

★ epilepsy

in education and children's services

Planning and support guide for education
and children's services

2007



Government
of South Australia

Epilepsy and seizures—planning and support guide for education and children’s services.
The State of South Australia, Department of Education and Children’s Services
First published 2004

Revised edition Epilepsy—planning and support guide for education and children’s services 2007

Produced by Department of Education and Children’s Services
Designed by Kerry Waye and Onsite Imaging
Printed by Finsbury Green Printing, South Australia.

ISBN 0 7308 7734 5

Foreword

The booklet, *Epilepsy and seizures—Planning and support guide for education and childcare services*, was first published in 2004 to assist education and childcare workers to broaden their understanding of the support needs of children and adolescents with epilepsy. This updated version has additional information about learning. It provides general information about epilepsy and seizure management and gives practical advice to assist health support planning in education and children's services.

This booklet is the result of a very successful and continuing partnership between families and education, childcare and health professionals. This partnership is reflected in local communities where families and services work together to support the safety, well-being and learning of South Australian children and students.

We commend this booklet and the *chess* resources to all education and children's services workers as a comprehensive and practical guide to planning support for young people living with epilepsy.



Chris Robinson

CHIEF EXECUTIVE

Department of Education and Children's Services



Rima Staugas

CHIEF EXECUTIVE

Children, Youth and Women's Health Service



Robert Cole

CHIEF EXECUTIVE

The Epilepsy Centre

Further information

In South Australia, families and health professionals can seek further information about health support planning from the manager of the service in which the child or student is enrolled or planning to enrol.

Department of Education and Children's Services district personnel can assist worksites to plan support for children and students with additional needs. These services can be contacted through district offices (see www.decs.sa.gov.au). General enquiries can be directed through the Department's toll free telephone number on 1800 088 158.

General information about epilepsy management and associated specialist services is available from The EPILEPSY Centre of South Australia and Northern Territory, telephone (08) 8445 6131.

Copies of this book and related material, training programs and services can be accessed at www.chess.sa.edu.au. This site gives detailed information about the South Australian *child health and education support services (chess)*.

This icon indicates that the information can be accessed from the chess website:

www.chess.sa.edu.au



Acknowledgments

Ms Nicole Kyrkou, Original Writer and Researcher

Dr Margaret Kyrkou, Medical Consultant, Children, Youth and Women's Health Service

Dr Michael Harbord, Paediatric Neurologist

Australian Red Cross, SA Division

Children, Youth and Women's Health Service Pharmacy

Epilepsy Centre of South Australia and Northern Territory

And the nursing services, education and childcare staff and families who have contributed their invaluable experience and expertise.

Disclaimer

The health-related information in this book is accurate at the time of going to print. Readers are encouraged to check with their doctor or local health service provider for more recent information.

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1 Living with epilepsy

'Few pathological disorders of human function elicit more negative emotional reactions than epilepsy. Throughout history, in almost all cultures, people afflicted with this disorder encountered severe discrimination, perhaps second only to that incurred by leprosy. Epileptic attacks were often viewed as possession by the devil, punishment for sins, evidence of severe psychosis, or a highly contagious disease. Unfortunately, these stigmata have not been completely eradicated by advances of modern biomedical science, and persons with epilepsy and their families still often find it necessary to conceal their affliction out of shame, or the logical desire to avoid the restrictions that society places on individuals who experience sudden losses of control without warning.'

(Engel 1997 p vii)

1.1 Epilepsy

Epilepsy refers to recurrent seizures. A seizure is a disruption in normal brain functioning that can cause disturbance of consciousness and/or body movements. This disruption occurs due to the uncontrolled overactivity of brain cells, and is seen as a seizure that can last several seconds, minutes or occasionally hours. Once this abnormal activity ceases, so does the seizure. Seizures are also known as fits, turns or convulsions.

About 2 percent of the general population are known to have epilepsy, approximately 400 000 Australians. Of these, over 60 percent have had their first seizure before the age of 12 and there are approximately 50 000 students with epilepsy in Australia.

Not every person who has a seizure, or even more than one seizure, will be diagnosed with epilepsy. Seizures can be caused by, for example, a high fever in young children. In addition, a diagnosis of epilepsy will usually not be made by a doctor until the epilepsy is confirmed, because of the impact that such a diagnosis can have.

Epilepsy can affect anyone at any age. The following famous people are known to have or had epilepsy:

- Agatha Christie
- Tony Grieg
- Michelangelo
- Richard Burton
- Handel
- Thomas Edison
- Mohammed
- Hugo Weaving
- Danny Glover
- Wally Lewis
- St Paul the Apostle
- Martin Luther King

1.2 Causes

In 40 percent of cases the cause of epilepsy is unidentified. Known causes include:

- a genetic cause
- developmental brain abnormality
- head injury
- birth trauma
- brain tumour—benign or malignant
- stroke
- infectious diseases, especially of the brain.

The area of the brain that is involved will determine the type of seizures a person will have. There can be a genetic pre-disposition to epilepsy although it is not commonly a major factor.

1.3 Diagnosis

A person is not generally diagnosed with epilepsy in the absence of recurrent seizures. This will be decided by a doctor, based on medical assessments and information from people who have observed the seizure activity.

On occasions, education and childcare workers will be asked to document their observations of a child's or student's behaviour to enable the treating doctor to make a medical assessment and potential diagnosis.

1.4 Related medical conditions and disabilities

Epilepsy is not an indicator of intellectual disability or any other limitation. Many people have epilepsy and no other associated health problems. With effective medication management and a healthy lifestyle, people with epilepsy lead active and fulfilling lives.

Epilepsy can be associated with mild learning difficulties through to severe and multiple disabilities, with the most common being intellectual disability. There is an increased incidence of epilepsy with certain disabilities, including autism, cerebral palsy, Down syndrome and intellectual disability.

The effects of epilepsy may impact neurologically in various ways. It can be direct as a result of damage to the brain during seizures or indirect through medication side effects. Each person will be affected differently and needs to be assessed individually by their treating health professional(s) to identify the impact on:

- intellectual functioning
- comprehension
- expressive language
- visual perception (which may affect motor planning, sequencing and organisation)
- problem solving
- memory
- mental health and well-being

1.5 Learning and wellbeing

Educators play an important role in the lives of children with epilepsy. Many children need assistance from time to time with their learning, behaviour, health support and other well-being issues. Children with epilepsy are no different in this regard. To ensure a child with epilepsy has the same opportunities as other learners to develop to their full potential, it is important for educators to be aware of the different ways in which epilepsy can manifest and children's individual epilepsy care and support plans.

People with epilepsy may face challenges. Whether these challenges are major obstacles or small inconveniences depends on many factors. Some of these factors are related to the student's epilepsy. While most people with epilepsy lead a normal, healthy life, difficulties that may affect the life of student with epilepsy include:

- memory problems
- attention and concentration difficulties
- mood swings
- depression and/or anxiety
- social isolation
- learning difficulties.

These can be influenced by the seizures, medications, missed childcare/schooling, attitudes and level of understanding of others, or their own social and psychological adjustment to having epilepsy.

- Night-time seizures or poor sleep patterns caused by abnormal brain activity can increase fatigue during the day. As a result the child can be less attentive and less available to learn.
- Frequent "invisible" seizure activity in the brain during the day can result in slower processing, consolidation, and retrieval of information recently learned.
- Children who have seizures, sometimes even a single seizure during the day, can experience disruptions in their memory that cause them to forget what they have just learned. In some cases, they cannot remember much about what happened just before or for some time after the seizure.
- Some anti-epileptic medications (for example, topiramate) can slow down processing of information in some children, while other anti-epileptic medications can induce fatigue that decreases the child's availability to learn.

Absence seizures are more common than other seizure types in children. They are also more common in children than adults, and are often not recognised as a seizure, or misunderstood. During an absence seizure, the child is briefly unconscious and unresponsive. These seizures usually only last for a few seconds, but this might mean the child misses information which may affect their learning. Briefly going over any information that has been missed may help a child who has had an absence seizure.

