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OSHC POLICY: MEDICAL CONDITIONS - EPILEPSY AND SEIZURE

HELP FOR THOSE WITH LIMITED ENGLISH LANGUAGE SKILLS



Neerim South Primary School Outside School Hours Care Service offers support to stakeholders who have limited English language skills, including access to interpreting and translation services, to communicate key information about service policies and procedures.
If you need assistance to understand the information in this policy, please contact the Neerim South Primary School OSHC Service Coordinator or the School Administration Office and ask for language assistance.

POLICY STATEMENT & PRINCIPLES

Neerim South Primary School Outside School Hours Care Service (NSPS OSHC Service) is committed to the safety, health and wellbeing of children in its education and care, including children with epilepsy, and anyone at risk or who experienced a seizure while in our care. We are committed to providing all staff with the information, training and skills they need to support children with epilepsy and respond effectively in the event of an epilepsy related medical emergency or seizure (including non-epilepsy related seizure).

This policy describes procedures to be implemented at NSPS OSHC Service to:

- Ensure that staff support children diagnosed with epilepsy and children having a non-epileptic seizure event appropriately
- Raise awareness of epilepsy and appropriate management among all staff through education and policy implementation
- Work with families of children diagnosed with epilepsy in understanding risks and developing and implementing risk minimisation strategies and communication plans to support the child and help keep them safe.

This policy should be read in conjunction with the service's policies and procedures on Medical conditions and medication; Administration of first aid policy and procedure; and the Incident, injury, trauma and illness policy.

BACKGROUND & SCOPE

NSPS School Council ensures that policies and procedures are in place for managing medical conditions (r.168, and information under r.90) and takes reasonable steps to ensure those policies and procedures are followed (r.170). In compliance with the National Law, NSPS OHSC Service must ensure:

- that this policy is available at the service, its procedures are adhered to and it is reviewed annually
- that all staff, families, contractors, volunteers and students are provided with a copy of this policy and have read and understood it

- families are aware of expectations for their role in developing a Risk Minimisation Plan and communication plan with the OSHC service.

This policy applies when a child diagnosed with epilepsy by a qualified medical practitioner is enrolled at the Service. It applies to the child, their parents/guardians, educators, and the OSHC Management team as well as other relevant members of the community, such as students, volunteers and visitors to the service.

This policy and procedures provide guidance for responding to seizure (due to epilepsy as well as seizure not related to epilepsy) and applies to children, families, staff, educators, Approved Provider (including School Council, School Principal and OSHC Sub-Committee) , nominated supervisor (including OSHC Coordinator), students on practicum placement, and volunteers at NSPS OSHC Service.

ABOUT EPILEPSY AND SEIZURE

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.

Approximately 70% of people living with epilepsy have good control of their seizures through medication. However, it is important that all those working with children living with epilepsy have a sound understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation has a range of resources and can assist with the development of an Epilepsy Management Plan. The Epilepsy Foundation also provides training and support to families and educators in understanding and managing epilepsy and, when indicated, the administration of emergency medication. Source: Epilepsy Foundation https://epilepsyfoundation.org.au/

DUTY OF CARE

NSPS OHSC Service has a duty of care to all children enrolled. This includes a legal obligation to ensure a safe environment free from foreseeable hazard and harm, where educators can address the individual health needs of each child, and always provide appropriate and adequate supervision.

The National Law requires the Neerim South Primary School Council to ensure that there is always at least one educator on duty and immediately available who has a current approved first aid qualification and has undertaken appropriate training to manage specific epileptic health care needs (including seizure) whenever a child who has been diagnosed with epilepsy is in attendance. As a demonstration of duty of care and best practice, all NSPS OSHC educators hold current and approved first aid qualifications and receive regular training in children's health care needs relating to epilepsy and seizure when a child diagnosed with epilepsy enrols.

Duty of care obligations under the National Law requires educators to know enough about epilepsy and seizure to ensure the safety and wellbeing of children. Service leadership and management ensure that all staff (including relief staff (including volunteers and students on practicum placement) have adequate knowledge of the service's epilepsy and seizures policy and procedures to be followed in a medical emergency, including an awareness of children's epilepsy management and/or action plans and risk management plans.

