

# EPILEPSY AND SEIZURES

QUALITY AREA 2 | ELAA version 1.2



## PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff, volunteers and families are aware of their obligations and required strategies in supporting children with epilepsy and non-epileptic seizures to safely and fully participate in the program and activities of Somerville Kindergarten
- ensure that all necessary information for the effective management of children with epilepsy and non-epileptic seizures enrolled at Somerville Kindergarten is collected and recorded so that these children receive appropriate attention when required.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*



## POLICY STATEMENT

### VALUES

Somerville Kindergarten is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy and non-epileptic seizures can participate to their full potential
- involving families in developing the policy and management plan for children with epilepsy or non-epileptic seizures
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy and non-epileptic seizures, its effects and strategies for appropriate management, among educators, staff, families and others involved in the education and care of children enrolled at the service

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, families, children, and others attending the programs and activities of Somerville Kindergarten, including during offsite excursions and activities.

## RESPONSIBILITIES

Contractors, volunteers and students	Families	Early childhood teacher, educators and all other staff	Nominated supervisor and persons in day-to-day charge	Approved provider and persons with management or control
R indicates legislation requirement, and should not be deleted				



Providing all staff with a copy of the service's <i>Epilepsy and Seizures Policy</i> and ensuring that they are aware of all enrolled children living with epilepsy or non-epileptic seizures	R	√	√		√
Providing families of children with epilepsy or non-epileptic seizures with a copy of the service's <i>Epilepsy and Seizures Policy (Regulation 91)</i> and <i>Administration of Medication Policy, upon</i> enrolment/diagnosis of their child	R	√		√	
Facilitating communication between management, educators, staff and families regarding the service's <i>Epilepsy and Seizures Policy</i>	√	√	√	√	√
Ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the <i>National Law: Section 169(4)</i> and <i>National Regulations 137</i> , and are approved by ACECQA	R	√	√		√
Informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures				√	
Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service at the time of enrolment. This plan should be reviewed and updated at least annually				√	
Ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old	Ö	Ö		√	
Providing staff with a new updated Epilepsy Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)				√	
Developing and implementing a communication plan ( <i>refer to Definitions</i> ) and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need ( <i>Regulation 90 (c) (iii)</i> )	R	√	√	√	
Communicating regularly with educators/staff in relation to the ongoing general health and wellbeing of their child, and the management of their child's epilepsy or non-epileptic seizures				√	
Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with families/ their state epilepsy organisation/medical practitioner	R	√	√	√	√
Ensuring a copy of the child's medical management plan is visible and known to staff in the service. ( <i>Regulations 90 (iii)(D)</i> ). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent ( <i>refer to Privacy and Confidentiality Policy</i> )	R	√			
Identifying and, where possible, minimising possible seizure triggers ( <i>refer to Definitions</i> ) as outlined in the child's Epilepsy Management Plan	R	√	√	√	√
Taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans	R	√	√		√

and any prescribed medication on excursions and to other offsite events					
Ensuring that all staff have current CPR training and are aware of seizure first aid procedures ( <i>refer to Attachment 1</i> ) when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	√	√		√
Ensuring that all staff attend training conducted by their state/territory -based epilepsy organisation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency seizure medication, when a child with epilepsy is enrolled at the service	R	√	√		√
Ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication	Ö	√			
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i> and information provided in the EMMP (method of administration, dose, time frame, frequency, maximum doses in a 24-hour period)	R	√	√		√
Ensuring a medication record is kept for each child to who medication is to be administered by the service ( <i>Regulation 92</i> )	R	√	√		√
Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/ territory-based epilepsy organisation, and that it remains within its expiration date	R	√	√	√	√
Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times				√	
Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime or following administration of emergency medication following an emergency event.	R	√	√	√	√
Compiling a list of children with epilepsy and non-epileptic seizures and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy	R	√			
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy and non-epileptic seizures, and the location of their medication and management plans	R	√			
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy and non-epileptic seizures	R	√	√		√
Ensuring that children with epilepsy and non-epileptic seizures are not discriminated against in any way	R	√	√		√
Ensuring that children living with epilepsy and non-epileptic seizures can participate in all activities safely and to their full potential	R	√	√		√

