

POLICY/PROCEDURE NAME & REVIEW PROCESS	EPILEPSY MANAGEMENT POLICY This policy and procedure has been created to provide all stakeholders with clear guidelines and transparency to our practices and procedures. We welcome feedback and input from all stakeholders at any time and this policy is subject to review based on feedback or due date of annual review.
NATIONAL QUALITY STANDARD	QUALITY AREA 2- CHILDREN'S HEALTH AND SAFETY 2.1- Health 2.1.1- Wellbeing and comfort 2.1.2- Health practices and procedures 2.1.3- Healthy Lifestyles 2.2 Safety 2.2.1- Supervision
NATIONAL LAW AND REGULATIONS	91- Medical conditions policy to be provided to parents 92- Medication record 93- Administration of medication 95- Procedure for administration of medication 136- First aid qualifications 170- Policies and procedures to be followed 171- Policies and procedures to be kept available 172- Notification of change to policies or procedures
RELATED POLICIES and RECORDS	<ul style="list-style-type: none"> Change of details record Enrolment record Incident injury trauma and illness record Incident review and reflection record Medical risk minimisation and communication record Medication administration record long term
SCOPE OF POLICY	This policy applies to all children, educators, staff, families, management, students, volunteers, and visitors at our service.
AIM OF POLICY	To ensure that our service has strong guidelines, procedures, and practices in place so that educators and employees are equipped to support children diagnosed with epilepsy in a safe, inclusive, and supportive environment. This policy outlines strategies for managing epilepsy-related incidents and minimising risks while promoting the wellbeing and participation of all children. Our aim is to provide a clear policy, implement the policy, support practices relating to the policy, train staff regarding the policy and maintain and update the compliance of the policy for all our stakeholders.
SERVICE IMPLEMENTATION	Implementation Epilepsy is a prevalent and serious neurological disorder, characterised by recurrent seizures resulting from abnormal electrical activity within the brain. Approximately 1 in 200 children are affected by epilepsy, however, the degree of impact varies significantly. While some children experience profound effects, others may be minimally affected. As noted by Epilepsy Smart Australia, "Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition." It is essential that each child diagnosed with epilepsy has a current and personalised Epilepsy Management Plan. In the majority of cases, seizures can be effectively managed with prescribed medication. Therefore, it is imperative that all staff working with children diagnosed with epilepsy are well-informed about the nature and impact of seizures, the child's specific medication needs, and the appropriate first aid responses in the event of a seizure.

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Service Support Within Reach	Warning -uncontrolled when printed. This document is current at the time of printing and may be subject to change without notice				

Epilepsy Smart Australia (ESA) offers a comprehensive range of resources to support the development of individualised Epilepsy Management Plans. In collaboration with national partners across all states and territories, ESA provides training and guidance to both families and educators. Our service is committed to providing high-quality care to all children, including those with medical conditions such as epilepsy. The service will ensure all employees are informed, trained, and confident in managing seizures and responding to epilepsy-related emergencies in line with the child's individual health care plan and national standards.

Our goal is:

- Ensure educators and employees are aware of and prepared to support children with epilepsy.
- Promote safe practices in managing seizures.
- Establish clear procedures for responding to seizures and administering emergency medication.
- Work collaboratively with families and health professionals to support each child's individual medical needs.

On enrolment

The nominated supervisor will discuss with families if there are any existing diagnosed illness with the child/ren enrolling. Several issues must be considered when a child with a diagnosed health care need, allergy or relevant medical condition is enrolled at the service. Key requirements must be in place before the child commences attending the service:

- Children presenting with epilepsy cannot be enrolled at the service unless a current and comprehensive **Seizure Management Plan**, developed and signed by a medical practitioner, is provided and updated at least annually or after any change in condition.
- A **medical risk minimisation and communication record** and a **medical administration record** is completed in conjunction with families and has been communicated to all educators in the service.
- Families will be presented with **Epilepsy Management policy** on enrolment.
- Child must not attend if medication is not accompanied with child on days of attendance.
- The same process will apply to **educators** who present with epilepsy. They will fill in medical management plan signed by a medical practitioner, a **medical risk minimisation and communication record** and a **medical administration record** must be completed, and employees must always have medication with them whilst working.
- While developing the **medical risk minimisation and communication record** the service will implement procedures where possible to ensure children with epilepsy do not suffer any adverse effects from their condition while at the service:

Medical risk minimisation and communication record.

