

# EPILEPSY MANAGEMENT PROCEDURE

This procedure must be read in conjunction and interpreted in line with the [*First Aid Policy*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)  and [*First Aid General Procedure*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html).

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## OVERVIEW

This procedure describes the mandatory steps to be taken to prevent and manage the risk of epilepsy and any epilepsy emergency in workplaces.

## RATIONALE

The directorate considers epilepsy as a potential medical emergency and manages this risk in accordance with th*e* [*First Aid in the Workplace Code of Practice*](http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/first-aid-in-the-workplace) in order to meet legislative requirements outlined in the[*Work Health and Safety Act 2011*](http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf), the[*Children (Education and Care Services) National Law (NSW) No. 104a*](http://www.legislation.act.gov.au/a/2011-42/default.asp), and the [*Work Health and Safety Regulation 2011*](http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/model-whs-regulations) and[*Education and Care Services National Regulations*](http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+653+2011+cd+0+N).

The [*Education and Care Services National Regulations*](http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+653+2011+cd+0+N) outlines specific requirements for the development of a suite of plans in consultation with the parents and carers of any student with a diagnosed risk of epilepsy. These plans include a *Medical Management Plan*, which comprises the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html), a *Risk Minimisation Plan* and a *Communications Plan*.

## DEFINITIONS

ACTPS is the ACT Public Sector or Service.

**Absence seizures** present as typical and atypical. A typical absence seizure begins and ends rapidly. It usually lasts for five – ten seconds. The person will often pause with a blank stare or be blinking or have rapid eye movements. They are often mistaken as daydreaming or having inattentive behaviour. The person may or may not hear and will not respond until the seizure is finished. Seizures start and end abruptly and often occur in clusters, sometimes many times in a day. An atypical absence seizure begins and ends gradually. It usually lasts more than ten seconds and often has some physical movement associated, such as a brief head nod, eye blinking and lip movement.

**Atonic seizures** are a sudden loss of muscle tone without warning, causing the person to fall suddenly, usually forward.

**Complex focal seizures** affect a larger part of the brain than a simple focal seizure. The person’s consciousness is affected and they may be confused. Complex focal seizures may involve a blank stare, a chewing action, repetitive movements, wandering about aimlessly, pulling at clothing, and possibly mumbling. These seizures usually last between 30 seconds and three minutes.

**Epilepsy** is a family of diverse brain function disorders that manifest as recurring convulsive or non-convulsive seizures types.

**Epilepsy management plan** is a plan that outlines the specific requirements to manage a person’s epilepsy. It documents the person's seizure types, support needs and emergency procedures. It is designed for use by the person with epilepsy, their family and any other person who has a role in supporting the person with epilepsy.

**Epilepsy emergency** is, for the purposes of this procedure, an epileptic seizure or ‘status epilepticus’that poses a serious health risk and requires ambulance attendance.

**Executive** is a term that includes executives, school principals, managers and supervisors.

**Focal seizures** are sometimes called partial seizures and involve only part of the brain. The part of the brain involved determines the way the seizure presents. The two main types of focus seizures are simple and complex focal seizures.

**Generalised seizures** involve all of the brain and usually present with a period of unconsciousness. The most common types are tonic clonic (convulsive or shaking) seizures and absence seizures.

**Myoclonic seizures** are relatively brief involuntary jerking movements of upper and / or lower limbs and usually in clusters, often following sleep, a nap or tiredness. They are also mistaken for clumsiness.

**Secondary generalised seizures** are focal seizures that spread from one hemisphere of the brain to both. When this happens, the person becomes unconscious and will usually have a tonic clonic generalised seizure. If this happens quickly, they may not be aware that the seizure started as a focal seizure.

**Seizures** are grouped into two main types generalised and focal. A seizure is the physical findings or changes in behaviour that occur after an episode of abnormal electrical activity in the brain.

