

EPILEPSY AND SEIZURES

QUALITY AREA 2 | ELAA version 1.2



PURPOSE

This policy will outline the procedures to:

- ensure that all 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 Denzil Don Kindergarten
- ensure that all necessary information for the effective management of children with epilepsy and non-epileptic seizures enrolled at Denzil Don 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

Denzil Don 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 a 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 all staff, families and others involved in the education and care of children enrolled at the service.

SCOPE

This policy applies to all staff, students, volunteers, parents/carers, children, and others attending the programs and activities of Denzil Don Kindergarten including during offsite excursions and activities.

RESPONSIBILITIES				
	Contractors, volunteers and students	Families	All service staff	Nominated supervisor and persons in day-to-day charge
				Approved provider and persons with management or control

R indicates legislation requirement					
Providing all staff with a copy of the service's <i>Epilepsy and Seizures Policy</i> and ensuring 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</i> , upon enrolment/diagnosis of their child	R	✓		✓	
Facilitating communication between 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 the 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	✓	✓		✓	
Providing staff with a new updated Epilepsy Management Plan and medication record when changes to it 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 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 children with epilepsy or non-epileptic seizures, in consultation with families/the 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, educator's 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 and any prescribed medication on excursions and to other offsite events	R	✓	✓		✓

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-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	√	√			
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-based epilepsy organisation, and that it remains within its expiration date	R	√	√	√	√
Where emergency medication has been prescribed, always providing an adequate supply of medication for their child				√	
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 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 concerns with families regarding the management of children with epilepsy at the service	R	√	√		√

Communicating concerns to families if a child's epilepsy is limiting their 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



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 children 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 that there is always at least one educator on duty with current approved first aid qualification. At Denzil Don Kindergarten, all educational staff hold 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.

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
- Commonwealth Legislation – Federal Register of Legislation: 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.

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. Only staff who have received child-specific training in the emergency administration of emergency epilepsy medication within the past 2 years can administer it.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the child's family, this medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor.

Epilepsy: Neurological disorder marked by sudden recurrent (2+) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.

Epilepsy Management Plan (EMP): Used to help people recognise when seizures are occurring, providing 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 plan should be reviewed and signed by the child's treating doctor.

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: 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.

Generalised seizure: Both sides of the brain are involved and the child 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 can be effective in children. When introducing this diet, a child is usually hospitalised, as such radical dietary change can 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 family.

Midazolam: 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. It also works by relaxing muscles, which is particularly beneficial in many seizure types. Only staff specifically trained in 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 family, medical practitioner and the person to be notified in the event of a seizure requiring administration of midazolam if families are uncontactable. Midazolam must be stored away from light (cover with aluminium foil) and at 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
- Epilepsy Foundation: 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
- 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

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



To assess whether the purpose of the policy has 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
- notify impacted stakeholders 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
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AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on [Date].

REVIEW DATE: 15 / MAY / 2027

ATTACHMENT 1. SEIZURE FIRST AID

Tonic-Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- 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 child onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the child to make sure they have regained full consciousness.
- Stay with and reassure the child until they have recovered.

Absence seizure

Occurring mostly in children, consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the child and repeat any information that may have been missed during the seizure.

Focal seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour.

- Note the time the seizure started and time it until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an ambulance:

- for any seizure when you don't know the child or if there is no Epilepsy Management Plan,
- if the seizure continues for more than five minutes,
- if the seizure stops but the child does not regain consciousness within five minutes, or another seizure begins.

Epilepsy Smart Australia

- A [national partnership](#) of epilepsy support organisations providing evidence-based resources and support
- Provides education and training about epilepsy, how to respond in the event of a seizure & developing Epilepsy Management Plans for families and early learning staff across Australia.
- To find out more about training opportunities go to the [Epilepsy Smart Australia Training page](#)
- To access information about epilepsy and how to best support children in your care contact the National Epilepsy Support Service Mon – Fri, 9:00am – 5:00pm (AEST) on Phone: 1300 761 487. Email: support@epilepsysmart.org.au
- The National Epilepsy Support Service is not a medical emergency line. If you are experiencing a medical emergency, call 000.

ATTACHMENT 2. ENROLMENT CHECKLIST FOR CHILDREN PRESCRIBED MIDAZOLAM

- ☐ A risk minimisation plan is completed in consultation with the family prior to the child attending, and is implemented, including following procedures to address the particular needs of each child prescribed Midazolam.
- ☐ Family has been provided with a copy of the service's *Epilepsy Policy and Dealing with Medical Conditions Policy*.
- ☐ The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed by the child's registered medical practitioner and accessible to all staff.
- ☐ A copy of the child's EMMP is included in the child's Midazolam kit (*refer to Definitions*).
- ☐ The Midazolam kit (within a visible expiry date) is always available for use when the child is being educated and cared for by the service and includes a picture of the child.
- ☐ Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and at temperatures of less than 25°C.
- ☐ All staff who are trained in the administration of Midazolam for a particular child, are aware of the location of each Midazolam kit and the location of each child's EMMP.
- ☐ Staff have undertaken epilepsy training through the Victorian epilepsy organisation, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (*refer to Definitions*).
- ☐ Staff have undertaken practice with a mock Midazolam ampoule during the last 12 months. Details regarding participation in practice sessions are recorded on the staff record (*refer to Definitions*).
- ☐ A procedure for first aid treatment for seizures is in place and all staff understand its requirements (*refer to Attachment 1*).
- ☐ Contact details of all families and authorised nominees are current and accessible.

ATTACHMENT 3. SAMPLE RISK MINIMISATION PLAN FOR A CHILD PRESCRIBED MIDAZOLAM

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with families.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency Midazolam?	
Who are the children?	<input type="checkbox"/> List the name and classroom for each child(ren) diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying the names to non-staff.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the child(ren)? <input type="checkbox"/> List strategies to minimise triggers (e.g., avoiding flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.)
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List strategies for ensuring that all staff working with the child(ren), recognise what the child's seizures look like and what support they may need. <input type="checkbox"/> If the child is prescribed Midazolam for emergency use, ensure trained staff know the location of the Midazolam Kit.
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All staff have read and understood the child(ren)'s Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> • what constitutes an emergency and when to call an ambulance • how to provide support to the child(ren) during and after a seizure.
If Midazolam is prescribed, how does the service ensure its safe administration and storage?	<input type="checkbox"/> Record date when the child(ren)'s family is provided with the service Epilepsy Policy. <input type="checkbox"/> Record the date that families provide an unused, in-date and complete Midazolam kit. <input type="checkbox"/> Record the date and name of staff who have attended child-specific training in the administration of Midazolam. <input type="checkbox"/> Ensure all trained staff know the location of the Midazolam kit and Emergency Medication Management Plan (EMMP) for each child. <input type="checkbox"/> Ensure there is a procedure in place to regularly check the expiry date of Midazolam ampoules. <input type="checkbox"/> Ensure the Midazolam kit is maintained according to the instructions in this Epilepsy Policy (refer to Definitions: midazolam kit). <input type="checkbox"/> Display the Epilepsy First Aid poster in staff areas. <input type="checkbox"/> The Midazolam kit, including a copy of the EMMP, is carried by an staff member when a child prescribed Midazolam is taken outside the service premises e.g., for excursions.

Do trained people know *when* and *how* to administer Midazolam to a child who is prescribed it?

- ☐ Know the contents of each child's EMMP and EMP and implement the procedures.
- ☐ Know:
 - who will administer the Midazolam and stay with the child
 - who will telephone the ambulance and the families of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.
- ☐ Ensure that all staff have undertaken training through the Victorian Epilepsy Smart Australia organisation.