The Workplace and Epilepsy
A Guide for New Zealand workers and employers

October 2016
Epilepsy Association of New Zealand
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EPILEPSY NEW ZEALAND®
THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND
kia titiro ki te tangata - see the person
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www.epilepsy.org.nz
Introduction

The ability for people with epilepsy to engage in employment enables these people to lead a fulfilled and independent life. Participation in the workforce not only creates financial independence and security, it promotes better mental health through social inclusion, self-esteem and individual productivity contributing to society.

Unfortunately, getting into, and staying in the workforce, is not always easy, and for people with epilepsy, barriers continue to make it difficult to obtain and hold onto a job. One third of NZ employees believe that discrimination, perceptions and stereotypes about disabled people are barriers to employment in NZ workplaces. In Australia, and there is no reason to suggest any difference in New Zealand, recent studies have suggested that only 30 per cent of adults with epilepsy are in full time employment, with an additional 17 percent employment part-time.

Epilepsy New Zealand has noticed an increase in caseloads relating to employment matters during a period of weakening employment growth within the New Zealand workforce and legislative changes in relation to Health and Safety. Full time work remains constant however a decrease in part time work has occurred all with an increased supply of labour force creating a competitive market place seeking jobs.

It is essential for people with epilepsy to have qualifications, skills and experience that are similar to other applicants when applying for a position. If educational learning or training has been hindered by epilepsy, or some other reason, a person with epilepsy can up skill by taking extra courses. Skills, personality and the ability to present individual epilepsy condition clearly to a prospective employer are vital to success in the market place. If not immediately successful in getting employment, the temptation to blame ‘epilepsy’ should be resisted.

One of the employment barriers is a lack of information and understanding. Australian surveys indicate that employers and co-workers have little understanding of epilepsy and express attitudes of anxiety towards epilepsy in the workplace. On the other hand, whilst most people with epilepsy have a good

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5 Refer: http://www.dol.govt.nz/publications/lmr/labour-market-factsheets.asp
6 Refer: http://www.mbie.govt.nz/info-services/employment-skills/labour-market-reports/jobs-online
understanding of how to manage their own condition, they have significantly less understanding of the safety and legal issues relating to working with epilepsy\textsuperscript{10}.

For a person with epilepsy it is important that their knowledge of their specific epilepsy, medication and be aware of factors in lifestyle which effect seizures so as to have epilepsy well controlled. When seeking employment it is critical to sell your skills and abilities, not your epilepsy.

Ministry of Social Development in New Zealand report on employment of disabled concludes:

\textbf{“Overall, there appears to be an apparent ‘hierarchy’ of disability where the type and severity of the impairment does appear to have an impact on employers’ perception of the employability of disabled people, regardless of whether someone is perceived as being capable of doing a job or not.”}

\textit{It appears that perceptions about how staff, customers and clients might react, might be giving employers social permission not to hire disabled people.}

\textit{Despite New Zealand employers having a belief that disabled people deserve a fair go, and despite the largely positive experiences of those who have employed disabled people, it appears that addressing issues such as the perceived mismatch between an ideal employee and disabled people, and perceptions of others’ discomfort may need to be further explored to see whether they offer promise in helping to redress the underemployment of disabled people.}\textsuperscript{11}

This guide aims to provide an easy to read introduction to the legal issues relating to epilepsy and employment from a New Zealand context. It includes information for employees with epilepsy and employers on their rights and responsibilities within the workplace.

While this booklet focuses on legal rights and remedies, this is not to suggest that these are the only remedies to workers or employers dealing with epilepsy in the work place. However, an understanding of legal rights and responsibilities encourages a more informed and fair workplace.

This guide is not legal advice. Please see the further references section at the end for information for some places to go if you are facing legal problems in the workplace.


Emplying Someone with Epilepsy

People hold many misconceptions about the condition of epilepsy. It is important to remember that most people with epilepsy have been able to stabilise their condition through a medical regime. Furthermore, for the majority of people with epilepsy, the condition is unlikely to impinge on their working lives. Sick leave and accidents at work are no more frequent among people with epilepsy than other workers.

However a number of myths have grown up around epilepsy, probably dating back from times when medical treatment was not successful in treating the condition and from common historical portrayals of epilepsy and seizures.

Contrary to popular belief, people with epilepsy can drive cars and use computer screens. In fact, people with epilepsy can work in a vast majority of jobs. Furthermore, employers rarely, if ever, incur extra costs through employing someone with epilepsy.

Reasons why employers should hire people with epilepsy

1. People with epilepsy make just as good (if not better) employees. Studies show that because they can find it difficult to obtain employment, they tend to be more motivated in seeking and retaining jobs.
2. Anti discriminatory laws and policies exist. To protect employers own legal standing, employers will need to ensure that people with disabilities (such as epilepsy) enjoy the same rights as other workers in job seeking and in employment.
3. If employers are seen to be inclusive of all sections of the population, it will lead to a more tolerant working environment. At present many people with epilepsy do not inform their employers/prospective employers about their condition. They fear that they will not be called for an interview or that their employer will view their disability as a hindrance within their workplace. Their fears are often well founded – many employers with little experience of the disability are concerned that it will lead to absences, a fall in productivity and profitability and additional safety/insurance/ legal issues. This is not the case.
4. By employing someone with epilepsy, employers will become better informed, not only about the disability, but also their own workplace. Employers rarely have to implement any changes in their

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work practices, as the safety, legal and insurance structures needed for someone with epilepsy apply across the board.

5. By including people with disabilities in their search to find the right employee, employers will gain access to a broader base of people with the specific skills that they need for their work place.

6. Most employers find they do not needed to make any adjustments in employing someone with epilepsy. However, if they do, the organisational, financial and legal supports are in place to help them do so.

**CASE STUDY**

Name: Anna  
Age: 21  
Education: Finished second level education with certification, obtained qualification in Beauty Therapy.  
Seizure Type: Tonic clonic (as a result of an accident)  
Work History: Applied for work in a beauty clinic. She was not asked about her medical condition so did not disclose that she had epilepsy. She got the job and was confident, pleasant worker with excellent communication skills and a great personality. Three months into the job, ‘disaster struck’. She felt a seizure coming on and went to the rest area. She had the seizure, recovered and, after a short rest, resumed work. The shop’s manager was well informed about epilepsy, and had no problem with it. However Anna was anxious as to whether her employer would have any difficulty with the situation. When he was informed, he was honest: “Had I she told me at the interview that she had epilepsy, she probably would not have got the job. I knew nothing about the condition, except the age old myths I had heard, so I would have been scared. Now Anna has educated me, and I understand that it is no big deal. She is an excellent employee and copes well with having a seizure, needing little help from anyone, other than friendly concern.”