**Simple focal seizures** are seizures where the person does not lose consciousness. The person is aware of what is happening and may have many different experiences including a sense of fear or joy, *déjà vu*, unpleasant taste, visual disturbance, or jerking of limbs.

**Status epilepticus** is an epileptic emergency. It is a prolonged, continuous or repeated seizure with or without complete recovery of consciousness. If a seizure lasts longer than five minutes (impending status) or the seizures are more frequent than every 20 minutes apart with or without recovery (clustering) an ambulance should be called. Status epilepticus is very dangerous.

**Tonic clonic seizures** involve a sudden loss of consciousness, the body becomes stiff (tonic) the person falls down, jerking occurs (clonic). The person may bite their tongue, produce excessive saliva or lose bladder control. Their breathing may become difficult or sound noisy and their skin may change colour and become very pale or bluish. After the seizure breathing and colour will return to normal.

**Tonic seizures** are when muscles suddenly become stiff without warning. They often lead to a backwards fall if the person is standing.

**Worker** includes directorate employees, volunteers, students gaining work experience and others including contractors and sub-contractors.

## PROCEDURES

**Roles and responsibilities**

* + 1. The responsibilities of the Director-General, executives including school principals, managers, supervisors and workers are set out in the [*Work Health and Safety Act 2011*](http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf) and articulated in the [*Work Health and Safety Act 2011-Responsibilities WHS-03-2013*](http://www.cmd.act.gov.au/employment-framework/wpsafety/WHSPolicies) (ACTPS responsibilities).
    2. **Director-General** 
       1. The Director-General will exercise due diligence to ensure that directorate work environments are safe and healthy for workers, students and others and that the directorate complies with the [*First Aid in the Workplace WHS-04-2013 Policy*](http://www.cmd.act.gov.au/__data/assets/pdf_file/0011/489098/2013_whs_04_firstaidpolicy.pdf)*.*
       2. Key responsibilities as they relate to the management of epilepsy management are outlined below should be read in conjunction with the ACTPS responsibilities and the ACTPS and directorate first aid policies and procedures.
       3. In the context of epilepsy management, due diligence means taking all reasonable steps to ensure:
* that a system of regular monitoring of safe practices, procedures and controls in relation to epilepsy management is implemented
* systems are in place that facilitate consultation with workers when decisions are made about epilepsy management requirements
* facilities and equipment are available for all workers, students and others including those who work outside normal business hours e.g. cleaners and contractors, for the management of an epilepsy emergency
* sufficient numbers of qualified workers are available, in accordance with the site based risk assessment and early childhood legislative requirements, to manage an epilepsy emergency.
  + 1. **Executive** 
       1. Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS and directorate first aid policies and procedures. In the context of epilepsy management this includes:
* a management approach to identify and adequately resource the administration of epilepsy management in the workplace
* a system of regular monitoring through annual review of safe practices, procedures and controls in relation to epilepsy management
* ensuring appropriately trained workers administer the provision of epilepsy first aid
* ensuring safe storage for any medications
* ensuring in-confidence record keeping of the administration of any epilepsy medications is in place
* in a school context:
  + ensuring all workers are inducted in epilepsy awareness in workplaces where a student with identified epilepsy is in attendance
* undertaking consultation with workers and parents and carers regarding decisions about epilepsy management and risk minimisation requirements
* ensuring that a *Risk Minimisation Plan* using a risk matrix is developed for the management of any student with epilepsy
* ensuring that epilepsy medications are administered in accordance with the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) inclusive of an [*Epilepsy Management Plan*](http://www.epilepsyact.org.au/support/) and *Action Plan* (which replaces section D of this form) and the requirements set out in this procedure.
  + 1. **Workers**
       1. ACT Government workers have a responsibility to ensure that while at work they:
* take reasonable care for their own health and safety, including any epileptic condition that may adversely affect the health and safety of another person
* comply with the ACTPS and directorate first aid policies and procedures. This includes taking all reasonable steps to:
* participate in consultation and risk management processes relating to the management of epilepsy including the provision and administration of facilities, resources and training relating to epilepsy management
* report any hazards
* undertake first aid induction and epilepsy emergency training or awareness training as required
* provide assistance with the management of epilepsy when required, to the level of their competence, including calling on expert assistance when necessary
* in a school context:
  + - ensure familiarisation with a student’s [*Epilepsy Management Plan*](http://www.epilepsyact.org.au/support/) prior to commencement of work with them
    - ensure ongoing familiarity with the student’s [*Epilepsy Management Plan*](http://www.epilepsyact.org.au/support/) through regular review.

