

Croydon Community School & OPTIONS

Epilepsy and Seizure Policy



PURPOSE

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

To ensure Croydon Community School & OPTIONS complies with DET policy and guidelines.

To ensure the school discharges its duty of care to students.

SCOPE

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

Many students with epilepsy have their seizures well-controlled and can participate fully in school life including sport and physical activities, camps, excursions and special events.

However, studies indicate that students with epilepsy may be at a higher risk of:

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

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.

POLICY

The school has developed the mandatory pre-requisite Health Care Needs Policy.

The school will ensure that:

- parents/carers provide Epilepsy Management Documentation signed by the student's medical professional
- documentation includes an Epilepsy Management Plan which defines what an emergency is for the child, the appropriate response, 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 a helmet) and potential triggers

- documentation includes the Student Health Support Plan outlining how the school will support the health care needs for each student with epilepsy and completed in consultation with parents/carers and guided by the medical advice contained in the Epilepsy Management Plan
- the documentation is readily accessible to all relevant school staff with a duty of care towards the student with epilepsy
- it remains current for twelve months and is reviewed and updated annually

Training

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:

Understanding and Managing Epilepsy and where indicated, *Administration of Emergency Medication*.

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

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

Training is available face to face or online. For further information on course options and to register for training, see: [Epilepsy Foundation](#)

Storage and Access to Emergency Medication Kits

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.

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.

The school will make plans for the transport of the Individual Emergency Medication Kits to camps, excursions and special events as required.

First Aid

For all seizure events staff will be required to:

- remain calm
- 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 staff will be required to:

- 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) staff should not restrain the student. It may be necessary to guide the student safely around objects to minimise risk of injury.

When providing seizure first aid support to a student in a wheelchair staff are required to:

- 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
- The school will call an ambulance immediately if:
 - the student is not known
 - there is no Epilepsy Management Plan
 - a serious injury has occurred
 - the seizure occurs in water
 - there is reason to believe the student may be pregnant

Seizure Response

The school will make reasonable adjustments in the classroom and in assessments 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.

Reasonable adjustments may include:

- development of an Individual Learning Plan (ILP); for an ILP sample and template, see: [Epilepsy Smart Schools](#)
- 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

Because the diagnosis of epilepsy can be complex and evolving, communication between schools and parents/carers, it 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

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 & 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.

FURTHER INFORMATION AND RESOURCES

For further information, please refer to the Epilepsy Foundation and Epilepsy Smart Schools at the website below.

Reference:

www.education.vic.gov.au/school/principals/spag/health/pages/epilepsy.aspx

Please refer also to the school's:

- Health Care Needs Policy
- Duty of Care Policy
- Swimming Instruction/Water Safety Policy

REVIEW CYCLE

This policy, first developed in this format in March 2019 and will be reviewed as part of the school's three-yearly review cycle or if guidelines change (latest DET update late March 2019).