Educator training must be completed with a recognized authority and updated as required. Evidence of appropriate training is held by the service in a staff record, and it is the responsibility of the individual Educator to ensure that they maintain currency as required.

NSPS OSHC Service acknowledges the Epilepsy Foundation as the leading authority in epilepsy and seizure education and management. The Epilepsy Foundation recommend Educators undertake training that consists of:

- *Understanding and Managing Epilepsy for Educators* (Epilepsy Foundation) – or suitable equivalent online or face-to-face training.
- *Administration of Emergency Medication* (Epilepsy Foundation) – or suitable equivalent online or face-to-face training with practical demonstration and assessment.

More information online at: https://epilepsyfoundation.org.au/education-and-training/

Any Educator who has completed training in epilepsy and seizure management is made aware that they are responsible for the administration of first aid and emergency procedures (including implementation of an epilepsy/seizure action plan) in the event of an epilepsy/seizure-related medical emergency.

While it is not possible for NSPS OSHC service to provide a completely risk-free environment, a range of procedures and risk minimisation strategies are in place to reduce the possibility of a child experiencing a medical emergency in relation to epilepsy while attending the OSHC service.

Children diagnosed with epilepsy are not discriminated against in any way and are able to participate fully in all programs and activities at NSPS OSHC Service.

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH EPILEPSY

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH EPILEPSY

NSPS OSHC Service enrolment forms include a request for information about a child, including whether they have been diagnosed with epilepsy. The OSHC Coordinator will complete a service specific *Epilepsy Enrolment Checklist* to ensure that the enrolment of children diagnosed with epilepsy is comprehensive, and includes sharing of information about the child's Management or Action Plan, and implementation of this policy.

When a child diagnosed with epilepsy enrolls in OSHC, or when an already enrolled child is first diagnosed with epilepsy, the enrolling parent/guardian is required to:

- Inform the OSHC Coordinator, either upon enrolment or upon diagnosis, of their child's epilepsy diagnosis including medical risks, and medications including equipment and devices.
- Assist Educators by offering information and answering any questions regarding their child's epilepsy and share information about their general health and wellbeing.
- Provide the OSHC Service with an Epilepsy Management and/or Action Plan signed by the child's registered medical practitioner and written consent to use the child's medication in line with this action plan, in accordance with the NSPS OSHC Service policy on Dealing with Medical Conditions & Medication.

- Provide the OSHC Service with all prescribed medications including equipment and devices.
- Contribute to the services risk minimisation planning process in collaboration with the OSHC Coordinator.

EPILEPSY MANAGEMENT AND ACTION PLANS

Every child with epilepsy who is enrolled at NSPS OSHC Service must have an Epilepsy Management Plan (EMP). This plan outlines essential guidance for anyone who may need to assist during a seizure. It includes child-specific details such as safety and supervision needs, medication instructions, seizure management and emergency contacts.

Families can create their epilepsy management plan through the Epilepsy Action Australia online EMP tool at https://www.epilepsy.org.au/emp/ Alternatively, thor child's health care professional can assist families with developing an EMP to provide NSPS OSHC Service.

The Epilepsy Action and Management Plan must be completed and signed by the child's epilepsy treating team before being provided to NSPS OSHC Service by the child's parent or guardian. The plan will include all information on how to manage the child's epilepsy on a day-to-day basis as well as the emergency management of the child's medical condition.

EMERGENCY MEDICATION

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law Act 2010 (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

There is a small group of people with epilepsy who have severe or even life-threatening seizures. These seizures are considered an emergency because they can be longer than usual (prolonged seizures) or happen in short succession one after the other (cluster seizures) with little or no recovery in-between. Both of these situations can lead to a medical state called status epilepticus which can become life threatening. Source: https://www.epilepsy.org.au/about-epilepsy/managing-epilepsy/seizure-emergencies/

Emergency seizure medications are prescribed for people who have had, or likely to have seizure emergencies. These medications can be given in the OSHC setting in an easy to administer route (by a trained educator) and work quickly to stop the seizure.

