2.10. DIABETES, EPILEPSY AND SEIZURES

QUALITY AREA 2 | VERSION 2.0

Regulatory Policy & Procedure

Statement of Commitment

Wyndham City Council is committed to safeguarding children younger than 18 and ensuring their active participation as valued members of our community, while fostering a child-safe environment. We focus on early identification of risks to protect children from harm, whether caused by adults, harmful behaviours between children, exposure to family violence, or concerns like grooming, cumulative harm, or neglect.

We encourage the reporting of any concerns or suspicions of child abuse or harm. The Reportable Conduct Scheme improves how organisations respond to allegations of abuse, harm, neglect, and risk to children. Under this scheme, the CEO, or their delegate, must report any allegations of child-related misconduct to the Commission for Children and Young People within a specific timeframe.

All allegations are taken seriously, and reporting does not require agreement on the conduct. Concerns can be reported to a line manager or directly to the Senior Child Safe Advisor. Investigations will be conducted by an external party under the oversight of relevant authorities, including Victoria Police, the Department of Families, Fairness and Housing, and Child Protection.

Futhermore, Wyndham City Council has also publicly declared its commitment to being a Child Safe Organisation on our external website and recognises the importance of Child Safety in the provision of quality community services. All children and young people who attend services, programs, events, and community spaces have a right to feel safe, be safe, and be heard. We are committed to maintain a child safe environment, and value a culture of safety within council and its operations.

There are also behavioural expectations to recognise the importance of an inclusive and welcoming environment to all children & young people of the wider community including Aboriginal and Torres Strait Islanders, culturally and/or linguistically diverse, those with a disability and promoting an environment with no tolerance for racism.

Purpose

To ensure that enrolled children living with Type 1 Diabetes, Epilepsy, and non-epileptic seizures and their families are supported, while children are being educated and cared for by Wyndham Early Education and Care Services (EECS).

Policy Statement

Wyndham Early Education and Care Services (EECS) is committed to:

- providing a safe and healthy environment for all children enrolled at the service.
- providing an environment in which all children can participate to their full potential.
- providing a clear set of guidelines and procedures to be followed when supporting children with diabetes and epilepsy.
- involving families in developing a risk minimisation plan, when required, for each child to minimise health risks.

Scope

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

This policy should be read together with, but limited to, the following policies:

- Asthma, Anaphylaxis, and Allergic Reactions
- Dealing with Medical Conditions

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Responsibilities	Approved Provider and EECS Unit	Nominated Supervisors/ Team Leaders	Early Childhood Teacher, Educators, and other staff	Family, parents/guardians	Contractors, volunteers, and students
Develop, implement, and communicate a Diabetes, Epilepsy and Seizures Policy.	✓	✓			
Provide all staff with a copy of the Diabetes, Epilepsy and Seizures Policy and ensure they are aware of all enrolled children living with ***diabetes***, ***epilepsy***, or ***non-epileptic seizures***.	✓	✓	✓		✓
Always adhere to the Diabetes, Epilepsy and Seizures Policy.	✓	✓	✓	✓	✓
Provide families of children with diabetes, epilepsy, or non-epileptic seizures the following policies when they enrol: • Administration of First Aid. • Administration of Medication. • Diabetes, Epilepsy and Seizures.	✓	✓		✓	
Ensure all educators hold approved and current first aid qualifications.	✓	✓	✓		✓
Inform staff, either on enrolment or on initial diagnosis, that their child has diabetes, epilepsy, or non-epileptic seizures.	✓	✓		✓	
Ensure all staff (including casual and relief) and volunteers can identify the child with a medical condition, the child's medical management plan and the location of the child's medication.	✓	✓	✓		✓
Provide a copy of their child's ***medical management plan*** to the service at the time of enrolment. This plan should be reviewed and updated at least annually.				✓	
Ensure all children with epilepsy have the following filed with their enrolment record: • Current medical action and management plan. • Current emergency medical management plan, where relevant. • ***Seizure record***, where relevant.	✓	✓		✓	
Provide staff with updated medical management plan and ***medication record*** when changes to the order have been made.				✓	
Ensure medical management plans and medication records are signed by the child's doctor/neurologist.				✓	
Communicate regularly with educators/staff in relation to the ongoing general health and wellbeing of their child, and the management of their child's ***health condition***.				✓	
Develop a ***risk minimisation and communication plan*** for every child with diabetes, epilepsy, or non-epileptic seizures.	✓	✓	✓	✓	✓
Develop a risk minimisation plan in consultation with: • Families and/or, • Child's medical practitioner and/or, • Child's medical support team and/or, • States diabetes/epilepsy organisation.	✓	✓	✓	✓	✓
Ensure staff discuss the child's medical action and management plans with families when developing a risk minimisation plan.	✓	✓	✓	✓	✓
Always follow the child's medical action, management, and medication plans when at the service.	✓	✓	✓	✓	✓
Ensure that medication is administered in accordance with the *Administration of Medication Policy.*	✓	✓	✓		✓

