



Scarborough College

EPILEPSY POLICY

This is a whole College policy, including EYFS and the boarding community.

This policy has been written in line with information provided by The Epilepsy Society. Scarborough College recognises that Epilepsy is a common condition affecting children and welcomes all children with Epilepsy to the school. We aim to support children with Epilepsy in all aspects of school life and encourage them to achieve their full potential.

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. One in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents/guardians may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff is given adequate support.

There are two types of seizure which are described as either focal or generalised, and they happen in different parts of the brain.

Focal Seizures

In **focal seizures**, epileptic activity starts in one part of the person's brain. The structure of the brain is split into lobes, temporal lobes, frontal lobes, parietal lobes, occipital lobes. A focal seizure can act as a **warning** of a generalised seizure.

Signs and Symptoms

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

Generalised Seizures

In **generalised seizures**, you have epileptic activity in both hemispheres (halves) of your brain. **Tonic-clonic seizures, tonic seizures, atonic seizures, myoclonic seizures, absence seizures, status epilepticus.**

Most seizures are brief or last for a few minutes. However, sometimes a seizure can last for longer. If seizure activity lasts for 30 minutes or more, it is called Status Epilepticus.

Signs and Symptoms

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, identity jewellery, or refer to their IHCP
- Aid breathing by placing them in the recovery position once the seizure has finished
- 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
- If the tonic-clonic seizure follows on to another without the person regaining consciousness
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

What to do When a Child with Epilepsy Joins Scarborough College

When a child with epilepsy joins Scarborough College, or a current pupil is diagnosed with the condition, the School Nurse arranges a meeting with the pupil and parents/guardians to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development and out of school activities. The 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. They will also discuss any special arrangements the pupil may require, for example, extra time in exams.

With the pupil's and parents/guardians permission, epilepsy will be introduced to the children in the same class in a way that they will understand. This will ensure the pupil's classmates are not frightened if they have a seizure in class

Record Keeping

During the meeting the School Nurse will agree and complete a record of the pupil's epilepsy, learning and health needs. This information may include issues such as agreeing to administer medicines and any staff training needs. This information will be kept safe and confidentially in the pupil's electronic health record in the Health Centre and updated when necessary.

Staff will be notified of the pupil's condition and any changes. This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the students having absence seizures and missing part of the lesson.

Following the meeting, an individual healthcare plan (IHCP) will be drawn up by the School Nurse/epilepsy nurse. It will contain the information highlighted above and identify any medicines or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff.

The IHCP will be agreed by the pupil, parents/guardians, School Nurse and Health Professional if present and signed IHCPs are stored in the Medical Centre confidentially.

Medication

We will follow the manufacturer's guidelines for the correct storage procedures for any medicines required. Medication will be either carried by the pupil if Fraser competent or kept in the Health Centre in an emergency bag.

Training

Learning and Behaviour

We recognise that children with epilepsy can have special educational needs because of their condition (*Special Educational Needs Code of Practice*). 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) and School Nurse. 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

We recognise the importance of having a school environment that supports the needs of children with epilepsy. The Medical Centre is available and equipped with a bed in case a pupil needs supervised rest following a seizure. The above epilepsy 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 stays. Any concerns held by the pupils' parents/guardians or member of staff will be addressed at a meeting prior to the activity or stay taking place and a risk assessment completed as required.

Boarding Students

The policy equally applies to boarding students, in addition extra training will be provided for boarding staff to ensure they are competent in managing epilepsy and fully aware of emergency procedures. Epilepsy will be addressed with the boarding community to ensure safety of the pupil and a risk assessment carried out as necessary. The School Nurse and school doctor will ensure boarders with epilepsy have an IHCP completed and an annual review with their healthcare professional to discuss their epilepsy management and further reviews as required. Close contact will be kept with the health professionals involved, parents/guardians and the school.

Acknowledgements: Epilepsy Society

Policy Prepared by:

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Person Responsible for Updates	Date Last Reviewed	Next Review Due
Linda Pinkney	September 2023	July 2024



Scarborough College

EPILEPSY PROTOCOL

Seizure Types

There are two types of seizure which are described as either focal or generalised, and they happen in different parts of the brain.

Focal Seizure Signs and Symptoms

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

Generalised Seizures Signs and Symptoms

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.
- 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

Most seizures are brief or last for a few minutes. However, sometimes a seizure can last for longer. If seizure activity lasts for 30 minutes or more, it is called Status Epilepticus.

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