If the child with epilepsy requires this emergency medication, an Emergency Medication Management Plan (EMMP), must also be in place. This plan is written by the prescribing doctor, and outlines exactly how and when to administer the medication, and specific seizure details. The parent or guardian is responsible for supplying this document to the OSHC Service.

Children diagnosed with epilepsy who have been prescribed medication must have their own medication available to them whenever they are attending OSHC.

The child's Epilepsy Action Plan and Emergency Medication Management Plan including emergency first aid procedures will be stored with the child's medication, in accordance with the service policies on medical conditions and medication.

Families are encouraged to regularly check their child's medication to ensure that there is a sufficient amount and the expiry date has not passed.

See OSHC Policy on Medical Conditions and Medication for information on managing medication, authority, and forms required.

RISK MINIMISATION

The OSHC Coordinator (or the nominated supervisor) will consult with families to determine which strategies are appropriate for reducing risks related to the child's epilepsy and risk of seizure, including triggers which may lead to seizure and/or epilepsy related medical emergencies.

The nominated supervisor, in partnership with the parent or carers, must develop a Risk Minimisation Plan using Attachment 1. Separate risk management plans should be developed for day-to-day epilepsy management onsite at the OSHC service and for excursions, as the risks are likely to be different.

NSPS OSHC Service maintains a *Risk Minimisation Plan* to help protect the children who have epilepsy and are at risk of seizure from unnecessary exposure to their triggers.

The OSHC Coordinator (or nominated supervisor/responsible person present) will conduct an assessment of the potential for exposure to triggers while children with epilepsy are in the care of the Service and develop a risk minimisation plan in consultation with Educators and the families of children who have epilepsy.

The risk minimisation plan acts to identify and, where practical, minimise triggers, and where necessary, modify activities in accordance with a child's needs and abilities to ensure that they can safely participate in all elements of the educational program.

Educators aim to plan and implement learning experiences and activities that complement the risk minimisation plan, and ensure that children diagnosed with epilepsy can participate in activities while being treated the same as other children attending the program.

Increased supervision requirements of children diagnosed with epilepsy will be considered during routine outings, excursions, in-house activities, when visitors are attending, or special events where the environment can unintentionally become unpredictable.

COMMUNICATION PLAN

At enrolment, or upon diagnosis, the nominated supervisor must develop a Communication Plan in consultation with families to encourage and ensure ongoing communication between families and staff about the management of the child's medical condition (see Attachment 2).

NSPS OHSC Service will negotiate with the child and family information to be displayed about their child's epilepsy, and will obtain consent from the family to display their child's personal information.

INFORMATION TO DISPLAY

The service displays clear, simple descriptions of the signs of epilepsy and seizure in various locations, including near the kitchen, inside the main entrance, administration office, and staff break areas.

Educators refers to recognised authorities for printable resources with current information to display on epilepsy and seizure first aid, such as the

Epilepsy Action Plans for individual children will be displayed in the Orana centre where they are visible to all staff (including students, volunteers and visitors) as well as children and families. Consent will be obtained from the enrolling parent/guardian prior to the display of the plan which will include a photo of the child.

Each child's own emergency medical kit is stored in a clearly labelled area that is easily identifiable to staff (including tertiary students, volunteers and visitors).

The service displays an Ambulance Contact Card by all OSHC Service telephones.

This policy, and service policies on medical conditions, medication, and emergency procedures will be accessible at all times the service is in operation, and by request.

PROCEDURES FOR MANAGING EPILEPSY & SEIZURE WHILE ATTENDING OSHC

EDUCATORS TRAINED IN EPILEPSY AND SEIZURE

When a child who has been diagnosed with epilepsy is enrolled at NSPS OSHC Service, each session they attend will operate with Educators who:

- Hold current first aid certification including emergency life support and cardiopulmonary resuscitation as approved by the Australian Children's Education and Care Quality Authority.
- Have undertaken training with a recognised authority for managing epilepsy and emergency first aid and medication for seizures.
- Know what to do in an emergency to ensure the health and safety of children (especially regarding recognising and responding to seizure).
- Have been briefed on emergency first aid, and epilepsy and seizure emergency procedures and responsibilities upon their employment or engagement at the Service.
- Are aware of the children in their care who have epilepsy and are familiar with their Epilepsy Management and Action plan including awareness of monitoring strategies, care requirements, as well as seizure types and triggers.
- Ensure that all relieving/causal/temporary Educators as well as students and visitors are aware of symptoms of a medical emergency and of any children attending who have been diagnosed with epilepsy.
- Have been provided with a copy of this policy on Epilepsy and Seizure, and the OSHC policy on Medication Conditions and Medication.

