



Epilepsy Policy and Procedures

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National Quality Standard	Quality Area 2: Children’s Health and Safety Related: Quality Area 7: Governance and Leadership

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Appendix 1: Related National Law, Regulations and Quality Standards



Policy Statement

The Epilepsy Policy and Procedures aims to provide clear procedures to support the health, wellbeing and inclusion of all children enrolled at Heritage Early Childhood Centre (Heritage) who are diagnosed with epilepsy.

Heritage understands it has a duty of care and legislative responsibilities under the *Work Health and Safety Act 2011*, *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to provide a safe and inclusive environment that supports the health and wellbeing of all enrolled children, and to take every reasonable precaution to protect enrolled children from harm and hazards (National Law 167). In addition, under National Regulation 168, policies and procedures are required in relation to dealing with medical conditions in children and providing a child safe environment.¹

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.”²

Most children living with epilepsy have good control of their seizures through medication (medazolam or rectal Valium), however 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. It is imperative that educators (including students and volunteers) and families acknowledge their shared responsibilities under this policy and strictly adhere to its procedures in order to maintain a safe environment for enrolled children diagnosed with epilepsy. An Epilepsy Management Plan³ will be developed with families of children diagnosed with epilepsy prior to commencement at Heritage with input from the child’s specialist epilepsy medical team and signed by a medical practitioner. The plan must include a Risk Minimisation Plan, Communication Plan and Medication Authorisations, and be strictly followed by educators when supervising the child’s health and behaviour needs, administering medication, planning indoor and outdoor activities and on excursions. It must be updated by families at least annually on enrolment, whenever there are changes and following a related incident.

This policy should be read in conjunction with the Medical Conditions Management Policy and the Medication Policy.

Policy Aims

The Heritage Epilepsy Policy and related procedures have been developed to ensure:

- A safe and healthy environment in which enrolled children diagnosed with epilepsy can participate to their full potential in all aspects of the Heritage program.
- All necessary information is collected regarding enrolled children diagnosed with epilepsy so they may be supported with the appropriate management of their condition while at Heritage.
- An individual Epilepsy Management Plan is developed with the parents/guardians of each enrolled child diagnosed with epilepsy with input from child’s specialist medical team.⁴
- The parents/guardians of each enrolled child diagnosed with epilepsy are actively involved in assessing activities at Heritage and developing risk minimisation and risk management strategies for their child while at Heritage.⁵

¹ Refer to: Appendix: Relevant National Law, National Regulations and Quality Standards

² Refer to: Children with Epilepsy: A Teacher’s Guide – Epilepsy Foundation of Victoria.

³ Refer to: Definitions

⁴ Refer to: Medical Condition Management Plan

⁵ Refer to: Risk Minimisation Plan



- Clear communication procedures are developed in partnership with the parents/guardians of each enrolled child diagnosed with epilepsy to ensure the safety and wellbeing of children diagnosed with epilepsy.⁶
- Supervision and staffing arrangements are adequate and at all times take into account the additional needs of enrolled children with epilepsy, including on excursions.
- Educators (including students and volunteers) are informed during their induction or the enrolment of new families of those children diagnosed with medical conditions including epilepsy and their Epilepsy Management Plan.
- A clear set of guidelines and procedures are available to be followed by educators (including students and volunteers) to minimise the risk of an epilepsy emergency occurring at Heritage and to enable educators to initiate appropriate treatment when required.
- Awareness is raised among the Heritage community of epilepsy and its management through education and policy implementation.

Rationale

Heritage recognises it has a duty of care to take all reasonably practicable steps to provide the Heritage community with a safe and healthy environment (*Work Health and Safety Act 2011*). In addition, the Heritage Epilepsy Policy and Procedures have been developed to comply with:

- *The Education and Care Services National Law Act (ACT) 2010*
- *The Education and Care Services National Regulations (ACT) 2011*
- *The National Quality Standard for Early Childhood Education and Care and School Age Care, 2012.*⁷
- *Health Records (Privacy and Access) Act 1997 (ACT).*
- *Privacy Act 1988 (Cwth)*
- Epilepsy Australia guidelines

Scope

It is understood that there is a shared responsibility and accountability between educators (including students and volunteers) and families to implement the Heritage Epilepsy Policy and Procedures as a matter of high priority due to the potential health and litigation risks of not doing so.

Definitions

The terms defined in this section relate specifically to this policy.

Approved First Aid Qualifications: First aid qualifications that meet the requirements of National Regulation 136(1) and have been approved by the National Authority.

