



# RED HALL PRIMARY SCHOOL

## Epilepsy Policy

Document History	
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<b>By:</b>	DH and MD
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## Rationale

There is no legal or contractual duty on teachers, administrative staff or support staff to administer medication or supervise a pupil taking medication. It is a purely voluntary role.

At Red Hall Primary we take seriously our duty of care and consent to administer medication, subject to the conditions set out in this policy. This policy sets out general guidance but each case will be dealt with on its own merits.

This document is a statement of the aims, principles and strategies used for supporting pupils with epilepsy within our school. The policy aims to take into account diversity and provide equality of opportunity. This policy is supported by the health and safety and pupils with medical needs policies.

This policy applies to all pupils in school which includes our two year old provision and nursery.

## Definition

Epilepsy is a disorder or condition, not a disease and people with Epilepsy have recurrent seizures, not all people with epilepsy experience major seizures (commonly known as fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (e.g. plucking at clothes, smacking their lips or repetitive movements) experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be **partial** (where consciousness is not necessarily lost, but may be affected), or **generalised** (where consciousness is lost) such as **tonic clonic seizures** where the boy will stiffen, fall and start to convulse and **absence seizures** which are short periods of staring, or blanking out and are non-convulsive generalised seizures.

Speed of information processing – memory recall – vigilance – alertness – sustained and focused attention – motor fluency – language fluency – progressive tasks, e.g. numerical aspects of maths – interpersonal skill development and human interaction.

## Aims

The school:

- Welcomes all pupils with epilepsy
- Ensures that pupils with epilepsy can and do participate fully in all aspects of school life, including art lessons, PE, Science, visits, outings and other out of school activities
- Recognises that pupils with epilepsy need immediate access to medication all times
- Keeps records of all pupils with epilepsy and medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment is favourable to pupils with epilepsy
- Ensures that all pupils understand epilepsy
- Ensures that all staff who come into contact with pupils with epilepsy know what to do in an attack
- Will work in partnership with all interested parties to ensure that the policy is planned, implemented and maintained successfully.

## **Epilepsy Medicines**

The symptoms of most children with epilepsy are well controlled by medication and seizures are unlikely during the school day. Certain triggers can sometimes affect a child's susceptibility, such as forgotten or incorrect medication, fever, lack of sleep, stress and excitement, boredom, alcohol and drugs, hormones, startle response or photo sensitivity.

## **Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including epilepsy. Parents of children with any medical condition are asked to come and meet with the medical team to complete a Care Plan for their child.

A Care Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

- Information about the diagnosis, including the type of epilepsy the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to seizures while the student is under the care of supervision of school staff, for in-school and out of school settings, including excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the child's medication will be stored.
- The child's emergency contact details.
- An emergency procedures plan to be taken in the event of seizure, which has been agreed with the parent.
- Include an up to date photograph of the child.

The Care Plan will be reviewed, in consultation with the child's parent/carers:

- Annually, and as applicable,
- If the child's condition changes
- Immediately after a child has a seizure at school.

It is the responsibility of the parents to:

- Provide the school with up to date medical information, including any change to condition/medication.
- Provide the school with up to date contact telephone numbers
- Inform the school if a seizure takes place out of school.

## **Exercise and Activity**

Taking part in sports, games and activities is as essential part of school life for all our pupils. All teachers know which children in their class have epilepsy. Pupils with epilepsy are encouraged to participate fully in PE lessons. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or gymnastics. Off-site activities may need additional planning.

## **Out of Hours Sport**

All pupils at Red Hall Primary are encouraged to participate in after school clubs. Teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with epilepsy when exercising. Children and staff follow the same procedures as outlined in the previous section.

## Special Educational Needs

As a school we recognise that it is possible for pupils with epilepsy to have special educational needs due to their epilepsy. If a pupil is missing a lot of time at school or is always tired because their epilepsy is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to support the child. If appropriate, the teacher will then talk to the school nurse and Inclusion Manager about the pupil's needs.

## Procedure with dealing with a seizure

### Convulsive Seizures

During the seizure:

- Prevent others from crowding around
- Put something soft under the pupil's head (like a jacket or cardigan) to prevent injury. Only move them if they are in a dangerous place i.e at the top of a flight of stairs or in the road.
- Send for another adult
- Do not attempt to restrain the convulsive movements
- Do not put anything in the pupil's mouth.

Once the convulsions have stopped:

- Roll the pupil on to their side into the recovery position.
- Wipe away any excess saliva and if breathing is still laboured check that nothing is blocking the throat.
- Do all you can minimise any embarrassment. If the pupil has been incontinent deal with this as quickly as possible.
- Stay with the person giving reassurance until they have fully recovered.
- Record information about the seizure.

### Non Convulsive Seizures

- Gently guide them away from obvious dangers.
- Keep others from crowding around
- Speak gently and calmly to the person to help reorientation to surroundings as quickly as possible.
- Stay with the person until they are able to resume their activities.
- Record information about seizures.
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### Emergency situation

Call the ambulance urgently if:

- They have injured themselves badly in a seizure.
  - The child is distressed or unable to talk.
  - The child has trouble breathing.
  - One seizure immediately follows another or the seizure lasts more than 5 minutes and you don't know how long they normally last.
- You have any doubts at all about the child's condition.