

# EPILEPSY POLICY

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## Mandatory – Quality Area 2

This policy was written in consultation with The Epilepsy Foundation of Victoria. The Epilepsy Foundation of Victoria provides training, support and resources to any individual affected by epilepsy. For more detailed information, visit The Epilepsy Foundation of Victoria's website: [www.epinet.org.au](http://www.epinet.org.au)

## AUTHORISATION

This policy was reviewed and adopted by the Dawson Street Child Care Cooperative (DSCCC) Management Committee at its meeting on **18 April 2018**.

## REVIEW DATE

This policy will be reviewed in two years' time, in April 2020 or when a child with this medical condition commences at DSCCC.

## PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy to safely and fully participate in the program and activities of DSCCC.
- ensure that all necessary information for the effective management of children with epilepsy enrolled at DSCCC is collected and recorded so that these children receive appropriate attention when required.

## POLICY STATEMENT

### 1. VALUES

DSCCC is committed to:

- providing a safe and healthy environment for all children enrolled at DSCCC
- providing an environment in which all children with epilepsy can participate to their full potential
- 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, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at DSCCC.

### 2. SCOPE

This policy applies to the Management Committee, Director, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of DSCCC.

### 3. BACKGROUND AND LEGISLATION

#### 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, the impact is variable – some children are greatly affected while others are not.

“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 doctor will be discovering more about the condition as they develop. 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 should have an Epilepsy Management Plan” (refer to *Children with epilepsy: A Teacher’s Guide*, Epilepsy Foundation of Victoria).

Most 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 good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the *Education and Care Services National Regulations 2011* requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, Dawson Street requires that **all educators** have current approved first aid qualifications.

#### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: section 167
- *Education and Care Services National Regulations 2011*: Regulations 85, 86, 87, 90, 91, 92, 93, 95, 98, 100, 101, 136
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
  - Standard 2.1: Each child’s health is promoted
    - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented
  - Standard 2.2: Each child is protected
    - Element 2.2.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

#### **4. DEFINITIONS**

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Director, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Absence seizure:** Occurring 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 day-dreaming. They are no longer called ‘petit mals’.

**AEDs:** Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs 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.

**Approved First Aid Qualifications:** First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

**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 nasal midazolam. Rectal Valium has been used in the past, but is not 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 members who have received child-specific training in the emergency administration of midazolam 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 at <http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf>

**Epilepsy:** Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) which are unprovoked.

**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 of Victoria: <http://epilepsyfoundation.org.au/epilepsy-management-plans/>

**Focal (previously called simple or complex partial) seizures:** 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.

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.

**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 parents/guardians or carers.

**Medication record:** Contains details for each child to whom medication is to be administered by DSCCC. 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 (Regulation 92). A sample medication record is available on the ACECQA website.

**Midazolam:** Also known as Hypnovel, midazolam 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 has the ability to 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.

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 or nasally.

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.

**Midazolam kit:** An insulated container with an 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 parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians 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.

**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.

**Staff record:** Must be kept by DSCCC and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Education and Care Services National Regulations 146–149). A sample staff record is available on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Tonic Clonic seizure:** A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

## 5. SOURCES AND RELATED POLICIES

### Sources

- The Epilepsy Foundation of Victoria: <http://www.supportepilepsy.com.au/> or phone (03) 8809 0600 or 1300 761 487
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA

### Service policies

- *Administration of Medication and First Aid Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency Management and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Illness, Infectious Disease and Emergency Care Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*

- *Privacy and Confidentiality Policy*
- *Staff Code of Conduct Policy*
- *Sun Protection Policy*
- *Water Safety Policy*

## PROCEDURES

### **The Director is responsible for:**

- providing all staff with a copy of DSCCC's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy
- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that all staff are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy is enrolled at DSCCC
- ensuring that all staff attend training conducted by The Epilepsy Foundation of Victoria on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at DSCCC
- providing parents/guardians of children with epilepsy with a copy of DSCCC's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- 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
- ensuring a medication record is kept for each child to who medication is to be administered by DSCCC (Regulation 92)
- compiling a list of children with epilepsy 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
- facilitating communication between management, educators, staff and parents/guardians regarding DSCCC's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at DSCCC
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- ensuring that induction procedures for casual and relief staff include information about children attending DSCCC who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at DSCCC, where appropriate

### **Certified Supervisor/s and other educators are responsible for:**

- ensuring that they are aware of DSCCC's *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)

- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications (refer to *Definitions*)
- identifying and, where possible, minimising possible seizure triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other offsite events
- administering prescribed medication in accordance with DSCCC's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation of Victoria
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians with completing the enrolment form and medication record for their child
- consulting 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
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.

**Parents/guardians are responsible for:**

- reading DSCCC's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to DSCCC. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of DSCCC
- working with staff to develop a risk minimisation plan for their child
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy
- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

**Volunteers and students, while at DSCCC, are responsible for following this policy and its procedures.**

## **EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Management Committee/Director will:

- monitor feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice

- revise the policy and procedures as part of DSCCC's policy review cycle, or as required

## ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: DSCCC risk minimisation plan - Epilepsy

## ACKNOWLEDGEMENT

Kindergarten Parents Victoria (KPV) acknowledges the contribution of The Epilepsy Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy, please contact The Epilepsy Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

Date Reviewed	Details of Changes (if any)	Date of Next Review
April 2018	Updated references	April 2020
March 2016	No substantive changes	March 2018
March 2014	Terminology changes	March 2016

## **ATTACHMENT 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 day-dreaming.

- 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. 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**

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.

