

# EPILEPSY AND SEIZURES POLICY

## QUALITY AREA 2 – VERSION 1.2



### PURPOSE

This policy provides guidelines for Denzil Don Kindergarten to:

- Ensure service staff, volunteers, and families understand their obligations and required strategies to support children with epilepsy and non-epileptic seizures, enabling their safe and full participation in all aspects of the service program and activities.
- Collect and record all necessary information for the effective management of children with epilepsy and non-epileptic seizures enrolled at the service, so each child receives appropriate care and response when required.

This policy should be read in conjunction with the [Dealing with Medical Conditions Policy](#).

### POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child guide all decisions, actions and practices of Denzil Don Kindergarten staff.

### VALUES

Denzil Don Kindergarten is committed to:

- Providing a safe and healthy environment for all children enrolled at the service.
- Providing an inclusive environment where children with epilepsy and non-epileptic seizures participate to their full potential.
- Involving families in the development of the policy and management plans for children with epilepsy or non-epileptic seizures.
- Establishing clear guidelines and procedures to support children with epilepsy and to manage seizure-related incidents.
- Promoting education and awareness of epilepsy and non-epileptic seizures, including their effects and appropriate management strategies, among educators, staff, families, and others involved in the education and care of children at the service.

### SCOPE

This policy applies to the Approved Provider, all service staff (educational and non-educational), students, volunteers, parents/carers, children, and others attending the programs and activities of Denzil Don Kindergarten.

<b>Parent/Carer Responsibilities Under This Policy:</b>
Inform staff, either at enrolment or at the time of initial diagnosis, that your child has epilepsy or experiences non-epileptic seizures
Provide a current Epilepsy Management Plan, including an Emergency Medication Management Plan (where relevant), at the time of enrolment. This plan must be reviewed and updated at least annually
Supply updated documentation whenever there are changes, ensuring all Epilepsy Management Plans and medication records are signed by the child's doctor or neurologist
Provide consent for your child's medical management plan to be displayed (where required) to ensure staff can respond quickly in an emergency, in line with the <a href="#">Privacy and Confidentiality Policy</a>
Provide all required medication, including emergency medication, ensuring it is clearly labelled, within its expiry date, and replenished as needed
Maintain regular communication with educators and staff regarding your child's overall health, wellbeing, and the ongoing management of epilepsy or non-epileptic seizures
Encourage your child to understand their condition and to notify staff if they feel unwell or experience symptoms that may indicate a seizure
Raise any concerns about their child's epilepsy management, health, or participation with the service
Read, understand and follow the service Code of Conduct at all times
Adhere to this policy and all other service policies at all times

<b>Responsibilities:</b> R indicates legislation requirement	Approved provider & persons with management or control	Nominated Supervisor and Person in Day-to-Day Charge	All service staff (educational & non-educational)	Contractors, Volunteers & Students
Provide all staff with a copy of this policy and ensure they are aware of all enrolled children with epilepsy or non-epileptic seizures <i>*All service policies can be found on the kindergarten <a href="http://denzildonkinder.org.au/policies/">denzildonkinder.org.au/policies/</a> website and in the Policy Folder in the kindergarten office*</i>	R	√	√	√
Provide families of children with epilepsy or non-epileptic seizures with a copy of this policy ( <i>Regulation 91</i> ) and the <i>Administration of Medication Policy</i> upon enrolment or diagnosis	R	√		
Ensure all children with epilepsy have a current Epilepsy Management Plan, seizure record, and, where relevant, an Emergency Medical Management Plan filed with their enrolment record. Ensure all records are no more than 12 months old	√	√		
Ensure a copy of each child's medical management plan is visible and accessible to staff at the service ( <i>Regulation 90(iii)(d)</i> ). Before display, explain to families the purpose of displaying the plan for safety and obtain consent in line with the <i>Privacy and Confidentiality Policy</i>	R	√		
Compile and maintain a list of children with epilepsy or non-epileptic seizures in a secure but accessible location known to all staff. Include each child's Epilepsy Management Plan, seizure record, and Emergency Medical Management Plan	R	√		
Develop and implement a communication plan and encourage ongoing communication between families and staff regarding the current status of each child's specific health care needs ( <i>Regulation 90(c)(iii)</i> )	R	√	√	
Develop a risk minimisation plan for each child with epilepsy or non-epileptic seizures in consultation with families, the relevant state epilepsy organisation, and/or a medical practitioner	R	√	√	√
Identify and, where possible, minimise potential seizure triggers (refer to Definitions) as outlined in each child's Epilepsy Management Plan	R	√	√	√
Ensure 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	√	√	√
Ensure all staff complete training provided by the relevant epilepsy organisation, including seizure first aid and, where required, emergency medication administration when a child with epilepsy attends the service	R	√	√	√
Ensure that all staff have current CPR training and are aware of seizure first aid procedures ( <i>see Attachment 1</i> ) when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	√	√	√
Ensure only staff who have received child-specific training in the administration of emergency medication administer that medication	√	√		
Ensure induction procedures for casual and relief staff include information about children diagnosed with epilepsy or non-epileptic seizures, including the location of their medication and management plans	R	√		
Administer medication in accordance with the <i>Administration of Medication Policy</i> and the child's Emergency Medical Management Plan (EMMP),	R	√	√	√