Duty of Care: A common law concept that refers to the responsibility of organisations to provide people with an adequate level of protection from harm and hazards and all foreseeable risk of injury.

Medical Condition: A diagnosed allergy such as bee stings or hay fever, or a food allergy such as nut anaphylaxis or lactose intolerance; or a diagnosed medical condition such as asthma, diabetes, ADHD or epilepsy.⁸

Epilepsy: Recurrent seizures due to abnormal bursts of electrical activity in the brain that scrambles messages.

AEDS: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AED's 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 nasal midazolam. Rectal Valium has been used in the past but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in the child's Epilepsy Management Plan and must be kept up to date. **Only those**

⁶ Refer to: Communication Plan

⁷ Refer to: Appendix 1: Relevant National Regulations and Standards

⁸ Refer to: Allergy and Anaphylaxis Policy; Asthma Policy; Diabetes Policy



educators who have received child-specific training in the emergency administration of midazolam can administer this medication.

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. No longer called 'petit-mals'.

Focal (previously called simple or complex partial): Seizures that stay in one part of the brain and affect the area of 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 may progress into a generalized seizure. (Focal seizures where a person has full awareness were previously called simple partial seizures; Focal seizures where a person has an altered state of awareness were previously called complex partial seizures).

Generalised Seizure: Both sides of the brain are involved, and the person will lose consciousness.

Tonic Clonic Seizure: A type of generalised seizure. A convulsive seizure with loss of consciousness, muscle stiffening, falling followed by jerking movements. No longer called 'grand mals'.

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 radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on the diet, they can return home, with the diet managed by parents/guardians.

Epilepsy Management Plan: An Epilepsy Management Plan is a Medical Condition Management Plan⁹ developed in consultation with the affected child's family. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the child's treating doctor. It should be less than 12 months old, include a photograph of the child and address how to recognise when seizures are occurring, give clear directions for appropriate first aid, and outline all other requirements relating to the child's care and epilepsy management for all Heritage activities including:

- A detailed Risk Management Plan (see below).¹⁰
- A detailed Communication Plan (see below) on how information will be communicated between parents/guardians and Heritage educators, and review requirements, ie, at least annually, and when there is a change in the child's condition, treatment and/or medication.
- Storage and administration requirements for epilepsy medication.
- Guidelines for managing excursions and other extracurricular activities.

An Epilepsy Management Plan template from a recognised authority may be used in conjunction with the Heritage Medical Condition Management Form. For example templates from Epilepsy Australia can be found at:

<http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf>

Risk Minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at Heritage.

Risk Minimisation Plan: A plan developed for Heritage by families in consultation with staff for all enrolled children with diagnosed medical conditions that require Medical Management Plans. Developed upon enrolment or diagnosis of the condition as part of the Medical Condition Management Plan, it identifies the risks of the condition, details practical strategies to minimise those risks, and identifies who is responsible for implementing the strategies.

Seizure Triggers: As part of the Risk Minimisation Plan, seizure triggers for the affected child must be detailed. They may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

⁹ Refer to: Medical Conditions Policy

¹⁰ Refer to: Definitions



Communication Plan: A plan developed for Heritage and families of enrolled children diagnosed with medical conditions that outlines how Heritage will communicate with parents/guardians and staff (including students and volunteers) in relation to a child's Medical Condition Management Plan. It forms part of the Medical Condition Management Plan and includes how parents/guardians and staff will be informed about risk minimisation plans, review procedures and emergency procedures to be followed at Heritage.

Emergency Medication Management Plan: Completed by the prescribing doctor in consultation with the affected child's family. This medication plan must be attached to the child's Epilepsy Management Plan which has been signed by the child's treating doctor. Templates are available from:

<http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf>

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. It's main purpose is as a sedative or hypnotic, and it is used for medical/surgical procedures. For epilepsy, it is used for the emergency management of seizures, as it has the ability to stop seizures quickly. Once absorbed in to the blood stream, it travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam works by relaxing muscles, which is helpful in many types of seizures. Not all individuals living with epilepsy require emergency medication, but for a small group whose seizures are difficult to control, or for people who are isolated from medical care, midazolam is an excellent medication. It is fast acting and can be administered by family and carers buccally or nasally in a variety of settings. In the early childhood education and care setting, only those educators trained in the requirements of the child's Emergency Medication Management Plan (see above) may administer Midazolam.

Midazolam Kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (see above), and telephone contact details for the child's parents/guardians, doctor/specialist medical team, and the person to be notified in the event of a seizure requiring administration of Midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures less than 25 Degrees C. EFV Administration Flyer – eg buccal, gloves, tissues, pen, +/- stopwatch.

