Epilepsy Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	90	Medical conditions policy
	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

My Time, Our Place

LO3	Children are happy, healthy, safe and connected to others.
	Children negotiate environments to ensure the safety and wellbeing of themselves and others
	Educators engage children in experiences, conversations and routines that promote safety, healthy lifestyles and nutrition.
	Educators adjust transition and routines to take into account children's needs and interests

Aim

Our service and educators welcome children with epilepsy. We ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

Related Policies

Additional Needs Policy
Administration of Authorised Medication Policy
Continuity of Education and Care Policy
Emergency Service Contact Policy
Enrolment Policy

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Implementation

Our service will ensure all educators are aware of the enrolment of a child with epilepsy and have an understanding of the condition and the additional requirements of the individual child. 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. Children may experience different types of seizures and the effects of their epilepsy will vary. Some children will suffer no adverse effects while epilepsy may impact others by affecting, for example, their comprehension, expressive language, visual perception, concentration and memory.

Focal seizures only affect one part of the brain and affect the part of the body controlled by that part of the brain. Children may do strange and repetitive actions like fiddling with clothes or making unusual sounds. Seizures usually last less than two minutes but children may be confused and drowsy for several hours afterwards and have no memory of events just before or after it. Children may or may not remember what happens during the seizure.

Absence (petit mal) seizures are non-convulsive seizures involving the whole brain. Children may stare and their eyes may roll back or their eyelids flutter. The child may look like they're daydreaming. These seizures start suddenly and last a few seconds. They can occur many times a day.

Myoclonic seizures are brief, shock-like jerks of a muscle or a group of muscles, usually lasting no more than a second or two, which can cause children to fall.

Atonic seizures cause a sudden loss or decrease of normal muscle tone. Children may often fall to the ground. It may be necessary for the child to wear protective headwear to minimise injury.

Tonic seizures greatly increase normal muscle tone and the body, arms, or legs suddenly become stiff causing the child to fall. Protective headwear may minimise injury.

In **Tonic-clonic (grand mal) seizures** the child's body stiffens, air is forced past their vocal cords often causing a cry or groan, and they fall to the ground if standing. Their limbs then begin to jerk. The child may dribble, go blue or red in the face, or lose control of their bladder/ bowel. Afterwards the child may be confused, drowsy, agitated or depressed. They may have a headache and want to sleep. Drowsiness can last for several hours. These seizures usually last one to three minutes.

Epilepsy and Learning

The level of expectation for each child has a significant influence on performance. Our educators will facilitate a positive environment of encouragement, stimulation and reassurance. They will go over

any learning or activity a child may have missed during a seizure to ensure children are not disadvantaged.

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 service 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 service 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 service 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 service will encourage children with epilepsy to participate in all activities at our service 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 service 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

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- 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.

Sources

Education and Care Services National Regulations 2011
National Quality Standard
Epilepsy planning and support guide for education and children's services DECS SA 2007
The Epilepsy Centre Prospect SA
Epilepsy Foundation of Victoria
Epilepsy Action Australia
My Time Our Place

Review

The policy will be reviewed annually.
The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

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