

BALLARAT YMCA CHILDREN'S SERVICES EPILEPSY POLICY

Mandatory – Quality Area 2

06/10/2014

PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy to safely and fully participate in the program and activities of Ballarat YMCA Children's Services (YMCA)
- ensure that all necessary information for the effective management of children with epilepsy enrolled at YMCA services is collected and recorded so that these children receive appropriate attention when required.

POLICY STATEMENT

1. VALUES

YMCA is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

2. BACKGROUND AND LEGISLATION

Background

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” (refer to *Children with epilepsy: A Teacher's Guide*, Epilepsy Foundation of Victoria).

Most people living with epilepsy have 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 of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

3. DEFINITIONS

Absence seizure: Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple

times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

AEDs: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

Approved First Aid Qualifications: First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Emergency epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past, but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at www.epinet.org.au

Epilepsy: Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) that are unprovoked.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation of Victoria: www.epinet.org.au

Focal (previously called simple or complex partial) seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

Generalised seizure: Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic seizure is one type of generalised seizure.

Ketogenic diet: A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of

the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

Midazolam kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g. buccal, gloves, tissues, pen and paper, +/- stopwatch.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

Seizure triggers: Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

Staff record: Must be kept by the service and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

Tonic Clonic seizure: A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

4. SOURCE

- The Epilepsy Foundation of Victoria: www.epinet.org.au or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA

PROCEDURES

The YMCA is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy when a child with epilepsy is enrolled at the service
- ensuring that all staff have current CPR training and are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy is enrolled at the service

- ensuring that all staff attend training conducted by The Epilepsy Foundation of Victoria 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
- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child

The Nominated Supervisor is responsible for:

- ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- ensuring that all children with epilepsy have a medical conditions risk minimisation plan and a medical conditions communication plan
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*.
- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137)
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- compiling a list of children with epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.

Other educators are responsible for:

- ensuring that they are aware of the service's *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)
- ensuring that they are aware of and follow procedures on the epilepsy management plan, the medical conditions communications plan and the medical conditions risk minimisation plan
- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications (refer to *Definitions*)
- identifying and, where possible, minimising possible seizure triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other offsite events
- administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within its expiration date

- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- consulting 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
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of the service
- working with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan.
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy
- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

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

MORE INFORMATION

The Epilepsy Foundation of Victoria provides training, support and resources to any individual affected by epilepsy. For more detailed information, visit The Epilepsy Foundation of Victoria's website: www.epinet.org.au.

ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Medical conditions communication plan
- Attachment 4: Medical conditions risk minimisation plan

AUTHORISATION

This policy was revised and adopted by the YMCA on 06/10/2014

ATTACHMENT 1

Seizure first aid

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.

Absence seizure

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

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

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 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.

Call an ambulance

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.

Emergency services: 000

Epilepsy Help Line: 1300 852 853

ATTACHMENT 2

Enrolment checklist for children prescribed midazolam

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at www.epinet.org.au).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken The Epilepsy Foundation of Victoria's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

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	If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important. 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. Alternatively, parents/guardians may provide a specific helmet for their child.	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/parents/guardians

ATTACHMENT 3: MEDICAL CONDITIONS COMMUNICATION PLAN

This medical conditions communication plan is to be completed by Ballarat YMCA Children's Services in consultation with the at risk child's parents/guardian. Copies are to be kept by both the parent/guardian and the Children's Service, on the child's file. It is the parent/guardians responsibility to notify the children's service of any changes.

All families must be aware that no child who has been prescribed with an EpiPen /Anapen is permitted to attend this Children's Service without an EpiPen/Anapen.

Child's Details

Name of Child	Date Of Birth

Parent/Guardian Contact Details

Name	Address Home & Work	Telephone/s

It is the responsibility of the Parent/Guardian to:
(please tick box when completed)

- Provide the Medical Management Plan during enrolment.
- Inform the child's service if their child's medical condition changes, by phone or in person, and if relevant provide an updated Medical Management Plan.

