



Epilepsy Policy

**(Part of Supporting Pupils at school with Medical Conditions
& the Administration of Medicines 2013 Guidance)**

Non Statutory Policy

Review: Every Two Years

Next Review Date: December 2025

Role	Name
Headteacher	Caroline Rodgers
Chair of Governors	Linda Mosley
Designated Governor	
Designated Senior Lead	Caroline Rodgers – Headteacher

This policy has been written in line with information provided by Epilepsy Action, DCSF, the LA, the school health service, and agreed by the governing body and staff.

Brockley Primary School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

Brockley Primary School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy in place that is understood by all school staff, including supply staff. This policy ensures that all relevant staff receive training about epilepsy if necessary, about administering emergency medicines. All new staff and regular supply staff will also training.

What is Epilepsy

Epilepsy is one of the most common neurological conditions which affects the brain. It can affect people of all ages and from all backgrounds, in the UK there are around 600,000 people living with epilepsy, 51,500 of these are children aged 16 years and under. If a child is diagnosed with epilepsy it means that they had had at least one epileptic seizure and are at risk of having more in the future.

What To Do When A Child With Epilepsy Joins Our School

When a child with epilepsy joins our school, or a current pupil is diagnosed with the condition the Head teacher arranges a meeting with parents (and pupil, if appropriate) to establish how the epilepsy may affect their school life. This should include the implications of learning, playing and social development, and out of school activities. They will also discuss any special arrangements that the pupil may require. With the parents' and pupil's permission, epilepsy will be addressed as a whole school issue through Assemblies and circle time activities. Children in the same class will be introduced to epilepsy in a way that they will understand, possible through the use of story books or simple factual books. This will ensure that the child's peers are not frightened if the child has a seizure in class.

Record Keeping

The school nurse and staff will draw up an individual health care plan for the pupil which is signed by the nurse, parents and school. There may be a section where the staff agree to administer medicines if appropriate. The form will be kept in the pupils file and updated as necessary.

In addition the class teacher will place a photo and brief details of the child's condition, in the classroom, and what to do in an emergency for the benefit of supply staff.

Each class and the MDS staff will also be given a brief action plan to follow in case of a fit (Appendix A).

Medicines

Epilepsy is normally treated with anti-epileptic drugs (AED's), of which there are many. Anti-epileptic drugs will not cure a person from epilepsy but try to stop future seizures from occurring.

The individual healthcare plan will identify any medicines or first aid issues of which staff need to be aware. It will state whether the pupil requires emergency medicine and whether the medicine is rectal diazepam or buccal midazolam. It will also contain names of our trained to administer the medicine. If the pupil requires emergency medicine then the plan will also contain details of the correct storage procedures in line with the DfE Supporting Pupils with Medical Conditions Guidance and Administration of Medicines Policy.

First Aid

First Aid for the pupil's seizure type will be included in their healthcare plan and all staff will receive basic training on administering first aid. Any staff member supporting a pupil with epilepsy will require the appropriate training, staff need to be familiar with the signs and symptoms of different types of seizures and be confident in carry out the necessary first aid. If emergency medication is required, school should have named staff members who have received the appropriate training to administer medication if required.

The procedure for giving basic first aid for tonic clonic seizures will be displayed prominently in all classrooms and the dining hall (See Appendix A).

Learning And Behaviour

Brockley primary School recognises that children with epilepsy can have special educational needs because of their condition. If this is the case, the procedures for helping children with special needs will be put in place (See Special Needs Policy).

School Environment

Brockley Primary School recognises the importance of having a school environment that supports the needs of children with epilepsy. Any child suffering from epilepsy will be able to rest in a quiet place if necessary away from other children.

The above policy applies equally within the school and at any outdoor activities organised by the school, including school visits. Safety will be maintained by completing risk assessments to identify any reasonable adjustments or simple safety measures which may be required to keep the person safe. Any concerns held by the pupil or parent, or member of staff will be addressed at a meeting prior to the activity or visit.

Treatment of Prolonged Seizures

Introduction

Epilepsy is a tendency to have recurrent and unprovoked seizures. Most generalized convulsive seizures last for 2-3 minutes after which the child normally sleeps for a few hours. Status epilepticus develops when a seizure does not stop or one seizure happens after another without recovery in between. It is a rare occurrence, but it is a medical emergency due to abnormal breathing, stress on the heart and lack of oxygen leading to brain injury. Staff and carers are asked to give emergency medication to prevent this happening and to stop the seizure as soon as possible.

Types of Treatment

Regular anti-epileptic medication to help prevent seizures – it is usually taken twice, very occasionally three times, a day: Sodium Valproate, Carbamazepine. Emergency Treatment (Rescue medication): rectal Diazepam and Buccal Midazolam.

Additional Requirements

There are additional requirements for children who make be at risk of prolonged seizures.

Individual Treatment Plan

For each child who is likely to have prolonged seizures there must be an individual treatment plan signed by the most appropriate clinician i.e. epilepsy specialist nurse, paediatrician. This plan must state:

- what type of seizure to treat with emergency medication;
- what medication to give;
- the dose;
- at what point a paramedic ambulance should be called for;
- any other special instructions.

Administration of Medicines

All staff/carers administering the emergency medication should have received training and have been assessed as competent to do so. This training is available through the Derbyshire Children's Community Nursing Training Team.

- Staff and carers will sign a form to confirm they have been trained in the use of Buccal Midazolam or rectal Diazepam.
- After the initial full training this training should be updated annually.
- It is the school's responsibility to contact the trainer to provide refresher teaching.

Appendix A

Action Plan in case of Epileptic Fit (Grand Mal)

a) In a classroom or inside school

1. Clear a space around the child so that they do not hit themselves on anything.
2. Put something soft under their head.
3. **NEVER TRY TO PUT ANYTHING INTO THEIR MOUTH.**
4. Start to time the fit.
5. ***Get all the other children out of the classroom/ area immediately.***
6. Call for help to the office/ teaching assistants.
7. If the fit lasts for more than 5 minutes, get someone to dial (9) 999 and state that a child is having a tonic, clonic seizure.
8. Ask someone to phone the child's parents/carers to inform them and ask them to come into school.
9. When the fit is finished, stay with the child and reassure them.
10. Do not give them any food or drink until they have fully recovered.
11. Roll them into the recovery position if possible.

b) In The Playground

1. Clear a space around the child so that they do not hit themselves on anything.
 2. Put something soft under their head.
 3. **NEVER TRY TO PUT ANYTHING INTO THEIR MOUTH.**
 4. Start to time the fit.
 5. ***Send the other children into the classrooms and send someone for help.***
 6. Call for help to the office/ teaching assistants.
 7. If the fit lasts for more than 5 minutes, get someone to dial (9) 999 and state that a child is having a tonic, clonic seizure.
 8. Ask someone to phone the child's parents/carers to inform them and ask them to come into school.
 9. When the fit is finished, stay with the child and reassure them.
 10. Do not give them any food or drink until they have fully recovered.
- Roll them into the recovery position if possible

Petit Mal

This is a non-convulsive seizure. It is important to look out for spells of daydreaming or fluttering eyelids.

These periods of lost consciousness may be frequent and can lead to learning difficulties. A child is totally unaware of having any lapse.

It is not necessary to send a child home, but contact the parents/carers to inform them of the situation.