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

Medication Record: Contains details for each child to whom medication is to be administered by the service in a day and includes the child's name, signed authorisation, name and signature of the person administering the medication and of the person checking the procedure, if required. (Regulation 92).¹¹

Prescribed Medication: Medication authorised by a health care professional and dispensed by a pharmacist with a printed label, which includes the child's name, dosage and expiry date.

Non-prescribed Medication: All medication that does not meet the above criteria.

Ambulance Card. A card near service phones with guidelines on how to call an ambulance.

Staff Record: Must be kept by Heritage and include details of the Nominated Supervisor, Educational Leader, Early Childhood Teacher, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of Working with Vulnerable Persons (WWVP) cards. (Regulations 146-149). A sample staff record is available at www.acecqa.gov.au

Strategies and Practises

Enrolment Procedures

- On enrolment families must provide information regarding their child's health, medications, allergies, their General Practitioner's name, address and phone number, and emergency contact names and phone numbers.
- For children diagnosed with epilepsy, the Director will ensure families provide an individual Epilepsy Management Plan developed with input from the child's specialist medical team and signed by a medical practitioner. The Epilepsy Management Plan must include an individualised Risk Minimisation Plan and Communication Plan.¹²

¹¹ Refer to: Medication Policy

¹² Refer to: Definitions



- The Epilepsy Management Plan, Risk Management Plan and Communication Plan must be shared with educators prior to the child attending Heritage and strictly adhered to by educators when supervising the child's health and behaviour needs at Heritage; administering medication, planning indoor and outdoor activities and on excursions.
- The Epilepsy Management Plan must be updated at least annually on enrolment, when the condition or management procedures change and following a related incident.
- All educators will be informed of the location of children's medication both on the Heritage premises and on excursions and this will be written on the Epilepsy Management Plan.
- Epilepsy Management Plans will be put on display in relevant rooms where necessary to provide the best possible care of the child's health. Consent will be obtained from families.¹³
- Epilepsy Australia will be contacted as required for further support/information.

Enrolment Checklist for Children Diagnosed with Epilepsy

Action	Tick/Cross
Parents/guardians of a child with diagnosed epilepsy have been provided with a copy of the Epilepsy Policy, Medical Conditions Management Policy and Medication Policy.	
An Epilepsy Management Plan including an individual Risk Minimisation Plan and Communication Plan ¹⁴ have been completed in consultation with the affected child's parents/guardians prior to the child's attendance at the service. Procedures to address the individual needs of each child prescribed Midazolam are detailed.	
An Emergency Management Plan and Emergency Medication Management Plan ¹⁵ have been completed and signed by the child's medical practitioner as part of the child's Epilepsy Management Plan and are accessible to all educators. Templates are available from Epilepsy Australia at: http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf	
For a child prescribed Midazolam	
A copy of their Emergency Medication Management Plan is included in their Midazolam Kit ¹⁶	
The child's Midazolam medication is stored in an insulated container (Midazolam Kit, ¹⁷ in a location easily accessible to educators but inaccessible to children, and away from light (covered with aluminium foil), and direct sources of heat.	
The child's Midazolam kit has a visible expiry date and is available for use at all times the child is being educated and cared for at the service and includes a picture of the child.	
All educators who are trained in the administration of Midazolam for a particular child are aware of the location of their Midazolam kit and Emergency Medication Management Plan.	
For all enrolled children diagnosed with epilepsy	
Relevant educators have undertaken epilepsy management training (such as through Epilepsy Australia) including risk minimisation, recognition of	

¹³ Refer to: Privacy and Confidentiality Policy

¹⁴ Refer to: Definitions

¹⁵ Refer to: Definitions

¹⁶ Refer to: Definitions

¹⁷ Refer to: Definitions



seizures and emergency first aid treatment. Details of training must be recorded on the relevant educators' staff record. ¹⁸	
Epilepsy management procedures including first aid procedures and have been discussed at Staff Meetings.	
Relevant educators have undertaken a practise with a mock midazolam ampoule at least once during the last 12 months, and this is recorded on the staff record.	
A General First Aid Procedure for Seizures is in place and on display (see previous chart), and all staff understand the requirements.	
Contact details of parents/guardians and authorised emergency contacts are current and accessible.	

Source: Adapted from University of Melbourne Early Learning Centre, *Epilepsy Policy*, 2014

Staffing and Supervision Arrangements

First Aid

National Regulation 136 requires Heritage to ensure there is at least one educator on duty available at all times who holds a current approved first aid qualification. As a demonstration of duty of care and best practice, all Heritage educators have current first aid qualifications.