Will be developed by the nominated supervisor in consultation with the child's parents/guardians based on the information supplied by the medical practitioner.

The record will include the following:

- Child's name details date of birth.
- Date of plan and review date.
- Triggers for the medical condition.
- A service specific plan that details each child's medical condition and identifies the risks of the medical condition and practical strategies to minimise those risks should they occur.
- Who is responsible for implementing the strategies.
- All elimination and control measures.
- Once completed the **medical risk minimisation and communication record** will be communicated with all educators in the service in conjunction with medical management plan.
- It must be signed by parent/ guardian and nominated supervisor.
- It must be signed by staff to acknowledge that they have read and understood the **medical risk minimisation and communication record**.
- Ensure that through proper practices and procedures, that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- Ensure that there is signage to indicate where medication is stored.
- Ensure that staff are aware of and know what signs the child will display if experiencing an episode relating to diabetes.
- Be confident to implement the medical management plan in the event of a medical emergency.

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- Be aware of who is to administer medication to the child.
- Be aware of any extra measures required to support the child to control condition.
- Inform staff of any changes to the status of the child's medical condition.
- Ensure that at least one educator or one nominated supervisor has been trained by a medical practitioner or qualified nurse and are named in the plan as the designated medication administrators and attend the service at all times.
- Ensure that the **medical risk minimisation and communication record** is updated and revised every 6 months to capture new information or changes to medical condition relating to child enrolled at the service.

Medication administration record

As per National Quality Standards the approved provider will ensure that the **medication administration record** meets requirements by having the following criteria:

We expect that all educators check and fill in these records and follow medication administration procedure with care and diligence to ensure the safety of all children.

Medication Administration Record

- The name of the child.
- Authorisation to administer medication signed by a parent or person named in child's enrolment record as an authorised contact that can consent to administration of medication.
- The name of the medication to be administered.
- The time and date the medication was last administered.
- The dosage of the medication to be administered.
- The way the medication is to be administered- orally, syringe etc.
- Only qualified educators who hold a first aid certificate and who also received suitable practitioner/nurse training in diabetes can administer medication with an equally qualified witness.

Once medication has been administered, staff will ensure that the **medication administration record** states the following:

- The dosage that was administered.
- The way that the dosage was administered- orally, syringe etc.
- The time and date the medication was administered.
- The name and signature of the person who administered the medication.
- The name and signature of the witness who administered the medication.

Staff Training and Awareness

At least one educator with current training in epilepsy management and seizure first aid will be present at all times when a child with epilepsy is attending.

Staff will be trained in:

- Recognising different types of seizures.
- Seizure first aid.
- Administering emergency medication if required.
- Managing post-seizure recovery and documentation.
- Training will be refreshed as required and documented.

Seizure Response

In the event of a seizure:

- Stay calm and time the seizure.
- Do not restrain the child or put anything in their mouth.
- Protect the child from injury (e.g., move objects, place something soft under their head).
- Follow the child's Seizure Management Plan.

Call 000 if:

- The seizure lasts longer than the time stated in the plan.
- A second seizure follows without recovery.
- The child has trouble breathing or is injured.
- Notify the family as soon as possible.
- Complete an Incident, Injury, Trauma and Illness Record and an **Incident review and reflection record** after any seizure as soon as possible for parent/ guardians to sign.

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- If an ambulance is called nominated supervisor must inform approved provider and the department of education all the details regarding the incident within 24 hours.

Communication and Confidentiality

- All information regarding a child's medical condition will be treated confidentially.
- Staff will communicate openly and respectfully with families about the child's condition and care requirements.
- Families will be notified of any updates or incidents.

