

RYDES HILL PREPARATORY SCHOOL & NURSERY

P43 (ISI 13A) – EPILEPSY POLICY



RYDES HILL

PREPARATORY SCHOOL & NURSERY

MISSION STATEMENT

- ❖ Rydes Hill Preparatory School and Nursery is a Catholic School where children learn how to live in loving relationship with God and each other.
- ❖ Christian virtues of love and justice, faith and courage, hope and perseverance are fostered.
- ❖ Pupils and staff comprise individuals of different faiths and beliefs but the Rydes Hill community aspires to unity within the life of the School based on shared moral values.
- ❖ The importance placed on the development of individual talents is at the heart of what School stands for and all are encouraged and challenged to be the best they can be.

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Reviewed By :	Sarah Norville – Headmistress	25 th March 2024
Approved By :	SLT	16 th April 2024
Governor Review By :	Not required	

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Revision History

Revision	Paragraph Number	Revision
March 2012		New Document
March 2013		
March 2014		
March 2015		
March 2016		
March 2017		
March 2018		
April 2019		Update
May 2022	11	New paragraph
March 2024		Review

Abbreviations, Acronyms and Definitions

Abbreviation / Acronym	Definition
DfE	Department for Education
EHCP	Educational, Health and Care Plan
IHCP	Individual Health Care Plan
PSHCE	Personal, Social, Health, Citizenship and Economic Education
SENCo	Special Educational Needs Co-ordinator
SLT	Senior Leadership Team

Aim / Objective / Statement of Intent

This policy applies to the whole school including EYFS.

1. This policy has been written in line with information provided by Epilepsy Action, the DfE, the local authority, the school health service, the governing body, staff and parents. It 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.
2. Rydes Hill Preparatory School and Nursery recognises that epilepsy is a common condition affecting adults and children and welcomes both staff and children with epilepsy to the School. The School does not discriminate against staff or children with the condition. We ensure that all staff and children with epilepsy are treated as individuals and that their needs are addressed appropriately.
3. Rydes Hill supports staff and children in all aspects of school life and encourages them to achieve their full potential. We believe that every member of staff or child with epilepsy has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. This will be achieved by having a policy in place that is developed and understood by all school staff. This policy ensures all relevant staff receive information about epilepsy and will be provided with training for administering medicine on a case by case basis.

What is Epilepsy?

4. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine. A seizure occurs when the nerve cells in the brain, which affect the way we think and behave, stop working in harmony. When this happens the brain's message becomes temporarily halted or mixed up. Epilepsy can be caused by damage to the brain through a head injury or by an infection. However, in most cases it has no identifiable cause. Further detailed information can be obtained from Epilepsy Action. (www.epilepsy.org.uk)
5. An epileptic event can be triggered by many things. For example:
 - On a child's first day at school, there may be excitement or anxiety; both of these emotions can trigger seizures.
 - Around exam time, the pupil may experience stress which can result in increased seizures.
 - Lack of sleep may trigger seizures in some people with epilepsy. Students revising for exams or completing coursework need to be encouraged to maintain a regular sleep pattern.
 - Contrary to popular belief, only a small proportion of children with epilepsy have their seizures triggered by flickering light (known as photosensitive epilepsy). Pupils with epilepsy should be individually considered in any risk assessments associated with

Educational Visits and may require an individual pupil risk assessment (See P12 Educational Visits and Off-site Trips Policy and P24 Risk Assessment Policy for further details).

What to do when a child with epilepsy applies to join Rydes Hill

6. During the admissions process, parents will be asked to provide medical information to the school, which may identify a child with epilepsy. The Registrar should ensure that any staff member supervising the child, for example during “taster days”, when the child is not in the company of their parents, are aware of the condition and know what action to take in the event of a seizure. This is to ensure that appropriate medical assistance can be promptly provided if required.
7. It is not necessary to make pupils aware of the child’s condition at this stage. This is to ensure the privacy of the child and alleviate any concern that the potential pupil or parents may feel. If a seizure was to occur then pastoral care would be provided to ensure that they understood what had happened and were not frightened or concerned.
8. The knowledge that the child has epilepsy will in no way impact their opportunity to attend Rydes Hill.

What to do when a child with epilepsy joins or attends Rydes Hill

9. When a child with epilepsy joins Rydes Hill, or a current pupil is diagnosed with the condition, the Headmistress arranges a meeting with the pupil and parents to establish how the pupil’s epilepsy may affect their school life. This should include the implications for learning, playing, social development and out of school activities. They will also discuss any special arrangements the pupil may require, for example, extra time in exams. With the pupil’s and parent’s permission, epilepsy will be addressed as a whole school issue through assemblies and in the teaching of PSHCE. If deemed appropriate, 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.
10. The Deputy Head for Pastoral Care may also be requested to attend the meeting to talk through any concerns the family or Head may have, such as whether the pupil requires emergency medicine.
11. A risk assessment may need to be put in place, for example for swimming lessons

What to do when an adult with epilepsy applies for a post at Rydes Hill

12. During the recruitment process, candidates will be asked if they require any additional support during the interview process however it is recognised that epilepsy is unlikely to be declared at this stage. Staff involved should therefore be mindful that candidates may

find the interview process a source of anxiety and may consequently be at increased risk of seizure at this time.