RESPONSIBILITIES OF EDUCATORS WHO ARE TRAINED IN EPILEPSY AND SEIZURE

Any Educator who has completed training in the emergency management of epilepsy and seizure is made aware that they are responsible for the administration of first aid and implementation of emergency procedures in the event of a medical emergency in relation to epilepsy and seizure.

Their responsibilities include:

- Ensuring a copy of the child's Epilepsy Action Plan is visible to all Educators, including tertiary students and volunteers.
- Following the child's Epilepsy Action Plan in the event of exposure to allergens or triggers and experiencing symptoms, which may progress to anaphylaxis.
- Ensuring that each child's own Epilepsy medical (including monitoring equipment is stored in a clearly labelled area that is easily identifiable to all Educators, including relief staff; easily accessible to adults (not locked away); inaccessible to children, and away from direct sources of heat.

- Ensuring that the Epilepsy medical kit for each child diagnosed with Epilepsy or who is at risk of seizure is carried by a trained Educator on routine outings and excursions that this child attends.
- Regularly checking the expiry date on all medications at the Service
- Complying with the practices outlined in the procedures and any risk minimisation plans to protect children with Epilepsy from exposure to their seizure triggers.
- Maintaining current first aid training, including CPR, asthma and anaphylaxis, in compliance with the National Law.
- Encouraging open communication between families and educators about the status and impact of a child's Epilepsy and experience with seizures.
- Communicating any concerns to families should it be considered that their child's Epilepsy health care needs or risk of seizure is limiting their ability to participate fully in all activities.

IN THE EVENT OF EMERGENCY - EPILEPSY AND SEIZURE

In the event of a seizure, the emergency response procedures specified in this policy must be followed, together with the child's Epilepsy Action Plan.

The Epilepsy Action Plan gives essential information about how educators can help when a child has a seizure, and is vital for anyone who may need to ensure safety, or provide first aid, during and after a seizure.

Policies on the administration of first aid, medical conditions and medications, and emergency response procedures also apply.

First Aid for all seizure events
- Remain calm - Implement the child's Epilepsy Action Plan (where a plan is in place) - Ensure other children in the vicinity of the seizure event are being supported - Prevent children from injuring themselves or others by placing something soft under their head and removing any sharp or unstable objects from the area - Note the time the seizure started and time the event until it ends - Talk to the child to make sure they regain full consciousness - Stay with and reassure the child until they have fully recovered - Provide appropriate post-seizure support or adjustments – the Epilepsy Foundation offers resources about support. OSHC Educators should **call an ambulance immediately if:** - they do not know the child - it is the child's first seizure - there is no epilepsy management plan - a serious injury has occurred - the seizure occurs in water - there is reason to believe the child may be pregnant - other factors outlined in the epilepsy management plan are occurring.

If an ambulance is not required, or does not attend.

Educators will contact the child's enrolling parent or guardian. If the family cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record.

In some instances, the service may have a duty of care to arrange for the collection of the child from the service, and encourage the family to seek medical assistance. Educators will continue supervision of the child until they are collected from the service.

Additional provisions for a tonic-clonic seizure (convulsive seizure with loss of consciousness) which presents as muscle stiffening and falling, followed by jerking movements:

- protect the head, for example, place a pillow or cushion under the head
- remove any hard objects that could cause injury
- do not attempt to restrain the child or stop the jerking
- do not put anything in the child's mouth
- as soon as possible roll the child onto their side – you may need to wait until the seizure movements have ceased.

Additional provisions for a non-convulsive seizure with impaired awareness

For a non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour, avoid restraining the student. You may need to guide the child safely around objects to minimise risk of injury.

