



## MORNINGTON SDS

### EPILEPSY & SEIZURES POLICY

#### PURPOSE

The purpose of this policy is to ensure that schools support students diagnosed with epilepsy and students having a non-epileptic seizure event appropriately.

#### DEFINITIONS

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 and brief. 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 2 types of nonepileptic seizures:

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

Seizure triggers - 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. A detailed description of seizure types and triggers can be found on the Epilepsy Foundation's website.

#### POLICY

Epilepsy is 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 an obligation to make reasonable and necessary adjustments for students with 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 \(PSD\)](#).

Parents/carers can contact School administration for a Medication Authority Form.



MSDS will implement strategies to assist students with epilepsy according to their specific needs.

Schools are required to ensure an appropriate plan is in place to support the needs of students with epilepsy. For each student diagnosed with epilepsy, schools must have a current written:

- [Student Health Support Plan](#) — developed by the school in consultation with the parents/carers and where appropriate, the student's treating medical team. It outlines the school's role in supporting the student's health needs (including epilepsy)
- [Medication Authority Form](#) — this should be endorsed by a student's medical practitioner listing all (non-emergency) medications that need to be administered at school. This should include, but not be limited to epilepsy specific medications
- a medication log or an equivalent official medications register should be used and maintained by the person administering the taking of medicine by a student during school time (this is not intended for emergency epilepsy medications)
  - [Epilepsy Management Plan](#) — signed by the treating doctor and provided to the school by the student's parents or carers. The epilepsy management plan provides specific information about the student's epilepsy, defines what an emergency is for the student and the appropriate response, and describes.
    - whether emergency medication is prescribed
    - how the student wants to be supported during and after a seizure
    - identified risk strategies (such as water safety, use of helmet) or potential seizure triggers
  - [Emergency Medication Management Plan](#) — 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. This must be by a doctor and provided by the student's parents/carers. This plan provides information on the dose, route of administration and emergency response required in the event of a seizure.

Note: Epilepsy management documentation must be readily accessible to all relevant school staff who work directly with a student with epilepsy current and reviewed annually and updated as required.

[Epilepsy Support Strategies/Guidance](#) This guidance provides further advice on the management of students with epilepsy and for students who have a seizure.



### First aid

For all seizure events:

- remain calm
- ensure other students in the vicinity of the seizure event are being supported
- prevent students 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 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 below for more details)

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 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
- 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

### Schools should call an ambulance immediately if:

- it is the student's first seizure
- you do not know the student



- there is no epilepsy management plan
- a serious injury has occurred
- the seizure occurs in water
- you have reason to believe the student may be pregnant

### Training of staff

All relevant school staff who work directly with a student with epilepsy are required to receive the following training:

- Epilepsy: An Introduction to Understanding and Managing Epilepsy (one-hour eLearning module) (or suitable equivalent training delivered by a recognised epilepsy provider), and as required.
- Epilepsy: Administration of Emergency Medication Parts 1 (theory) & Part 2 (practical) (or suitable equivalent training delivered by a recognised epilepsy provider)

Class teams and the first aid officer must review plans if there is a change in the:

- dose of medication, and/or
- route of administration, and/or
- seizure type/description

### Storage and access to emergency medication

For each student that has been prescribed emergency medication, an up-to date individual emergency medication kit must be easily accessible.

Kits or a suitable container must include the required in-date medication, all necessary items required to administer the emergency medication and a current copy of the emergency management plan.

Kits should be stored out of reach of children and depending on the particular medication may need to be stored out of direct sunlight and below 25 degrees.

The location of the kit/s must be known to all relevant school staff who work directly with a student with epilepsy.

Schools are required to make plans for the transport of individual emergency medication kit/s to camps, excursions and special events as required; with consideration given to keeping the medication cool where required.

For more information on storing medication consult the Mornington SDS School Medication Policy.



### Impact on the student 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 nonepileptic and may never be accurately diagnosed.

### 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.

### 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, including on camps, excursions and special events and when discussing 'healthy eating' in the classroom.

### 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 distance to a student with epilepsy when bathing/showering (for example, standing outside the bathing/shower door).

### Seizure response

Schools are required to make reasonable adjustments in the classroom and in relation to the student's seizure activity or schedule that may require attendance at medical appointments. These adjustments should be outlined in the student's [Student Health Support Plan](#).

Reasonable adjustments may include:

- development of an individual learning plan (ILP); for an ILP sample and template see Epilepsy Smart Schools — Resources for teachers, parents and students
- setup of a student support group
- adjustment of assessment tasks related to time or reasonable expectations in group work
- examination adjustments related to increased reading time; breaks; or identified trigger considerations
- engagement of specialist services such as neuropsychologists, psychologists, occupational therapists or speech pathologists

### Communication strategy

Because the diagnosis of epilepsy can be complex and evolving, communication between schools and parents or carers is vital.

A good communication strategy should be encompassed within the student health support plan and 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

## ADDITIONAL RESOURCES

### **Relevant health support forms for students with epilepsy**

- Student Health Support Plan (Word) — filled out by schools and outlines the schools role in supporting the student's health needs (including epilepsy)
- Medication Authority Form (Word) — for a student who requires regular (nonemergency) medication(s) to be administered at school and ensure a log is kept of any medicine administered



- **EPILEPSY MANAGEMENT PLAN** – Signed by the treating Doctor and provided to the school by the student's parent/carer
- **EMERGENCY MEDICATION MANAGEMENT PLAN** (if required) – signed by a doctor and provided by the student's parents/carers

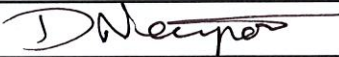
#### **Related policies**

- Duty of Care
- Health Care Needs
- Medication

#### **Relevant Legislation**

- Disability Discrimination Act 1992 (Cth)
- Equile Opportunity Act 2010 (Vic)
- Occupational Health and Safety Act 2004 (Vic)

#### **POLICY REVIEW AND APPROVAL**

Policy last reviewed	February 2024
Approved by	Principal 
Next scheduled review date	February 2028