including method of administration, dose, timing, frequency, and maximum dosage within a 24-hour period				
Maintain a medication record for each child who requires medication administered by the service ( <i>Regulation 92</i> )	R	√	√	√
Store emergency medication correctly in line with guidance provided by the relevant state or territory epilepsy organisation, and ensure it remains within its expiry date	R	√	√	√
Ensure planned activities and experiences consider the individual needs of all children, including those with epilepsy or non-epileptic seizures	R	√	√	√
Ensure children with epilepsy or non-epileptic seizures participate safely and fully in all activities	R	√	√	√
Recognise and respond appropriately to potential side effects or behavioural changes following a seizure, changes in medication, or administration of emergency medication	R	√	√	√
Take all relevant documentation and medication on excursions and off-site events, including Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans, and prescribed medication	R	√	√	
Communicate any concerns with families immediately regarding the management of children with epilepsy at the service (and if their child's epilepsy limits their ability to participate full)	R	√	√	√
Follow reporting procedures outlined in the <i>Incident, Injury, Trauma and Illness Policy</i> when a child becomes ill, experiences a medical emergency, or is involved in an incident resulting in injury or trauma	R	R	R	R

## BACKGROUND & LEGISLATION

### BACKGROUND

Epilepsy is a common and serious neurological condition characterised by recurrent seizures caused by abnormal electrical activity in the brain. Approximately 1 in 200 children live with epilepsy; however, the impact varies significantly from child to child. Some children experience considerable effects, while others have minimal disruption to their daily lives.

Epilepsy is unique to everyone. There are few generalisations that can be made about how it may affect a child's abilities, learning, or development. Because a child's brain continues to develop, the child, their family, and their medical practitioner may continue to learn about the condition over time. The most effective approach when supporting a child with epilepsy is to understand the individual child and their specific needs. All children with epilepsy must have an Epilepsy Management Plan in place.

Many children with epilepsy achieve good seizure control through medication. It is essential that educators and staff understand seizure types, prescribed medication, and appropriate first aid responses to seizures.

Epilepsy Smart Australia (ESA) provides a range of resources and supports the development of Epilepsy Management Plans. ESA and its national partners offer training and guidance for families and educators, including the emergency administration of medications such as Midazolam, Clonazepam, or rectal Diazepam.

Legislation governing approved children's services prioritises the health, safety, and wellbeing of children and requires protection from hazards and harm. Under the *Education and Care Services National Regulations 2011 (Regulation 136)*, at least one educator with a current approved first aid qualification must be in attendance and immediately available at all times when children are being educated and cared for. As a duty of care, Denzil Don Kindergarten requires that all educational staff hold approved first aid qualifications.

### LEGISLATION & 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, see the Definitions File located online: <https://denzildonkinder.org.au/policies/> OR in the Policies Folder in the kindergarten office.

**Absence seizure:** these seizures usually last less than 10 seconds. Some children can experience these types of seizures multiple times a day. Absence seizures can be mistaken for daydreaming.

