



SPARKEN HILL
ACADEMY

Epilepsy Policy

Reviewed: July 2025

Review date: September 2026

Epilepsy Policy

This policy has been written in line with information provided by Epilepsy Action, the Department for Education and Skills, the local authority and the schools health service. The school governing body, students and parents have been informed of the school's policy and had the opportunity to contribute to the creation of the policy.

Sparken Hill Academy recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school.

Sparken Hill Academy supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential.

This will be done by:-

- Having a policy in place that is developed in conjunction with the local authority and understood by all school staff.
- Ensuring relevant support staff (including new staff) receive training about epilepsy and administering emergency medicines.
- Ensuring information and records are shared appropriately.

What to do when a child with epilepsy joins Sparken Hill Academy

When a child with epilepsy joins Sparken Hill Academy, or a current pupil is diagnosed with the condition, the SENCO arranges a meeting with the pupil and the parents to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development, and out of school activities.

They will also discuss any special arrangements the pupil may require, e.g. extra time in exams, any additional staffing support or implications of care on school trips.

With the pupil and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or SENCO may have, such as whether the pupil requires emergency medicine. The following points in particular will be addressed.

Record Keeping

During the meeting the SENCO will either request a meeting with the epilepsy nurse or use documentation provided by them or agree and complete a record of the pupil's epilepsy and learning and health needs. This will formulate the basis of the Epilepsy Management Plan.

This document may include issues such as agreeing to administer medicines and any staff training needs.

This record will be agreed by the parents, and the health professional, if present, and signed by the parents and SENCO. This form will be uploaded to Medical Tracker and updated when necessary.

Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

In addition, the class teacher will place a photo and brief details of the child's condition and what to do in an emergency, inside the register for the benefit of supply staff. Each class and the dining staff will be given a brief action plan to follow in case of a seizure (see below).

Medicines

Following the meeting, an individual healthcare plan (IHP) will be drawn up, usually by the specialist Epilepsy Nurse. It will contain the information highlighted above and identify any medications or first aid issues of which staff needs to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam.

It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medicine, then the school's policy will also contain details of the correct storage procedures in line with the DfE guidance found in *Managing Medicines in Schools and Early Year Settings*.

First Aid

First Aid for the pupil's seizure type will be included on their IHP and support will all receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

1. Stay Calm
2. If the child is convulsing then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizures lasts- If it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance
6. When the child finishes their seizure stay with them and reassure them
7. Do not give them food or drink until they have fully recovered from the seizure

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedure for different types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action. An intimate care plan will also be created in consultation with parents.

Learning and Behaviour

Sparken Hill Academy recognises that children with epilepsy can have special educational needs because of their condition. If this is the case, the procedures for helping children with special needs will be put in place (See SEN Policy).

School Environment

Sparken Hill Academy recognises the importance of having a school environment that supports the needs of children with epilepsy. A rest room (Sensory Room) is kept available in case a pupil needs supervised rest following a seizure.

The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

Trips

Class teachers, parents and the SENCo will meet to discuss any individual risk assessments for pupils on school trips. Standard risk assessments will be used and adapted for individuals using information from other records. It is expected that children will participate in trips and that additional staffing will be funded by the school and/or from charities support.



Risk Assessment for Pupils with Epilepsy

Pupil Name:-

Date Updated:-

Does the school have a clear Epilepsy Policy?	Yes	
Are relevant staff trained to identify triggers that may cause a seizure to occur? E.g. excitement or anxiety, photosensitivity, noise, tiredness or sickness can all possibly trigger seizures	Yes – the school ensures that teaching assistants, working alongside teaching staff to support individual needs and pupils in class, are trained on an annual basis by the Epilepsy nurse.	
Do you insist that parents give school information about their child's condition including information from GP or epilepsy specialist nurse? Do you ensure that first aid for the pupil's seizure will be included in their individual medical plan and that support staff working with pupils receive basic training on administering first aid (as well as named First Aiders) and on administering medication? Do you ensure that parents are responsible for supplying information about medicine and providing details of any changes to medication or support required? Are procedures in place for updating of medication? Have the parents given written permission to administer medicines? Are the DFE guidelines followed for pupils with medical needs and storage of medicines?	Yes – part of annual plan Yes – plans are distributed to class teachers after the annual review of medical needs. These are stored at the front of the teacher's planning Through annual plans and must be provided in writing and teachers must sign receipt of any medication changes notification letters and return copies to parents. Parents are responsible for providing and keeping medication up to date. Parents must sign a consent on the medical plan that medicines can be administered, as per the plan. Yes. Medicine is stored close by in the classroom out safely out of reach but quickly accessible. TAs with responsibility for medication	Teachers must display the plan in their room and file. TAs must highlight pupils with Epilepsy to all supply teachers and direct them to further information

Is there a policy in place for the administration of medicines?	must ensure that medication must NEVER be left on tables or within reach of children. There is no legal duty requiring school staff to administer medicine. However at Sparken Hill Academy we provide this service as part of our high levels of commitment to ensure access for all pupils	
Are the procedures for dealing with tonic clonic seizures prominently displayed in all classrooms where pupils are likely to be? Are staff aware that if a child is convulsing they should put something softer under his head? Protect the child from injury (remove harmful objects from nearby)? Are staff aware they should NEVER put anything in their mouths or between their teeth? Are staff aware that they should not try to get verbal responses from the patient? Are staff aware that they should not try to move the patient until they have recovered from the seizure? Do staff know that they may need to have a blanket for warmth and modesty? Are staff aware that they should time the seizure and follow the individual plan?	The medical plan is distributed to teachers. Support staff working with relevant pupils are fully trained in what to do by the Epilepsy nurse. A list of those trained is kept with the individual care plan.	Teachers have a responsibility to display the plan.

Are staff aware that they should not give food or drink until they have recovered from the seizure?		
Does the health and safety policy include procedures for supporting pupils with medical needs?		
Has the school taken out Employer's Liability Insurance and provides full cover for school staff acting within full scope of their employment ie. Duty of care?	Yes – DfE RPA	
Are you aware that certain types of medication can effect a child's learning or behaviour? Are staff aware that in such situations they should remain calm.	Yes part of training for support staff and hand over to new staff, by SENCo.	
Are procedures in place for swimming and physical education?	A member of staff will need to be in the pool with the child and swimming within arm's reach of a child. Children should not climb without harnesses above 1m. Children, if have a helmet, should wear it during PE.	These activities are not WITHOUT risk and should be approved in writing by parents with the understanding that there is a measured risk.
Are procedures in place for school visits? Are safeguarding procedures in place for staff supporting if a waking night carer is funding from an outside charity?	School will consider altering a trip to allow pupils to sleep at home to ensure regular sleep patterns to minimise risk of seizures during the activities in the day. School are happy to increase ratios within the limits of reasonable adjustments and understanding of availability of funding from outside organisations and the limited school budget. Responsibility of providing organisation in consultation with risk assessment for trip.	(Is there any direct payments/activity grants which can be used – not sure of regulations for out of school trips)

Procedures for Epileptic Episodes

1. Stay Calm

2. If the child is convulsing then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth.

5. Try and time how long the seizures lasts- If it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance

6. When the child finishes their seizure stay with them and reassure them

7. Do not give them food or drink until they have fully recovered from the seizure