

Attachment 2: Sample Risk Minimisation Plan for Children Prescribed Midazolam

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

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| How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam? | |
| Who are the children? | 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? | What are the seizure triggers for the children? List strategies that will minimise these triggers occurring (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? | List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need. If the child is prescribed midazolam for emergency use, ensure that trained staff know where the midazolam kit is located. |
| Do staff know what constitutes an emergency and do they know what to do? | All staff have read and understood the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> • What constitutes an emergency and when to call an ambulance • How to provide support to the child during and after a seizure. |
| If midazolam is prescribed, how does the service ensure its safe administration and storage? | Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's <i>Epilepsy Policy</i> . |

Record the date that parents/guardians provide an unused, in-date and complete midazolam kit.

Record the date and name of staff who have attended child-specific training in the administration of midazolam.

Test that all trained staff know the location of the midazolam kit and Emergency Medication Management

Plan (EMMP) for each child.

Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule.

Ensure the midazolam kit is maintained according to the instructions in this *Epilepsy Policy* (refer to *Definitions: midazolam kit*).

Display the Epilepsy First Aid poster in staff areas.

The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions.

Do trained people know *when* and *how* to administer midazolam to a child who is prescribed it?

Know the contents of each child's EMMP and EMP, and implement the procedures.

Know:

- Who will administer the midazolam and stay with the child
- Who will telephone the ambulance and the parents/guardians 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 of Victoria.

Potential scenarios and strategies

How effective is the service's risk minimisation plan?

Review the risk minimisation plan of each child living with epilepsy with parents/guardians at least annually, but always on enrolment and after any seizures occur.

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.

| 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/guardians may provide a specific helmet for their child.</p> | Staff |
| Water activities (e.g. play troughs, excursions) | Ensure the child with epilepsy is never left unattended near water. | Staff |
| | On excursions, ensure that there is no opportunity for a child with epilepsy to approach a body of water unsupervised. | Staff |
| | All sink plugs are placed at a height that is inaccessible to children | Staff |
| Individual seizure triggers | For example, if a child's seizures are triggered by heat, outdoor activities are undertaken in the cooler part of day, in accordance with parents/guardians consultation on temperature monitoring. An air conditioner is thermostated to maintain constant room temperature. | Staff |