Supervision

Heritage recognises that under Section 169 of the *Education and Care National Law* (**refer to:** Appendix 1), the Director must ensure staffing arrangements enable all enrolled children to be adequately supervised to protect them from harm and hazards. In addition, educators must have appropriate qualifications to meet the health, learning and developmental needs of all enrolled children. (Regulation xxx?)

Where children with diagnosed epilepsy are enrolled at Heritage, the Director will consider the following to determine appropriate educator:child ratios:

- Do the children require more active one-on-one support?
- Are educators confident with their role in supervising the children – are they new to Heritage or have just undertaken to working towards a qualification?
- Do educators have a strong understanding and awareness of Heritage policies and procedures in relation to educating and caring for children with epilepsy?
- Have relevant educators been trained in the skills and knowledge to support children with epilepsy?
- Is there a suitably qualified Early Childhood Teacher and Diploma qualified educators engaged at Heritage to support educators with programming appropriate for children with additional needs including epilepsy?¹⁹

¹⁸ Refer to: Definitions

¹⁹ Refer to: Supervision and Water Safety Policy; Supporting Children's Individual and Additional Needs Policy.



General First Aid Procedures for Seizures

Type of Seizure	Action
Tonic Clonic Seizure	<p>A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.</p> <p><u>Educators must:</u></p> <ul style="list-style-type: none"> • Note the time the seizure started and time until it ends. • Protect the head – use a pillow or cushion, if available. • Remove any hard objects that could cause injury. • DO NOT attempt to restrain the person, stop the jerking or put anything in their mouth. • As soon as possible, roll the person on to their side – you may need to wait until the seizure movements have ceased. • Talk to the person to make sure they have regained full consciousness. • Stay with the person until they have recovered.
Absence Seizure	<p>Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.</p> <p><u>Educators must:</u></p> <ul style="list-style-type: none"> • Understand that timing can be difficult – count how many times it happens daily. • Reassure the person and repeat any information that was missed during the seizure.
Focal Seizure	<p>A non-convulsive seizure with outwards signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for drug or alcohol intoxication.</p> <p><u>Educators must:</u></p> <ul style="list-style-type: none"> • Note the time the seizure started and time until it ends. • Avoid restraining the person and guide safely around objects. • Talk to the person to make sure they have gained full consciousness. • Stay with and reassure the person until they have recovered.
When to Call an Ambulance	<p><u>Educators must call an ambulance (000) for:</u></p> <ul style="list-style-type: none"> • Any seizure if you don't know the person and there is no Epilepsy Management Plan. • If the seizure continues for more than 5 minutes. • If the seizure stops but the person does not gain consciousness within 5 minutes, or another seizure begins. • When a serious injury occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.
Epilepsy Australia Help Line	Ph: 1300 852 853

Source: http://www.epilepsyaustralia.net/uploads/74689/ufiles/First_Aid_poster_2018.pdf



Risk Minimisation

In addition to developing an individual Risk Minimisation Plan for each child diagnosed with epilepsy with their family as part of their Epilepsy Management Plan (refer to: Definitions), Heritage will ensure a Whole of Service Risk Minimisation Plan is developed to check how well Heritage has planned for the individual needs of enrolled children diagnosed with epilepsy. See template below:

Whole of Service Risk Minimisation Checklist for Children with Epilepsy/Prescribed Midazolam

How well has Heritage planned for the individual needs of enrolled children diagnosed with epilepsy, and those children prescribed emergency midazolam?	
Who are the affected children?	
What are their seizure triggers and the strategies that will minimise these triggers occurring? (eg, flickering lights, blowing wind chimes, sudden noise, becoming over-excited).	
Do educators know how to recognise the child's seizures and how to support the child? List the strategies for ensuring that all staff (including casual, relief and volunteer staff) recognise what the child's seizures look like and what support they may need.	
Do educators know where each child's prescribed medication for emergency use is located?	
Do educators know what constitutes an emergency and what to do when one occurs? (Refer to: Each child's Epilepsy Management Plan)	
Is each affected child's Epilepsy Management Plan including Risk Minimisation Plan up to date? <ul style="list-style-type: none"> Updated at least annually, on enrolment and after any related incident. 	
If midazolam is prescribed, how does the service ensure its safe administration and storage? For example: <ul style="list-style-type: none"> Records the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's Epilepsy Policy. Records the date that parents/guardians provide an unused, in-date and complete midazolam kit. Records the date and name of staff who have attended child-specific training in the administration of midazolam. 	



