

Yarram Early Learning Epilepsy Policy

Quality Area 2 : Children's Health and Safety

Yarram Early Learning acknowledges the resourcing of Epilepsy Australia and The Epilepsy Foundation in the development this policy.

PURPOSE

This policy outlines the procedures to:

- Ensure that 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 the Yarram Early Learning.
- Ensure that all necessary information for the effective management of children with epilepsy enrolled at the Yarram Early Learning Centre is collected and recorded so that these children receive appropriate attention when required.

POLICY STATEMENT

VALUES

Yarram Early Learning 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 staff, parents/guardians and others involved in the education and care of children enrolled at the service.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Yarram Early Learning.

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" (refer attachments)

More than half of children with epilepsy will outgrow their seizures as they mature, while others may have seizures that continue into adulthood. Although epilepsy varies from person to person, children with epilepsy generally have seizures that respond well to medication, and they enjoy a normal and active childhood 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.

EPILEPSY MANAGEMENT PLANNING

The Epilepsy Foundation has a range of resources (see sources) that will assist Yarram Early Learning with the development of an Epilepsy Management Plan when necessary. The foundation also provides training and support to families and staff in the management of epilepsy, and in the emergency administration of midazolam

Yarram Early Learning follows legislation that 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 Yarram Early Learning 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, all staff 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)
- Privacy and data protection act (2014)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Standard 2.1: 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.
- 2.2 Each child is protected
- : 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2019

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:

Are brief, non-motor ones which usually occur in children and young people. These seizures cause a lapse in awareness and activity, and typically last only a few seconds. Absence seizures can be so brief that a person experiencing one is mistakenly thought to be 'day-dreaming' or 'zoning out'. It is not uncommon for it to take a while for people to recognise these as seizures and seek medical advice. These seizures used to be referred to as 'petit mal seizures'.

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 as they work to reduce the excessive electrical activity in the brain which causes seizures. 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: most common type of emergency medication prescribed is buccal or nasal midazolam. Emergency epilepsy medication works by stopping or reducing seizure activity if given during a seizure. A person's doctor may prescribe emergency medication if they have seizures that last a long time, clusters of seizures and/or if they last a long distance from medical assistance. Emergency medication is not used as a replacement for daily AEDs. Instead emergency medication is prescribed in an effort to stop a seizure before it becomes prolonged and potentially harmful. 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/Emergency medication can administer this medication.

Emergency Medication Management Plan (EMMP):

Some people with seizures that are difficult to control are prescribed emergency medication. If have been prescribed emergency medication, Be signed by the treating medical professional before being provided to the YELC by the child's parents/ guardians is highly recommended that you work with your doctor to complete an Emergency Medication Management Plan (EMMP). An EMMP describes:

- The medication
- Method of administration
- Dose
- Instructions for administering the dose

- Emergency procedures.

EMMP's must be updated annually, or earlier if anything related to your epilepsy and emergency medication changes. Your EMMP should/ must be attached to the EMP so that all the information related to your epilepsy is kept in one place.

<http://epilepsyfoundation.org.au/understanding-epilepsy/epilepsy-and-seizure-management-tools/epilepsy-plans/> (refer to attachments)

Epilepsy:

Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. Epilepsy is not just one condition; rather it is a diverse family of disorders comprising many seizure types

Epilepsy Management Plan (EMP):

An Epilepsy Management Plan (EMP) is a document that parents/ guardians can develop with medical professionals It describes:

- Your seizure types
- Seizure triggers
- How you would like to be supported during seizures
- Emergency procedures that should be followed in the event of a seizure.

An EMP is a great way of ensuring that all the people in the child's life understand their epilepsy and how they are to be supported. The plan must be endorsed by your doctor. It's important to update your plan at least once a year, or earlier if anything related to your epilepsy and treatment changes.

<https://epilepsyfoundation.org.au/wp-content/uploads/2019/09/EMP-Seizure-x-1-unrestricted.pdf>

Focal Seizures

Focal onset seizures start in a specific part of the brain in one hemisphere, and may or may not spread to other parts of the brain. Focal seizures are described on the basis of their onset (motor or non-motor) and whether or not the person is aware during the seizure. Focal onset seizures include:

FOCAL AWARE SEIZURES

During these seizures the child is aware and may experience feelings such as déjà vu, an unpleasant smell or taste, or sensations such as 'butterflies' or nausea. These seizures may also involve motor activity (such as involuntary and brief jerking of an arm or leg) or autonomic behaviours (such as fiddling with clothing or pointing). These seizures used to be called 'simple partial seizures'.

In some cases, this type of seizure can come before another seizure type (e.g. tonic-clonic seizure). A feeling or movement that indicates a bigger seizure is going to happen is sometimes called an 'aura', although they are actually part of the seizure.

