Epilepsy procedures, guidance and policy

Denby Free CoE VA Primary School

Signed:

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Statement of intent

As one of the most common neurological conditions in the UK, epilepsy affects around 42,000 children within schools; it is therefore imperative to ensure that these pupils are adequately supported, and that staff are aware of their responsibilities in relation to helping pupils manage their condition.

This policy has been created to outline how Ripley Junior School will support pupils with epilepsy, ensuring that they receive the highest quality of care, and that all staff are aware of the procedures they must follow.

1. Legal framework

1.1. This policy has due regard to statutory legislation, including, but not limited to, the following:

- The Equality Act 2010
- The Children and Families Act 2014

1.2. This policy also has due regard to statutory and non-statutory government guidance, including, but not limited to, the following:

- DfE (2015) 'Supporting pupils at school with medical conditions'

1.3. This policy will be actioned in accordance with the procedures outlined in the following school policies:

- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- Special Educational Needs and Disabilities Policy
- Anti-Bullying and Harassment Policy

2. What is epilepsy?

2.1. For the purpose of this policy, **"epilepsy"** is defined as a neurological condition causing recurring seizures, which are also commonly known as fits, and temporary disruption to the way in which the brain normally works.

2.2. There are many different types of seizures which can be classed by which parts of the brain the epileptic activity occurs in.

2.3. Seizures commonly last between a few seconds and several minutes – afterwards, the body will usually return to normal.

3. What are the different types of seizures?

3.1. It is essential that staff are able to recognise the different types of seizure which commonly occur in school.

3.2. **Tonic-clonic seizure** – these are the most widely recognised type of seizure. A child experiencing this type of seizure will lose consciousness and fall to the ground – their body will be stiff and limbs will jerk. After the seizure, their consciousness will return, but they may show signs of confusion and tiredness. Children will need a rest following this type of seizure, and may need to return home.

3.3. **Absence seizures** – these seizures are most common in children between the ages of 6-12. During this seizure, the child will briefly lose consciousness, but will not lose muscle tone or collapse – they often appear to be daydreaming or distracted for a few seconds. They also commonly cause children to become confused about what is happening around them, and can therefore impact on their learning.

3.4. **Focal (partial) seizures** – these seizures can often be difficult to recognise – children's consciousness may be affected, and they may not be sure of what is happening around them. They may repeat actions such as swallowing, scratching or looking for something and, as such, can often be interpreted as episodes of bad behaviour rather than a seizure. It is important to assist the child in these situations and reassure them.

3.5. **Myoclonic seizures** – these seizures can affect the whole body, but are usually restricted to one or both arms, and sometimes the head. During these seizures, children may experience a single jerk, or continuous jerking for a period of time. As these mostly occur in the morning, staff should be aware that a child may be tired or have lack of concentration when beginning the school day.

3.6. **Atonic seizures** – these cause a child to lose muscle tone and fall to the ground without warning, often resulting in injuries to the face and head. Children who experience these seizures need to wear protective headgear to avoid injuries.

3.7. Staff also need to understand the triggers which can make a seizure more likely to occur; this can include the following:

- Excitement or anxiety when first starting school
- Flashing or flickering lights for those with photosensitive epilepsy
- Stress and/or lack of sleep

4. Individual health care (IHC) plans

4.1. If it is disclosed that a pupil has epilepsy, the school will ensure that they receive appropriate support, which may be through an IHC plan – this will outline the specific support for the pupil and who is responsible for this support.

4.2. The school will work alongside parents and other healthcare professionals, such as the epilepsy nursing team, Kite and the school nurse team, to decide what, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the headteacher will make the final decision.

4.3. The school, parent and a relevant healthcare professional will work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

4.4. IHCs plans will include the following information:

- The type of epilepsy the child has and the seizures that occur
- The triggers for the seizures (if known)
- What happens before, during and after a seizure, and how long their seizures tend to last
- The necessary first aid (if any) that is required
- The responsibilities of the school after a seizure occurs
- How long the pupil will need to rest after a seizure
- Under what circumstances the school should call an ambulance
- The responsibilities of the school in an emergency
- Any warning signs that may indicate the pupil is about to have a seizure
- Any medicine the pupil takes and when they need to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities which may put the pupil at risk of having a seizure, and the procedures in place to reduce this risk
- Any adjustments that need to be made to the school environment to support their learning
- The names of the healthcare professionals involved in the pupil's care
- Any behavioural or emotional issues the school needs to be aware of
- Who else in the school is aware of the pupil's epilepsy
- Any other medical conditions the pupil has

4.5. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHC plan.

4.6. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved. IHC plans are held with the person responsible for the individual child's health needs.

4.7. Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it, or will become part of it.

4.8. Where a child has special educational needs and disabilities (SEND), but does not have a statement or EHC plan, their SEND will also be mentioned in their IHC plan.

4.9. Where a pupil is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

4.10. The governing body will ensure that IHC plans are reviewed at least annually. IHC plans will be routinely monitored throughout the year by the headteacher.

4.11. Parents will be kept fully informed of their child's epilepsy at school, and will be consulted before the IHC plan is reviewed and any changes are made.

5. Learning and behaviour

5.1. Epilepsy often has an effect on pupils' learning and behaviour, such as tiredness and lack of concentration. Therefore, the school will aim to make reasonable adjustments and offer additional support.

5.2. The LA will conduct an EHC needs assessment for the pupil to decide whether they require additional support, if requested, and if the pupil needs more than is offered by SEND support, in accordance with the Special Educational Needs and Disabilities Policy. If this is so, the school will create an EHC plan in conjunction with the IHC plan.

