# EPILEPSY MANAGEMENT POLICY

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Family Day Care Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY | | |
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| 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. |

| EDUCATION AND CARE SERVICES NATIONAL REGULATIONS | |
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| 12 | Meaning of a serious incident |
| 85 | Incident, injury, trauma and illness policies and procedures |
| 86 | Notification to parents of incident, injury, trauma and illness |
| 89 | First aid kits |
| 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 |

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| 94 | Exception to authorisation requirement—anaphylaxis or asthma emergency |
| 95 | Procedure for administration of medication |
| 96 | Self-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 |
| 174 | Time to notify certain circumstances to Regulatory Authority |

| Victorian Child Safe Standards | |
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| Standard 1 | Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued |
| Standard 2 | Child safety and wellbeing is embedded in organisational leadership, governance and culture |
| Standard 3 | Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously |
| Standard 4 | Families and communities are informed, and involved in promoting child safety and wellbeing |
| Standard 5 | Equity is upheld and diverse needs respected in policy and practice |
| Standard 6 | People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice |
| Standard 7 | Processes for complaints and concerns are child focused |
| Standard 8 | Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training |
| Standard 9 | Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed |
| Standard 10 | Implementation of the Child Safe Standards is regularly reviewed and improved |
| Standard 11 | Implementation of the Child Safe Standards is regularly reviewed and improved |

RELATED POLICIES

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| Administration of first aid Policy<br>Administration of Medication Policy<br>Enrolment Policy<br>Family Communication Policy | Handwashing Policy<br>Incident, Illness, Accident, Trauma Policy<br>Medical Conditions Policy<br>Privacy and Confidentiality Policy<br>Supervision Policy |

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions. Dalas Family Day Care Service 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, educator assistants and families are aware of their obligations in supporting children with epilepsy and the management of seizures.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

DUTY OF CARE

Dalas Family Day Care Service has a legal responsibility to take reasonable steps to provide

a. a safe environment free from foreseeable harm and
b. adequate supervision for all children.

FDC educators/educator assistants need to know enough about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

**BACKGROUND AND LEGISLATION**

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 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.

Legislation that governs the operation of approved Family Day Care 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 management to ensure that all Family Day Care educators and educator assistants have current approved first aid qualification. [Reg. 136 (3)]

## IMPLEMENTATION

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

A copy of our *Medical Conditions Policy* will be provided to all FDC educators, volunteers, and families of the Family Day Care Service. It is important that communication is open between families and educators so that management of epilepsy is effective.

Children diagnosed with epilepsy will not be enrolled into the FDC Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians and the FDC educator, to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Family Day Care Service 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.

### Management will ensure:

- before the child's enrolment commences, the family will meet with the FDC Service and the FDC educator to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the *Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- all children enrolled at the FDC Service with epilepsy must have an epilepsy medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy 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.

- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered
- individual epilepsy Medical Management and Emergency Action Plans will be displayed in a key location at the Family Day Care residence or approved venue
- a risk minimisation plan is developed in consultation with the parents of a child diagnosed with epilepsy 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.
- that no child who has been prescribed epilepsy medication attends the FDC Service without their medication
- they collaborate with parents/guardians and FDC educator to create and implement a communication plan and encourage ongoing communication between parents/guardians regarding the current status of the child's medical condition, this policy, and its implementation
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, FDC educators, educator assistants are provided with a copy the *Medical Conditions Policy* and *Epilepsy Management* Policy annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- educators/educator assistants have completed first aid training approved by the ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises
- educators/educator assistants 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 FDC Service
- educators/educator assistants are trained to identify children displaying the symptoms of a seizure and locate their personal medication and epilepsy medical management plan
- updated information, resources and support is regularly given to families for managing epilepsy
- that when educators/educator assistants accompanying children on excursions or to events, they carry the prescribed medication and a copy of the epilepsy medical management/action plan for any child diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident of a child while being educated and care for at the service within 24 hours.

