

Epilepsy

1. Notification

The parent/carer of the pupil should be advised in the school handbook and enrolment form that they should notify the school that the pupil has epilepsy. All pupils with epilepsy are required to have a school healthcare plan.

- For pupils with epilepsy who do not require emergency medication in school, the parent/carer should complete pages 1, 2 and 4 of the school healthcare plan, with page 5 being signed by all parties, as indicated.
- For pupils with epilepsy who require emergency medication in school, the parent/carer should complete page 1 and 2 of the school healthcare plan. Page 3 will be completed by medical staff at the pupil's epilepsy clinic or by their GP with page 5 being signed by all parties, as indicated.

1. School Healthcare Plan

Form 9: School Healthcare Plan - Epilepsy should be completed for all pupils who have epilepsy. The school nurse service can facilitate the completion of the plan if required. The plan should be reviewed every year.

2. Awareness Raising and Professional Development

The head teacher should ensure that all teaching and support staff are aware of the procedures pertaining to a pupil's condition and the particulars of any needs that may arise in school. The head teacher is responsible for ensuring all school staff are aware of the arrangements to manage a medical emergency, including appropriate use of emergency services (dial 999 and ask for an ambulance and indicate that the pupil has epilepsy). Additional information for teaching staff can be obtained from www.epilepsyscotland.org.uk/assets/pdf/information/leaflet/Teachers/pdf

When it is required, the head teacher should encourage staff to volunteer to undertake the administration of appropriate emergency medication/treatments. For further details on CPD, see section 4.1 and 4.2.

Parents/carers must be informed that, until staff have attended both *ASL: Epilepsy Management in Educational Establishments* and *ASL: Epilepsy - Administration of Emergency Medication*, emergency medication cannot be held in school or administered by school staff.

3. Recording Epileptic Seizures and Emergency Medication

If a pupil has been observed having an epileptic seizure, this should be recorded on the Record of Seizures Chart at the end of this appendix. This chart should be kept in the health folder. If any information has been recorded, the chart should be photocopied at the end of each term and given to the parents to take to the epilepsy clinic.

4. The School Curriculum

Pupils with epilepsy who attend mainstream school will normally be able to access all areas of the curriculum. Pupils with epilepsy should NOT be excluded from swimming or other sports; nor should they require a parent escort for school trips. However, there are a few activities that should be carefully monitored, e.g. a pupil experiencing frequent absence seizures should not be asked to climb wall bars. Any special arrangements for the management and support of an individual pupil with epilepsy will be specified in the School Healthcare Plan.

5. Review of Arrangements

Arrangements will be reviewed annually and if there is a change of condition. If there are no changes, the Agreement to School Healthcare Plan Review sheet (page 6 of the Epilepsy School Healthcare Plan) should be completed and signed as indicated. Staff from the Epilepsy Clinic or the pupil's GP will complete a new page 3 of the school healthcare plan when a pupil is reviewed and changes are made to their care/medication.

Epilepsy continued

6. Checklist of General School Arrangements

The following summarises general school arrangements:

- All school staff, supply teachers and visiting teachers and support staff should be aware of pupils with epilepsy and of these procedures.
- The class register should be clearly marked to indicate pupils with epilepsy so that when a supply teacher takes a class she/he is aware of any pupils with epilepsy in that class.
- All staff who may have direct day-to-day responsibility for the pupil should be familiar with the school healthcare plan.
- A list of staff who have attended *ASL: Epilepsy Management in Educational Establishments* and (if appropriate) *ASL: Epilepsy - Administration of Emergency Medication*, within the last two years, should be displayed clearly in the school office.
- The relevant parties as indicated on the form should sign the school healthcare plan. A letter detailing the medication and/or specific care signed by the relevant doctor/specialist nurse attached to the plan will suffice.
- It is the responsibility of the parent/carer to ensure that all medication is 'in date' and is replaced as necessary. As a matter of good practice, however, the school should check the expiry date of all medication and send home Form 6b/Notice to parent/carer that supply of medication is becoming 'out of date' and needs replacing (Appendix 8) at least two weeks before the expiry date.
- Procedures for summoning emergency services (Appendix 20) should be clearly displayed by all telephones.
- Please contact your school nurse team for advice if you have any queries.
- Medication should be suitably accessible and stored: Emergency medication, if required, should be kept in a zipped 'poly pocket' with the Emergency Care Flow Diagram:
 - ❖ In nursery schools, with the Emergency Care Flow Diagram, in the pupil's classroom.
 - ❖ In primary schools, with the Emergency Care Flow Diagram, in the pupil's classroom.
 - ❖ In secondary schools, with the Emergency Care Flow Diagram, in a central, easily accessible place. Emergency Care flow diagrams should be kept in the register folder in each classroom.
 - ❖ In special schools, where registered nurses are not available in schools at all times, with the Emergency Care Flow Diagram, in the pupil's classroom.
 - ❖ In special schools, where registered nurses are available in school at all times, in the medical room.

