

Yarram Early Learning Epilepsy and Seizures Policy

Mandatory – Quality Area 2

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 and non- epileptic seizures 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 and non- epileptic seizures 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 and non- epileptic seizures 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 non- epileptic seizures and the management of seizures
- Educating and raising awareness about epilepsy and non- epileptic seizures, 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 including during offsite excursions.

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)

Most people living with epilepsy have good control of their seizures through medication. 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 smart Australia (ESA) (refer to Sources) has a range of resources and can assist with the development of an Epilepsy Management Plan. ESA and its national partners in every state/territory provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

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
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)

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'.

ASMs: Anti-seizure medications 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.

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

Epilepsy: A neurological disorder marked by sudden recurrent (two or more) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.

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: www.epilepsyfoundation.org.au

Epileptic seizures: 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 and brief. 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 2 types of non-epileptic seizures:

organic NESs which have a physical cause

psychogenic NESs which are caused by mental or emotional processes

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.

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

SOURCES AND RELATED POLICIES

Sources

- The National Epilepsy Support Service phone 1300 761 487 Monday – Saturday, 9.00am to 7.00pm (AEST) provides support and information across Australia.
- Epilepsy Foundation: 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
- 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

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 and Seizures Policy and ensuring that they are aware of all enrolled children living with epilepsy or non epileptic seizures
- 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.
- Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with parents/guardians/ their state epilepsy organisation/medical practitioner

- 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 to other offsite events
- Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/ territory- based epilepsy organisation, and that it remains within its expiration date
- Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime or following administration of emergency medication following an emergency event.
- Compiling a list of children with epilepsy and non-epileptic seizures 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 non-epileptic seizures, and the location of their medication and management plans

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.

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.

Volunteers and students,

- Must be made aware of any children with epilepsy or non epileptic seizures.
- Must follow directions of their supervisor.

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 February 2023

Review Date: February 2025

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	

<p>and what support the child may need.</p> <p>Do staff know where the prescribed medication for emergency use is located?</p>	
<p>Do staff know what constitutes an emergency and do they know what to do?</p> <p>- Refer to the child's Epilepsy Management Plan (EMP)</p>	
<p>If midazolam is prescribed, how does the service ensure its safe administration and storage?</p> <p>- 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 <i>Epilepsy Policy</i>.</p> <p>- Record the date that parents/guardians provide an unused, in-date and complete midazolam kit.</p> <p>- Record the date and name of staff who have attended child-specific training in the administration of midazolam.</p> <p>- Display the Epilepsy First Aid poster in staff areas.</p> <p>- 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</p>	

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

	
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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)

	
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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

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)



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.



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:



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):	

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

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

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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.