EPILEPSY MANAGEMENT POLICY

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). 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 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. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S.172	Failure to display prescribed information
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits

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
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to 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
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions. Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, volunteers, visitors, and family members who have been diagnosed with epilepsy. The aim of this policy is to ensure that educators and staff are aware of their obligations in supporting children with epilepsy and work in

partnership with families and health professionals to manage seizures by following the child's medical management plan.

SCOPE

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

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment free from foreseeable harm and
b. adequate supervision for all children at all times.

Our Service will ensure that all staff members, including relief staff, have adequate knowledge about epilepsy and the management of seizures to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plan and risk management plans. This policy supplements our *Medical Conditions Policy.*

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 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 a medical management plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

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 including having families provide written authorisation to display the child's Medical Management Plan in prominent positions within the Service.

Children diagnosed with epilepsy will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

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.

THE APPROVED PROVIDER/ 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*
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed with a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the *Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training
- all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months [best practice- not mandatory]

- all children enrolled at the Service with epilepsy must have a medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist (best practice)
- that the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered
- parental authorisation is provided to display a child's medical management plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet)
- a risk minimisation plan is developed in consultation with the parents/guardian of a child diagnosed with epilepsy 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.
- that the risk minimisation plan is specific to our Service environment and the individual child
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- that no child who has been prescribed epilepsy medication attends the Service without the medication
- a copy of this policy is provided and reviewed during each new staff member's induction process
- 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
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's medical management plan and required medication (if applicable)
- updated information, resources and support is regularly given to families for managing epilepsy
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- that a staff member accompanying children on excursions or to events outside the Service carries the prescribed medication and a copy of the epilepsy medical management/action plan and for children diagnosed with epilepsy
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the service within 24 hours.

Educators will:

- read and comply with the *Epilepsy Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure a copy of the child's medical management plan is visible and known to staff and volunteers in a Service
- recognise the symptoms of a seizure and treat appropriately and in accordance with the child's medical management plan in the event of a seizure
- record all epileptic seizures according to the medical management plan
- take all personal medical management plans, seizure records, medication records, emergency action plans and any prescribed medication on excursions and other events
- administer prescribed medication when needed according to the medical management plan in accordance with the Service's *Administration of Medication Policy*
- identify and where possible, minimise possible seizure triggers as outlined in the child's medical management plan and risk minimisation plan
- communicate 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
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry

FAMILIES WILL:

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy
- provide staff with a medical management plan developed and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the nominated supervisor and service staff
- develop a communication plan in collaboration with the nominated supervisor and service staff
- provide staff with prescribed medications each day their child attends care
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry
- notify staff in writing via email or through the *Notification of Changed Medical Status* form of any changes to their child's medical condition including the provision of a new medical management plan to reflect these changes as needed

- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- review the risk minimisation plan annually with the nominated supervisor/responsible person and other service staff

IF A CHILD IS KNOWN TO HAVE AN EPILEPTIC CONDITION AND HAS A SEIZURE, STAFF WILL:

- Follow the child's medical management /action plan
- 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 immediately by dialling 000 if:
    - a seizure continues for more than three minutes
    - another seizure quickly follows the first
    - it is the child's first seizure
    - the child is having more seizures than is usual for them
    - certain medication has been administered
    - they suspect breathing difficulty or injury
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident through the NQA IT System (as per regulations)

THE ABOVE PROCEDURE SHOULD BE FOLLOWED IF A CHILD WHO IS NOT DIAGNOSED AS EPILEPTIC EXPERIENCES A SEIZURE WHILST ATTENDING THE SERVICE.

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.

Focal Seizures with impaired consciousness:

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. 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.

Focal Seizures becoming bilaterally convulsive:

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.

GENERALISED SEIZURES

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.

The seizures usually last one to three minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes an ambulance should immediately be called.

Absence seizures: (previously called petit mal seizures) produce a brief cessation of activity and loss of consciousness, usually lasting less than 10 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.

Myoclonic seizures: are sudden and brief muscle contractions usually only lasting a second or two, 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.

Tonic seizures: are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling.
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.

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').
Source: Epilepsy Australia (2019).

RESOURCES/POSTERS

Animated Seizure First-Aid video for children

Seizure first aid posters

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Epilepsy 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. (2021). Dealing with Medical Conditions in Children Policy Guidelines
Australian Children's Education & Care Quality Authority. (2024). *Guide to the National Quality Framework.*

Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
Epilepsy Australia. (2021). https://epilepsyaustralia.net
Epilepsy Action Australia. (2020). https://www.epilepsy.org.au/
National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).
The Royal Children's Hospital Melbourne: http://www.rch.org.au/neurology/patient_information/about_epilepsy/

REVIEW

POLICY REVIEWED BY:	Krystle Hills	Centre Manager	06/08/2024
POLICY REVIEWED	AUG 2024	NEXT REVIEW DATE	AUG 2025
MODIFICATIONS	• annual policy maintenance • deleted term 'epilepsy' from medical management plan • removed table from definitions • Sources checked for currency		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
August 2023	• policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added	July 2024