Pupil's name	Photograph of pupil
Date of birth	
CHI	
Address	
School	

This plan should be completed by the pupil's parent/carer and, where it involves the administration of medication, it must be approved by the hospital consultant/specialist nurse/GP.

Name of approving clinician	
Signature	Date

(A letter detailing medication/care and signed by the hospital consultant/specialist nurse or GP can replace this signature)

Signature of parent/carer	Date
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Once completed, the parent/carer is responsible for taking a copy of this School Healthcare Plan to all relevant hospital/GP appointments for updating.

Pupil's name	Date of Birth
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Parent/Carer Contact 1

Parent/Carer Contact 2

Name	Name
Relationship to pupil	Relationship to pupil
Address	Address
 Home	 Home
 Work	 Work
 Mobile	 Mobile

Hospital/Clinic Contact

General Practitioner

Name	Name
Address	Address
	

Signature of parent/carers	Date
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Form 9: School Healthcare Plan - Epilepsy

To be completed at a hospital epilepsy clinic or by a GP for a pupil who is prescribed Emergency Medication – MIDAZOLAM for use in school.

Pupil's name	Date of birth
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Description of seizure(s) requiring emergency management
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Emergency Medication Guideline (MIDAZOLAM)

If _____ has a seizure as described above which lasts longer than _____ minutes, or a cluster of _____ within _____ minutes; Give _____ ml (_____ mg) of Midazolam (buccally/intra-nasally)

CALL emergency services if:

The seizure does not stop _____ minutes after the administration of Midazolam

OR

If another seizure occurs within 6 hours.

When the seizure has stopped or you call emergency services, contact parent/carer.

Print Doctor/Specialist Nurse's name	
Doctor/Specialist Nurse's signature	
Date	
Signature of parent/carer	Date

To be completed by the pupil’s parent/carer for epileptic seizures not requiring emergency medication in school.

Pupil’s name	Date of birth
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Description of seizures

This pupil has the following types of epileptic seizures with associated symptoms: (delete as necessary)

- 1 Generalised tonic clonic seizures:
 - may go stiff
 - would fall if standing
 - is unresponsive
 - eyes may deviate
 - colour may change,
 - all limbs may begin to jerk/shake/twitch
- 2 Absence seizures: brief loss of awareness.
- 3 Atonic seizures: ‘drop attack’, pupil falls straight down but recovers quickly.
- 4 Focal seizures with or without altered awareness:
 - look blank or pale
 - lick or smack lips
 - pluck at clothes
 - Other: please describe the pupil’s signs of their focal seizure, e.g. hear strange noises, experience hallucinations or odd smells, twitch/jerk one area of the body. **Please specify:**

Details of Emergency Care

Follow instructions as per appropriate flow chart. (One is for generalised tonic clonic/tonic/clonic seizures, the other is for focal epileptic seizures.)

Signature of parent/carer	Date
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This Plan was completed on _____ and its contents agreed by the undersigned.

Pupil's name	Date of birth
School	

Parent/carer

I realise that the school is not obliged to undertake healthcare and that any healthcare provided by school will be carried out on a voluntary basis under the guidance of NHS staff. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child. I give my consent for the school to contact the named health care professional(s) and for those professionals to advise the school in any relevant matters in connection with this. I accept full responsibility for keeping the school informed of anything that may be relevant in relation to the implementation of this care. I accept responsibility for ensuring that there are supplies of any relevant medication, materials or equipment for my child's needs.

I wish my child to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate, in the event that the school staff are unable to administer the plan at any time.

Name of parent/carer	
Signature	Date

Pupil (if appropriate)

I agree to the care arrangements as detailed in this plan.

Name of pupil	
Signature	Date

The head teacher/designated member of senior management

I agree to the procedures detailed in this plan being administered in school. If medication is prescribed it will be administered by staff who have attended *ASL: Epilepsy Management in Educational Establishments* and *ASL: Epilepsy - Administration of Emergency Medication* within the last two years.

In the event that these procedures cannot be implemented at any time, where appropriate, the school will follow advice received from the health professionals in summoning the emergency services as appropriate.

Name of member of staff	
Signature	Date

Copies held by parent/carer and head teacher.

