



# 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 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		
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	
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
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

## RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
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## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions. Our 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 and staff are aware of their obligations in supporting children with epilepsy and work in partnership with families and health professionals to manage seizures by following the child’s medical management plan.

## SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the Service.

## DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide:

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

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

## 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 a medical management plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. National Regulations of 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.

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's Medical Management Plan in prominent positions within the Service.

Our policies, including our *Medical Conditions Policy* and *Epilepsy Management Policy* will be always available to all educators, volunteers, and families of the 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 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 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 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/ NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL ENSURE:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in accordance 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*.
- all children enrolled at the 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 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 plans will be displayed in key locations throughout the Service

- 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 Service without the medication
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- all staff, including volunteers, have access to the *Medical Conditions Policy* and *Epilepsy Management Policy* at all times
- all staff members have completed first aid training approved by 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
- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the Service
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's epilepsy medical management plan and required medication (if applicable)
- updated information, resources and support are regularly given to families for managing epilepsy
- that a staff member accompanying children on excursions or to events outside the Service carries the prescribed medication and a copy of the epilepsy medical management/action plan for children diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident involving a child while being educated and cared for at the service within 24 hours.

#### EDUCATORS 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 staff and volunteers at the 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, emergency action plans and any prescribed medication on excursions and other events
- administer prescribed medication when needed according to the medical management 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 and risk minimisation 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, community engagements, 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 staff with an epilepsy medical management plan developed and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with 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 staff 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 is known to have an epileptic condition and has a seizure, Service and staff 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 their side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair 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 parents/guardians when practicable
- Contact the emergency contact if the parents or guardians can’t be contacted when practicable
- 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)

The above procedure should be followed if a child who is not diagnosed as epileptic experiences a seizure whilst attending the Service.

## DEFINITIONS

FOCAL SEIZURES	
<p><b>Focal seizures</b>  <a href="#">without</a> impaired consciousness</p>	<p>Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas.</p> <p>Consciousness is NOT impaired, and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.</p>

<p><b>Focal Seizures with impaired consciousness</b></p>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes.</p> <p>Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy, and they will not respond normally to questions and commands. Behaviour may be confused, and they may exhibit automatic movements and behaviours e.g. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.</p> <p>Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
<p><b>Focal Seizures becoming bilaterally convulsive</b></p>	<p>Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures</p>

GENERALISED SEIZURES	
<p><b>Tonic-clonic Seizures</b></p>	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.</p> <p>The seizures usually last one to three minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes an ambulance should immediately be called.</p>



<b>Absence Seizures</b>	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.
<b>Myoclonic Seizures</b>	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.
<b>Tonic Seizures</b>	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.
<b>Atonic Seizures</b>	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

Source: *Epilepsy Australia* (2019).

## RESOURCES/POSTERS

[Animated Seizure First-Aid video for children](#)

[Seizure first aid posters](#)

## CONTINUOUS IMPROVEMENT/REFLECTION

Our *Epilepsy Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

## SOURCE

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Epilepsy Australia. (2021). <https://epilepsyaustralia.net>

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

Guide to the National Quality Standard. (Amended 2023).

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/Western\\_Australian\\_Education\\_and\\_Care\\_Services\\_National\\_Regulations](http://www.rch.org.au/neurology/patient_information/about_epilepsy/Western_Australian_Education_and_Care_Services_National_Regulations)

POLICY REVIEWED BY:	Megan Hipkiss	Centre Support	March 2024
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	11.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> <li>• policy maintenance - no major changes to policy</li> <li>• minor formatting edits within text</li> <li>• hyperlinks checked and repaired as required</li> <li>• continuous improvement/reflection section added</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> <li>• policy maintenance - no major changes to policy</li> <li>• minor formatting edits within text</li> <li>• hyperlinks checked and repaired as required</li> </ul>	JULY 2023	
JULY 2021	<ul style="list-style-type: none"> <li>• rearranged content within policy</li> <li>• moved definitions to end of policy</li> <li>• deleted repetitive statements in all sections</li> <li>• consistent wording to align with related Medical Conditions policies (asthma, anaphylaxis, diabetes)</li> <li>• Policy review includes ACECQA policy guidelines/components (June 2021)</li> <li>• additional resources added</li> <li>• additional references- re: National law and regulations added</li> <li>• sources checked for currency</li> </ul>	JULY 2022	
JULY 2020	<ul style="list-style-type: none"> <li>• Minor changes to align with terminology within regulations</li> <li>• ‘Medical Management Plan’ and Action Plan</li> <li>• inclusion of Communication Plan and Risk Minimisation Plan</li> <li>• minor punctuation edits</li> <li>• related policies added</li> <li>• additional regulations included</li> </ul>	JULY 2021	
JULY 2019	<ul style="list-style-type: none"> <li>• Grammar and punctuation edited.</li> <li>• Additional information added to points.</li> <li>• References checked.</li> </ul>	JULY 2020	

	<ul style="list-style-type: none"> <li>• Sources checked for currency.</li> <li>• New sources added.</li> <li>• Regulation 136 added.</li> </ul>	
JULY 2018	<ul style="list-style-type: none"> <li>• Minor terminology adjustments</li> </ul>	JULY 2019
OCTOBER 2017	<ul style="list-style-type: none"> <li>• Updated the references to comply with revised National Quality Standard</li> </ul>	JULY 2018
AUGUST 2017 JULY 2017	<ul style="list-style-type: none"> <li>• Minor terminology amendments – simplified introduction.</li> <li>• Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.</li> </ul>	JULY 2018