



## **EPILEPSY POLICY**

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### **Mandatory – Quality Area 2**

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:

[www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

### **PURPOSE**

This policy 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 the program and activities of Shine Bright EYM.
- ensure that all necessary information for the effective management of children with epilepsy enrolled at Shine Bright EYM services is collected and recorded so that these children receive appropriate attention when required.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*

### **POLICY STATEMENT**

#### **1. VALUES**

Shine Bright EYM 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.

#### **2. SCOPE**

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Shine Bright EYM.

#### **3. BACKGROUND AND LEGISLATION**

##### **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 an Epilepsy Management Plan ” (*Children with epilepsy: A Teacher’s Guide*, Epilepsy Foundation– refer to *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 (refer to *Sources*) 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 2011* 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, Shine Bright EYM requires **all permanent educators** have current approved first aid qualifications.

### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.1: Each child’s health and physical activity is supported and promoted
    - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented
  - Standard 2.2: Each child is protected
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

## 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Absence seizure:** 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’.

**AEDs:** Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one 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.epilepsyfoundation.org.au](http://www.epilepsyfoundation.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 of Victoria: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.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 prescribed as additional therapy. This is an effective therapy for some children, although 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 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 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.

**Midazolam kit:** An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g. buccal, gloves, tissues, pen and paper, +/- stopwatch.

**Seizure record:** An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

**Seizure triggers:** 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.

**Staff record:** Must be kept by the service and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Tonic Clonic seizure:** A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

## 5. SOURCES AND RELATED POLICIES

### Sources

- The Epilepsy Foundation of Victoria: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au) or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Epilepsy Smart Schools initiative and resources*: [www.epilepsysmartschools.org.au](http://www.epilepsysmartschools.org.au)

### 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*

## PROCEDURES

### The Approved Provider is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy

- ensuring that all permanent 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
- ensuring that all staff attend training conducted by The Epilepsy Foundation of Victoria 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
- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

**The Nominated Supervisor is responsible for:**

- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- ensuring that 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
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- facilitating communication between, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that 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
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*.
- 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*
- 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
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

**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 (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* (only if they have had the specific training in the administration of Midazolam)
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- developing a risk minimisation and communication 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/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 and communication 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.**

## **EVALUATION**

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

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

## **ATTACHMENTS**

- Attachment 1: [Seizure first aid](#)
- Attachment 2: [Enrolment checklist for children prescribed midazolam](#)
- Attachment 3: [Risk minimisation plan](#)
- Attachment 4: [Communication plan](#)
- Attachment 5: [Epilepsy Management Plans](#)

## **AUTHORISATION**

This policy was adopted by the Approved Provider - Shine Bright EYM – April 2019

**REVIEW DATE:** 2022

## **ACKNOWLEDGEMENT**

Early Learning Association Australia (ELAA) acknowledges the contribution of The Epilepsy Foundation of Victoria 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*).