

## Dealing with Medical Conditions Policy

### Epilepsy - Appendix 23.4

This policy should be read in conjunction with the Dealing with Medical Conditions Policy.

#### Current Environmental Context

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*.

Most people living with epilepsy can achieve good control of their seizures through medication however, 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.

The Epilepsy Foundation has a range of resources and can assist with the development of an Epilepsy Management Plan (EMP). The foundation also provides training and support to families and educators in the management of epilepsy, and in the administration of emergency medication in the event of seizure activity requiring an emergency response.

The service must ensure that each child with epilepsy has a current EMP, seizure record and where relevant, an Emergency Medication Management Plan (EMMP), filed with their enrolment record. These plans are to be no older than 12 months. A list of children with epilepsy should be compiled and placed in a secure, but readily accessible, location known to all staff, together with an EMP, seizure record and where required the EMMP for every child with epilepsy.

Children with epilepsy should be able to participate in all activities of the service safely (risk modifications considered) and to their full potential and should not be discriminated against in any way.

The following attachments contain detailed information relating to all aspects of this policy:

- Attachment 23.4a:** Responsibilities relating to Epilepsy appendix
  - Attachment 23.4b:** Seizure First Aid
  - Attachment 23.4c:** Epilepsy risk management considerations
  - Attachment 23.4d:** Sample risk minimisation plan for children prescribed emergency medication
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- Form – 23.4.1:** Epilepsy enrolment checklist for children prescribed emergency medication- [click here](#)
  - Form – 23.4.2:** Epilepsy Management Plan templates - [click here](#)

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4			
Content Owner	Uniting Early Learning-Executive Officer			Page 1 of 8
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
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Printed hard copies of this document are considered uncontrolled.

Please refer to the Uniting Intranet/Document Management System for the latest version.

## Resources/Sources

- Uniting Child Safety Policy – Uniting adopts the Uniting Church Australia National Child Safety Policy Framework, 2019 and the principles of this Policy Framework
- The Epilepsy Foundation: [www.epilepsyfoundation.org.au](http://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](http://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](http://www.epilepsysmartschools.org.au)
- Education and Care Services National Law Act 2010: Sections 167, 169, 174
- Education and Care Services National Regulations 2011: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Children’s Services amendment Act 2019
- Children’s Services Regulations 2020
- Administration of First Aid Policy
- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Emergency and Evacuation Policy
- Excursions, Regular Outing and Service Events Policy
- Incident, Injury, Trauma and Illness Policy
- Inclusion, Diversity and Equity Policy
- Privacy Policy
- Staffing Policy.
- Epilepsy training link for Tasmania, ([click here](#)), and training link for Victoria training ([click here](#))

This policy is shared with the whole service community with opportunities to provide feedback/input

## Authorisation

This policy was adopted by Uniting Early Learning on: 30 April, 2021

## Review

This policy is to be reviewed by: 30 April 2022

DOCUMENT TITLE & NUMBER		DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4		
Content Owner	Uniting Early Learning- Executive Officer		Page 2 of 8	
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	

## Attachment 23.4a - Responsibilities relating to the Epilepsy appendix

### Approved Provider

- Ensure an *Epilepsy* appendix, which meets legislative requirements is developed, accessible at the service and is reviewed regularly.
- Ensure that all staff have current CPR training and are aware of seizure first aid procedures (refer to *Attachment 23.4b*).
- Ensure all staff attend training conducted by the Epilepsy Foundation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency medication, when a child with epilepsy is enrolled at the service.
- Ensure a medication record is kept for each child to whom medication is to be administered by the service.
- Ensure that children with epilepsy are not discriminated against in any way.

### Responsible Person

- Provide parents of children with epilepsy with a copy of the service's *Epilepsy appendix, Dealing with Medical Conditions Policy* and *Administration of Medication Policy*, upon enrolment/diagnosis of their child.
- Provide all staff with a copy of the service's *Epilepsy appendix* and ensuring that they are aware of all enrolled children living with epilepsy.
- Ensuring all children with epilepsy have an Epilepsy Management Plan (EMP), seizure record and, where relevant, an Emergency Medication Management Plan, filed with their enrolment record. Records must be no more than 12 months old.
- Develop a risk minimisation plan for every child with epilepsy, in consultation with parents.
- If the risk minimisation plan indicates that the educators may need additional support for the inclusion of the child, relevant inclusion support is available. (refer resource above)
- Compile a list of children with epilepsy and place in a secure, but readily accessible, location known to all staff. This should include the EMP, seizure record and where required the EMMP for each child with epilepsy.
- Ensure that medication is administered in accordance with the child's EMP and/or EMMP and the *Administration of Medication Policy*.
- Ensure that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication.
- Facilitate communication between management, educators, staff and parents regarding this policy.
- Ensure that all educators' first aid qualifications, including CPR training, are current, meet the requirements of legislation and are approved by DET (Vic) or ACECQA.
- Ensure that children living with epilepsy can participate in all activities safely and to their full potential.
- Ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.
- Organise epilepsy management information sessions for parents of children enrolled at the service, where appropriate.

