

Epilepsy

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

Insert School Logo

Designed to support Schools in the implementation of the Department of Education (September 2014) Guidance on Supporting pupils with medical conditions.

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Glossary of Terms

Schools – this guidance uses the word schools to mean all state, free and academy schools in Hertfordshire that have chosen to use this guidance. This term also applies to nurseries and early years settings.

Children’s Universal Services Staff – individuals employed by Hertfordshire Community NHS Trust working in Health Visiting and School Nursing Teams. Staff include School Nurses, Health Visitors and Community Staff Nurses and Nursery Nurses.

Introduction

This policy is intended to ensure that appropriate processes are in place to fully support and Safeguard pupils at our school who have Epilepsy. It has been prepared with reference to information available from Young Epilepsy. This guidance also incorporates the Department of Education (2014) The North East England Universally agreed Management Plans

Persons operating under this guideline are as follows:

Hertfordshire Community NHS Trust (HCT) staff

- Doctors
- Teachers
- School / Nursery Support Staff
- Parents / Carers
- Children / Young people with Epilepsy

Communication with Parents

When a pupil who has a Epilepsy joins our school, or an existing student is diagnosed with Epilepsy a meeting will be arranged with the parents (and pupil where appropriate) to:

- Discuss the pupil's medical needs. Including the type of Epilepsy he or she has.
- Discuss if and how the pupil's Epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- Advise parents and the pupil of the School's Epilepsy policy and the presence of the School Epilepsy Champion.
- Discuss with parents and the pupil the arrangements for ensuring that all relevant staff are trained and other pupils are Epilepsy aware.
- Ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication.
- Initiate the completion of an Individual Healthcare Plan, including types of seizures symptoms, possible triggers, procedures before and after a seizure and medicines to be administered.
- Discuss how the school, parents and pupil can best share information about the pupil's progress in school and any changes to his or her Epilepsy and medication.

A record of what was discussed and agreed at this meeting will be kept by the school. After the initial meeting, the school will continue to share information with the pupil's parents and to involve the parents in any decision making process. Where appropriate the pupil will also be involved in this process.

With Health Professionals

The North East England universally agreed management plans produced by East and North Hertfordshire NHS Trust Children's Epilepsy Specialist Nurses in partnership with Children's Universal Services School Nursing Team, Reviewed July 2020

Our School recognises that information held by the school, such as changes to the pupil's seizure patterns and changes to the pupil's behaviour may be extremely useful to the pupil's healthcare team. Where appropriate, and with the parents' permission, our school will share this information, either via the parents or directly with the pupil's healthcare team. Our school will also encourage information sharing between health and education, for example changes in medication or seizure patterns.

With School Staff

All appropriate staff, including teachers and office staff will be told which children in the school have Epilepsy, and what type of Epilepsy they have. All staff (teaching and support) who are responsible for a child with a Epilepsy will receive basic Epilepsy awareness training, including what to do if a child has a seizure. New staff will be given this information as part of their induction. Supply staff who will be responsible for a child with a Epilepsy will be given information about Epilepsy, including what to do if a child has a seizure before they begin working in the school. At the beginning of the academic year or immediately following the pupils diagnosis a meeting will be arranged to discuss the pupil's support needs. At this meeting all attendees will be given a copy of the pupils Individual Health Education Plan and Individual Health Plan. One named member of staff will take responsibility for sharing any changes to the pupil's Individual Health Education Plan and Individual Health Plan with appropriate members of staff.

With the pupils who have Epilepsy

The School will give voice to the views of pupils with Epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following an acute episode, adjustments to support them in learning, adjustments to enable full participation in school life and raising Epilepsy awareness in school.

School Life

An Inclusive, Safe Environment

Pupils with Epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events. The pupil's safety should be considered in all such activities and a risk assessment produced when needed. Staff will consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.

Raised Awareness

The School will ensure that awareness of Epilepsy is raised across the whole school community. Particular attention will be given to the pupil's peer group so that they know what to expect, are not scared by a seizure and know what to do if a pupil has a seizure.

Mentor / Buddy

The school will offer support by providing a mentor or buddy for the pupil if wanted.

Education

All pupils who have Epilepsy will have an Individual Education Plan. The pupil's teachers will keep records detailing the pupil's achievement, behaviour, memory, concentration and energy levels.

For Primary School Children

The pupil's teacher will review his or her progress termly. If any problems are identified the teacher will meet with the SENCO / the School Nurse, to discuss and agree strategies for supporting the pupil.