**Form 9: School Healthcare Plan - Epilepsy
Agreement to School Healthcare Plan**

This Plan was reviewed on _____ and its contents agreed by the undersigned.

Pupil's name	Date of birth
School	

Date of next planned review

Parent/carer

I realise that the school is not obliged to undertake healthcare and that any healthcare provided by school will be carried out on a voluntary basis under the guidance of NHS staff. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

I give my consent for the school to contact the named health care professional(s) and for those professionals to advise the school in any relevant matters in connection with this. I accept full responsibility for keeping the school informed of anything that may be relevant in relation to the implementation of this care. I accept responsibility for ensuring that there are supplies of any relevant medication, materials or equipment for my child's needs.

I wish my child to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate, in the event that the school staff are unable to administer the plan at any time.

Name of parent/carer	
Signature	Date

Pupil (if appropriate)

I agree to the care arrangements as detailed in this plan.

Name of pupil	
Signature	Date

The head teacher/designated member of senior management

I agree to the procedures detailed in this plan being administered in school. If medication is prescribed it will be administered by staff who have attended *ASL: Epilepsy Management in Educational Establishments* and *ASL: Epilepsy - Administration of Emergency Medication* within the last two years.

In the event that these procedures cannot be implemented at any time, where appropriate, the school will follow advice received from the health professionals in summoning the emergency services as appropriate.

Name of member of staff	
Signature	Date

Copies held by parent/carer and head teacher.

Symptom and Action Flowchart for Generalised Tonic Clonic/Tonic/Clonic Seizures

Photograph of pupil

Name _____

Date of Birth _____

Symptoms: goes stiff, would fall if standing, is unresponsive, eyes may deviate, colour may change, all limbs jerk/shake/twitch.

DO NOT try to move the pupil
DO NOT try to stop the pupil jerking
DO NOT put anything in the pupil's mouth

1. Note time.
2. Move furniture/object pupil could bang against.
3. Place something soft under pupil's head.
4. When possible put pupil on his/her side.

Does the seizure last longer than 5 minutes or the time specified in the pupil's individual healthcare plan?

YES

NO

Is emergency medication prescribed for use in school?

When pupil stops jerking/relaxes place on their side and cover them from the waist down in case of incontinence to minimize embarrassment.

NO

YES

Give medication as per School Healthcare plan.

Does the pupil have any injury that requires treatment?

NO

Has the pupil stopped jerking or is relaxing after a further 5 minutes?

YES

YES

Is the pupil responding to stimuli?

YES

Are you unsure or worried?

YES

NO

- Dial 999 for ambulance stating that the pupil is having an epileptic seizure.
- Follow instructions given by ambulance control staff.
- Stay with pupil.
- Reassure pupil.
- Contact parent/carer.

- After a seizure the pupil will probably feel sleepy.
- Allow pupil to rest in a quiet area.
- Inform parents/carers.
- Fill in epilepsy record chart.

Symptom and Action Flowchart for Focal Epileptic Seizures

Photograph of pupil

Name _____

Date of Birth _____

Symptoms:

- **Absence seizure:** brief loss of awareness.
- **Atonic seizure:** “drop attack”, pupil fall straight down, normally recovers quickly.
- **Focal seizures with or without altered awareness:** may look blank, pale, lip licking/smacking, plucking at clothes.

**DO NOT speak abruptly to the pupil.
DO NOT handle the pupil abruptly.**

**Note time
Speak calmly
Guide pupil to sit if standing**

Does the seizure last longer than 10 minutes or the time specified in the pupil's individual healthcare plan?

YES

NO

Is emergency medication prescribed for use in school?

YES

NO

Give medication as per School Healthcare plan.

Is the pupil beginning to respond to verbal stimuli?

NO

Reorient pupil to:

- Place
- Time
- Task

Does the pupil have any injury that requires treatment?

NO

Are you unsure or worried?

NO

- Dial 999 for ambulance stating that the pupil is having an epileptic seizure.
- Follow instructions given by ambulance control staff.
- Stay with pupil.
- Reassure pupil.
- Contact parent/carer.

- After a seizure the pupil may feel sleepy.
- Allow pupil to rest in a quiet area.
- Inform parents/carers.
- Fill in epilepsy record chart.

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Record of Seizures

Date							
Recorded by							
Description/Type of seizure							
Length or number of seizures							

If emergency medication is prescribed for use in school

Time of initial dose							
Outcome							
Time of second dose (if any)							
Outcome							
Signature of giver							
Signature of witness							

Contact details as per school healthcare plan