

# The Snaith School

A High Performing Specialist School in Business,  
Enterprise and Applied Learning

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## Epilepsy Policy

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## EPILEPSY

### What is epilepsy?

Electrical activity is happening in our brain all the time, as networks of tiny brain cells send messages to each other. These messages control all our thoughts, movements, senses and body functions. A seizure happens when there is a sudden, intense burst of electrical activity in the brain, which causes the messages between cells to get mixed up. The result is an epileptic seizure.

A seizure affects a person depending on what area of the brain is involved in this intense electrical activity. They might lose consciousness, or they might stay aware of what's happening around them. They might have strange sensations, or movements that they can't control. They might go stiff, fall to the floor and shake.

Some people only have one type of seizure, and some people have more than one type.

### What should happen in school?

- If a child is known to suffer from epilepsy, an individual health care plan will be agreed through consultation with the pupil and parents/carers as per DDA guidelines.
- All teachers will be made aware of the pupil's condition and individual health care plan.
- The plan will be saved on SIMS and reviewed on a regular basis or as needs dictate.
- If a child requires prescribed epilepsy medication following or during a seizure, the protocol for administering the medication will be agreed with school and parents and will be detailed in their individual health care plan. The Admin Assistants responsible for the medical room will receive training from the pupil's epilepsy nurse.
- No child will be restricted from learning because of their epilepsy. Should you feel this is happening please ensure the SENDCo is made aware.

### First Aid

For a minor attack no immediate medical or nursing care is usually necessary.

For a major attack please follow these simple rules.

1. Remain calm. Send for a trained first aider.
2. Try to avoid other pupils from crowding round and keep the classroom calm
3. Only move the pupil if they are in a dangerous position i.e. top of stairs, on a road, etc. Move dangerous items, if possible, to prevent the pupil from striking objects with head/limbs. I.e. hot, sharp, hard objects.
4. If possible put something soft (jacket) under the pupils head to prevent injury.
5. Do not try to prevent the seizure. Allow it to run its course.
6. Do not put anything in the pupil's mouth. Try to loosen the pupils tie if possible.
7. When the pupil regains consciousness, place them in the recovery position or a

comfortable position.

8. Check that the pupils breathing returns to normal. Allow them to rest.
9. If the pupil has been incontinent, avoid embarrassment and deal with this privately.
10. Stay with the pupil and reassure him/her until fully conscious. Then escort to Medical Room.
11. Parents should be contacted and pupil is allowed to go home with parents/guardians.
12. Emergency Medical Assistance should be called for **if-**
  - This is the pupils' first seizure
  - Multiple seizures occur
  - The seizure lasts for more than 5 minutes
  - If the pupil has difficulty breathing afterwards

#### Further reading

Epilepsy Action <https://www.epilepsy.org.uk/info/seizures-explained>

NHS Epilepsy <https://www.nhs.uk/conditions/epilepsy/living-with>

## TYPES OF SEIZURES

Tonic-Clonic (also known as Grand-Mal)

The individual falls down, thrashes around, making jerking movements and is unconscious. Possible breathing difficulty may occur. Possible incontinence. The seizure lasts only minutes.

Absence (also known as Petit Mal)

The individual has a blank stare and may have rapid blinking for a few seconds. These attacks may occur many times during the day. These types of attacks can be mistaken for daydreaming.

### Simple Partial

(Jacksonian)- Jerking fingers or toes which may move to arms and hands.

(Sensory) - Pupil may report seeing/hearing things that are not there, feelings of sadness, fear, anger or joy. Feeling nauseous.

### Complex Partial

Starts with a blank stare followed by repeated mechanical movements. Seizure will for a minute or two. Pupil may wander aimlessly and be confused.

Atonic

Sudden loss of muscle control, which makes pupil fall. Pupil will recover quickly.

Myoclonic

Sudden brief muscle jerks which may only affect one part