

Epilepsy & Seizures Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact Jennings Street School – Ph: 9360 9322 or Jennings.street.sch@education.vic.gov.au.

Definitions:

Epilepsy is a medical condition that occurs as a result of a brief electrochemical disturbance in the brain causing recurring seizures. For most people seizures are well controlled with medication. Most seizures are spontaneous and brief. However, multiple seizures known as clusters can occur over a 24 hour period. Several different kinds of seizures can be experienced by people with epilepsy. These all involve sudden, unexpected, altered levels of consciousness that may produce uncharacteristic behaviour for a brief or extended period.

Non-epileptic seizures (NES), are 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 an individual. Some common triggers are:

- Stress
- Lack of sleep
- Heat
- Illness
- Missed medication
- Change of medication

The clientele of a special school has a much higher than average percentage of students that suffer from epilepsy therefore our school must ensure that all staff are aware of the possible symptoms, have the knowledge, education and skills to deal with potential situations within a school environment.

Purpose:

To ensure that schools support students diagnosed with epilepsy and students having a non-epileptic seizure event appropriately, and to manage epilepsy and epilepsy sufferers as effectively and efficiently as possible at school.

EPILEPSY POLICY. v11.10.2023	4 Jennings Street LAVERTON VIC 3028 Phone: (03) 9360 9322	jennings.street.sch@education.vic.gov.au www.jenningsstreetschool.vic.edu.au	Page 1 of 9
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Implementation:

- In the event of an epileptic seizure always stay calm, protect (rather than restrain) the person, remain with them and reassure them
- **An Incident Report is to be completed at the time of each seizure.**
- Schools must have the following documents' in place:
 - Student Health Support Plan
 - Epilepsy Management Plan
 - Emergency Medication Management Plan
- To ensure that staff have a current knowledge of epilepsy, and emergency management procedures, all key stakeholders will undertake relevant training.
- Within the Jennings Street School staff induction program, new staff will be provided with the Epilepsy Policy, information about epilepsy education including possible types of seizures, possible triggers, safely managing seizures and where to obtain further information
- Consistent with the Jennings Street School Administration of Medication Policy:
 - Any medication to be administered for epilepsy is to be stored in a locked cupboard in the classroom.
- All students with epilepsy must have an up to date (Annual) written epilepsy management plan completed by their physician, information contained within this must include:
 1. Epilepsy diagnosis
 2. Seizure pattern, frequency, general duration and nature of seizure.
 3. Known triggers
 4. Type of medication and dosage to be administered if appropriate
 5. When to call for emergency medical assistance such as an ambulance
- Epilepsy Management Plans will be attached to the student's medical records kept in the office for reference and one to be kept and displayed in the student's classroom and provided to all Specialist Teachers and areas.
- If a student takes medication to manage their epilepsy, parents must also supply a Medication Authority form completed by a health professional. If emergency Medication is prescribed, then the School must hold an 'Emergency Medication Management Plan'.
- Students with epilepsy participating in a swimming program must have consent from their physician and provided with 1:1 support in the pool if deemed by the physician.

- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate epilepsy medication with them at school at all times.
- Epilepsy medication administered at school must be consistent with the information provided on the “Medication Request Form” completed by parents/guardians.
- The administering and handling of epilepsy medications must be consistent with the steps outlined within the Jennings Street School “Medication Policy”.
- If parents have not supplied the School with an Epilepsy Management Plan, Staff at Jennings Street School will manage the seizure as per their training by Epilepsy Foundation of Victoria.
- Students with Epilepsy require written instructions from their doctor permitting them to participate in aquatic activities. This will be sought at the commencement of the school year. These students may not participate in aquatic activities without the express written consent of their doctor.
- Staff members that work with students with epilepsy to be trained and assessed to correctly administer epilepsy medication/follow the epilepsy management plan

An ambulance is to be called if the following applies:

1. The seizure exceeds the time documented in the individual management plan
2. The seizure lasts more than 5 minutes
3. The person remains unconscious, or a serious injury has occurred.
4. You are unsure if it is a seizure, or it is possibly the **first** seizure the child has had, or there is no epilepsy management plan
5. You do not know the student or the seizure occurs in water

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Relevant 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), Occupational Health & Safety Act 2004 (Vic) 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).

