

Epilepsy/Seizure Procedure

Purpose

This procedure relates to the Medical Policy and should be read in conjunction with this.

Background

Epilepsy is a brain disorder that leads to a person having repeated seizures (sometimes called fits). About one in 200 children has epilepsy. During seizures, there is abnormal excessive electrical activity in the brain, and this causes the person to convulse (their muscles jerk), fall, or behave strangely (e.g. stare into space, not respond when spoken to).

One in 20 children will have at least one seizure during their childhood – often a febrile convulsion, which is a seizure associated with a high temperature. A once-off seizure, febrile convulsions, and seizures during acute illnesses are not considered epilepsy.

Epileptic seizures are not usually dangerous. However, a child may be at risk of being harmed if they are in a dangerous environment when a seizure occurs, for instance, if they are near water or climbing. Children with epilepsy can usually lead a normal and active life, but they need to take care with certain activities, such as swimming.

Scope

This policy applies to all ECMS staff (including relief) and includes students on placement, volunteers, parents/guardians/family members and also applies to incursions and excursions

Types of seizures

There are many different types of seizures, but generally, they can be classified into two main groups: focal onset seizures and generalised onset seizures.

Focal onset seizures

Focal onset seizures happen when the seizure activity begins on one side of the brain. In a focal onset seizure, the child may just stare into space and be unresponsive. If there is convulsing, it may only affect one side of the body.

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Generalised onset seizures

Generalised onset seizures happen when the seizure activity begins on both sides of the brain at once. The child's awareness and movements are always affected. There are different types of generalised onset seizures, including:

- **tonic-clonic seizures** – a sudden loss of awareness, with the child commonly falling to the ground, and with stiffening (tonic) then jerking (clonic) of the muscles
- **absence seizures** – the child will stop what they are doing and lose awareness for five to 30 seconds, usually with a blank stare (falling and jerking do not happen)
- **myoclonic seizures** – sudden and brief muscle twitches that may involve the whole body or just individual limbs or muscle groups (e.g. the arms)
- **atonic seizures** – a sudden loss of muscle tone, which may only involve the head dropping forward, but could cause sudden collapse and falling
- **tonic seizures** – generalised muscle stiffening, lasting one to 10 seconds, which can cause the child to fall to the ground.

Sometimes focal seizures can become 'secondarily generalised', which looks like a tonic-clonic seizure.

Qualifications and Service Requirements

ECMS requires:

- All Educators will have current first aid training
- The service will have a risk minimisation plan, communication plan, and checklist in place to ensure all Educators are aware of correct procedures when caring for children diagnosed with epilepsy
- Information is provided to the service and the community regarding epilepsy
- Prior to the child attending the service, the educators will complete the relevant training required to appropriately care for a child diagnosed with epilepsy. It is expected that a **minimum of two staff** have the knowledge and skills within the service. This includes:
 - Basic level of training from Epilepsy Action Australia (or similar) which provides information on the types of Epilepsy and Epilepsy First Aid
 - Emergency Medication Administration training (if required) – through Epilepsy Action Australia (or similar)
- The Nominated Supervisor will ensure that at all times that a child with epilepsy is in attendance at least one staff member on duty has the skills, knowledge, and expertise to meet the child's ongoing health needs and can respond in an emergency.
- All plans will be reviewed and updated annually or when there is a change to the medical condition.

Procedure – on enrolment or at diagnosis

Educators responsible for the child diagnosed with epilepsy will ensure that:

- As part of the enrolment procedures, prior to a child attending the centre (or immediately upon a new diagnosis), the diagnosis of epilepsy will be documented

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on the child's record. It is the parent's responsibility to notify ECMS of the child's medical condition as soon as possible

- Parents/guardians of a child diagnosed with epilepsy have been provided a copy of the ECMS Medical Conditions Policy and the relevant procedure
- The enrolment checklist for children diagnosed with epilepsy is completed
- Following identification of children with epilepsy, parents must provide the child's Epilepsy Action Plan (see examples below) which includes:
 - Clear identification of the child (photo)
 - Documentation of the first aid response including any prescribed medication
 - Identification and contact details of the parents and medical doctor who has signed the form.
- Parents/guardians provide an Epilepsy Action Plan signed by the child's doctor and the relevant medication required for the child
- The appropriate in-date medication must be left at the ECMS service at all times (provided by parents). Where this is not provided the child **will not** be able to attend the service
- An individual risk minimisation plan and service risk management plan that clearly identifies risks relating to the child's specific health care need or medical condition is developed in consultation with the parent prior to the child attending
- A communication plan is developed using information from the child's risk minimisation plan noting that any changes to the diagnosis/management plan are to be communicated (in writing) to the staff immediately
- The child's Epilepsy Action Plan is added to the child's enrolment record
- The child's Epilepsy Action Plan is communicated and visible to all Educators and displayed clearly in the child's room
- The Nominated Supervisor/Educator will ensure the child's needs are factored into the risk assessment and treatment for any excursion or centre event.