<ul style="list-style-type: none"> • Displays the Epilepsy First Aid poster in staff areas. • The midazolam kit, including a copy of the Emergency Medication Management Plan, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions. 		
<p>Do relevant trained educators know when and where to administer midazolam to a child who is prescribed it?</p> <ul style="list-style-type: none"> • Know the contents of each child’s Epilepsy Management Plan and Emergency Medication Management Plan. • Know who will administer the midazolam and stay with the child • Know who will telephone the ambulance and the child’s parents/guardians. • Know who will ensure the adequate supervision of other children at the service. • Know who will let the ambulance officers into the service and take them to the child. • Ensure that all relevant staff have undertaken relevant epilepsy training. 		
<p>Potential Scenarios and Strategies (Note: A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments).</p>		
Scenario	Strategy	Who is Responsible
Water Activities, eg, water troughs/excursions near water	<ul style="list-style-type: none"> • Ensure the child with epilepsy is never left unattended near water. • On excursions, ensure that there is no opportunity for a child with epilepsy to approach the body of water unsupervised. 	All educators
Individual Seizure Triggers	<ul style="list-style-type: none"> • For example, if a child’s seizures are triggered by heat, outdoor activities are undertaken in the cooler part of the day in accordance with parents/guardians consultation on temperature monitoring. • An air conditioner is thermostatted to maintain constant room temperature 	Relevant educators
Other		

Source: Adapted from Melbourne Early Learning Centre, Epilepsy policy 2014



Summary of Responsibilities

The Management Committee (Approved Provider) is responsible for ensuring:

- An Epilepsy Policy is developed, implemented and regularly updated at Heritage in consultation with the Heritage community.
- The Director, educators, other staff, students and volunteers at Heritage are provided with an up to date copy of the Epilepsy Policy, Medical Conditions Policy and Medication Policy.
- The parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the Epilepsy Policy, Medical Conditions Policy and Medication Policy (Regulation 91).
- All staff (including students and volunteers) are aware of enrolled children diagnosed with epilepsy understand the strategies to be implemented for the management of epilepsy at the service.
- **Relevant staff attend training conducted by Epilepsy Australia** on the management of epilepsy, the emergency management of seizures and the administration of emergency epilepsy medication as required when a child with epilepsy is enrolled at Heritage.
- All staff have current first aid training and are aware of the First Aid for Seizures Procedure when a child diagnosed with epilepsy is enrolled at the Heritage.
- Staffing and supervision arrangements are adequate to protect enrolled children with individual and additional needs arising from epilepsy from harm and hazards.
- Children diagnosed with epilepsy are not discriminated against in any way and the programs delivered at Heritage are inclusive of children diagnosed with epilepsy so that children with epilepsy can participate in all activities safely and to their full potential.²⁰
- Each enrolled child who is diagnosed with epilepsy has a current (ie, not more than 12 months old) Epilepsy Management Plan prepared for Heritage specifically for that child with input from their epilepsy medical specialist team, at or prior to enrolment, including where relevant an Emergency Medication Management Plan.
- The Director, other staff, students and volunteers at Heritage follow the child's Epilepsy Management Plan in the event of an incident at Heritage relating to their condition.
- A Risk Minimisation plan is developed for each enrolled child diagnosed with epilepsy in consultation with the child's parents/guardians, in accordance with Regulation 90(iii).
- A Communication Plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and ongoing communication is encouraged between parents/guardians and staff regarding the management of the child's medical condition.
- A seizure record is kept with the enrolment record of each child enrolled with diagnosed epilepsy.
- A medication authorisation record is kept for each child and medication is administered according to the medication policy.

The Director is responsible for ensuring:

- The Epilepsy Policy and related procedures are strictly implemented at Heritage.
- All staff first aid qualifications are current, include CPR training, and meet the requirements of the National Law Section 169 (4) and National Regulation 137, and are approved by ACECQA.²¹
- Only educators who have received child-specific training in the administration of emergency epilepsy medication are permitted to administer the child's medication.
- Medication is administered according to the Medication Policy.
- A list of children with epilepsy is compiled and placed in a secure but readily accessible location known to all staff. This should include the Epilepsy Management Plan, Emergency Medication Plan and Risk Minimisation Plan for each child.²²
- Staffing and supervision arrangements are adequate to protect enrolled children with individual and additional needs arising from diagnosed epilepsy from harm and hazards.

