



St John's (Church of Ireland) National School

Tower Road, Clondalkin, Dublin 22. D22 YN52

Roll No. 18642Q

Tel. 01 4570680

E-mail secretary@stjohnsnsclondalkin.com

Epilepsy Policy

This policy has been written in line with information provided by the HSE and the Irish Epilepsy Association. St. John's School recognises that epilepsy is a common condition and welcomes all pupils with epilepsy to our school. St. John's School supports pupils with epilepsy in all aspects of school life and encourages them to achieve their full potential.

This epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on and off the school premises, travelling on school transport. Any concerns held by the pupil, parent/guardian or member of staff will be addressed prior to the activity taking place.

This policy ensures all relevant staff receives regular training about epilepsy and administering Buccal Midazolam.

Understanding Epilepsy

Types of seizures:

Epilepsy is a tendency to recurrent seizures originating in the brain. Seizures may be partial or generalized and may take the form of an absence seizure (staring and blinking), a myoclonic seizure (brief jerking movements), a tonic clonic seizure (going stiff and falling followed by jerking movements), a tonic seizure (going stiff and falling) or an atonic seizure (falling limply to the ground).

Stages of a Tonic Clonic Seizure:

- Aura – a warning sign (not always present)
- Tonic – muscles stiffen and the person may fall to the ground, breathing stops temporarily
- Clonic- period of jerking movement, breathing returns (abnormal and noisy)
- Recovery – the person may be drowsy and may sleep, or could be confused after seizure

Managing Tonic Clonic Seizures :

- Note the time
- Clear a space around the pupil
- Cushion the head to prevent head and facial injury
- Remove spectacles if worn
- Loosen tight neckwear
- Loosen chest and leg safety straps on wheelchairs
- Turn on side if possible, to aid drainage
- Reassure others and explain what you are doing
- Don't put anything in the mouth
- Don't restrain or restrict movement during the seizure
- Don't give anything to eat or drink
- Don't move the person unless they are in danger
- Remember the pupil's awareness may be altered but not lost
- Ensure safety
- Be calm and reassuring – use normal tone of voice
- Remain with the person – time the length of the seizure

When to Call an Ambulance:

- If it is the pupil's first seizure

- If a seizure lasts more than five minutes and you do not know the usual length of the person's seizure
- If a seizure lasts two minutes more than is usual, and rescue medication isn't prescribed
- If a tonic clonic seizure follows another without full recovery in between, and rescue medication has not been prescribed
- If concussion/head injury is suspected
- If you are concerned about the pupil's colour/breathing
- If water is inhaled – i.e. at pool
- If Buccal Midazolam has been administered (if specified in individual care plan)
- If a second dose is required (i.e. no improvement after first dose)

Unusual patterns or symptoms:

If a pupil's seizure activity is unusual (i.e. cluster seizures/prolonged/more seizures during the day than usual), parents are to be advised of the changes and to seek medical advice on the change in condition.

Recording Seizures:

A written record will be kept of every seizure and will include the following:

- Time the seizure started and how long it lasted
- Any known triggers before the seizure, e.g., change of mood, restlessness, feeling ill or stressed
- Where the pupil was and what they were doing when the seizure occurred, e.g., standing, sitting, etc.
- During the seizure – a written account of exactly what was observed, e.g., did they fall down and if so did they go stiff and fall or just slump and fall; did their colour change; did they lose consciousness and for how long; was their breathing normal?
- After the seizure – did they recover quickly and carry on with activities, did they become confused or sleepy, did they injure themselves?

Recording information and Individual Care Plan

Appendix A and B

When a pupil with epilepsy joins St. John's School, or a current pupil is diagnosed with the condition, a meeting will be arranged with the parents/guardians to fill in a parental questionnaire and to draw up an individual care plan. If the pupil is under the care of a specialist epilepsy nurse, s/he will also be invited to attend the meeting.

Appendix C

If a pupil is prescribed Buccal Midazolam, parents/guardians will be given a copy of the Buccal Midazolam protocol for completion by the pupil's GP. The protocol will state when the Midazolam should be administered, how much should be given and after how long a second dose should be given. The protocol will be reviewed annually, and will be attached to the pupil's individual care plan. A copy of the individual care plan will be kept in the office and in the pupil's classroom.

Appendix D

After Buccal Midazolam has been administered it will be recorded in the pupil's Record of Medication Administered, which will be attached to the individual care plan.

Appendix E

Parents/guardians must notify any information on seizures/medication at home to school staff, and comply with this at all times.

Appendix F

Consent for pupils to attend swimming with permission from GP.

Administration of Buccal Midazolam

Buccal Midazolam is a medicine which is used to stop serial and prolonged seizures.