For Secondary School Students

Once a term the pupil's teachers will review the pupil's progress in their subject, and inform the form tutor if the child is not achieving to their full potential or is experiencing problems with concentration etc. If any problems are identified the form tutor will meet with the pupil's teachers / the SENCO / the School Nurse, to discuss and agree strategies for supporting the pupil. The pupil will also be encouraged to reflect upon his or her achievements and whether he or she feels that his or her education is being affected by his or her Epilepsy. Any changes or problems identified as well as strategies for supporting the pupil will be discussed with the pupil's parents and, when appropriate, with the pupil. It may be appropriate to share information about these changes with the pupil's healthcare providers. If appropriate the pupil may undergo an assessment by an educational psychologist. Any changes to the pupil's Individual Education Plan will be shared with the appropriate members of staff.

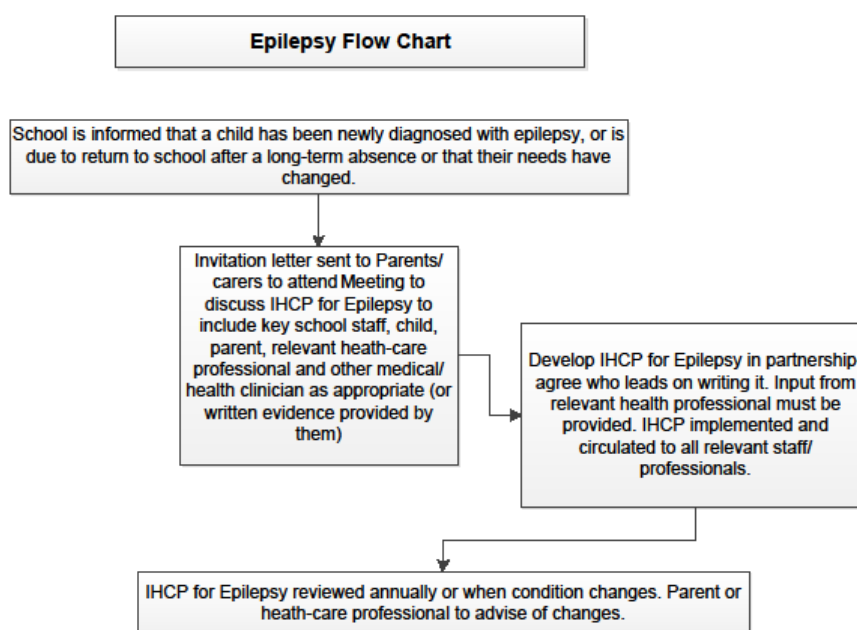
Medical Needs

The pupil's Individual Healthcare Plan will be kept in the (**Inset where these are kept**)

The pupil's form teacher will be responsible for reviewing the plan at least once a term and will advise other appropriate staff of any changes.

All staff (including support staff) will be trained in first aid appropriate for the pupils seizure type. The first aid procedure will be prominently displayed in all classrooms. If appropriate a record will be kept of the pupils seizures so that any changes to seizure patterns can be identified and so that this information can be shared with the pupils parents and healthcare team.

The pupil's Individual Healthcare Plan will include the names and contact details of the staff trained to administer medication. There will be a trained member of staff available at all times to deliver emergency medication. Details of who that member of staff is and how to contact them will be kept with the pupils Individual Healthcare Plan. We will ensure that enough staff are trained and available so that even if the person who usually administers emergency medication is unexpectedly absent, there will still be a trained member of staff available to administer the emergency medication. A record of staff trained in administering emergency medication will be kept with the Individual Healthcare Plan. A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure in a safe supervised place.



Adapted from [Model process for developing individual healthcare plans](#)

HEALTH CARE PLAN FOR A CHILD/YOUNG PERSON WITH SEIZURES

PERSONAL DETAILS:

Name of Child / Young Person: DoB: Name of School / Setting: NHS No: Date Care Plan completed: Date Care Plan to be reviewed: <i>(Must be reviewed on a yearly basis.)</i>	Photograph of child / young person <div style="height: 150px; border: 1px solid black;"></div>
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CONTACT INFORMATION:

Family Contact 1 Name: Relationship: Home Tel No: Mobile Tel No: Work Tel No:	Family Contact 2 Name: Relationship: Home Tel No: Mobile Tel No: Work Tel No:
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Name of GP: Telephone No:	
Name of Consultant: Telephone No:	
Name of Community Nurse: Telephone No:	

Note for Parents: Parents/carers re reminded of the importance of informing schools/respice carers of any changes in treatment/medication or ongoing concerns/changes in seizure patterns;

Confidentiality: For reasons of safety and rapid access, this form maybe be displayed on a notice board in the staff room, and a copy will be kept with the medication in a locked cupboard;

