# Epilepsy Policy

# St. Clare's School

# 2025/2026

ST. CLARE'S SCHOOL

TEACHING, LEARNING
& GROWING TOGETHER

This policy has been written in line with information provided by the HSE, the Irish Epilepsy Association, the Board of Management and parents/guardians. St. Clare's School recognises that epilepsy is a common condition and welcomes all pupils with epilepsy to our school. St. Clare'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 and residential stays. Any concerns held by the pupil, parent/guardian or member of staff will be addressed prior to the activity or stay taking place.

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

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*Understanding Epilepsy*

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## 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 ay 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

## Managing Other Seizures

 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 of 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?

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## *Recording information and Individual Care Plan*

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Appendix A and B

When a pupil with epilepsy joins St. Clare'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 (see Appendix C) 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, in the pupil's classroom and a copy will also be prepared for the pupil's bus escort. Staff will take a copy of the care plan on any out-of-school trips. Appendix D

After Buccal Midazolam has been administered; it will be recorded in the pupil's Record of Medication Administered (Appendix D), 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, by completing Appendix E, and comply with this at all times

Appendix F

Consent for pupils to attend swimming with permission from GP.

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*Administration of Buccal Midazolam*

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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 Mary Mullins Nurse if on school premises
- Mary will administer the medication unless she is absent
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- 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

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*School staff*

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Only staff members who have been trained how to safely administer Buccal Midazolam may do so. A second staff member must always be present to check the pupil's name and dosage on the label. The medicine will be stored in a locked first aid cupboard in the staffroom/ senior area or another safe place. Medication will be taken by authorized staff on school outings. Gloves will accompany the medication. Pupils will have their own pre filled syringes and staff and parents/guardians must check this regularly to ensure it is in date and in order.

*Procedures for Bus Escorts*

Only bus escorts who have been trained how to safely administer Buccal Midazolam may do so. The escort must always check the pupil's name is clearly labelled if more than one pupil on the bus is prescribed Buccal Midazolam.

On noticing a seizure, request the bus/taxi to pull over when safe:

- Time the seizure
- 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 – inform parents/guardians and school staff as soon as possible if pupil has had a seizure or Buccal Midazolam has been administered who will then complete Appendix D attached to pupil's care plan.

Signed _____ Date _____

Chairperson, Board of Management

Signed _____ Date _____

Principal/Secretary to the Board of Management

**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: i) _____

ii)_____ iii)

_____

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 necessary3. Trained member of staff (see above) to give Buccal Midazolam with a witness *If specified in plan:*
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/GP.

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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 the nature of his/her seizures or medication.

Signature of Parents/Guardians: _____ _____

Date: _____

**Appendix C**

**To be completed by G.P.**

**Treatment Protocol for the administration of Midazolam Buccal Liquid**

Before giving always check when Midazolam was last administered. Check expiry date before use.

| | |
|---|---|
| **Name:** | **Address:** |
| **Date of Birth:** | **PPS No.:** |
| **When should Midazolam be administered?** | |
| **How much should be given initially?** | |
| **Method of Administration-Buccal** (side of mouth)<br>1. Prepare to give pre filled syringe – wearing gloves<br>2. Insert it gently into the side of the mouth between teeth and cheek, tilt down and **slowly** push syringe plunger until empty.<br>3. Check time, place on side if possible and observe. | |
| **Is a second dose prescribed?** | |
| **After how long can you give a second dose of Midazolam?** | |
| **When should further action be taken?** | |

Do not administer more than _____of Midazolam in 4 hours, _____ in 24 hours.

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

Please print name:_____ Date: _____

**G.P/Doctor's Official Stamp**

**Appendix D Record of Medicine Administered**

| Date | Name of Medication | Dosage Administered | Given By (Print and Signature) | Checked By (Print and Signature) |
|---|---|---|---|---|
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**Appendix E**

**Consent to inform school if Buccal Midazolam medication has been administered at home**

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

I/we confirm that the class teacher and Principal will be informed in the event that Buccal Midazolam medication has been administered at home **during the previous 24 hours.**

Signed: _____ _____

Parent/guardian Parent/guardian

Date: _____

## 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 each year, if your child wishes to engage in school swimming lessons/activities.

Yours sincerely,

_____

Ed Scannell
Principal

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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.

Name of GP, Medical Practitioner:_____

Date:_____ Signature: _____

| G.P/ Doctor's Official Stamp |
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