**Epilepsy triggers and causes**

* + 1. In many cases, despite thorough medical investigation, the cause of a seizure cannot be determined.
    2. Triggers for a seizure vary. A seizure can be triggered by:
* a bad head injury or brain infection
* high fevers
* infection such as tonsillitis or ear infection
* menstruation
* the use of certain drugs or excessive intake of alcohol
* diet including intake of caffeine or having low blood sugar
* erratic, or lapse in taking antiepileptic medication
* significant stress
* lack of sleep
* photosensitivity, flickering or strobe lights
* certain smells or sounds
* severe change in temperature
* withdrawal from medications such as mild tranquilisers, illegal drugs
* having a low-seizure threshold due to an individual’s genetic makeup
* an injury or infection of the brain that happened a long time ago.

**Symptoms**

* + 1. Seizure symptoms vary. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs. Some people lose consciousness, while for others consciousness is altered for a short period of time.

**Epilepsy first aid**

* + 1. In the event of any epileptic seizure:
* remain calm, stay with the person
* record the length of time of the seizure to ensure the person does not go into status epilepticus (an epilepsy emergency)call for the first aid officer or trained support worker to attend
* follow the written instructions on student’s [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) inclusive of the [*Epilepsy Care Plan* and *Action Plan*](http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment) (which replaces section D of this form). If the student does not have an [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) then follow the instructions on the [*Seizure First Aid*](http://www.epilepsyaustralia.net/seizure-first-aid/) poster and the procedures provided in section 4.4
* trained workers are able to administer midazolam at the appropriate dosage (section 4.11), if indicated on the student’s *Epilepsy Care Plan* and *Action Plan*
* medication records form must be completed. In accordance with the medication authority form and relevant management plan
* follow the procedures outlined for the different seizure types.
  + 1. **Tonic clonic seizures**
       1. In the event of a tonic clonic seizure:
* record the length of time of the seizure
* protect the person from harm
* place something soft under their head
* loosen tight neckwear
* roll the person onto their side and place them in the recovery position as soon as possible, preferably before the seizure has subsided, particularly if the person has vomited, just eaten or taken a drink
* during the seizure:
  + maintain the person’s privacy and dignity
* do not put anything in their mouth
* do not restrain the person
* do not move them unless they are in danger
* do not apply CPR in the event resuscitation is necessary, commence resuscitation once jerking stops
* ensure safety after the seizure has subsided by:
  + checking that breathing is returning to normal
  + checking the mouth to see that nothing is blocking the airway such as food or false teeth
  + if breathing sounds difficult after the seizure has stopped, call for an ambulance
* reassure the person and stay with them until they are fully recovered
* if they are injured or they have another seizure without recovering fully from the first seizure, call for an ambulance
* if the seizure occurs while the person is in a wheelchair, seated in a car, pram or stroller, support their head and leave them strapped safely in the seat until jerking stops
* if there is food, water or vomit in their mouth, remove them from the seat and roll them onto their side immediately.
  + 1. **Complex focal seizures**
       1. In the event of a complex focal seizure:
* time and record the length of the seizure
* guide them away from any danger
* reassure them until they are recovered
* do not restrain them unless they are in danger.
  + 1. **Absence seizures**
       1. In the event of an absence seizure:
* remain calm
* reassure the person until they are recovered
* guide the person away from any danger
* repeat any information the person may have missed.
  + 1. **Tonic and atonic seizures (drop attacks)**
       1. In the event of a tonic or atonic seizure:
* treat any injuries and check for concussion
* explain what has happened to the person
* call an ambulance if the person is injured
* reassure the person and stay with them until they have fully recovered or an ambulance has arrived.