By openly employing someone with epilepsy

1. Employees avoid legal discrimination and fulfil the moral imperative to include all sections of society in their workplace.
2. They acquire employees who are just as able to work as the rest of the population.
3. The workplace becomes a more open and enhanced work environment.
4. Employers become better informed, not just about disability, but about the workplace and other employees.
5. They gain access to a wider range of employees.
6. They acquire more flexible and more fulfilled employees.
7. Employees will probably not need to make any adjustment to their workplace – if they do they will be given all the support they need.

**What is epilepsy?**
Epilepsy affects people of all ages and social backgrounds and is one of the world’s most common disorders of the brain. Despite its prevalence in the community, epilepsy remains a poorly understood condition. Few people can tell you exactly what epilepsy is and most often unaware that seizures can take many forms and not involve convulsions or ‘fits’.

Epilepsy is often referred to as a disorder of brain function that takes the form of reoccurring seizures. Our every thought, feeling or action is controlled by brain cells that communicate with each other through regular electrical impulses. A seizure occurs when sudden uncontrolled bursts of electrical activity disrupt this regular pattern. Communications between cells becomes scrambled and our thoughts, feelings or movements become momentarily confused or uncontrolled. While seizures can be frightening, in most instances they stop without intervention.

Once the seizure is over the person gradually regains control and orientates themselves to their surroundings, generally without any ill effects. The majority of people diagnosed with epilepsy will have their seizures controlled with medication within a year.

Research into surgery and other treatments is extensively explored and it is expected that seizure control will be possible for others in the future.

**Why is epilepsy a hidden disability?**

Epilepsy, even though it is common, is a well hidden condition. This can be attributed to two reasons:

a. It does not physically manifest itself continually in the way that other physical disabilities do like cerebral palsy, blindness etc. and

b. Many people choose not to inform others about their epilepsy due to the stigma and discrimination that people can attach to the condition.

**It is a two way street**

A person with epilepsy can perform most jobs.\(^{21}\) History shows us that many famous people have lived with epilepsy and many not so famous, but successful never the less ranging from political leaders, surgeons, actors, councillors, artists, salespeople, lawyers, business owners and academics.

A person with epilepsy can help their employment situation by getting a letter from their doctor explaining their epilepsy risk to a prospective employer. An employer can help the process by learning about epilepsy.

A person with epilepsy should only be excluded from a job when having seizures would pose a danger to the person or to co-workers (e.g. driving, operating dangerous machinery, working at heights). There are certain jobs that involve substantial risk if a seizure should occur and thus common sense should apply when considering such jobs.\(^{22, 23}\) It is important to understand the majority of people diagnosed with epilepsy will have their seizures controlled with medication.

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\(^{23}\) It is not possible to be accepted into the armed forces, police and fire services or get a pilots licence if you have ever had a seizure of any type. A person with epilepsy may not always hold a drivers licence. A person with
A person with epilepsy should:

a. Learn about any job before the interview;
b. Complete the application process if they are qualified; and
c. Take action if they are discriminated against.

The prejudice perceived by people with epilepsy when applying for jobs is sometimes greater than the actual prejudice. Some people blame their failure to get work on their epilepsy when, in fact, the problem lies more in the person’s attitude - it is essential to appear confident at the interview, and appropriate for the job, rather than dwell too much on the negative aspects of epilepsy.

Job interviews make everyone feel nervous. It is important to prepare for the job interview. Many people in the community know very little about epilepsy so it is important to prepare to explain epilepsy simply and to prepare for the fact that people react differently. Local Educators can help.

A person with epilepsy needs to be realistic about employment prospects. If seizures are well controlled, they have the same chance as anyone else in obtaining employment as it is illegal to discriminate. If seizures are continuing then the frequency, severity, pattern and whether warning signs occur require to be understood. The job needs to fit the lifestyle of the person with epilepsy - identifying potential seizure triggers, stress, shift work or other considerations. This information should be used when assessing risk that maybe involved in the workplace.

It is important to understand epilepsy. One of the most important features of epilepsy is that it is an intermittent condition. If someone has a seizure once a week (this could be considered poorly controlled), it still leaves 313 days of the year when a person is seizure free.

It is important that people do not let epilepsy take over and dictate life. Over protection, excessive restrictions and underachievement are far too common secondary handicaps of epilepsy which can be avoided.\(^\text{24}\).

**The Big Question: Do employees have to disclose their epilepsy?**

There is no law that requires an employee to tell their employers or co-workers about their epilepsy. The decision of when, and how, to disclose a medical condition is often a very personal one. It involves balancing considerations of safety, privacy, honesty and the potential for unfair treatment. Disclosing epilepsy at an early stage increases the risk that a person will not be considered “fit” for the job but disclosing much later or never at all can cause great personal stress and increase in the risk of seizures.

Some specific positions will require a worker to disclose their medical conditions. Some jobs require employees to undertake a health and fitness check before they commence work or to fill out medical history forms. These are normally jobs where there is a genuine requirement of the work that the employee be physically fit. A common question is, are there any medical reasons why you would be unable to undertake the duties of this position. These medical forms are legal documents and must be

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filled out to the best of an employee’s knowledge. In these circumstances, a failure to disclose epilepsy can be a legitimate reason for dismissal on the grounds of misrepresentation.

If an employee does choose to voluntarily disclose their epilepsy the employer is legally required to keep that information confidential and not disclose that information to anyone else without the employee’s permission. However, with the agreement of the employee, it is often good policy to ensure that direct supervisors are aware of any safety issues or extra accommodations an employee with epilepsy may require. Although a person’s health is a private issue, if people in the workplace are comfortable and aware of someone’s epilepsy, the risks imposed by any unexpected seizures are decreased.

When job applicants decide to reveal that they have epilepsy, this information will give the employer the opportunity to find out about their condition and whether it will affect their work. Some helpful questions prospective employers can ask are:

1. What kind of seizures do you have and how often do they occur?
2. Can you describe what happens when you are having a seizure?
3. Do your seizures occur randomly or is there a pattern?
4. Is there anything in particular which triggers a seizure?
5. If you have a seizure, how long does it take before you can carry on with your work?
6. What should be done if you have a seizure at work?

