

**HIGHVIEW COLLEGE**  
**MEDICAL EPILEPSY MANAGEMENT POLICY**  
**Responsible – Executive OPERATIONAL**



(Ratified in even years)

Developed by	DP Pastoral Care, Aileen Thomas	2013
Updated by	Director of Pastoral Care, Marion Martin	2016 / 2018
Updated by	First Aid Officer, Sharon O'Shea	2019
Updated & Ratified by	Board Director, Nickola Allan	April 2020
		2022
		2024
		2026
		2028

**Rationale**

Epilepsy is a tendency to have recurrent seizures and is the most common serious neurological condition. With effective medication management and a healthy lifestyle, many students with epilepsy lead active lives. However, due to the seizures themselves, or the effects of anti-epileptic medication, students with epilepsy may experience difficulties medically and educationally. Some students could require additional support from school staff to manage their epilepsy and improve their educational progress and achievement.

**Aims**

To provide increased levels of support for the medical and educational needs of students with epilepsy, or those who suffer with seizures, by following their individual Health Support Plan. To raise awareness of epilepsy. Teachers and school staff will receive current health information and training to assist students with epilepsy so that they can participate in school life to the fullest.

**Implementation**

It is essential that all students with epilepsy have a current Individual Management Plan while they are at school. These are located on the staff drive in 'Emergency Medical Plans'. This form will contain the information staff require to provide routine and emergency care for the student and also include an up-to-date photo of the student.

Development of this plan involves consultation between students, parents(s)/or guardians, the student's health practitioner and relevant Head of School.

All staff will receive regular medical information about the student and also be involved in training sessions to improve their understanding of epilepsy.

The College First Aid Staff will have training specific to epilepsy management.

**References**

Epilepsy Foundation, 2020. Retrieved from <http://epilepsyfoundation.org.au/>, April 2020.  
Epilepsy School Policy, 2019. Retrieved from  
<https://www.education.vic.gov.au/school/principals/spag/health/Pages/epilepsy.aspx>, April 2020.

**Additional information**

**APPENDIX A** - What is epilepsy?

**APPENDIX B** - Seizure Types

**APPENDIX C** - Strategies to support students with epilepsy:

**APPENDIX D** - Impact on School

**APPENDIX E** - Roles and Responsibilities (Including Flow Chart)



## APPENDIX A: WHAT IS EPILEPSY?

**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. The kind of seizure and the parts of the body affected by it relates to the part of the brain in which the irregular electrical activity has occurred. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour.



## APPENDIX B - SEIZURE TYPES

The term generalised seizures is used where the whole of the brain is affected and partial or focal seizures used to describe seizures where only part of the brain is affected. The most common seizures for school aged children are listed below.

<b>Generalised Seizures</b>	Tonic-clonic	A convulsive seizure involving loss of consciousness; body stiffens, followed by jerking of limbs, confused state afterwards; often incontinent.
	Absence	Momentary loss of consciousness; person appears to daydream or be distracted; can happen frequently.
	Myoclonic	Muscles in whole or part of body jerk briefly; can be single, uncontrolled movement; usually in the morning.
	Atonic	Loss of muscle tone; person falls to the ground
<b>Partial (focal) Seizure</b>	Complex partial	Involves impaired awareness which means they don't know where they are or what is happening. May display unusual behaviours e.g. swallowing, scratching, wandering etc.; can be mistaken for misbehaviour.



## APPENDIX C – STRATEGIES TO SUPPORT STUDENTS WITH EPILEPSY

- Help students to remember to take their anti-epileptic medication
- Discuss any known triggers for seizures with parents and avoid when possible
- First aid procedures for the student's seizure type should be known by all staff

### **When a student has a seizure staff should:**

- remain calm as other students tend to mirror the teacher's reaction
- notify the office and first aid staff as soon as possible
- measure the time between seizures
- protect the student having the seizure by:
  - for a convulsive seizure, placing something soft under their head, loosening any tight clothing or restraints and removing hard objects that may cause injury, then laying the student on their side as soon as it is safe to do so
  - not restraining the student, stopping the jerking or putting anything in their mouth
  - administering emergency medication, if prescribed, according to the Individual Management Plan
  - talking to the student to make sure they have regained full consciousness
  - staying with them until the seizure is over to provide reassurance

### **First aid staff will access and call an ambulance**

- For any seizure, if you do not know the student or there is no Student Health Support Plan
- If the seizure continues for more than 5 minutes, or if another seizure begins
- When a serious injury has occurred, or if it occurs in water

See the seizure as a learning experience for other students to:

- acquire accurate information
- develop appropriate attitudes
- gain understanding, not pity

**After the seizure** the student may need time to recover and rest in a quiet corner. The Individual Management Plan should provide details about what to do following a seizure, particularly how long to supervise the student after the seizure ends.

Subject to medical advice, participation in **sporting and physical activities** should be encouraged. Swimming lessons should be also encouraged, but need careful planning and supervision.