Inclusion and Support

- Children with epilepsy will be supported to participate fully in all aspects of the program.
- Risk assessments will be undertaken for excursions and activities to ensure safety.
- Reasonable adjustments will be made to accommodate individual health needs.
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Types of Epileptic Seizures or Episodes.

FOCAL SEIZURES

Focal Seizures Without Loss of Consciousness

Previously known as *simple partial seizures*, these originate in areas of the brain that don't control awareness—commonly in regions responsible for movement or sensation. The person stays fully conscious during the episode. Symptoms depend on which brain area is affected.

- If the seizure begins in a motor region, unusual movements may occur, such as limpness, stiffness, or rhythmic jerking.
- If sensory areas are involved, the person might feel tingling, numbness, see flashing lights, hear strange sounds, or smell unusual odours.
Young children often find it hard to describe these experiences and may become scared or confused by them.

Focal Seizures with Impaired Awareness

In these seizures, consciousness is affected. The person may appear confused, unresponsive, or perform repetitive movements without knowing—such as fiddling with clothes, chewing, swallowing, or wandering. They may seem frightened and resist help or restraint.

During these episodes, colour changes in the face, incontinence, or vomiting may occur.

Afterward, the person might be disoriented for an extended period and may struggle to speak, see, or hear if those brain areas were involved. They typically don't recall the seizure and may need to sleep afterward to recover.

Focal Seizures That Become Generalised

Sometimes focal seizures spread across the brain, developing into a seizure that affects both hemispheres. These are known as *bilateral tonic-clonic seizures*, formerly called *secondarily generalised seizures*. They resemble generalised tonic-clonic seizures in presentation and intensity.

GENERALISED SEIZURES

Tonic-Clonic Seizures

These are the most widely recognised type of seizure and involve a sudden loss of consciousness.

The person may collapse, followed by a stiffening of the body (*tonic phase*) and then rhythmic jerking movements (*clonic phase*).

Typical features include:

- Shallow or irregular breathing
- Blue or greyish skin tone
- Saliva drooling
- Possible bladder or bowel incontinence

Seizures generally last between 1 to 3 minutes. Afterward, the individual is often drowsy, disoriented, and may need rest. If the seizure continues for more than five minutes, call an ambulance immediately.

Absence Seizures

Also known as *petit mal seizures*, these involve a very brief lapse in awareness or activity, usually under 10 seconds. The person may stare blankly, blink rapidly, or make small mouth or chewing movements.

They resume activity almost instantly afterward and may be unaware that anything happened. There is no falling or convulsing in typical absence seizures.

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Myoclonic Seizures

These consist of sudden, brief muscle jerks or spasms, lasting only one to two seconds. They can affect the whole body or just certain limbs.

- If the arms are involved, the person may drop objects.
- If it affects the legs or torso, a fall may occur.
- These seizures may happen singly or in clusters.

Tonic Seizures

Characterised by a sudden stiffening of the muscles, tonic seizures last between 1 and 10 seconds. Breathing may momentarily stop and drooling or colour changes can occur.

They often happen during sleep but can also occur when awake, potentially causing a sudden and forceful fall that may lead to injury. These seizures are uncommon and typically linked to more severe types of epilepsy.

Atonic Seizures

Also referred to as *drop attacks*, these seizures involve a sudden and complete loss of muscle tone.

- In milder cases, only the head may nod forward.
- In more severe instances, the entire body collapses, resulting in a sudden fall.
- Due to the risk of injury, these seizures are particularly concerning.

Each member of the team plays an important role in the implementation of each policies guidelines, and they are outlined as below but not limited to the following:

