



Medical Conditions & Administration of Medication Policy

Aim

We understand that children will occasionally have the need for medical conditions to be monitored and responded to whilst at the service. We aim to do this in a method that maintains the dignity and wellbeing of the child and minimises impact on the other children in the service.

We recognise the need for medication or medical intervention may be from a sudden onset of a condition or illness, medication prescribed for an illness or disease, or an ongoing medical condition that requires ongoing support and attention. There are specific requirements of families in this policy and therefore we provide this as part of the enrolment process.

In the case that a child is enrolled who has a severe allergic reaction to specific substances (e.g. nuts, strawberries, eggs) all possible precautions will be made to prevent contact with these items through removal, substitution and clear procedures.

Definitions:

Illness - This refers to a short term illness that may impact a child's health or wellbeing such as cold, flu, ear infection etc.

Medical condition - This refers to an ongoing medical condition that may require regular treatment or as-needed treatment if the condition is triggered or the child is having a flare up, such as asthma, allergies, eczema, diabetes etc.

Policy

Medication in response to an illness children present with while in care:

This refers to children who present unwell when arriving at the preschool or during their time at the preschool. This may include cold and flu symptoms, gastrointestinal symptoms, headaches, earache, lethargy etc.

1. If a child has any signs or symptoms of an illness prior to arriving at the preschool it is the responsibility of the family to notify staff so that they may monitor accordingly. Please note we may refuse care if we feel the condition may worsen or impact the health and safety of the other children in the preschool (please see illness and infectious disease policy for more information).



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2. If a child becomes unwell while in the preschool and has not been diagnosed with an ongoing medical condition staff will respond to this as an illness and act in accordance with the illness and infectious diseases policy. As per the Administration of Authorised Medication Policy we will not administer medications for children who fall ill while at the service, unless advised to do so by a medical professional, as they will need to seek medical attention and this may mask symptoms.
3. Should a child need additional medical support from a dentist, doctor or hospital this will be arranged. All enrolment forms will contain the name of the family's dentist and doctor and permission to seek medical care.

Medication in response to an illness children have been prescribed medication for:

This refers to children who have been taken to a medical professional for their illness and have been prescribed medication as part of their treatment.

1. All children's prescribed medications must meet the requirements outlined in the Medication Procedure below. Failure to do so will mean that the medication cannot be administered and your children may not be able to attend that day.
2. **If a child has been on prescription medication for less than 24 hours they will not be allowed to attend care for that day. In addition to this if a child has been on Nurofen or Panadol because they have been unwell they may not be allowed to attend care for that day. We reserve the right to make this decision** (please see illness and infectious disease policy for more information).
3. Medication provided to children will be done following the medication procedure and recorded on a medication form.

Medication in response to an Ongoing Medical Condition:

- If a child has an ongoing medical condition a plan must be provided, completed by a doctor, outlining the signs and symptoms of the condition and the appropriate treatment methods. This plan must be current (less than 12 months old) and must be made available to the preschool prior to the child's first day.
- **It is the responsibility of the family to ensure that any medications required to treat ongoing medical conditions are kept at the service at all times that a child is present in the service. These medications must be clearly labelled, checked for expiry dates and stored in a safe location. The responsibility of ensuring the upkeep of these medications falls on the child's family.**
- **Prior to commencing enrolment, or within 1 week of the diagnosis of a medical condition made after enrolment, a meeting is to be held with the family where the Medical Conditions, Risk Minimisation Plan & Communication Plan must be completed.**



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Asthma

- Parents/guardians of an asthmatic child must provide an Asthma Action Plan at enrolment or when child has been diagnosed as having asthma. This action plan will list the procedure if the child has an attack whilst at the service, or shows any of the symptoms listed in their plan.
- Parent/guardian is to sign an ongoing medication permission form, as with other medications.
- Parent/guardian will be encouraged to keep a spare puffer/spacer at the service for their child in case of an asthma attack. Puffer and spacer should be clearly labelled with the child's name.
- The responsibility for the management of the child's condition lies with the child's family and the child's doctor. Under no circumstances should staff members change the dosage of medication without referring to the child's family first, unless directly instructed to do so by a medical professional such as a doctor, paramedic or 000 operator. It is the responsibility of staff members to advise parents of any observations made regarding a change in the child's condition.
- All staff members, as part of their first aid training, are trained in asthma and anaphylaxis and therefore confident and capable of administering the medication appropriately.
- An Asthma First Aid Poster will be displayed in the office and an Asthma First Aid Kit containing reliever medication, appropriate spacer device and instruction on their use and maintenance will be kept with the medication bag in the office. An Asthma First Aid Kit will also be taken on excursions.
- Once medication has been given the family will be notified by phone and provided the option to collect their child – depending on the child's condition.
- The family will then be provided the medication form to sign. It will also be advised that the parent/guardian ensure the medication and equipment is still suitable in amount and within the expiry date.
- Should a child need additional medical intervention such as an ambulance this will be arranged as per the plan and the family contacted.