Copies held by: Parents/Community records/School/Consultant/Specialist Epilepsy Nurse/Other***Delete as appropriate*

Name of Child / Young Person:

Seizure Type:

- **Known Triggers if any:**
- **Description of Seizure:**
- **Usual Duration:**
- **Recovery Time:**
- **Action:** Refer to First Aid sheet at the end of the Care Plan.
Monitor and record seizure and duration.
Contact parents /carers or as agreed

Seizure Type: *(Delete this box if not needed)*

- **Known Triggers if any:**
- **Description of Seizure:**
- **Usual Duration:**
- **Recovery Time:**
- **Action:** Refer to First Aid sheet at the end of the Care Plan.
Monitor and record seizure and duration.
Contact parents /carers or as agreed

Name of Child / Young Person:	
[1] WHAT CONSTITUTES AN EMERGENCY ?	<ul style="list-style-type: none"> • If a convulsive seizure lasts longer than 5 minutes. • If one seizure follows another without the child / young person regaining consciousness. • If the child / young person has difficulty in breathing. • If injury occurs.
[2] ACTION TO BE TAKEN IN AN EMERGENCY	<ul style="list-style-type: none"> • Inform parents / carers immediately or as agreed. • Dial 999 and ask for a paramedic / ambulance.
[3] ARE NON-CONVULSIVE SEIZURES AN EMERGENCY?	<ul style="list-style-type: none"> • If the non-convulsive seizure is very prolonged and / or appears in clusters, i.e. one after the other without a break in between. • It is not usually necessary for an ambulance to be called unless there is concern about the child's / young person's colour or his / her breathing. • Parents / carers need to be informed, as the child / young person may need to see his / her GP to be examined.
SPECIAL CONSIDERATIONS: <i>[Discuss with parents and record below.]</i> <ul style="list-style-type: none"> • Swimming: • Physical Education • Other concerns: 	

Name of Child / Young Person:
Health Care Plan Agreed By: PARENT/GUARDIAN/CHILD/YOUNG PERSON: Print name: Signature: Date:
HEAD TEACHER / HEAD OF RECEIVING ORGANISATION: Print name: Signature: Date:
HEALTHCARE PROFESSIONAL / OTHER: Print name: Signature: Date:

HEALTH CARE PLAN FOR A CHILD/YOUNG PERSON WITH EPILEPSY REQUIRING BUCCAL MIDAZOLAM FOR CONTROL OF SEIZURES

PERSONAL DETAILS:

Name of Child / Young Person:	Photograph of child / young person
DoB: Name of School / Setting: NHS No: Date Care Plan completed: Date Care Plan to be reviewed: (<i>Must be reviewed on a yearly basis.</i>)	

CONTACT INFORMATION:

Family Contact 1	Family Contact 2
Name: Relationship: Home Tel No: Mobile Tel No: Work Tel No:	Name: Relationship: Home Tel No: Mobile Tel No: Work Tel No:

MIDAZOLAM (mg and mls)	PREPARATION Epistatus (10 mg/ml) Buccolam (10 mg/2ml)	1 st Dose	2 nd Dose

Consultant Paediatrician's Name:
(Please print in capital letters)

Consultant Paediatrician's Signature:

Date:

Note for Parents: Parents/carers re reminded of the importance of informing schools/respite carers of any changes in treatment/medication or ongoing concerns/changes in seizure patterns;

Confidentiality: For reasons of safety and rapid access, this form maybe be displayed on a notice board in the staff room, and a copy will be kept with the medication in a locked cupboard;

Copies held by: Parents/Community records/School/Consultant/Specialist Epilepsy Nurse/Other*
*Delete as appropriate

Name of Child / Young Person:
<p>Seizure Type:</p> <ul style="list-style-type: none"> • Known Triggers if any: • Description of Seizure: • Usual Duration: • Recovery Time:
<p>Seizure Type: <i>(Delete this box if not needed)</i></p> <ul style="list-style-type: none"> • Known Triggers if any: • Description of Seizure: • Usual Duration: • Recovery Time:

MIDAZOLAM Treatment Plan

Name of Child / Young Person:

- When should BUCCAL **MIDAZOLAM** be administered?
**(Note should include whether it is after a certain length of time of number of seizures)*

***NOTE FOR THE FIRST TIME CALL 999 BEFORE GIVING MIDAZOLAM**

- **DOSE:** How much MIDAZOLAM is to be given (in Milligrams and mls.)
- If there are difficulties in the administration of **MIDAZOLAM** – dribbling, missing the mouth due to sudden jerk / convulsions. What action should be taken?

Abandon attempt and call 999 if MIDAZOLAM losts due to excess dribbling and if seizure continues.

