

# Quick Reference Guide SO:03.09.04

## Epilepsy and seizures



Policy – Workplace Health and Safety

Area – Operations

### Document Control

Responsible Officer: General Manager, Children's Services	Quick Reference Guide Number: SO:01.09.04
Contact Officer: Children's Services Manager	Policy Area: Service Operations
Effective Date: March 23, 2017	Review Date: March 2019

### Scope

This quick reference guide provides a framework to guide all actions for the C&K Board, C&K staff, C&K Central, C&K branch services, C&K affiliate services, children, parents, volunteers, contractors and visitors.

This quick reference guide excludes associate members.

### Introduction

This quick reference guide provides educators with direction to appropriately support and care for a child with Epilepsy. This quick reference guide must be read in conjunction with *SO: 03.09 Procedure Medical conditions* and *SO: 01.08 Procedure Administration of medication*.

### Procedures

#### 1.0 Background

##### 1.1. Understanding epilepsy and seizures

- Epilepsy is a neurological condition.
- Epilepsy commonly affects children under 5 and adults over 55; however, anyone at any age can have a seizure or be diagnosed with epilepsy.
- It can be scary to see someone having a seizure. If a child enrolls with epilepsy, it is very important educators are confident to know how to respond in the case of the child experiencing a seizure.
- A seizure occurs when the brain's nerve cells misfire and generate a sudden, uncontrolled burst of electrical activity in the brain. Seizures can be frightening and can cause abnormal reactions by the person having them. For a brief period, this abnormal activity can cause:
  - Strange sensations
  - Uncharacteristic behaviour
  - Strong emotions
  - Convulsions or spasms
  - Loss of consciousness
- Not all seizures are caused by epilepsy. Some seizures (febrile convulsions) are caused by fever.

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#### 1.2 Seizures types

- Epilepsy is characterised by different types of seizures, some more serious than others.
- Seizures will look different depending on what part of the brain is involved and the level of consciousness of the person.
- It is usual for a person to be confused, sore, tired or groggy for some time after a seizure.
- There are four types of seizures:

<b>Focal</b>	Focal seizures start in only one part of the brain. Consciousness may vary during the seizure. 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).
<b>Generalised tonic-clonic</b>	Generalised tonic-clonic seizures affect the whole brain, and therefore the whole body. The body stiffens and starts shaking or jerking violently. They may fall to the ground, their eyes may roll back, they may drool and they may wet themselves. The person will be confused and drowsy once the seizure stops.
<b>Generalised absence</b>	Generalised absence seizures are brief and characterised by staring, loss of expression, unresponsiveness, flickering eyelids. There is no obvious jerking.
<b>Febrile convulsion / seizure</b>	Febrile convulsion / seizures occur in children between 6 months and six years due to a sudden change in temperature (when they have a fever). This seizure may appear like a tonic clonic seizure.

#### 2.0 Responsibilities

##### 2.1 Parents / guardians

- Implement SO: 03.09 Procedure Medical conditions and SO: 01.08 Procedure Administration of medication responsibilities.
- Formally meet with the Director (or approved service delegate) biannually or immediately after any changes to the child's medical needs to:
  - Discuss and revise the child's medical needs including any changes to the medical management plan.
  - Replace child's photograph with a current image whenever the medical management plan is revised / updated.
  - Revise relevant risk management plan.
- Maintain supplies of relevant equipment and current medication consistent with medical management.
- Support the service to consistently implement risk minimising strategies.
- A medical management plan must provide specific instructions and information relating to:
  - Medication (e.g. Midazolam), including method, dose and frequency
  - Seizure type
  - Approximate length of child's typical seizure

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- Symptoms, signs and treatment
- Procedures to undertake in case of an emergency

#### **2.2 Educators / service**

- Implement SO: 03.09 Procedure Medical conditions and SO: 01.08 Procedure Administration of medication responsibilities.
- Provide a copy of the SO: 01.09 Procedure Medical conditions and this quick reference guide to the parent / guardian upon enrolment or immediately after diagnosis.
- The Director / certified supervisor will ensure educators complete required training to appropriately support and care for the child. If administering Midazolam as part of the child's medical management plan, training must incorporate how and when Midazolam is administered. Epilepsy Queensland facilitates face to face [training](#) throughout Queensland and has pre-recorded online webinars available. Educators must be effectively trained and show competency in performing responsibilities as per medical management plan and SO: 03.01.F1 Form Education support plan. A child's enrolment may be delayed if educators are required to complete specialised training.
- Facilitate seizure management scenario training with educators. Prior to the exercise discuss the following questions with educators:
  - Where will the child's medications be stored?
  - Who will administer the Midazolam (if required)?
  - How will the time be recorded of the duration of the seizure?
  - Who will call emergency services?
- If required, implement Procedure SO:01.40 Medical emergency.
- When appropriate staff to seek counselling support after a medical emergency. Refer staff to the [Employee Assistance Program](#) (EAP) as required and implement the [Post Serious/Traumatic Incident management Strategies](#) as appropriate.
- Ensure all staff (including casuals) students and volunteers are aware of the identities of children with Epilepsy, medical management plans, risk minimising strategies and location of medication. This information must be included in the induction of new staff (including casuals), students and volunteers.
- Sensitively and appropriately talk to other children in the group about the possibility of a seizure occurring, what a seizure looks like and what they should do if the child has a seizure. This must be done in consultation with the child's parents / guardians.