Procedure of administration:

(see also each pupil's individual care plan)

- Time the seizure
- Call staff from the care team if on school premises
- Prepare the medication to administer if time exceeds limit
- Insert the syringe into the mouth, between the lower gums and cheek
- Slowly push the syringe down until empty (30 seconds approx.)
- Monitor effect/improvement or call ambulance if specified in plan
- Record and report

School staff:

Only staff members who have been trained how to safely administer Buccal Midazolam should do so. A second staff member must always be present to check the pupil's name and dosage on the label. Medication will be taken by authorised staff on school outings. Gloves will accompany the medication. Pupils will have their own prefilled syringes and staff and parents/guardians must check this regularly to ensure it is in date and in order.

Signed: Eileen L. O.
Chairperson of Board of Management

Date: 11/10/23

Signed: Michelle Sharkey
Principal

Date: 11/10/23.

Appendix A
Parent/Guardian Questionnaire

Pupil's Name: _____

Class: _____

Date of Birth: _____

1. What type of seizure(s) does your child have?

See list below.

- Absence seizure - staring and blinking
- Myoclonic seizure - brief jerking movements
- Tonic clonic seizure- going stiff and falling followed by jerking movements
- Tonic seizure- going stiff and falling
- Atonic seizure- falling limply to the ground

2. How long do the seizures normally last?

3. How does your child usually feel afterwards?

4. Are there any signs that your child is about to have a seizure?

5. Are there any occasions when your child is more likely to get a seizure?

6. What is the name of your child's epilepsy medication?

7. Are you happy for your child to participate in out of school activities/trips?

8. Does your child have any other medical conditions?

9. Is there any other relevant information that you feel the school should be aware of?

Signature of Parents/Guardians: _____

Date: _____

Appendix B

Individual Care Plan

Pupil's Name: _____

Class: _____

Date of Birth: _____

Parent/Guardian's Names and Contact Number: _____

Type of seizure/s experienced: _____

Symptoms: _____

Possible triggers: _____

Usual procedure following seizure: _____

Prescribed anti-epileptic medication: _____

Where medication is stored: _____

Member of staff responsible for replenishment of medication: _____

Staff trained to give medication:

Emergency procedure if seizure lasts for more than _____ minutes

1. Member of staff to stay with _____ to ensure safety
2. Quietly clear the classroom/area of students if you think this is necessary
3. Trained member of staff (see above) to give Buccal Midazolam with a witness.
4. Call an ambulance
5. Telephone parents
7. Stay with _____ until ambulance arrives
8. If parents/guardian have not arrived by this time a member of staff will accompany _____ to the hospital in the ambulance
9. Fill in seizure record form for the student file and send copy to parents/guardians.

I give consent for my child _____ to be given Buccal Midazolam by trained staff as directed in the treatment protocol. I will undertake to inform the school of any changes in his/her seizures or medication.

Signature of Parents/Guardians: _____

Date: _____



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Appendix C

Treatment Protocol for the administration of Midazolam Buccal Liquid
(to be completed by doctor)

Name: _____

Address: _____

Date of Birth: _____

PPS No.: _____

When should Midazolam Buccal be administered?

How much should be given initially?

Method of Administration-Buccal (side of mouth)

1. Prepare to give prefilled syringe – wearing gloves
2. Insert it gently into the side of the mouth between teeth and cheek, tilt down and slowly push syringe plunger until empty.
3. Check time, place on side if possible and observe.

Should further action be taken?

Is a second dose prescribed? _____

After how long can you give a second dose of Midazolam? _____

This protocol is agreed by _____
(Signature prescribing Doctor).

Please print name: _____

Doctor's Official Stamp



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Appendix E

Consent to keep school informed.

Name of pupil: _____ D.O.B.: _____

I/we confirm that the class teacher/Principal will be informed

* about recent seizures

* if Buccal Midazolam medication has been administered at home during the previous 24 hours.

* if there is any change in medication

Signed: Parent/Guardian

Date: _____



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Appendix F

PERMISSION TO SWIM WITHOUT ADULT SUPPORT IN THE POOL

Dear Parents/Guardians,

Pupils wishing to attend swimming, and who have a diagnosis of Epilepsy, must have written confirmation from a GP/Medical Practitioner to state that it is safe for the pupil to engage in swimming activities, and that the risk of a seizure occurring in the water is very low. Please arrange to have this form signed and stamped if your child wishes to engage in school swimming lessons/activities.

Yours sincerely,

Michelle Sharkey
Principal

In my professional opinion, _____ (Pupil's name) can attend school swimming/activities without one-to-one adult support in the water, and the risk of a seizure occurring in the water is very low.

GP/Medical Practitioner signature: _____

Please print name: _____

Date: _____

Doctor's Official Stamp