It is the responsibility of the Ballarat YMCA Children's Service to:
(please tick box when completed)

- Ensure all enrolment forms are completed; including:
 - Medical Management Plan signed by medical practitioner and parent.
 - Medical Conditions Risk Minimisation Plan signed by children's service and parent/guardian
 - Medical Conditions Communication Plan signed by children's service and parent/guardian
- Provide the Parent/Guardian with contact details of the service so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans
- Maintain up-to-date training, relevant to the child's condition e.g. Anaphylaxis training, including administering of EpiPen or Anapen of Educators

It is the responsibility of the Ballarat YMCA Children's Service Staff to:
(please tick box when completed)

- Ensure all staff, including relief staff and parent/guardians/helpers, and others attending an excursion or outing with the at risk child are able to identify the child
- Carry the medical management plan/s and medication of any 'at risk' child when going on an excursion.
- Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relief staff are aware of the location of the child's medication.
- Inform other families in care that there is an 'at risk' child and the procedures that are to be followed, information sign up on display.
- Provide the Parent/Guardian with contact details so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans.
- Follow the DEECD Incident and Accident Reporting requirements.
- Maintain up-to-date training, relevant to the child's condition e.g. Asthma Training, Anaphylaxis training, including administering of EpiPen or Anapen.

The following people have read, understood and agree that this document is a medical conditions communication plan for the at risk child of a medical condition.

Parent/ Guardian Name	Signature	Date
Educator Name	Signature	Date

ATTACHMENT 4: MEDICAL CONDITIONS RISK MINIMISATION PLAN

Date of risk minimisation plan:

Name of child	Date Of Birth	Medical Condition/s

***This risk minimisation plan is to be completed by the Children’s Service in consultation with the at risk child’s parents/guardian.**

Anaphylaxis

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen? Yes / No

The Service/Educator will ensure the EpiPen/Anapen kit is taken on all excursions attended by the ‘at risk’ child. Yes / No

Anaphylaxis/Allergy

Does the family give permission to display the potential sources of exposure to each known allergen to assist the Service/Educator to provide a safe environment for their child? Yes / No

Has the Service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen? This may include requesting certain foods are not sent with children. i.e. nut products Yes / No

Asthma

Are all families aware that children will not be accepted into care without their prescribed Asthma medication? Yes / No

The Service/Educator will ensure the Asthma Medication is taken on all excursions attended by the ‘at risk’ child. Yes / No

Diabetes

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the Children’s Service without these items? Yes / No

The Service/Educator will ensure that the Diabetes Medication and/or blood glucose meter is taken on all excursions attended by the ‘at risk’ child. Yes / No

Epilepsy

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication for their child? Yes / No

The Service/Educator will take medication on all excursions attended by the “at risk” child. Yes / No

Risk Minimisation Table

1. List the known Medical Condition and scenario including allergens where necessary for the 'at risk' child in the following table.
 2. List the strategies to minimise the risk to the child, in the following column. This may include requesting that certain food / items not be brought to the service/care environment.
 3. In the last column include who is responsible for enforcing the risk minimisation strategy
- See examples of risk minimisation strategies on the last page*

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)

How will all staff, including relief staff and parent/guardians/helpers, recognise the child if on an excursion or incursion. (List Strategies)

State where the child's Medical Management/Action Plan will be displayed or located:

Record when regular checks of the expiry date of each medication for the at risk child are undertaken.

Date Checked	Name of Medication Applicable Notes	Checked By	Signature

(more space at back of plan)

The medical conditions risk minimisation plan will be reviewed with the family of the 'at risk' child at least annually, but always upon enrolment of the 'at risk' child and after any incident or accidental exposure.

Date the annual review is to be completed.....

Tick and Date those that apply:

- Parent/Guardian of an 'at risk' child is provided a copy of the Dealing with Medical Conditions Policy: Date:
- Parent/Guardian of an 'at risk' child has provided an Asthma Action Plan/Allergy Action Plan/Anaphylaxis Action Plan/Diabetes Management Plan/ Epilepsy Action Plan (Circle those that apply) to the children's service: Date:
- Parent/Guardian has provided a complete EpiPen/Anapen kit: Date.....
- Is the EpiPen or Anapen prescribed for the child? Yes / No
- Have copies of this form been stored at the Children's Service? Yes / No
- Have copies of this form been given to the parent/guardian? Yes / No

The following people have read, understood and agree that this document is a medical conditions risk minimisation plan for the 'at risk' child of Medical Conditions that affect the child's health. It is the parent/guardians responsibility to notify the child service of any changes.

Parent/ Guardian Name	Signature	Date
Educator Name	Signature	Date