Anaphylaxis

1. Parents role:

- Parents have a duty to include all information pertaining to the child's health on the enrolment form.
- Parents of a child who suffers from allergies has a duty to meet with staff before their child is due to start at the preschool. The parents will provide an Action plan for anaphylaxis and photo of their child.
- The parents will explain what to do in case of a reaction.
- The action plan is to be written by the child's treating Doctor.
- The parents will demonstrate how to use an EPIPEN or other auto-injector



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- Please remember medications e.g. antibiotics, vaccinations, may also have serious side effects. Always inform the staff of any medications used as per the Medication Policy.

2.Action Plan and Photo

- The action plan and photo are to be displayed in a prominent part of the classroom. All staff, volunteers, parent helpers will be made aware of the child. Staff will follow the action plan in case of a reaction.

3.Staff Training

- As part of their first aid qualifications all staff will be trained in anaphylaxis and know how to use an epipen or other auto-injector and recognise signs and symptoms.

4.Prevention for a Food Allergy

- As nuts are the most common allergen there will be no nut products allowed on the premises.
- Families will be notified of key allergens to be avoided being brought into the centre through newsletters and notices should a child with anaphylaxis be enrolled.
- On arrival to the service all children and staff are to wash their hands to remove any external contact with allergens.
- Children and staff are not to share food.
- All food prepared at the service is done so in a manner that avoid cross contamination and minimises risks of contact with allergens.

Additional medical treatment required:

In the rare occurrence that additional medical treatment is required please refer to the First Aid Policy for specific details.

Medication Procedure:

- All medication provided by the family must meet the following criteria:
 - Has not expired – expiry date must be visible
 - Is in the original packaging
 - Has a dispensing label containing the child's name and instructions for use such as dose and time(s) to administer. NOTE: If the medication is over the counter a chemist can still put a dispensing label on the medication with this information on it.
 - **If the medication is a prescription from the doctor the date on the label must show that it has been a full 24 hours since being prescribed AND that it is a current prescription specifically for that child.** Previous prescriptions will not be administered unless in the case of an ongoing medical condition.



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Prescription and over the counter medications:

1. Medication must meet the criteria outlined above.
2. Parent/guardian must complete a medication form stating the date, dosage, name of medication, reason for medication, and time of dose.
3. Staff member to check the date of purchase, and name on the medication label, and expiry date. Must not have been prescribed within 24 hours (see Illness and Infectious Diseases Policy).
4. Medication will then be given to a staff member to put in either the locked medication box in the fridge, or the medication cupboard if they don't need refrigeration. **Medication must NEVER be left in a child's bag or on a bench. It must be handed to a staff member.**
5. The child's medication form will be held at our staff management area and an alarm will be set for the medication administration time.
6. As all staff hold a current first aid certificate, medication can be administered by any staff member.
7. The dosage must be witnessed by a second staff member.
8. Gloves will be worn when there is a risk of contamination when administering medication (Staying Healthy in Child Care).
9. Both staff members will sign the medication sheet, noting the exact dose administered and the time.
10. Medication will be stored back in the fridge or cupboard, locked away from children.
11. Staff will return medication to parent/guardian at the end of the day, seeking their signature on the medication form to confirm it was administered. If medication is ongoing and is stored at the service then this will not be returned.
12. Medication form to be stored in the child's personal folder.

Note: In the case of administration of non-oral internal medications such as injections (excluding epi-pens or other auto-injectors used for anaphylaxis) and suppositories, Sutherland Presbyterian Church Preschool cannot guarantee that we can take responsibility for the administration of these medications as part of enrolment in our preschool. If a child requires the administration of non-oral medications as part of their treatment, we will work with families to negotiate the safest outcome for the child on a case by case basis, which may or may not result in enrolment in the preschool.