**Educators/Educator Assistants will:**

- read and comply with the *Epilepsy Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure a copy of the child's epilepsy medical management plan is visible and known to in the FDC Service
- recognise the symptoms of a seizure and treat appropriately and in accordance with the child's epilepsy medical management plan in the event of a seizure
- record all epileptic seizures according to the epilepsy medical management plan
- take all personal epilepsy medical management plans, seizure records, medication records, and any prescribed medication on excursions and other events
- administer prescribed medication when needed according to the medical management/action plan in accordance with the service's *Administration of Medication Policy*
- identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy medical management plan
- communicate 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
- ensure that children with epilepsy can participate in all activities safely and to their full potential
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and family days
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry

Families will

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy
- provide an epilepsy medical management plan developed and signed by a registered medical practitioner for implementation within the FDC Service
- develop a risk minimisation plan and communication plan in collaboration with the FDC educator and coordinator/nominated supervisor
- provide the prescribed medications each day their child attends care
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry
- notify management and FDC educator of any changes to their child's medical condition including the provision of a new epilepsy medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

If a child (known to have an epileptic condition) suffers from an epileptic emergency the FDC educator will:

- Follow the child's medical management /action plan
- Protect the child from injury- remove any hazards that the child could come into contact with
- Not restrain the child or put anything in their mouth
- 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)
- Monitor the airway
- Call an ambulance immediately by dialling 000 if:
    - 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
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the approved provider/coordinator of the incident

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 through the NQA IT System (as per regulations)

If a child (NOT known to have an epileptic condition) suffers from an epileptic emergency the OSHC Service will follow the above procedure.

DEFINITIONS

| FOCAL SEIZURES |
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| Focal seizures without impaired consciousness | Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas.<br>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. |
| **Focal Seizures with impaired consciousness** | 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.<br>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. |

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| **Focal Seizures with impaired consciousness *Cont.*** | 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.<br>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. |
| **Focal Seizures becoming bilaterally convulsive** | 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 |

| GENERALISED SEIZURES |
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| Tonic-clonic Seizures | 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.<br><br>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. |
| **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. |

*Source: Epilepsy Australia (2019).*

RESOURCES/POSTERS

Animated Seizure Firs-Aid video for children

Seizure first aid posters

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
Education and Care Services National Regulations. (2011).
Epilepsy Australia. (2021). http://www.epilepsyaustralia.net/
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/

REVIEW

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| POLICY REVIEWED BY: | [NAME] | [POSITION] | [DATE] |
| POLICY REVIEWED | JULY 2022 | NEXT REVIEW DATE | JULY 2023 |
| MODIFICATIONS | • policy maintenance - no major changes to policy<br>• minor formatting edits within text- Family Day Care Service abbreviated to FDC Service for consistency throughout policy<br>• hyperlinks checked and repaired as required | | |

| POLICY REVIEWED | PREVIOUS MODIFICATIONS | NEXT REVIEW DATE |
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| JULY 2021 | • rearranged content within policy<br>• moved definitions to end of policy<br>• deleted repetitive statements in all sections<br>• consistent wording to align with related Medical Conditions policies (asthma, anaphylaxis, diabetes)<br>• Policy review includes ACECQA policy guidelines/components (June 2021)<br>• additional resources added<br>• additional references- re: National law and regulations added<br>• sources checked for currency | JULY 2022 |
| JULY 2020 | • 'Minor changes to adhere with terminology within regulations Medical Management Plan' and Action Plan<br>• inclusion of Communication Plan and Risk Minimisation Plan<br>• edits to ensure alignment to Family Day Care- First Aid requirements<br>• minor punctuation edits<br>• related policies added<br>• additional regulations included | JULY 2021 |
| JULY 2019 | • Section added '**If a child (NOT known to have an epileptic condition…'**<br>• Grammar and punctuation edited.<br>• Additional information added to points.<br>• Sources checked for currency.<br>• Information checked & updated using trustworthy source.<br>• New sources added.<br>• Sources corrected & alphabetised.<br>• Regulation 136 added. | JULY 2020 |

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| JULY 2018 | • New policy draft | JULY 2019 |