

Introduction

Epilepsy is a neurological condition that takes the form of recurring seizures. Seizure types:

Focal	Consciousness may vary. There may be localised muscle twitching, sensory disturbances (including numbness, abnormal smells, sounds, tastes and vision), a temporary inability to talk, and abnormal behaviour (including automatic movements, such as picking at clothing or lip smacking).
Generalised tonic-clonic	The body stiffens and starts shaking or jerking violently. The child may fall to the ground, their eyes may roll back, they may drool, and they may wet themselves. The child may be confused and drowsy once the seizure stops.
Generalised absence	Brief and characterised by staring, loss of expression, unresponsiveness, flickering eyelids. There is no obvious jerking.

Children with Epilepsy may be prescribed anticonvulsant medications (e.g. Midazolam) or a Ketogenic Diet (high-fat, adequate-protein, low-carbohydrate diet).

Parent responsibilities

- Inform centre of child's Epilepsy diagnosis upon enrolment or immediately upon diagnosis.
- Provide a current Medical Management Plan that details:
 - Current child photograph
 - Prescribed medications
 - Possible signs and symptoms, including approx. type and length of seizures
 - Possible triggers (if known)
 - First aid actions
 - The name and signature (and date) of authorising doctor
- Supply child's medication and relevant equipment daily.

Educator responsibilities

- In consultation with the child's parents, complete an *Epilepsy Risk Minimising Plan* and *Education Support Plan*.
- As per Procedure Medical Conditions, at least 2 educators will be asked to volunteer to support the child's medical needs and administer medication via (*Form Volunteering to perform specialised health procedure*). Volunteers are required to complete specialist training.
- Supervise closely when child is participating in physical activity such as climbing and water play, and any activity occurring on hard surfaces (e.g. toileting routines). Redirect play if there are signs of over exertion and heating
- Provide regular meal breaks and monitor water intake.
- Provide quiet spaces to rest / sleep or recover from a seizure.
- Facilitate seizure management scenario training with educators. Prior to the exercise determine with educators:
 - Where will the child's medications be stored?
 - Who will administer medication (if required)?
 - How will the seizure length be recorded?
 - Who will call parents or emergency services (if required)?

Midazolam Storage

- If Midazolam is part of a child's medical management, a Midazolam Kit should be created including Midazolam ampoules, 1ml syringes, atomiser (if needed), pen, paper, disposable gloves and the child's medical management plan.

- Store in a darkened place away from direct sunlight, at a temperature between 8-25°C. Do not store in fridge or freezer.
- Must be supplied and stored in the original foil package. If package is opened by staff, store in aluminium foil clearly labelled with the date the package was opened, and expiry of the ampoule. If protected from light, unopened ampoules can be used up to 8 months after the foil sachet has been opened.
- Regularly check expiry dates, including the manufacturer's date, and advise parent if medication is due to expire. A child is unable to attend the centre if medication is expired and a replacement has not been made.
- Store in a location that is clearly labelled, easily accessible to educators but inaccessible to children.
- During excursions, transport Midazolam in an insulated lunch bag, with an ice pack wrapped in a tea towel.

Seizure First Aid

In the event of an acute asthma emergency, follow the child's medical management plan.

Tonic Clonic Seizure	Focal Seizure
<p>Do</p> <ul style="list-style-type: none"> ✓ Stay with the child ✓ Time seizure via <i>Form Daily Running Record Seizures</i> ✓ Keep child safe - protect from injury, especially the head ✓ Roll onto side after jerking stops (immediately if food, vomit, fluid in mouth) ✓ Observe and monitor breathing ✓ Gently reassure until recovered <p>Do Not</p> <ul style="list-style-type: none"> ✗ Put anything in the child's mouth ✗ Restrain the child ✗ Move the child, unless in danger 	<p>Do</p> <ul style="list-style-type: none"> ✓ Stay with the child ✓ Time seizure via <i>Form Daily Running Record Seizures</i> ✓ Guide away from harm ✓ Reassure until recovered <p>Do Not</p> <ul style="list-style-type: none"> ✗ Do not restrain the child unless in danger
<p>Call 000 for an ambulance if:</p> 	<ul style="list-style-type: none"> • The first time a child has had a seizure • You are in any doubt • Injury has occurred • There is food / fluid / vomit in the mouth • Seizure occurs in water • Child has breathing difficulties after jerking stops • Another seizure quickly follows • Seizure lasts longer than 5 minutes • The child is non-responsive for more than 5 minutes after the seizure

Document seizure via *Form Child Incident Record* or *Form Daily Running Record Seizures* (when multiple seizures occur during one session).