



Grangewood School

A learning community

MANAGEMENT OF PUPILS WITH EPILEPSY AND EMERGENCY MEDICATION POLICY

Category:	Management of pupils with epilepsy and emergency medications Policy
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The management of pupils with epilepsy and emergency medications Policy

Grangewood School supports children with specific medical needs including those with epilepsy.

Epilepsy and emergency medication

Seizures are viewed as a part of a young person's special medical needs and young people with epilepsy must not be excluded unnecessarily from any activity or from accessing the school's curriculum in any way.

Joint Epilepsy Council 2005 "A Guideline on training standards for the administration of Buccolam".

"It is recognised that the administration of Buccolam for the control of prolonged or continuous seizures is an effective treatment which can be life saving. Given promptly this simple procedure can prevent the major disruption of daily life resulting from hospital emergency treatment"

To maintain the safety and well being of these children, staff may be required to administer Buccolam in an emergency situation.

1. Procedures – Instructions for action to take in the event of a pupil having an epileptic seizure

1. Ensure young person is not in any danger and place the young person in the recovery position as soon as possible. However, do not remove the young person from equipment unless it is safe to do so.
2. Remain with the child and call for assistance.
3. Time the length of the seizure in minutes and seconds.
4. Loosen tight clothing and cushion the head.
5. (Trained staff only) If child has emergency medication care plan administer medicines as directed (may be immediately or after specified amount of time).
6. Try to maintain privacy/dignity and continue to reassure child until fully recovered.
7. Record episode and check for any injuries.

Do not give child food or drink until fully recovered.

Be aware child may become incontinent.

Do not attempt to restrain child or put anything in their mouth.

Always call an ambulance immediately in the following situations:

1. Child's first ever seizure.
2. A tonic clonic seizure lasting 2 minutes or longer where child has no emergency medication.
3. Non-convulsive seizures (e.g. absence seizure) lasting longer than 20mins or cluster seizures where child does not regain consciousness.
4. Child is experiencing difficulty in breathing.
5. Possibility of serious injury.
6. If child emergency care plan states to do so or dose of emergency medicines fails to control seizure.
7. Where child has never previously received prescribed emergency medication.
8. If the child begins to have seizures again where emergency medicines have been administered in the same school day.
9. Any other situation where staff are concerned for the safety of the child.

Then call the following as soon as possible and that person will take charge of the situation:

- The school nurse or health care assistant (HCA), Head of School (during the school day)
 - A first aider (if school nurse or other members of senior team are not available)
10. Do not hesitate in following the young person's protocol for the administration of emergency medication for young people who have regular seizures requiring medication. However, if a second dose needs administering or the seizure does not subside, then an ambulance should be called as well as the above staff.
 11. The post-seizure procedure will be different according to the individual needs of the young person. The young person will often need to sleep, to be changed due to incontinence during the seizure, a drink upon waking and lots of reassurance.
 12. The School Nurse, HCA, a senior member of staff or the child's teacher should contact their parents by telephone, in the event of a seizure requiring emergency medication.
 13. Seizures requiring emergency medication must be recorded on emergency medication administration form and given to the school nurse.

Seizure Recording

All seizures will be recorded on a child's seizure activity book (usually silver note book) located in their classroom including;

- Time of seizure
- Duration of seizure
- Type of seizure e.g. behaviours, actions or movements (including which limbs involved)

Other notes may be made of following if they occur during/related to a seizure;

- Any difficulty in breathing or cyanosis (the skin and mucous membranes go a bluish colour due to lack of oxygen)
- Any vomiting or incontinence
- Any injuries
- Time to recovery and behaviour post seizure e.g. sleepy, confused

Medication

All medications should be given as per medication policy.

Due to the important nature of anti-epilepsy medication, advice must be sought if there is a significant delay in administering medication or if child is unable to take/tolerate medication.

Emergency Medications

Individual Care Plan

Children attending school who are identified as having epilepsy will be sent an emergency care plan for appropriate emergency medication. This is for parents to complete in conjunction with their general practitioner or paediatric consultant/team.

