

WINTERBOURNE NURSERY & INFANT SCHOOL



School Epilepsy Policies

Agreed by governors: 22nd May 2018
Next review: September 2019

This policy is intended to ensure that appropriate processes are in place to fully support and safeguard pupils at Winterbourne Nursery & Infant school who have epilepsy. It has been prepared with reference to information available from Young Epilepsy.

School Epilepsy Champion

Our School Epilepsy Champion is **Mrs Sue Connelly**

Winterbourne Nursery & Infant school will maintain the informal post of a School Epilepsy Champion, who has received training in epilepsy and supporting children who have epilepsy in school. The School Epilepsy Champion will take a leading role ensuring that the following epilepsy policy is adhered to, raising awareness of epilepsy within the school, identifying further training needs within the school as they arise and maintaining links with Young Epilepsy. The School Epilepsy Champion will also become a resource for colleagues in school, by sharing both their knowledge of epilepsy and classroom strategies. Prior to our School Epilepsy Champion leaving the school Mr Robert Devlin Headteacher will ensure that a new Champion is appointed and trained.

Communication

With Parents

When a pupil who has epilepsy joins Winterbourne Nursery & Infant school or an existing student is diagnosed with epilepsy, a meeting will be arranged with the parents (and pupil where appropriate) to:

- Discuss the pupil's medical needs, including the type of epilepsy he or she has.
- Discuss if and how the pupil's epilepsy and medication affect his or her ability to concentrate and learn, and how the pupil can be supported with this.
- Discuss any potential barriers to the pupil taking part in all activities and school life, including day and residential trips, and how these barriers can be overcome.
- Advise parents and the pupil of the school's epilepsy policy and the presence of the School Epilepsy Champion.
- Discuss with parents and the pupil the arrangements for ensuring that all relevant staff are trained and other pupils are epilepsy aware.
- Ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication.
- Initiate the completion of an Individual Healthcare Plan, including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered.
- Initiate the completion of an Individual Education Plan for the pupil.
- Discuss how the school, parents and pupil can best share information about the pupil's progress in school and any changes to his or her epilepsy and medication.

A record of what was discussed and agreed at this meeting will be kept by the school. After the initial meeting, the school will continue to share information with the pupil's parents and to involve the parents in any decision making process. Where appropriate the pupil will also be involved in this process.

With Health Professionals

Winterbourne Nursery & Infant school recognises that information held by the school, such as changes to the pupil's seizure patterns and changes to the pupil's behaviour, may be extremely useful to the pupil's healthcare team. Where appropriate and with the parents' permission Winterbourne Nursery & Infant school will share this information, either via the parents, or directly, with the pupil's healthcare team. Winterbourne Nursery & Infant school will also encourage information sharing between health and education, for example changes in medication or seizure patterns.

With School staff

All appropriate staff, including teachers and office staff will be told which children in the school have epilepsy, and what type of epilepsy they have. All staff (teaching and support) who are responsible for a child with epilepsy, will receive basic epilepsy awareness training, including what to do if a child has a seizure. New staff will be given this information as part of their induction. Supply staff, who will be responsible for a child with epilepsy, will be given information about epilepsy, including what to do if a child has a seizure, before they begin working in the school.

At the beginning of the academic year or immediately following the pupil's diagnosis, a meeting will be arranged to discuss the pupils support needs. At this meeting all attendees will be given a copy of the pupils Individual Education Plan and Individual Health Plan.

One named member of staff will take responsibility for sharing any changes to the pupil's Individual Healthcare Plan and Individual Education Plan, with appropriate members of staff.

With the pupils who have epilepsy

The school will give voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.

School Life

An inclusive environment

Pupils with epilepsy will not be isolated or stigmatised and will be allowed to take a full part in the school curriculum and school life, including activities and school trips (day and residential). Parents and staff will discuss any special requirements prior to such events.

Staff will consider the adjustments necessary to enable the pupil to participate fully in school life and to reach their full potential. This might include changes to timetables, exam timings and coursework deadlines. These adjustments will be recorded and shared with other appropriate members of staff.

Raised Awareness

The School Epilepsy Champion will ensure that awareness of epilepsy is raised across the whole school community. Particular attention will be given to the pupil's peer group so that they know what to expect, are not scared by a seizure and know what to do if a pupil has a seizure.

Mentor / Buddy

The school will offer support by providing a mentor or buddy for the pupil.

Education

All pupils who have epilepsy will have an Individual Education Plan. The pupil's teachers will keep records detailing the pupil's achievement, behaviour, memory, concentration and energy levels.

For primary school children: the pupil's teacher will review his or her progress termly. If any problems are identified the teacher will meet with the SENCO / the School Nurse / the Epilepsy Champion, to discuss and agree strategies for supporting the pupil.