Just because a child has epilepsy does not automatically mean they have a learning difficulty. Most children will achieve academic milestones and develop social skills in line with their peers. Some children may experience difficulties and the needs of each individual should be assessed and supported accordingly.

Educators can take several simple but significant steps to support a child with epilepsy:

- ★ ■ Access information on epilepsy and its effects and learn first aid for seizures: [A – Z Health Support Index](#) on the *chess* website: www.chess.sa.edu.au is a good starting point
- Be aware of each individual child's epilepsy care plan, and implications for the child's learning and development
- ★ ■ Maintain a [seizure first aid log](#) and provide to parents to assist the child's doctor plan effective management
- Observe behaviour patterns and learning issues and share this information with parents and other staff to support consistent management
- Encourage active participation by ensuring that potential safety issues are predicted and managed
- Encourage discussion and understanding of epilepsy with other students and teachers
- ★ ■ Maintain contact with the family during any extended hospital stays (see [Education Services](#) on the *chess* website: www.chess.sa.edu.au).

2 Recognising and managing seizures

Seizures are categorised by the areas of brain involved and the symptoms that occur as a result of the uncontrolled overactivity in these areas. A seizure may involve the entire brain and is therefore called a generalised seizure (eg tonic clonic or absence). When a seizure involves only part of the brain it is called a focal or partial seizure (eg simple partial or complex partial). A seizure may start as a partial seizure, involving only part of the brain, and progress to a generalised seizure, affecting the entire brain.

2.1 Categories of seizures

There are many different categories of seizures. Education and childcare workers do not need to remember or identify each seizure but any persistently repetitive movements or activities, especially if the person appears unaware of what he or she is doing at the time should be recorded, and parents notified. What is very important is observing the seizure and recording details including:

- length of seizure
- what was happening just before the seizure started
- how the person was during the seizure including any repetitive movement and the colour of their face and lips and whether the person was continent
- whether the person was responsive
- how quickly the person recovered after the seizure
- what happened during the recovery.

This information is important as the doctor is unlikely to see the person having a seizure and must rely on other people's observations to diagnose correctly and give advice on the management of the person's epilepsy.

2.2 Tonic clonic seizures

A tonic clonic seizure (previously called a grand mal seizure) is a generalised seizure, as it involves the entire brain. 'Tonic' means that the limbs become stiff, and 'clonic' means that there is jerking of the limbs.

During a tonic clonic seizure, the person will lose awareness and fall down. The person's body will first stiffen then jerk. During the seizure the person may also display one or more of the following:

- dribbling
- noisy breathing
- breath holding
- blueness in the lips and face
- loss of control of bladder and/or bowel.

The seizures will last usually from one to three minutes. Recovery may take up to half an hour depending on the severity of the seizure. When the person regains awareness they may be confused and disorientated. Having a tonic clonic seizure is physically draining and the person may feel sleepy and need to have a sleep after the seizure. When sleeping, the person should be observed using first aid principles to monitor any further seizure activity which may occur.

The person may have little or no memory of what they were doing prior to the seizure. It is important to discuss with them what they remember and, if necessary, revise any missed work and negotiate new timelines.

2.3 Absence seizures

An absence seizure (previously called a petit mal seizure) is a generalised seizure, as it involves the entire brain. During an absence seizure, the person stops what they are doing and appears to stare for 5 to 30 seconds. Their eyes may roll upwards or flicker. These seizures predominantly occur in primary school aged children and are often mistaken for day dreaming or lack of concentration. While the absence seizure is occurring, the person is unaware of and unresponsive to the environment. Once the absence seizure ends the person will be able to resume the activity where it was stopped, but key information can be missed without the student realising and they may require redirection to get back on task. Unless this is well managed, there can be a significant impact on learning and well-being.

2.4 Simple partial seizures

A simple partial seizure (previously known as focal seizures with retained consciousness) is 'simple' because the person remains conscious, and 'partial' because only a part of the brain is involved.

During a simple partial seizure, the person will be aware. These seizures last from a few seconds to a few minutes and the person can generally recall what happened during the seizure but may not have been able to respond during the seizure. The area of the brain involved will determine the type of movement or sensation the person has during the seizure and any loss of function, for example loss of speech.

Symptoms are categorised in the following groups:

- motor symptoms—a change in muscle activity, such as eyes moving to one side, weakness to a part of the body or jerking on one side of the body
- sensory symptoms—hallucinations or illusions involving the senses, such as sounds, flashing lights, a strange smell, or an unpleasant metallic taste in the mouth
- autonomic symptoms—changes in the autonomic systems, such as heart rate, breathing, thirst, salivation or increased sweating
- psychic symptoms—affect the person's thoughts, feelings and experience of things, such as distortions of sensory information.

Simple partial seizures are also known as auras. The term 'aura' is sometimes used to describe a warning sign but the aura is in fact a seizure. A simple partial seizure can progress to a tonic clonic seizure. In these situations, the sensation of the simple partial seizure acts as a warning for the tonic clonic seizure. Depending on how quickly the seizures progress, this can give the person time to get assistance or get into a safe position.

Students may be distracted by the sensations experienced during the simple partial seizure and younger children, especially, may need assistance getting back on task. When a student exhibits strange or unusual behaviour, coping with the response from peers can be difficult. Education and childcare workers play an important role in creating a positive environment with awareness and acceptance.

2.5 Complex partial seizures

A complex partial seizure (also known as focal seizures with loss of consciousness) is 'complex' because the person is unconscious, and 'partial' because only a part of the brain is involved.

During a complex partial seizure, the person will suddenly look vague, have reduced/lost awareness of their environment and reduced/lost responsiveness to other people. During the seizure they will perform unusual activities, such as chewing movements, fiddling with clothing or aimlessly wandering. The seizures can last from several seconds to a few minutes, and for a short time after the seizure the person will be confused.

The person will not be aware of their surroundings while having a complex partial seizure and have no memory of what happened during the seizure. It is important to find out what they remember and go back over any missed information so learning is not affected.

2.6 Myoclonic seizures

Myoclonic seizures are often referred to as myoclonic jerks, and may consist of a single jerk or a number of individual jerks with a period of time in between.

2.7 Status epilepticus

Status epilepticus is the term generally used to describe a seizure, or a number of seizures occurring in quick succession (without recovery between seizures), which lasts more than 30 minutes. If left uncontrolled, status epilepticus can cause permanent brain damage or, in very rare cases, death.

The most commonly used medications to manage prolonged seizures out of hospital are rectal diazepam and intranasal midazolam—these are described in detail in the next section. Research has shown that midazolam or diazepam are more effective in controlling seizures when administered early. In education and children’s services protocols, they are administered for seizures lasting more than three minutes in children or five minutes in adults as ordered by the treating doctor. When a seizure stops spontaneously before midazolam or diazepam is administered, the medication is not usually given.

When a child or student requires either midazolam or diazepam in an educational or childcare setting a health support planning process must occur (see sections 3 and 4). It should not be assumed that education and childcare staff will be able to assist with this medication in all cases and other arrangements may need to be made.

2.8 Lifestyle management

Epilepsy management is long term and can be life-long. People with epilepsy usually need regular medication and daily lifestyle management to eliminate or minimise seizure activity. Lifestyle management includes consideration of the following:

- auras, which may be the warning of future seizure activity
- triggers
- medication
- safety and supervision
- first aid
- recording
- post-incident management.

2.9 Auras

Some people with epilepsy report experiencing auras, a sensation of motor, sensory, autonomic and/or psychic symptoms prior to having a generalised seizure. This sensation acts as a warning that may give the person time to get assistance or move to a safe place. Auras are, in fact, simple partial seizures (see *section 2.4*).

2.10 Triggers

For some, but by no means all, people with epilepsy, a single trigger or a combination of two or more triggers may precipitate a seizure. Avoiding or minimising exposure to known triggers may reduce the risk of seizures. In some cases, seizures are less likely to occur if the person is kept busy and stimulated.