**CASE STUDY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>24</td>
</tr>
<tr>
<td>Education:</td>
<td>School for specific needs</td>
</tr>
<tr>
<td>Seizure Type:</td>
<td>Tonic clonic with fair control</td>
</tr>
<tr>
<td>Work History:</td>
<td>At 18 John started work, shelving goods in a large supermarket. The management were aware of his epilepsy. One day he had a very public seizure on the shop floor which could have had serious repercussions. Fortunately, however, his enlightened and progressive boss rang the local Epilepsy Office requesting training for his staff in dealing with epilepsy seizures. He noted, “Today it is John, but tomorrow it may be a member of the shopping public and we need to know what to do. “ The staff received their training and John is still a valued member of staff.</td>
</tr>
</tbody>
</table>
New Zealand Employment Law

Introduction

Employment law is used in this guide as a broad term to describe the laws that regulate behaviour in the workplace. It applies to people in work, intending to work and sometimes post-employment. It also applies to employers and includes rights and obligations relating to leave entitlements, wages, employment documentation and actions; and health and safety standards.

The first section of the guide looks at the rights and obligations contained in the Employment Relations Act 2000 (the ERA). For the purposes of this guide the relevant parts of the ERA relate to the right to flexible working arrangements and limitations on dismissing employees or taking other “adverse action”. The second part of the section looks at occupational health and safety laws. These are laws designed to create a safe working environment, and prevent injuries in the workplace.

Employment Relations Act 2000

Good Faith

The primary requirement of the ERA in s 4 (1) is for employers and employees to deal with each other in good faith. Also they must not do anything to mislead or deceive each other, or anything that is likely to mislead or deceive each other. This means that both parties need to be active and constructive in maintaining a productive working relationship. They must be responsive and communicative with each other. The key requirements are underlined.

**Employment Relations Act 2000**

*4 Parties to employment relationship to deal with each other in good faith*

(1) The parties to an employment relationship specified in subsection (2)—

(a) Must deal with each other in good faith; and

(b) Without limiting paragraph (a), must not, whether directly or indirectly, do anything—

(i) To mislead or deceive each other; or

(ii) that is likely to mislead or deceive each other.

(1A) The duty of good faith in subsection (1)—

(a) is wider in scope than the implied mutual obligations of trust and confidence; and

(b) requires the parties to an employment relationship to be active and constructive in establishing and maintaining a productive employment relationship in which the parties are, among other things, responsive and communicative; and

(c) without limiting paragraph (b), requires an employer who is proposing to make a decision that will, or is likely to, have an adverse effect on the continuation of employment of 1 or more of his or her employees to provide to the employees affected—
(i) access to information, relevant to the continuation of the employees' employment, about the decision; and

(ii) an opportunity to comment on the information to their employer before the decision is made.

(1B) However, subsection (1A)(c) does not require an employer to provide access to confidential information—

(a) that is about an identifiable individual other than the affected employee if providing access to that information would involve the unwarranted disclosure of the affairs of that other individual:

(b) that is subject to a statutory requirement to maintain confidentiality:

(c) where it is necessary, for any other good reason, to maintain the confidentiality of the information (for example, to avoid unreasonable prejudice to the employer’s commercial position).

This creates an environment where knowledge is key to making an employer feel comfortable with employing someone with epilepsy. One of the barriers to employment of people with epilepsy is lack of information and understanding. Surveys indicate that employers and co-workers have little understanding of epilepsy and express attitudes of anxiety towards epilepsy in the workplace. Additionally, while people with epilepsy have a good understanding of how to manage their own condition, they have significantly less understanding of the safety and legal issues relating to the working with epilepsy.

An open and honest approach to solving the problems associated with working with epilepsy involves both parties working through how to manage the risks.

90 day trial period

Many individual employment agreements contain a 90 day trial period which permits the employer to dismiss during the 90 day trial without the employee having recourse to a personal grievance for unjustified dismissal. This provision could be of assistance to a person with epilepsy, to encourage an employer to give them a trial and assess the impact, if any, on the workplace caused by the epilepsy. If the trial is successful the employer may be encouraged to continue the employment, employ someone with epilepsy in the future or recommend such employment to others. While employed the same rules apply to a person with epilepsy as to others. Medical incapacity will be discussed below.

Flexibility

The ERA gives employees a statutory right to request a variation of their working arrangements; and requires an employer to deal with a request as soon as possible but not later than 1 month after receiving it; and provides that an employer may refuse a request only if it cannot be accommodated on certain grounds. An employer may refuse a request only if the employer determines that the request cannot be accommodated on 1 or more of the grounds specified below:

(a) Inability to reorganise work among existing staff:
(b) Inability to recruit additional staff:
(c) Detrimental impact on quality:
(d) Detrimental impact on performance:
(e) Insufficiency of work during the periods the employee proposes to work:
(f) Planned structural changes:
(g) Burden of additional costs:
(h) Detrimental effect on ability to meet customer demand.

(3) However, an employer must refuse a request if—
(a) the request is from an employee who is bound by a collective agreement; and
(b) The request relates to working arrangements to which the collective agreement applies; and
(c) The employee’s working arrangements would be inconsistent with the collective agreement if the employer were to approve the request.

This provision could allow a person with epilepsy to organise a pattern of work that may be more advantageous to managing their condition, bearing in mind the employer does not have to agree, if there are legitimate reasons against any change. For example someone on a production line is unlikely to be able to change their start and finish times, but other workers may be able to start an hour later and finish an hour later if this arrangement suited them. Of consideration will always be the requirement to service the employer’s clients.

Some examples of flexibility arrangements that may be useful to people with epilepsy include:

(a) Consistent work shifts rather than changing rosters. This can help prevent the risk of seizures on the job as a lack of sleep can be a seizure trigger.

(b) Different starting and finishing times. This can make it easier for people with epilepsy who cannot drive to get to work on public transport.

(c) Flexible starting times. This can allow a person who has nocturnal seizures to catch up on sleep before starting work.

Rest breaks

An employee is entitled to, and an employer must provide the employee with, rest breaks and meal breaks that provide the employee with a reasonable opportunity, during the employee’s work period, for rest, refreshment, and attention to personal matters; and are appropriate for the duration of the employee’s work period.