²⁰ Refer to: Creating Inclusion and Equity Policy

²¹ Refer to: Appendix 1

²² Refer to: Definitions



- The induction procedures for all staff, including casual and relief staff, students and volunteers include making them aware of children diagnosed with epilepsy, their triggers, symptoms and the location of their medication and Epilepsy Management Plans.
- Educators follow the child's Epilepsy Management Plan in the event of an incident at Heritage relating to their epilepsy.
- The individual Risk Minimisation Plan for each enrolled child diagnosed with epilepsy is followed.
- That programmed activities and experiences take into consideration the individual and additional needs of all children, including children diagnosed with epilepsy.
- Regular communication occurs with parents/guardians regarding the management of their child's epilepsy in accordance with the child's individual Communication Plan.
- Children diagnosed with epilepsy are not discriminated against in any way and are able to participate fully in all programs and activities at Heritage to their full potential.
- Epilepsy management information sessions are organised for families enrolled at the service as required.

Educators and other staff, including students and volunteers are responsible for:

- Reading and complying with this Epilepsy Policy, Medical Conditions Policy and Medication Policy.
- Maintaining current approved first aid qualifications.
- Being aware of and following the First Aid Strategies for Seizures Procedure developed for the management of epilepsy incidents at Heritage.
- Knowing which children are diagnosed with epilepsy, and the location of their medication and Epilepsy Management Plans.
- Following the child's Epilepsy Management Plan in the event of an incident at Heritage relating to their epilepsy.
- Ensuring they are able to identify children displaying symptoms of a seizure and locate their Epilepsy Management Plan and medication.
- Following the Risk Minimisation plan developed for each enrolled child diagnosed with epilepsy as part of their Epilepsy Management Plan, so they are able to identify and, where possible, minimise possible seizure triggers.²³
- Taking all Epilepsy Management Plans including seizure record, Emergency Medication Management Plan and any prescribed medications on excursions and other offsite activities.
- Administering prescribed medication in accordance with the Medication Policy.
- Ensuring emergency medication is stored correctly and is within its expiry date.
- Communicating with and assisting parents/guardians regarding the on-going supervised management of their child's epilepsy in accordance with the child's Communication Plan.
- Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime.
- Ensuring that children diagnosed with epilepsy are not discriminated against in any way and are able to participate fully in all programs and activities at the Heritage to their full potential.

All parents/guardians are responsible for:

- Reading and complying with this Epilepsy Policy, Medical Conditions Policy and Medication Policy and following the strategies and practices developed for managing epilepsy at Heritage.
- Informing Heritage, either on enrolment or on initial diagnosis, that their child has epilepsy.
- Providing a copy of their child's Epilepsy Management Plan including Emergency Medication Management Plan if required, to Heritage and ensuring it has been prepared in consultation with their child's specialist medical team and signed by a medical practitioner.
- Ensuring all details on their child's enrolment form are completed prior to commencement at Heritage.

²³ Refer to: Definitions



- Working with the Director and staff to develop an individual Risk Minimisation Plan and Communication Plan for the management of their child's epilepsy as part of the Epilepsy Management Plan.
- Providing an adequate supply of appropriate epilepsy medication and equipment for their child at all times and providing medication authorisations as part of their child's Epilepsy Management Plan in accordance with the Medication Policy.
- Where emergency medication has been prescribed, providing an adequate supply of emergency medication at all times.
- Notifying Heritage, in writing, of any changes to the information on their child's Epilepsy Management Plan, enrolment form or medication record.
- Communicating regularly with Heritage management and educators in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy in accordance with their Communication Plan.
- Encouraging their child to learn about their epilepsy and to communicate with educators if they are feeling unwell.

Volunteers and students

- Volunteer and students are responsible for following this policy and its procedures.

Evaluation

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

- Regularly seek feedback from educators, other staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Ensure that all information on display and supplied to parents/guardians regarding the management of epilepsy is current.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the Heritage policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any change to this policy.

Related Policies

Name	Location
Allergy and Anaphylaxis (including Nut Free) Policy	Policies and Procedures listed in Members Section on Heritage website.
Asthma Policy	
First Aid for Incidents, Accidents, Trauma and Illness Policy	
Diabetes (Type 1) Policy	
Employment and Staffing Policy (incl. Students and Volunteers)	Policy and Procedures
Excursions and Incursions Policy	Manuals in the Main Office,
Enrolment and Graduating Rooms Policy	Staff Programming
Illness and Infectious Diseases Policy	Room/Library and Front
Immunisation Policy	Entrance.
Medical Conditions Policy	Heritage Handbook for Families
Medication Policy	
Supervision and Water Safety Policy	Educator/Relief Educator Handbooks
Supporting Children's Individual and Additional Needs Policy	
Work Health and Safety Policy	
Privacy and Confidentiality Policy	



