

Elloughton Primary School  
Epilepsy Policy  
Summer 2015

## Introduction

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

Elloughton 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 developed in conjunction with the local authority and understood by all school staff.

## What to do when a child with epilepsy joins Elloughton Primary

When a child with epilepsy joins Elloughton Primary School, or a current pupil is diagnosed with the condition, a meeting will be arranged with the pupil and the parents to establish how the pupil's epilepsy may affect their school life. During the initial meeting **Parental Questionnaire for students with Epilepsy** will be completed. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require e.g. teaching of ICT. With the pupil's and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure that children are not frightened if the child has a seizure in class.

The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or school may have, such as whether the pupil requires emergency medicine.

## Individual Health Care Plan

An **Individual Health Care Plan** will be completed; this will record details of the child's epilepsy and learning and health needs.

The care plan will include issues such as administering medicine and any staff training needs. The plan will be signed by both the head of the school and the parents. This documentation will be stored and reviewed on a termly basis unless changes occur sooner.

Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements.

## Medication

The Health Care Plan will identify any medicines or first aid issues of which staff need to be aware of. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam (side of mouth /gum). No medicines can be administered unless staff are trained and the parents have signed

### **Parental Agreement for School to administer Medicine**

Staff will be trained in the administration of these medicines. Names and location of all staff trained will be available. Emergency medicine will be stored in the medicine cabinet located in the school office in line with the DfES guidance found in *Managing Medicines in Schools and Early Year Settings*<sup>1</sup>.

## First Aid

First aid for the pupil's seizure type will be included on their Care plan and all staff will receive basic training on epilepsy and administering medicine. This will be run by the specialist epilepsy nurse.

The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

### **First Aid for Tonic Seizures**

Stay calm.

- If the child is convulsing then put something soft under their head.
- Protect the child from injury (remove harmful objects from nearby).
- **NEVER** try and put anything in their mouth or between their teeth.
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- If possible record the seizure.
- When the child finishes their seizure stay with them and reassure them.
- Do not try and move the child unless they are in danger.
- Do not try and restrain the child.
- Do not give them food or drink until they have fully recovered from the seizure.
- Aid breathing by gently placing the child in the recovery position once the seizure has finished.
- Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedure for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action.

## Learning and Behaviour

Elloughton Primary School recognises that children with epilepsy can have special educational needs because of their condition (*Special Educational Needs Code of Practice2*). Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's special educational needs co-ordinator (SENCO).

If necessary, an Individual Educational Plan will be created and if the SENCO thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

## School Environment

The school understands the importance of having a school environment that supports the needs of children with epilepsy. This policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential visits. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

## Parental questionnaire For students with epilepsy

**This questionnaire should be completed by the child's parents and head teacher and, wherever possible, the child**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Class/form

teacher: \_\_\_\_\_

What type of seizure/s does your child have? (if you know what they are called)

\_\_\_\_\_

—

How long do they last?

\_\_\_\_\_

\_\_\_\_\_

—

What first aid is appropriate?

\_\_\_\_\_

\_\_\_\_\_

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How long will your child need to rest following a seizure?

\_\_\_\_\_

\_\_\_\_\_

Are there any factors that you have noted might trigger a seizure?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any warning before a seizure occurs?

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What is the name of your child's medicine and how much is each dosage?

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How many times a day does your child take medicine?

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Are there any activities that you feel may require particular precautions?

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Does your child have any other medical conditions?

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Is there any other relevant information you feel the school should be aware of?

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## Parental Agreement – School or setting to administer medicine

**The school will not give your child medicine unless this form is completed and the school has a policy for staff to administer medicine.**

Name of school: \_\_\_\_\_

Date: \_\_\_\_\_ Class/form: \_\_\_\_\_

Child's name: \_\_\_\_\_

Medical condition or illness: \_\_\_\_\_

Name and strength of medicine: \_\_\_\_\_

Expiry date: \_\_\_\_\_ When to be given: \_\_\_\_\_

Dosage and method of administration: \_\_\_\_\_

Any side effects school needs to know about? \_\_\_\_\_

Procedure to take in an emergency: \_\_\_\_\_

Number of tablets/quantity to be given to school: \_\_\_\_\_

**NOTE: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone number of parent or adult contact: \_\_\_\_\_

Name and phone number of GP: \_\_\_\_\_

Agreed review date to be initiated by [name of member of staff]: \_\_\_\_\_

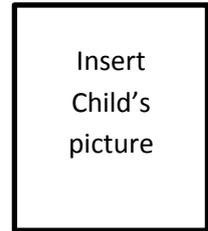
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print name:

\_\_\_\_\_

Date: \_\_\_\_\_

Elloughton Primary School  
Individual Healthcare Plan



Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Headteacher: \_\_\_\_\_

Parental contact no.: \_\_\_\_\_

Type of seizure/s experienced:

Symptoms

Usual procedure following seizure:

Prescribed anti-epileptic medication:

Where medication is stored:

Member of staff responsible for replenishment of medication:

Staff trained to give medication:

- i)
- ii)
- iii)

Member of staff responsible for Home/School liaison:

\_\_\_\_\_

Emergency procedure if seizure lasts for more than \_\_\_\_\_ minutes.

1. Member of staff to stay with \_\_\_\_\_ to ensure safety.
2. Quietly clear the classroom/area of students if you think this is necessary.
3. Trained member of staff (see above) to give rectal diazepam/buccal midazolam with witness of same sex present (if possible).
4. If needed, telephone 999, ask for Ambulance Service, give name of student, address and phone number of school.
5. Telephone parents.
6. Inform head teacher
7. Stay with \_\_\_\_\_ until ambulance arrives.
8. If parents have not arrived by this time a member of staff will accompany \_\_\_\_\_ to the hospital in the ambulance.
9. Fill in seizure record form for the student file and send copy to parents/GP.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Headteacher: \_\_\_\_\_

Parental contact no.: - \_\_\_\_\_

**Useful addresses and telephone numbers of professionals involved with:**

Service	Name	Address & Tel No.
Emergency contact		
Epilepsy		
consultant/specialist		
Family GP		
Epilepsy/paediatric/ community support nurse		
Other		

**Parental Consent Form**

I give consent for \_\_\_\_\_ to be given rectal diazepam or buccal midazolam by trained staff in the circumstances described in this document. I will undertake to inform the school of any changes in the nature of his/her seizures or medication.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_