**Emergency epilepsy medication:** prescribed to treat prolonged or clustered seizures, most commonly buccal or intranasal Midazolam. Less common options include clonazepam drops; rectal diazepam is rarely used. Details are outlined in the child's EMMP. Only staff with current child-specific training may 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.

**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.

**Epileptic seizures:** seizures are caused by sudden abnormal electrical activity in the brain, disrupting normal brain function. They may involve loss of consciousness, unusual movements, altered sensations, or changes in behaviour. Most seizures are brief, though some individuals may experience multiple seizures within a 24-hour period (seizure clusters).

**Focal (previously called simple or complex partial) seizures:** seizures that 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:** involves both sides of the brain the person will lose consciousness. A Tonic-Clonic seizure is one type of generalised seizure.

**Midazolam:** is a benzodiazepine used in epilepsy as an emergency medication to quickly stop seizures. It works by slowing abnormal electrical activity in the brain and relaxing muscles, with rapid effect. Not all individuals with epilepsy require emergency medication; however, for those who do, Midazolam is highly effective and fast-acting. It can be administered by trained family members and carers. Only staff trained in accordance with a child's EMMP are authorised to administer Midazolam.

**Midazolam kit:** an insulated container holding in-date Midazolam ampoule(s), the child's EMMP and EMP (including a photo), and up-to-date contact details for families, medical personnel, and the emergency contact if families are unavailable.

**Seizure record:** a record of seizure activity used to identify patterns and monitor response to treatment.

## SOURCES & RELATED POLICIES

### SOURCES

- [Epilepsy Foundation](#)
- [Australian Children's Education and Care Quality Authority \(ACECQA\)](#)
- [Epilepsy Smart Schools initiative and resources](#)

### POLICIES

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Emergency and Evacuation

Epilepsy and Seizures – Date reviewed: 08/06/2026

Denzil Don Kindergarten – [admin@denzildonkindergarten.o](mailto:admin@denzildonkindergarten.o)



- Excursions, Regular Outings and Service Events
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Privacy and Confidentiality
- Staffing

## EVALUATION

To assess whether the values and purposes of the policy have been achieved, we will:

- seek feedback from all parties 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 all stakeholders affected by this policy at least 14 days before any significant change is made to the policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).

## PROCEDURES

- Procedure 1: Seizure first aid

## ATTACHMENTS

- Attachment 1: Enrolment checklist for children prescribed midazolam
- Attachment 2: Risk minimisation plan for children prescribed midazolam

## AUTHORISATIONS

This policy was adopted by the approved provider of Denzil Don Kindergarten on 08/06/2026.

REVIEW DATE: **08 June 2028**



## PROCEDURE 1: RESPONDING TO SEIZURES

### Tonic-Clonic Seizure (Convulsive Seizure)

*A seizure involving loss of consciousness, muscle stiffening, fall, and jerking movements.*

1. Note the time the seizure starts and finishes.
2. Protect the person's head using a pillow or cushion if available.
3. Remove nearby hard or sharp objects to reduce the risk of injury.
4. Do not restrain the person, attempt to stop the movements, or place anything in their mouth.
5. As soon as it is safe, place the person on their side (recovery position). Wait until jerking stops if necessary.
6. Check responsiveness and speak to the person to confirm recovery of consciousness.
7. Stay with the person and provide reassurance until full recovery occurs.

### Absence Seizure

*A brief loss of awareness, often mistaken for daydreaming, commonly occurring in children.*

1. Observe and monitor the episode.
2. Count and record the number of seizures if multiple occur.
3. Reassure the child following the seizure.
4. Repeat any information or instructions the child may have missed.

### Focal Seizure (Non-Convulsive)

*A seizure involving confusion, unresponsiveness, or unusual behaviour.*

1. Note the time the seizure starts and finishes.
2. Do not restrain the person.
3. Guide the person safely away from hazards.
4. Speak calmly and check for return to full awareness.
5. Remain with the person and provide reassurance until recovery.

### Call Emergency Services (000) Immediately If:

1. The seizure occurs in a person with no known Epilepsy Management Plan.
2. The seizure continues for more than 5 minutes.
3. Another seizure begins without recovery from the first.
4. The person does not regain consciousness within 5 minutes after the seizure ends.
5. A serious injury occurs.
6. The seizure occurs in water.

