

What is Epilepsy?

- 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).

Educator responsibilities

- Centre Director must ensure at least one trained (teacher / educator) volunteer is rostered whenever a child with Epilepsy is in attendance.
- Centre Director / educators must implement all *Medical Condition and Administration of Medication Procedural* responsibilities and tasks.
- 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.
- Document seizures via *Child Incident Record* or *Daily Running Record Seizures* (when multiple seizures occur during one session).

Midazolam Storage

- If Midazolam is part of a child's medical management, a Midazolam Kit must 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 / guardian if medication is due to expire. A child is unable to

attend the centre if medication has 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

Do

- Stay with the child
- Time seizure via *Daily Running Record Seizures*
- 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

Do Not

- ✗ Put anything in the child's mouth
- ✗ Restrain the child
- ✗ Move the child, unless in danger

Focal Seizure

Do

- Stay with the child
- Time seizure via *Daily Running Record Seizures*
- Guide away from harm
- Reassure until recovered

Do Not

- ✗ Restrain the child unless in danger

Call 000 for an ambulance if:

- 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

*** Important ***

A child with diagnosed Epilepsy cannot commence enrolment until:

- Centre has a current medical management plan that has been prepared and authorised (date and signed) by a doctor.
- A risk minimisation plan has been developed, documented. *Epilepsy Risk Minimisation Plan Template* is available in the policy library.
- A communication plan has been implemented and documented to ensure all staff are aware of child's medical condition, risk minimisation plan and health needs.