

## **EPILEPSY POLICY**

### **Policy Owner: Bursar**

**This is a whole School policy and applies to all member of Cophorne Preparatory School including EYFS.**

### **Aims**

- To ensure that all members of the Cophorne Prep Community are treated in an effective, timely manner.
- To ensure that all treatment given is properly administered and documented.
- To ensure compliance with information provided by Epilepsy Action and DfE Supporting Pupils at School with Medical Conditions – December 2015
- To ensure regular training sessions are held through inset/induction

### **Introduction**

Cophorne Prep recognises that Epilepsy is a common serious neurological condition affecting children and welcomes all children with epilepsy to the school. We will support children with epilepsy in all aspects of school life and encourage them to achieve their full potential.

This policy ensures that all relevant staff receives training about epilepsy and administering emergency medicines.

### **What to do when a child with epilepsy joins Cophorne Prep.**

When a child with epilepsy joins our school, or is a current pupil diagnosed with the condition, matron and the form teacher arranges a meeting with the pupil and the 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/trips. Special arrangements such as extra time during exams will also be discussed.

Pupils in the school are made aware of epilepsy through assemblies and PSHE lessons. This will be managed in an IHP – Individual Healthcare Plan.

## **Record Keeping**

Accurate records of the child's epilepsy, health and learning needs will be kept. Parents must provide information regarding changes to treatment and the records changed, staff informed accordingly.

## **Medication**

An individual healthcare plan will be drawn up and contain information regarding medication, symptoms, triggers, emergency procedures and contact details

Medications will be stored as per school medicine policy and in line with DFES guidance.

## **First Aid**

Staff are regularly trained/updated in first aid procedures.

First Aid for tonic–clonic seizure:

- Stay calm
- If the child is convulsing then put something soft under head, if possible
- protect the child from injury
- NEVER try and put anything in their mouth or between teeth
- Try and time how long the seizures lasts—if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance
- Do not try and move the child unless they are in danger
- Do not try and restrain the child
- When a child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from seizure
- Aid breathing by gently placing the child in the recovery position once the seizure has finished
- If incontinent during seizure cover with blanket after seizure is finished to avoid potential embarrassment.

## **b) In the playground**

1. Clear a space around the child so that they do not hit themselves on anything.
2. Put something soft under their head.
3. **NEVER TRY TO PUT ANYTHING INTO THE MOUTH.**
4. Start to time the seizure.
5. ***Send other children away from the area and ensure they are supervised. Send to office for help to find Matron.***
6. If the seizure lasts more than 5 minutes, get someone to dial (9)999 and state that a child is having a tonic, clonic seizure.
7. Ask someone to phone the child's parents to inform them and ask them to come to school.
8. When the seizure has finished, stay with the child and reassure them.
9. Do not give them any food or drink until they have fully recovered.
10. Roll them into the recovery position if possible.

## **Learning and Behaviour**

Cophorne Prep recognises that children with epilepsy can have special educational needs because of their condition (7.64-7.67 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 necessary an individual educational plan will be drawn up in the school SENCO. An assessment by an educational or neuropsychologist may be necessary to decide if further action required.

## **Education Action Plan**

Schools and teachers can go the extra MILE for young people with epilepsy by:

### **M**onitoring achievement and behaviour

- Keep careful and appropriate records of students with epilepsy
- Changes in behaviour or levels/rates of achievement can be due to epilepsy and should be recorded
- Tackle any problems early.

### **I**ncluding the child in activities and providing a 'buddy'

- Offer support in school with a mentoring or 'buddying' system to help broaden understanding of the condition,
- Avoid isolation and stigma - allow students to take a full part in all outings and activities,
- Make necessary adjustments e.g. exam timings, coursework deadlines, timetables.

### **L**iaising fully with parents and health professionals

- Let parents know what is going on in school - good information sharing is vital,
- Ask for information about a student's health care - it helps you to fully meet their needs.

### **E**nsuring staff are epilepsy aware and trained to deal with a seizure

- Know exactly what to do if a student has a seizure,
- Raise awareness across the whole school community - provide information to

students, parents and staff.

- Raise awareness about swimming/water sports/open water swimming – risk assessments to be completed.
- Risk Assessments to be completed for all activities.

CREATED: SPRING 2014

REVIEWED: SPRING 2016/SPRING 2018/SPRING 2020

AMENDED: SUMMER 2017

NEXT REVIEW: SPRING 2022



Parental contact no:

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

<b>Service</b>	<b>Name</b>	<b>Address and Tel Nos.</b>
Emergency Contact		
Epilepsy consultant/specialist		
Family GP		
Epilepsy/paediatric/community support nurse		
Other		

Information relevant to \_\_\_\_\_ in relation to their epilepsy.

This questionnaire should be completed by the child's parents and discussed with Matron.

Name: \_\_\_\_\_

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

Class 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? \_\_\_\_\_

\_\_\_\_\_

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 signs before a seizure occurs? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How many times a day does your child take medicine? \_\_\_\_\_

\_\_\_\_\_

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

Does your child have any other medical conditions? \_\_\_\_\_

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

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

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

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



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 changes in dosage or frequency of the medicine or if the medicine is stopped.

Parents signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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