These are some of the more common triggers:

- missing medication for non-epileptic conditions
- suddenly stopping anti-convulsant medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep (may be a problem with camps)
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- pre-menstrual hormonal changes
- head injury
- alcohol or drugs
- interaction between anti-convulsants and other medication (including oral contraception) reducing the effectiveness of the anti-convulsant
- flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- missing meals
- significant changes in temperature or extreme temperatures, eg going from heated swimming pool area to very cold change rooms, and not getting dried and dressed quickly, or on a hot day sitting on the sunny side of a bus with no air conditioning.

While it is useful to know what triggers will affect a person's seizures, many people may not know all or any of the triggers for their seizures, especially if they have been diagnosed only recently.

2.11 Medication

Anti-convulsant medication is prescribed for most people with epilepsy and can control seizures completely for most. People with epilepsy may be on anti-convulsant medication for life. However, when they have been seizure free for a minimum of two years, it may be possible to gradually withdraw medication, especially in children who can grow out of their epilepsy. Anti-convulsant medication is often taken twice daily, 12 hours apart (ie taken morning and night), so medication is not normally required during school or preschool hours.

When taking anti-convulsant medication it is important to follow the doctor's directions and take the anti-convulsant medication at the correct time, to ensure a stable level of medication in the body to minimise seizure activity. If the drug level drops, the person may have seizures and if the drug level gets too high, the person may not have a seizure but will get side effects. This is why finding the right balance is important, so both seizures and side effects are kept to a minimum. Most people can control epilepsy with a single anti-convulsant, but if this is not working doctors may prescribe two or more anti-convulsant medications.

Anti-convulsant medication may be affected by sudden changes in height and weight as young people grow, as well as during the transition through puberty. Each medication has different side effects. When more than one drug is involved there can be interactions between them. It is unrealistic and unnecessary for education and childcare staff to be aware of all potential side effects. It is more beneficial to note any changes in the young person and their alertness, fine and gross motor coordination, learning capacity and general well-being. Teachers and support staff spend a significant amount of time with young people and become aware of such changes before others do.

2.12 Safety and supervision

Safety is an issue for all young people and especially young people with epilepsy. As epilepsy can vary greatly from person to person it is important that an individual health support plan is developed based on the child's or student's needs, the environment and curriculum expectations. The child or student, the family and the treating doctor can provide information to assist with the development of a health support plan.

Any activities where an unexpected loss of consciousness could result in harm to the young person or other people will need to be assessed thoroughly prior to the commencement of the activity.

Finding out the following information will help to identify any risks:

- type of seizures
- severity of the seizures
- when the seizures occur
- if there is any warning before the onset of a seizure

- what would happen if the person had a seizure during the activity
- whether the potential incident can be avoided or minimised
- whether protective gear can be used to minimise risk of injury
- whether there is someone available to manage the seizure
- how quickly an ambulance can respond.

It is important that young people with epilepsy are given the opportunity to try activities alongside peers. While most activities will be accessible to people with epilepsy there are some that are to be avoided such as scuba diving. When assessing the risk of an activity, education and childcare staff should follow recommendations from the treating doctor.

A person with epilepsy should always be monitored while in or on the water.

2.13 First aid management

When someone is having a seizure it can be difficult to know how to help. If the person having a seizure does not have any prescribed medication to stop the seizure, all the first aider can do is wait for the seizure to cease spontaneously or for an ambulance to arrive, while following first aid procedure.

When a person starts having a seizure the following standard first aid steps should be taken:

- Note the time the seizure started
- Protect the person from injury
- Do not restrain the person
- Do not place anything in the mouth
- Roll the person on to the side in the recovery position as soon as possible
- Monitor the airway.

If the person is in a safe environment and the airway is being maintained there is no need to move them out of, for example, a wheelchair or other awkward equipment.

If the seizure stops within three minutes and there are no complications (ie injury):

- Maintain the person in the recovery position until conscious
- Observe first aid principles
- Record your observations, including the time the seizure stopped
- Inform emergency contacts.

Call an ambulance when:

- The seizure continues for more than three minutes, in children – five minutes in adults
- Another seizure quickly follows
- Midazolam or diazepam has been administered as prescribed

OR

- The epilepsy and seizure care plan tells you to
- You suspect breathing difficulty
- You suspect injury
- You are worried
- It is the first seizure for the person
- The seizure occurred in water
- The person is pregnant.

Whenever giving first aid for a seizure, it is important to reassure the person and explain what is happening.

2.14 Rectal diazepam (Valium)

Administering diazepam rectally is considered an invasive procedure and as such, in South Australia, rectal diazepam is not administered by school or preschool staff. Young people who may require this medication are referred to the Children, Youth and Women's Health Service [A – Z Health Support Index](#) > [Access Assistant Program](#)



A doctor will prescribe rectal diazepam if it is considered safer to use than not to use in the treatment of status epilepticus. The rectal diazepam is administered when a seizure has not stopped within a specific timeframe. If rectal diazepam has been administered the person must be transported by ambulance to hospital for observation. The person cannot stay at school, preschool or childcare.

2.15 Intranasal midazolam

Intranasal midazolam is a standard first aid procedure for which school, preschool and childcare staff can be trained. Training to administer intranasal midazolam can be accessed through first aid training agencies. In South Australia, St John Ambulance Association and Australian Red Cross provide seizure first aid management training which includes administration of intranasal midazolam. If intranasal midazolam has been administered, the person must be transported by ambulance to hospital for observation. The person cannot stay at school, preschool or childcare.

A doctor will prescribe intranasal midazolam if it is considered safer to use than not to use in the management of status epilepticus.

The effects of intranasal midazolam are:

- sedation
- relaxation of muscles
- amnesia (blocks memory)
- reduction in the sensation of pain
- control of seizure activity within five minutes.

Intranasal midazolam is made in single dose plastic ampoules that are bought in packs of five in a sealed foil sachet. Once the sachet is opened the ampoules will last only 12 months from the time of opening. When being used in education and childcare settings, a clearly labelled single dose must be supplied by parents/caregivers in accordance with the medication management guidelines.

The ampoules must be stored away from light and in cool temperatures below 25°C. When identifying a suitable storage place, it is important to consider the temperature out of hours, and when everyone is away from the site. If a fridge is used, ensure the fridge will not freeze the ampoules. Usually, the door of the fridge is the best spot. Some people use a thermal pack for excursions.

These steps should be followed for administration of intranasal midazolam:

- Keep the person on their side and monitor their airway.
- Someone else rings for an ambulance and gets the midazolam, the midazolam guidelines and the epilepsy and seizure care plan.
- Place the person on their back if they are on a firm surface, or tilted back in their chair or wheelchair with the head back slightly.
- Twist off the top of the ampoule.
- Place 1–3 drops at a time into each nostril until the ampoule is empty – unless otherwise instructed in the child's care plan. (Small/preschool-aged children sometimes have a smaller dose).
- Immediately place the person on their side in the recovery position if on the floor, or if in a chair or wheelchair maintain the airway.
- Monitor the airway until the ambulance arrives.
- Comfort and reassure the person. Explain what has happened.
- Keep the ampoule to give to the ambulance officers.
- Document the incident and review the process.

The five photographs on the following page illustrate the process of administration.

The side effects of midazolam are:

- drowsiness
- decreased conscious state post-seizure
- tiredness/weakness/headache
- suppressed gag reflex during and after seizure, until conscious movement resumes

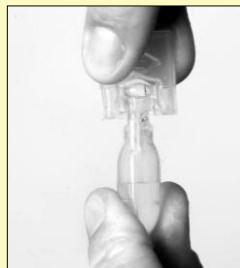
- depressed respiration (this is unlikely if there was no adverse reaction to the test dose)
- irritation and stinging in the nose (usually only when awake for test dose).