If a child with epilepsy requires invasive clinical procedures or support, it is vital that prior arrangements and training are negotiated with the parent/guardian, authorised nominee, or appropriate health care workers. Prior to commencement or immediately upon diagnosis, training is required to prepare for the event that the child will require a procedure while in attendance at the service.

Parents/Guardians and the service should liaise with either the child's medical practitioner or Epilepsy Action Australia to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing the service or immediately upon a new diagnosis. Staff training is required to be completed before the child is able to attend the service.

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Samples of Epilepsy Management plans and Medication Treatment plans

The image displays three sample forms from Epilepsy Australia. The first form, 'Epilepsy Management Plan', is a green and white document with sections for general information, seizure history, and management goals. The second form, 'Emergency Medication Management Plan Midazolam', is a purple and white document detailing the use of midazolam for emergency seizures. The third form, 'Epilepsy Management Plan', is a purple and white document with sections for general information, seizure history, and management goals. All forms include contact information for Epilepsy Australia and a note about the legal requirement for a medical professional's signature.

There is no legal requirement for a particular type of form for Epilepsy Care/Action plans (only that one **must** be available at all times for a child diagnosed with epilepsy) and signed by a medical professional.

Procedure

If this is the first seizure for the child, call an ambulance immediately

Seizure First Aid

Tonic-Clonic Seizure

DO:

- Stay with the person
- Time seizure (when it starts and finishes)
- Keep them safe: protect from injury especially the head
- Roll onto side after jerking stops (immediately if food/fluid/vomit in mouth)
- Observe and monitor breathing
- Gently reassure and stay with the child until recovered

DO NOT:

- Put anything in the person's mouth
- Restrain the person
- Move person unless in danger

Absence Seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for daydreaming.

- Timing can be difficult – count how many happen daily
- Reassure the person and repeat any information that may have been missed during the seizure.

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Focal Seizure

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 the time until it ends
- Stay with the person
- Guide child away from harm
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call Triple Zero (000) if:

- You are in any doubt
- If this is the first seizure for the child
- There is food/fluid or vomit in the child's mouth
- The child has breathing difficulties
- Another seizure quickly follows
- The seizure lasts longer than 5 minutes
- The child is non- responsive for more than 5 minutes after the seizure ends

Febrile Convulsions

A febrile convulsion is a seizure or fit that happens because of fever, which is a temperature higher than 38°C. The rapid rise in temperature causes an abnormal electrical discharge in the brain. Febrile convulsions usually happen in children between six months and six years old and this does not mean that that will be diagnosed with Epilepsy. Less than five percent of children who have febrile convulsions go on to develop epilepsy.

If a child has a history of febrile convulsions, staff are required to obtain a medical management plan signed by the child's medical practitioner prior to enrolment on or initial diagnosis which is to be followed. The medical management plan is to indicate ranges of temperatures and immediate actions required should the temperature reach this range. Regular temperature checks for children diagnosed with a history of febrile convulsions (eg: at morning tea and lunch) are encouraged and should be documented and children's temperatures should always be checked if there is a change in their behaviour (e.g. lethargy, irritability, refusal of foods or fluids).

Should a child experience a febrile convulsion whilst in the service, educators are to follow the procedures above.

Monitoring and storage of epilepsy medication

- The epilepsy medication is stored in a location that is known to all Educators, including relief Educators; is easily accessible to adults; inaccessible to children, and stored away from direct sources of heat
- The epilepsy medication for each child at risk of epilepsy is carried by a trained adult on any excursion or regular outing that the child attends

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- The epilepsy medication expiry date is regularly checked and is relaced (by parents) when required. (The manufacturer will only guarantee the effectiveness of the medication to the end of the nominated expiry month).

Documentation

In the event of a child experiencing a seizure at the service, educators will follow the first aid instructions and relevant Emergency Action Plans. As soon as possible educators will contact parents to inform them of the incident and will complete an Incident, Injury, Trauma and Illness Record and the relevant medication record,

Sources

Related Legislation	<ul style="list-style-type: none"> • Child Wellbeing and Safety Act 2005 • Education and Care Services National Law Act 2010: Section 1165, 167, 169 172 and 174 • Education and Care Services National Regulations (Current as at 1 July 2018): Regulations 4, 77 – 80, 85-98, 102, 136, 137, 146, 147 160- 162, 167 – 173, 176 - 178, 181, 183, 184 • Health Records Act 2001 • Health Infectious Diseases Regulations 2001 • National Quality Standards, Quality Area 2: Children's Health and Safety • Occupational Health and Safety Act 2004 • Public Health and Wellbeing Act 2008 • Public Health and Wellbeing Regulations 2009 (Vic) • Privacy and Data Collection Act 2014 (Vic) • Privacy Act 1988 (Cth)
Sources and Further Reading	<ul style="list-style-type: none"> • https://www.rch.org.au/kidsinfo/fact_sheets/Seizures_safety_issues_and_how_to_help/ • https://www.rch.org.au/kidsinfo/fact_sheets/Epilepsy/ • Epilepsy Action Australia www.epilepsy.org.au

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