

Mandatory – Quality Area 2

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 Goulburn Region Preschool Association Inc
- ensure that all necessary information for the effective management of children with epilepsy enrolled at Goulburn Region Preschool Association Inc is collected and recorded so that these children receive appropriate attention when required.

POLICY STATEMENT

1. VALUES

Goulburn Region Preschool Association Inc is committed to:

- providing a safe and healthy environment for all children enrolled at the centre
- 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 centre.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Goulburn Region Preschool Association Inc.

3. PROCEDURES

The Approved Provider is responsible for:

- ensuring that all staff and volunteers have access to this policy and have a clear understanding of the procedures and practices outlined within
- 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 centre
- ensuring that all staff attend appropriate training when a child with epilepsy is enrolled at the centre
- 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 a medication record is kept for each child to who medication is to be administered by the centre (Regulation 92)
- facilitating communication between management, educators, staff and parents/guardians regarding the GRPSA *Epilepsy Policy*

- ensuring that children with epilepsy are not discriminated against in any way and are able to participate fully in all activities.
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the centre
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*.

All Early Childhood Staff are responsible for:

- 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), and are approved by ACECQA
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- providing parents/guardians of children with epilepsy with a copy of the GRPSA Epilepsy Policy (Regulation 91) and Administration of Medication Policy, upon enrolment/diagnosis of their child
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- 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 centre 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 centre, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.
- ensuring that all staff aware of the GRPSA *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)
- ensuring that all staff can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- 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
- ensuring that emergency medication is stored correctly and that it remains within its expiration date.
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation of Victoria
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians with completing the enrolment form and medication record for their child
- 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 and are able to participate fully in all activities.

Parents/guardians are responsible for:

- reading the GRPSA *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 centre. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the GRPSA *Administration of Medication Policy*
- working with staff to develop a risk minimisation plan for their child
- 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 centre staff if they are unwell or experiencing symptoms of a potential seizure.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the GRPSA policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam

AUTHORISATION

This policy was adopted by the Approved Provider of Goulburn Region Preschool Association Inc in November 2012.

Reviewed and Approved: 22nd July 2014

Reviewed and amended: 24th September 2016

Reviewed and Approved: May 2020

REVIEW DATE: MAY 2023

ACKNOWLEDGEMENT

Kindergarten Parents Victoria (KPV) acknowledges the contribution of The Epilepsy Foundation of Victoria in developing this policy. If your centre is considering changing any part of this model policy, please contact The Epilepsy Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

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 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.

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 centre, 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 GRPSA *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 centre 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 appropriate 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. (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.

ATTACHMENT 3

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 centre's risk minimisation plan template in consultation with parents/guardians.

How well has the centre planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
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 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?	<input type="checkbox"/> 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. <input type="checkbox"/> 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?	<input type="checkbox"/> 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.

<p>If midazolam is prescribed, how does the centre ensure its safe administration and storage?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the GRPSA <i>Epilepsy Policy</i>. <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete midazolam kit. <input type="checkbox"/> Record the date and name of staff who have attended child-specific training in the administration of midazolam. <input type="checkbox"/> Test that all trained staff know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule. <input type="checkbox"/> Ensure the midazolam kit is maintained according to the instructions in this <i>Epilepsy Policy</i> (refer to <i>Definitions: midazolam kit</i>). <input type="checkbox"/> Display the Epilepsy First Aid poster in staff areas. <input type="checkbox"/> 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 centre premises e.g. for excursions.
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<p>Do trained people know <i>when</i> and <i>how</i> to administer midazolam to a child who is prescribed it?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Know the contents of each child's EMMP and EMP and implement the procedures. <input type="checkbox"/> Know: <ul style="list-style-type: none"> • 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 centre? • who will let the ambulance officers into the centre and take them to the child? <input type="checkbox"/> Ensure that all staff have undertaken training by The Epilepsy Foundation of Victoria. 	

Potential scenarios and strategies

<p>How effective is the centre's risk minimisation plan?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> 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 centre 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-centre safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the centre.</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	<p>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/guardian's consultation on temperature monitoring.</p> <p>An air conditioner is thermostatic to maintain constant room temperature.</p>	Staff/parents/guardians