If a break is not taken the employer must provide compensatory measures such as time off to be taken at another time, or payment for the time worked. Exemption from providing a work break is to be agreed between the parties or decided by the employer in a workplace if it is not practicable. Thus, a person with epilepsy may be able to recognise their needs and organise their breaks accordingly with their employer.

There is flexibility in law to take breastfeeding breaks, in addition to other rest breaks albeit unpaid, if that is applicable to the person with epilepsy.

Personal grievance

A person with epilepsy has protection under the ERA in that, if they feel they have been fired for reasons relating to their epilepsy, and not the standard of their work, they can take a personal grievance. This is also applicable if they feel they have been disadvantaged in their employment because of their epilepsy. The grievance must be taken within 90 days of the event giving rise to the grievance or the date the employee became aware of the action.

There are substantial protections in the ERA for an employee taking a personal grievance.

The Human Rights Act 1993’s areas of discrimination are embodied in the ERA and the Employment Relations Authority or the Employment Court is required to address issues of justification if the dismissal or disadvantage is to be proven justifiable.
The question of whether a dismissal or an action was justifiable must be determined, on an objective basis, by applying the test as to whether the employer’s actions, and how the employer acted, were what a fair and reasonable employer could have done in all the circumstances at the time the dismissal or action occurred. In applying the test the Authority or the court must consider:

(a) whether, having regard to the resources available to the employer, the employer sufficiently investigated the allegations against the employee before dismissing or taking action against the employee; and

(b) whether the employer raised the concerns that the employer had with the employee before dismissing or taking action against the employee; and

(c) whether the employer gave the employee a reasonable opportunity to respond to the employer’s concerns before dismissing or taking action against the employee; and

(d) whether the employer genuinely considered the employee’s explanation (if any) in relation to the allegations against the employee before dismissing or taking action against the employee.

For clarity, the areas of discrimination are:

(a) sex:
(b) marital status:
(c) religious belief:
(d) ethical belief:
(e) colour:
(f) race:
(g) ethnic or national origins:
(h) disability:
(i) age:
(j) political opinion:
(k) employment status:
(l) family status:
(m) sexual orientation.

Epilepsy will almost always be considered a disability for legal purposes. This does not mean that a person with epilepsy is less capable than other employees, but it does make it unlawful for a person to be disadvantaged in the workplace.

Disparity

Lawfully, a person with epilepsy must be treated the same as any other person in the same circumstances. An employer has to justify the reasons for any disparity of treatment.

If an employee believes they have been unfairly dismissed they can take a personal grievance by themselves or with the assistance of an employment lawyer, consultant or advocate. The grievance follows a path through mediation and then to the Employment Relations Authority if the employee
wishes to progress the matter. They can seek to get their job back or receive compensation for the loss of the job. Importantly a personal grievance must be taken within 90 days. After that the employee has 3 years within which they must lodge in the Employment Relations Authority.

**CASE STUDY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>50</td>
</tr>
<tr>
<td>Education:</td>
<td>Left school at an early age</td>
</tr>
<tr>
<td>Seizure Type:</td>
<td>Undiagnosed</td>
</tr>
<tr>
<td>Work History:</td>
<td>Rita started working in a large bakery factory in 2000. In 2006 she had a seizure where no diagnosis was given and she was discharged. Late 2014, a type of seizure occurred at home, yet a diagnosis was not given as it appeared the “seizure” may have been focal in nature. The eye witness was 13 years old at the time. She advised her employer who stood her down from her place of employment “until she was better and able to return to work”. She was seen by a neurologist in June 2015 and May 2016 with a ‘presumed diagnosis’ of the event not being epilepsy but an event due to stress. She is still not back work as the employer is waiting for a discharge report letter from the recent neurology visit. The employer – employee communication has not been the best in the last 18 months due to the lack of what was the employment relations process. The woman’s job’s is currently still open for her to return.</td>
</tr>
</tbody>
</table>
Health & Safety at Work Act 2015 (HASAWA)

Occupational health and safety laws are vital to ensuring the safety and well-being of all people in the workplace. They place an obligation on both the employer and the employee to protect health and safety and manage associated risks. OSH laws work best when employees and employers have a full understanding of the actual nature of the risks and dangers involved. However a misunderstanding of the risks related to epilepsy can often unnecessarily exclude and isolate employees.

Epilepsy does not usually force employers into taking extra safety precautions in the workplace, and several notable studies have shown the risk of employees with epilepsy having an accident is low.\(^{25}\)

It is important to note that an epileptic seizure does not reduce the employee’s contribution to overall productivity or to his/her position within the workplace. However, it is important to inform workmates who will be directly affected about the employee’s condition. The employer should help the employee with epilepsy disclose his/her condition. Some first aid training or other information should be provided for those who might be involved should a seizure occur.

It is often assumed that employing someone with epilepsy is ultimately going to result in an increased premium. This is not the case. No special insurance is required for a worker with epilepsy once disclosed. At a basic level, employers should ensure that they are covered by Public Liability Insurance and Employer’s Liability.

Machinery must be adequately guarded in order to comply with safety regulations covering all workers. If this policy is implemented, it should prevent injury in the unlikely event of a seizure happening in the vicinity.

The Health and Safety at Work Act contains two key obligations for workplace safety. First a Person Conducting a Business or Undertaking (PCBU), in this case the employer, has obligations to:

(\(a\)) eliminate risks to health and safety, so far as is reasonably practicable; and
(\(b\)) if it is not reasonably practicable to eliminate risks to health and safety, to minimise those risks so far as is reasonably practicable.

The HASAWA also imposes a duty on employees. The HASAWA places an obligation on employees to (\(a\)) take reasonable care for his or her own health and safety; and
(\(b\)) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and
(\(c\)) comply, as far as the worker is reasonably able, with any reasonable instruction that is given by the PCBU to allow the PCBU to comply with this Act or regulations; and
(\(d\)) co-operate with any reasonable policy or procedure of the PCBU relating to health or safety at the workplace that has been notified to workers.

This means taking responsibility for your own safety in the workplace.

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\(^{25}\) The Irish Epilepsy Association (1999) The employer’s guide to epilepsy. Dublin, Ireland.
The core concept behind both of these obligations is reasonableness. There will always be risks that cannot be eliminated, and some workplaces will always be more dangerous than others. Deciding what is reasonable in a situation involves balancing a lot of factors. Including how dangerous and how necessary an activity is and what controls can be put in place. For people with epilepsy the key risk to workplace safety is uncontrolled or breakthrough seizures. However, just how serious this risk is and what are reasonable actions to manage it must always be considered in all the circumstances.

