

Background

C&K is committed to supporting the inclusion and participation of all children, including those with medical conditions. The safe management of medical conditions relies on ongoing collaboration and open communication between the centre and parents. This procedure outlines the responsibilities and actions of both parents and the centre to ensure each child's medical needs are appropriately and safely managed. This procedure works alongside the [Medical Condition Procedure](#) and [Administration of Medication Procedure](#).

Febrile convulsions not caused by Epilepsy or another neurological condition are not in scope of this procedure.

For the purposes of this procedure:

- **Epilepsy:** A neurological condition that takes the form of recurring seizures.
- **Seizure:** A seizure is caused by abnormal electrical activity in the brain, which may lead to convulsions, sudden falls, unusual movements or changes in awareness.
- **Medical Management Plan:** A current plan developed and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number), outlining how a child's medical condition must be managed. A Medical Management Plan is deemed current if not older than 18 months or recorded expiry date. The plan must include:
 - the child's full name and recent photo
 - the name of the medical condition
 - management and care tasks
 - (if applicable) signs and symptoms, first aid and/or emergency treatment
 - (if applicable) medication details e.g. name, frequency, dosage, method.
- A plan may be in any format such as a letter from registered medical practitioner or a template from a recognised peak body e.g. [Epilepsy Foundation](#), [Epilepsy Action Australia](#), [Epilepsy Queensland](#).
- **Parent:** A parent/guardian with the lawful authority and responsibility to make decisions for a child; in this document, the term "parent" will be used to refer to both parent and guardian.

Types of seizures

- **Focal onset seizures:** Focal onset seizures start in one specific area of the brain. During a focal seizure, a child may stare blankly and be unresponsive or experience convulsions affecting only one side of the body.
- **Generalised onset seizures:** Seizures that affect both sides of the brain at once. There are different types of generalised onset seizures, including:

Tonic-clonic

Sudden loss of awareness, often with the child falling to the ground. Muscles stiffen (tonic phase) and then jerk (clonic phase).

Myoclonic

Sudden, brief muscle twitches that may involve the whole body or just individual limbs (e.g. arms).

Atonic

Sudden loss of muscle tone, which may cause the head to drop or the child to collapse.

Tonic

Generalised muscle stiffening lasting 1–10 seconds, which may cause the child to fall.

Signs and symptoms of epilepsy

Sensory disturbances

Tingling; numbness; changes to what they see, hear or smell; or unusual feelings that may be hard for your child to describe.

Abnormal movements

Limp, stiff or jerking movements or postures, which may occur with loss of consciousness and shallow or noisy breathing.

Abnormal behaviour

Confused or automatic movements, such as picking at clothing, chewing and swallowing; or appearing afraid.

Managing Epilepsy and Seizures

Management epilepsy and seizures may vary depending on the diagnosis and child's individual health needs. Some children may not require ongoing treatment, with medical advice focusing instead on safety precautions and first aid in the event of a seizure. Treatment may include:

- **Ketogenic diet** - high fat, adequate protein, low carbohydrate diet.
- **Vagus Nerve Stimulation** - A small device implanted under the skin on the chest to send electrical signals to the brain.
- Administration of **Midazolam** to treat seizures. [Midazolam](#) can be delivered in three ways:
 1. buccal: placed on the inside of the cheek (an area called the buccal mucosa)
 2. intranasal: sprayed or dripped into the nose
 3. intravenous (IV) or intramuscular (IM): injected into a vein or muscle

Risk Minimisation Strategies

In consultation with a child's parent(s) and centre team (where possible), the Centre Director/Nominated Supervisor is responsible for developing and documenting a Risk Minimisation Plan in the child's Medical Condition Record. Risk minimisation strategies must be responsive to a child's specific medical condition and health needs. Teachers and educators are required to read, understand, implement and follow Risk Minimisation Plans.

Risk minimisation strategies for epilepsy and seizures, may include:

- Closely supervising the child during physical activities e.g. climbing, scooter/bike riding, water play. Redirecting the child if signs of overexertion or overheating are observed.
- Supporting the child to eat at regular, scheduled mealtimes.
- Providing a quiet space for rest, sleep or recovery following a seizure.
- Minimising the exposure to flashing lights e.g. disco activities, special events.

When Midazolam is prescribed

- Everyday child attends the centre, parent(s) is required to provide Midazolam ampoules in original foil packaging, 1ml syringes and an atomiser (if required), in a zipped bag, clearly labelled with child's first name and surname,
- When Midazolam original foil packaging is opened, re-wrap in foil, clearly labelled with the date opened and ampoule expiry. When protected from light, ampoules may be used for up to 8 months after opening.
- Store Midazolam bag in a location:
 - away from direct sunlight, at a temperature between 8-25°C.
 - inaccessible to children
 - easily accessible and known to teacher and educator volunteers.
 - with disposable gloves and child's Medical Management Plan
- Do not store Midazolam in fridge or freezer.

First Aid for Seizures

Do	Do Not
<ul style="list-style-type: none"> ✓ Follow child's Medical Management Plan. ✓ Stay calm and remain with the child. ✓ Protect from injury by removing harmful objectives away from child. ✓ Loosen any tight clothing and place a pillow under their head. ✓ When safe and if practical, document seizure via <u>Daily Seizure Observation Record</u>. ✓ Provide privacy. Redirect child to different location. ✓ Once the seizure ends, roll the child onto their side (recovery position). Do this immediately if food, vomit, or fluid is in their mouth. ✓ Observe and monitor breathing. Reassure the child gently and remain with them until they have fully recovered ✓ Call 000 for an ambulance if: <ul style="list-style-type: none"> ◦ This is the first time a child has had a seizure ◦ You are in any doubt ◦ Injury has occurred ◦ There is food, fluid or vomit in the mouth ◦ Seizure occurs in water ◦ Child remains unconscious or has trouble breathing ◦ Another seizure quickly follows ◦ Seizure lasts longer than 5mins ◦ Child is non-responsive for more than 5mins after the seizure 	<ul style="list-style-type: none"> ✗ Put anything in the child's mouth ✗ Restrain the child ✗ Move the child, unless in danger

References and resources

- Epilepsy QLD - About Epilepsy
- Epilepsy Foundation – What is Epilepsy?
- Royal Children's Hospital Melbourne - Making sense of seizures
- Epilepsy Action Australia - Animated Seizure First Aid Video for children
- Royal Children's Hospital Melbourne - Epilepsy Factsheet
- Royal Children's Hospital Melbourne – Seizures - safety issues and how to help
- Epilepsy Action Australia - Observing and recording seizures