This will include information on

- Type(s) of seizure and frequency
- Usual duration of seizure
- Any history of status epilepticus (a dangerous condition in which epileptic fits follow one another without recovery of consciousness between them)
- Other information re: warnings, triggers, recovery time, behaviour post- seizure
- What regular medication do they take (how much, when, concordance incl. specific rituals)
- Details for administration of emergency medication (type, amount, when they are to be given, have they used it before, etc.)

This will be signed by the doctor, parents and headteacher

A copy of this will be kept with the medication and a second copy in the child's green care folder in the classroom.

This care plan should be reviewed regularly.

Training

Staff requiring training on administration of Buccolam will be identified by the school. This may include teachers, classroom assistants, therapists, care workers or anyone else who may find themselves in an emergency situation with a child in the school.

Due to the importance of these emergency medications staff may be specifically trained to administer Buccolam although they are not required to administer medication as part of their contract.

Training will be provided by community paediatric nurses or another source with the necessary skills and knowledge base to do so. Staff will be assessed to be competent using appropriate assessment form. Training will be updated annually and a record of staff attendance will be kept. It is further recommended that staff administering Buccolam should undertake basic life support training from an appropriately qualified source.

Buccal Midazolam

From the 1st January 2008 Buccal Midazolam became a schedule three controlled drug. However, the law for this Schedule 3 drug does NOT require that the medication is locked away but should be stored safe in line with the school medication policy. Neither is it necessary to keep a Midazolam controlled drug register, this policy should be viewed in conjunction with the schools medicines policy especially looking at sections on: - controlled drugs, administration, storage and incident reporting and risk management

Controlled Drug Status

From the 1st January 2008 Buccal Midazolam became a schedule three controlled drug. However, the law for this Schedule 3 drug does NOT require that the medication is locked away but should be stored safe in line with the school medication policy. Neither is it necessary to keep a Midazolam controlled drug register, this policy should be viewed in conjunction with the school's medicines policy especially looking at sections on: - controlled drugs, administration, storage and incident reporting and risk management.

Storage of Buccolam

- Must be kept in a safe place and out of reach of children
- Store at room temperature between 5 and 25°C, out of direct sunlight and away from heat. Do not store in fridge.
- Check expiry date periodically and that liquid has not gone cloudy or milky. If liquid appears cloudy do not use and request new supply from child's family immediately.
- Buccolam which has expired must be returned to child's family to return to chemist. It must not be thrown or flushed away
- If opened replace cap immediately after use to avoid evaporation
- Store alongside child's individual care plan for administration of Buccolam
- After the first use, the pack can be still used until the expiry date on the carton

Administering Buccolam

1. Buccolam must be prescribed for the named individual and should only be administered to that child.
2. Members of staff should be trained in the administration of emergency medications
3. Check Buccolam as per medication policy but also refer to Individual Care Plan.
4. The child will have 1 pre filled syringes of Buccolam in school with them, located either in the EYC medical cabinet for those in early years, or the Buccolam cabinet in the medical room.
5. The syringes are pre-filled with the correct dose of Buccolam
6. Supporting the child's head, gently insert one syringe into buccal cavity of mouth.
7. This is located between the lower gums and inside of the cheek towards the back of the mouth. Do not place syringe between the teeth.
8. Administer approximately half the prescribed dose on one side of the mouth and then repeat on other side with the other half of the medication. If this is not possible the whole dose may be give on the same side although it may take slightly longer to be effective.
9. Continue to support the chin to prevent leakage and monitor child's condition. When possible place child into the recovery position until they have recovered.
10. Administering carer and witness must sign appropriate MAR and fill out record of administration of Buccolam form
11. Parents/guardians should be notified at the earliest opportunity.

When to call 999 with emergency medication

- If child has any undesirable side effects (difficulty breathing, blue tinge to extremities or lips).
- If prescribed does of Buccolam or rectal diazepam fails to control seizure
- If the child may have received significant injuries as a result of falling
- If for any reason you are unable to administer medication
- When child has never previously received Buccolam, i.e. first time receiving medication.
- As a precautionary measure if you have any other concerns during or after the seizure.

Date Reviewed: February 2018 – Reviewed by Kath Bottomley - School Health Sister, Lorraine Lewis – HCA, and Hilary McDermott – Head of School