In thinking about what kind of action is needed to safely manage epilepsy in the workplace the first crucial step is to establish the nature of a person’s seizures and if they are under control. As noted, for some people with epilepsy, seizures may not take the form of convulsions or fits, but can vary from ‘spacing out’ or unconsciously wandering. Approximately 70% of all people with epilepsy achieve seizure control with medication and other workers with epilepsy may experience ‘auras’ or warnings before a seizure occurs. This gives people a chance to remove themselves from dangerous situations. All these factors significantly reduce the safety risks associated with seizures.

Other crucial considerations include:

- The nature of the work: is it at height, at extreme temperatures or using dangerous machinery?
- The use of protective equipment; will gloves or helmets minimise risk?
- Alternative working conditions: can the job be done somewhere else or at a different pace?
- Sharing work responsibilities: is it reasonable to use a buddy system?

The case study below provides a good example of how employees and employers should be thinking about epilepsy related workplace safety risks. Although this case is an Australian one the principles are the same as in New Zealand.

**BUTCHER V THE Key King [2000] ACTDT 2**

In this case, Mr Butcher was employed as a retail assistant in a chain of stores that provided key cutting, engraving and shoe repair services. His job involved using dangerous machinery that could cut through human flesh, in a confined area. At the time Mr Butcher was employed he had been diagnosed with epilepsy for about 5 years and he had suffered about 10-15 seizures in this time. The seizures generally lasted between one and five minutes and Mr Butcher was able to identify when he was about to have an episode.

After about one year of employment, Mr Butcher had a seizure at work. Concerned about health and safety obligations, the employer asked Mr Butcher to provide medical evidence about the stability of his condition. The doctor who provided the evidence believed that it was not a safety risk for Mr Butcher to work around machinery as he always got warning of when a seizure was about to occur and was able to move himself into a safe position. The doctor also recommended appropriate first aid methods to be employed if Mr Butcher suffered another seizure at work.

In the next six months Mr Butcher suffered two more seizures at work. Days after this final seizure, his employment was terminated for health and safety reasons. There was however, no suggestion that Mr Butcher would cause injury to other workers. Mr Butcher claimed the decision to fire him was discriminatory and made application to challenge the dismissal.

The ACT Discrimination Tribunal was quick to note that terminating the employment in the name of health and safety was undermining the obligation of protecting the safety of that person at work. It also
found that because Mr Butcher could tell when a seizure was going to happen he posed no greater danger to himself than would be the case if he did not suffer the impairment. Therefore there were no legitimate reasons for firing Mr Butcher, or otherwise disadvantaging him. The Tribunal found that Mr Butcher had been discriminated against and awarded him damages.

While each case will be different, this demonstrates that employers must think seriously about the actual risks a seizure on the job may impose. The ability to know when a seizure is coming, to move to a safe place or otherwise control episodes, significantly reduces any risks associated with seizures. This can mean that the protections needed in the workplace are not significant.

The Meaning of ‘reasonably practicable’

Health and Safety at Work Act 2015

In this Act, unless the context otherwise requires, **reasonably practicable**, in relation to a duty of a PCBU, means that which is, or was, at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters, including—

(a) the likelihood of the hazard or the risk concerned occurring; and

(b) the degree of harm that might result from the hazard or risk; and

(c) what the person concerned knows, or ought reasonably to know, about—

(i) the hazard or risk; and

(ii) ways of eliminating or minimising the risk; and

(d) the availability and suitability of ways to eliminate or minimise the risk; and

(e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

The obligations on the employer are that they must ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business:

(a) the provision and maintenance of a work environment that is without risks to health and safety; and

(b) the provision and maintenance of safe plant and structures; and

(c) the provision and maintenance of safe systems of work; and

(d) the safe use, handling, and storage of plant, substances, and structures;

(e) the provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities; and
(f) the provision of any information, training, instruction, or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking; and

(g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing injury or illness of workers arising from the conduct of the business or undertaking

There is also an obligation on the person who manages or controls a workplace to ensure, so far as is reasonably practicable, that the workplace, the means of entering and exiting the workplace, and anything arising from the workplace are without risks to the health and safety of any person. For example, is use of a lift possible if a person with epilepsy is not able to use the stairs?

The introduction of significant penalties for any breach of HASAWA has understandably made employers cautious about taking unnecessary risks. They commit an offence if they have no reasonable excuse and have been reckless as to the risk to an individual of death or serious injury if a plan is in place and the risks have been duly considered the risk is minimised. A person with epilepsy can assist in this by providing information about the likelihood of seizures and what is required to prevent injury to themselves or others.

**Duty to engage**

The HASAWA requires an employer to engage with an employee, if it is reasonably practicable to do so, if an employer is likely to be directly affected by a matter relating to work health and safety. So employees should engage with their employer and try to resolve any risks.

**HASAWA - Risk Assessment**

**Carry Out a Risk Assessment**

Research shows that the main concern employers have about employing people with epilepsy is safety in the workplace. In fact, studies have shown that people who have their seizures well controlled have no increased likelihood of critical injury.26

In some situations there may be legitimate concerns about a person with epilepsy doing certain tasks. The best way to ensure that a fair and informed approach is carried out an individualised risk assessment should be done.

Most employers will be familiar with carrying out a general or ‘generic’ risk assessment such as

- Identify the hazards
- Decide who might be harmed and how
- Evaluate the risks and decide on precautions
- Record your findings and implement them
- Review your assessment and update if necessary

It is important that risk assessments for employees with epilepsy are customised to the individual nature of the person’s epilepsy, the demands of the particular job they do and the environment in

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26 Epilepsy Scotland (2011) Epilepsy and Occupational Health. Epilepsy Scotland: Glasgow
which they work. The nature of someone’s epilepsy depends on a number of features such as the type of seizures they experience (if any), any patterns to when seizures occur, whether they have a warning or ‘aura’ that a seizure is about to occur and whether there are any specific triggers for their seizures.

It is worth keeping in mind that up to 70% of people with epilepsy are able to become seizure-free with medication and many others will only experience seizures under specific conditions. It is not good practice and potentially unlawful to simply have a ‘blanket ban’ on all people with epilepsy carrying out particular activities.

