

## POLICY – EPILEPSY MANAGEMENT

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### 1. National Quality Standards

Quality Area 2: Children’s Health and Safety		
Area	Concept	Descriptor
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.

See appendix 1 for Education and Care Services National Regulations.

### 2. Purpose

- 2.1 Baringa Child Care Centre Association Incorporated (Baringa) is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members who have been diagnosed with Epilepsy. The aim of this policy is to ensure that educators, staff, and families are aware of their obligations in supporting children with epilepsy and the management of seizures.

### **3. Scope**

3.1 This policy applies to children, families, staff, management and visitors of Baringa.

### **4. Duty of Care**

4.1 Baringa has a legal responsibility to take reasonable steps to provide:

1. a safe environment free from foreseeable harm and;
2. adequate supervision for all children.

Staff members including relief staff must have adequate knowledge about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

### **5. Background**

5.1 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 and 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.

5.2 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.

5.3 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. See appendix 2 for Definitions for Epilepsy.

### **6. Implementation**

6.1 We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Baringa will adhere to privacy and confidentiality procedures when dealing with individual health needs.

6.2 A copy of our Medical Conditions Policies will be provided to all educators, volunteers, and families of Baringa. It is important that communication is open between families and educators so that management of epilepsy is effective.

6.3 It is imperative that all educators and volunteers at Baringa 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.

6.4 Centre Management/Nominated Supervisor will ensure:

1. All staff, including volunteers, are provided with a copy of children's epilepsy Medical Management Plans along with the Medical Conditions Policy annually.
2. A copy of this policy is provided and reviewed during each new staff member's induction process.
3. All staff members are provided the opportunity to complete first aid training approved by the Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Baringa's premises.
4. 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.
5. A Risk Minimisation Plan is developed in consultation with the parents of a child diagnosed with epilepsy 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.

6. All staff members are trained to identify children displaying the symptoms of a seizure and locate their personal medication and epilepsy Medical Management Plan.
7. All children enrolled at Baringa with epilepsy must have an epilepsy Medical Management Plan, seizure record and, where relevant, an Emergency Action 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 and/or neurologist.
8. Individual epilepsy Medical Management and Emergency Action Plans will be displayed in key locations throughout Baringa.
9. A copy of this policy will be provided to a parent or guardian of each child diagnosed with epilepsy at Baringa and reviewed regularly.
10. Updated information, resources and support is regularly given to families for managing epilepsy.
11. That no child who has been prescribed epilepsy medication attends Baringa without the medication and/or without having received the medication at home that morning.
12. That a child's epilepsy Medical 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 administered.
13. They collaborate with parents 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.
14. That a staff member accompanying children on excursions or to events outside Baringa carries the prescribed medication and a copy of the epilepsy Medical Management Plan and Emergency Action Plan for children diagnosed with epilepsy.
15. That they notify the Regulatory Authority of any serious incident of a child while being educated and cared for at Baringa within 24 hours.

6.5 Educators will:

1. Ensure a copy of the child's epilepsy Medical Management Plan is known to staff and easily accessible within the child's education room.
2. Follow the child's epilepsy Medical Management Plan in the event of a seizure.
3. Record all epileptic seizures according to the epilepsy Medical Management Plan.
4. Take all personal epilepsy Medical Management Plans, seizure records, medication records, Emergency Action Plans and any prescribed medication on excursions and other events.
5. Administer prescribed medication when needed according to the Medical Management Plan and/or Emergency Action Plan in accordance with the Baringa's Administration of Medication Policy.
6. Recognise the symptoms of a seizure and treat appropriately and in accordance with the epilepsy Medical Management Plan and the Emergency Action Plan.
7. Identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy Medical Management Plan.
8. 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.
9. Ensure that children with epilepsy can participate in all activities safely and to their full potential.
10. Increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, events and family days.
11. Maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry.

12. Ensure that if a child has a seizure, whether or not they have been diagnosed as having epilepsy, a suitably trained and qualified educator will:

- (i) protect the child from injury- remove any hazards that the child could come into contact with;
- (ii) not restrain the child or put anything in their mouth;
- (iii) 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 safe and airway is clear);
- (iv) monitor the airway;
- (v) call an ambulance. This may include when:
  - 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

6.6 If the child is known to have an epileptic condition Baringa and its staff will:

1. Follow the child's Medical Management Plan or Emergency Action Plan.
2. If the child does not respond to steps within the Emergency Action Plan, call an ambulance immediately by dialling 000.
3. Continue first aid measures.
4. Contact the parent/guardian when practicable.
5. Contact the emergency contact if the parents or guardian can't be contacted when practicable.
6. Notify the regulatory authority within 24 hours.

6.7 If the child is NOT known to have an epileptic condition Baringa and its staff will:

1. Administer emergency First Aid and contact the parent/guardian when practicable.
2. Contact the emergency contact if the parents or guardian can't be contacted when practicable.
3. 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.

6.8 Families will ensure they provide Baringa with:

1. Information upon enrolment or on diagnosis, of their child's medical condition-epilepsy.
2. An individual Medication Authorisation Record and Medical Management Plan (developed in collaboration with the Nominated Supervisor).
3. An epilepsy Medical Management Plan and an Emergency Action Plan developed and signed by a registered Medical Practitioner for implementation within Baringa.
4. The prescribed medications from the Medical Management Plan, providing an adequate supply of emergency medication for their child at all times.
5. Medication that is within date of expiration.
6. Information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition.

7. Notification of any changes to their child's medical condition including the provision of a new Epilepsy Medical Management Plan to reflect these changes.
8. Relevant information and concerns to staff, for example, any matter relating to the health of the child.

**7. Feedback**

Families and staff may provide feedback about this document by emailing [admin@baringa.org.au](mailto:admin@baringa.org.au).

**8. Approval and Review Details**

<b>Approval and Review</b>	<b>Details</b>
Approval Authority	Centre Management
Administrator	Centre Director
Next Review Date	February 2024

<b>History</b>	<b>Details</b>
Original Approval Authority and Date	8 February 2021
Amendment Authority and Date	N/A
Modifications made	N/A

## Appendix 1 Education and Care Services National Regulations

<b>Education and Care Services National Regulations</b>	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
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
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
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

## Appendix 2 Definitions for epilepsy

FOCAL SEIZURES	
<p>Focal Seizures <u>without</u> impaired consciousness</p>	<p>Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas.</p> <p>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.</p>
<p>Focal Seizures <u>with</u> impaired consciousness</p>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes.</p> <p>Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>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.</p> <p>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.</p>
<p>Focal Seizures becoming bilaterally convulsive</p>	<p>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</p>
GENERALISED SEIZURES	
<p>Tonic-clonic Seizures</p>	<p>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.</p> <p>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.</p>

Absence Seizures	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	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	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	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).

### Appendix 3 Source

Australian Children's Education & Care Quality Authority. (2014).

Early Childhood Australia Code of Ethics. (2016).

Epilepsy Action Australia. (2020). <https://www.epilepsy.org.au/>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Revised National Quality Standard. (2018).

The Royal Children's Hospital Melbourne:

[http://www.rch.org.au/neurology/patient\\_information/about\\_epilepsy/](http://www.rch.org.au/neurology/patient_information/about_epilepsy/)