

## What is Epilepsy?

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

Focal	Generalised tonic-clonic	Generalised absence
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).	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.	Brief and characterised by staring, loss of expression, unresponsiveness, flickering eyelids. There is no obvious jerking.

## Managing Epilepsy

- Children with Epilepsy may be prescribed anticonvulsant medications (e.g., Midazolam) or a Ketogenic Diet (high-fat, adequate-protein, low-carbohydrate diet).
- Document seizures via Child, Centre Incident Record or Daily Seizure Observations Record (when multiple seizures occur during one session).

## Specialised Health Procedure Volunteers and Training

As outlined in the Specialised Health Procedure Training Guideline:

- At least 2 teachers/educators are required to volunteer to perform specialised health procedures relating to epilepsy i.e., responding to seizures and if applicable, administration of Midazolam. Childcare and extended kindergarten programs require more than 2 teacher/educator volunteers to ensure there is at least 1 trained teacher/educator volunteer rostered when the child is present at the centre.
- Teacher/educator volunteers are required to complete:
  - Epilepsy QLD - "Understanding and Managing Epilepsy"  
OR if child requires Midazolam
  - Epilepsy Queensland - "Understanding Epilepsy + Administration of Midazolam"
- Training must be completed prior to child commencing or before an enrolled child can return to the centre.

## Midazolam Storage

- If required as part of medical management plan, and with the cooperation of the child's parents/guardians: create a 'Midazolam Kit':
  - Midazolam ampoules
  - 1ml syringes, atomiser (if needed)
  - pen and paper
  - disposable gloves
  - child's medical management plan
- Store in a dark place away from direct sunlight, at a temperature between 8-25°C in a location that is inaccessible to children. Display 'medication stored here' sign. Do not store Midazolam in fridge or freezer.
- Midazolam must be supplied and stored in the original foil package. If packaging is opened by teacher/educator, 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.
- During excursions, transport Midazolam in an insulated lunch bag, with an ice pack wrapped in a tea towel.


## Implement the following risk minimisation strategies

- Consistently implement all tasks and responsibilities detailed in this Guideline.
- 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.
- Flashing lights can be a trigger. Avoid using flashing lights at special events e.g. Disco.

*In collaboration with parents (where possible) include /adapt these risk minimisation strategies responsive to the child's health needs. Document in the Risk Minimisation Plan, as part of the child's Medical Condition Record.*

## Seizure First Aid

In the event of an epilepsy and seizure emergency, follow the child's medical management plan.

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