For example, working at heights may be unsuitable for some individuals with particular types of epilepsy and variable seizure patterns. However, it may not necessarily be a problem for people who only have sleep seizures.

Similarly it is important to take into account the particular nature of the environment an employee works in. There may be a considerable difference between working in an industrial quarry, to working in an office which may essentially be similar to a home environment.

As well as making sure every risk assessment is tailored to a person’s specific circumstances, it is essential that the assessment is based on fact. It should reflect the reality of the person’s epilepsy and not make assumptions about their condition.

Specific Concerns

Medication and Side Effects

Many people with epilepsy are treated by either a single drug or by a combination of drugs. Some of these drugs can have particular side effects which can be hard to separate from the effects of the epilepsy itself, such as fatigue. There is a wide variation in how people may experience side effects, such as lack of concentration or drowsiness. This is important to take into account when conducting individual risk assessments.

Everyone can benefit from good communication between health professionals and those that are involved in the assessment. This allows clinicians to have a better understanding of how the person’s epilepsy and their work environment interact. They are then able to take into account when planning treatment.
Shift Work

Lack of sleep and disrupted sleep patterns can make seizures occur more frequently in some people with epilepsy. We do know that many people with epilepsy cope well with no additional problems when working on a rotating shift pattern. Working night shifts can be a factor in triggering seizures in people with epilepsy for whom fatigue is a seizure trigger. This is because of the significant effect on sleep patterns. It is difficult to predict how susceptible any individual might be if introduced to this type of shift pattern.

Working with Visual Display Equipment

For the vast majority of people with epilepsy using a PC should pose no additional risk of bringing on seizures. A small proportion of people with epilepsy (about 4%) have photosensitive epilepsy. This means that certain visual stimuli, such as flickering lights and repetitive patterns such as those in computer games can trigger seizures.

Older style screens on computers and televisions can carry a higher risk as they refresh the picture and flicker as they do so. Liquid Crystal Display (LCD) screens do not flash and flicker so removes the trigger for people with this type of epilepsy. Flashing and flickering content cannot be controlled by the type of screen.

Working around Hazards

Specific concerns about people working in situations where seizure activity could have a serious impact on the individual and/or work colleagues exist. Machinery must be adequately guarded in order to comply with safety regulations. This should prevent injury should a seizure happen in the vicinity.

It is good practice to seek expert advice where there is concern over situations as:

- Working at unprotected heights – e.g., climbing ladders or working on roofs,
- Working around unguarded machinery,
- Working near deep water, rivers, hot metal or furnaces,
- Working for prolonged periods in isolated positions, such as operating a crane at high level.

It is important that both management and individuals are aware of any advised restrictions. It is also important to review the situation as a person’s epilepsy may change – become seizure-free for a prolonged period or if seizure patterns change.

What to do with the outcome of a Risk Assessment?

A careful risk assessment will help develop a plan to manage any health and safety risks associated with an employee to an acceptable level. It will allow reasonable precautions to protect both individual and co-workers. It may also identify one or more reasonable adjustments which can be made to enable a person to work safely and to the best of their ability.

Once a risk assessment is completed it is important to put in place any recommendations to manage risk. Employers should make sure the assessment is reviewed at regular intervals and updated if the situation has changed. A person’s epilepsy may change over time.
Human Rights Act 1993

The Human Rights Act (HRA) provides protection against many, but not all, types of discrimination.

As stated earlier, the areas of discrimination are quite specific and are:

(a) sex:
(b) marital status:
(c) religious belief:
(d) ethical belief:
(e) colour:
(f) race:
(g) ethnic or national origins:
(h) disability:
(i) age:
(j) political opinion:
(k) employment status:
(l) family status:
(m) sexual orientation.

An employee may take a case under the Human Rights Act 1993 or under the Employment Relations Act 2000 but not under both.

The HRA makes it unlawful for an employer to discriminate against their employee because of their disability. It also places obligations on employers to make reasonable adjustments to the working environment or practices to accommodate the needs of disabled people. As well as adding to a culture of anti-discrimination, the HRA creates a complaint based mechanism, where people who believe they have been unfairly treated may seek remedies including compensation and reinstatement.

Defining disability

The HRA offers protection against discrimination for people with disability. It is important to remember that not all people with epilepsy will consider themselves as disabled or affected by a disability. In fact the language of ‘disability’ can often encourage stereotyped and misinformed attitudes towards people with epilepsy and other conditions. A reluctance to be identified as disabled can mean that many people with epilepsy may not feel they are protected by, or can rely on anti-discrimination laws.

The HRA has the following broad definition for disability to give important protections to many people who may not consider themselves disabled.

Human Rights Act 1993
disability, which means—

(i) physical disability or impairment:
(ii) physical illness:
(iii) psychiatric illness:
Past cases overseas have accepted that almost all forms of epilepsy are likely to be considered a disability.

Defining discrimination

The HRA makes it unlawful for an employer to discriminate against a person because of their disability in relation to offers of employment, less favourable terms and conditions in the workplace, opportunities for promotion and dismissal; or to require a retirement or resignation because of the disability...

There are limits to what kind of adjustments an employer is required to make. First they must be reasonable. They must fit with the nature of the work, the resources of the employer and the requirements of the other workers. Also an employer is only required to make reasonable adjustments when provision of facilities or services need to be provided in a special manner and it is reasonable, or not onerous, to make those provisions.

When thinking about whether an act amounts to discrimination, it is important to think about the genuine requirements of the job. It will not be discrimination if an employer prevents a person performing certain work if their disability means that they cannot perform a certain task, but it also includes being able to work in a way that does not pose any health and safety risks for other workers.

For example, if a person was prohibited from driving because of their epilepsy, it would not be discriminatory to prevent them from working as a courier or taxi driver. However, for jobs where driving is a small component, employers should think very are fully about whether the ability to drive is a genuine requirement or whether alternatives such as taxis or public transport can be used effectively.
New Zealand Case Law Examples

**Somerville v FR8 Base Ltd Feb 2014**

A Christchurch freight company employee fired over her epilepsy has been awarded more than $12,000.

Kelly Somerville had been employed as an administrator by FR8 Base Ltd, a freight forwarding company, from November 4, 2013.

She claimed before the Employment Relations Authority (ERA) that she was unjustifiably dismissed after a meeting on February 4 last year.