For intranasal midazolam to be used in education and childcare services the following steps should occur:

- Staff must attend standard seizure management training.
- Staff who have undertaken the above training may volunteer to be trained in administration of intranasal midazolam.
- The prescribing doctor completes the epilepsy and seizure management care plan and intranasal midazolam administration order with the child or student and their parent/guardian.
- The worksite manager undertakes a risk assessment. This will include consideration of the role of staff and the impact on them of providing this support.
- The site completes a health support plan, documenting agreed health support based on the epilepsy and seizure management care plan.
- The plans are reviewed annually and when there are changes in health support needs.



Ampoule of midazolam used for intranasal administration.



Twist top of ampoule to open it.



Midazolam should be administered drop by drop.



Tilt the person's head back slightly to administer the midazolam at the rate of 1-3 drops each nostril, alternating nostrils until the contents of the ampoule are used up or until the dose recommended in the child's care plan has been delivered in line with first aid training. Give the used ampoule to the ambulance officers when they arrive.



Place the person on their side in the recovery position as soon as practicable. Monitor, comfort and reassure until the arrival of the ambulance. (If the person is in a wheelchair, leave them there.)

2.16 Recording



Details of the seizure should be recorded as soon as possible in the first aid log and/or seizure observation log. If prescribed medication is given this must be recorded on the worksite's [medication log](#) ([A – Z Health Support Index > Medication > medication log](#)).

An accident and injury report is required if the young person sustained an injury or if an ambulance was called.

2.17 Post-incident management

After a seizure has been managed, the worksite's health support planning procedures can be reviewed. Changes may be made where necessary or clarification sought from the family or treating doctor. If the health support plan was easy to use and no problems were encountered, then changes will not be necessary.

Where the seizure occurred and who was around will determine any follow-up support required. Staff may want to debrief, or have additional training or other support. Children and students may also require follow-up support.

Staff members can request training updates or additional information at any time if they feel it is beneficial for their confidence and ability to follow the health support plan and care plan. As young people with epilepsy may be seizure free for long periods of time it can be useful to revisit information periodically to ensure people can respond appropriately when needed.

3 Health support in education and children's services

Education and childcare staff members are trained and expected to care for children and students in a manner which enhances their learning and independence, and which respects their privacy, dignity and right to feel and be safe at all times.

Health care management training for school, preschool and childcare staff is limited to supervision for safety and first aid. Additional care required by young people needs to be written by the doctor or treating specialist in a health care plan. Staff can then use the plan to develop a health support plan, detailing how staff will address the young person's health support needs.

The health care plan and support plan must reflect respect for the young person's privacy, dignity, safety and comfort. Confidentiality issues should be negotiated explicitly with the family.

3.1 Confidentiality

Information exchange between the family and health professionals and the school, preschool or childcare is essential to support learning and well-being. The sharing of information needs to be assessed and negotiated for each young person with epilepsy, taking into consideration their needs. The health support plan and epilepsy and seizure care plan both include an authorisation and release section.

Young children may share information and experiences with peers and this should be discussed with the parents/caregivers, so they can be supportive of their child in the process. Adolescents may prefer not to share personal information. Adolescence is a time of change and young people often prefer to feel they are not being treated differently from their peers.

To maintain open communication between the family and the school, preschool or childcare it is important to discuss the reason for collecting information about the child or student, how it will be used and who will have access. Parents/caregivers need to feel they are involved in the process and that it is not occurring around them and without them. Staff members need to be aware of how they respond to the family and to discuss information discreetly. While most families will be open to discussions and the sharing of information, there may be some who feel uncomfortable sharing even basic details. This needs to be respected and managed sensitively.

3.2 Health care planning

An epilepsy and seizure care plan for a young person should address the following components:

- description of usual seizure activity
- most common seizure activity
- other seizure activity
- first aid
- emotional support needs of the person
- additional relevant information.

This information should focus on what education and care staff need to know to provide routine and emergency care. The epilepsy and seizure care plan will be used by staff in planning support for the young person. The following information is generally included in an epilepsy and seizure care plan.

Warning signs of seizure onset

Some people will get warning signs, known as an aura or simple partial seizure, prior to the onset of other seizures. Warning signs may be internal sensations that no one else is aware of or they may be visible signs that others can see. If they are internal warnings it may be difficult for young children to connect the sensation to having a seizure.

Known triggers

A person may have known triggers for their seizures. It is important to know what these are, so they can be avoided, or contact can be minimised. For example, a child or student affected by high temperatures may need to stay inside on hot days. For triggers that have a cumulative effect, such as sleep deprivation, noticing that the child or student is fatigued and likely to have a seizure helps with planning activities. For example, if the child is tired and fatigue is a known trigger factor, the physical education class could involve relaxation instead of a run.

Seizure types

Epilepsy may affect people from birth or at any stage during life. If a child or student has only recently started having seizures, the seizures may not be well controlled and the young person and their parents/caregivers will still be learning about predictable seizure types and frequency.

Recovery management

This section records a description of a typical recovery from a seizure including the time taken and what the child or student will be doing. Behaviour exhibited after a seizure will usually be the same each time. Each young person will have comfort measures that will make them feel better, such as a special toy, having a sleep or doing a quiet activity. Knowing what to expect will make it easier when developing a health support plan and ensuring that it will meet the young person's needs. Indicate the typical recovery time by ticking the relevant boxes. Give clear details of behaviour and timeframe. The two parts of the section are for different kinds of seizures, if required.

Emotional support needs

Each young person will react differently to having a seizure. The emotional support needs during and after the seizure should be documented to inform staff members about how they can provide the best support.

First aid

Any action required in addition to standard first aid will be documented on the individual care plan.

Additional information

If any further information or management is required in addition to the care plan it should be documented on the appropriate proforma and kept with the care plan for reference.

If medication is required during school hours, the doctor needs to complete a medication authority.

3.3 Health support planning

The health support plan for an individual child or student will be developed with the family by the principal, director or home-based carer. It will be based on the child's or student's epilepsy and seizure management care plan and any other care plans that they may require (eg asthma).

A health support plan documents individualised support which staff members have agreed to provide in the areas of:

- first aid
- supervision for safety
- personal care
- behaviour support
- special curriculum support to enable continuity of education.

In schools, preschools and childcare services, the support plan will identify a staff member who will be the contact person for the family and health service providers. This staff member will ensure all staff have information on a need to know basis, as negotiated with the family and respecting the family's privacy.

The following section should be read in conjunction with the health support plan proforma (see *section 4*): each heading relates to a section on the health support plan.

First aid

Any action required in addition to standard first aid should be documented on the individual epilepsy and seizure management care plan.

Supervision for safety

The young person's health support plan may include a range of routine accommodations to maximise safe involvement in all activities and minimise any factors that will hinder participation. These accommodations may include:

- modification of programs and activities that may trigger seizures or that could cause injury to the young person or others if a seizure occurred
- an appropriate environment for the young person in which to have quiet time while recovering from a seizure
- clear documentation on the level of participation, supervision and protection required in risky activities such as climbing and swimming
- supportive and sensitive encouragement to participate in all activities safely
- regular review of progress to keep everyone informed about changes and ensuring appropriate support is provided.

Personal care

Education and childcare staff should plan to ensure that any routine management, such as taking medication, occurs with minimal disruption to the young person's learning. Planning should also respect the young person's privacy and dignity, such as having medication in private.

Behaviour support

Young people with epilepsy should have the same expectations as their peers, and know they are equally important. Not knowing when a seizure will occur can create additional stress, and it is important for young people with epilepsy to participate and achieve with their peers.

The health support plan should encourage self-management as this is a crucial part of managing epilepsy and controlling seizures. As a young person gets older they may take on greater responsibility for themselves and need to be supported by parents/caregivers and educators in becoming more independent. The young person also may need support in dealing with peers, especially if they witness seizures.

Curriculum

Planning and review processes should ensure continuity of access to education so that the student can maintain curriculum participation even when absent frequently or for extended periods. Staff can assist by:

- providing course overviews and work that can be completed at the student's own pace
- giving additional time for finishing work, when seizures have disrupted class time
- forward planning for excursions, camps or activities to ensure the student does not have to miss out.

The health support plan could also document curriculum issues for other students, for example:

- epilepsy and seizure education
- disability awareness sessions
- education about grief, loss and change.

