

St Ambrose Barlow RC High School



Epilepsy Policy

September 2024

Person Responsible: Gareth Jones
Ratified by Governors:
Date of planned Review: September 2026



LOVE

A place of love where **everyone is welcome and respected.**

A family of faith where **everybody matters;** where we are **unique together;** where we plant the seed that will one day **flourish.**

A **community with Christ** at the centre where the dignity of each person is celebrated so that they can **embrace excellence.**

I AM RESPECTFUL
I AM KIND
I AM INSPIRING



LEARN

A place to learn that is **alive with inspiring experiences** and a curriculum rich in knowledge and wisdom.

A family of faith where together we **seek truth, celebrate endeavour and achievement.**

A community that **values curiosity and nurtures learning** into action in the service of others.

I AM READY
I AM CURIOUS
I AM BRILLIANT



LEAD

A place to lead where young people grow to become men and women for others, **creative and courageous, ambitious** for the higher gifts.

A family of faith where we serve with **integrity, hope and determination.**

A community that values justice for the most vulnerable so that all may have **life to the full.**

I AM CREATIVE
I AM BRAVE
I AM A PROBLEM SOLVER

THE MOST COMMON TYPES OF SEIZURE SCHOOL STAFF WILL ENCOUNTER INCLUDE:

Tonic-clonic

Children who experience tonic-clonic seizures (formerly known as grand-mal seizures) lose consciousness. Their body goes stiff and their limbs jerk. When the seizure finishes the child regains consciousness. The child will be confused at first and it is important to stay with the child and reassure them. First aid advice for tonic-clonic seizures and an example of the policy in practice can be found below.

Absence

During an absence seizure (formerly petit-mal seizure) a child will momentarily lose consciousness. It will appear as if they are daydreaming or distracted. These seizures can happen frequently causing a child to 'tune in and tune out' of what is going on around them. This can be very confusing for the child or young person. Absence seizures are most common in children between the ages of six and 12 years old. As a result, children who have absence seizures risk missing out on vital learning. If a child is having absence seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

Complex partial

A child experiencing a complex partial seizure will only be partially conscious. They will not fall to the ground as in a tonic-clonic seizure but they will not be aware of or remember what happened during, and even in the moments before, the seizure. During the seizure the child may display repeated actions like swallowing, scratching or looking for something. This can be mistaken for bad behaviour so it is essential for staff to understand complex partial seizures.

Although there is no real first aid required for complex partial seizures, it is important not to restrain the child or young person unless they are in immediate danger. For example, if the child is walking towards a busy road, staff should try to guide them to safety. When the seizure ends the child is likely to be confused so it is vital to stay with them and reassure them.

Myoclonic

When a child has a myoclonic seizure, muscles in their arms or neck and even their whole-body jerk. The seizure can be a single movement or the jerking may continue for a period of time. Myoclonic seizures occur most frequently in the morning and teachers need to bear in mind that a child may be tired or lack concentration if they start school after experiencing myoclonic seizures. There is no first aid needed for myoclonic seizures unless an injury has occurred.

Atonic

Atonic seizures result in a child losing muscle tone. When this happens, the child falls to the ground. Although it can be disturbing to see, the child usually gets back up immediately and continues what they were doing. Children who have regular atonic seizures may need to wear protective headgear to avoid the risk of injury. There is no first aid required for atonic seizures unless the child is injured during the fall.

General seizure advice

Tonic-clonic seizures are the most widely recognised type of epileptic seizure. Children who have these seizures are generally well supported in school. It is important to note that most children require a short rest following a seizure and can usually return to lessons. There is not always the need to send children home or to hospital because they have had a seizure. In other seizure types, such as absence seizures, there are other issues. For example, symptoms may not be recognised by staff as being seizures. It is vital that staff understand and can recognise the less widely known seizure types listed, in order to provide students with appropriate support.

