



Seizure Policy and Procedures

Responsibility:	Principal
Effective date:	20/05/2019
Next review date:	06/05/2023
Target audience:	Acacia Hill School staff

1. Purpose

To ensure that Acacia Hill School staff support students diagnosed with epilepsy and students having a non-epileptic seizure event appropriately.

2. See Quick Reference Seizure Management

3. Introduction

Seizures are a physical symptom of abnormal electrical activity in the brain. The disorder that is characterised by symptoms is often identified as epilepsy.

There are many different causes for seizures and epilepsy including;

Head injuries	trauma	stroke	deoxygenation	infection	malformations
genetic factors	degenerative conditions	fevers	and more.		

Quite often the causes for an epileptic seizures are never known.

There are different forms of seizures including:

- Tonic Clonic (full body muscular spasms)
- Absent seizures (short, staring spells, often unaware of what happened)
- Myoclonic seizures (usually in the morning, muscle jerking)
- Atonic seizures (loss of muscle tone, posture, head drops or falls).

4. Definitions

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. Epileptic 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), are also known as 'dissociative seizures'. There are two types of non-epileptic seizures:

1. **organic NES**, which have a physical cause
2. **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.

5. Roles and Responsibilities

The Principal will ensure:

- That the school has strategies to assist students with epilepsy according to their specific needs.
- That each student diagnosed with epilepsy has the following two plans which are reviewed annually
 1. Epilepsy Management Plan signed by a doctor and provided to the school by the student's parents/carers. Where the student's Epilepsy Management Plan states that emergency medication has been prescribed then there must be an Emergency Medication Management Plan (EMMP) signed by a doctor and provided by the student's parents/guardians along with Medication Administration Forms signed by parent / guardian.
 2. Student Health Care Plan developed by the school in consultation with the parents/carers and where appropriate, the student's treating medical team.
- That a current copy of these plans is placed in
 - Student Record Folder
 - School Central in student's Student Support folder
 - Uploaded to SSID (Support Services Information Database)
 - Orientation folder for new staff including relief teachers and relief SESOs
 - On the whiteboard in the staffroom annex with a photo of the child
 - With the class teacher of the child (copy in relief folder).
- The staff are trained by a recognised epilepsy provider to provide medical assistance in accordance with the Epilepsy Management Plan.
- That the school provides appropriate emergency First Aid response and post-seizure support when a student has a seizure event.
- That staff know which students have been diagnosed with epilepsy.

Parents will ensure

- That an up-to-date seizure management plan is provided to the school
 - When their child is enrolled OR
 - When their child is diagnosed as having epilepsy OR
 - At the beginning of each year.
- Medication (if required) is provided to the school with an Emergency Medication Management Plan (EMMP) signed by a doctor.

Teachers will ensure

- That students in their class diagnosed with epilepsy have a current
 - Epilepsy Management Plan
 - Student Health Care Plan
 - Emergency Medication Management Plan (if required)
 - Medication Administration form (if required).
- Know what to do if a student has a seizure.
- Ensure copies of the plan are filed:
 - Hard copy in SRF
 - Electronic copy to School Central/Student Support/individual student's folder
 - SSID.

Health Care Team/Health Promoting School Nurse will

- Ensure all relevant students have an Epilepsy Management Plan, Student Health Care Plan, Emergency Medication Management Plan and medication administration forms and follow up teachers, then principal, where plans are out of date or missing.
- Assist teachers and parents with writing Health Care Plans.
- Assist teachers with following up parents for plans, when required.
- Post medical alert poster of students with seizures in the staff room annex.

6. Impact at school

Many students with epilepsy have their seizures well-controlled with medication and can participate fully in school life. However, studies indicate that students with epilepsy are at a higher risk of:

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

All of these may negatively impact the student's learning and academic achievements.

Due to these impacts and safety, students must not remain at school after any form of seizure unless is clearly outlined in the seizure management plan.

The impact on learning following a seizure event can vary. Many types of seizures are non-epileptic, and may never be accurately diagnosed.

7. Strategies – First Aid**7.1 For all seizure events**

- Remain calm.
- Follow DRSABCD.
- Note the time the seizure started and time the event until it ends.
- Ensure other students in the vicinity of the seizure event are being supported.

If the student's seizure lasts longer than the time documented in the seizure management plan, follow the response protocol of administering emergency seizure medications such as midazolam and/or calling an ambulance.

- 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.
- Arrange for child to be sent home unless stated they can remain at school in their seizure management plan.
- If plan states the student can remain at school, monitor them closely for reoccurring seizures. In the event of a second seizure follow the seizure management plan and call parents or an ambulance.

Schools should call an ambulance immediately if:

- the seizure occurs in water
- you do not know the student
- there is no Epilepsy Management Plan
- a serious injury has occurred
- you have reason to believe the student may be pregnant.

7.2 A tonic-clonic seizure (convulsive seizure with loss of consciousness) presents as muscle stiffening and falling, followed by jerking movements.

During a tonic-clonic seizure:

- 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.

7.3 For a seizure with impaired awareness (non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behavior):

- Avoid restraining the student.
- You may need to guide the student safely around objects to minimise risk of injury.

7.4 When providing seizure first aid support to a student in a wheelchair

- 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 molded 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.

7.5 Storage and access to Emergency Medication Kits

- Individual Emergency Medication Kits should be held for each student who 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.
- Kits are in the fridge in Acacia Hill School's First Aid room.
- These individual emergency medication kits are to travel with the student on school camps and excursions.