## ATTACHMENT 1: ENROLMENT CHECKLIST FOR CHILDREN PRESCRIBED MIDAZOLAM

TICK	CHECKLIST
	A risk minimisation plan is completed in consultation with families prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed Midazolam
	Families of children prescribed Midazolam are provided with a copy of this policy, as well as the <i>Dealing with Medical Conditions Policy</i>
	Each child's Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) are completed by the child's registered medical practitioner and are accessible to all staff
	A copy of the child's EMMP is included in the child's Midazolam kit ( <i>see Definitions</i> ).
	Midazolam is stored in an insulated container (Midazolam kit) in a location that is: <ul style="list-style-type: none"> <li>• Easily accessible to educators and staff</li> <li>• Inaccessible to children</li> <li>• Protected from light</li> <li>• Maintained at a temperature below 25°C</li> </ul>
	All staff trained in administering Midazolam: <ul style="list-style-type: none"> <li>• Are aware of the location of each Midazolam kit</li> <li>• Know where to access each child's EMMP</li> </ul>
	Staff have completed epilepsy training through the state epilepsy organisation, including: <ul style="list-style-type: none"> <li>• Epilepsy management strategies</li> <li>• Risk minimisation</li> <li>• Seizure recognition</li> <li>• Emergency first aid treatment</li> </ul> Record all training on the <i>Staff Currency Register</i>
	Staff have practiced using a mock Midazolam ampoule within the past 12 months (record training on the <i>Staff Currency Register</i> )
	A procedure for first aid treatment for seizures is in place, and all staff understand the required steps
	Contact details for all families and authorised nominees are kept current and are readily accessible

## ATTACHMENT 2: RISK MINIMIATION PLAN FOR CHILDREN PRESCRIBED MIDAZOLAM

The following checklist includes suggestions of things to consider when developing/reviewing the service's risk minimisation plan 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"/> Record the name and group of children diagnosed with epilepsy and maintain privacy if identifying these names to non-staff
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> Record strategies to minimise triggers?
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List procedures for ensuring staff (including casual/relief) recognise what the child's seizures look like and what support the child needs <input type="checkbox"/> If the child is prescribed Midazolam for emergency use, ensure that trained staff know where the Midazolam kit is located
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> Ensure all staff read and understand the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> <li>• what constitutes an emergency and when to call an ambulance</li> <li>• how to provide support to the child during and after a seizure.</li> </ul>
If Midazolam is prescribed, how does the service ensure its safe administration and storage?	<input type="checkbox"/> Record the date families of a child with epilepsy that is prescribed midazolam is provided a copy of the <i>Epilepsy Policy</i> . <input type="checkbox"/> Record date families provide an unused, in-date, ad complete Midazolam kit. <input type="checkbox"/> Record the date and staff member who has attended child-specific training in the administration of Midazolam. <input type="checkbox"/> Ensure all trained staff know the location of each child's Midazolam kit and Emergency Medication Management Plan (EMMP). <input type="checkbox"/> Ensure there is a procedure for checking the expiry of Midazolam ampoules. <input type="checkbox"/> Ensure the Midazolam Kit is maintained according to the instructions in this <i>Epilepsy Policy</i> <input type="checkbox"/> Display the Epilepsy First Aid poster in staff areas. <input type="checkbox"/> Ensure the Midazolam Kit, including a copy of the EMMP, is carried by a staff member when a child prescribed Midazolam is taken off the service premises e.g., for excursions.
Do trained people know when and how to administer Midazolam to a child prescribed it?	
<input type="checkbox"/>	Know the contents of each child's EMMP and EMP and implement the procedures.
<input type="checkbox"/>	Know: <ul style="list-style-type: none"> <li>○ who will administer the Midazolam and stay with the child</li> <li>○ who will telephone the ambulance and the families of the child</li> <li>○ who will ensure the supervision of other children at the service</li> <li>○ who will let the ambulance officers into the service and take them to the child.</li> </ul>
<input type="checkbox"/>	Ensure that all staff have undertaken training through Epilepsy Smart Australia.