

Epilepsy and Seizures Procedure – Children’s Services

Date adopted	25 September 2025
Adopted by	Manager Child, Families and Youth
Review due	September 2028
Responsible officer	Manager Child, Families and Youth
Records reference	11630534

1. Purpose

Melton City Council is committed to:

- ensuring that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy and non-epileptic seizures to safely and fully participate in Melton City Council programs and activities
- ensuring that all necessary information for the effective management of children with epilepsy and no-epileptic seizures enrolled at Melton City Council is collected and recorded so that these children receive appropriate attention when required
- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy and non-epileptic seizures can participate to their full potential
- involving families in developing the policy and management plan for children with epilepsy or non-epileptic seizures
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy and non-epileptic seizures, its effects and strategies for appropriate management, among educators, staff, families and others involved in the education and care of children enrolled at the service.

This procedure has been adapted from PolicyWorks Catalogue by the Early Learning Association Australia

2. Application And Scope

This procedure applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Melton City Council, including during offsite excursions and activities.

3. Responsibilities

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with a copy of the service's <i>Epilepsy and Seizures Policy</i> and ensuring that they are aware of all enrolled children living with epilepsy or non-epileptic seizures	R	✓	✓		✓
Providing families of children with epilepsy or non-epileptic seizures with a copy of the service's <i>Epilepsy and Seizures Policy (Regulation 91)</i> and <i>Administration of Medication Policy</i> , upon enrolment/diagnosis of their child	R	✓		✓	
Facilitating communication between management, educators, staff and families regarding the service's <i>Epilepsy and Seizures Policy</i>	✓	✓	✓	✓	✓
Ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the <i>National Law: Section 169(4)</i> and <i>National Regulations 137</i> , and are approved by ACECQA	R	✓	✓		✓
Informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures				✓	
Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service at the time of enrolment. This plan should be reviewed and updated at least annually				✓	
Ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old	✓	✓		✓	
Providing staff with a new updated Epilepsy Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)				✓	
Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need (<i>Regulation 90 (c) (iii)</i>)	R	✓	✓	✓	

Communicating regularly with educators/staff in relation to the ongoing general health and wellbeing of their child, and the management of their child's epilepsy or non-epileptic seizures				√	
Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with families/ their state epilepsy organisation/medical practitioner	R	√	√	√	√
Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (<i>Regulations 90 (iii)(D)</i>). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>)	R	√			
Identifying and, where possible, minimising possible seizure triggers 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 when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	√	√		√
Ensuring that all staff attend training conducted by their state/territory -based epilepsy organisation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency seizure medication, when a child with epilepsy is enrolled at the service	R	√	√		√
Ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication	√	√			
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i> and information provided in the EMMP (method of administration, dose, time frame, frequency, maximum doses in a 24-hour period)	R	√	√		√
Ensuring a medication record is kept for each child to who medication is to be administered by the service (<i>Regulation 92</i>)	R	√	√		√
Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/ territory-based epilepsy organisation, and that it remains within its expiration date	R	√	√	√	√
Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times				√	
Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the	R	√	√	√	√

child's medication regime or following administration of emergency medication following an emergency event.					
Compiling a list of children with epilepsy and non-epileptic seizures and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy	R	✓			
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy and non-epileptic seizures, and the location of their medication and management plans	R	✓			
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy and non-epileptic seizures	R	✓	✓		✓
Ensuring that children with epilepsy and non-epileptic seizures are not discriminated against in any way	R	✓	✓		✓
Ensuring that children living with epilepsy and non-epileptic seizures can participate in all activities safely and to their full potential	R	✓	✓		✓
Encouraging their child to learn about their epilepsy and non-epileptic seizures, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.				✓	
Immediately communicating any concerns with families regarding the management of children with epilepsy at the service	R	✓	✓		✓
Communicating any concerns to families if a child's epilepsy is limiting his/her ability to participate fully in all activities	✓	✓	✓	✓	✓
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R	R	R
Organising general epilepsy management information sessions for families of children enrolled at the service, where appropriate. Information identifying which students within the service have a diagnosis of epilepsy, or student specific information, should only be shared with other parents/ guardians if consent has been gained from the Parent/ Guardian of the child with Epilepsy.	✓	✓			

4. Procedure

4.1. 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 person onto 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 and reassure the person until they have recovered.

Absence seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for daydreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person 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. It can be mistaken for alcohol or drug intoxication.

- 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 regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an ambulance

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan,
- if the seizure continues for more than five minutes,
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins,
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

5. Definitions

Term	Definition
Absence Seizure	Occurs 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 daydreaming. They are no longer called 'petit mals'.
Approved First Aid Qualifications	First Aid Qualifications that meet the requirements of National Regulation 136 and have been approved by the National Authority.

Term	Definition
ASMs	Anti-seizure medications used for the treatment of many epilepsy syndromes. ASMs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.
Emergency epilepsy medication	Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or intranasal midazolam. Clonazepam drops are a less commonly prescribed emergency medication and rectal Diazepam has been used in the past but is no longer often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of emergency epilepsy medication within the past 2 years can administer this medication.
Emergency Medication Management Plan (EMMP)	Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found: www.epilepsyfoundation.org.au
Epilepsy	A neurological disorder marked by sudden recurrent (two or more) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.
Epilepsy Management Plan (EMP)	Designed to help people recognise when seizures are occurring and gives clear directions about appropriate First Aid. The plan is developed by the person who has the most knowledge and experience of the individual's Epilepsy and seizures and should be less than 12 months old. The management of Epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: www.epilepsyfoundation.org.au

Term	Definition
Focal seizure (previously called simple or complex partial)	<p>Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.</p> <p>Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.</p>
Generalised seizure	Both sides of the brain are involved, and the person will lose consciousness. A Tonic-Clonic seizure is one type of generalised seizure.
Ketogenic diet	A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the families or care.
Medication Record	Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (National Regulation 92). A sample Medication Record is available on the Australian Children's Education and Care Quality Authority (ACECQA) website.

Term	Definition
Midazolam	<p>Belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In Epilepsy, Midazolam is used for emergency management of seizures, as it can stop the seizures quickly. Once absorbed into the blood, Midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of Midazolam should occur rapidly.</p> <p>Not all individuals living with Epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, Midazolam is an excellent medication. It is most commonly administered buccally (orally) or nasally.</p> <p>Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer Midazolam.</p>
Midazolam kit	<p>An insulated container with unused, in-date Midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's families, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if families cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g., buccal, gloves, tissues, pen and paper, +/- stopwatch.</p>
Non-epileptic seizures (NES)	<p>Also known as dissociative seizures. There are 2 types of non-epileptic seizures:</p> <ul style="list-style-type: none"> • organic NESs which have a physical cause • psychogenic NESs which are caused by mental or emotional processes
Seizure Record	<p>An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.</p>
Seizure Triggers	<p>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.</p>

6. Related Documents

Name	Location
Local Government Act 2020	https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020
Relevant legislations and standards include but are not limited to	<ul style="list-style-type: none"> • 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)
Sources	<ul style="list-style-type: none"> • The National Epilepsy Support Service phone 1300 761 487 Monday – Friday, 9.00am to 5.00pm (AEST) • Epilepsy Foundation: www.epilepsyfoundation.org.au • Epilepsy Smart Schools: www.epilepsysmartschools.org.au
Related Policies	<ul style="list-style-type: none"> • 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

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