**Ambulance attendance**

* + 1. The first aid officer or trained worker should call 000 for an ambulance if:
* injury has occurred
* there is food, water or vomit in the mouth during the seizure
* the person is in water
* a tonic clonic seizure lasts longer than five minutes
* the seizure lasts longer than normal for that person
* another seizure follows quickly
* a complex focal seizure lasts longer than 15 minutes
* the person has breathing difficulties when jerking stops
* the person has diabetes
* the person is pregnant and has a tonic clonic seizure
* it is the first known seizure
* if the first aid officer or trained worker is unsure of how to manage the situation.

**Implementing effective prevention**

* + 1. The steps to prevent an epilepsy emergency in students at risk in school settings are:
* obtaining written medical information on the [*Medical Information and Consent Form*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) forms about students at risk of epilepsy by the school or preschool
* training workers in how to recognise and respond to a seizure or epilepsy emergency
* taking practical steps to avoid any triggers for an individual’s epilepsy
* providing age-appropriate education of students with epilepsy and their peers.

**Provision of medical information**

* + 1. **Students** 
       1. Parents and carers are required to complete and return a [*Medical Information and Consent Form*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and an [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)*.* The *Known Medical Condition Response Plan* includes the [*Epilepsy Management Plan*](http://www.epilepsyact.org.au/support/) and *Action Plan* (which replaces section D), and is developed in consultation with the treating medical practitioner. For those requiring medication, the medication authority form and relevant medication management plan must also be completed and are available from [*Epilepsy Foundation*](http://www.epinet.org.au/articles/ndis_-_epilepsy_resources). Further information available from the Administration of Student Medication and Health Care Procedures.
       2. Workers with a primary supervision role or first aid duties should meet with the parent or carer of the student identified at risk of epilepsy to develop the *Risk Minimisation Plan* (see section 4.8). In high schools, this meeting may also include the student.

**Risk Minimisation Plan**

* + 1. A *Risk Minimisation Plan* is a risk assessment document prepared on the [*Hazard Risk Assessment*](http://sharedservices/actgovt/WHS/SafetyMgt/RiskManagement/Managing-Risk.htm) form, which is developed in consultation with the student’s parent or carer, school delegate and supporting workers. It is developed to:
* ensure the risks relating to the student’s epilepsy health care needs are assessed and minimised, and, if relevant, to ensure that:
* practices and procedures are developed and implemented to minimise the risk and to ensure parents are notified of any known triggers that pose a risk to the student
* ensure practices and procedures are developed and implemented to ensure workers, volunteers and others can identify the student, the student’s Medical Management Plan, and the location of the student’s medication
* if relevant, ensure that practices and procedures are developed and implemented to ensure the student does not attend school without medication prescribed by the student’s medical practitioner in relation to the epilepsy health care need.
  + 1. Directorate workplaces should prominently display the [*Seizure First Aid*](http://www.epilepsyaustralia.net/seizure-first-aid/) poster to assist with response in the case of a seizure or epilepsy emergency.
    2. A *Risk Minimisation Plan* includes an overall school *Epilepsy Prevention Plan.*

**School Epilepsy Prevention Plan**

* + 1. Schools should take steps to avoid potential triggers for individuals where possible and to ensure that workers recognise the signs of an impending seizure.
    2. The *Epilepsy Prevention Plan* should be appropriate to the age of students under care and the triggers for individuals with epilepsy.
    3. Aspects that should be covered in prevention plans include:
* precautions to be taken to minimise the risk of seizure on camps and excursions, school activities, and food that might be used in cooking classes
* school management and emergency response procedures that can be followed when responding to a seizure
* implementation of a *Communications Plan* to raise worker, student and school community awareness about the school’s *Epilepsy Prevention Plan*
* regular training and updates for school workers in recognising and responding appropriately to a seizure, including competently administering midazolam.