Additional provisions for providing seizure first aid support to a child in a wheelchair:

- protect the student from falling from the chair, secure seat belt where available and able
- make sure the wheelchair is secure
- support the student's head if there is no moulded head rest
- do not try to remove the student from the wheelchair
- carefully tilt the student's head into a position that keeps the airway clear.

In the event that a child who has been diagnosed with Epilepsy appears to be experiencing a medical emergency (prolonged or cluster seizures):

Most seizures last less than two minutes and stop on their own. Although many people with epilepsy have good seizure control, one in three people with epilepsy do not, and they continue to have seizures despite taking medication. Some people only have occasional seizures, but others may have frequent seizures.

There are a small group of people with epilepsy who have severe and even life-threatening seizures. These seizures are considered a medical emergency because they can be longer than usual (prolonged seizures) or happen one after the other (cluster seizures) with little or no recovery in-between. Both of these situations can lead to a medical state called status epilepticus. All these situations are considered seizure emergencies and can lead to brain injury or even death if not treated quickly.

https://www.epilepsy.org.au/about-epilepsy/managing-epilepsy/seizure-emergencies/

Administration of first aid and implementation of Epilepsy Action Plan

In the event of a seizure emergency, a first aid trained educator will commence administration of first aid, including emergency response procedures, and implement the child's individual Epilepsy Action/Management Plan which may include administration of medication.

If an ambulance is required

Call an ambulance immediately by dialling 000 if

- the child not responding to steps in the Epilepsy Action and Management Plan
- emergency medicine/medical equipment or devices not available/not working
- increase in severity of symptoms or signs of life-threatening symptoms

Follow any instructions provided over the phone by emergency services, which may include the recommendation to administer emergency medication.

Contact the child's enrolling parent or guardian (without disconnecting the call with emergency services). If the parent/guardian cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record.

If an ambulance is not required, or does not attend

Contact the child's enrolling parent or guardian. If the family cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record.

Arrange for collection of the child from the service, and encourage family to seek medical assistance. Continue supervision of the child until they are collected from the service.

REPORTING REQUIREMENTS

Any incident involving serious illness of a child while the child is being educated and cared for at the OSHC service for which the child attended, or ought reasonably to have attended a hospital is considered a serious incident within the context of the National Law (r.12).

Staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident.

Families (authorised persons) will be required to sign the Incident, Injury, Trauma and Illness Record, and a copy of this will be stored in the child's file.

The OSHC Coordinator (or nominated supervisor) will inform the School Principal (as a representative of the school council as the approved provider) about the incident, and together they will inform the regulatory authority of the incident within 24 hours of it occurring through the NQA IT System (as per regulations).

AFTER A SERIOUS INCIDENT

Staff will be offered a debrief after each incident. An emergency can cause distress not only for the child, but for staff and other children, especially if the event was life-threatening.

The child's individual Epilepsy Action Plan and Risk Minimisation Plan will be evaluated by the OSHC Coordinator in collaboration with all staff, and the child's family. This will include discussion of the effectiveness of the procedure used.

Staff will discuss the child's risks and experience in OSHC with the family, and consider strategies that need to be implemented and maintained to prevent further incidents and emergencies.

The OSHC Coordinator and School Principal (as a representative of the school council as the approved provider) will undertake review and development of the service's policy and procedures on Epilepsy and Seizures as required.

RESPONSIBILITIES

Responsibilities of the School Council (as the Approved Provider) and the OSHC Management Sub-Committee:

- Review and develop this policy at least annually, and when the need arises.
- Authorise any changes to this policy.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Notify families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected or; significantly impact the service's education and care of children or; significantly impact the family's ability to utilise the service.

Responsibilities of the OSHC Coordinator (or in the absence of the OSHC Coordinator, the Nominated supervisor/ Responsible person present):

- Contribute to the review and development of this policy at least annually, and when the need arises.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers actively implement this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Communicate openly with families and stakeholders about this policy and its implementation.
- Assess the needs of staff and families and, where required, provide policies and procedures in multiple languages or an appropriate alternative such as online translation software and/or in audio versions.

