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Yes, help is out there.

One of the most commonly asked questions we get and an issue that causes much discussion is: How do we get the resources and facilities to successfully include people with various disabilities into our programs?

The answer to this depends on a number of variables.

1. How accessible the centre/house currently is
2. How many staff/volunteers have some level of training/skill in relation to disability
3. What type of support has been requested
4. What supports or information does the person with the disability provide or can attract
5. What supportive links or partnerships exist around disability
6. How long will it take to obtain these supports/facilities (See inside for full story).



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Also in this edition we talk about epilepsy and what you can do to assist someone who has a seizure.

www.acedisability.org.au

NOW LIVE!!!!

A comprehensive website on Disability and Adult Education

The new website is up and running. Check it out at www.acedisability.org.au

Includes information about:

- funding options,
- support services,
- classroom downloads and other resources,
- training opportunities and much, much more.

Please feel free to pass this link on to others that may benefit.



Yes, help is out there. (Cont ...)

Today we are both *required and expected* to be inclusive of all people using our centres including people with all types of disabilities. For some centres/houses being inclusive is a matter of course but for some centres/houses this appears a challenging task. Here are some tips to help with this task.

Resources or facilities required	Possible sources	Notes
Funding for the possible cost of a: ramp, the widening of doors or accessible toilets and kitchen.	<p>1. DPCD Victorian Community Support Grant-Building Infrastructure</p> <p>(Grants Information Line - 1300 366 356)</p> <p>2. Council or Shire if they are owners of property should pay for the cost or part thereof. You will need to negotiate.</p> <p>3. Fund raising either by self or in partnership with another agency e.g. Trust or Council</p> <p>4. Philanthropic Trusts or local Service Clubs</p>	<p>Needs contribution funds depending on grant category.</p> <p>Grants are ongoing and always open</p> <p>Also try: www.ourcommunity.com.au</p>
A manual wheelchair or emergency evacuation wheelchair.	<p>Philanthropic Trusts or local Service Clubs</p> <p>WorkSafe offer grants from time to time for OH&S equipment through VCROSS</p>	Beware not to use/purchase second hand equipment that is not Australian Standard.
<p>Funds for volunteer disability awareness</p> <p>Training for volunteers in disability</p> <p>Training of all staff including admin staff</p>	<p>Victorian Volunteer Small Grants DPCD (Grants@ DPCD)</p> <p>Inclusion Melbourne (training@im.org.au)</p> <p>ACE DisAbility Network info@acedisability.org.au</p>	Also try DPCD website for project funding
People with a Disability in sport	<p>Building Inclusive Sports facilities</p> <p>www.grants.dpcd.vic.gov.au</p>	Closes 30 th July 2010
Projects	The Helen McPherson Trust has identified Disabled Care and Support as an area it will support	http://hmstrust.org.au/grants

EPILEPSY AND HOW WE MANAGE IT

Now that more people with a disability are accessing community options there is an increased likelihood of staff and teachers at ACE centres encountering a learner who has epilepsy.

If a person has disclosed that they have epilepsy or may have seizures: ***ask for their seizure management plan – this will provide a personalised response for you to follow.***

If you view a person having a seizure for the first time it may seem frightening, but with a bit of knowledge, and by recognizing the physical signs of seizures and learning the appropriate first aid response, and above all, staying calm, you can help.

What is epilepsy?

Epilepsy is a disruption of the normal electrochemical activity of the brain that results in seizures. Under certain circumstances anyone can have a seizure. It is only when there is a tendency to have recurrent seizures (more than one) that epilepsy is diagnosed.

There are a number of types of seizure but the **Generalised Tonic Clonic Seizure** is the most universally recognised.

Generalised Tonic Clonic Seizure

Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase). Breathing is shallow or temporarily suspended causing the lips and complexion to look grey/bluish. Saliva (sometimes also blood if the tongue has been bitten) may come out of the mouth and there may be loss of bladder control. The seizure usually lasts approximately two minutes and is followed by a period of confusion, agitation and extreme tiredness. Headaches and soreness are also common afterwards.

Complex Partial Seizure

Non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. (Note: This can be confused for many things e.g. Being under the influence of drugs or alcohol).

Absence Seizure

Mostly affects children. Non-convulsive with brief blank periods with loss of awareness. Can be mistaken for daydreaming.

Remember

The majority of people with epilepsy achieve good control through the use of antiepileptic medication and many become seizure free. With regular medication and a sensible lifestyle a full and active life is possible for someone with Epilepsy.

Don't call a person an Epileptic; they are a person who has Epilepsy!

WHAT TO DO IF SOMEONE HAS A SEIZURE

Generalised Tonic Clonic Seizure

- Remain calm
- Stay with the person
- Time the seizure
- Protect the person from injury
- Roll into recovery position after jerking stops OR immediately if vomited
- Maintain privacy and dignity
- Observe and reassure until recovered

- **DO NOT** put anything in their mouth
- **DO NOT** Restrain the person
- **DO NOT** move the person unless they are in danger
- **DO NOT** Apply CPR (In the unlikely event that resuscitation is necessary commence once jerking has stopped)

Note: If seizure occurs while a person is seated in a wheelchair, car or stroller, support their head and leave safely strapped in seat until seizure is finished. If there is food, water or vomit in their mouth, remove person from seat and roll them onto their side immediately.

Complex Partial Seizure

- Remain calm
- Stay with the person
- Time the seizure
- Gently guide away from danger
- Reassure until recovered
- Do not restrain

Absence Seizure

- Remain calm
- Reassure
- Repeat any missed information

Call an ambulance (000) if:

- You are in any doubt
- You arrive after the seizure has started
- Injury has occurred
- Food or water is in mouth during seizure
- The seizure has occurs in water
- The seizure lasts longer than normal for that person
- The jerking of a tonic-clonic seizure lasts longer than five minutes
- Another seizure follows quickly
- A complex partial seizure lasts longer than 15 mins
- The person has breathing difficulties after the jerking stops
- It is the person's first known seizure

For more information contact: www.epilepsyaustralia.net