DURANTS SCHOOL – POLICY DOCUMENT

Epilepsy Policy

March 2023

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1.1. How common is epilepsy?

Epilepsy is the most common serious neurological condition. It affects about one in 242 school-age children.This means that there are about 60,000 children with epilepsy in UK schools. To put it another way, an average sized secondary school will have eight to ten children with the condition while an average sized primary school will have one or two children with epilepsy. Over 10 per cent of calls to the Epilepsy Helpline in each year are about issues relating to epilepsy in children.

1.2. What is epilepsy?

A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine. A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony.When this happens the brain's message become temporarily halted or mixed up.
Epilepsy can be caused by damage to the brain through a head injury or by an infection. However, in most cases it has no identifiable cause.

1.3. Seizures

A seizure can either affect part of the brain or the whole brain.There are around 40 different types of seizure, some of which are more common in childhood. Depending on whether a seizure affects the whole or part of the brain it is called either generalised or partial. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness. Partial seizures only affect part of the brain and only partly affect consciousness.

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 on page 10 in the sample epilepsy policy for schools.

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 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 and 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. For more information about complex partial sezures visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone 0808 800 5050.

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.

1.4. 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 a 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 per cent 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. Guidelines on applying for special adjustments in exams are available from the Joint Council for Qualifications' website: www.jcq.org.uk.

1.5. 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 administrating medicines.
The only time medicine may be urgently required by a 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 (see the section on emergency medicine below for more information).
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.

1.6. 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 it 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.Training can be arranged by the School Health Service, the local authority or through an independent training provider. For more information visit www.epilepsy.org.uk or call the Epilepsy Helpline, freephone 0808 800 5050. Many schools have no problem finding staff willing to volunteer to administer emergency medicines.
The two main forms of emergency medicines are rectal diazepam and buccal midazolam. As its name suggests, rectal diazepam is administered rectally. Many parents now choose buccal midazolam where possible, which is administered inside the cheek. Buccal midazolam is currently unlicensed for treating epilepsy in children. However, many consultants and some epilepsy specialist nurses prescribe buccal midazolam due to its obvious advantages.The government's own advice on the use of buccal midazolam states that if the medicine is used in schools then 'instructions for use must come from the prescribing doctor'.
The above information may appear daunting for some staff. But despite any perceived fears over 'doing the wrong thing' it is essential for schools to have a clear policy and procedure in place to deal with an emergency situation. It is equally essential for all staff to be aware of the school's epilepsy policy. See section below on legal requirements and responsibilities.

Guidance from the Department for Educations and Skills (DfES) on administering emergency medicines reassures schools by stating clearly: 'In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.'
For more information on emergency medicines, and template forms on storing and administrating medicines in schools, see the DfES document Managing Medicines in Schools and Early Year Settings.
This document can be downloaded or ordered online at: www.teachernet.gov.uk/medical or by calling the DfES publication orderline on: 0845 602 2260.

2. Epilepsy: Durants school policy

Schools should use the information below to develop an epilepsy policy. Each school's policy will be different, but every policy should incorporate the following principles.

1. This school recognises that epilepsy is a common condition affecting many children and young people, and welcomes all students with epilepsy.
2. This school believes that every child with epilepsy has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips.
3. This school keeps a record of all the medical details of children with epilepsy and keeps parents updated with any issues it feels may affect the child.
4. This school ensures that all children and staff in the school understand epilepsy and do not discriminate against any children with the condition.
5. This school ensures that all staff fully understand epilepsy and seizure first aid, and that there is at least one member of staff trained to administer emergency medicines in school at all times.
6. This school will work together with children, parents, staff, governors, educational psychologists and health professionals to ensure this policy is successfully implemented and maintained.

Medicines

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 (see Form D at the end of this document for a template). 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 DfES guidance found in Managing Medicines in Schools and Early Year Settings (see further reading below).

First aid

First aid for the pupil's seizure type will be included on their 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 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

Durants recognises that children with epilepsy can have special educational needs because of their condition (see paragraphs 7.64 - 7.67 of the 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.

This policy needs to be read in conjunction with

- Child Protection Policy
- Safeguarding Policy
- Keeping Children Safe in Education Policy
- Durants school managing medicines in schools policy
- Durants school Positive Behaviour Support Policy