Any curriculum planning should ensure that teachers do not make individual students or their personal health issues the content of the curriculum. Rather, confidentiality should be respected and issues raised in a one-step-removed, generic approach. If young people choose to disclose personal issues, they should do so after advice, and teachers should ensure that the young person concerned understands the potential impact of their disclosure.

When the teacher is responding to questions by the student's peers, certain factors need to be taken into consideration including their maturity, current knowledge of epilepsy and how well they have accepted the student with epilepsy. It is also important to consider the person with epilepsy, including their understanding of epilepsy and any previous disclosure they may have made.

4 Sample documentation

The following pages document sample care and support plans for three children:

Samantha

Natalie

Daniel



As well as the proformas used in this sample documentation, additional forms can be accessed from [A – Z Health Support Index > Forms](#) on the *chess* website: www.chess.sa.edu.au.

Seizure care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client TYLER Samantha Date of birth 10.01.99
Family name (please print) First name (please print)

MedicAlert Number (if relevant) Nil Date for review 07.06.08

Description of this person's usual seizure activity

Warning signs (*eg sensations*)

None

Known triggers (*eg illness, elevated temperature, flashing lights*)

None known

Seizure Types	Further information about this person's seizures
Tick all those that apply.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input type="checkbox"/> Tonic clonic <input type="checkbox"/> Not responsive <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.	Tonic clonic
<input checked="" type="checkbox"/> Absence <input checked="" type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event	Absence <u>Seizure typically lasts 5-10 seconds.</u>
<input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may experience sensations that aren't real: <ul style="list-style-type: none"> ■ sounds ■ flashing lights ■ strange taste or smell ■ 'funny tummy' ■ or may just have a headache <p>These are sometimes called an aura and may lead to other types of seizures.</p>	Simple partial

Seizure Types	Further information about this person's seizures
Tick all those that apply.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep	Complex partial
<input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times	Myoclonic

Recovery management

Signs that the seizure is starting to settle

Immediate recovery.

Duration (How long does recovery take if the seizure isn't long enough to require midazolam?)

Seconds.

Person's reaction

Samantha will remain motionless during the seizure but not fall, and not need any management other than observation until she recovers after a few seconds.

Any other recommendations to support the person during and after a seizure

May need prompting to resume activity and have instructions repeated.

Additional information attached to this care plan

- Medication authority
- Seizure management flow chart
- Observation/seizure log for completion by staff *(please specify how frequently this is requested)*

For one month review (07.06.07–07.07.07).

- General information about this person’s condition
- Other *(please specify)*

*This plan has been developed for the following services/settings:			
<input checked="" type="checkbox"/> School/education	<input checked="" type="checkbox"/> Outings/camps/holidays/aquatics		
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work		
<input checked="" type="checkbox"/> Respite/accommodation	<input checked="" type="checkbox"/> Home		
<input type="checkbox"/> Transport	<input type="checkbox"/> Other <i>(please specify)</i> _____		
AUTHORISATION AND RELEASE			
Medical practitioner/epilepsy specialist <u>Dr Mark Lee</u>		Professional role <u>Neurologist</u>	
Address <u>Southern Community Clinic</u>			
<u>South Road, Lonsdale SA 5160</u>		Telephone <u>8821 3111</u>	
Signature <u>Mark Lee</u>		Date <u>07.06.07</u>	
<i>I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.</i>			
Parent/guardian or adult student/client <u>Tyler</u>		Signature <u>A Tyler</u>	
<small>Family name (please print)</small>		<small>First name (please print)</small>	
		Date <u>07.06.07</u>	

Health support plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the PRINCIPAL, DIRECTOR or HOME-BASED CARE PROVIDER, with the FAMILY and OTHERS as indicated below, for a child/student/client who requires individual health and personal care support in school, preschool or child care.

This plan should be based on written health care advice from a health professional.

It will involve risk assessment for staff in planning for the child/student/client.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Worksite name Adelaide Primary School

Name of child/student/client TYLER Samantha Date of birth 10.01.99
Family name (please print) First name (please print)

Date of this plan June 2007 Date for next review June 2008

Complex/invasive health support

Does the child/student/client have complex/invasive health care needs? Yes* No

(eg gastrostomy or other tube feeding, postural drainage, routine oxygen, tracheostomy care, catheter/stoma management)

*Refer to attached notes to assist in the completion of this Health support plan

.....

.....

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First aid

Is there any individual first aid requirement, other than basic first aid response? Yes* No

(eg in relation to asthma; anaphylaxis (including administration of prescribed adrenalin via an Epi-pen; administration of prescribed intranasal midazolam for seizure management; management of anxiety)

*Refer to attached notes to assist in the completion of this Health support plan

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Routine supervision for health care-related safety

Is there a known recommendation for additional supervision for health care-related safety? Yes* No

(eg a medication authority for administration during times when the child/student is in the care of staff; identified risk of self-harm or suicidal thoughts and behaviours; illness-related problems)

*Refer to attached notes to assist in the completion of this Health support plan

Safety watch for water activities eg aquatics, swimming.

Normal safety precautions for physical activity eg helmet for bike and horse riding.

Seizure log to be kept by class teacher (7.06.07–7.07.07): will tick and note times of any seizures (it is noted that the teacher may not notice all seizures).

Agreement

*This plan has been developed for the following services/settings:

- | | |
|--|---|
| <input checked="" type="checkbox"/> School/education | <input checked="" type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care (including out of school hours care) | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> Respite/accommodation | <input checked="" type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) _____ |

When will this child/student commence attending school/preschool or childcare?

If not immediately, detail actions and timelines to enable attendance, and any interim provisions

Already attending.

Principal/director
or care provider Smith Shane Signature S Smith Date 10.06.07
Family name (please print) First name (please print)

Staff/contact person
(if relevant) Simmons Dorothy Signature D Simmons Date 10.06.07
Family name (please print) First name (please print)

Who, apart from the family and those listed above, will have a copy of this plan?

1. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

2. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

3. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

Authorisation

***I have read, understood and agreed with this plan and any attachments indicated above.
I support use of this plan by supervising staff.***

Parent/guardian
or adult student/client Tyler Meredith Signature M Tyler Date 10.06.07
Family name (please print) First name (please print)

Child/student Tyler Samantha Signature S Tyler Date 10.06.07
Family name (please print) First name (please print)

Seizure care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client ATKINS Natalie Date of birth 16.10.98
Family name (please print) First name (please print)

MedicAlert Number (if relevant) Nil Date for review 07.06.08

Description of this person's usual seizure activity

Warning signs (*eg sensations*)

Known triggers (*eg illness, elevated temperature, flashing lights*)

Fatigue and stress

Seizure Types	Further information about this person's seizures
Tick all those that apply. <input type="checkbox"/> Tonic clonic <input type="checkbox"/> Not responsive <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management. Tonic clonic
<input type="checkbox"/> Absence <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event	Absence
<input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may experience sensations that aren't real: <ul style="list-style-type: none"> ■ sounds ■ flashing lights ■ strange taste or smell ■ 'funny tummy' ■ or may just have a headache <p>These are sometimes called an aura and may lead to other types of seizures.</p>	Simple partial

Seizure Types	Further information about this person's seizures
Tick all those that apply.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input checked="" type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input checked="" type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input checked="" type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input checked="" type="checkbox"/> Confused and drowsy after seizure settles, may sleep	Complex partial Lip smacking and repetitive pulling of clothes. Seizure lasts 1-2 minutes. Typical recovery time is 30 seconds.
<input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times	Myoclonic

Recovery management

Signs that the seizure is starting to settle

Jerking lessens. Eyes return to middle then close.

Duration *(How long does recovery take if the seizure isn't long enough to require midazolam?)*

Minutes.

Person's reaction

Natalie will be groggy and won't remember what happened.
Natalie prefers to sit at the back of the class, so her seizures are not noticed by her peers.