#### **3.0 Risk minimising strategies**

- A service will carefully consider and document risk minimising strategies which are reflective of children's medical needs.
- A thorough risk management plan (SO: 01. F3 Form Risk assessment) must be developed and reviewed at least biannually.
- Whenever possible risk management plans must be developed and reviewed in consultation with the child's parent / guardian.
- Display child's medical management plan (with child's current photo) and risk management plan in a prominent location.
- The Director to meet with parents / guardians at least biannually (or when child's medical needs change) to discuss and review medical management and risk management plans.

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- All medical management plan changes must be dated and authorised by a doctor or specialist.
- The child's photo must be updated whenever a medical management plan is updated.
- All changes are required to be communicated to staff and induction information (for new staff, casuals, students and volunteers) is amended accordingly.
- Consult with parent / guardian prior to excursions and other special events to ensure all matters of care are considered and planned for.

#### **4.0 Storage of Midazolam**

- If Midazolam is part of a child's medical management, a Midazolam Kit should be created including Midazolam ampoules, 1ml syringes, atomiser (if needed), child's medical management plan, pen and paper and disposable gloves.
- Must be stored at room temperature (between 8-25°C), within a locked container or cupboard out of reach of children. Must not be stored in a fridge or freezer.
- Must be stored in a dark place, away from direct sunlight.
- Must be 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. Parents / guardians must supply Midazolam in its original packaging.
- 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 manufacturers date, and return to parent/ guardian if medication is due to expire. A child is unable to attend the service if medication is expired and a replacement has not been made.
- Midazolam must be kept in a location, clearly labelled, that is easily accessible in case of an emergency.
- During excursions transport Midazolam in an insulated lunch bag, with an ice pack wrapped in a tea towel.

#### **4.0 Seizure first aid**

In the event of a seizure, follow the child's medical management plan.

#### **4.1 Tonic Clonic Seizures**

Convulsive seizure where the body stiffens followed by general muscle jerking.

##### **Do →**

- Stay calm and follow medical management plan
- Remain with the child
- Time the seizure - if available, use a stop watch
- Protect from injury especially the head
- Roll onto side after jerking stops or immediately if food / fluid / vomit in mouth
- Observe and monitor breathing
- Gently reassure until recovered
- Call an ambulance (000) if:
  - You are in any doubt about what to do
  - Injury has occurred

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- There is food/fluid/vomit in the child's mouth
  - The seizure occurs in water
  - The child has breathing difficulties after the seizure stops
  - 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
- If unhappy with or unsure of the direction provided by the triple 0 operator, ask to speak to a Clinical Dispatch Supervisor to obtain medical advice.

**Do not →**

- Put anything in the child's mouth
- Restrain the child
- Move child unless in danger
- Perform CPR on a child having a seizure

### 4.1 Focal Dyscognitive Seizures

Non-convulsive seizure with outward signs of confusion, inappropriate responses or behaviour.

**Do →**

- Stay with the child and follow medical management plan
  - Time the seizure - if available, use a stop watch
  - Gently guide away from harm
  - Reassure until recovered
  - **Call an ambulance (000) if:**
    - You are in any doubt about what to do
    - Injury has occurred
    - There is food / fluid / vomit in the child's mouth
    - The seizure occurs in water
    - The child has breathing difficulties after the seizure stops
    - 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
- If unhappy with or unsure of the direction provided by the triple 0 operator, ask to speak to a Clinical Dispatch Supervisor to obtain medical advice.

**Do not →**

- Restrain the child unless in danger
- Perform CPR on a causality having a seizure

### Acknowledgements & references

- Epilepsy Queensland Inc; [www.epilepsyqueensland.com.au](http://www.epilepsyqueensland.com.au); (Accessed on 16/02/15)
- Raising Children Network; [www.raisingchildren.net.au](http://www.raisingchildren.net.au); (Accessed on 16/02/15)
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- Epilepsy Action Australia; <http://www.epilepsy.org.au>; (Accessed on 16/02/15)

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Revision Record					
Version	Approval Date	Authorised by	Effective Date	Review Cycle	Next review date
1.0	29.4.15	Kathryn Woods	<b>13 May 2015</b>	Biannual	May 2017
2.0	21.03.17	Kathryn Woods	<b>23.03.17</b>	Biannual	March 2019