

	<b>Epilepsy Policy &amp; Procedures</b>
<b>Version No.</b>	Created November 2018
<b>Authorisation</b>	General Manager
<b>Expiry Date</b>	Policy to be reviewed Annually
<b>Responsible Officer</b>	Manager Evolve Early Learning & Kindergarten
<b>Policy Owner</b>	Evolve Early Learning & Kindergarten

## Policy

Evolve Early Learning & Kindergarten is committed to:

- Providing a safe and healthy environment for all children enrolled at the service
- Providing an environment in which all children with Epilepsy can participate to their full potential
- Providing a clear set of guidelines and procedures to be followed with regard to supporting children with Epilepsy and the management of seizures
- Educating and raising awareness about Epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

## Purpose

Evolve Early Learning & Kindergarten is committed to:

- Ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with Epilepsy to safely and fully participate in the program and activities of Evolve Early Learning & Kindergarten
- Ensure that all necessary information for the effective management of children with Epilepsy enrolled at Evolve Early Learning & Kindergarten is collected and recorded so that these children receive appropriate attention when required.
- This policy has been adapted from *PolicyWorks* Manual - National Quality Framework released by the Early Learning Association Australia.
- This policy was written in consultation with The Epilepsy Foundation of Victoria. The Epilepsy Foundation of Victoria provides training, support and resources to any individual affected by Epilepsy. For more detailed information visit The Epilepsy Foundation of Victoria's website (see *Sources*).

## Scope

This policy applies to Evolve Early Learning & Kindergarten who is responsible for the direct education and care of children including offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor/Primary Nominee, Nominated Certified Supervisor, Educators, Staff, Students on placement, Volunteers, Parents/guardians, Children and others attending Evolve Early Learning & Kindergarten.

## 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.

### Background

- 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 varies with some children greatly affected and others 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” (refer to the Epilepsy Foundation of Victoria website – see *Sources*).
- Most people living with Epilepsy have good control of their seizures through medication, however 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.
- The Epilepsy Foundation of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of Epilepsy, and in the emergency administration of Midazolam or rectal Valium.
- Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the *Education and Care Services National Regulations* 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.

## Education and Care National Regulations

- Medical Conditions Policy (National Regulations 90)
- Medical Conditions Communication Plan (National Regulations 90(1)(iv))
- Medical Conditions policy to be provided to parents (National Regulations 91)
- Medical Record (National Regulations 92)
- Administration of medication (National Regulations 93)
- Exception to authorisation requirement - anaphylaxis or asthma emergency (National Regulations 94)
- Procedure for administration of medication (National Regulations 95)
- Self-administration of medication (National Regulations 96)

## Responsibility/Accountability

The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through the Centre Manager and the staff:

- Providing all staff with access to the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with Epilepsy
- All staff have current CPR training and are aware of Seizure First Aid procedures (refer to Attachment 1) when a child with Epilepsy is enrolled at the service
- Educators attend approved 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
- Providing parents/guardians of children with Epilepsy with access to the service's *Epilepsy Policy* (National Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- All children with Epilepsy have an Epilepsy Management Plan (see *Definitions*), Seizure Record (see *Definitions*) and, where relevant, an Emergency Medical Management Plan (see *Definitions*), filed with their enrolment record. Records must be no more than 12 months old
- Medication Record (see *Definitions*) is kept for each child to whom medication is to be administered by the service (National Regulation 92)
- Facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- Children with Epilepsy are not discriminated against in any way
- Children living with Epilepsy can participate in all activities safely and to their full potential
- Immediately communicating any concerns with parents/guardians regarding the management of children with Epilepsy at the service
- Medication is administered in accordance with the *Administration of Medication Policy*.

## The Nominated Supervisor/Primary Nominee is responsible for:

- Ensuring that all educators' First Aid Qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169) and National Regulations 137 and are approved by ACECQA
- Ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- Ensuring that medication is administered in accordance with the *Administration of Medication Policy*

- Compiling a list of children with Epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan (see *Definitions*), Seizure Record (see *Definitions*) and Emergency Medical Management Plan (see *Definitions*) for each child with Epilepsy
- Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with Epilepsy, and the location of their medication and management plans
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with Epilepsy.

**Certified Supervisors, Nominees and other educators are responsible for:**

- Ensuring that they are aware of the service's *Epilepsy Policy* and Seizure First Aid procedures (refer to Attachment 1)
- Ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan (see *Definitions*)
- Maintaining current Approved First Aid Qualifications as per regulations (refer to *Definitions*)
- Identifying and, where possible, minimising possible Seizure Triggers (see *Definitions*) as outlined in the child's Epilepsy Management Plan (see *Definitions*)
- Taking all personal Epilepsy Management Plans, Seizure Records, Medication Records, Emergency Medication Plans (see *Definitions*) and any prescribed medication on excursions and other offsite events
- Administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- Ensuring that emergency medication is stored correctly and that it remains within its expiration date
- Developing a risk minimisation plan for every child with Epilepsy, in consultation with parents/guardians/The Epilepsy Foundation of Victoria
- Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- Assisting parents/guardians with completing the enrolment form and Medication Record for their child
- Consulting 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
- Communicating any concerns to parents/guardians if a child's Epilepsy is limiting their ability to participate fully in all activities
- Ensuring that children with Epilepsy are not discriminated against in any way
- Ensuring that children with Epilepsy can participate in all activities safely and to their full potential.