The Approved Provider

- Will ensure all new staff employed have current accredited first aid and approved CPR, asthma, and anaphylaxis training.
- Will ensure the policy and procedures are met and the nominated supervisor has ensured that medical management plans and risk assessments are completed.
- Will ensure families of children that have a specific medical condition have been given a copy of this policy and any relevant medical policies.
- Will ensure that families will be supported to develop risk minimisation plans for children with medical conditions or specific health care needs.
- Will ensure that the **medical risk minimisation and communication record** is in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.
- Will ensure this policy is implemented, reviewed, and communicated. Arrange staff training and ensure plans are in place.
- Will ensure that obligations under the Education and Care Services National Law and National Regulations are met.
- Will ensure they take reasonable steps to ensure that the nominated supervisor, educators, staff, and volunteers follow the policy and procedures.
- Will ensure they provide the nominated supervisor, educators, staff and volunteers the documentation to perform their role, follow policy, procedure, and document according to regulatory and service requirements.
- Will ensure that adequate induction process is provided to all staff to ensure they have time to read and understand policies and procedures and seek further information if unsure.
- Will ensure that the nominated supervisor and staff are equipped with ongoing professional development and training they require to comply with this policy.
- Will encourage feedback from stakeholders regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Will ensure the policy is kept up to date with current legislation, research, and best practice.

The Nominated Supervisor

- Will ensure this policy is implemented, reviewed, and communicated. Arrange staff training and ensure a seizure management plan is provided by parent/guardian and that the nominated supervisor completes a **medical risk minimisation and communication record** at enrolment with parent/guardian.
- Will ensure prior to enrolment they establish if there is a pre-existing diagnosed illness with the child/ren enrolling, this will be established through conversation and completion of the **enrolment record**.

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- Will ensure any child that presents with epilepsy will need to have an existing seizure management plan in place from a medical practitioner.
- Will ensure prior to enrolment the nominated supervisor will organise with the families a **medical risk minimisation and communication record** to support the child's medical condition and medical plan.
- Will advise parents/guardians that a child enrolled at the service with a medical condition that requires medical support. Will only be able to attend service with prescribed medication.
- Will ensure if a child presents with a medical condition that doesn't fall under staff first aid qualifications the family will need to organise training for staff in child's room to ensure they can fully support the child.
- Will monitor **medical risk minimisation and communication records** by sending out regular **change of details record** to families and through conversations and reminders via email or online platform.
- Will complete a new **medical risk minimisation and communication record** in the event that circumstances have changed for a child and ensure that this information is communicated immediately to staff in room and all staff in service as soon as possible.
- Will discuss with staff, children with medical conditions at staff meetings or immediately if there are any changes that must be implemented.
- When organising excursions for children ensure that any child with a medical condition has a medical management plan and supporting medication and documents taken on the excursion and there is a suitable first aid qualified educator rostered on to be in attendance on excursion.
- Will ensure after any incident involving a child with a medical condition or any serious incident in the service nominated supervisor in conjunction with staff, if appropriate, will complete an **incident review and reflection record**, this will allow the team to reflect on practices, processes, policy and or to discuss the medical management plan.
- Will adhere to and implement the obligations under the Education and Care Services National Law and National Regulations.
- Will ensure they take reasonable steps to ensure that the educators, staff, and volunteers follow the policy and procedures.
- Will ensure they provide the educators, staff and volunteers the documentation to perform their role, follow policy and procedure and ensure they are checking the documentation according to regulatory and service requirements.
- Will ensure that a rigorous recruitment process is completed, and a thorough induction process is provided to all staff to ensure they have time to read and understand policies and procedures and seek further information if unsure.
- Will ensure that the staff are supported with ongoing professional development and training they require to comply with this policy.
- Will encourage feedback from stakeholders and staff regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Will ensure the policy is kept up to date with current legislation, research, and best practice.
- Will conduct regular staff meetings to address policy compliance with legislation, policy implementation, changes to policy and or collect feedback for annual review of policy.

Educators

- Will follow seizure and medical management plans, maintain up-to-date training, and record incidents accurately.
- Will adhere to and implement the obligations under the Education and Care Services National Law and National Regulations.
- Will ensure they take reasonable steps to follow the service policy and procedures and seek advice or further support if unsure.
- Will ensure they complete and document any related records regarding the implementation of this policy and practice requirements of the service.
- Will attend any ongoing professional development, staff meetings and training they require to comply with this policy and practice requirements of the service.
- Will provide feedback to the nominated supervisor or approved provider regarding the policy's effectiveness, particularly in relation to identifying and responding to child safety concerns.
- Will provide feedback regarding policy review when required.

