

	<h2 style="text-align: center;">Epilepsy Procedure</h2>
Linked Policy Document	This procedure details actions and processes pursuant to the <i>Epilepsy Policy</i> .
Version No.	Version 3.0 November 2021 (approved)
Authorisation	General Manager Community Services
Expiry Date	Policy to be reviewed by 1 December 2024
Responsible Officer	Manager Families and Children
Policy Owner	Early Childhood Coordinator

1. Purpose

This document will outline the procedures 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 Melton City Council programs and activities
- ensure that all necessary information for the effective management of children with Epilepsy enrolled at Melton City Council is collected and recorded so that these children receive appropriate attention when required.

2. Scope

This procedure applies to services responsible for the direct education and care of children and applies to the Approved Provider, Nominated Supervisor, Person in day to day charge/Responsible person educators, staff, students on placement, volunteers, parents/guardians, children and others attending Melton City Council programs and activities.

3. Definitions

For terms that relate specifically to this procedure refer to the *Epilepsy Policy*. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

4. Procedure

4.1. 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
 - nighttime seizures
 - daytime 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.

4.2. 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.

4.3. 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.

4.4. Melton City Council children's services 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.

5. Responsibility/Accountability

5.1. The Approved Provider, according to Regulations is responsible for the implementation of the *Epilepsy Policy*. This will be achieved through the Leadership Group and their service 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 or diagnosis of their child
- all children with Epilepsy 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
- Medication Record is kept for each child to who 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*.

5.2. The Nominated Supervisor/ Person in day to day charge/Responsible person 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 Australian Children's Education and Care Quality Authority (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, Seizure Record and Emergency Medical Management Plan 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.

5.3. All other educators/Staff 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
- maintaining current Approved First Aid Qualifications as per regulations (refer to *Definitions*)
- identifying and, where possible, minimising possible Seizure Triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, Seizure Records, Medication Records, Emergency Medication Plans 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.

5.4. 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 and ensuring it is within its expiration date
- 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.

5.5. Volunteers and students, while at the service, are responsible for following the *Epilepsy Policy* and its procedures.

6. References, Sources, Links to Legislation and Other Documents

6.1. Please refer to Reference and Sources page located on the Melton City Council Website.

<http://www.melton.vic.gov.au/Services/People/Children/Childrens-Services-policies-and-procedures/Sources-and-References>

6.2. Related service policies:

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- MCC Child Safe Policy, Procedure and Code of Conduct
- *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.*

7. Attachments

- Attachment 1 - Seizure First Aid

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 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 and can be mistaken for daydreaming.

- 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 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

- 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.

Emergency services: 000

Epilepsy Help Line: 1300 852 853