



## **Epilepsy and Seizure Guidance**

**Date:** April 2020

**Review:** April 2023

(or sooner if a change in legislation necessitates a review)

**Reviewer:** W Prince/S Whelan

## **Epilepsy and Seizure Guidance**

**Staff will be made aware of students who have epilepsy or a history of seizures via:**

- SIMS
- The Confidential Medical Information document
- The Confidential Exceptional Medical Information document
- Student's photos and diagnosis displayed in the staffroom
- Annual awareness training
- Newly diagnosed students will have the information circulated via email, Staff Bulletin and the Monthly Health Update

### **Day to day management**

- An Individual Health Care Plan (IHCP) will be devised for each student with epilepsy or history of seizures in liaison with parents/guardians and their treating Specialist or Nurse Specialist as appropriate.
- Students are encouraged to carry an Epilepsy/Seizure card to show teachers if they experience any warning signs
- If it has been prescribed, Parents/Carers are requested to provide Buccal Midazolam 'Rescue Medication' which will be stored in an easily accessible place in the Medical Room.
- Buccal Midazolam should be administered as per IHCP by the School Nurse/Assistant or First Aider trained to do so.
- If they wish, parents/carers may provide 'backup' routine anticonvulsant medication to be administered if forgotten at home, this will be kept locked in the Medical Room.
- Form A: Parental-School Agreement on the administration of medicine in school must be completed by the parent/carer for all medication stored in school.
- A spread sheet of all medication stored in school will be maintained. This will be checked regularly by the School Nurse/School Nurse Assistant and parents reminded to replace any medication that is due to expire.

### **Seizure Management**

- Students with epilepsy or history of seizures are strongly encouraged to ask for help if they experience any warning signs.
- Students should then be guided to the floor; to save embarrassment, this may be done outside the classroom if appropriate and time allows, and the School Nurse/Assistant or a First Aider called to attend.
- Individualised seizure management is documented in each student's IHCP; including when to call an ambulance and/or when Buccal Midazolam should be administered.

## **APPENDIX A - Epilepsy Action**

- If staff see a student start to collapse and fall to the floor they should not try to prevent this but try and protect them as they go down. If they commence generalised convulsions of the whole body:
- **Call for help** but do not leave them unattended.
- Call an ambulance as per IHCP or at any time if their airway appears to be compromised or staff are concerned.
- **TIME** the seizure if possible.
- Do not try to move them unless in immediate danger.
- Remove hazards and maintain safety.
- Do not try to restrain them.
- Protect their head; support or place soft padding underneath if possible, and loosen tight clothing.
- Turn them into the recovery position when the convulsions stop and reassure them.
- Note time seizure ends
- Clear excessive saliva and check their airway and breathing.
- Contact parent if not already done so
- Afterwards the student may be vague, vacant and disorientated, stay with them and provide reassurance until they recover and parent and/or ambulance arrives.

### **Trips**

- The Contact and Health Information Sheet for each trip will identify those students who have epilepsy or a history of seizures.
- A 1:1 meeting regarding the individual student will occur between the Trip Leader and/or staff member responsible for care and the School Nurse in consultation with parents/carers/health professionals as required
- Relevant documentation and medication will be taken on the trip.

### **Training**

- Staff will be given annual awareness training on epilepsy.
- First Aiders will be given additional training on epilepsy management.
- Additional 1:1 training re individual students as required.



# First aid for epileptic seizures

Remember

## ACTION

for tonic-clonic seizures:

- A** **Assess**  
Assess the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury
- C** **Cushion**  
Cushion their head (with a jumper, for example) to protect them from head injury
- T** **Time**  
Check the time – if the jerking lasts longer than five minutes you should call an ambulance
- I** **Identity**  
Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do
- O** **Over**  
Once the jerking has stopped, put them on their side. Stay with them and reassure them as they come round
- N** **Never**  
Never restrain the person, put something in their mouth or try to give them food or drink

### Tonic-clonic seizures

(used to be called 'grand mal')

The person goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Tonic-clonic seizures can last a few minutes. A tonic-clonic seizure is the seizure you are most likely to come across. There are many others. Visit [epilepsy.org.uk](http://epilepsy.org.uk) to find out more.

### Call an ambulance if:

- You know it is a person's first seizure **or**
- The seizure lasts for more than five minutes **or**
- One seizure appears to follow another without the person gaining consciousness in between **or**
- The person is injured **or**
- You believe the person needs urgent medical attention



#### Epilepsy Action

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Epilepsy Action is a working name of British Epilepsy Association.  
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