Source

- National Asthma Council Australia
- Australian Society of Clinical Immunology and Allergy
- Staying Healthy: Preventing infectious diseases in early childhood education and care services 6th Edition



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Compliance evidence

Education and Care Services National Regulations (2025) 85, 86, 87, 88

National Quality Standard 2.1.2, 2.2.1, 6.1.2, 6.1.3, 6.2.2, 7.1.2

Supports Child Safe Standards: 8

Date of current review: 1 Nov, 2025

Date of current review: 22/7/25, 13/3/24, Oct 2023

Date of next review: 2026



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Appendix A: Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis

What is anaphylaxis and how is it treated?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It usually occurs rapidly after exposure to a food, insect or medicine to which a person may already be allergic. Anaphylaxis must always be treated as a medical emergency and requires immediate treatment with adrenaline. **Adrenaline autoinjectors (EpiPen® or Anapen®)** are designed to be given by non-medical people, such as parents, school or childcare staff, friends, passers-by or the allergic person themselves (if they are well and old enough).

Adrenaline autoinjector devices contain a single, fixed dose of adrenaline that works rapidly to reverse anaphylaxis. Instructions are included on the device labels, on ASCIA Action Plans for Anaphylaxis and on the ASCIA website: www.allergy.org.au/health-professionals/anaphylaxis-resources

If your child has been diagnosed at risk of anaphylaxis, their treating doctor should provide:

Education on avoidance of known allergens (substances causing the allergic reaction). This is particularly important with food anaphylaxis which can be caused by very small amounts of food or accidental exposure. Strategies to avoid exposure to known food and insect allergens should be implemented at home and school, preschool or childcare. Further information is available on the ASCIA website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/anaphylaxis-guidelines-for-schools-and-childcare-services

Food allergy - www.allergy.org.au/patients/food-allergy Insect allergy - www.allergy.org.au/patients/insect-allergy-bites-and-stings

ASCIA Action Plan for Anaphylaxis. This plan outlines what to do if your child is having an allergic reaction. It must be completed and signed by your child's doctor and stored with the adrenaline autoinjector, even if it is carried by your child. The plan includes personal details, signs of allergic reactions, instructions on how to use the device and whether to give any other medications.

Further information:

www.allergy.org.au/health-professionals/anaphylaxis-resources/action-plans-for-allergic-reactions-faq

Prescription for two adrenaline autoinjectors. This allows you to keep one with your child at all times (whilst in or out of the home) and another at school or childcare. High school and upper primary school students should usually carry one device on their person, whilst the second one should be kept at school. Two devices are PBS subsidised in Australia and additional devices can be purchased at full price from pharmacies. Further information: www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs

Education on how to use an adrenaline autoinjector. It is recommended that you regularly practice using a trainer version of the adrenaline autoinjector that has been prescribed for your child. Trainer versions of the devices do not have a needle and do not contain adrenaline, so they can be used repeatedly for practice and to teach family and friends.

Information on medical identification jewellery. This is optional and does not replace the ASCIA Action Plan for Anaphylaxis.

What is the role of the parent?

- **Notify school principal or preschool/childcare supervisor** if your child has been prescribed an adrenaline autoinjector; had previous or subsequent anaphylaxis; has any changes in allergies; and any other health care needs or disabilities (including learning difficulties) that may affect anaphylaxis management.
- **Provide an ASCIA Action Plan for Anaphylaxis completed and signed by your child's treating doctor.** This should be updated (including photo) when adrenaline autoinjector prescriptions are renewed (usually every 12-18 months) or if allergies change. These plans are medical documents and must not be completed or altered by parents, school staff or childcare staff.



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- **Provide an adrenaline autoinjector to your child's school, preschool or childcare.** Always note the date on the label and replace the device before it expires. Even if your child carries their own adrenaline autoinjector you should provide another adrenaline autoinjector to the school. This is required in case your child does not have it on them when needed.
- **Assist in the development of an Individual Health Care Plan or Risk Minimisation Plan.** This is a plan that school, preschool or childcare staff develop to support your child's health care needs.
- **Age appropriate education.** Educate your child about how to avoid known allergens and why it is important. Remind them that if they feel sick, they should immediately tell someone nearby, such as a teacher or other adult. Assure them it is the right thing to do, and they should not be afraid of getting into trouble for doing this.

What are the responsibilities of your child's school, preschool or childcare service?

- **Training of staff** in awareness, management, recognition and emergency treatment for anaphylaxis.
- **Implementation of strategies** to minimise risk of accidental exposure to known allergens, including special events such as excursions.
- **Appropriate storage of adrenaline autoinjectors** with an ASCIA Action Plan for Anaphylaxis in an easily accessible location, out of direct sunlight and heat. Staff also need to know the agreed location (pocket, beltbag, school bag etc) of the devices that are carried by students.