5.3. The extra support will be specific to the pupil, and will be detailed on the pupil's EHC plan, but some examples include the following:

- Providing extra help and support from a teacher or teaching assistant
- Working in small groups in class
- Conducting observations in class or during break
- Helping the pupil take part in class activities
- Providing extra encouragement in their learning, e.g. encouraging the pupil to ask questions or try a task they find difficult
- Helping the pupil communicate with other pupils
- Supporting their physical or personal care difficulties, e.g. eating

5.4. The school understands that pupils with epilepsy may require additional support for examinations, such as by providing extra time. If a teacher believes this to be the case,

a meeting will be arranged with the pupil's parents to discuss what support may be necessary.

5.5. The school will also consult relevant medical professionals to determine which support is most appropriate for the pupil during examinations.

5.6. If it is determined the pupil needs extra support, the headteacher will ensure that examination bodies are informed promptly.

6. Day trips, residential visits and sporting activities

6.1. The school believes that every pupil with epilepsy should be able to participate fully in all curriculum activities, including day trips, residential visits and other sporting activities.

6.2. Pupils with epilepsy will be supported to participate in these events – any pre-determined adjustments required will be detailed on the pupil's IHC plan.

6.3. Prior to an activity taking place, the school will conduct a risk assessment to identify if any further reasonable adjustments are required to enable pupils with epilepsy to participate. In addition to this risk assessment, advice is sought from pupils, parents and relevant medical professionals.

6.4. The school will arrange for adjustments to be made for all pupils with epilepsy to participate, except where advice from a clinician, such as a GP, indicates that this is not possible.

7. Home-to-school transport

7.1. The school understands that some pupils with epilepsy may be eligible for support with school transport – this responsibility lies with the LA.

7.2. When assessing the needs of a pupil with epilepsy, the LA will consider the following:

- The walking distance between the home and school
- The safety of the route
- The pupil's family and social circumstances
- The pupil's health and additional needs and/or disability

7.3. If a pupil already has an IHC plan, this will be used by the LA to inform the home-to-school transport plan.

8. Emergency procedures

8.1. Epileptic medical emergencies are dealt with under the school's emergency procedures.

8.2. Where an IHC plan is in place, it will detail:

- What constitutes as an emergency.
- What to do in an emergency.

8.3. All staff will be able to recognise what is happening and will respond promptly by:

- Calling the emergency services; or
- Arranging for the designated member of staff to provide emergency medication to the pupil; or
- Arranging appropriate first aid if the pupil has been injured.

8.4. An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific pupil, or more than five minutes for any pupil
- One seizure follows another without the pupil regaining consciousness in between
- The pupil is injured following a seizure
- The pupil has difficulty breathing
- Staff believe the pupil needs urgent medical attention

NB. This list is not exhaustive.

8.5. All pupils are informed in general terms of how to respond in an emergency, i.e. by informing a member of staff.

8.6. If a pupil needs to be taken to hospital, a member of staff will contact their parents immediately, and will wait with the pupil until their parent arrives – if necessary, the staff member will accompany the pupil to the hospital.

8.7. When transporting pupils with epilepsy to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

8.8. If a pupil experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the pupil has recovered.

8.9. A record will be kept of all seizures that occur at the school, and will be used to inform the review process of this policy.

9. Administering medication

9.1. All medication for pupils with epilepsy will be administered in accordance with the school's Administering Medication Policy.

9.2. The medication (if any) required for a pupil with epilepsy will be detailed on their IHC plans, along with the designated member of staff, who is suitably qualified and responsible for administering it.

9.3. Prior to staff members administering medication, the parents of the pupil are required to complete and sign the Medication Registration Form found in the appendix of our Administering Medication Policy.

9.4. Before administering medicine, maximum dosages and when the previous dosage was taken will be checked.

9.5. Medication will only be administered at school if it would be detrimental to the pupil not to do so.

9.6. Written records will be kept of any medication administered to pupils.

9.7. Pupils will never be prevented from accessing their medication.

9.8. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHC plan and parents will be informed so that alternative options can be considered.

9.9. In the event of a school trip or activity which involves leaving the school premises, medicine and devices will be readily available to staff and pupils.

9.10. Denby Free CoE VA Primary School cannot be held responsible for any side effects that occur when medication is taken correctly.

9.11. Staff members have the right to refuse to administer medication; where this occurs, the headteacher will delegate the responsibility to another suitably trained staff member.

10.Training

10.1. All pupils will be educated about epilepsy, including its triggers, the different types of seizures, and the protocol for an emergency.

10.2. All pupils will be taught about anti-discriminatory procedures, and any bullying that occurs towards a pupil with epilepsy will be dealt with in accordance with the school's Anti-Bullying and Harassment Policy.

10.3. All staff will receive regular training on epilepsy, and will understand the basic emergency response procedures and seizure first aid.

10.4. Designated staff members will be suitably trained to respond to individual pupils with epilepsy, including administering medicine.

10.5. Staff will not undertake healthcare procedures or administer medication without suitable training.

10.6. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication for pupils with epilepsy.

10.7. Training needs are assessed by the school nurse through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives.

11. Policy review

11.1. This policy will be reviewed on an annual basis by the headteacher, in conjunction with the school nurse and governing body.

11.2. Any changes made to this policy will be communicated to all staff, and parents of pupils with epilepsy.

11.3. All staff are required to familiarise themselves with this policy as part of their induction programme.