EPILEPSY MANAGEMENT POLICY

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain, resulting in a variety of symptoms, such as brief lapses of consciousness, sudden loss of body control, or other physical and sensory changes. The effects of epilepsy can vary; some children will suffer no adverse effects, while others may be impacted greatly. There are different types of seizures; some children with epilepsy may have absence seizures, where they are briefly unconscious. Our Out of School Hours (OSHC) Service will implement inclusive practices to meet the additional requirements of children with epilepsy in a respectful and confidential manner.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration [NSW]
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits

90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
95	Procedure for administration of medication
96	Self-administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for medical conditions, including epilepsy. Our OSHC Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, students, volunteers, visitors and family members. The aim of this policy is to ensure that educators and staff are aware of their obligations in supporting children with epilepsy and work in partnership with families and health professionals to support children's health and wellbeing and manage seizures by following the child's medical management plan.

Our OSHC Service prioritises children's safety, rights and best interests. We will ensure all staff members know how to support children diagnosed with epilepsy. This includes recognising the signs and symptoms of seizures, supporting children during and after seizures, administering medication, following each child's medical management plan, and responding appropriately in an emergency. We aim to create and maintain a safe and supportive environment where children diagnosed with epilepsy can fully participate.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the Service are met. This includes our responsibility to provide:

a. a safe environment free from foreseeable harm and
b. adequate supervision for all children

Our OSHC Service will ensure that all staff members, including relief staff, have adequate knowledge of epilepsy and know how to support children in the day-to-day activities, including the management of seizures to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plan and risk minimisation plans. This policy supplements our *Medical Conditions Policy*.

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, its impact is variable – some children are greatly affected while others are not. Each child's experience with 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 their medical practitioner will learn more about the condition over time as they develop.

Triggers of seizures can include:

- illness or fever-induced seizures, which are typical for children between 3 months and 6 years
- missed medication or taking a dose at the wrong time
- flashing or flickering lights

- poor sleep or insufficient sleep
- hormonal changes.

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 must have a medical management plan. It is important that all staff working with children diagnosed with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written authorisation to display the child's medical management plan in prominent positions within the Service.

Children diagnosed with epilepsy will not be enrolled into the OSHC Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed to support the child's health and safety.

It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need or medical condition. A site-specific risk minimisation and communication plan will be developed with parents/guardians to minimise risks and set clear communication strategies for the child's safety

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- all decisions and actions prioritise children's safety, rights and best interests
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, educators, students, visitors and volunteers understand and adhere to this policy, the Service's *Medical Conditions Policy* and relevant procedures
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed with a medical condition and clearly document this information on the child's enrolment

record

- if the answer is *yes*, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the *Epilepsy Management Policy, Medical Conditions Policy* and *Administration of Medication Policy* e.g., via email
    - a copy of this email will be saved in the child's enrolment record
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the Service who:
    - holds a current ACECQA approved first aid qualification
    - has undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training
- that staff training is kept up to date in each staff member's record
- that the First Aid for Seizures poster is displayed in key locations of the Service
- all children enrolled at the OSHC Service with epilepsy must have a medical management plan, seizure record signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist
- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered
- parent/guardian authorisation is provided to display a child's medical management plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and/or near the medication cabinet)
- a risk minimisation plan is developed in consultation with the parents/guardians of a child diagnosed with epilepsy outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and, where relevant, other common triggers which may cause an epileptic seizure.
- that the risk minimisation plan is specific to our OSHC Service environment and the individual child
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- a copy of this policy is provided and reviewed during each new staff member's induction process

- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures, and using emergency epilepsy medication, when a child with epilepsy is enrolled at the OSHC Service
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's medical management plan, risk minimisation plan and required medication (if applicable)
- updated information, resources and support is regularly given to families for managing epilepsy
- risk assessments are developed, e.g., prior to any transportation, excursion or incursion
- staff members accompanying children diagnosed with epilepsy to events outside the OSHC Service (including to and from school, on excursions, during transport, and during an emergency evacuation, lockdown or emergency rehearsals) carry their prescribed medication and a copy of their medical management plan and their medication
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the Service within 24 hours.

EDUCATORS WILL:

- read and comply with the *Epilepsy Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure a copy of the child's medical management plan is visible and known to staff and volunteers in the OSHC Service
- recognise the symptoms of seizures and treat appropriately and in accordance with the child's medical management plan
- record all epileptic seizures according to the medical management plan
- always follow the child's medical management plan in the event of seizures or an emergency, and follow First Aid for Seizures (children) if they suspect a child (not diagnosed with epilepsy) displays seizure symptoms
- take all personal medical management plans, seizure records, medication records, and any prescribed medication when delivering or collecting the child from school, or on excursions and other events the child attends
- ensure a suitably trained and qualified educator will administer prescribed medication when needed in accordance with the Service's *Administration of Medication Policy*.
- identify and where possible, minimise possible seizure triggers as outlined in the child's medical management plan and risk minimisation plan. This may include adjusting the environment (e.g.,

reducing flashing or flickering lights) and regularly checking with families about the child's sleep and overall health and wellbeing.