7.6 For Students with a Seizure Management Plan

1. Follow DRSABCD
2. Follow student's annual individual Seizure Management Plan
3. **If as per the seizure management plan an ambulance is not indicated, students must be sent home with parent / guardian, unless clearly outlined in the seizure management plan that students can remain at school.**

1st RESPONDER role (First-aid trained)

- The first responder is different from the first person who finds the child in distress. If the first person who finds the child is not first-aid trained, they will provide immediate aid while calling for another person near them to call a first-aid trained individual to attend the child, who will be known as the 1st responder. The 1st responder should be a person who feels calm in dealing with emergencies.
- Stay with student.
- Follow DRSABCD.
- Call for help/second responder (First-aid trained if available).
- Time the length of the seizure.
- As indicated on their seizure management plan call ambulance/ administer medication when indicated.
- Communicate the need for ambulance/emergency medication/health status changes with the 2nd responder. (Start arranging the emergency seizure medication brought over before being needed).
- Have the 2nd responder (first-aid trained if available) call the office and notify of the specific medical emergency and if you have called an ambulance so they can direct ambulance staff/callers and know what is happening and provide any additional assistance needed.
- Administer emergency medication as per the seizure management plan. Ensure 2nd responder has called an ambulance. Be prepared manage airway (CPR if necessary) in the event the medication sedates the child and compromises the airway.
- Reassure the student.
- Monitor the student.
- Document the incident.

2nd RESPONDER role (First-aid trained if available)

- Ensure other students are being managed.
- Be there for 1st responder's requests.
- Allocate someone to get a copy of the students Seizure Management Plan/Health Care Plan.
- Minimize the number of people in the room
- When 1st responder indicates an ambulance is needed the 2nd responder is to call an ambulance.
- When/ if 1st responder indicates emergency medication is required 2nd responder is to ask another staff member to rapidly retrieve the emergency medication located in the first aid room fridge/other identified location.
- Decide on the easiest access point.
- Call the front office and notify of the specific medical emergency – Front Office are to arrange someone to meet the ambulance and guide them through the easiest access point.
- Ensure gates are open/easily accessible for the ambulance.
- Ensure a copy of the Health Care Plan is given to the paramedics.
- Call the parents to inform them.

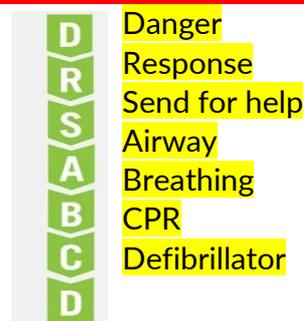
7.7 Students without a Seizure Management Plan**1st RESPONDER role (First-aid trained)**

- The first responder is different from the first person who finds the child in distress. If the first person who finds the child is not first-aid trained, they will provide immediate aid while calling for another person near them to call a First-aid trained individual to attend the child, who will be known as the 1st responder. The 1st responder should be a person who feels calm in dealing with emergencies.
- Stay with student.
- Follow DRSABCD
- Call for help/second responder (first-aid qualified if available).
- Time the length of the seizure.
- Communicate the need for ambulance/emergency medication/health status changes with the 2nd responder. Tell 2nd responder to call an ambulance.
- Have the 2nd responder (first-aid trained if available) call the office and notify of the specific medical emergency and if you have called an ambulance so they can direct ambulance staff/callers and know what is happening and provide any additional assistance needed.
- Reassure the student.
- Monitor the student.
- Document the incident.

2nd RESPONDER role (First-aid trained if available)

- Ensure other students are being managed.
- Be there for 1st responder's requests.
- Allocate someone to get a copy of the student's Health Care Plan.
- Minimize the number of people in the room
- When 1st responder indicates an ambulance is needed the 2nd responder is to call an ambulance.
- Decide on the easiest access point.
- Call the front office and notify of the specific medical emergency – **Front Office are to arrange someone to meet the ambulance and guide them through the easiest access point.**
- Ensure gates are open/easily accessible for the ambulance.
- Ensure a copy of the Health care plan is given to the paramedics.
- Call the parents to inform them.

Quick Reference Seizure Management



- **Stay Calm**
- **Time the seizure**
- **Protect the student** (don't move them unless there is potential harm, remove any hard objects from around the student, protect their head, place something soft under their head, loosen any tight clothing.)
- **Check if they have a seizure management plan.**
 - Call ambulance according to the student's seizure management plan.
 - If there is no seizure plan, Call an ambulance in all circumstances of seizures.
- **Monitor/Manage breathing and airway**
- **Recovery position** – you may need to wait until the seizure movements have ceased.
- **Reassure the student**
- **Contact Parent/Guardians**
- **Documentation**

Additional considerations

- No student is to remain at school post a seizure, unless explicitly stated in their individual seizure management plan.

When providing emergency response support to a person in a wheelchair, also:

- Protect the person from falling from the chair, secure seat belt where available and able
- Make sure wheelchair is secure
- Support head if there is no moulded head rest
- Do not try to remove the person from the wheelchair
- Tilt the person's head into a position that keeps the airway clear

When to call 000 for an ambulance:

- When you are unfamiliar with the student or their plans
- when there is NO seizure management plan
- According to the student's individual seizure plan
- When an injury has occurred
- The seizure occurs in water
- If you believe the person is pregnant
- Multiple seizures occur.
- When you are concerned- it is better to err on the side of caution and call an ambulance

Adapted from Epilepsy Australia – Seizure First Aid. Acacia Hill School 20.11.2019