Further information

Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au

Professional medical organisation that provides e-training, health professional resources, information for patients and consumers and links to **NSW Department of Education and Communities** information on anaphylaxis:

www.allergy.org.au/health-professionals/anaphylaxis-resources/anaphylaxis-guidelines-for-schools-and-childrens-services

Allergy & Anaphylaxis Australia www.allergyfacts.org.au

National patient support organisation that provides advice and resources on allergy and anaphylaxis

Food Standards Australia and New Zealand (FSANZ) www.foodstandards.org.au

Provides information about food labelling laws and food allergens on food labels



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Appendix B - Anaphylaxis Risk Minimisation Plan for Preschool

Risk	Strategy	Who is Responsible?
Child may come into contact with one of the allergens and have anaphylactic reaction.	Any child who is at risk of an anaphylactic reaction will be required to have a Medical Conditions Management Plan, Risk Minimisation Plan & Communication Plan.	Parent will supply Action Plan from doctor. Preschool will complete Medical Conditions Management Plan, Risk Minimisation Plan & Communication Plan in consultation with family.
Nuts may be present in food eaten by children or staff at the preschool.	No food brought into the preschool is to contain nuts. Email was sent to all preschool families on this issue on 2/2/26.	Preschool will inform families on enrolment. Families are asked to follow this guideline.
Children bring birthday cakes to share with friends.	Preschool will ask parent to provide an alternate cake/ treat to keep in the freezer for these occasions.	Parent will supply cakes to freeze. Preschool staff will check chart in office prior to allowing children to eat birthday treats and will defrost one of the child's cakes ready to eat when it is time.
Cooking at preschool	Cooking at preschool will be negotiated with any parent of a child with an allergy or anaphylaxis. Preschool will check with parents prior to any cooking experience.	Preschool will form a plan in consultation with the family.



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<p>Child may come into contact with allergen and have anaphylactic reaction</p>	<p>Any child who is at risk of an anaphylactic reaction will be required to bring their medication to preschool prior to being left.</p> <p>Preschool will also keep their own epi-pen on the premises at all times.</p> <p>Preschool staff undergo yearly Anaphylaxis training.</p>	<p>Parent is to supply medication.</p> <p>Preschool</p> <p>Preschool</p>
<p>Medication could become out of date</p>	<p>Expiry date for medication will be checked when first handed in to preschool.</p> <p>Note in Admin diary re Expiry dates for particular children's medication.</p>	<p>Preschool will keep a chart of medication expiry dates.</p>
<p>Lack of medication</p>	<p>Child is unable to attend preschool without their own medication.</p> <p>Medication will be kept at preschool so it is not accidentally forgotten at drop off.</p>	<p>Parent</p> <p>Preschool</p>
<p>Untrained staff (lack of knowledge) Lack of clear roles & responsibilities</p>	<p>All regular educators hold full first aid with anaphylaxis management renewed each year as a part of CPR renewal.</p> <p>Educators will train twice a year (terms 1 & 3)</p> <p>Any staff member will be able to manage a medical situation.</p>	<p>Nominated Supervisor</p>
<p>Going on excursions</p>	<p>Medication and plans will be taken on any occasion the child leaves the preschool premises.</p>	<p>Educator attending outing or excursion.</p>



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Appendix C: Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?



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- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?

From The Asthma Foundation Victoria

Appendix D - Asthma Risk Minimisation in the preschool environment

Risk/ Possible Triggers	Strategy	Who is Responsible?
Child may develop breathing difficulties (asthma) at preschool	Any child who is at risk of an asthma will be required to have a Medical Conditions Management Plan, Risk Minimisation Plan & Communication Plan	Parent and Preschool
Smoke from fires (smoke can travel long distances)	Be aware when there are bush fires in the region (Sydney/ NSW). Monitor fire on RFS app on phones. Monitor smoke in atmosphere and keep children indoors when necessary. Observe children for signs of asthma and treat/ inform parent if necessary Be aware of children whose asthma is more likely to be triggered by contact with smoke.	The Nominated Supervisor will ensure all educators are aware of asthma triggers, outcomes and treatments.