- Consider the needs of any temporary or casual staff and how they will access the policies and procedures.

Responsibilities of Educators:

- Be familiar with this policy.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Support families to approach leadership or service management with questions or concerns.

Responsibilities of Families:

- Being familiar with this policy.
- Asking questions about implementation, and raising concerns with leadership or service management.

INDUCTION AND ONGOING TRAINING

The NSPS School Council the Approved Provider acknowledges the important role played by our service leaders, educators and staff. They are provided with the necessary support to implement Outside School Hours Care service policies and procedures.

To ensure that all NSPS OSHC service stakeholders are given adequate induction and ongoing support to develop a thorough understanding of these procedures, this policy will be provided in accordance with induction processes for the OSHC Service staff team.

During indication, educators who will be responsible for the administration of first aid and emergency procedures (including implementation of Epilepsy Action Plan) in the event of an Epilepsy-related medical emergency (including seizure) will be supported by the OSHC Coordinator to explore their responsibilities and access any informal learning opportunities that may add value to the knowledge and skills learned in certified training, and enhance the educators confidence in Epilepsy and Seizure Management in OSHC.

NSPS OSHC Service supports educators responsible for the administration of emergency epilepsy and seizure first aid through ongoing guidance, regular refreshers, and access to clear procedures. Educators are encouraged to seek support, participate in brief practice and discussions during team meetings, and debrief following first aid incidents. This approach promotes confidence, consistency, and safe responses in line with training, service policies, and individual medical management plans.

KEY TERMS

TERM	MEANING	SOURCE
Ambulance contact card	A card that NSPS OSHC Service has completed, containing all the information that the Ambulance Service will request when phoned on 000. For example, the 'How to call' card published by Ambulance Victoria. The Service will display an ambulance contact card by any telephone from which a 000 phone call could be made. https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf	**Ambulance contact card**
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website www.tga.gov.au	Guide to the NQF (Glossary)
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	
Medication record	The approved provider must keep a medication record for each child to whom medication is administered by the service. This record must include: ● the child's name ● signed authorisation to administer medication ● a record of the medication administered, including time, date, dosage, manner of administration, name and signature of the person administering the medication and of the person checking the medication, if required. A medication record template is available on the ACECQA website: www.acecqa.gov.au/media/22731	National Regulations (Regulation 92)
Serious incident	An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.	Education and Care Services National Regulations (Regulation 12)
Trained Educator	For the purposes of this policy, this refers to those Educators who have received relevant, professionally run training in the treatment or technique required to administer medication, including training in the care and management of epilepsy and seizure. In addition, trained educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).	Education and Care Services National Law and Regulation.

LINKS TO OTHER NSPS OSHC SERVICE POLICIES

In compliance with r.171, copies of the current policies and procedures required under r.90 and r.168 (including this policy) are available for inspection at the OSHC Service at all times that the service is operating, or otherwise on request.

Associated NSPS OSHC Service health and medical policies and procedures include:

- Administration of first aid policy and procedure
- Blood-borne viruses
- Infection control and immunisation policy
- Illness and infectious diseases
- Incident, injury, trauma and illness policy
- Medical conditions and the administration of medication

Other relevant policies and procedures:

- Acceptance and Refusal of Authorisations
- Enrolment and orientation
- The Educational Program
- Health, nutrition and food safety policy and procedure
- Evacuations and emergency management policy
- Excursions and routine outings
- Privacy and confidentiality of records policy