Further information can be found at <http://www.epilepsyfoundation.org.au/>

Related Policies

- Duty of Care
- Health Care Needs
- Medication

- Aquatics Program policy

EVALUATION

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

Date Implemented	01/06/2015
Author	Policy sub committee
Approved By	Jennings Street School Council
Approval Authority (Signature & Date)	
Date Reviewed	11 /10/2023
Responsible for Review	Meliz Ramadan & policy sub committee
Review Date	11 /10/2024
References	

01.06.2015 – v0 – date of implementation
14.06.2017 – v1 – update link to Epilepsy Foundation; update to current Epilepsy Management Plan update Aquatics Program Permission form
27.11.2019 – v2 - addition or “related legislation”
12.02.2020 – v3 – some formatting changes and updated review box & footer
V.12.10 2022 formatting changes, simplify process around logging seizures, removal of information pertaining to swimming, it is contained within the aquatics policy, include phone number in translation info, update footer and evaluation box
V11.10.2023 - Grammar and formatting updated, update person responsible, footer and evaluation box updated

EPILEPSY:
KNOW ME, SUPPORT ME.




Epilepsy Management Plan

Section Break (Continuous)

Name of person living with epilepsy:		
Date of birth:	Date plan written:	Date to review:

1. General information

	Medication records located:
	Seizure records located:
	General support needs document located:
	Epilepsy diagnosis (if known):

2. Has emergency epilepsy medication been prescribed? Yes No

If yes, the medication authority or emergency medication plan must be attached and followed*, if you are specifically trained.

	These documents are located:
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3. My seizures are triggered by: (if not known, write no known triggers)





4. Changes in my behaviour that may indicate a seizure could occur:

(For example pacing, sad, irritability, poor appetite, usually very mobile but now sitting quietly)





5. My seizure description and seizure support needs:

(Complete a separate row for each type of seizure – use brief, concise language to describe each seizure type.)

	Description of seizure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Typical duration of seizure (seconds/minutes)	Usual frequency of seizure (state in terms of seizures per month, per year or per day)	Is emergency medication prescribed for this type of seizure?	When to call an ambulance (If you are trained in emergency medication administration* refer to the emergency medication plan and the medication authority)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes → <input type="checkbox"/> No → <input type="checkbox"/>	 If you are untrained in emergency medication, call ambulance when:


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	Description of seizure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Typical duration of seizure (seconds/minutes)	Usual frequency of seizure (state in terms of seizures per month, per year or per day)	Is emergency medication prescribed for this type of seizure?	When to call an ambulance (If you are trained in emergency medication administration* refer to the emergency medication plan and the medication authority)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes → <input type="checkbox"/> No → <input type="checkbox"/>	 If you are untrained in emergency medication, call ambulance when:

6. How I want to be supported during a seizure:

Specify the support needed during each of the different seizure types.

(If you are ever in doubt about my health during or after the seizure, call an ambulance)



7. My specific post-seizure support:

- State how a support person would know when I have regained my usual awareness and how long it typically takes for me to fully recover. How I want to be supported. Describe what my post-seizure behaviour may look like.



8. My risk/safety alerts:

- For example bathing, swimming, use of helmet, mobility following seizure.



Risk	What will reduce this risk for me?

Australia wide epilepsy help line 1300 852 853

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9. Do I need additional overnight support? Yes No

- If 'yes' describe:



This plan has been co-ordinated by:

Name:	Organisation (if any):
Telephone numbers:	
Association with person: (For example treating doctor, parent, key worker in group home, case manager)	
Client/parent/guardian signature (if under age):	

Endorsement by treating doctor:



Your doctor's name:		
Telephone:		
Doctor's signature:	Insert jpeg here	Date:



Australia-wide epilepsy help-line 1300-852-853
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