References and Further Readings

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https://www.acecqa.gov.au/sites/default/files/2018-03/Guide-to-the-NQF_0.pdf

Education and Care Services National Law Act 2011 (ACT). *Effective: 1 January 2018*

<http://www.legislation.act.gov.au/a/2011-42/current/pdf/2011-42.pdf>

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https://www.epilepsy.org.au/about-epilepsy/living-with-epilepsy/information-for-parents/?gclid=Cj0KCOjwI9zdBRDgARIsAL5Nyn3sSXjk-ALYHW48agWcqkhjB9bayZvbE_zDGDcyFR67VfXMmXXMk2EaAqtzEALw_wcB

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https://www.epilepsy.org.au/education-training/online-training/?gclid=Cj0KCOjwI9zdBRDgARIsAL5Nyn0lyrLyUc3KniBGgyE6CvEwLCdnh9wdtuDpkfAfnxhXPT79dNsAawaAiHCEALw_wcB

Epilepsy Action Australia. (2018). *Information for Teachers*

https://www.epilepsy.org.au/about-epilepsy/living-with-epilepsy/information-for-teachers/?gclid=Cj0KCOjwI9zdBRDgARIsAL5Nyn3QtdKYyt1cY3ouXLaRLwucwc88I1lzkWyi4lFM8xVOg3TxZXS6G1IaAovQEALw_wcB

University of Melbourne Early Learning Centre. (2014). *Epilepsy Policy.*

University Preschool and Childcare Centre. (2017). *Medical Conditions Policy*

<https://www.upccc.com.au/wp-content/uploads/2017/12/Medical-Conditions-Policy-7-11-17.pdf>

Useful Websites

Epilepsy Australia – <http://www.epilepsyaustralia.net/>

Epilepsy ACT - <http://www.epilepsyact.org.au/>

Epilepsy Action Australia - www.epilepsy.org.au/

Centre for Community Child Health - www.rch.org.au/ccch

HealthInsite - www.healthinsite.gov.au

National Health and Medical Research Council - www.nhmrc.gov.au

Raising Children Network – www.raisingchildren.net.au

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	Xx/xx/xxx x	Heritage Committee	Author: Julia Charters. New Policy written to support the Medical Conditions Policy, National Regulation 168, National Regulation 90 and Section 169 of the National Law.



Appendix 1: Relevant National Law, Regulations and Quality Standards

National Law Section 167: Offence relating to protection from harm and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

National Regulation 168: Policies and Procedures

- (2) Policies and procedures are required in relation to the following—
 - (d) dealing with medical conditions in children, including the matters set out in regulation 90;
 - (h) providing a child safe environment

National Law Section 169: Offence relating to staffing arrangements

- (1) An approved provider of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (2) An approved provider of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.
- (3) A nominated supervisor of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (4) A nominated supervisor of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.

National Regulation 90: Medical conditions policy

- (1) The medical conditions policy of the education and care service must set out practices in relation to the following—
 - (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
 - (b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
 - (c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
 - (i) requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) requiring the development of a **risk-minimisation plan** in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and



- (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
- (iv) requiring the development of a **communications plan** to ensure that—
- (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
 - (B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

National Regulation 91: Medical conditions policy to be provided to parents

The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

National Regulation 160: Child enrolment records to be kept by approved provider and family day care educator

- (1) The approved provider of an education and care service must ensure that an enrolment record is kept that includes the information set out in sub-regulation (3) for each child enrolled at the education and care service.
- (3) An enrolment record must include the following information for each child—
- (ii) any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and
 - (iii) any person who is an authorised nominee; and
- Note. Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.
- (iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and
 - (v) any person who is authorised to authorise an educator to take the child outside the education and care service premises;
 - (h) any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs;
 - (i) the relevant authorisations set out in regulation 161;
 - (j) the relevant health information set out in regulation 162.

National Regulation 161: Authorisations to be kept in enrolment record

- (1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—
- (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek—
 - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - (ii) transportation of the child by an ambulance service; and

National Regulation 162: Health information to be kept in enrolment record

- The health information to be kept in the enrolment record for each child enrolled at the education and care service is—
- (a) the name, address and telephone number of the child's registered medical practitioner or medical service; and
 - (b) if available, the child's Medicare number; and
 - (c) details of any—
 - (i) specific healthcare needs of the child, including any medical condition; and



- (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
- (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and
- (e) details of any dietary restrictions for the child; and
- (f) the immunisation status of the child; and
- (g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect; and

Related Regulations:

National Regulation 85: Incident, injury, trauma and illness policies and procedures

The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

- (a) is injured; or
- (b) becomes ill; or
- (c) suffers a trauma.

