



THE BUCHAN SCHOOL



KING WILLIAM'S COLLEGE

King William's College, The Buchan School & The Buchan Nursery

Seizure Control Protocol

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Epilepsy

On average, epilepsy affects one young person in every primary school and five in every secondary school. Epilepsy can have a significant impact on a young person, even if seizures are controlled. Schools should have arrangements in place to ensure that young people with epilepsy are safe and included in all aspects of school life.

Seizure types

With epilepsy, there are two main types of seizure:

- Generalised onset seizures, which occur when the whole brain is affected by abnormal electrical activity. The young person becomes unconscious, though sometimes only briefly.
- Focal onset seizures, which occur when one area of the brain is affected by abnormal electrical activity. The symptoms and level of consciousness depend on the area of the brain involved.

Seizures can be difficult to spot, with absence seizures – a type of generalised onset seizure – often mistaken for daydreaming, and focal onset seizures taken for difficult or unusual behaviour. Other seizures may be put down to clumsiness or falls. Where appropriate, staff should be trained to know exactly what to do if a young person has a seizure

Risk assessment and safety precautions

It's important to risk-assess activities, put in place safety precautions and make reasonable adjustments to ensure all children and young people in schools have full access to the curriculum.

Every young person with epilepsy in school should have an Individual Healthcare Plan (IHP)

The IHP (see below) should be completed jointly between the school, the young person, their parents or carers, and healthcare professionals. The responsibility for its implementation remains with the school and the IHP should clearly set out who will deliver which aspects of support.

As epilepsy can be a fluctuating condition, IHPs should be reviewed annually, or sooner if circumstances have changed. Parents should be reminded to keep the school informed of any changes in seizure activity, medication or behaviour.

Basic principles of first aid

Always refer to each young person's IHP and emergency protocol to know what to do.

See below for a Seizure First Aid visual aide. Children are occasionally incontinent of urine/faeces during a seizure. This they may find disturbing and embarrassing. Take time to consider their privacy.



Young
Epilepsy

Seizure first aid

Time the seizure



- Time the duration of the seizure
- Let the seizure run its course

Keep the person away from hazards



- Move any hazards out of the way
- Cushion their head
- Make sure nothing hinders their breathing
- Guide them away from danger (focal seizures)

Don't restrict their movements



- Don't restrain them
- Don't put anything in their mouth

Stay with them



- Reassure them
- Stay with them until they have fully recovered
- After the seizure, put them in the recovery position (if they are on the floor)

Make a record of what happened



- Include what happened before, during and after the seizure

Call 999 for an ambulance if...



- They have never had a seizure before
- They are not breathing or are blue around the lips
- The seizure lasts more than 5 minutes
- They are not responding after the seizure has stopped
- They have sustained an injury during the seizure

The Medical centre will arrange for all appropriate staff in the school to be briefed about epilepsy and about the contents of this document.

The school staff will take all reasonable steps to ensure that the student is kept as safe as possible during a seizure.

The student's parents will inform the school of any relevant information concerning the student's condition and will likewise let the school know of any changes to the student's medication.

If the student needs to leave the school site, prior discussions will be held between the school and the parents in order to agree the appropriate provision and safe handling of the student's medication.

If medication needs to be given at school, the student's parents must complete a medication consent form (see below) and provide the relevant medication to the school nurses in the Medical Centre, where it can be stored safely.

Individual healthcare plan

Date of plan:

Name: Date of birth:

Address:

Postcode:

Name of parent/carer: Telephone:

Diagnosis (Including any other conditions):

Epilepsy syndrome (if known):

Description of child's seizures -

Please give brief a description of each seizure type including possible triggers and any warning signs that a seizure may be about to occur.

Type A:

Typical Duration:

This seizure has emergency protocol, see attached.

Type B:

Typical Duration:

This seizure has emergency protocol, see attached.

Type C:

Typical Duration:

This seizure has emergency protocol, see attached.

Basic seizure management for convulsive seizures

1. Note the time that the seizure starts and ends
2. Move any hazards out of the way
3. Loosen tight clothing and protect the head

Let the seizure run its course. When the convulsions have stopped, place the person in the recovery position and stay with them until they are fully alert. If the seizure shows no signs of stopping after 5 mins (or 2 mins longer than is usual for that person) or the person is injured, call 999.

Please call to inform following a seizure.

* After a seizure, please record the details of the event, including time, date, length and any action taken.

Current Medication

List regular medication with dosages:

1.
2.
3.
4.

If the child has an RCPCH epilepsy passport then please check for up to date information surrounding medication.

Impact on learning/behaviour/classroom performance:

(Young Epilepsy's Assessment of Behaviour and Learning in Epilepsy screening tool can be used to help identify areas at risk)

Communication (understanding/speaking skills):

Cognition (including memory & processing speed):

Emotional/Behaviour (attention/mood, anxiety, social skills, aggression):

Motor Skills (fine & gross motor skills, coordination):

Adjustments needed to the classroom environment:

Any additional provision requirements (inc additional time for exams):

Activities that require special consideration and risk assessment:

Agreement

Who needs to know about the child's condition and have they been informed:

Teacher SENCO TALSA

Senior Management Team Office Staff/First Aiders Lunchtime Supervisors

This plan has been agreed and consent is given for emergency treatment by:

Child/young person/parents/guardians/epilepsy nurse specialist/prescribing doctor.

Name: _____

 (epilepsy nurse specialist or prescribing doctor)

Signature: _____ Date: _____
 Name: _____ (child/young person)

Signature: _____ Date: _____
 Name: _____ (parent/guardian)

Signature: _____ Date: _____
 Name: _____

Signature: _____ Date: _____
 Position in relation to child: _____

Date this health care plan should be reviewed: _____

Additional information/instructions: _____

Emergency Protocol - Seizure type

Name: D.O.B: Year Group/Class:

Emergency medication should be given if seizure type has not stopped after minutes,

or if

The emergency medication to be given is:

The strength of the medication to be given is:

It should be given orally rectally into the buccal cavity (between the cheek and gums)

Circumstances when emergency medication should NOT be given:

Circumstances when a SECOND dose of emergency medication may be given:

The second emergency medication to be given is:

The strength of the medication is:

It should be given orally rectally into the buccal cavity (between the cheek and gums)

AN AMBULANCE SHOULD BE CALLED IF:

Please call on: to inform.

Named trained individuals who may give emergency medication:

1:

2:

3:

4:

Young Epilepsy is the operating name of The National Centre for Young People with Epilepsy.

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