The Head of School should regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.



## APPENDIX D - IMPACT ON SCHOOL

Students with epilepsy may experience difficulties with:

- memory and learning
- concentration and attention
- mood swings
- social isolation
- depression and/or anxiety
- fatigue due to:
- some anti-epileptic medication
- night time seizures
- day time seizures
- poor sleep patterns caused by abnormal brain activity
- processing of information
- changes in behaviour
- absences from school due to seizures, medical appointments, treatment and/or family concerns



## APPENDIX E - ROLES AND RESPONSIBILITIES

The Heads of School have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students.

### **First Aid Staff and the Heads of School are responsible for**

- Ensuring that all staff receive appropriate training about Epilepsy
- Ensuring that the Epilepsy Management Policy is followed by all staff members
- Completing an Individual Epilepsy Management Plan at the start of each year for every student in their School with Epilepsy
- Ensuring details of medical conditions are included on SEQTA and that 'Individual Epilepsy Management Plans' are on the Staff Drive in 'Emergency Medical Plans' and that staff are familiar with them
- Contacting parents/carers to inform them of an epileptic seizure and medical concerns, in an emergency
- Informing the parent/carer about appropriate help and support which is available
- Monitoring the student's progress following a medical incident
- Following up with the student's peers and staff to ensure their wellbeing

### **All staff and teachers are responsible for**

- Understanding the 'Epilepsy Management Policy' and following it
- Being aware of the 'Individual Epilepsy Management Plans' for all students with Epilepsy are found on the staff drive under 'Emergency Medical Plans'
- Notifying the College First Aid Staff (at Reception) immediately if a student has a seizure
- Helping to keep all students calm in the event of a seizure
- Following instructions given by the first aid staff
- Respecting the privacy of students and their medical information
- Providing accurate information about epilepsy to all students
- Increasing their own understanding of epilepsy and seizures
- Following up with the student's peers and staff to ensure their wellbeing

### **Students are responsible for**

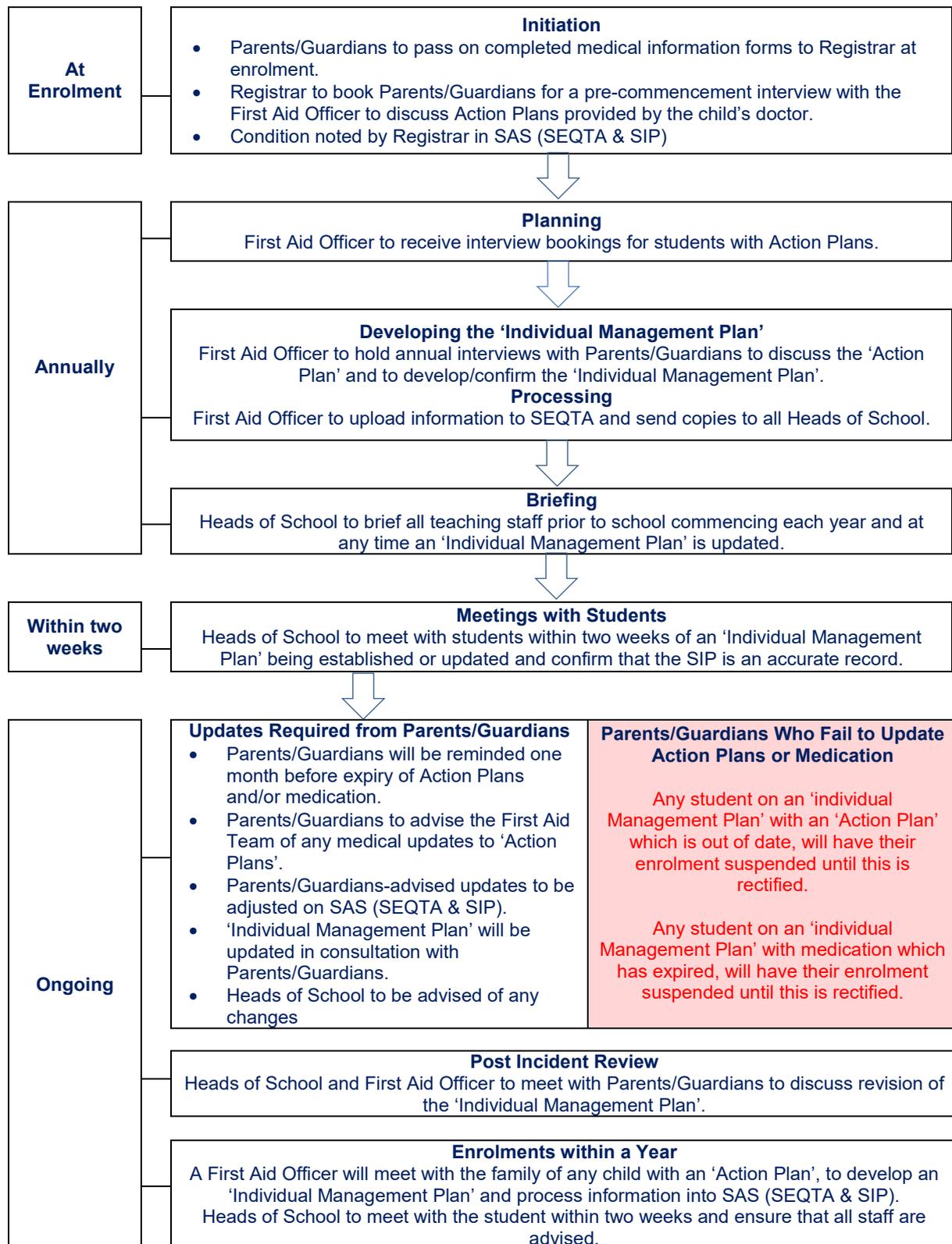
- Taking appropriate medication as stated in their 'Individual Epilepsy Management Plan'
- Ensuring that medication is always at school
- Going to Reception, or notifying supervising staff, if they suspect or are aware of indicators of a seizure
- Notifying their DELTA Mentor or Head of School if they have any concerns

