



EPILEPSY POLICY

Best Practice – Quality Area 2

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.

DESCRIPTION

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. Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

DUTY OF CARE

Our service has a legal responsibility to provide

1. A safe environment
2. 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

Epilepsy is characterised by recurrent seizures due to abnormal electrical activity in the brain.

Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous, brief and self-limited. However multiple seizures known as seizure clusters can occur over a 24 hour period.

Non-epileptic seizures (NES), also known as 'dissociative seizures'. There are two types of non-epileptic seizures:

- organic NES which have a physical cause
- psychogenic NES which are caused by mental or emotional processes.

Seizure triggers is a term used to describe known circumstances where the individual may have an increased likelihood of having a seizure. Seizure triggers are unique to the person and are not always known. Common seizure triggers can include stress, lack of sleep, heat, illness or missed medication. A detailed description of seizure types and triggers can be found on the Epilepsy Foundation website.

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.

Approved Provider, Nominated 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 current first aid training.
- 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.
- An Epilepsy Management 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. If the child does not have an Epilepsy Management Plan, treat as per attachment 1 (Management of Seizure Events).
- 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 and incursions.
- 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.

Families will:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's medical condition-epilepsy
- Develop an individual Epilepsy Management Plan with Service staff.
- Provide staff with 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 approved provider.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Source

- Guide to the National Quality Standard.
- DET
- Epilepsy Foundation

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required

- 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 Delacombe PS Outside of School Hours Care on 14/11/2019

Review date: **NOVEMBER 2022**

ATTACHMENT 1 - MANAGEMENT OF SEIZURE EVENTS

For **all seizure** events:

- remain calm
- ensure other students in the vicinity of the seizure event are being supported
- note the time the seizure started and time the event until it ends
- talk to the student to make sure they regain full consciousness
- stay with and reassure the student until they have fully recovered
- provide appropriate post seizure support or adjustments

For **tonic-clonic seizure** (convulsive seizure with loss of consciousness - presents as muscle stiffening and falling, followed by jerking movements) events:

- protect the head e.g. place a pillow or cushion under the head
- remove any hard objects that could cause injury
- do not attempt to restrain the student or stop the jerking
- do not put anything in the student's mouth
- as soon as possible roll the student onto their side – you may need to wait until the seizure movements have ceased.

For a **seizure with impaired awareness** (non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour):

- avoid restraining the student.
- There may be a need to guide the student safely around objects to minimise risk of injury.

When providing seizure first aid support to a student in a wheelchair:

- protect the student from falling from the chair, secure seat belt where available and able
- make sure the wheelchair is secure
- support the students head if there is no moulded head rest
- do not try to remove the student from the wheelchair
- carefully tilt the student's head into a position that keeps the airway clear.

An ambulance should be called immediately if:

- there is no Epilepsy Management Plan
- a serious injury has occurred

- the seizure occurs in water
- there reason to believe the person may be pregnant (staff member, volunteer or family member)