Any other recommendations to support the person during and after a seizure

Natalie will be confused and very tired after a seizure and may need to rest for up to half an hour.
Let Natalie know what has happened and reassure her that everything is okay.
Teachers need to be patient and responsive when Natalie asks for help to catch up.

Additional information attached to this care plan

- Medication authority
- Seizure management flow chart
- Observation/seizure log for completion by staff *(please specify how frequently this is requested)*

Record for one month if change in type of seizure and increased number.

- General information about this person's condition
- Other *(please specify)*

*This plan has been developed for the following services/settings:	
<input checked="" type="checkbox"/> School/education	<input checked="" type="checkbox"/> Outings/camps/holidays/aquatics
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input checked="" type="checkbox"/> Respite/accommodation	<input checked="" type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other <i>(please specify)</i> _____
AUTHORISATION AND RELEASE	
Medical practitioner/epilepsy specialist <u>Anne Doyer</u>	Professional role <u>Neurologist</u>
Address <u>Women's & Children's Hospital</u>	
<u>72 King William Rd, North Adelaide SA 5006</u>	Telephone <u>8821 3111</u>
Signature <u>A Doyer</u>	Date <u>07.06.07</u>
<i>I have read, understood and agreed with this plan and any attachments indicated above.</i>	
<i>I approve the release of this information to supervising staff and emergency medical personnel.</i>	
Parent/guardian or adult student/client <u>Atkins</u>	Signature <u>C Atkins</u> Date <u>07.06.07</u>
<small>Family name (please print)</small>	<small>First name (please print)</small>

Health support plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the PRINCIPAL, DIRECTOR or HOME-BASED CARE PROVIDER, with the FAMILY and OTHERS as indicated below, for a child/student/client who requires individual health and personal care support in school, preschool or child care. This plan should be based on written health care advice from a health professional. It will involve risk assessment for staff in planning for the child/student/client. This information is confidential and will be available only to supervising staff and emergency medical personnel.

Worksite name Adelaide Primary School

Name of child/student/client ATKINS Natalie Date of birth 16.10.98
Family name (please print) First name (please print)

Date of this plan June 2007 Date for next review June 2008

Complex/invasive health support

Does the child/student/client have complex/invasive health care needs? Yes* No

(eg gastrostomy or other tube feeding, postural drainage, routine oxygen, tracheostomy care, catheter/stoma management)

*Refer to attached notes to assist in the completion of this Health support plan

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First aid

Is there any individual first aid requirement, other than basic first aid response? Yes* No

(eg in relation to asthma; anaphylaxis (including administration of prescribed adrenalin via an Epi-pen; administration of prescribed intranasal midazolam for seizure management; management of anxiety)

*Refer to attached notes to assist in the completion of this Health support plan

Deputy Principal to:

- ensure all staff access epilepsy and seizure first aid management
- update training from first aid training agency
- ensure all class teachers are aware of her triggers and typical seizure activity.

Natalie to be monitored by staff during seizure activity and provided with assistance if needed: Natalie would prefer her seizures to be managed quietly without too much attention being drawn to her situation.

Class Teachers to arrange for Natalie to have a quiet time following seizure activity if Natalie requests time to recover. Teachers need to be patient and responsive when Natalie asks for help to catch up with her work.

Routine supervision for health care-related safety

Is there a known recommendation for additional supervision for health care-related safety? **Yes*** **No**

(eg a medication authority for administration during times when the child/student is in the care of staff; identified risk of self-harm or suicidal thoughts and behaviours; illness-related problems)

*Refer to attached notes to assist in the completion of this Health support plan

Safety watch for water activities eg aquatics, swimming.
Normal safety precautions for physical activity eg helmet for bike and horse riding.

Personal care

Is there a need for additional support with daily living tasks? **Yes*** **No**

(eg assistance with personal hygiene (nose-blowing, handwashing, menstruation management), continence care, oral eating and drinking, transfers and positioning)

*Refer to attached notes to assist in the completion of this Health support plan

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Other considerations

Is there a need for additional support related to the wellbeing of the child/student? **Yes*** **No**

(eg related to psychological wellbeing; interrupted attendance; learning in other settings such as hospital and CAMHS programs; deteriorating health; grief and loss issues; palliative care)

*Refer to attached notes to assist in the completion of this Health support plan

Natalie, Dana and Josie are designated support peers. Dana and Josie have agreed to discreetly advise the nearest teacher if they think Natalie is having a seizure. Dana and Josie are support peers and are not able to be delegated duty of care or supervision responsibilities. Deputy principal to negotiate 'Caring with, for and about others' program for students in Natalie's year level during Term One. Any seizures will be recorded in the seizure observation log: family can ask for these to be copied for medical professionals. Natalie prefers to be seated at the back of the class, so her seizures are not noticed by her peers. Natalie's seizures may be triggered when she is tired or stressed. These triggers will need to be considered at times when Natalie is more at risk of these factors eg camp, exams.

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Agreement

*This plan has been developed for the following services/settings:

- | | |
|--|---|
| <input checked="" type="checkbox"/> School/education | <input checked="" type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care (including out of school hours care) | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> Respite/accommodation | <input checked="" type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) _____ |

When will this child/student commence attending school/preschool or childcare?

If not immediately, detail actions and timelines to enable attendance, and any interim provisions

Already attending

Principal/director
or care provider Clarke Sheila Signature S. Clarke Date 28.06.07
Family name (please print) First name (please print)

Staff/contact person
(if relevant) Mosel Peta Signature Peta Mosel Date 28.06.07
Family name (please print) First name (please print)

Who, apart from the family and those listed above, will have a copy of this plan?

1. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

2. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

3. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

Authorisation

***I have read, understood and agreed with this plan and any attachments indicated above.
I support use of this plan by supervising staff.***

Parent/guardian
or adult student/client Atkins Margaret Signature M Atkins Date 28.06.07
Family name (please print) First name (please print)

Child/student Atkins Natalie Signature N Atkins Date 28.06.07
Family name (please print) First name (please print)

Seizure care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client WALTERS Daniel Date of birth 08.02.93
Family name (please print) First name (please print)

MedicAlert Number (if relevant) 773 258 Date for review 07.06.08

Description of this person's usual seizure activity

Warning signs (eg sensations)

May complain of tummy being uncomfortable.

Known triggers (eg illness, elevated temperature, flashing lights)

Hot weather over 35°C. Sudden cooling or heating of the body. Illness.

Missed medication. Stress or over-excitement.

Seizure Types	Further information about this person's seizures
Tick all those that apply. <input checked="" type="checkbox"/> Tonic clonic <input checked="" type="checkbox"/> Not responsive <input checked="" type="checkbox"/> Might fall down/cry out <input checked="" type="checkbox"/> Body becomes stiff (tonic) <input checked="" type="checkbox"/> Jerking of arms and legs occurs (clonic) <input checked="" type="checkbox"/> Excessive saliva <input checked="" type="checkbox"/> May be red or blue in the face <input checked="" type="checkbox"/> May lose control of bladder and/or bowel <input checked="" type="checkbox"/> Tongue may be bitten <input checked="" type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input checked="" type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management. Tonic clonic <u>May complain of tummy being uncomfortable.</u> <u>If does not fall or slump to ground is not a tonic clonic.</u> <u>If seizure lasts more than 3 minutes give midazolam and call ambulance.</u>
<input type="checkbox"/> Absence <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event	Absence
<input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may experience sensations that aren't real: <ul style="list-style-type: none"> ■ sounds ■ flashing lights ■ strange taste or smell ■ 'funny tummy' ■ or may just have a headache These are sometimes called an aura and may lead to other types of seizures.	Simple partial

Seizure Types	Further information about this person's seizures
Tick all those that apply.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep	Complex partial
<input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times	Myoclonic

Recovery management

Signs that the seizure is starting to settle

Jerking lessens. Eyes return to middle then close.

Duration *(How long does recovery take if the seizure isn't long enough to require midazolam?)*

Minutes.

Person's reaction

Daniel will be groggy and won't remember what happened.
Daniel may worry about the reaction from other students.