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<p>Insects (bees, wasp, ants) in playground garden.</p>	<p>Be aware of children whose asthma is more likely to be triggered by contact with insects and follow action plan when necessary.</p>	
<p>Plants, grass (spores, pollen)</p>	<p>Plant low allergen plants in the preschool garden</p> <p>Be aware of children whose asthma is more likely to be triggered by contact with certain plants and follow action plan when necessary.</p> <p>On a high pollen days windows will be closed and children play inside</p>	
<p>Food and drink (additives) Eg Twisties</p>	<p>Be aware of food/ drinks that may trigger asthma</p> <p>Be aware of children whose asthma is more likely to be triggered by certain food or drink and follow action plan when necessary</p>	
<p>Cleaning products</p>	<p>Use low scent cleaning products</p> <p>Be aware of children whose asthma is more likely to be triggered by contact with chemical of any kind and follow action plan when necessary.</p>	
<p>Exercise</p>	<p>Be aware of children or staff whose asthma is more likely to be triggered by exercise, monitor exercise levels and follow action plan when necessary.</p>	
<p>Extreme change in temperature/ weather</p>	<p>Be aware of children or staff whose asthma is more likely to be triggered by exercise and follow action plan when necessary.</p>	
<p>Extreme change in temperature/ weather</p>	<p>Be aware of children or staff whose asthma is more likely to be triggered by exercise and follow action plan when necessary.</p> <p>Monitor weather. Play indoors when necessary.</p> <p>Indoor heating and cooling will be monitored and adjusted as necessary.</p>	



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Mould in building or garden (spores)	Both building and garden will be kept clean and mould free.	
Painting of the inside of the preschool building	<p>Painting will be carried out during the school holiday period when the preschool is closed.</p> <p>Use low allergen paint</p> <p>The building will be thoroughly aired after painting</p> <p>Be aware of children or staff whose asthma is more likely to be triggered by paint and follow action plan when necessary.</p>	Preschool management committee and church
Carpet cleaning (chemicals in carpet cleaning products)	Carpets are steam cleaned only	The Nominated Supervisor will ensure all educators are aware of asthma triggers, outcomes and treatments.
Dust and dust mites	<p>Carpets are vacuumed regularly and steam cleaned once a year (more frequently if necessary)</p> <p>Other soft surfaces are washed or aired in sun regularly</p> <p>Air conditioners are maintained and regularly</p> <p>Wet dusting is used to ensure dust is not stirred up when cleaning</p>	
Pets	Allergy inducing pets such as dogs and cats are not allowed on the premises.	
Heavy pollution	Monitor pollution levels	



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Epilepsy/ Seizure Risk Minimisation in the preschool environment

Triggers are situations that can bring on a seizure in some people with epilepsy. Some people's seizures are brought on by certain situations. Triggers can differ from person to person, but common triggers include tiredness and lack of sleep, stress, and not taking medication. For some people, if they know what triggers their seizures, they may be able to avoid these triggers and so lessen the chances of having a seizure.

Information source: Epilepsy Action Australia & Epilepsy Society UK

Risk/ Possible Trigger	Strategy	Who is Responsible?
<p>Tiredness/ Lack of sleep</p> <p>In some types of epilepsy seizures can happen as someone is waking up and within the next few hours. People with epilepsy may have an irregular sleep pattern, as seizures at any time of the night can disrupt sleep, and seizures during the day can affect the next night's sleep. For some people the effects of having a seizure can disrupt their sleep pattern for several days afterwards.</p>	<p>Be aware of children whose asthma is more likely to be triggered by tiredness or lack of sleep, the possible reaction and required treatment.</p>	<p>The Nominated Supervisor will ensure all educators are aware of epilepsy triggers, outcomes and treatments.</p>
<p>Stress</p>	<p>Be aware of children whose asthma is more likely to be triggered by stressful situations, the possible reaction and required treatment.</p>	
<p>Not taking medication</p>	<p>Be aware of children who take medication for their epilepsy and the possible reaction if they do not take their medication one day, the possible reaction and required treatment.</p>	



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Photosensitive Epilepsy is triggered by

- Flashing or flickering lights or images between 3 and 60 hertz (flashes per second).
- A contrasting dark and light geometric pattern, such as black and white stripes or checks.

Other Factors:

Tiredness, stress or excitement. For example, playing a video game for a long time without breaks.

The effect taking up all your field of vision. For example, being very close to a screen.

A light and dark pattern moving quickly, or changing direction, creating a disorientating effect.

Seeing the effect against a dark background, such as watching a screen in a darkened room.

Be aware of children whose seizures can be triggered by lights, the possible reaction and required treatment.

Understand the everyday situations which may affect photosensitive epilepsy such as screen use.

When taking the children to shows or having visitors for incursions, check to see if flashing lights are being used.