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	<p>Families</p> <ul style="list-style-type: none"> Will ensure that they inform management of any medical condition in the enrolment record so the nominated supervisor can support child/ren adequately and ensure the service is equipped to support the child. Will work with nominated supervisor to complete a medical risk minimisation and communication record. Will provide any changes to the child's pre-existing medical condition immediately OR advise nominated supervisor of a new medical condition immediately. Will liaise with staff regarding any changes or incidents that occurred at home when arriving at the service for the day e.g., child had a seizure during the night. Will be expected to be familiar with this policy and adhere to the procedures relating to the policy.
REGULATION IMPLEMENTATION	The following procedures outline and support all stakeholders to understand and implement the regulatory guidelines of this policy.
In regard to regulation 91- Medical conditions policy to be provided to parents	<p>Nominated Supervisor will.</p> <ul style="list-style-type: none"> Ensure when parent and child present with specific medical condition the nominated supervisor will provide parent with a copy of all policies relating to medical conditions to ensure that parents are well informed. Will ensure room meeting will be conducted on a regular basis and information regarding medical conditions will be discussed and documented to advise if there are changes or updates or to gain feedback or information regarding child/rens health. Will ensure any new staff will be advised of medical conditions within their induction. Will in conjunction with lead educator review the medical risk minimisation and communication record on a regular basis. Will send out change of details record to all families to ensure that opportunities to capture change to medical conditions are captured. Will ensure staff meetings will include updates and issues with medical conditions for all children in the service.
In regard to regulation 92 -medication record and 93- Administration of Medication	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure parent/ guardians have completed medical administration record long term prior to administering any medication to children and that any medication is in its original container and has a chemist label attached with information pertaining to the correct child and is current and has not expired. Ensure nominated supervisor will complete in conjunction with parent/guardian prior to enrolment a medical risk minimisation and communication record if an ongoing medical condition exists. Ensure that educators only administer medication if they are first aid qualified and have a witness present, confirm the details of the medication, check for expiry date, check child's name, and complete the medical administration record long term once administered. Ensure they seek verbal permission by a parent/guardian or emergency contact to administer or self-administer medication. In the event they are unable to contact parent/guardian or emergency contact seek permission from a registered medical practitioner or emergency service. Ensure parent /guardians have completed the permission section of the enrolment record to request an ambulance in the event of an emergency. In the event of an emergency administration of medication -call an ambulance if required. Call parent/ guardian immediately after child has been attended to. Complete an Incident, injury, trauma, and illness record. Notify regulatory authority on the NQAITS portal within 24 hours. <p>Medical administration record must include the following and No medication will be administered unless the record is complete and meets all policy outlines.</p> <ul style="list-style-type: none"> The name of the child. Ensure that the medication has been administered by a medical Practitioner and is in its original container, with its original label / is prescribed for that particular child/ has not expired and must

