EPILEPSY POLICY

# Rationale

Epilepsy is the second most common neurological disorder after migraine, affecting 1 in 130 people in the UK.

75 per cent of sufferers have their first seizure before the age of 20.

At Swakeleys School For Girls we recognise that our teachers, during their career may have several children with epilepsy in their classes.

Being a school, committed to inclusion we aim to ensure the full integration of students with epilepsy.

They are welcome at Swakeleys School For Girls and will be encouraged to participate as fully as possible in all school activities.

# Objectives

All Staff will be advised on how to recognise and treat the symptoms of epilepsy through this policy document.

## Implementation

On admission, if a student is known to suffer from epilepsy the school’s Welfare officer will obtain information from the primary school and parents. Some of the questions that will be asked are:

* What type of seizures the student has
* How long they last and what they look like
* What first aid is appropriate and how long a rest the student may need
* Any particular conditions or events that might trigger a seizure
* How often medication is taken and what side-effects may be experienced
* Whether the student has a warning (aura) before the seizure
* What activities, if any, the parents or doctor require to be limited
* Whether the student has any other medical conditions

Finally, it can be helpful to know how much understanding the student has of his/her condition and its treatment.

A list of all students with medical conditions will be held on SIMS.

**Medication**

If medication has to be taken during the school day, it should be left in the medical room in the care of the Welfare Officer with the appropriate medication form. The student must then be allowed to attend the medical room to take medicine in the presence of the first aider. The support of the teachers in this is of utmost importance.

**PE and other Practical Subjects**

It is the aim at Swakeleys that students enjoy total normal activity. However, adequate supervision must be available for the sufferers of epilepsy throughout the activity and a student who has a history of frequent, unpredictable seizures should not be allowed to climb ropes or wall bars.

**Science and Technology**

Students should not be barred from participating in any practical activities within the classroom and would be adequately supervised. If in the course of a lesson symptoms of epilepsy are recognised the teacher must follow guidelines as outlined in appendix B

**Evaluation**

The effectiveness of this policy will be evaluated by the Pastoral and Curriculum Committee through the medical log of the school. In addition through the correct management of any students with epilepsy in the school.

**Review**

This policy will be reviewed by the Pastoral and Curriculum Committee and under advice from the school nurses’ service every two years.

Review April 2023.

**Appendix A**

Dear Parent,

I am pleased to inform you that as an inclusive school we do not have any barriers to students with any known medical condition. Indeed we take our responsibilities to the students with any medical conditions very seriously.

If your daughter is a known epileptic, we would urge you to inform us about the details and frequencies of her seizures.

If she is on medication which needs to be taken during the school day, we would ask you to make an appointment, along with your daughter, to meetwith the school Welfare Officer before your daughter starts at Swakeleys to inform us about the management of her condition.

Any change in her condition or treatment must be brought to the attention of the Welfare Officer, who will in turn inform other members of staff.

Thank you for your cooperation in this very important matter.

Mrs S Pryor

Headteacher

**Appendix B**.

**The epilepsy seizure – what to do.**

Absence seizures can look as if a student is simply day-dreaming when in reality they are having a seizure, missing out on learning and possibly becoming the victim of mockery from her classmates.

One type of seizure that teachers may help to detect is sub-clinical seizures, which cannot be seen. However, they may be indicated if a child’s attainment drops significantly or the standard of work is unaccountably below expectation.

Where seizures are suspected the matter must be brought to the attention of the students’s parents.

The teacher can be a great help in the diagnosis of the type of epilepsy a student may have, through an accurate written description of the seizures. Communication between the teacher, Welfare Officer, parents and doctor cannot be stressed strongly enough. This aids not only diagnosis but also prevents the student becoming inhibited or withdrawn or from experiencing unnecessary learning difficulties.

In the case of absence seizures, understanding and a matter-of-fact approach are really all that is needed. It helps to be aware of the possibility of mockery when the seizure has passed and the need for the student to catch up on any information missed during the seizure.

If a student has a seizure (convulsions), classmates will look to the teacher for guidance. Calmly reassure the other children and ensure that the student having the seizure cannot harm herself. Only move the student, if there is a danger of hot objects or electrical appliances. Then follow the following simple guidelines:

* Cushion the head with something soft e.g. a folded sweatshirt, but do not try to restrain movements
* **DO NOT PUT ANYTHING AT ALL BETWEEN THE TEETH OR IN THE MOUTH**
* Do not give anything to drink until the seizure is over
* Loosen tight clothing around the neck but remember to do this with care as it may frighten the semi-conscious student
* Do not call for an ambulance or doctor unless the seizure lasts more than a few minutes (Status epilepticus) - see emergency care section.
* As soon as is possible, turn the student unto her side in the semi-prone (recovery position) to aid breathing. Wipe away saliva from around the mouth.
* Be reassuring and supportive during the confused period, which often follows this type of seizure. The student may need to rest quietly or sleep for a while, preferably somewhere private.
* If there has been incontinence cover the student with a blanket to prevent embarrassment.

Arrange to keep spare clothes at school if this is a regular occurrence. It is not usually necessary to send a girl home after a seizure, but each student is different. If the teacher feels that the girl is disorientated for a prolonged period of time, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the student’s condition is first discussed and a procedure established.

**Emergency Care**

Although the average convulsive seizure is not a medical emergency there are two exceptions to be aware of:

* When a seizure shows no sign of stopping after a few minutes or
* A series of seizures take place without the student properly regaining consciousness in between.

If this happens it is called Status Epilepticus – one of the rare medical emergencies associated with epilepsy, which requires immediate medical attention.

A five minute seizure does not itself constitute an episode of status epilepticus and it may stop naturally without treatment. However, emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the student’s medical history shows a previous episode of status epilepticus.

Emergency care is appropriate if a student who is not known to have epilepsy experiences a convulsive seizure – even if the seizure stops naturally after a few minutes. In such a case, the condition may be caused by some underlying infection or metabolic problem.

Both parents and Medical staff need to be informed of any events of this nature.

Children on medication may start having an increased number of seizures or appear drowsy, over-active or inattentive; it may be that the medication needs adjusting. A teacher recognising such behaviour is advised to discuss the matter with the student’s parents, who in turn can discuss it with the students’s doctor.

Teachers, and support personnel also need to be aware of learning disorders that are associated with epilepsy. Only then can they work effectively with these girls and enable them to fulfil their potential.