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Custodian:	Executive Director - Services

1. Purpose

This policy affirms Meli Kindergarten Services' commitment to providing a safe, inclusive, and supportive environment for children diagnosed with epilepsy and non-epileptic seizures. It outlines the principles that guide the organisation's approach to ensuring equitable participation, promoting awareness, and fostering collaborative partnerships with families and health professionals. The policy supports the rights of children to access education and care in a manner that respects their individual health needs and aligns with the National Quality Framework, particularly Quality Area 2: Children's Health and Safety and relevant legislation.

2. Scope

This policy applies exclusively to Meli Kindergarten Services and is not applicable to other programs or services operated by Meli Community. It governs the responsibilities of:

- Meli Kindergarten Services management and staff
- Other staff, students, and volunteers
- Families and children attending Meli Kindergarten Services programs and activities
- All participants during offsite excursions and activities

This policy should be read in conjunction with the Dealing with Medical Conditions Policy, which outlines procedures for managing individual health needs, including epilepsy and non-epileptic seizures.

3. Background

Epilepsy is a neurological condition characterised by recurrent seizures caused by abnormal electrical activity in the brain. It affects approximately 1 in 200 children, with impacts that vary widely between individuals. Non-epileptic seizures (NES) may also occur and can have physical or psychological causes.

Children with epilepsy may experience seizures that affect their learning, behaviour, and wellbeing. Understanding each child's unique presentation is essential to providing safe, inclusive, and responsive care. Most children manage their condition with medication, but some may require emergency intervention.

This policy is informed by evidence-based resources from Epilepsy Smart Australia and the Epilepsy Foundation, and supports the development of individualised Epilepsy Management Plans in partnership with families and health professionals.

4. Policy Principles

Meli Kindergarten Services is committed to the following principles in supporting children diagnosed with epilepsy and non-epileptic seizures:

- **Child-Centred Support**
Every child's experience of epilepsy is unique. Meli Kindergarten Services recognises and responds to individual needs to ensure children can participate safely and meaningfully in all aspects of the program. Children's views will be considered in decisions affecting their care and participation, in a manner appropriate to their age and developmental capacity.
- **Health, Safety and Wellbeing**
Meli prioritises the health, safety and wellbeing of all children, ensuring environments are inclusive, responsive, and free from avoidable harm.
- **Equity and Inclusion**
Children with epilepsy and non-epileptic seizures are supported to participate fully and without discrimination, in line with Meli's Inclusion and Equity Policy and the United Nations Convention on the Rights of the Child.
- **Collaborative Partnerships**
Meli Kindergarten Services works in partnership with families, medical professionals, and epilepsy support organisations to ensure consistent, informed, and respectful care.
- **Staff Capability and Confidence**
Meli Kindergarten Services ensures educators and staff are equipped with the knowledge, skills and confidence to support children with epilepsy through ongoing training and access to expert resources.
- **Privacy and Confidentiality**
Meli Kindergarten Services respects the privacy of children and families and manages health information in accordance with relevant privacy legislation and organisational policies. Families may request access to their child's health information held by the service, in accordance with the Health Records Act 2001 (Vic).
- **Continuous Improvement and Compliance**
Meli Kindergarten Services regularly reviews its practices to ensure alignment with current legislation, best practice, and feedback from stakeholders, and maintains compliance with the National Quality Framework and associated regulations.

5. Definitions

Absence seizure – refer to seizures which mostly occur in children that consist 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.

Epilepsy – means a neurological condition characterised by recurrent seizures caused by abnormal electrical activity in the brain. Seizures may vary in type, frequency, and impact on the child's wellbeing.

Non-Epileptic Seizures (NES) – refers to seizure-like episodes that are not caused by epilepsy. NES may have physical (organic) or psychological (psychogenic) origins and require appropriate diagnosis and support.

Epilepsy Management Plan (EMP) – means a document developed in consultation with the child's treating

medical practitioner and family. It outlines the child's seizure type, known triggers, and appropriate first aid responses. The EMP must be reviewed annually.

Emergency Medication Management Plan (EMMP) – means a child-specific plan completed by a medical practitioner that details the administration of emergency epilepsy medication. It must be attached to the child's EMP and updated regularly.

Emergency Epilepsy Medication – refers to medication prescribed for the treatment of prolonged or clustered seizures. Common types include buccal or intranasal midazolam. Only staff with current child-specific training may administer this medication.

Focal (previously called simple or complex partial) seizures – refers to seizures which 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. 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.

Midazolam – refers 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 effects of Midazolam should occur rapidly. Not everyone living with epilepsy requires emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, it is most commonly administered buccally (inside cheek) or intranasally. Only staff specifically trained to meet the requirements of a child's Emergency Medication Management Plan can administer Midazolam.

Midazolam kit – refers to an insulated container that includes:

- Unused, in-date Midazolam ampoule(s)
- The child's Emergency Medication Management Plan and Epilepsy Management Plan, including a photo of the child
- Telephone contact details for the child's family, treating doctor/medical personnel, and a designated emergency contact if the family cannot be reached
- EFV (Epilepsy Foundation Victoria) Administration flyer (e.g., for buccal administration)
- Supporting items such as gloves, tissues, pen and paper, and optionally a stopwatch

Seizure Record – means a documented log of seizure activity used to monitor patterns, frequency, and response to treatment. It supports ongoing review of the child's condition and care plan.

Seizure Triggers – refers to factors that may increase the likelihood of a seizure, such as missed medication, illness, fatigue, stress, dehydration, or sensory stimuli like flashing lights.

6. Delegations and Responsibilities

The **CEO** is responsible for:

- Approving the Epilepsy and Seizures Policy in accordance with organisational governance processes.
- Maintaining strategic oversight of compliance with legislative obligations related to children's health and safety.

