

## EPILEPSY AND SEIZURES

### PURPOSE OF THIS POLICY

To ensure that schools support students diagnosed with epilepsy and students having a non-epileptic seizure event appropriately.

### PREREQUISITE POLICY

See: [Health Care Needs](#).

### POLICY

Schools must implement strategies to assist students with epilepsy according to their specific needs.

Schools are required to ensure appropriate health and management plans are in place for students with epilepsy. For each student diagnosed with epilepsy, schools must have a current written:

[Epilepsy Management Plan](#) - signed by a doctor and provided to the school by the student's parents/carers.

Where the student's Epilepsy Management Plan states that emergency medication has been prescribed then the school must hold a current Emergency Medication Management Plan (EMMP) signed by a doctor and provided by the student's parents/guardians. The Staff will also need to be trained by a recognised epilepsy provider to provide medical assistance in accordance with that plan.

[Student Health Support Plan](#) - developed by the school in consultation with the parents/carers and where appropriate, the student's treating medical team.

Schools must also provide appropriate emergency first aid response and post seizure support when a student has a non-epileptic seizure event.



## DEFINITION

**Epilepsy** is characterised by recurrent seizures due to abnormal electrical activity in the brain.

**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. Most seizures are spontaneous, brief and self-limited. However multiple seizures known as seizure clusters can occur over a 24 hour period.

**Non-epileptic seizures (NES)**, also known as 'dissociative seizures'. There are two types of non-epileptic seizures:

- organic NES which have a physical cause
- psychogenic NES which are caused by mental or emotional processes.

**Seizure triggers** is a term used to describe known circumstances where the individual may have an increased likelihood of having a seizure. Seizure triggers are unique to the person and are not always known. Common seizure triggers can include stress, lack of sleep, heat, illness or missed medication.

## IMPACT AT SCHOOL

Many students with epilepsy have their seizures well-controlled with medication and can participate fully in school life. However, studies indicate that students with epilepsy are at a higher risk of:

- psychological issues or mental health problems
- memory, attention and concentration problems
- behaviour problems
- fatigue
- school absences

All of these may negatively impact the student's learning and academic achievements. The impact on learning following a seizure event can vary. Many types of seizures are non-epileptic, and may never be accurately diagnosed. Further information and resources for school staff can be found on the Epilepsy Smart Schools website, see Other Resources below.



## STRATEGIES

### First Aid

For **all seizure** events:

- remain calm and call for assistance
- ensure other students in the vicinity of the seizure event are being supported
- note the time the seizure started and time the event until it ends
- talk to the student to make sure they regain full consciousness
- stay with and reassure the student until they have fully recovered
- provide appropriate post seizure support or adjustments - see Epilepsy support, below

A **tonic-clonic seizure** (convulsive seizure with loss of consciousness) presents as muscle stiffening and falling, followed by jerking movements.

During this type of seizure:

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

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

When providing seizure first aid support to a student in a wheelchair

- protect the student from falling from the chair, secure seat belt where available and able and call for assistance
- make sure the wheelchair is secure
- support the students 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.

Schools should call an ambulance immediately if:

- you do not know the student
- there is no Epilepsy Management Plan



- a serious injury has occurred
- the seizure occurs in water

## EPILEPSY SUPPORT

This table provides information on how the school can support the student living with epilepsy.

Strategy	Description
Epilepsy Management documentation	<p>Must:</p> <ul style="list-style-type: none"> <li>be signed by the treating medical professional before being provided to the school by the student's parents/guardians.</li> <li>be readily accessible to all relevant school staff with a duty of care responsibility for the student living with epilepsy.</li> <li>remain current for 12 months and must be reviewed and updated annually.</li> </ul> <p>The Epilepsy Management Plan is an important document that not only defines what an emergency is for the student, and the appropriate response, but also:</p> <ul style="list-style-type: none"> <li>whether emergency medication is prescribed</li> <li>how the student wants to be supported during and after a seizure</li> <li>identified risk strategies (such as water safety, use of helmet)</li> <li>potential seizure triggers.</li> </ul> <p>Where emergency medication is prescribed, the Emergency Medication Management Plan provides information on the dose, route of administration and emergency response required in the event of a seizure.</p>
Student Health Support Plan	<p>The Student Health Support Plan outlines how the school will support the student's health care needs and must be in place for each student with epilepsy. It is to be completed by the school in consultation with parents/guardians and guided by medical advice provided in the Epilepsy Management Plan.</p>



