



**East Preston Islamic College**

**EPILEPSY  
POLICY**





or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

**Approved First Aid Qualifications:** First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

**Emergency epilepsy medication:** Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past, but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

**Emergency Medication Management Plan (EMMP):** 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 which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: [www.epinet.org.au](http://www.epinet.org.au)

**Epilepsy:** Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) that are unprovoked.

**Epilepsy Management Plan (EMP):** 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: [www.epinet.org.au](http://www.epinet.org.au)

**Focal (previously called simple or complex partial) seizures:** 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.

**Generalised seizure:** Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic seizure is one type of generalised seizure.

**Ketogenic diet:** A high fat, low carbohydrate, restricted-calorie diet that may be

its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

**Medication record:** 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 (Regulation 92). A sample medication record is available on the ACECQA website.

**Midazolam:** 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





- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation
- 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 to complete 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 his/her 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 and 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

Approved by: (1) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)



- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

### **Authorisation**

This policy was adopted by the Approved Provider of EPIC ELC on 04/02/2019.

### **Review Date**

This Policy needs to be reviewed on the 26<sup>th</sup> of August 2022

### **Acknowledgement**

Early Learning Association Australia (ELAA) acknowledges the contribution of The Epilepsy Foundation in developing this policy. If your service is considering changing any part of this model policy, please contact The Epilepsy Foundation to discuss your proposed changes (refer to *Sources*).

### **Attachments**

## **ATTACHMENT 1**

### **Seizure first aid**

#### **Tonic Clonic seizure**

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- **Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

#### **Absence seizure**

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

#### **Focal seizure**

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

#### **Call an ambulance**

Call an ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- if the seizure continues for more than five minutes
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

**Epilepsy Help Line: 1300 852 853**

## **Attachment 2**

### **Enrolment checklist for children prescribed midazolam**

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at: [www.epinet.org.au](http://www.epinet.org.au)).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken The Epilepsy Foundation's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

### ATTACHMENT 3

#### Sample risk minimisation plan for children prescribed midazolam

The following information is not a comprehensive list, but contains some suggestions to consider

when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

<b>How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?</b>	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-staff.

What are



## Potential scenarios and strategies

<b>How effective is the service's risk minimisation plan?</b>
<input type="checkbox"/> Review the risk minimisation plan of each child living with epilepsy with parents/guardians at least annually, but always on enrolment and after any seizures occur.

<b>A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments.</b>		
<b>Scenario</b>	<b>Strategy</b>	<b>Who is responsible?</b>
Scooters and tricycles are provided by the service for outside play	<p>If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important.</p> <p>As part of a whole-of-service safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the service.</p> <p>Alternatively, parents/guardians may provide a specific helmet for their child.</p>	Staff
Water activities (e.g. play troughs, excursions)	Ensure the child with epilepsy is never left unattended near water.	Staff