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4			
Content Owner	Uniting Early Learning- Executive Officer			Page 3 of 8
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	

## Educator

- Read, comply and implement the *Epilepsy appendix* and seizure first aid procedures (refer to *Attachment 23.4b*).
- Assist parents with completing the enrolment form and medication record for their child.
- Consult with the parents of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy and emergency response needs.
- Ensure that you can identify children displaying the symptoms of a seizure, and locate their personal medication record and EMP.
- Identify and, where possible, minimise possible seizure triggers as outlined in the child's EMP.
- Where a child with epilepsy is attending an offsite activity (i.e. excursion), take the child's EMP, seizure records, medication records, required EMMP and medication kit including prescribed medication, equipment and health supplies.
- Ensure that emergency medication is stored correctly and that it remains within its expiration date.
- Be aware of, and sensitive to, the impact of medication and seizures on the child including the possible side effects and behavioural changes following a seizure or following changes to the child's medication regime.
- Communicate any concerns to parents if a child's epilepsy is impacting his/her ability to participate fully in all activities
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Ensure that medication is administered in accordance with the child's EMP and/or EMMP and the *Administration of Medication Policy*.
- Maintain current approved first aid qualifications.

## Parent

- Read the service's *Epilepsy Appendix* and *Dealing with Medical Conditions* policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has epilepsy.
- Provide a copy of their child's EMP (including an EMMP, where relevant) to the service. The plan/s should be reviewed and updated at least annually.
- Ensure the medication record is completed in accordance with the *Administration of Medication Policy* of the service.
- Work with staff to develop a risk minimisation plan for their child.
- Where emergency medication has been prescribed, provide an adequate supply of emergency medication for their child at all times.
- Notify staff, in writing, of any changes to the information on the EMP, EMMP, enrolment form or medication record. Provide updated plan/s and forms/records.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy.
- Encourage their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

**Note:** *Volunteers, contractors and students, while at the service, are responsible for following this policy and its procedures.*

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4			
Content Owner	Uniting Early Learning- Executive Officer			Page 4 of 8
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	

## Attachment 23.4b - Seizure first aid – [click here](#)

### Tonic Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- **Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side (you may need to wait until the seizure movements have ceased).
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

### Seizures and impaired awareness

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

## Seizure First Aid

**Tonic-clonic seizure**  
Is a convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements:

- Note the time the seizure started and time until it ends
- Protect the head – if available use a pillow or cushion
- Remove any hard objects that could cause injury
- Do not attempt to restrain the person or stop the jerking or put anything in their mouth
- As soon as possible roll the person onto their side – you may need to wait until the seizure movements have ceased (see pictures)
- Talk to the person to make sure they have regained full consciousness
- Stay with and reassure the person until they have recovered

**Seizure with impaired awareness**  
Is a non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behavior, care should be taken as this can be mistaken for alcohol or drug intoxication:

- Note the time the seizure started and time until it ends
- Avoid restraining the person and guide safely around objects
- Talk to the person to make sure they have regained full consciousness
- Stay with and reassure the person until they have recovered

**Additional considerations**  
When providing emergency response support to a person in a wheelchair, also:

- Protect the person from falling from the chair, secure seat belt where available and able
- Make sure wheelchair is secure
- Support head if there is no moulded head rest
- Do not try to remove the person from the wheelchair
- Tilt the person's head into a position that keeps the airway clear

**CALL 000 FOR AN AMBULANCE**

For any seizure if you don't know the person or if there is no epilepsy management plan  
If the seizure lasts for 5 minutes  
If the seizure stops but the person does not regain consciousness within 5 minutes  
If another seizure begins  
When a serious injury has occurred, if it occurs in water, or if you believe the person is pregnant

Emergency Services 000 | Epilepsy Helpline 1300 761 487 | [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

### Additional considerations

## Calling an Ambulance

**Call Triple Zero (000) ask for ambulance**

People with speech or hearing disability can call 106 – National Relay Service Say "ambulance" and then the language you want to speak in English.

Be prepared to answer the following questions

▶ What is the address you need the ambulance?  
THIS ADDRESS IS

▶ What is your contact telephone number?  
THIS PHONE NUMBER IS

▶ Tell me exactly what happened?  
▶ How many people are hurt?  
▶ How old is the patient?  
▶ Is the patient conscious?  
▶ Is the patient breathing?

Do not hang up until the calltaker tells you!

Follow the instructions offered by the calltaker until the ambulance arrives.

**To assist ambulance**

- ▶ Avoid third party calls – the person with the patient has the most information.
- ▶ Answer each question calmly and accurately. Provide accurate location details – the nearest intersection is helpful.
- ▶ Have someone wait outside for the ambulance. Tell the calltaker if the person's condition changes.
- ▶ For non-urgent care and/or patient transport contact your medical practitioner.

**AmbulanceVictoria**

ambulance.vic.gov.au

When providing emergency response support to a person in a wheelchair, also:

- Protect the person from falling from the chair, secure seat belt where available and able.
- Make sure the wheelchair is secure.
- Support head if there is no moulded head rest.
- Do not try to remove the person from the wheelchair
- Tilt the person's head into a position that keeps the airway clear.