**Parents/guardians are responsible for:**

- Reading the service's *Epilepsy Policy*
- Informing staff, either on enrolment or on initial diagnosis, that their child has Epilepsy
- Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- Ensuring the Medication Record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of the service
- Working with staff to develop a risk minimisation plan for their child

- Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- Notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or Medication Record
- Communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's Epilepsy
- Encouraging their child to learn about their Epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.
- Volunteers and students, while at the service, are responsible for following this policy and its procedures.

## Definitions

The terms defined in this section relate specifically to this policy and related procedures. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

Word/Term	Definition
<b>Absence Seizure</b>	Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence Seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.
<b>Approved First Aid Qualifications</b>	First Aid Qualifications that meet the requirements of National Regulation 136 and have been approved by the National Authority.
<b>Emergency Medication Management Plan (EMMP)</b>	Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan (see <i>Sources</i> ) which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor.
<b>Epilepsy</b>	Recurrent, unprovoked seizures (abnormal burst of electrical activity in the brain that scrambles messages).
<b>Epilepsy Management Plan (EMP)</b>	Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate First Aid. The plan is developed by the person who has the most knowledge and experience of the individual's Epilepsy and seizures, and should be less than 12 months old. The management of Epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation of Victoria (refer to the website – see <i>Sources</i> ).
<b>Focal Seizure (previously called simple or complex partial)</b>	Focal Seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal Seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange. Focal Seizures where a person has full awareness were previously called simple partial seizures. Focal Seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal Seizures can progress into a Generalised Seizure.
<b>Generalised Seizure</b>	Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic Seizure is one type of Generalised Seizure.

<b>Word/Term</b>	<b>Definition</b>
<b>Medication Record</b>	Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (National Regulation 92). A sample Medication Record is available on the Australian Children's Education and Care Quality Authority (ACECQA) website (see <i>Sources</i> ).
<b>Midazolam</b>	Also known as Hypnovel, Midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In Epilepsy, Midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, Midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of Midazolam should occur rapidly. Not all individuals living with Epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, Midazolam is an excellent medication. It is most commonly administered buccally (orally) or nasally. Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer Midazolam.
<b>Seizure Record</b>	An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.
<b>Seizure Triggers</b>	Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with Epilepsy.
<b>Tonic Clonic Seizure</b>	A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

# EPILEPSY PROCEDURE

## Purpose

This procedure will provide a process to:

- Ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with Epilepsy to safely and fully participate in Evolve Early Learning & Kindergarten programs and activities
- Ensure that all necessary information for the effective management of children with Epilepsy enrolled at Evolve Early Learning & Kindergarten is collected and recorded so that these children receive appropriate attention when required.

## Procedure

In Terms of the Impact at the Service

- With effective medication management and a healthy lifestyle, many children with Epilepsy lead active lives. However, due to the seizures themselves, or the effects of anti-epileptic medication, children with Epilepsy may experience difficulties with:
  - memory and learning
  - concentration and attention
  - mood swings
  - social isolation
  - depression and/or anxiety

Fatigue due to:

- some anti-epileptic medication
- night time seizures
- day time seizures
- poor sleep patterns caused by abnormal brain activity
- processing of information
- changes in behaviour
- absences from the service due to seizures, medical appointments, treatment and/or family concerns.

Strategies

- Services should ensure that medical advice is received from the child's health practitioner. This will provide staff with the information they require to provide routine and emergency care for the child.

## How services can support children

Anti-Epileptic Medication

- Support the child through the administration of Epilepsy medication.

## Triggers

- Any known triggers for seizures should be discussed with parents and included in the child's Epilepsy Management Plan

## Seizure Response

- First Aid for the child's seizure type will be included in their Epilepsy Management Plan.

## **When a child has a seizure**

Educators should:

- Remain calm as other children tend to mirror the educator's reaction
- Measure the time between seizures.

Protect the child having the seizure by:

- (for a convulsive seizure) placing something soft under their head, loosening any tight clothing or restraints and removing hard objects that may cause injury, then laying the child on their side as soon as it is safe to do so
- Not restraining the child, stopping the jerking or putting anything in their mouth
- Administering emergency medication, if prescribed
- Talking to the child to make sure they have regained full consciousness
- Staying with them until the seizure is over to provide reassurance.

Call an ambulance

- For any seizure, if you do not know the child or there is no Emergency Medical Action Plan
- If the seizure continues for more than five minutes, or if another seizure begins
- When a serious injury has occurred, or if it occurs in water.

See the seizure as a learning experience for other children to:

- Acquire accurate information
- Develop appropriate attitudes
- Gain understanding, not pity

After the Seizure

- The child may need time to recover and rest in a quiet corner. The Emergency Medical Action Plan should provide details about what to do following a seizure, particularly how long to supervise the child after the seizure ends.

Sporting and Physical Activities

- Subject to medical advice, participation in these activities should be encouraged.

Communicating with Parents

- Regularly communicate with the child's parents about the child's successes, development, changes and any health and education concerns.



- The service may wish to set up a communication book between the service and the family to relay information about the child's change in medication or other treatments.

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- Educating and raising awareness about Epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

## **References, Sources, Links to Legislation and Other Documents**

Please refer to Reference and Sources page.

### **Related service policies:**

*Administration of First Aid Policy*  
*Administration of Medication Policy*  
*Dealing with Medical Conditions Policy*  
*Emergency and Evacuation Policy*  
*Excursions and Service Events Policy*  
*Incident, Injury, Trauma and Illness Policy*  
*Inclusion and Equity Policy*  
*Privacy and Confidentiality Policy*  
*Staffing Policy.*