**Parents will**

- Provide an 'Action Plan' from a medical practitioner annually in regard to appropriate treatment and medication (accompanied by a current photo)
- Consult with First Aid staff to develop an 'Individual Epilepsy Management Plan' every 12 months
- Ensure that medication (if any) is provided as set out on the 'Individual Epilepsy Management Plan)
- Notify the First Aid Reception staff if there are any changes to medication or student details

# ‘INDIVIDUAL MANGEMENT PLAN’ PROCESS

Applies to Anaphylaxis, Severe Allergies, Diabetes, Asthma and Epilepsy





## APPENDIX D 'INDIVIDUAL MANGEMENT PLAN' FORM FOR DIABETES, EPILEPSY, ASTHMA AND SEVERE ALLERGY

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an 'Individual Anaphylaxis Management Plan' – see Appendix 3

This Plan is to be completed by the Principal (or nominee) in collaboration with the Parent/Guardian.

School:		Phone:	
Student's name:		Date of birth:	
Year level:		Proposed date for review of this Plan:	
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)	
Name:	Name:	Name:	
Relationship:	Relationship:	Relationship:	
Home phone:	Home phone:	Home phone:	
Work phone:	Work phone:	Work phone:	
Mobile:	Mobile:	Mobile:	
Address:	Address:	Address:	
Medical /Health practitioner contact:			

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of Asthma, the Asthma Foundation's School Asthma Action Plan. Please tick the appropriate form which has been completed and attach to this Plan.

1	Condition Specific Medical Advice Form – Epilepsy	
2	Specific Medical Advice Form – Diabetes	
3	School Asthma Action Plan	
4	General Medical Advice Form - for a student with a health condition	
5	Condition Specific Medical Advice Form – Cystic Fibrosis	
6	Condition Specific Medical Advice Form – Acquired Brain Injury	
7	Condition Specific Medical Advice Form – Cancer Condition	
8	Personal Care Medical Advice Form - for a student who requires support for transfers and positioning	
9	Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking	
10	Personal Care Medical Advice Form - for a student who requires support for continence	

Who will receive a copy of this 'Individual Management Plan'

1. Student's Family

2. Other: \_\_\_\_\_

3. Other: \_\_\_\_\_

The following 'Individual Management Plan' has been developed with my knowledge and input

Name of Parent/Guardian

Signature:

Date:

Name of Principal (or nominee): :

Signature

Date

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected.

**How the school will support the student's health care needs**

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	
Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	For example, some medication can be taken at home and does not need to be brought to the school.	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	For example, students using nebulisers can often learn to use puffers and spacers at school.	
	Who should provide the support?	For example, the Principal, should conduct a risk assessment for staff and ask: Does the support fit with assigned staff duties and basic first aid training.	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.	
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	Ensure that the parent/carer is aware of the School’s policy on medication management. Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the	

		<p>Department's Medication Authority Form.</p> <p>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</p>	
	<p>Are there any facilities issues that need to be addressed?</p>	<p>Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student's health care needs.</p> <p>Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student.</p>	
	<p>Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?</p>	<p>Detail who the worker is, the contact staff member and how, when and where they will provide support.</p> <p>Ensure that the school provides a facility which enables the provision of the health service.</p>	
	<p>Who is responsible for management of health records at the school?</p>	<p>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</p>	
	<p>Where relevant, what steps have been put in place to support</p>	<p>For example, accommodation in curriculum design and delivery and in assessment for</p>	

	continuity and relevance of curriculum for the student?	a student in transition between home, hospital and school; for a student attending part-time or episodically.	
Other considerations	Are there other considerations relevant for this health support plan?	<p>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</p> <p>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</p> <p>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</p> <p>For example, is there a need for planned support for siblings/peers?</p>	