### Call an ambulance (telephone 000)

Call an ambulance:

- For any seizure if you don't know the person or if there is no Epilepsy Management Plan.
- If the seizure continues for more than five minutes.
- If the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins.
- When a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

DOCUMENT TITLE & NUMBER		DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4		
Content Owner	Uniting Early Learning- Executive Officer			Page 5 of 8
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	

## Attachment 23.4c - Risk management considerations

How effective is the service's risk minimisation plan?		
<input type="checkbox"/> Review the risk minimisation plan of each child living with epilepsy with parents at least annually, but always on enrolment and after a seizure occurs.		
<b>A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments.</b>		
Scenario	Strategy	Who is responsible?
Scooters and tricycles are provided by the service for outside play	<p>If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important.</p> <p>As part of a whole-of-service safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the service.</p> <p>Alternatively, parents may provide a specific helmet for their child.</p>	Educators
Water activities (e.g. play troughs, excursions)	Ensure the child with epilepsy is never left unattended near water, and is supported on a ratio of 1:1 where seizures result in impaired awareness	Educators
	On excursions, ensure that there is no opportunity for a child with epilepsy to approach a body of water unsupervised.	Educators
	All sink plugs are placed at a height that is inaccessible to children.	Educators
Individual seizure triggers	<p>The EMP documents a child's seizure triggers, these should be understood for each child with epilepsy and strategies developed to minimise exposure to trigger. For example, if a child's seizures are triggered by heat, outdoor activities are undertaken in the cooler part of day, in accordance with parent's consultation on temperature monitoring.</p> <p>An air conditioner is set to maintain constant room temperature.</p>	Educators/parents

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4		
Content Owner	Uniting Early Learning- Executive Officer		Page 6 of 8
Document Author	EL Practice Manager	Document Version	V 5.0
Date Published	30/04/2021	Revision Due Date	30/4/2022

## Attachment 23.4d - Risk minimisation plan for children prescribed emergency medication

The following list can be used as a basis for further developing/reviewing the service's risk minimisation plan template in consultation with parents.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency medication?	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-staff.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> List strategies that will minimise the child's exposure to triggers (e.g. flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> All staff, including casual and relief staff, have read each child's EMP and where held EMMP, and: <ul style="list-style-type: none"> <li>• can identify and recognise the child's seizure activity.</li> <li>• knows what to do to minimise the child's risk of exposure to triggers</li> <li>• understands the impact of epilepsy medication and seizure activity on the child</li> <li>• knows what support the child may need, while in the service on a daily basis and in the event of a seizure</li> </ul> <input type="checkbox"/> If the child is prescribed emergency medication for administration in the event of a seizure, ensure staff training is current and staff know where the emergency medication kit is located for each child with epilepsy.
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All staff have read and understood the child's EMP, and where the child's EMMP is held and know: <ul style="list-style-type: none"> <li>• what constitutes an emergency and when to call an ambulance</li> <li>• how to provide support to the child during and after a seizure</li> <li>• how to provide emergency medication where prescribed</li> <li>• when to call an ambulance.</li> </ul>

DOCUMENT TITLE & NUMBER		DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4		
Content Owner	Uniting Early Learning- Executive Officer			Page 7 of 8
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	

<p>If emergency medication is prescribed, how does the service ensure its safe administration and storage?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Record the date on which each family of a child with epilepsy (and who is prescribed emergency medication) is provided a copy of the service's <i>Epilepsy appendix</i>.</li> <li><input type="checkbox"/> Record the date that parents provide an unused, in-date and complete emergency medication kit.</li> <li><input type="checkbox"/> Record the date and name of staff who have attended child-specific training in the administration of the emergency medication.</li> <li><input type="checkbox"/> Test that all trained staff know the location of the emergency medication kit, EMP and EMMP for each child with epilepsy.</li> <li><input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of emergency medication supplies and other equipment and health supplies with the emergency medication kit.</li> <li><input type="checkbox"/> Ensure the emergency medication kit is maintained according to the instructions in this <i>Epilepsy appendix</i> (refer to <a href="#">Glossary</a>: Epilepsy Emergency Medication Kit).</li> <li><input type="checkbox"/> Display the Epilepsy Foundation First Aid poster in staff areas.</li> <li><input type="checkbox"/> The emergency medication kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed emergency medication is taken outside the service premises e.g. for excursions.</li> </ul>
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**Do trained people know *when* and *how* to administer emergency medication to a child who is prescribed it?**

- Know the contents of each child's EMP and EMMP, and can follow the instructions within each plan as it relates to responding to seizure activity.
- Know:
  - who will administer the emergency medication and stay with the child
  - who will telephone the ambulance and the parents 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 staff have undertaken training by The Epilepsy Foundation, understanding epilepsy and the administration of emergency medication.

DOCUMENT TITLE & NUMBER		DEALING WITH MEDICAL CONDITIONS POLICY - EPILEPSY Appendix-23.4		
Content Owner	Uniting Early Learning- Executive Officer		Page 8 of 8	
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.4
Date Published	30/04/2021	Revision Due Date	30/4/2022	