National Regulation 87: Incident, injury, trauma and illness record

- (1) The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.
- (3) The incident, injury, trauma and illness record must include—
 - (c) details of the action taken by the education and care service or family day care educator in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator, including—
 - (i) any medication administered or first aid provided;
 - (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- (4) The information referred to in sub-regulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

National Regulation 92: Medication record

- (1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.
- (3) The details to be recorded are—
 - (a) the name of the child;
 - (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
 - (c) the name of the medication to be administered;
 - (d) the time and date the medication was last administered;
 - (e) the time and date, or the circumstances under which, the medication should be next administered;
 - (f) the dosage of the medication to be administered;
 - (g) the manner in which the medication is to be administered;
 - (h) if the medication is administered to the child—
 - (i) the dosage that was administered; and
 - (ii) the manner in which the medication was administered; and
 - (iii) the time and date the medication was administered; and
 - (iv) the name and signature of the person who administered the medication; and
 - (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.

National Regulation 93: Administration of medication

- (1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—
 - (a) that administration is authorised; and
 - (b) the medication is administered in accordance with regulation 95 or 96.
- (2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).
- (3) The nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—
 - (a) that administration is authorised; and
 - (b) the medication is administered in accordance with regulation 95 or 96.
- (5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—
 - (a) is recorded in the medication record for that child under regulation 92; or
 - (b) in the case of an emergency, is given verbally by—
 - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

National Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency

- (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—
 - (a) a parent of the child;
 - (b) emergency services.

National Regulation 95: Procedure for administration of medication

Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service—

- (a) the medication must be administered—
 - (i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
 - (ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and
- (b) the medication must be administered in accordance with any instructions—
 - (i) attached to the medication; or
 - (ii) any written or verbal instructions provided by a registered medical practitioner; and
- (c) except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—
 - (i) the dosage of the medication to be administered;
 - (ii) the identity of the child to whom the medication is to be administered.

National Regulation 96: Self-administration of medication

The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—

- (a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and
- (b) the medical conditions policy of the service includes practices for self-administration of medication.



National Regulation 136: First aid qualifications

(1) The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service--

- (a) at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification;
- (b) at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training;
- (c) at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

(4) The same person may hold one or more of the qualifications set out in subregulation (1).

(5) In this regulation--

"approved anaphylaxis management training" means anaphylaxis management training approved by the National Authority in accordance with Division 7;

"approved emergency asthma management training" means emergency asthma management training approved by the National Authority in accordance with Division 7;

"approved first aid qualification" means a qualification that--

- (a) includes training in the following that relates to and is appropriate to children--
 - (i) emergency life support and cardio-pulmonary resuscitation;
 - (ii) convulsions;
 - (iii) poisoning;
 - (iv) respiratory difficulties;
 - (v) management of severe bleeding;
 - (vi) injury and basic wound care;
 - (vii) administration of an auto-immune adrenalin device; and
- (b) has been approved by the National Authority in accordance with Division 7.

National Regulation 177: Prescribed enrolment and other documents to be kept by approved provider

(1) For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider--

- (b) an incident, injury, trauma and illness record as set out in regulation 87;
- (c) a medication record as set out in regulation 92;
- (l) child enrolment records as set out in regulation 160;

(2) The approved provider of the education and care service must take reasonable steps to ensure the documents referred to in sub-regulation (1) are accurate.

National Regulation 181: Confidentiality of records kept by approved provider

The approved provider of an education and care service must ensure that information kept in a record under these Regulations is not divulged or communicated, directly or indirectly, to another person other than--

- (a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
- (b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or
- (c) the Regulatory Authority or an authorised officer; or
- (d) as expressly authorised, permitted or required to be given by or under any Act or law; or
- (e) with the written consent of the person who provided the information.

National Regulation 183: Storage of records and other documents

(1) The approved provider of an education and care service must ensure that records and documents set out in regulation 177 are stored--

- (a) in a safe and secure place; and
- (b) for the relevant period set out in sub-regulation (2).



National Quality Standard

Quality Area 2: Children's Health and Safety

Standard 2.1: Health: Each child's health is promoted.

Element 2.1.1 Wellbeing and comfort:

Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Element 2.1.2: Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2: Safety: Each child is protected.

Element 2.2.1 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Element 2.2.2 Incident and emergency management.

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Quality Area 7: Governance and Leadership

Standard 7.1: Governance: Governance supports the operation of a quality service

Element 7.1.2 Management Systems. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Element 7.1.3 Roles and responsibilities: Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.