**Emergency services:** 000

**Epilepsy Help Line:** 1300 852 853



## ATTACHMENT 2

### Enrolment checklist for children prescribed midazolam

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at DSCCC, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of DSCCC's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed [at](http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf) <http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf>).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by DSCCC, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken The Epilepsy Foundation of Victoria's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

**ATTACHMENT 3**

**DAWSON STREET CHILDCARE CO OPERATIVE**  
**RISK MINIMISATION PLAN (EPILEPSY)**

How well has the children's service planned for meeting the needs of children with allergies who are at risk and with a medical condition requiring extra care?		
1. Who are the children?	<ul style="list-style-type: none"> <li>List name and room location of each of the at-risk child</li> </ul>	Name:
2. What are they allergic to?	<ul style="list-style-type: none"> <li>List all of the known symptoms/triggers and risk factors for each of the at-risk children</li> </ul>	Symptoms/triggers:
	<ul style="list-style-type: none"> <li>All staff are aware of where each child's medical management plan and medication (including expiry) are located</li> </ul>	Information is written on each child's medical management plan  Any new information is communicated through staff meetings
3. Does everyone recognise the at-risk children?	<ul style="list-style-type: none"> <li>List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at-risk children.</li> <li>Confirm where the child's Medical Management Plan (including the child's photograph) will be displayed</li> </ul>	Medical management plans with photos are visible in all rooms. Relief staff/students are directed to this when they start work

**DO FAMILIES AND STAFF KNOW HOW DSCCC MANAGES THE RISK OF MEDICAL CONDITIONS?**

Record when each family of an at-risk child is provided a copy of DSCCC's Epilepsy policy	At the enrolment and when we update the policy
Record when each family member provides appropriate medication	
All staff, including relief staff, know where medication and medical management plans are kept for each at-risk child	..... Medication is located in the ....., next to the .....and is accessible to staff at all times
Regular checks of the expiry date of each child's medication are undertaken by nominated staff member and the families of each at-risk child.  Michelle in the Sunflower Room has been designated to check medication expiry dates as the Medical Conditions Officer	Expiry dates are written on each child's medical management plan and the location of where to find it  Expiry .....
Procedures to be followed during episode of medical condition	

If the medical conditions change.	Families will notify staff verbally as soon as possible and staff will document on the changes to medical management plan form located in Individual Medical Book
Ensure all families are aware of the policy that no child who has been prescribed medication is permitted to attend DSCCC without that medication	As per policy the medication stays at the centre
DSCCC displays the CPR generic poster in key locations, and emergency call information posters near all telephones	CPR posters up in hallway, staffroom and office
Medication is taken on all outings attended by the at-risk child	Yes. When DSCCC does the fire drill or excursions all medication baskets are taken with educators
DSCCC ensures there is at least one staff with First Aid, Asthma and Anaphylaxis qualification on premise during operating hours.	The required number of staff have up to date First aid, Asthma and Anaphylaxis Training.  Please see staff training records on file for training dates

DO RELEVANT PEOPLE KNOW WHAT ACTION TO TAKE IF A CHILD HAS MEDICAL CONDITION ONSET?

Know what each child's Action Plan says and implement it	All the educators
Know who will administer the medication and stay with the child;	Familiar staff member to minimise distress of child
Who will telephone the ambulance and the parents;	Director/Certified Supervisor
Who will let the ambulance officers into DSCCC and take them to the child	Director/Certified Supervisor
Ensure the supervision of the other children;	All staff in the room not administering medication
All staff with responsibilities for at-risk children have undertaken first aid training and regular practise sessions	All DSCCC Staff have training  Training was most recently completed by all staff on 26th September 2015.

HOW EFFECTIVE IS DSCCC'S RISK MINIMISATION PLAN?

Review the risk minimisation plan with families of at-risk children at least annually, but always upon enrolment of each at-risk child and after any incident	
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PARENT INPUT TO RISK MINIMISATION PLAN


**POSSIBLE EXPOSURE SCENARIOS AND STRATEGIES**

<b>Scenario</b>	<b>Strategy</b>	<b>Who</b>
Food is provided by the child's service and a food allergen is unable to be removed from DSCCC's menu (for example milk)	Menus are planned in conjunction with parents of the at-risk child/ren and food is prepared according to parents instructions.	Cook, educators in room, Director, Parent
	Ensure separate storage of foods containing allergens	Director, Cook and educators in the room
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & Staff
	There is a system in place to ensure the at-risk child is served only the food prepared for him/her.	Cook educators and Director & Staff
	An at-risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at-risk child.	Educators
	Children are supervised during eating	Educators

Party or celebration	Give plenty of notice to families about the event	Director, educators
	Ensure a safe treat box is provided for the at-risk child	Parent/Staff
	Due the Food Safety program and allergies Nara families are not allowed to provide food	Director, educators
Protection from insect bite allergies	Specify play areas that are lowest risk to the at-risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Director and educator
	Ensure the at-risk child wears shoes at all times outdoors	Educators in the room
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at-risk child during the period required to eradicate the insects	Pest Control every month

I acknowledge that I have read and understood this document.

DIRECTOR: \_\_\_\_\_  
 (name) (sign)

COOK: \_\_\_\_\_  
 (name) (sign)

I also give consent for my child's action plan to be displayed around the centre.

PARENT: \_\_\_\_\_  
 (name) (sign)