13. In the event that a candidate were to suffer a seizure during the interview, medical help should be sought immediately and the interview adjourned. The candidate should be reassured that their chances of gaining a post have been in no way affected and a new interview should be arranged when the candidate is recovered.

What to do when an adult with epilepsy joins or attends Rydes Hill

14. When an adult with epilepsy is offered a post at Rydes Hill, or a current staff member is diagnosed with the condition, a member of SLT arranges a meeting with the individual to establish how their epilepsy may affect their school life. This should include the implications for their pupils and colleagues and will address what special arrangements the staff member may require, for example, additional breaks, refrigerated storage of medication, time off for medical appointments etc. With the individual's permission, relevant colleagues will be informed (e.g. School Office staff, classroom colleague, other members of SLT) and appropriate information on epilepsy will be provided. This may include the type of epilepsy suffered and will include training on appropriate first aid treatment. It will be the individual's decision if they wish to share information on their condition with the pupils and their parents and they will be under no obligation to do so. If they decide to share this information with pupils and their parents they will be fully supported by the Deputy Head Pastoral in delivering this information.

Record Keeping – Pupils

15. During the meeting with parents, the Headmistress will record the pupil's epilepsy and learning and health needs. 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 the Headmistress. If appropriate, an individual pupil risk assessment form may be completed. These documents will be updated and retained as necessary. (For further details please refer to P41 Data Retention Policy). These records will be shared with the Deputy Head (Pastoral) and Deputy Head (Academic/SENCo).
16. The Registrar, School Office, PE Staff, relevant peripatetic staff and the appropriate form teacher(s) will be provided with a copy of the relevant parent contact details, individual pupil risk assessment and Medical Form which will provide details of the medical condition and emergency treatment. These staff members will be notified of any changes in the pupil's condition through regular staff meetings. 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 absences or seizures and missing part of the lesson. If appropriate, and once parental permission has been obtained, a photograph of the pupil will be placed in the Staff Room and behind the counter in the Dining Hall.

Medicine - Pupils

17. Following the meeting with the pupil and their parents, an Individual Health Care Plan (IHCP) will be drawn up if required. Details of the steps recommended in developing an IHCP can be found in the DfE document "Supporting Pupils at School with Medical Conditions" December 2015. A suitable template is provide in the same document as Template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

18. It will contain the information highlighted above and identify any medicine or first aid issues of which staff need to be aware. In particular it will state whether the pupil requires emergency medicine. 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 this should be stored in line with the DfE guidance found in Managing Medicines in Schools and Early Years Settings.

First Aid

19. First Aid for the pupil's seizure type will be included in the IHCP (for staff members with epilepsy, colleagues will be informed as necessary) and all staff (including support staff) will receive basic training on administering first aid.

20. Clonic-tonic (convulsive) seizures are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a clonic-tonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or inside of their mouth.

21. The following procedure is for giving basic first aid for clonic-tonic seizures and will be prominently displayed in all classrooms, the dining room and the staffroom if required.

- Stay calm and give reassurance
- If the person is convulsing, put something soft under their head
- Protect the person from injury - remove harmful objects from nearby
- NEVER try to move them unless they are in immediate danger
- NEVER try and put something in their mouth or between their teeth
- NEVER try to restrain their movement
- Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or adult or continues for more than five minutes then call for assistance and an ambulance
- Aid breathing by gently placing them in the recovery position once the jerking has stopped



- When the person finishes the seizure stay with them and reassure them until they are fully recovered
 - Do not give them food or drink until they have fully recovered from the seizure
22. If a person becomes incontinent during a seizure, try and put a blanket or coat around them when their seizure is finished to avoid potential embarrassment. Wherever practicable, remove other pupils and/or staff from the area.
23. **Call for an ambulance if:**
- You know (or suspect) it is their first seizure **or**
 - If the jerking continues for more than five minutes **or**
 - They have one clonic-tonic seizure after another without regaining consciousness between seizures **or**
 - They are injured during the seizure **or**
 - You believe they need urgent medical attention
24. If a pupil or staff member suffers a seizure the Headmistress or other member of SLT must be informed. Parents must always be immediately informed if their child suffers a seizure.
25. First aid procedure for different seizure types can be obtained from Epilepsy Action.

Learning & Behaviour

26. Rydes Hill recognises that children with epilepsy can have special educational needs because of their condition and has regard to guidance contained in the Special Educational Needs and Disabilities (SEND) Code of Practice : 0 to 25 years, including to paragraph xviii where epilepsy is defined as a condition which should be considered in certain circumstances as falling under this Code of Practice.
27. Following the initial meeting with the pupil and their parents, staff will be asked to ensure that the pupil is not falling behind in lessons. If this starts to happen, the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's special educational needs coordinator (SENCo). If necessary, an EHCP will be created and if the SENCo thinks it is appropriate,

the child may undergo an assessment by an educational or neuro-psychologist to decide what further action may be necessary. Parents will be kept fully informed by the SENCo during this time.

School Environment

28. Rydes Hill recognises the importance of having a school environment that supports the needs of children and adults with epilepsy. A medical room is kept available in case a pupil or staff member requires supervised rest following a seizure.