## Strategy

## Description

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	<p>School staff with a direct teaching role or other staff as directed by the principal who have a duty of care responsibility for a student living with epilepsy are required to receive training in:</p> <p style="padding-left: 40px;">Epilepsy: An Introduction to Understanding and Managing Epilepsy</p> <p style="padding-left: 40px;">and where indicated, Epilepsy: Administration of Emergency Medication Parts 1 &amp; 2.</p> <p>Training must be refreshed every two years, or sooner when there is a change in the:</p> <p style="padding-left: 40px;">dose of medication, and/or</p> <p style="padding-left: 40px;">route of administration, and/or</p> <p style="padding-left: 40px;">seizure type/description.</p>
Training of staff	Training is available face to face or online

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	<p>Individual Emergency Medication Kits (Kits) should be held for each student that has been prescribed emergency medication. Kits should include the required medication and tools to provide medical assistance in accordance with the students Emergency Medication Management Plan.</p> <p>The location of the Kit/s should be known to all school staff with a duty of care responsibility for the student living with epilepsy.</p>
Storage and access to Emergency Medication Kits	Schools are required to make plans for the transport of the Individual Emergency Medication Kits to camps, excursions and special events as required.

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Encouraging student participation	Students with epilepsy can generally participate fully in school life, including sport and physical activities, camps, excursions and special events. Subject to medical advice, participation in these activities should be encouraged.
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## Strategy

## Description

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### Healthy eating

Some students with epilepsy may be on a medically prescribed ketogenic diet, which is a high fat diet sometimes used to control seizures. It involves a restricted fluid, high fat and very low carbohydrate and protein diet which produces a high ketone state (ketosis). This state decreases seizure activity in some circumstances.

The inclusion of students on the ketogenic diet within the school setting requires schools to be mindful of the restrictive and potentially isolating impact this diet may have on the student and the implications for discussing 'healthy eating' in the classroom, attending camps, excursions and special events.

### Swimming and water safety

Being in and around water represents a serious potential risk for all people living with epilepsy.

The level of support and supervision a student needs will vary depending on specific risk mitigation strategies that the doctor has instructed in the student's Epilepsy Management Plan. Unless otherwise specified in writing by the doctor, a dedicated staff member must keep the student under visual observation at all times while the student is in the water and be able to get assistance to the student quickly if a seizure occurs.

Additionally, a dedicated staff member must remain within close response distance to a student with epilepsy when bathing/showering e.g. standing outside the bathing/shower door.

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Schools are required to make reasonable adjustments in the classroom related to the student's seizure activity or attendance at medical appointments. These adjustments should be outlined in the student's Student Health Support Plan.

## Seizure response

Reasonable adjustments may include:

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## Strategy

## Description

- development of a Personalised Learning Plan
- setup of a [Student Support Group](#)
- adjustment of assessment tasks related to time or reasonable expectations in group work
- or identified trigger considerations
- engagement of specialist services such as neuropsychologists; psychologists; occupational therapists or speech pathologists.

Because the diagnosis of epilepsy can be complex and evolving, communication between schools and parents/carers is important to inform diagnosis and treatment as well as to ensure that the student's needs are identified and met. This should be outlined in the Student Health Support Plan.

A good communication strategy would include:

identification of the key staff member for the parent/carer to liaise with

regular communication about student's health, seizure occurrences, learning and development, changes to treatment or medications, or any health or education concerns via communication books, seizure diary, emails or text messages.

## Communication

## RELATED LEGISLATION

Medical conditions, such as epilepsy, are considered a disability under both state and federal anti-discrimination laws. Under the Equal Opportunity Act 2010 (Vic) and the Disability Discrimination Act 1992 (Cth), schools have a positive obligation to make reasonable and necessary adjustments for students with medical conditions such as epilepsy, to enable them to access and to participate in their education on the same basis as their peers. This legal obligation arises regardless of whether they are funded under the Program for Students with Disabilities (PSD).

### Management of confidential medical information

Confidential medical information provided to Bayside Special Developmental School to support a student will be:

- recorded on the student's file



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Special Developmental School

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- shared with all relevant staff so that they are able to properly support students diagnosed with medical conditions and respond appropriately if necessary.

## FURTHER INFORMATION AND RESOURCES

- Administration of Medication policy.
- Health care needs policy
- A detailed description of seizure types and triggers can be found on the Epilepsy Foundation website

## REVIEW CYCLE

This policy was last updated on May 2019 and is scheduled for review in May 2023.

