Epilepsy Policy

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Policy Statement

Play Inclusion Project recognises that epilepsy is a common condition affecting children and young people. We welcome children and young people with epilepsy into our activities and sessions.

We are committed to safeguarding all children and young people who attend our activities. This policy supports our Administration of Medication and Care of Sick Children Policy and our Health and Safety Policy.

Our aims are to:

- Ensure children with epilepsy are safe, supported, and fully included in activities.
- Provide staff with the knowledge and training needed to respond appropriately.
- Work in partnership with parents, carers, and health professionals.

Roles and Responsibilities

- Trustees/Management – oversee policy implementation, ensure training is provided, and review the policy annually.
- Activity Coordinators – hold up-to-date copies of each child's care plan and epilepsy plan, ensure staff follow procedures, and record incidents.
- Staff/Volunteers – attend epilepsy awareness training and follow the child's individual care plan at all times.
- Parents/Carers – provide an up-to-date care plan, medication form, and written consent for the administration of medication.

Care Plans and Record Keeping

Each child with epilepsy will have an individual care plan and a medication form, completed with parents/carers and their epilepsy nurse where applicable.

Care plans will include:

- seizure types, how seizures present, warning signs, typical duration, and known triggers.
- Medication details (type, dosage, frequency) will be recorded on the medication form.
- Seizure incidents will be logged, including date, type, duration, action taken, and recovery. Parents/carers will be informed as soon as possible.

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By Joanne Barnes

Types of Seizures & First Aid

Tonic-Clonic Seizures (formerly Grand Mal)

The child loses consciousness, falls, body stiffens, limbs jerk, breathing may be irregular, possible bladder/bowel loss.

First Aid:

- Stay calm and protect the child from injury.
- Place something soft under their head.
- Do not put anything in their mouth or restrain them.
- Time the seizure. If it lasts more than 5 minutes (or longer than usual for that child), call emergency services.
- After the seizure, reassure them, place in recovery position if needed, and allow rest.
- Offer privacy if incontinence occurs.
- Contact parents as the child may need to go home and rest as it can take hours to recover

Absence Seizures

Brief loss of consciousness, appearing to “daydream.” This can cause the child to become confused about what is happening around them. Absence seizures can happen many times per day.

First Aid: None usually required, but be aware of concentration impact/confusion.

Complex Partial Seizures

Reduced awareness, repetitive movements (e.g., swallowing, scratching). May be mistaken for poor behaviour. The child will not know what has happened and will not remember what they were doing before the seizure started.

First Aid:

- Do not restrain unless in immediate danger
- Guide to safety if necessary
- Stay with the child until awareness returns.

Myoclonic Seizures

The muscles of any part of the body jerks. These jerks are common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning.

First Aid: None usually required, unless injury occurs. Reassure and comfort if distressed.

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Atonic Seizures

Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head. Children who have regular atonic seizures may need to wear protective headgear to avoid injuries.

First Aid:

- Check for injury.
- Child may need protective headgear if seizures are frequent.

Medication

Most children take daily anti-epileptic medication at home.

Urgent medication may be required if a seizure does not stop or the child goes into status epilepticus (a prolonged or repeated seizure without recovery). This is a medical emergency.

Rescue Medication (Buccal Midazolam):

- Rescue medication can only be given with prior written consent from parents/carers.
- Medication must be in its original packaging with the child's name on the label and seal intact.
- Medication will be administered by trained staff only, following the child's care plan.
- Dose is given into the side of the mouth (half each side), rubbed into the cheek.
- If given, an ambulance must also be called.

When to Call Emergency Services

Always call 999 if:

- It is the child's first seizure.
- The care plan instructs that emergency help is required.
- A seizure lasts more than 5 minutes, or 3 minutes longer than usual for that child.
- The child is injured.
- Breathing is severely impaired.
- The child does not regain consciousness.
- Further seizures occur without recovery in between.

Training

- All relevant staff will receive epilepsy awareness and first aid training.
- Staff who may be required to administer rescue medication will receive accredited training in Buccal Midazolam.

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- Training will be refreshed annually or sooner if required.

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