Epilepsy Management Policy

Responsible Person	Directors
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1. Policy Statement

CM Sports is committed to supporting children with epilepsy and other seizure conditions so that they can participate safely and fully in our activities.

We recognise that epilepsy may affect a child's health, wellbeing, participation, learning, behaviour and confidence. Each child will be treated as an individual and supported according to their specific needs.

The safety, welfare, dignity and best interests of the child will remain central to our approach.

2. Individual Healthcare Plans

Where a child has epilepsy or a known seizure condition, CM Sports will work with parents/carers and, where appropriate, healthcare professionals to establish the child's individual needs.

An **Individual Healthcare Plan (IHP)** or appropriate medical care plan should include, where relevant:

- the child's seizure type and usual presentation;
- known triggers;
- what normally happens during and after a seizure;
- usual seizure duration;
- emergency procedures;
- emergency medication requirements;
- who is trained to administer medication;
- when emergency medication should be given;
- when emergency services should be contacted;
- any activities or environmental considerations;
- any additional support required;
- relevant emergency contact information.

Plans will be reviewed when the child's needs change and at appropriate intervals.

3. Record Keeping

Medical information will be recorded and stored securely.

Relevant staff will be informed of information they need in order to keep the child safe.

Information will be shared appropriately and proportionately, in accordance with safeguarding and data protection requirements.

Parents/carers should inform CM Sports of any changes to the child's condition, medication or care requirements.

4. Medication

Where emergency medication is prescribed, it must only be administered by staff who have received appropriate training and in accordance with the child's healthcare plan and medication instructions.

Medication must:

- be stored safely and securely;
- remain accessible to trained staff in an emergency;
- be within its expiry date;
- be clearly labelled;
- be recorded when administered.

Emergency medication must not be administered by untrained staff unless there is an exceptional emergency situation where emergency services provide instructions.

5. Staff Training

Staff responsible for a child with epilepsy will receive appropriate information and training relevant to the child's individual needs.

Training should include:

- understanding epilepsy and seizures;
- recognising the child's seizure type;
- seizure first aid;
- emergency procedures;
- administration of emergency medication where required;
- when to contact emergency services;
- recording and reporting procedures.

New staff should be made aware of relevant medical needs as part of their induction.

6. Seizure First Aid

If a child has a seizure, staff should remain calm and stay with the child.

Staff should:

1. **Protect** – remove nearby objects that could cause injury.
2. **Cushion** – protect the child's head with something soft.
3. **Time** – note when the seizure starts and how long it lasts.

4. **Stay with the child** – monitor them throughout the seizure.
5. **Do not restrain** the child.
6. **Do not put anything in the child's mouth.**
7. **Do not give food or drink** until the child has fully recovered.
8. **Do not move the child** unless they are in immediate danger.
9. When the seizure has stopped, place the child in the recovery position where appropriate and reassure them.
10. Maintain the child's dignity and privacy throughout.

7. When to Call 999

An ambulance should be called if:

- the seizure lasts longer than five minutes;
- the child has another seizure without regaining consciousness;
- the child has difficulty breathing after the seizure;
- the child is seriously injured;
- it is the child's first known seizure;
- there is any other reason to believe the child requires urgent medical attention.

If the child's individual healthcare plan provides different emergency instructions, staff should follow the plan while also seeking emergency medical assistance where necessary.

Current Epilepsy Action guidance confirms that prolonged tonic-clonic seizures lasting more than five minutes are a medical emergency and that prescribed rescue medication should only be given by someone appropriately trained.

8. After a Seizure

Following a seizure, staff will:

- remain with the child until they have recovered;
- provide reassurance and appropriate support;
- check for injuries;
- maintain the child's dignity and privacy;
- provide first aid where required;
- contact parents/carers where appropriate;
- record the incident;
- consider whether the healthcare plan requires review.

Other children should be moved away from the immediate area where appropriate, while ensuring the child remains safely supervised.

9. SEND, Wellbeing and Participation

CM Sports recognises that epilepsy may be associated with additional educational, communication, emotional or social needs.

Reasonable adjustments will be considered to enable children to participate safely in activities.

Staff will consider the child's:

- communication needs;
- emotional wellbeing;
- confidence;
- physical activity needs;
- individual risk factors;
- SEND or additional needs.

Epilepsy or a seizure condition should not automatically prevent a child from participating in activities where appropriate safety measures can be put in place.

10. Activities and Outings

Children with epilepsy should be supported to participate in activities wherever it is safe and appropriate.

For trips, outings or activities away from the usual venue:

- the child's healthcare plan must be available to relevant staff;
- required medication must accompany the child;
- appropriately trained staff must be identified;
- appropriate risk assessments must be completed;
- emergency arrangements must be considered.

11. Safeguarding

CM Sports recognises that changes in a child's health, behaviour, emotional wellbeing or participation may sometimes indicate a wider safeguarding or welfare concern.

Any safeguarding concern must be reported promptly to the **Designated Safeguarding Lead (DSL)** or Deputy DSL in accordance with the **Safeguarding & Child Protection Policy**.

Children must be treated with dignity and must never be excluded, stigmatised or treated unfairly because of their medical condition.

12. Accidents and Incidents

Any significant seizure, injury, medication error, failure of emergency procedures or other relevant medical incident will be recorded.

Where appropriate, incidents and near misses will be reviewed to identify lessons and whether the child's healthcare plan, risk assessment or staff training requires updating.

13. Parents and Carers

CM Sports will work in partnership with parents/carers to understand and support the child's medical needs.

Parents/carers are responsible for providing accurate and up-to-date information regarding:

- the child's condition;
- medication;
- emergency procedures;

- changes to treatment;
- relevant medical advice.

14. Confidentiality and Information Sharing

Medical information will be treated sensitively and confidentially.

Information will only be shared with staff and professionals who need it to support the child's health, safety or welfare.

Safeguarding information will be shared in accordance with CM Sports safeguarding procedures.