or put anything in their mouth
  - Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair and airway is clear)
  - Monitor the airway
  - Call an ambulance; This may include when:
    1. A seizure continues for more than three minutes
    2. Another seizure quickly follows the first
    3. It is the child's first seizure
    4. The child is having more seizures than is usual for them
    5. Certain medication has been administered
    6. They suspect breathing difficulty or injury

#### Families will ensure they provide the service with:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's medical condition-epilepsy
- Develop an individual **Medical Conditions Risk Minimisation Plan** with Service staff

- Provide staff with an **Epilepsy Management Plan and an Emergency Medication Management** Plan developed and signed by a Registered Medical Practitioner for implementation within the Service
- Provide staff with the prescribed medications from the Emergency Medication Management Plan, providing an adequate supply of emergency medication for their child at all times
- Regularly check the expiry date of the prescribed medications kept at the Service
- Assist staff by offering information and answering any questions regarding their child’s medical condition
- Notify the staff of any changes to their child’s medical condition and provide a new Epilepsy Management Plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the Service’s policy that no child who has been prescribed medication for epilepsy is permitted to attend the Service or its programs without that medication
- Read and be familiar with the policy
- Bring relevant issues to the attention of both staff and licensee

**Source**

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5<sup>th</sup> Edition
- The Royal Children’s Hospital Melbourne  
[http://www.rch.org.au/neurology/patient\\_information/about\\_epilepsy/](http://www.rch.org.au/neurology/patient_information/about_epilepsy/)

**Review**

Policy Review Date
June 2019