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Identify and, where possible, minimise possible ***seizure triggers*** as outlined in the child's Epilepsy Management Plan.	✓	✓	✓	✓	✓
Take all medical management plans, medication records, emergency medication plans, any prescribed medication, and seizure records on excursions and to other offsite events.	✓	✓	✓		✓
When a child with epilepsy or non-epileptic seizures is enrolled in the service, make sure that all the staff members are up to date on their CPR training and know how to treat seizures. *(Process 2.10.1: Seizure First Aid)*	✓	✓	✓		✓
When a child with epilepsy or non-epileptic seizures is enrolled in the service ensure all staff attend training facilitated by state epilepsy organisation. *(epilepsyfoundation.org.au)*	✓	✓	✓		✓
Ensure staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with ***Type 1 diabetes*** and their families.	✓	✓	✓	✓	✓
Ensure only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication.	✓	✓			
Ensure that emergency medication is stored correctly, as outlined in the training facilitated by state epilepsy organisation, and that it remains within its expiration date.	✓	✓	✓	✓	✓
Ensure families provide the service with any equipment, medication, or treatment, as specified in the child's individual action and management plan.	✓	✓		✓	
Be aware of, and sensitive to, possible side effects and behavioural changes: • following a seizure. • following changes to the child's medication regime. • following administration of emergency medication. • following an emergency event.	✓	✓	✓	✓	✓
Compile a list of children with diabetes, epilepsy, and non-epileptic seizures.	✓	✓			
Place the list in a secure, but easily accessible location that is known to all staff.	✓	✓			
The list must accompany the: • Medical Management Plan. • Seizure record. • Emergency Medical Management Plan, where relevant.	✓	✓			
Ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with diabetes, epilepsy, and non-epileptic seizures.	✓	✓	✓		✓
Ensure children with diabetes, epilepsy, and non-epileptic seizures are not discriminated against in any way.	✓	✓	✓		✓
Ensure children living with diabetes, epilepsy, and non-epileptic seizures can participate in all activities safely and to their full potential.	✓	✓	✓		✓

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Encourage their child to learn about their medical condition and to communicate with service staff if they are unwell or experiencing symptoms.				✓	
Immediately communicate any concerns with families regarding the management of children with a medical condition.	✓	✓	✓		✓
Communicate any concerns to families if a child's medical condition is limiting their ability to participate fully in all activities.	✓	✓	✓	✓	✓
Follow the *Incident, Injury, Trauma, and Illness Policy* if a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.	✓	✓	✓		✓
Organise general epilepsy management information sessions for families of children enrolled at the service, where appropriate.	✓	✓			

Definitions

The terms defined in this section relate specifically to this policy:

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures and should be less than 12 months old.

Epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date.

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.

Epileptic seizures: Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour.

Medication record: A record that must contain details relating to the child's information, signed authorisation to administer medication, and a record of medication administered.

Non-epileptic seizures (NES): also known as dissociative seizures. There are 2 types of non-epileptic seizures:

- organic NESs which has a physical cause.
- psychogenic NESs which are caused by mental or emotional processes.

***Risk minimisation plan*:** A documented plan developed in consultation with each family of a child enrolled with a diagnosed medical condition. This plan is specific to the child and service. It specifies each child's medical condition along with the strategies and actions that will be implemented to minimise the risk of the child being exposed to any risks such as allergens, food or known causes/triggers that might result in the child experiencing an emergency or event related to their medical condition.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

***Seizure triggers*:** 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.

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Type 1 diabetes is not linked to modifiable lifestyle factors.

Type 2 diabetes: Type 2 diabetes in children is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the Dealing with Medical Conditions Policy.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)

Related Appendices & Documents

- Process 2.10.1: Seizure First Aid
- Process 2.10.2: Managing diabetes at kindergarten.

Related Policies

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma, and Illness
- Inclusion and Equity
- Nutrition, Oral Health, and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Providing a Child Safe Environment
- Supervision of Children

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Authorisation and Version Control

Version	Objective ID	Action	Date	Endorsement date	Next Review Date
1	A4670178	New Policy and Procedure developed in line with regulatory requirements. Previously included in Medical Conditions Policy – now required to be separate policy.	Nov, 2023		Nov, 2024
2	A4670178	Updated Wyndham City's Statement of Commitment to a Child Safe Organisation – as per Wyndham City's Child Safe Management page	20/06/2025	TP 	Nov, 2024