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	<p>be administered with any instructions attached to the medication or provided by a registered medical practitioner.</p> <ul style="list-style-type: none"> Authorisation to administer medication if applicable, self-administration), signed by a parent or person named in the child's enrolment record as authorised to consent to administration of medication. <p>If the medication is administered to the child:</p> <ul style="list-style-type: none"> The dosage that was administered. The manner in which the medication was administered. The time and date the medication was administered. The name and signature of the person who administered the medication. The name and signature of the person who checked the dosage and administration. <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Ensure that all staff are made aware of the policy and process and will monitor and check records and medication regularly.
In regard to regulation 95 – Procedure for administration of medication.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure there are appropriate procedures and guidelines regarding medication that are clear and adhered to at all times. A procedure outlining these requirements is available to all staff and educators. <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Ensure that educators adhere to the Dealing with Medical Conditions Policy and Epilepsy Management Policy practices regarding administering medication. Ensure only a fully qualified first aid educator in the presence of a witness will administer medication. Ensure medication will be checked to ensure that it is for the correct child/ that it is in date, not expired/ that the medication administration record has been completed by the parent prior to administering medication. Ensure if any of the above criteria is not met that educators will inform nominated supervisor who will inform parent. Ensure medication will be recorded on the medication administration record once it has been administered.
In regard to regulation 136- First aid qualifications.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure at least one educator or staff member holds current approved first aid qualifications and attends at all times that children are being educated and cared for by the service, including on excursions and during periods of transportation. <p>Nominated Supervisor will</p> <ul style="list-style-type: none"> Maintain a staff schedule record to track expiration of qualifications and roster qualified first aid staff to ensure compliance at all times. Check that all first aid qualifications meet regulatory requirements according to the national authority website.
In regard to regulation 170- Policies and procedures to be followed.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that all staff and volunteers are made aware of Regulatory policies and procedures by ensuring that this forms a part of the induction process. Ensure probationary reviews will be conducted once new staff are appointed at the 3- month and 6-month mark to ensure that they are following policy and procedure and to review and revise regulatory policies. Ensure staff meetings will be conducted on a regular basis to allow for review of policy and procedure and further training and revision of procedural practices in relation to policy and procedure. Ensure annual review and revision of policies and procedures will be conducted, and all educators will be given the opportunity for input.
In regard to Regulation 171- Policies and procedures to be kept available.	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure that policies and procedures are available to all staff and the location and availability will form a part of the induction process. Ensure policies will be available on request for all staff members to have access when required.

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	<ul style="list-style-type: none"> Ensure policies will be available when required for staff members to download copies and/or print out if required in order to complete assignments or to form part of their research and/ or update their knowledge. Ensure policies will be available for all stakeholders when requested and when updating.
In regard to Regulation 172- Notification of change to policies or procedures	<p>Approved Provider will</p> <ul style="list-style-type: none"> Ensure staff meetings will be conducted on a regular basis to allow for review of policy and procedure, provide further training and allow for input if required in relation to policy and procedure. Ensure stakeholders will be invited to provide feedback for policies and procedures at any time, not just on annual review but will also be invited to add feedback at review time or after an event that may require change to policy or procedure. Ensure policies and procedures will be emailed or put on display in the foyer for stakeholders to have the ability to provide feedback. Ensure feedback will be considered from stakeholders and educators and may result in a change in policy. Ensure policy and procedure may be changed at any time if there has been an incident in the service that has required a change to be implemented for the safety and health of children and or educators. Ensure in the event of a change to a policy after feedback or a situation that occurs, we will provide 14 days' notice to all stakeholders before the change takes effect.
CONTINUOUS IMPROVEMENT	<p>We are dedicated to the ongoing improvement of our practices and procedures through the following actions:</p> <ul style="list-style-type: none"> Conducting regular reviews and updates of this policy with all stakeholders. Actively seeking feedback from children, families, and staff members. Providing targeted skill development and training for staff when areas for improvement are identified or when gaps in policy and procedure implementation are observed.
KEY TERMS	<ul style="list-style-type: none"> Emergency Medication- A medication prescribed to interrupt a prolonged seizure (e.g., Midazolam). Epilepsy- A neurological condition where seizures result from sudden, abnormal electrical activity in the brain. Seizure- A sudden and uncontrolled electrical disturbance in the brain which may result in changes in behaviour, movements, feelings, or consciousness. Seizure Management Plan - A document developed by a medical professional detailing the type of seizures, triggers, treatment, and emergency response. Stakeholder - a person or group of people who have an interest in a business, a person such as an employee or customer. They have a sense of responsibility toward it and an interest in its success.
WE GRATEFULLY ACKNOWLEDGE THE FOLLOWING SOURCES	<ul style="list-style-type: none"> ACEQCA – Managing Medical Conditions in Education and Care Services Australian Children’s Education & Care Quality Authority. ACECQA Australian Guidelines for the Administration of Medicines Code of Ethics Disability Discrimination Act 1992 (Cth) Epilepsy Smart Australia (Epilepsy Foundation) Education and Care Services National Regulations. Education and Care Services National Law Act 2010. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. Guide to the National Quality Framework. National Quality Standard. Staying Healthy Childcare 6th edition St John Ambulance – Seizure First Aid Guidelines United Convention on the Rights of the Child

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