



# Longwood Primary School

## **Epilepsy Policy**

This policy has been written in line with information provided by Epilepsy Action, the Department for Children, Families and Skills, the local education authority, the school health service and the Governing body.

This school recognises that epilepsy is a common condition affecting children and welcomes all pupils with epilepsy.

This school supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy that is understood by the school staff. This policy ensures all relevant staff receives training about epilepsy and administering medicines.

Epilepsy is a tendency to have recurrent seizures. There are different types of seizures. One isolated seizure is not epilepsy.

## **Epilepsy Symptoms**

### **Generalized or grand mal seizures:**

All areas of the brain (the cortex) are involved in a generalized seizure. Sometimes these are referred to as grand mal seizures.

- The person experiencing such a seizure may cry out or make some sound, stiffen for some seconds, then have rhythmic movements of the arms and legs. Often rhythmic movements slow before stopping.
- Eyes are generally open
- The person may not appear to be breathing. The person is often breathing deeply after an episode
- The return to consciousness is gradual and should occur within a few moments.
- Loss of urine is common
- Often people will be confused briefly after a generalized seizure.

### **Partial of focal seizures:**

Only part of the brain is involved, so only part of the body is affected. Depending on the part of the brain having abnormal electrical activity, symptoms may vary.

- If the part of the brain controlling movement of the hand is involved, for example, then perhaps only the hand may show rhythmic movements or jerking
- If other areas of the brain are involved, symptoms might include strange sensations or small repetitive movement such as picking at clothing or lip smacking
- Sometimes the person with a partial seizure appears dazed or confused.

### **Absence or petit mal seizures:**

These are most common in childhood.

- Impairment of consciousness is present with the person often staring blankly
- Repetitive blinking or other small movements may be present

- Typically, these seizures are brief, lasting only seconds. Some people may have many of these in a day.

### **First Aid for Seizures**

- Stay calm
- If the child is convulsing then place something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- Do not try to put anything in their mouth or between their teeth
- Time how long the seizure lasts
- If the child is incontinent put a blanket around them when the seizure is over to avoid embarrassment
- Reassure the child once the seizure has finished

### **Emergency Procedure**

If:

- The seizure lasts longer than is normal for that child
- The seizure lasts longer than five minutes
- The child has difficulty breathing
- There is persistent confusion or unconsciousness
- There are injuries sustained during a seizure

### **CALL AN AMBULANCE**

#### **Record Keeping**

When a child with epilepsy is admitted to Longwood Primary, or a current pupil is diagnosed with the condition, the head teacher arranges a meeting with the parents and pupil to establish how this may affect their school life. This should include the implications for learning, playing, P.E lessons, social development and out of school activities.

The school nurse may also attend the meeting to talk through any concerns the family or head teacher may have, such as whether the pupil requires emergency medicine. During the meeting a record of the pupils learning and health needs will be agreed and completed and signed by the head teacher and parents. This record will be updated as required.

#### **Medication**

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. It will 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 DCFS guidance found in *Managing Medicines in Schools and Early Year Settings*.

#### **Making the school Epilepsy friendly**

With the permission of the pupil and parents an introduction to epilepsy will be given to the whole school in PSHE lessons and assemblies. This should be done in a way that will prevent them being frightened if the child has a seizure at school.

Staff will be notified of any changes in the pupil's condition through regular staff briefings to make staff aware of special requirements. The pupil should be seated facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson. A medical room is available and equipped with cushions in case a pupil needs supervised rest following a seizure.

### **Learning and Behaviour**

This school recognises that children with epilepsy can have special educational needs because of their condition (see paragraph 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 discuss the situation with the parents and SENCO. If necessary an IEP will be created and if the SENCO thinks it appropriate the child may undergo an assessment by an educational psychologist to decide what further action may be necessary.

*This policy should also be read in conjunction with the school's policy on:*

Special Educational Needs  
Equal Opportunities

*And the following Acts of Parliament:*

Human Rights Act,  
Disability Discrimination Act