TRIGGERS

A trigger is anything that causes a seizure to occur. There are many different triggers, but some are more relevant to school settings. These include excitement anxiety or stress. It is important to consider the following factors as potential triggers throughout the child's or young person's school life:

- On a child's first day at school there may be excitement or anxiety; both of these emotions can trigger seizures.
- Around GCSE and A level time the student may experience stress, which can result in increased seizures.
- Lack of sleep may trigger seizures in some people with epilepsy. Students revising for exams or completing coursework need to be encouraged to maintain a regular sleep pattern.
- Contrary to popular belief only a small proportion of children with epilepsy have their seizures triggered by flickering light (known as photosensitive epilepsy). Less than 5% of all people with epilepsy are photosensitive.

It is important to note that some children with epilepsy may be entitled to extra time or support in exams because their epilepsy affects their ability to function at the same level as their classmates. If teachers think this may be the case, they should speak to the child's parents and if possible a health or psychology service professional. Schools need to apply to the relevant examining body in adequate time.

MEDICINES

The majority of children with epilepsy take medicine to control their seizures. This medicine is usually taken twice daily outside of school hours. This means it does not raise any issues about storage or legal responsibility of school staff administering medicines.

The only time medicine may be urgently required by the child with epilepsy is when their seizures fail to stop after the usual time or the child goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens an emergency sedative needs to be administered by a trained member of staff.

The sedative is often the drug diazepam which is administered rectally although many children needing emergency medicine are now being prescribed a drug called midazolam that is administered inside the cheek.

Specific parental consent should be sought in advance and checked on an annual basis that the consent is still valid.

Certain types of medicines taken for epilepsy can have an effect on a child's learning or behaviour. It is important staff are aware of this. If a teacher notices a change in the child's learning or behaviour then the issue should be raised with the parents.

EMERGENCY MEDICINES

If a child with epilepsy is likely to require emergency medicine to stop a seizure, it is vital that the parents notify the school. Although this is not a legal requirement for school staff to administer medicines, the school should ensure that a sufficient number of staff are trained to administer emergency medicines

What to do when a child with epilepsy joins St Ambrose Barlow

When a child with epilepsy joins St Ambrose Barlow or a current pupil is diagnosed with the condition, the Pupil Progress Co-ordinator/ Special Educational Needs Disabilities Co-ordinator (SENDCo) (or nominated representative) arranges a meeting with the pupil and parents 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. They will also discuss any special arrangements the pupil may require e.g.

extra time in exams. 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 or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will

understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The school nurse or an epilepsy nurse may also attend the meeting to talk through any concerns the family or Headteacher (or nominated representative) may have, such as whether the pupil requires emergency medicine. The following points in particular will be addressed:

Record Keeping

During the meeting the Headteacher (or nominated representative) will agree and complete a record of the pupil's epilepsy and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. This record will be agreed by the parents, and the health professional, if present, and signed by the parents and Headteacher (or nominated representative). Staff will be notified of any changes in the pupil's condition through regular staff briefings. This form will be kept safe and updated when necessary. This will make staff aware of any special requirements such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Following the meeting an Individual Healthcare Plan (IHP) will be drawn up. 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. If the pupil requires emergency medicine then the school's policy will also contain details of the correct storage procedures in line with the Department of Education (DfE) guidance.

First Aid

First aid for the pupil's seizure type will be included on the IHP and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms:

1. Stay calm
2. If the child is convulsing then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth
5. Try and time how long the seizure lasts, if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them
7. Do not give them food or drink until they have fully recovered from the seizure

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket round 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 specialist epilepsy nurse or Epilepsy Action.

Learning and Behaviour

St Ambrose Barlow recognises that children with epilepsy can have special educational needs because of their condition. Following the initial meeting, staff will be asked to ensure that 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 discussion should be held with the school's special educational needs co-ordinator (SENDCO) and school nurse. If necessary, an Individual Educational Plan will be created and if the SENDCO thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

School Environment

St Ambrose Barlow recognises the importance of having a school environment that supports the needs of children with epilepsy. A medical room is kept 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 pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

Useful contacts

Epilepsy Helpline – Freephone 0808 800 5050



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#IAMONBOARD