

EPILEPSY AND SEIZURES POLICY

RATIONALE

The purpose of this policy is to ensure that Melba College provides appropriate support for students diagnosed with epilepsy or experiencing a non-epileptic seizure event.

IMPACT OF EPILEPSY AND SEIZURES 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.

Encouraging student participation

The impact on learning following a seizure event can vary, however:

- Many types of seizures are non-epileptic and may never be accurately diagnosed.
- 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 all of these College activities should be encouraged.
- Melba College has a duty of care to provide a safe learning environment for all students and ensure they accommodate the needs of all students, including those with epilepsy.

POLICY

For each student diagnosed with epilepsy, Melba College must have in place:

- [Student Health Support Plan](#) — outlining the schools role in supporting the student's health needs (including epilepsy)
- [Medication Authority Form](#) — for a student who requires regular (non-emergency) 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 parents/carers
- [Emergency Medication Management Plan](#) (if required) — signed by a doctor and provided by the student's parents/carers

Melba College must refer to the [DET Epilepsy and Seizures Policy](#) for further advice on the management of students with epilepsy and for students who have a seizure.

All relevant Melba College staff who work directly with a student with epilepsy or has seizures are required to receive training in:

- Epilepsy: An Introduction to Understanding and Managing Epilepsy (one hour eLearning module) or a suitable equivalent delivered by a recognised epilepsy provider
- as required — Epilepsy: Administration of Emergency Medication Parts 1 (theory) & Part 2 (practical) or a suitable equivalent delivered by a recognised epilepsy provider
- For each student that has been prescribed emergency medication, an up-to-date individual emergency medication kit must be easily accessible.
- Schools must provide a first aid response and post seizure support when a student has a non-epileptic seizure event. This includes preventing them from injuring themselves and staying with them until the seizure has finished. An ambulance should be called if the seizure lasts for more than 5 minutes, or if the person is unresponsive for more than 5 minutes.

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Melba College should call an ambulance immediately if:

- you do not know the student
- it is the student's first seizure
- 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
- other factors outlined on the epilepsy management plan are occurring

FIRST AID FOR EPILEPSY

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 — refer to: [Epilepsy Support](#)

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. The student may need to be safely guided 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

Melba College staff 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

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TRAINING OF MELBA COLLEGE STAFF

All Melba College staff, Teachers and Educational Support need to understand the impact of epilepsy on student learning, as well as having epilepsy-specific training in understanding and managing epilepsy.

All relevant Melba College 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)

Training must be refreshed every 2 years, or sooner when there is a change in the:

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

For further information on course options and to register for training, visit the [Epilepsy Foundation](#) website.

STORAGE AND ACCESS TO EMERGENCY EPILEPSY MEDICATION

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

Epilepsy medication 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.

Epilepsy medication kits should be stored in the Melba College First Aid room (C Building) and depending on the particular medication may need to be stored out of direct sunlight and below 25 degrees. Epilepsy medication kits may be stored in the Administration office of each building if deemed appropriate after consultation between the student, family, College Nurse and Assistant Principal Accountabilities.

The location of the Epilepsy medication kit/s must be made 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 Epilepsy medication kit/s to camps, excursions and special events as required; with consideration given to keeping the medication cool where required.

From more information on storing Epilepsy medication consult the Melba College Medication policy and the [Epilepsy Foundation](#).

LEGISLATIVE REQUIREMENTS

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 \(Commonwealth\)](#), 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).

Schools must 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:

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- 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)
 - 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.

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 Melba College staff 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 WITH EPILEPSY

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 Melba College staff member (Duty of Care cannot be delegated) 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 Melba College 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

Melba College staff will make the mandated and reasonable adjustments in the classroom and other College activities in relation to the student's seizure activity. This may include a class schedule that allows for required attendance at medical appointments. These adjustments should be outlined in the student's [Student Health Support Plan](#).

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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

RELATED MELBA COLLEGE POLICIES

- Melba College Ambulance Policy
- Melba College Anaphylaxis Policy
- Melba College Asthma Policy
- Melba College Camps and Activities Policy
- Melba College Communication Policy
- Melba College Duty of Care Policy
- Melba College First Aid and Care for Ill Students Policy
- Melba College Health Needs Policy
- Melba College medication Administration Policy
- Melba College Student Engagement and Wellbeing Policy

RELATED DET POLICIES

- [Duty of Care](#)
- [Health Care Needs](#)
- [Medication](#)

RELEVANT LEGISLATION

- [Disability Discrimination Act 1992 \(Commonwealth\)](#)
- [Equal Opportunity Act 2010 \(Victoria\)](#)
- [Occupational Health and Safety Act 2004 \(Victoria\)](#)

APPENDIX A

- Definitions

Policy Reviewed by School Council	Person Responsible for Policy	Next School Council Review
2020	Assistant Principal Accountabilities	2023

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APPENDIX A

DEFINITIONS

Epilepsy

- Epilepsy is characterised by recurrent seizures due to 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. 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 non-epileptic 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.