- Endorsing continuous improvement efforts that support safe, inclusive, and responsive service delivery across Meli Kindergarten Services.

The **Executive Director, Services** is responsible for:

- Overseeing implementation of the Epilepsy and Seizures Policy.
- Supporting continuous improvement and alignment with legislative and regulatory obligations under the National Quality Framework.
- Advising the CEO on strategic risks, compliance matters, and service-wide performance related to epilepsy support.
- Ensure that families are notified at least 14 days prior to any significant changes to the Epilepsy and Seizures Policy or related procedures, unless a shorter timeframe is required due to risk.

The **Program Director – Children's Services** is responsible for:

- Leading the implementation of the Epilepsy and Seizures Policy across all kindergarten sites within the Children's Services sub-directorate.
- Ensuring that service-level practices align with policy principles and regulatory obligations under the National Quality Framework.
- Advising the Executive Director – Services on strategic risks, compliance matters, and opportunities for improvement related to epilepsy support.

The **Manager – Kindergarten Educational Outcomes** is responsible for:

- Promoting inclusive educational practices that support the participation of children with epilepsy in all aspects of the kindergarten program.
- Ensuring that curriculum planning reflects the principles of health, safety, and equity for children with diagnosed medical conditions.
- Advising the Kindergarten Program Advisors on emerging needs, risks, or opportunities for improvement related to epilepsy support in educational delivery.
- Taking reasonable steps to ensure that the Epilepsy and Seizures Policy is followed by all staff, volunteers, and contractors.

Kindergarten Leaders are responsible for:

- Ensuring visibility and accessibility of each child's medical management plan.
- Ensuring staff are trained in seizure first aid and emergency medication administration.
- Ensuring all staff have current CPR and first aid qualifications.
- Ensuring that each child's enrolment record includes their Epilepsy Management Plan, Emergency Medication Management Plan (if applicable), and a risk minimisation plan
- Ensuring that prescribed information is displayed when a child with epilepsy is also diagnosed as at risk of anaphylaxis.
- Ensuring that at least one staff member present at all times holds current approved qualifications in first aid, anaphylaxis management, and emergency asthma management.

Early Childhood Teachers, Educators, and All Other Staff are responsible for:

- Supporting children with epilepsy to participate fully and safely in all activities.
- Following reporting procedures for incidents, injuries, or medical emergencies.
- Contributing to a safe and inclusive environment.

Families are responsible for:

- Informing the service of their child's epilepsy or non-epileptic seizures upon enrolment or diagnosis.
- Providing a current Epilepsy Management Plan and Emergency Medication Management Plan, reviewed annually.
- Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times.
- Communicating regularly with staff about their child's health and wellbeing.

Contractors, Volunteers, and Students are responsible for:

- Being aware of and following the Epilepsy and Seizures Policy when working with children.
- Supporting inclusive practices and ensuring children are not discriminated against.
- Reporting any concerns or incidents to supervising staff immediately.

7. Policy Application

To ensure the values and purposes of this policy are upheld, Meli Kindergarten Services will:

- Seek feedback from families, staff, and stakeholders on the effectiveness of the policy and its implementation.
- Monitor compliance, incidents, and complaints related to epilepsy and seizure management across all kindergarten sites.
- Review and update the policy in line with current legislation, best practice, and organisational learning.
- Include this policy in the scheduled policy review cycle and revise it as required in response to emerging risks or changes in practice.
- Ensure families are notified of any significant changes to this policy at least 14 days in advance, unless a shorter timeframe is required due to risk.
- Meli Kindergarten Services will maintain a medication record for each child administered emergency epilepsy medication. This includes the child's name, parent authorisation, medication details, dosage, timing, and the names and signatures of staff involved in administration. Records are completed immediately after administration and stored securely.
- Where emergency medication is administered under verbal authorisation, families will be notified as soon as practicable.
- Two staff must always be present when medication is administered. One must administer the medication, and the other must verify the dosage and identity of the child prior to administration.
- Copies of this policy will be readily accessible to all staff, volunteers, and families, and available for inspection at the service premises at all times children are being educated and cared for.
- Families may request access to or correction of their child's personal information in accordance with the Privacy Act 1988 (Cth) and the Privacy and Data Protection Act 2014 (Vic).
- Any seizure requiring emergency medical attention or hospitalisation will be reported as a serious incident to the regulatory authorities within 24 hours.
- Emergency and evacuation procedures will be rehearsed every 3 months and adapted to support children with epilepsy, including ensuring access to midazolam kits and seizure response plans.

8. Legislation, Regulations, and Standards

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 (including Regulations 90–96, 136, 168–172)
- National Quality Standard – Quality Area 2: Children's Health and Safety (Standards 2.1 and 2.2)
- Disability Discrimination Act 1992 (Cth)
- Equal Opportunity Act 2010 (Vic)
- Health Records Act 2001 (Vic)
- 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)
- United Nations Convention on the Rights of the Child (UNCRC)

9. Related Documents

Related Policies

- Administration of First Aid Policy
- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Emergency and Evacuation Policy
- Excursions, Regular Outings and Service Events Policy
- Incident, Injury, Trauma and Illness Policy
- Inclusion and Equity Policy
- Privacy and Confidentiality Policy
- Staffing Policy

Sources

- The National Epilepsy Support Service phone 1300 761 487 Monday – Friday, 9.00am to 5.00pm (AEST) provides information, support and access to education & training for families and early learning staff across Australia.
- 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

10. Document History

Version	Approved By	Approval Date	Effective Date	Sections Modified
1.00	CEO	10/12/2025	10/12/2025	New policy