Any other recommendations to support the person during and after a seizure

Daniel will be confused and very tired after a seizure and may need to rest for up to half an hour.
Let Daniel know what has happened and reassure him everything is okay.

Additional information attached to this care plan

- Medication authority
- Seizure management flow chart
- Observation/seizure log for completion by staff *(please specify how frequently this is requested)*

Record for one month if change in type of seizure and increased number.

- General information about this person's condition
- Other *(please specify)*

*This plan has been developed for the following services/settings:	
<input checked="" type="checkbox"/> School/education	<input checked="" type="checkbox"/> Outings/camps/holidays/aquatics
<input checked="" type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input checked="" type="checkbox"/> Respite/accommodation	<input checked="" type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other <i>(please specify)</i> _____
AUTHORISATION AND RELEASE	
Medical practitioner/epilepsy specialist <u>Dr John Michaels</u>	Professional role <u>Neurologist</u>
Address <u>3 Dorian Road, Adelaide SA 5000</u>	
	Telephone <u>8224 3333</u>
Signature <u>John Michaels</u>	Date <u>23.05.07</u>
<i>I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.</i>	
Parent/guardian or adult student/client <u>Walters</u>	Signature <u>J Walters</u> Date <u>07.06.07</u>
<small>Family name (please print)</small>	<small>First name (please print)</small>

Intranasal midazolam (INM) authority

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the MEDICAL SPECIALIST and the PARENT/GUARDIAN/CLIENT/AUTHORISED PERSON.
This information is confidential and will be available only to persons trained to manage the person's seizures,
those providing training and emergency personnel.

Name of child/student/client WALTERS Daniel
Family name (please print) First name (please print)

Date of birth 08.02.93 Weight 28 kg

Allergies Nil

MedicAlert Number (if relevant) 773 258 Date for review 07.06.08

Call ambulance:

Immediately seizure begins
OR For seizure lasting more than 3 minutes

Give intranasal midazolam:

Immediately seizure begins
OR For seizure lasting more than 3 minutes

Dose of midazolam:

Use only plastic ampoule of 5mg in 1ml
 Give all of one ampoule
OR _____

*This plan has been developed for the following services/settings:

- | | |
|---|---|
| <input checked="" type="checkbox"/> School/education | <input checked="" type="checkbox"/> Outings/camps/holidays/aquatics |
| <input checked="" type="checkbox"/> Child/care | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> Respite/accommodation | <input checked="" type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) _____ |

AUTHORISATION BY NEUROLOGIST/PAEDIATRICIAN/SPECIALIST PHYSICIAN

Name of authorising practitioner Dr John Michaels

Address 3 Dorian Road, Adelaide SA 5000 Telephone 8224 3333

Signature John Michaels Date 23.05.07

This authorisation is valid for 12 months from the date signed by the authorised prescriber, unless otherwise advised.

EMERGENCY CONTACT DETAILS

Name of emergency contact Walters Jenny
Family name (please print) First name (please print)

Work telephone 8456 4567 Home telephone 8987 6543

Mobile telephone 0401 234 567 Relationship to person Mother

AUTHORISATION AND RELEASE

I have read, understood and agreed with this plan. I approve the release of this information to staff trained to manage seizures with intranasal midazolam, those providing training and emergency personnel.

Parent/guardian/client/ authorised person Walters Jenny Signature J Walters Date 07.06.07
Family name (please print) First name (please print)

A copy of this form with original signatures will be held in the following locations:

First aid room. Front office reception.

Pre-requisites for safe first aid administration of intranasal midazolam (INM)

- The person administering intranasal midazolam requires knowledge of basic first aid and seizure management, and to be authorised to administer by their employer/agency/service.
- The person for whom INM is ordered must have had a previous dose of midazolam without adverse effect.
- Only a plastic ampoule containing 5mg in 1ml can be used.
- If midazolam is given in school, preschool or child/care, an ambulance must be called.
- Refer to the person's seizure care plan and seizure first aid plan.

Giving intranasal midazolam (INM)



1. Note time of onset of seizure
2. Check administration details on signed specialist authority
3. Check that the medication authority matches label on box
4. Check expiry date on ampoule
5. Check ampoule is 5mg in 1ml



6. Decide which side of person to work from (person's head to your left if you are right handed)
7. Turn person on back with head slightly extended, or position in wheelchair so head is back and airway open
8. Twist top off ampoule, and invert



9. Squeeze ampoule to drop out 1-3 drops into each nostril until ampoule empty. If movement marked, go more slowly 1 drop at a time to get into nose. Don't rush, first few drops should help slow seizure so other drops are easier to get in
10. As soon as practicable, turn person onto side in recovery position or support head in wheelchair, maintain clear airway



11. Note time seizure stops
12. Stay with the person; follow the standard first aid practice until ambulance arrives (follow person's Health Care Plan re calling ambulance)
13. Keep empty ampoule to give to ambulance officers
14. Nothing by mouth until the person starts conscious movements, as reduced gag reflex
15. Document.

Health support plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the PRINCIPAL, DIRECTOR or HOME-BASED CARE PROVIDER, with the FAMILY and OTHERS as indicated below, for a child/student/client who requires individual health and personal care support in school, preschool or child care.

This plan should be based on written health care advice from a health professional.

It will involve risk assessment for staff in planning for the child/student/client.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Worksite name Adelaide Primary School

Name of child/student/client WALTERS Daniel Date of birth 08.02.93
Family name (please print) First name (please print)

Date of this plan June 2007 Date for next review June 2008

Complex/invasive health support

Does the child/student/client have complex/invasive health care needs? Yes* No

(eg gastrostomy or other tube feeding, postural drainage, routine oxygen, tracheostomy care, catheter/stoma management)

*Refer to attached notes to assist in the completion of this Health support plan

.....

.....

.....

First aid

Is there any individual first aid requirement, other than basic first aid response? Yes* No

(eg in relation to asthma; anaphylaxis (including administration of prescribed adrenalin via an Epi-pen; administration of prescribed intranasal midazolam for seizure management; management of anxiety)

*Refer to attached notes to assist in the completion of this Health support plan

If seizure lasts more than 3 minutes give midazolam and call ambulance
(keep empty ampoule to give to ambulance officers) Principal/Deputy to
meet ambulance at front gate.

Deputy Principal:

- Organise seizure first aid training for all staff
- Will ensure all class teachers are aware of his triggers and typical seizure activity, and response required (as detailed in care plan).

Jan, Derek and Sue are identified to administer intranasal midazolam as/if required.

INM is stored in thermal pack (provided by parents) in medication cabinet.

Alert cards are in yard duty bags and all classrooms: alert cards are sent to front office immediately seizure activity occurs.

Parents notified by phone of all seizures by senior staff/delegate (also recorded on observation and first aid log)

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Routine supervision for health care-related safety

Is there a known recommendation for additional supervision for health care-related safety?

Yes* **No**

(eg a medication authority for administration during times when the child/student is in the care of staff; identified risk of self-harm or suicidal thoughts and behaviours; illness-related problems)

*Refer to attached notes to assist in the completion of this Health support plan

Daniel to access Resource Centre on hot days during breaks.....
All classrooms are air conditioned: if air conditioner is faulty.....
arrangements will be made to move class to a cooler location if needed.....
Bean bag in classroom for Daniel's seizure recovery (seizures less than 3.....
minutes): to go home if recovery takes longer than one hour.....
Bean bag is also for when he reports a 'funny tummy' (so he can be easily.....
rolled to recovery position if he seizures).....
Safety watch for water activities eg aquatics, swimming.....
Normal safety precautions for physical activity eg helmet for bike and.....
horse riding.....
Risk assessment prior to new physical activities, excursions and camps.....

Personal care

Is there a need for additional support with daily living tasks?

Yes* **No**

(eg assistance with personal hygiene (nose-blowing, handwashing, menstruation management), continence care, oral eating and drinking, transfers and positioning)

*Refer to attached notes to assist in the completion of this Health support plan

If Daniel wets/soils during a seizure and stays at school, one of the two.....
support staff working with his year level will ensure that Daniel is able to.....
manage changing his clothes (unless he prefers to go home to change).....
Staff will need to monitor Daniel. Spare clothes will be kept in the first.....
aid cupboard. Daniel's parents are happy to be contacted.....