**Communications Plan**

* + 1. The development of a *Communications Plan* is required for schools regarding specialist medical conditions including epilepsy. This plan outlines how:
* relevant workers and volunteers are informed about the first aid policy and procedures, the *Known Medical Condition Response Plan* and *Risk Minimisation Plan* for the student with epilepsy
* a student’s parent or carer communicates any changes to the[*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and *Risk Minimisation Plan* for the student, setting out how that communication can occur
* any changes to the student’s epilepsy or any health concerns can be communicated to the parent or carer
* how the parent or carer can be informed of the administration of medication for the student.
  + 1. Required communication for workers and others regarding specialist medical conditions may be implemented through first aid induction, as well as the distribution and review by relevant workers of the student’s [*Medical Information and Consent* *Form*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html), and the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) This communication must be in undertaken in accordance with [*Territory privacy principles*](http://www.legislation.act.gov.au/a/2014-24/).

**Training**

* + 1. In order to assist with the management of the risk of a seizure, [*epilepsy awareness*](http://www.epilepsyact.org.au/education-and-training/community-education/) training is required of all workers at a school-based workplace where an identified student with epilepsy is in attendance. Further details are outlined in the [*First Aid Training Procedure*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)*.*
    2. Mandatory training in [*epilepsy awareness*](http://www.epilepsyact.org.au/education-and-training/community-education/) is also required for first aiders and all early childhood teachers in accordance with the risk assessment.
    3. Mandatory [*midazolam training*](http://www.epilepsyact.org.au/education-and-training/midazolam-training/)is required for any worker providing direct support for a student prescribed this medication.
    4. Training may be arranged by contacting Epilepsy ACT on ph: 6287 4555 or via email to: epilepsy@epilepsyact.org.au.

**Continuous improvement processes**

* + 1. Annual review of epilepsy management procedures in each directorate workplace should be undertaken with the Health and Safety Representative and leadership team as part of the review of the provision of first aid. In the event of any serious epilepsy first aid emergency an immediate review should be undertaken. The local site-based [*Schools and Office Risk Register*](https://index.ed.act.edu.au/our-people/whs/risk-management-implementation/risk-management-planning.html) should be reviewed where required, with additional controls noted and changes to work practices implemented.

**Records management**

* + 1. Records must be kept in accordance with the [*Territory Records Act 2002*](http://www.legislation.act.gov.au/a/2002-18/default.asp) and *Territory privacy principles* outlined in the [*Information Privacy Act 2014.*](http://www.legislation.act.gov.au/b/db_49298/default.asp)
    2. Further information about [*records management*](https://index.ed.act.edu.au/corporate-support/records-management.html) procedures including registration, storage and disposal is available on Index.

**Complaints**

* + 1. Where there are concerns regarding any first aid procedure or concerns about their application, people should:
* contact the school principal or People and Performance Branch in the first instance
* contact the directorate Liaison Unit
* access the [*Complaints Policy*](http://www.det.act.gov.au/publications_and_policies/policy_a-z), which is available on the directorate’s website.

## PROCEDURE OWNER

Director, People and Performance

For support in relation to this procedure contact People and Performance on ph: 6205 9202.

## RELATED DOCUMENTS

The following documents must be read in reference to the information provide in this procedure document:

ACTPS policy:

* [*First Aid in the Workplace WHS-04-2013 Policy*](http://www.cmd.act.gov.au/__data/assets/pdf_file/0011/489098/2013_whs_04_firstaidpolicy.pdf)

Directorate policy and procedures:

* [*First Aid Policy*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)
* [*First Aid General Procedure*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)
* [*First Aid Training Procedure*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)