



Westbourne
House School

CHICHESTER

EPILEPSY POLICY & PROTOCOL

This is a medical protocol of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage, as well as provision for boarding, and should be read in conjunction with the school's First Aid Policy

Epilepsy is one of the most common neurological conditions in the world.

Affecting the brain and nervous system, epilepsy causes recurring, unprovoked seizures. These seizures are the result of excessive electrical activity within the networks in the brain, which leads to temporary disruptions in normal brain function.

Westbourne House is an inclusive community that welcomes and supports pupils living with Epilepsy. This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school will make sure all staff understand their duty of care to children and young people in the event of an emergency and feel confident doing so. Westbourne House understands that epilepsy can be debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Westbourne House understands the importance of medication and care being taken as directed by healthcare professionals and parents.

Westbourne House understands that all children with the same medical condition will not have the same needs.

Care Planning

All children with epilepsy will have an individual healthcare plan (IHCP).

- An IHCP will detail exactly what care a pupil needs in school, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a pupil's learning, behaviour or classroom performance.

- This should be drawn up with input from the pupil (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

Pupils living with epilepsy are welcome at Westbourne House School. They will be encouraged to take a full part in all activities in the school.

Depending on the pupil's age, and with the pupil's permission, epilepsy will be explained to the peer group and how to help should a seizure occur. The relevant staff will automatically be given this information.

Staff will receive regular updates on how to manage pupils with epilepsy.

Medication will be kept in the locked medicine cupboard in the medical room.

All staff have access to information on how to help a pupil who has a seizure or absence and what to do in an emergency. Regular updates and training opportunities will be offered to staff.

An updated list of pupils with important medical needs is on the Staff Room notice board.

Types of Epilepsy

There are over 40 different types of epilepsy but the International League Against Epilepsy (ILAE) has identified four main types:

1. **Focal**
2. **Generalised**
3. **Unknown onset**
4. **Combined** (focal & generalised)

Seizure Triggers

Epilepsy can be provoked by certain events, called seizure triggers. These vary from person to person. Common seizure triggers include:

- **Flashing lights**
For around 3% of people, flashing lights or patterns can trigger seizures in people with photosensitive epilepsy. This jumps to 30% of young people (typically aged between 12 and 16) with juvenile myoclonic epilepsy who are photosensitive. The majority of these will grow out of it in their 20s.
- **Missed medications or not taking medication as prescribed**
- **Feeling tired and lack of sleep**
- **Stress**
- **Alcohol and recreational drugs**
- **Hormonal changes**

Management of Seizures

Absence seizures (brief lapse in awareness, a vacant stare, usually lasts under 20 seconds)

- Treat as per IHCP
- In a classroom setting the pupil will have missed information

Focal seizures (may experience unusual sensations, feelings and/or movements)

- Treat as per ICHP
- Dependant on severity of movement – move to management procedures listed in section below

Tonic seizures (muscles suddenly get stiff, person may fall, then recover quickly)

Tonic-clonic seizures (unconsciousness, may fall to ground, muscles stiff, body jerks/shakes)

Atonic seizures (muscles go floppy, may fall then recover quickly)

Myoclonic seizures (muscles briefly jerk)

- Treat as per ICHP
- Make note of time seizure starts
- Let seizure run its course
- Do not restrict movement in any way
- Only move pupil if they are in danger
- Inform the school nurse
- Cushion the head – but do not restrict movement
- Do not force anything between the teeth.
- After jerking/shakes have finished turn the pupil onto their side – into recovery position, to maintain the airway
- Reassure the pupil seizure
- There is no need for an ambulance unless this is the first seizure, the seizure is longer than normal for them, longer than 5 minutes or it becomes a medical emergency.
- Reassure any pupils who may be disturbed by what they have seen.

Medical Emergency

Very rarely a seizure becomes a medical emergency

- When the seizure shows no sign of stopping after five minutes
- A second seizure occurs before the pupil has regained consciousness
- The pupil injures themselves during the seizure
- An ambulance should be called if any of the above occurs
- Parents should be informed as soon as possible

Monitoring and review

The school will review and monitor the effectiveness and compliance of this protocol (in conjunction the school’s First Aid Policy). This protocol will be kept up-to-date and amended to take account of legislative and regulatory changes.

Last Review Date	Next Review Date	Reviewer(s)
September 2025	September 2026	School Nurse