Other considerations

Is there a need for additional support related to the wellbeing of the child/student?

Yes* **No**

(eg related to psychological wellbeing; interrupted attendance; learning in other settings such as hospital and CAMHS programs; deteriorating health; grief and loss issues; palliative care)

*Refer to attached notes to assist in the completion of this Health support plan

Relaxation program to be implemented in Daniel's class to support self-.....
monitoring of over excitement.....
Class teacher to inform Daniel's sister if Daniel has gone home or to.....
hospital.....
Copy of seizure observation log to be sent home as requested by the family.....
Use incident protocol if Daniel is taken to hospital (ie staff and student.....
debriefing).....
.....
.....

Epilepsy (and other health issues) awareness raising in health and physical education (Term 2) in all classes.

Daniel's seizures may be triggered when he is hot, stressed or over-excited. These triggers will need to be considered at times when Daniel is more at risk of these factors eg camps, excursions, outdoor activities in hot weather.

.....

.....

.....

Agreement

*This plan has been developed for the following services/settings:

- | | |
|--|---|
| <input checked="" type="checkbox"/> School/education | <input checked="" type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care (including out of school hours care) | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> Respite/accommodation | <input checked="" type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) _____ |

When will this child/student commence attending school/preschool or childcare?

If not immediately, detail actions and timelines to enable attendance, and any interim provisions

Already attending / Interim plan: call ambulance immediately until INM training provided for staff (planned 15/6/07).

Principal/director
or care provider Kemp Mary Signature M Kemp Date 11.06.07
Family name (please print) First name (please print)

Staff/contact person
(if relevant) Mason Julie Signature J Mason Date 11.06.07
Family name (please print) First name (please print)

Who, apart from the family and those listed above, will have a copy of this plan?

1. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

2. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

3. _____ Role _____
Family name (please print) First name (please print)

Signature _____ Date _____

Authorisation

***I have read, understood and agreed with this plan and any attachments indicated above.
I support use of this plan by supervising staff.***

Parent/guardian
or adult student/client Walters Peter Signature P Walters Date 11.06.07
Family name (please print) First name (please print)

Child/student Walters Daniel Signature D Walters Date 11.06.07
Family name (please print) First name (please print)

Seizure observation log

This form is designed to be used for general communication between families and staff to support child/student/client health and well-being. It can be used by families in consultations with health professionals to assist planning health and behaviour support for individual children/students/clients.

Name of child/student/client WALTERS Daniel 08.02.93
Family name (please print) First name (please print) Date of birth

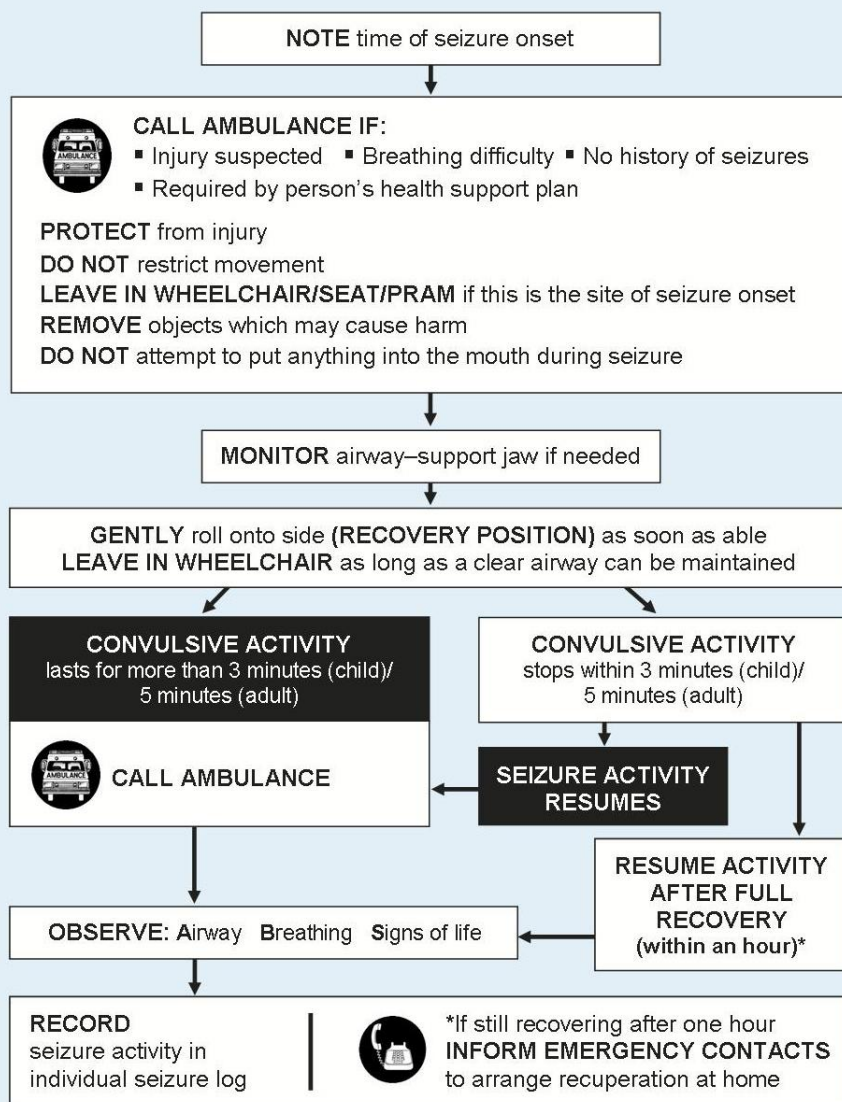
Date	Time	Length of seizure <small>(seconds or minutes)</small>	SEIZURE OBSERVATIONS* <small>(you can use the numbers below)</small>	RECOVERY OBSERVATIONS <small>(eg incontinence)</small>	Comments <small>(if any)</small>	Name <small>(printed and initialled) of person making entry</small>
14.06.07	11.20am	2 min	1, 8, 10	7	Recess time. On oval.	Jackie Allen <i>JA</i>
26.06.07	10.00am	5 min	1, 8, 10, 9	11	Ambulance called at 3 min. Midazolam given.	Debbie Lee <i>DLL</i>
04.07.07	2.00pm	2 min	1, 6, 10	3	During quiet class activity.	Debbie Lee <i>DLL</i>

*** Possible observations include:**

- 1. Sudden stare
- 2. Unresponsive to name
- 3. Prompt recovery (seconds)
- 4. Sudden onset nausea
- 5. Vision problems
- 6. Jerking of a limb
- 7. Gradual recovery (minutes)
- 8. Stiffening, convulsive activity
- 9. Laboured breathing
- 10. Unconsciousness
- 11. Slow recovery (confused and needing sleep)

A first aid guide for education and children's services

Seizure—major generalised



TO CALL AMBULANCE: Dial out, then 000 or mobile 112
 Say what state you are calling from, the person's condition and location



INFORM EMERGENCY CONTACTS in accordance with DECS guidelines

Department of Education and Children's Services SA with expert advice from Australian Red Cross SA Division and St John Ambulance Australia SA Inc, 2007 and The Epilepsy Centre SA



Additional first aid guide for a major generalised seizure (including use of intranasal midazolam) is available from [Pathways](#) on the *chess* website: www.chess.sa.edu.au. This seizure first aid flow chart indicates the point at which prescribed intranasal midazolam is given.

Health

-  **chess Training**
Health training, including first aid, health support planning and worksite health information modules (WHIMS)
-  **chess Research**
Details of the research partnerships
-  **chess A – Z Health Support Index**
Information and forms for health support planning. Care plans, resources and support related to conditions and care needs
-  **chess Education Services**
Hospital (and other health) education services
-  **chess Resource Materials**
child health and education support services resources and forms