



## **EPILEPTIC CHILDREN POLICY**

**This Policy includes the EYFS, Junior School and Senior School**

### **Links to other policies:**

First Aid Policy

### **Aims**

Moorland School recognises that epilepsy is a condition commonly affecting children and welcomes all children with epilepsy to the school.

Moorland School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events. Staff will consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.

### **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 Headteacher, Assistant Principal or class teacher should arrange a meeting with the parents (and pupil, if appropriate) to discuss and establish how the epilepsy may affect the child's school life. This should include the implications of learning, playing and social development and out of school activities. They should also discuss any special arrangements that the pupil may require.

Where appropriate, and with the parents' and pupil's permission, epilepsy will be addressed as a whole school issue through assemblies and circle times. Children in the same class will be introduced to epilepsy in a way that they will understand, possibly through the use of story books or simple factual books. This will ensure that the child's classmates are not frightened if the child has a seizure in class.

### **Record Keeping**

The parents in consultation with the school will prepare an individual health care plan (IHP) for the pupil which is signed by both parties.

In addition, there will be an information pack for supply teachers which will give brief details of the child's condition and what to do in an emergency.

All staff will be given a brief action plan to follow in case of a fit (see APPENDIX A).

## **Medicines**

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 what type of medicine. If the pupil requires emergency medicine, then the plan will also contain details of the correct storage procedures. Any changes to the pupil's Individual Education Plan will be shared with the appropriate members of staff.

The pupil's Individual Healthcare Plan will include the names and contact details of the staff trained to administer medication. There will be a trained member of staff available at all times to deliver emergency medication. Details of who that member of staff is and how to contact them will be kept with the pupil's Individual Healthcare Plan. We will ensure that enough staff are trained and available, so that even if the person who usually administers emergency medication is unexpectedly absent, there will still be a trained member of staff available to administer the emergency medication. A record of staff trained in administering emergency medication will be kept with the Individual Healthcare Plan. A medical room with a bed will be kept available, so that if needed, the pupil will be able to rest following a seizure, in a safe supervised place.

## **First Aid**

First Aid for the pupil's seizure type will be included on their IHP and all staff will receive basic training on administering first aid. The procedure for giving basic first aid for seizures will be displayed prominently.

## **Learning and Behaviour**

Moorland School recognises that children with epilepsy can have additional educational needs because of their condition. If this is the case, the procedures for helping children with additional needs will be put in place.

## **School Environment**

Moorland 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.

*Reviewed and updated by Deborah Frost (Assistant Principal), September 2020*

*Next Review Date: September 2021*

## **APPENDIX A – What to do if a Child has an Epileptic Seizure**

### **Tonic-Clonic seizures**

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

#### **Do...**

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished (see pictures)
- Stay with the person until recovery is complete
- Be calmly reassuring



#### **Don't...**

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

#### **Call for an ambulance if...**

- You know it is the person's first seizure, or
- The seizure continues for more than five minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

## **Focal (partial) seizures**

Sometimes the person may not be aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

### **Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

## **First aid for people who use a wheelchair**

If you use a wheelchair, or you have other mobility problems, speak to your GP or epilepsy specialist. They should give you a care plan, which includes advice on how people should help you if you have a seizure.

Here are some general first aid guidelines for people who have a seizure in a wheelchair.

### **Do...**

- Put the brakes on, to stop the chair from moving
- Allow the person to remain seated in the chair during the seizure (unless they have a care plan which says to move them). Moving the person could possibly lead to injuries for the person having the seizure and the carer
- If the person has a seatbelt or harness on, leave it fastened
- If the person doesn't have a seatbelt or harness, support them gently, so they don't fall out of the chair
- Cushion the person's head and support it gently. A head rest, cushion or rolled up coat can be helpful
- The person's care plan should give advice on what to do after the seizure has finished. For example, whether it is safe to move the person from the chair to put them in the recovery position.

### **Don't...**

- Restrain the person's movements
- Put anything in the person's mouth
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round