Encouraging their child to learn about their epilepsy and non-epileptic seizures, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.				√	
Immediately communicating any concerns with families regarding the management of children with epilepsy at the service	R	√	√		√
Communicating any concerns to families if a child's epilepsy is limiting his/her ability to participate fully in all activities	√	√	√	√	√
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		R
Organising general epilepsy management information sessions for families of children enrolled at the service, where appropriate. Information identifying which students within the service have a diagnosis of epilepsy, or student specific information, should only be shared with other parents/ guardians if consent has been gained from the Parent/ Guardian of the child with Epilepsy.	√	√			



## BACKGROUND AND LEGISLATION

### BACKGROUND

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

“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. All children with epilepsy should have an Epilepsy Management Plan” (*Children with epilepsy: A Teacher's Guide, Epilepsy Foundation– refer to Sources*).

Most people living with epilepsy have good control of their seizures through medication. It is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

Epilepsy smart Australia (ESA) (*refer to Sources*) has a range of resources and can assist with the development of an Epilepsy Management Plan. ESA and its national partners provide training and support to families and educators in the management of epilepsy, and in the emergency administration of Midazolam, Clonazepam or rectal Diazepam.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. *Regulation 136 of the Education and Care Services National Regulations 2011* requires the approved provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved first aid qualifications. Services who are caring for children living with epilepsy are advised that educators may need to undertake epilepsy emergency medication training and seizure first aid training for educators depending on the child's needs. The *Education and Care Services National Regulations 2011* states that an approved provider must ensure that at least one educator with

current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic).

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g., approved provider, nominated supervisor, notifiable complaints, serious incidents, duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

**Absence seizure:** Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

**ASMs:** Anti-seizure medications used for the treatment of many epilepsy syndromes. ASMs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

**Emergency epilepsy medication:** Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or intranasal midazolam. Clonazepam drops are a less commonly prescribed emergency medication and rectal Diazepam has been used in the past but is no longer often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of emergency epilepsy medication within the past 2 years can administer this medication.

**Emergency Medication Management Plan (EMMP):** Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

**Epilepsy:** A neurological disorder marked by sudden recurrent (two or more) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.

**Epilepsy Management Plan (EMP):** Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team



approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

**Epileptic seizures:** Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous and brief. However, multiple seizures known as seizure clusters can occur over a 24 hour period.

**Non-epileptic seizures (NES):** also known as dissociative seizures. There are 2 types of non-epileptic seizures:

- organic NESs which have a physical cause
- psychogenic NESs which are caused by mental or emotional processes

**Focal (previously called simple or complex partial) seizures:** Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

**Generalised seizure:** Both sides of the brain are involved and the person will lose consciousness. A Tonic-Clonic seizure is one type of generalised seizure.

**Ketogenic diet:** A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the families or carers.

**Midazolam:** Belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, Midazolam is used for emergency management of seizures, as it can stop the seizures quickly. Once absorbed into the blood, Midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of Midazolam usually occurs rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, Midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer Midazolam.

**Midazolam kit:** An insulated container with unused, in-date Midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's families, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if families cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g., buccal, gloves, tissues, pen and paper, +/- stopwatch.

**Seizure record:** An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

**Seizure triggers:** Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy



## SOURCES AND RELATED POLICIES

### SOURCES

- The National Epilepsy Support Service phone 1300 761 487 Monday – Friday , 9.00am to 5.00pm (AEST) provides information, support and access to education & training for families and early learning staff across Australia.
- Epilepsy Foundation: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au) or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA
- Epilepsy Smart Schools initiative and resources: [www.epilepsysmartschools.org.au](http://www.epilepsysmartschools.org.au)

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions, Regular Outings and Service Events
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Privacy and Confidentiality
- Staffing

---

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



---

## ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam



## AUTHORISATION

This policy was adopted by the approved provider of Somerville Kindergarten on October 2025

**REVIEW DATE:** October 2028

---