

TARNEIT RISE PRIMARY SCHOOL EPILEPSY AND SEIZURE POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Tarneit Rie Primary School on 7002 6580

Policy & Guidance

- For each student diagnosed with epilepsy, schools must have in place:
 - [Student Health Support Plan](#) — outlining the school’s 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
- Schools must refer to the [Guidance](#) tab at the website below for further advice on the management of students with epilepsy and for students who have a seizure.
- 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).
- Schools must implement strategies to assist students with epilepsy according to their specific needs.

Purpose

- The purpose of this policy is to ensure that Tarneit Rise Primary School supports 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

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 Action Australia's](#) website.

Implementation

- The school will ensure an appropriate plan is in place to support the needs of students with epilepsy. For each student diagnosed with epilepsy, we will 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 will 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.

First Aid

For each student prescribed emergency medication, an up-to-date individual emergency medication kit will be easily accessible.

The school will 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 five minutes, or if the person is unresponsive for more than 5 minutes.

The school will 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

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 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

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

Training

The school will ensure that all relevant school staff who work directly with a student with epilepsy 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

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

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 student's 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.

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

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:

- 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.

Resources

Relevant health support forms for students with epilepsy

[Student Health Support Plan \(Word\)](#)

[Medication Authority Form \(Word\)](#)

[Epilepsy Management Plan](#) —

[Emergency Medication Management Plan](#) (if required)

To access training tailored for schools, visit: [Epilepsy Action Australia](#)

For information on managing epilepsy at school, visit: [Epilepsy Smart Schools](#)

- Please refer also to the school's Health Care Needs Policy, the Medication Policy, the Duty of Care Policy and the Swimming Instruction/Water Safety Education Policy.

Evaluation

This policy will be reviewed as part of the school's review cycle or if guidelines change (latest DET update mid-June 2027).

POLICY REVIEW AND APPROVAL

Created date	September 2017
Policy Number	31
Version Number	3
Consultation	Staff School Council
Endorsed by	Principal
Endorsed on	May 2024
Next review date	2027

Reference:

<https://www2.education.vic.gov.au/pal/epilepsy-and-seizures>
<https://www.epilepsy.org.au/>
<https://www.epilepsy.org.au/education-training/seizure-smart-schools/>