- Can a second dose of **MIDAZOLAM** be given? YES / NO *
- **YES** – how long after the 1st dose can the 2nd dose be given if the seizure continues?
- If **YES** – how much is to be given? (in Milligrams and mls.)
- When should **999** be dialled for emergency help?
 - If full prescribed does fails to control the seizure within 5 minutes
 - If injury has occurred
 - If concerned about breathing
 - If concerned for any other reason

- Who needs to be informed if **MIDAZALOM** is given?

Parents Carers Epilepsy Nurse Other*

** Delete as appropriate*

Name of Child / Young Person:
<u>Health Care Plan Agreed by:</u> PARENT / GUARDIAN CHILD YOUNG PERSON: Print name: Signature: Date:
HEAD TEACHER / HEAD OF RECEIVING ORGANISATION: Print name: Signature: Date:
HEALTHCARE PROFESSIONAL / OTHER: Print name: Signature: Date:

Buccal Midazolam Care Plan

Name of Child / Young Person:

BUCCAL MIDAZOLAM – Epistatus Liquid

PROCEDURE FOR ADMINISTRATION

[a)	Midazolam
[b)	Gloves
[c]	Tissues
[d]	Care Plan

PROCEDURE:

- Assess the situation and administer first aid.
- Turn the person's face to the side.
- Check the dose and expiry date of Midazolam (Epistatus) and that the liquid is clear and not cloudy. If cloudy, abandon attempt and call 999 if seizure continues.
- Insert the syringe in the cap of the Midazolam (Epistatus) bottle.
- Turn the bottle upside down and draw up the required amount of Midazolam.
- Separate the person's lips and drip fluid slowly along the lower gums below the teeth in the side of his / her face nearest the floor if lying down
- Gently massage the person's face over the area of insertion.
- Record the time the medication was given.
- Remain with the person until he / she has recovered. Usual absorption time is 4-10 minutes.
- Observe the person's breathing and colour. **Midazolam** can make breathing shallow.
- If difficulties are experienced in giving Midazolam or there is concern after administration, follow the Care Plan which is attached.

First Aid for Seizures

Convulsive Seizures:

- **Do not** move the child/ young person during the seizure unless in danger
- **Do not** put anything between the teeth
- **Do not** restrict his / her movement
- **Do not** give anything to eat or drink until fully conscious

Do protect his / her head from injury by carefully placing something soft under head

Do turn him / her onto his / her side into the recovery position as soon as the jerking stops or earlier if breathing is difficult or if he / she has vomited.

Do stay with the Child / young person until he / she has fully recovered.

Do talk to the child / young person even though you think he / she may be unable to hear you.

Note length of seizure, follow Care Plan and Record

Non - Convulsive Seizures:

- **Do not** try to stop the seizure
- Guide away from Danger
- Be understanding and talk reassuringly throughout the seizure
- Repeat any instructions / information which may have been missed

Note length of seizure, follow Care Plan and Record

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of Medicine Administered to an Individual Child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Staff Training Record – Administration of Medicines

Due to the current COVID-19 outbreak, we cannot offer face to face sessions in schools

Please see details of online training at the bottom of the page

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Amendment due to COVID -19 – we cannot offer face to face training sessions in school during the Covid-19 pandemic 2020

School staff will access Epilepsy training online at:

<https://learn.epilepsy.org.uk/courses/epilepsy-for-school-staff/>

For specific Buccal Midazolam guidance click here: <https://www.buccolam.co.uk/>

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Telephone number
- Your Name
- Your Location as follows [insert school/setting address]
- State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has a sickle cell disorder.
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

Model Letter: Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

References and Further Reading

Department of Education (2014) Guidance on Supporting pupils with medical conditions.
Available at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> (Accessed: 16.12.2014).

Epilepsy Action Learning: free on-line course: <http://learn.epilepsy.org.uk/>

Epilepsy Society: <http://www.epilepsysociety.org.uk/>

NHS Choices: Epilepsy: <http://www.nhs.uk/conditions/epilepsy/Pages/Symptoms.aspx>

Young Epilepsy: <http://www.youngepilepsy.org.uk/>

Young Epilepsy: Free E-learning course: <http://www.youngepilepsy.org.uk/for-professionals/education-professionals/e-learning/>

Apps for your phones:

Epilepsy Society: Free Android App:

https://play.google.com/store/apps/details?id=com.nse&feature=search_result

Free iPhone app: <https://itunes.apple.com/gb/app/epilepsy-tool-kit/id504820506?mt=8>

Epdetect: Free Epilepsy Detector Application: <http://www.epdetect.com/>