



# Bundoora Primary School

# Epilepsy Policy

Date: September 30, 2021

## 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.

## OBJECTIVE

To explain to Bundoora Primary School parents/carers, staff, and students the processes and procedures in place to support students diagnosed with epilepsy.

## SCOPE

This policy applies to:

- all staff, including casual relief staff, contractors, and volunteers
- all students who have been diagnosed with epilepsy or who may require emergency treatment for epilepsy and their parents/carers.

## 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 \(PSD\)](#).

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:

- 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.

## 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 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**

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.

## COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes
- Available publicly on our school’s website
- Available publicly on Compass
- Included in transition and enrolment packs
- Included as annual reference in school newsletter
- Included in our staff handbook/manual
- Discussed at staff briefings/meetings as required
- Discussed at parent information nights/sessions

- Made available in hard copy from school administration upon request

## FURTHER INFORMATION AND RESOURCES

The Department's Policy and Advisory Library (PAL):

- [Medication Policy](#)
- [First Aid for Students and Staff Policy](#)

Our School policies and documents:

- First Aid
- Medication Authority Form
- Medication Administration log
- Anaphylaxis
- Asthma

## SUMMARY

- 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 for further advice on the management of students with epilepsy and for students who have a seizure.
- All relevant school staff who work directly with a student with epilepsy 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.
- Schools 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

## POLICY REVIEW AND APPROVAL

Policy last reviewed	30 September 2021
Approved by	Principal
Next scheduled review date	September 2024