The company's then-director Laurence Griffith -- who later rebranded and sold the company as LDK Investments Ltd -- denied Ms Somerville was unjustifiably dismissed.

He said her epilepsy, and what she had told the company about her epilepsy when she was interviewed, justified her dismissal.

Mr Griffith also said Ms Somerville did not perform her role as well as the company expected and required.

Ms Somerville told the ERA she was not paid the two weeks' notice period she was entitled to under her individual employment agreement and also claimed she was owed lost wages and compensation.

Mr Griffin told the authority that Ms Somerville was not honest in her reply when she was asked at her interview how her epilepsy would affect her work.

He said Ms Somerville told him her seizures were usually at night and very seldom during the day. However, he claimed she had two seizures at work during the day, one in the first month and one on February 3 last year.

Mr Griffin further submitted that Ms Somerville was not up to speed on the tasks required of her after the first three months, and said he had health and safety concerns for her.

The submissions were not accepted by ERA member Christine Hickey, who found that Ms Somerville's dismissal was unjustified.

"I do not accept that Ms Somerville lied or misled LDK when she was asked at her interview how much her epilepsy could affect her work.

"Ms Somerville is simply unable to predict when her seizures might occur despite being on the appropriate type and amount of medication.

"It remains the case that the seizures are unpredictable even though Ms Somerville told Mr Griffin that she is more likely to have a seizure if she is hormonal."

Ms Somerville did not misrepresent the state of her health to the company, Ms Hickey said.

"She expressed her opinion based on her previous employment experience that her epilepsy should not interfere with her work."

Although the business was small, it was not so small that it could not have carried out an investigation into the allegations it put to Ms Somerville that her work was sub-standard and likely caused by her inadequately controlled epilepsy, Ms Hickey said.

Furthermore, there was no objective way of knowing what, if any mistakes were made by Ms Somerville in the accounts system and which were made by the other user of the system -- Mr Griffin's daughter -- as they both used the same log-in.

The way the company acted in dismissing Ms Somerville was not what a fair and reasonable employer would have done, Ms Hickey said.
She ordered the company to pay Ms Somerville $11,000 compensation for humiliation, loss of dignity and injury to her feelings, and $1350 for lost and unpaid wages and holiday pay.

Ms Somerville and Mr Griffith both declined to comment on the authority's findings to NZME. News Service.
Seizure First Aid

_Tonic-clonic seizures_

A convulsive or tonic-clonic seizure starts when someone loses consciousness, stiffens unexpectedly, falls to the ground and starts jerking.

- **Time the seizure**
- **Protect from injury** – remove any hard objects from the area
- **Protect the head** – place something soft under their head and loosen any tight clothing
- **Gently roll the person on their side** as soon as possible and lift their chin upwards to maintain an open airway to assist with breathing. A person cannot ‘swallow their tongue’ but the tongue can move back blooding the airway.
- **Stay with the person** until the seizure ends and calmly talk to the person until they regain consciousness, usually within a few minutes.
- **Reassure the person** that they are safe and that you will stay with them while they recover.

Do not restrain the person’s movements.

Do not force anything into the mouth

Do not give the person water, pills or food until they are fully alert.

After the seizure the person should be placed on their side. Keep in mind there is a small risk of post-seizure vomiting before the person is fully alert. Therefore the person’s head should be turned so that any vomit will drain out of the mouth without being inhaled. Stay with the person until he/she recovers (five to 20 minutes) or until someone else assumes responsibility for their care.

In the event of a seizure follow instructions in the individual’s seizure or epilepsy management plan. However, if you do not know the person, or there is no plan...
Call an ambulance – 111 – if:

- The seizure activity lasts **five or more minutes** or a second seizure quickly follows.
- The person remains non-responsive for more than **five minutes** after the seizure stops.
- The person is having a greater number of seizures than is usual for them.
- The person is injured or has swallowed water.
- The person is pregnant.
- You know, or believe it to be, the person’s first seizure.
- You feel uncomfortable dealing with the seizure.

**Focal Aware seizures with altered awareness**

With this type of seizure the person may appear unresponsive and confused. Automatic movements such as lip smacking, wandering, or fumbling hand movements may be present. A focal dyscognitive seizure can be mistaken for drug/alcohol-affected behaviour or mental health disturbance. During a focal dyscognitive seizure you may need to gently guide the person past obstacles and away from dangerous places. As the seizure finishes, establish supportive communication. Call an ambulance if the person doesn’t start to recover after **five minutes**.

**Generalised Absence seizures**

An absence seizure causes loss of awareness and responsiveness for a brief period. The person stares vacantly; the eyes may drift upwards and flicker. It may be mistaken for daydreaming. Recognise that a seizure has occurred, reassure the person and repeat any information that may have been missed.

**Generalised tonic clonic seizures**

- Seek medical attention if the person is injured.

**First aid for seizures occurring in water**

In certain situations, a loss of consciousness is especially dangerous and emergency care must go beyond the routine procedures. A seizure in water is a life-threatening situation.

- If someone is having a seizure in water e.g. bath, swimming pool:
- Support the person in the water with the head tilted so the face and head stay above the surface.
- Remove the person from the water as soon as the active movements of the seizure have ceased.
- Check to see whether the person is breathing. If not, begin CPR immediately.
- Call an ambulance – 111
- Even if the person appears to be fully recovered, call an ambulance. The person should have a full medical check-up as inhaling water can cause lung or heart damage.
Wheelchair first aid

If someone has a seizure while confined in a wheelchair, seated on a bus, train or tram or strapped in a pram or stroller:

- **Time the seizure.**
- **Protect the person** – by preventing them from falling if there is no seat belt.
- Ensure the brakes are secure on the wheelchair.
- **Protect the head** – position the head to maintain an open airway, place something soft under their head and loosen any tight clothing.
- Check whether you need to move any hard objects that might hurt arms and legs in particular.
- Sometimes they may need to be taken out of the chair at the end of the seizure e.g. if the airway is blocked or if they want to sleep.
- **Stay with the person** until the seizure ends. Calmly talk to the person until they regain consciousness, usually within a few minutes.
- **Reassure the person** that they are safe and that you will stay with them while they recover.

**Caution:** If there is food, water or vomit in their mouth remove the person from their seat and roll them on their side immediately. If it is not physically possible to move them, continue to support the person’s head to ensure that it does not tilt backward and remove the contents of the mouth when the seizure is over.

