



Epilepsy Management Policy

Responsible Person	Directors
This version Date	May 2022
Review Date	May 2023
Review by	SP

Policy statement

This Policy has been written in line with information provided by Epilepsy Action, the Department for Education (DFE) and the Special Educational Needs Code of Practice.

As we do with all children, we will support children with epilepsy in all aspects of school life, and will nurture and encourage them to achieve their full potential. This will be done by having a policy in place that is developed and understood by all staff.

The policy ensures that all staff receive the relevant training about epilepsy, and the administration of any emergency medication that may be required. Any new staff will also receive appropriate training; linked to their paediatric first aid courses.

When a child joins our projects or an existing child is diagnosed with the condition, the Manager/SENCO (Special Educational Needs Coordinator) will arrange a meeting with the family to establish if or how the child's diagnosis may affect their life. This should include the possible implications for learning, playing and social development. A nurse may also attend the meeting to talk through any concerns the family or staff may have. The following points in particular will be addressed: -

Record Keeping

During the meeting the Manager/SENCO will discuss details of the child's epilepsy and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs.

This information will inform the child's Health Care Plan, and once completed will be signed by the family and Manager. A copy will be given to the parents. A further EMERGENCY COPY will be held with the original Health Care Plan in the Medicines Folder. This information will be regularly reviewed and updated when necessary. All staff will be kept fully informed of any changes.

Medicines

The child's Health Care Plan will contain the information highlighted above and identify any medication or first aid issues which staff need to be aware of. In particular it will state whether the child requires emergency medication. It will also contain the names of the members of staff who have been trained and would if necessary be administering the medication.

If emergency medication is required, then the CM Sports policy will also contain details of the correct storage procedures in line with the DFES guidance found in Managing Medicines in out of school provision and Managing Medicines Policy.

First Aid

First Aid for the child's seizure type will be included on their Health Care Plan and all staff will receive basic first aid training on administering first aid.

The following procedures for giving basic first aid for tonic-clonic seizures will be displayed in the staff folder.

1. Assess – stay calm and assess the situation; are they in danger of hurting themselves? Remove any nearby objects that could cause injury.
2. Cushion – Cushion the head to prevent them from head injury
3. Time – Very important to check the time the seizure starts and how long it lasts; if it lasts longer than usual for the child or continues for more than five minutes, then call an ambulance and administer medication.
4. Identity – Need child's medical information
5. Over – Once the seizure has finished aid breathing by gently placing the child in the recovery position; this helps drain saliva or vomit – never force; It can be normal for breathing to stop during the 'tonic' part of the seizure, the face may go pale; during the 'colonic' part breathing can be irregular.
6. NEVER – never restrain the child; never put something in their mouth or give them food or drink.
7. Do not try to move the child unless they are in danger.
8. When the child finishes their seizure reassure them and protect their dignity and self-esteem.
9. Try and move the other children away as soon as possible.
10. ANY CONCERNS CALL AN AMBULANCE

Sometimes a child may become incontinent during their seizure. If this happens, we will aim to cover them to avoid any embarrassment.

In the unlikely event that a problem arises, staff will be considered to have acted in good faith if our procedures have been followed.

Learning and Behaviour

As an organisation, we recognise that some children may have special educational needs because of their condition. Following the initial meeting, the team within that venue will continue to monitor the child. If there is any concern, a meeting will be arranged with the family and the Supervisor/SENCO to share the observations, and if necessary, set up an Individual Educational Plan. If there remains continued concern, then the SENCO may suggest with parental permission some additional support from other education or medical agencies.

CM Sports - Venue Environment

The above Epilepsy Policy applies equally within the CM sports venues. This includes activities taking part on the venue's premises and outings. For outings, a separate risk assessment will be undertaken with staff, and any concerns held by the parent/carer or members of staff will be addressed at a meeting prior to any outing taking place.

Further Information.

The following information is taken from the DFES document Managing Medicines in Schools and Early Years Settings. It aims to highlight the importance of having a clear school epilepsy policy and help staff understand their responsibility in ensuring the safety of a child with epilepsy in their school (out of school provision)

The general guidance for ensuring the health and safety of children in schools states that it is the employer's responsibility (under the Health and Safety at Work Act 1974) to make sure schools have a health and safety policy which includes procedures for supporting children with medical needs.

It is also the employer's responsibility to make sure that they have taken out Employer's Liability Insurance and that this insurance provides full cover for their staff acting within full scope of their employment ie 'duty of care'. In the day-to-day management of children's medical needs, families should give information about the child's condition, including any relevant details from the child's GP, consultant or epilepsy specialist nurse.

Families are also responsible for supplying any information about their medicine their child needs and providing details of any change to the child's prescription or support required. There is no legal duty requiring staff to administer medication. However, CM Sports should consider this issue as part of their accessibility planning duties. Staff are usually happy to volunteer for training to administer emergency medication.