For pupils at secondary school students: once a term the pupil's teachers will review the pupil's progress in their subject, and inform the form tutor if the child is not achieving to their full potential or is experiencing problems with concentration etc. If any problems are identified the form tutor will meet with the pupil's teachers / the SENCO / the School Nurse / the Epilepsy Champion, to discuss and agree strategies for supporting the pupil.

The pupil will also be encouraged to reflect upon his or her achievements and whether he or she feels that his or her education is being affected by his or her epilepsy.

Any changes or problems identified, as well as strategies for supporting the pupil, will be discussed with the pupil's parents and, when appropriate, with the pupil. It may be appropriate to share information about these changes with the pupil's healthcare providers. If appropriate the pupil may undergo an assessment by an educational or neuropsychologist.

Any changes to the pupil's Individual Education Plan will be shared with the appropriate members of staff.

Medical Needs

The pupil's Individual Healthcare Plan will be kept in the school office. The pupil's form teacher will be responsible for reviewing the plan at least once a term and will advise other appropriate staff of any changes.

All staff (including support staff) will be trained in first aid appropriate for the pupil's seizure type. The first aid procedure will be prominently displayed in all classrooms.

If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

The pupil's Individual Healthcare Plan will include the names and contact details of the staff trained to administer medication. There will be a trained member of staff available at all times to deliver emergency medication. Details of who that member of staff is and how to contact them will be kept with the pupil's Individual Healthcare Plan. We will ensure that enough staff are trained and available, so that even if the person who usually administers emergency medication is unexpectedly absent, there will still be a trained member of staff available to administer the emergency medication.

A record of staff trained in administering emergency medication will be kept with the Individual Healthcare Plan.

A medical room with a bed will be kept available, so that if needed, the pupil will be able to rest following a seizure, in a safe supervised place.

Useful forms available from Young Epilepsy

The following can be requested from Young Epilepsy by emailing info@youngepilepsy.org.uk:

- Contact details form,
- Current medication record.

The following can be downloaded from the Young Epilepsy website:

- [Individual Healthcare Plan](#),
- [Record of the Use of Emergency Medication](#),
- [Seizure Record Chart](#),
- [Seizure Description Chart](#).

Appendix 1

Positive Handling Procedures

The following guidance is based on 'Guidelines on Permissible Forms of Positive Handling Strategies with Children' January 2004 Croydon Council

Touching

It is unrealistic to suggest that staff should only touch children in an emergency particularly when dealing with young children. Touching can be used to give reassurance, praise and comfort but it is important that staff ensure any contact is not misinterpreted by children. Staff should use their professional judgement based on knowledge of individual children, and the circumstances and environment under which any contact may be made.

Positive Ethos

The school's positive behaviour management ethos will ensure that numerous alternative strategies will be used before physical intervention is considered for disruptive children. These could include:

- Talking to the child
- Listening to the child
- Awareness of building tension and defusing strategies
- Awareness of individual's responses to certain situations and anticipation of problems

Anticipating and defusing challenging situations could include:

- Using a calm voice
- Allowing 'take up' time and not expecting immediate compliance
- Isolating the child thereby removing the audience

- Involving a second member of staff
- Use of body language to maintain calm
- Offering alternative choices
- For pupils with SEND we aim to avoid pupils becoming stressed and therefore prevent the need for physical interventions wherever possible by the use of effective curriculum and behaviour strategies.

Different forms of physical control

Physical presence

The 'visibility' of adults can signal unspoken messages of authority to children and can be used to engage children in discussion or block a child's exit.

Physical contact

Control can be maintained by holding a child in a manner that does not have the force of restraint, for example:

- guiding a child by the arm to divert them from destructive behaviour
- holding a child's arm to secure attention
- guiding a child away from an argument
- removing a child from a situation
- acting as a barrier between two children.

Physical Restraint

Physical restraint is the positive application of force with the intention of maintaining safety to protect children and enable them to regain control as soon as possible. This will only be used by the Headteacher or Deputy Headteacher (or senior member of staff specifically authorised by the Headteacher or Deputy Headteacher), for example 1:1 support TA's or midday supervisors that support pupils with SEND, as a last resort when all other strategies have been ineffective. All children will be offered the chance to verbally or via augmented communication to cease the undesirable behaviour before physical restraint is used.

Any use of physical restraint must always be necessary, proportionate and in accordance with the law. In some situations, it may be better to remove other pupils from the setting rather than attempting to intervene physically. Physical restraint must never be used as a technique for disciplining pupil.

Appendix 2

Note of Behaviour Incidents (Red Triangle)

Child's Name:	
Class:	
Date and Time of Incident:	
Children involved:	
Dealt with by:	
Brief outline of events:	
Action:	

Signed: _____

Date: _____

Role: _____

Appendix 3

Winterbourne Nursery & Infant School

Note of Behaviour Incidents

Child's Name:	
Class:	
Date and Time of Incident:	
Children involved:	
Dealt with by:	
Brief outline of events:	
Action:	

Signed: _____

Date: _____

Role: _____