**Call an ambulance – 111 – if:**

- The seizure activity lasts **five or more minutes** or a second seizure quickly follows.
- The person remains non-responsive for more than **five minutes** after the seizure stops.
- The person is having a greater number of seizures than is usual for them.
- The person is injured or has swallowed water, ingested food or vomit.
- You know, or believe it to be, the person’s first seizure.
- You feel uncomfortable dealing with the seizure.
## Further Information

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<tr>
<th><strong>Epilepsy Association of New Zealand</strong></th>
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<tr>
<td>6 Vialou St., PO Box 1074, Hamilton 3240</td>
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<tr>
<td>Phone - 07 834 3556</td>
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<td>Local Educator: 0800 Epilepsy (374 537)</td>
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<td>Email: <a href="mailto:national@epilepsy.org.nz">national@epilepsy.org.nz</a></td>
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<tr>
<td>37 Cashmere Place, Flagstaff,</td>
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<td>PO Box 21281, Rototuna, Hamilton</td>
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<td>Phone - 07 854-3384</td>
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<td>E-mail: <a href="mailto:glenys@aboutbestpractice.co.nz">glenys@aboutbestpractice.co.nz</a></td>
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<td>Phone: 04 913 6422</td>
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<tr>
<td><a href="http://www.workbridgeincorporated.virtuozzo.co.nz">www.workbridgeincorporated.virtuozzo.co.nz</a></td>
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<th><strong>Worksafe New Zealand</strong></th>
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<tr>
<td>National Office, Level 6, 86 Customhouse Quay, P O Box 165, Wellington 6140</td>
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<td>Phone – 04 8977699</td>
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<th><strong>The Human Rights Commission</strong></th>
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<td>0800 496 877 (toll free)</td>
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<tr>
<td>PO Box 6751, Wellesley Street, Auckland 1141</td>
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<td>Email: <a href="mailto:infoline@hrc.co.nz">infoline@hrc.co.nz</a></td>
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<td>C/- Disability Persons Assembly (NZ) Incorp.</td>
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<tr>
<td>PO Box 27524, Wellington 6141</td>
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<td><a href="http://www.dpa.org.nz">www.dpa.org.nz</a></td>
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Epilepsy Association of New Zealand
PO Box 1074, Hamilton 3240
Epilepsy New Zealand
Best Practice Certificate Application Request

Are you a supportive employer?
Epilepsy New Zealand is the leading charity which tackles discrimination and stigma facing many people with epilepsy throughout New Zealand. We offer every kiwi employer a Best Practice Certificate for aligning best practice policy if an employee develops or has epilepsy. Our certificate acknowledges organisations which follow current employment relations and disability employment legislation.

Even if no employee has epilepsy at the moment, you can still apply for a Best Practice Certificate. It shows your organisation has policies and procedures in place for recruiting and supporting someone with this common neurological condition.

One person in 100 within New Zealand lives with epilepsy and six people per day are diagnosed with epilepsy. By displaying this certificate, your organisation raises awareness and shows it is ready to help people with this common condition.

How to apply
Both employees and employers can nominate their organisation for a Best Practice Certificate. Please read through the legal requirements checklist below. If your organisation can meet all the criteria stated in this checklist, Epilepsy New Zealand will send a Best Practice Certificate. The certificate can be renewed yearly.

Please also complete our recommended practice checklist. If you can tick all these boxes, you meet our gold standard for epilepsy-friendly practices in the workplace.

Ask one representative from your organisation to complete the certificate registration form. The representative can be the Chair, Chief Executive, Director, Human Resources Manager or Company Secretary.

Epilepsy – Legal requirements checklist (please tick)
This confirms the organisation is implementing the legal requirements checklist.

- We follow practices which are in line with Employment Relations Act legislation
- We do not discriminate unlawfully against anyone with an impairment, including epilepsy
- We do not discriminate unlawfully against epilepsy when advertising a vacancy
- We make arrangements for and conduct job interviews with people who have epilepsy
- We don’t ask questions about people’s health or disability until we offer them a job. We make job offers to the best candidate, including those with epilepsy
- We make reasonable adjustments to the work environment for employees with epilepsy
- We provide training and career development opportunities for employees with epilepsy
- Employees with epilepsy are treated equally when seeking promotion
- Employees with epilepsy are treated equally within the workforce
- We will deal sensitively with an employee having frequent seizures and try to offer other work that does not breach health and safety regulations or employers’ insurance policies

Epilepsy – Recommended as Best Practice Guide
- We assess whether a driving licence is essential whenever we advertise a vacant post
- We have policies in place to deal with prejudice or discrimination in the workplace
- We provide epilepsy awareness training for our employees
## Application Request: Epilepsy Best Practice Certificate

**Nominations can be made by either employees or employers.**

Send this registration form to us if your organisation follows the legal requirements checklist. We will post out an Epilepsy Best Practice Certificate that is valid for 12 months.

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We, the nominated organisation meet the legal requirements checklist for epilepsy and on this basis, we merit a Best Practice Certificate. Confirmed by **either** the Chair, Chief Executive, Director, Human Resources Manager or Company Secretary.

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Would you like Epilepsy New Zealand to contact you to schedule epilepsy understanding education at your workplace?  

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How did you hear about the Epilepsy Best Practice Certificate?  

- Twitter  
- Press  
- Facebook  
- Epilepsy New Zealand

Please return this Best Practice Certificate application request to:

**Epilepsy New Zealand**

6 Vialou St., PO Box 1074, HAMILTON 3240  
Tel: 07 834 3556  
Email: National@epilepsy.org.nz

NZ Charity Registration: CC10611
Contact Epilepsy Association of New Zealand

To become a member, make a donation or to receive training about epilepsy contact Epilepsy Association of New Zealand

Epilepsy Association of New Zealand
6 Vialou St., PO Box 1074, Hamilton 3240
Ph: 07 834 3556
Local Educator: 0800 Epilepsy (374 537)
Email: national@epilepsy.org.nz

Or visit our website

www.epilepsy.org.nz

Your Support

We hope that you find this booklet helpful. As a charity we rely on donations to provide our advice and information. If you would like to make a donation, here are some ways you can do this.

- Visit www.epilepsy.org.nz
- Send a cheque payable to Epilepsy Association of New Zealand
- You can become a member of Epilepsy Association for less than $1 a month. To find out more, visit www.epilepsy.org.nz or call 07 834 3556.