FOCAL IMPAIRED AWARENESS SEIZURES

During these seizures the person may appear confused and dazed, and may do strange and repetitive actions (such as fiddling with their clothes, making chewing

movements with their mouth or uttering unusual sounds). These seizures used to be called 'complex partial seizures'.

Generalised seizure: Primary generalised seizures involve the whole brain and therefore involve the whole body. A Tonic Clonic seizure is one type of generalised seizure.

Ketogenic diet:

A medically supervised diet that may be a suitable treatment option for some children and adolescents with epilepsy who do not respond to medication. The diet is high fat (80%), low carbohydrate (5%), with controlled protein (15%) diet that ensures the body will burn fat rather than carbohydrate and protein for energy, thus producing ketones. The build-up of ketones is maintained through a strict meal plan. The ketogenic diet is generally only suitable for children with poorly controlled seizures, and is not considered a long-term treatment

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 by a doctor 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).

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: missed medication, lack of sleep, other illness, heat, stress/boredom, missing meals, low blood sugar 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

Tonic Clonic seizure: During a tonic-clonic seizure the person's body stiffens and, if standing, they fall to the ground (tonic phase – stiffening of the muscles) followed by their limbs jerking in strong, symmetrical, rhythmic movements (clonic phase – the shaking of the body). A person experiencing this type of seizure may produce excess saliva from the mouth, go blue in the face, lose control of their bladder and/or bowel, or bite their tongue and/or cheek. The person may also create vocal noises as the muscles in the chest contract and the air rushes through the vocal cords, making a sound.

For my types of seizure definitions please see
<http://epilepsyfoundation.org.au/understanding-epilepsy/seizures/types-of-seizures/generalised-onset-seizures/>

SOURCES AND RELATED POLICIES

Sources

- The Epilepsy Foundation: <http://epilepsyfoundation.org.au/>
- Epilepsy Australia: <http://www.epilepsyaustralia.net/epilepsy-treatment/>
- The Royal Children's Hospital: <https://www.rch.org.au/home/>
- The Epilepsy Foundation: Education & Training: <http://epilepsyfoundation.org.au/education-and-training/epilepsy-training-for-education-settings/>
- The Epilepsy Foundation: FIRST AID: <http://epilepsyfoundation.org.au/understanding-epilepsy/seizure-first-aid/>
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA

SERVICE POLICIES

- Administration of First Aid Policy
- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Emergency and Evacuation Policy
- Excursions and Incursion 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 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 (refer to sources) 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 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 management, 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.

The Nominated Supervisor is responsible for:

- Ensuring that all staff 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
- 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
- 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.
- **The Supervisors and relevant Room Leader are responsible for ensuring volunteers and students are following this policy and the outlines procedures.**

Certified Supervisor/s and 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
- 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
- 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 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 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 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.

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 for children prescribed midazolam

Attachment 4: Epilepsy Management Plan (EMP)

Attachment 5: Emergency Medication Management Plan (EMMP)

AUTHORISATION

This policy was adopted by the Approved Provider of the Yarram Early Learning in June, 2020

Most recent review date: 05.05.2020

To be reviewed: May 2022

Tonic-clonic seizure

Is 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 – if available use a pillow or cushion
- Remove any hard objects that could cause injury
- Do not attempt to restrain the person or 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 (see pictures)
- Talk to the person to make sure they have regained full consciousness
- Stay with and reassure the person until they have recovered



Seizure with impaired awareness

Is a non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behavior, care should be taken as this 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



Additional considerations

When providing emergency response support to a person in a wheelchair, also:

- Protect the person from falling from the chair, secure seat belt where available and able
- Make sure wheelchair is secure
- Support head if there is no moulded head rest
- Do not try to remove the person from the wheelchair
- Tilt the persons head into a position that keeps the airway clear



CALL 000 FOR AN AMBULANCE

For any seizure if you don't know the person or if there is **no** epilepsy management plan

If the seizure lasts for **5** minutes

If the seizure stops but the person does not regain consciousness within **5** minutes

If another seizure begins

When a serious injury has occurred, if it occurs in water, or if you believe the person is pregnant

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).
- 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 of Victoria'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

Risk minimisation plan for children prescribed midazolam

The following information contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
Who are the children?	
What are their seizure triggers? What are the strategies that will minimise these triggers occurring? (e.g. flickering lights, blowing wind chimes, sudden noise, becoming over-excited)	
Do staff know what the child's seizures look like and how to support the child? List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need. Do staff know where the prescribed medication for emergency use is located?	
Do staff know what constitutes an emergency and do they know what to do? - Refer to the child's Epilepsy Management Plan (EMP)	

If midazolam is prescribed, how does the service ensure its safe administration and storage?

- Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's *Epilepsy Policy*.

- Record the date that parents/guardians provide an unused, in-date and complete midazolam kit.

- Record the date and name of staff who have attended child-specific training in the administration of midazolam.

- Display the Epilepsy First Aid poster in staff areas.

