

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements. The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others greatly, for example, their comprehension, expressive language, visual perception, concentration and memory. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Centre will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

Brunswick Creche & Day Nursery is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are at diagnosed with Epilepsy. The aim of this policy and procedure is to ensure that educators, staff and families are aware of their obligations and required strategies in supporting children with epilepsy and management of seizures

Duty of Care

Our centre has a legal responsibility to provide:

- a) A safe environment
- b) Adequate Supervision

Staff members including relief staff need to know enough about epilepsy and managing seizures to ensure the safety of those students.

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 Management Plan. 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.

Legislation that governs the operation of approved children’s centres 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.

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. 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 |



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| | 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. 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. 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. 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 | |
| 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. The seizures usually last a couple of minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. |
| Absence Seizures | Absence seizures produce a brief cessation of activity and loss of consciousness, usually lasting 5-30 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 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'). |

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



A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Centre. It is important that communication is open between families and educators so that management of epilepsy is effective.

It is imperative that all educators and volunteers at the Centre 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, Nominated Supervisor/ Certified Supervisor will ensure:

- All staff including volunteers are provided with a copy of the Epilepsy Management Plan along with the Medical Conditions Policy annually
- A copy of this policy is provided and reviewed during each new staff member's induction process.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Centre's premises
- 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 Centre
- A Medical Conditions Risk Minimisation plan is 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
- All staff members are trained to identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- All children enrolled at the centre with epilepsy must 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 and updated regularly by the child's registered medical practitioner
- Individual Epilepsy Management and Emergency Medical Management Plans will be displayed in key locations throughout the Centre
- A copy of this policy will be provided to a parent or guardian of each child diagnosed with Epilepsy at the Centre and reviewed regularly
- Ensure updated information, resources and support is regularly given to families for managing epilepsy
- Ensure that no child who has been prescribed epilepsy medication attends the Centre without the medication
- Ensure that a child's Epilepsy 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 used
- Implement a communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy and its implementation
- Ensure that a staff member accompanying children outside the Centre carries the prescribed medication and a copy of the Epilepsy Management and Emergency Medical Management Plan for children diagnosed with epilepsy attending excursions

Educators will:

- Ensure a copy of the child's Epilepsy Management Plan is visible and known to staff in a Centre
- Follow the child's Epilepsy Management Plan in the event of a seizure
- Record all epileptic seizures according to the Epilepsy Management Plan
- Take all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other events
- A suitably trained and qualified Educator will administer prescribed medication when needed according to the Emergency Medication Management Plan in accordance with the centre's Administration of Medication Policy
- Recognise the symptoms of a seizure, and treat appropriately by locating the Epilepsy Management Plan and the Emergency Medication Management Plan
- Identify and where possible minimise possible seizure triggers as outlined in the child's Epilepsy Management Plan



- 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
- 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
- Regularly check and record the expiry date of the prescribed Epilepsy Management medication
- Provide information to the Centre community about resources and support for managing epilepsy
- If a child who is not diagnosed with epilepsy has a seizure, a suitably trained and qualified Educator will;
 - 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; 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

Families will ensure they provide the centre with:

- Inform staff at the children's centre, either on enrolment or on diagnosis, of their child's medical condition- epilepsy
- Develop an individual Medical Conditions Risk Minimisation Plan with Centre staff
- Provide staff with an Epilepsy Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Centre
- Provide staff with the prescribed medications from the Emergency Medication Management Plan, providing an adequate supply of emergency medication for their child at all times
- Regularly check the expiry date of the prescribed medications kept at the Centre
- Assist staff by offering information and answering any questions regarding their child's medical condition
- Notify the staff of any changes to their child's medical condition and provide a new Epilepsy Management Plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the Centre's policy that no child who has been prescribed medication for epilepsy is permitted to attend the Centre or its programs without that medication
- Read and be familiar with the policy
- Bring relevant issues to the attention of both staff and licensee

Behaviour Support

Our educators will ensure that any routine management of a child's epilepsy, including the administration of any medication, occurs with minimal disruption to their education and care.

As for all children, behaviour expectations for children with epilepsy should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and any emotional difficulties a child with epilepsy may be experiencing. Our educators will nurture the self-esteem of all children, including those with epilepsy, and create a positive environment of inclusiveness and acceptance for all children.

Information Sharing: Confidentiality and privacy

Our centre will adhere to privacy and confidentiality principles when dealing with each child's health and safety needs.



The sharing of information, including the amount and type of information, will be assessed and negotiated for each child with epilepsy. Educators need information about routine and predictable emergency care because it affects the child's learning, access to the curriculum and their safety. Information exchange between the family, health professionals and the centre is also essential to support the child emotional health and enhance their peer support. Young children, for example often enjoy sharing the news and their experiences of living with epilepsy with their classmates. This should be discussed with parents so that they can support their child in this process.

Medical Management Plan

- Children with epilepsy will have a Medical Management Plan provided by their doctor and /or parents. This Plan should include information about:
 - The type of seizures the child has
 - Their severity and timing
 - Whether there are any warning signs before a seizure
 - Any first aid requirements in addition to standard first aid
 - Known triggers
 - Emotional needs of the child
 - The level of participation, supervision and protection required for the child during activities, whether the child's safety may be compromised during an activity.

Medical Conditions Risk Minimisation Plan

Our Centre will prepare a Medical Conditions Risk Minimisation Plan outlining procedures we will implement 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.

These include:

- Missing medication for non-epileptic conditions
- Suddenly stopping anti-convulsant medication or missing a dose
- Infection or illness, especially if associated with a temperature
- Lack of sleep
- Extreme emotions, such as excitement about an excursion, stress or boredom
- Hyperventilation/over-breathing
- Head injury
- Flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- Missing meals
- Dehydration
- Significant changes in temperature or extreme temperatures, eg on a hot day sitting on the sunny side of a bus with no air conditioning.

Our Centre will encourage children with epilepsy to participate in all activities at our centre unless any are specifically excluded by the child's doctor or parents. Independence and social acceptance are important to all children. The Risk Minimisation Plan will cover whether any adjustments need to be made to an activity to ensure the child can participate. These may include the child wearing protective gear and providing increased supervision of the activity.

First Aid

Our Centre will ensure our qualified first aid educator maintains up to date training in epilepsy, and where required, training in the administration of epileptic medication. If a child is having an epileptic seizure, our first aid trained educator will:

- Protect the child from injury
- 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 if necessary. 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
- Complete the Incident, Injury, Illness and Trauma Record, including the time the seizure started and stopped and observations of the seizure, as soon as possible but within 24 hours of the seizure
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

The first aid trained educator may not call an ambulance when the seizure stops within three minutes and there are no complications (ie injury). The child will be kept in the recovery position until conscious. Educators will always call an ambulance if required under the Medical Management Plan.

Source: Education and Care Services National Regulations 2011, National Quality Standard, Epilepsy Planning and support guide for education and children's services DECS SA 2007, Epilepsy Foundation of Victoria, Epilepsy Action Australia, Early Years Learning Framework ECA Code of Ethics. Staying Healthy in Child Care 5th Edition

Date Implemented: 16/10/2012

Review Completed: 15/04/2019

Schedule for Review: 15/04/2020

| National Quality Standard – NQS | | |
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| Quality Area 2: Children's Health and Safety | | |
| 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 Service National Regulations | | |
| 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 | |
| 96 | Self-administration of medication | |
| Early Years Learning Framework | | |
| Learning Outcome 3 - Children have a strong sense of wellbeing | | |
| Children are happy, healthy, safe and connected to others. | | |
| Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community | | |
| Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all | | |