- communicate with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- ensure that children with epilepsy can participate in all activities safely and to their full potential
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and family days
- keep prescribed epilepsy medication in a clearly labelled container with the child's name, stored in a location that is known to all staff, including relief staff, not locked in a cupboard, easily accessible to adults, but inaccessible to children
- ensure the child's medical management plan is located with prescribed medication
- maintain a record of the expiry date of the prescribed epilepsy medication to ensure it is replaced prior to expiry.

FAMILIES WILL:

- provide information upon enrolment or on diagnosis, of their child's medical condition, i.e., epilepsy
- provide staff with a medical management plan developed and signed by a registered medical practitioner for implementation within the OSHC Service
- develop a risk minimisation plan in collaboration with the nominated supervisor and Service staff
- develop a communication plan in collaboration with the nominated supervisor and Service staff
- provide permission for their child to self-administer medication, if required as stated in their child's medical management plan, signed by their medical practitioner or neurologist
- provide staff with prescribed medications each day their child attends care at the OSHC Service
- note down the expiry date of epilepsy medication and ensure it is replaced prior to expiry.
- notify staff in writing via email or through the *Notification of Changed Medical Status* form of any changes to their child's medical condition including the provision of a new medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child

DEFINITIONS

FOCAL SEIZURES

Focal seizures without impaired consciousness:

- Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically in the movement or sensory areas.
- Consciousness is not impaired, and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g., limp, stiff, jerking).
- If sensory areas of the brain are involved, the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.

Focal seizures with impaired consciousness

- Formally called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes. Consciousness is lost, and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure. Often, the person's actions are clumsy, and they will not respond normally to questions and commands. Behaviour may be confused, and they may exhibit automatic movements and behaviours, e.g., picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.
- Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.

Focal seizures becoming bilaterally convulsive

- Focal seizures may progress due to the spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures.

GENERALISED SEIZURES

Tonic-clonic seizures

- Produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles.
- Shallow or 'jerky' breathing, a bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.
- The seizures usually last a couple of minutes, and normal breathing and consciousness then return. The person is tired following the seizure and may be confused.

Absence seizures

- Produce a brief cessation of activity and loss of consciousness, usually lasting 5-30 seconds. Often, the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly, and the person continues with the previous activity. Falling and jerking do not occur in typical absences.

Myoclonic seizures

- Are sudden and brief muscle contractions that may occur singly, repeatedly or continuously.
- They may involve the whole body in a massive jerk or spasm or may only involve individual limbs or muscle groups. If they involve the arms, they may cause the person to spill what they were holding. If they involve the legs or body, the person may fall.

Tonic seizures

- Are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling.
- Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake, they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.

Atonic seizures

- Produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

Source: *The Royal Children's Hospital Melbourne (2026).*

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Epilepsy Management Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management. All families will be notified 14 days before any policy change that may have a significant impact on the provision of education and care to any child enrolled at the OSHC Service or the family's ability to utilise the Service.

RESOURCES

Animated Seizure First-Aid video for Children

First Aid for Seizures (general)

First-Aid for Seizures (children)

RELATED RESOURCES

Administration of First Aid Procedure Administration of Medication Form Authorisation to Display Medical Management Plan Managing Medical Conditions Procedure Medical Communication Plan	Medication Update Letter to Families Medical Conditions Register Medical Management Plan Medical Risk Minimisation Plan Notification of Changed Medical Status

SOURCES

Australian Children's Education & Care Quality Authority. (2026) *Dealing with medical conditions in children*

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Early Childhood Australia. (2016). *Code of Ethics*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Epilepsy Australia. Welcome to Epilepsy Australia

Epilepsy Action Australia. (2020). About Epilepsy

Epilepsy Foundation. (2026). Seizure Triggers in Children

National Health and Medical Research Council. (2024). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

The Royal Children's Hospital Melbourne. (2026) About epilepsy

REVIEW

POLICY REVIEWED BY	Libby Haines	Director	July 2026
POLICY REVIEWED	JULY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	V10.07.26		

MODIFICATIONS	• annual policy review • edits made to improve clarity and consistency • child safety principles added - paramount consideration • information added in line with guidelines around epilepsy • duplicative sections removed (e.g., content already included in medical management plans) • sources updated
PREVIOUS MODIFICATIONS	
JULY 2025	• annual policy maintenance • added RA suggestion to email copies of Medical Conditions Policy and Epilepsy Management Policy to parents/guardian and keep copy email on record • sources checked for currency and updated as required