- The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions

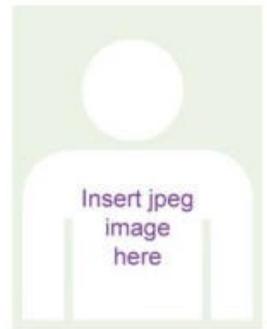
Do trained people know *when* and *how* to administer midazolam to a child who is prescribed it?

Know the contents of each child's EMMP and EMP, and implement the procedures.
Know:

- who will administer the midazolam and stay with the child
- who will telephone the ambulance and the parents/guardians of the child
- who will ensure the supervision of other children at the service
- who will let the ambulance officers into the service and take them to the child.

Ensure that all relevant staff have undertaken training by The Epilepsy Foundation

EPILEPSY: KNOW ME, SUPPORT ME.



Epilepsy Management Plan

Name of person living with epilepsy:

Date of birth: Date plan written: Date to review:

1. General information

 Medication records located:

Seizure records located:

General support needs document located:

Epilepsy diagnosis (if known):

2. Has emergency epilepsy medication been prescribed? Yes No

If yes, the medication authority or emergency medication plan must be attached and followed*, if you are specifically trained.

 These documents are located:

3. My seizures are triggered by: (if not known, write no known triggers)



4. Changes in my behaviour that may indicate a seizure could occur:

(For example pacing, sad, irritability, poor appetite, usually very mobile but now sitting quietly)



5. My seizure description and seizure support needs:

(Complete a separate row for each type of seizure – use brief, concise language to describe each seizure type.)

 Description of seizure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Typical duration of seizure (seconds/minutes)	Usual frequency of seizure (state in terms of seizures per month, per year or per day)	Is emergency medication prescribed for this type of seizure?	When to call an ambulance If you are trained in emergency medication administration* refer to the emergency medication plan and the medication authority
			Yes <input type="checkbox"/> No <input type="checkbox"/>	 If you are untrained in emergency medication, call ambulance when:

6. How I want to be supported during a seizure:

Specify the support needed during each of the different seizure types.

(If you are ever in doubt about my health during or after the seizure, call an ambulance)



Large green rectangular area for writing support needs during a seizure.

7. My specific post-seizure support:

State how a support person would know when I have regained my usual awareness and how long it typically takes for me to fully recover. How I want to be supported. Describe what my post seizure behaviour may look like.



Large green rectangular area for writing specific post-seizure support details.

8. My risk/safety alerts:

For example bathing, swimming, use of helmet, mobility following seizure.



Risk	What will reduce this risk for me?

9. Do I need additional overnight support? Yes No

If 'yes' describe:



Large green rectangular area for describing additional overnight support if needed.

This plan has been co-ordinated by:

Name:	Organisation (if any):
Telephone numbers:	
Association with person: (For example treating doctor, parent, key worker in group home, case manager)	
Client/parent/guardian signature (if under age):	

Endorsement by treating doctor:



Your doctor's name:
Telephone:

Doctor's signature:	Insert jpeg here	Date:
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Attach this document to your Epilepsy Management Plan if Midazolam is prescribed. This Emergency Plan should be completed by the prescribing doctor in consultation with the person and/or their family or carer. It must be attached to their epilepsy management plan which has been signed by their doctor. The Epilepsy Foundation recommends this plan be reviewed and signed by the person's doctor annually.



Emergency Medication Management Plan Midazolam (only to be administered by a trained person)

Midazolam Management Plan for (name):

Date:

Date of birth:

Administration method:

BUCCAL

INTRANASAL

Nasal atomiser

or Drip

1. FIRST DOSE Midazolam

First dose = mg ml

For single seizures:

As soon as a (seizure type) begins

If the (seizure type) continues longer than mins

For clusters of seizures:

When (number) (seizure type) occur/s within mins hrs

Other (please specify):

Special instructions:

2. SECOND DOSE Midazolam

Second dose = mg ml

Not prescribed OR

If the (seizure type) continues for another mins following the first dose

When another (number) (seizure type) occur/s within mins hrs following the first dose

Other (please specify):

Special instructions:

3. Maximum number of Midazolam doses to be given in a 24-hour period

Maximum number:

4. Dial 000 to call the ambulance:

Prior to administering Midazolam

If the seizure has not stopped minutes after giving the Midazolam

Other (please specify):

5. Describe what to do after Midazolam has been administered:

6. Prescribing doctor or specialist

Name of doctor:

Telephone:

Date:

Signature

7. Family/carers to complete

Any special instructions e.g. storage of medication, when on outings etc. or people to contact if emergency medication is given.

Name:

Relationship:

Telephone:

Date:

Email:

Signature

Insert jpeg here

Recommended MIDAZOLAM storage information:

- Keep out of reach of children
- Protect from light and store at room temperature (below 25° C)
- Regularly check the expiry date.