



EPILEPSY POLICY **(Senior and Junior Schools)**

(This document is available on the school website or on request)

Reviewed January 2018

Epilepsy is a tendency to have seizures (sometimes called fits). The seizure is caused by a sudden burst of intense electrical activity to the brain, causing temporary disruption to the way messages are passed between brain cells.

Epilepsy can affect anyone, at any age. It can have an identifiable cause such as meningitis or a blow to the head or for the majority of cases have no known cause.

There are many different kind of Epilepsy and Seizures described below.

Signs and Symptoms:

Each pupil with epilepsy will experience the condition in a way that is unique to them. Seizures can happen at anytime and generally last a matter of seconds or minutes, after which the brain returns to normal. Seizures are divided into two groups:

- Generalised
- Partial (sometimes called Focal)

Generalised:

These affect the whole or most of the brain. These will always involve a **loss of consciousness**, although not everyone will fall to the floor.

Absence:

Here the person stops what they are doing and may **stare, blink or look vague** for a few seconds. They are often mistaken for **daydreaming or inattention**. These are the most common types of seizure in children and young people and can occur several times a day.

Myoclonic:

These involve **sudden contractions of the muscles**. Either a single movement or numerous. These seizures tend to affect the arm, sometimes the head but can affect the whole body in some cases.

Tonic clonic seizures:

This is the most widely recognised type of seizures. Here the pupil will **lose consciousness**, their **body will stiffen and they will fall to the ground**. This is followed by **jerking movements** known as convulsions. Sometimes the pupil will become **incontinent**. After a few minutes the jerking will cease, the pupil will be confused and will probably need to sleep.

Atonic seizures:

Here all muscle tone is lost and the person drops to the floor. **The body will go limp** and they will usually fall forward. They are therefore at risk of hitting their head. The pupil can usually get up straight away.

Partial seizures:

Only one part of the brain is affected. However, this may be a warning or act as an “aura” for a generalised seizure. They are divided into simple (where consciousness is not impaired) and complex (consciousness is impaired).

Simple partial seizure:

The symptoms depend on which area of the brain is affected. For example, a pupil experiencing this type of seizure may report **tingling, sweating, go pale or experience a strange smell or taste**. The pupil will remain fully conscious and the seizure is brief.

Complex Partial seizure:

Again the symptoms depend on the area of the brain affected, the pupil can appear fully awake but may be **acting strangely (e.g. smacking their lips, plucking at clothing or wandering aimlessly)**. They cannot control their actions therefore cannot follow instructions.

Status Epilepticus

If a pupil experiences a long seizure (30 minutes or so) or does not regain consciousness, they need to be treated as a medical emergency to assess trauma to the brain.

Triggers:

In many pupils with epilepsy, seizures happen without warning, but in some people certain triggers can be identified. Here are some examples:

Stress, anxiety or excitement

Not taking medication

Hormonal changes

Unbalanced diet

Alcohol and recreational drugs

Some over the counter/ prescription medication

Late nights

Illness

Photosensitivity

Emergency Procedures:

Tonic clonic seizures:

Symptoms:

Loss of consciousness, body stiffening and falling to the ground

Jerking movements

Blue tinge around the mouth (caused by irregular breathing)

Loss of bladder and/or bowel control

After a minute or two jerking will stop and consciousness regained.

DO

- Protect the person from injury- remove harmful objects nearby
- Cushion their head
- Look for Medical ID (Card, bracelet, necklace) to find out what to do in an emergency and contacts
- Once seizure over, gently place in the recovery position and observe
- Keep calm and reassure the pupil. Stay with them until fully recovered

DO NOT

- Restrain the pupil
- Put anything in their mouth
- Try to move the pupil unless they are in danger
- Give the pupil anything to eat or drink until fully recovered
- Attempt to bring them around

CALL 999

Seizures involving altered consciousness or behaviour:

Symptoms:

Twitching, numbness, sweating, dizziness, nausea

Disturbance to vision, smell, taste or hearing

As strong sense of déjà vu

Plucking at clothes

Smacking lips, swallowing repeatedly

Wandering around

Falling to the floor

Daydreaming

DO

- Guide the pupil away from danger
- Look for medical ID card for guidance
- Stay with the pupil until recovery is complete
- Keep calm and reassure the pupil
- Explain what they have missed

DO NOT

- Restrain the pupil
- Act in a way that would frighten them such as shouting or abrupt movement
- Assume the person is aware of what is happening or what has happened
- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them around

CALL 999

Responsibilities of the school:

All pupils diagnosed with Epilepsy will be identified to all staff

All Staff will read the School Policy regarding Epilepsy, its symptoms and treatment

All members of staff to be aware of possible triggers

Each pupil will have an individual care plan

In event of pupils who have lapses in concentration- teachers will provide reassurance and reiterate the work done.

Any prescribed medication will be dealt with under the usual school guidelines (Medicines in school policy)