SOURCES

Australian Children's Education and Care Quality Authority (2021) ***Dealing with medical conditions in children*** https://www.acecqa.gov.au/sites/default/files/2021-08/DealingMedicalConditionsChildrenGuidelines.pdf
Australian Children's Education and Care Quality Authority (2022) ***Six reasonable steps to ensure staff follow policies and procedures*** https://www.acecqa.gov.au/sites/default/files/2022-11/13-Six-steps-staff-policies-procedures%20v3.pdf
Commission for Children and Young People (July 2022); ***Child Safe Standards.*** https://ccyp.vic.gov.au/child-safe-standards/
Epilepsy Action Australia (2026) ***Online EMP tool*** https://www.epilepsy.org.au/emp/
Epilepsy Action Australia (2026) ***Seizure Emergencies*** https://www.epilepsy.org.au/about-epilepsy/managing-epilepsy/seizure-emergencies/
Epilepsy Foundation (20206) ***Understanding and Managing Epilepsy for Educators; and the Administration of Emergency Medication*** https://epilepsyfoundation.org.au/education-and-training/
Epilepsy Foundation (2026) ***What is Epilepsy, and About seizure***s. https://epilepsyfoundation.org.au/
Victorian government Department of Education (Accessed October 2025) ***Managing children's medical conditions in early childhood services*** https://www.vic.gov.au/managing-childrens-medical-conditions-early-childhood-services
VIctorian Government Department of Education (2026) ***School Operations; Epilepsy and seizures*** https://www2.education.vic.gov.au/pal/epilepsy-and-seizures/policy

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law https://www.acecqa.gov.au/nqf/national-law-regulations/national-law
The National Quality Framework operates under an applied law system, comprising the Education and Care Services National Law and the Education and Care Services National Regulations. The purpose of the applied law system is to set a national standard for children's education and care across Australia. The following regulations inform the implementation of this policy.

Regulation	Description
Regulation 4	Definitions
Regulation 8	National Quality Standard
Regulation 12	Meaning of serious incident
Regulation 13	Meaning of working directly with children
Regulation 73	Educational program
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 136	First aid qualifications
Regulation 137	Approval of qualifications
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 174A	Prescribed information to accompany notice
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents
Regulation 185	Law and regulations to be available

National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard
The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important to outcomes for children. NSPS OSHC Service is assessed and rated by the Victorian Government Department of Education against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results. The following quality areas, standards and elements support the implementation of this policy.

Standard/Element	Item
Element 1.1.3	Program learning opportunities
Element 1.3.3	Information for families
Quality Area 2	Children's Health and Safety
Standard 4.1	Staffing arrangements
Element 4.1.1	Organisation of Educators
Element 5.1.2	Dignity and rights of the child
Standard 6.1	Supportive relationships with families
Element 6.1.1	Engagement with the service

Element 6.2.2	Access and participation
Element 7.1.2	Management systems
Element 7.1.3	Roles and responsibilities
Standard 7.2	Leadership
Element 7.2.3	Development of professionals

Framework for School Age Care in Australia https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
Under the National Law, services must deliver an educational program to all children being educated and cared for that is based on an approved learning framework, delivered in accordance with that approved learning framework, based on the developmental needs, interests and experiences of each child , and designed to take into account the individual differences of each child. The following principles, practices and learning outcomes support the implementation of this policy.

Principle/Outcome	**Description**
Principles	Partnerships
	Equity, inclusion, and high expectations
Practices	Holistic, integrated and interconnected approaches
	Collaboration with children and young people
	Play leisure and intentionality
	Assessment and evaluation for wellbeing, learning and development
Learning outcomes	Children and young people have a strong sense of identity
	Children and young people and connected with and contribute to their world
	Children and young people have a strong sense of wellbeing

POLICY EVALUATION, REVIEW & DEVELOPMENT

This policy will be reviewed and developed accordingly as part of the NSPS OSHC Service annual review process, or more often if necessary due to changes in regulations, circumstances, or operational matters.

In response to any breach of this policy, this policy and procedures (and any directly associated policies and procedures) will be reviewed and developed to ensure the effectiveness of their implementation.

NSPS OSHC Service ensures that all relevant stakeholders are notified at least 14 days before making any change to this policy, unless that notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the service. In this instance, stakeholders will be notified as soon as practicable after making a change in accordance with requirements under the National Law.

Date	Description	Author
01/01/2/2026	New policy developed as required under National Law, consistent with Vic Gov guidelines for school operations re Epilepsy and Seizure.	OSHC Sub-Committee
02/03/2026	Finalised for leadership/management review, prepare to present at April School Council meeting with recommendation of approval.	School Principal, OSHC Coordinator, and OSHC Sub-Committee
18/05/2026	Approved	School Council