

CLINICAL GUIDELINE

Epilepsy in Schools and Early Years Settings - Guidelines on the Management of Medical Conditions

This Guideline has been produced in collaboration with the Specialist Clinicians at Gloucestershire Hospitals NHS Foundation Trust

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Impact Assessments:	This Guideline has been subjected to an Equality Impact Assessment. This concluded that this guideline will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

Version History

Version	Date Issued	Reason for Change
V1	June 2015	New Guideline Ratified
V2	March 2019	Reviewed, no changes, appendix 4 reviewed by GHNHSFT

V2.2	11/10/2019	Appendix - Patient Leaflet updated, transferred to new Trust Template and updated Trust Name and details
V3	23/06/2022	Appendices 1 & 2, References, sections 4.2.3, 7.6, 8.5, 8.6, & 8.9, Appendices 4, 5 & 6 removed
V3.1	19/10/2022	Minor amendment to add link to Patient Information Leaflet at GHT
V4	23/07/2025	Appendices 1, 2 and 3 updated. Compliance and monitoring table completed. Section 4.1 amended to include health visiting staff.

SUMMARY

The aim of these guidelines is to ensure a standard for managing epilepsy in Schools, Early Years settings.

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ABBREVIATIONS

Abbreviation	Full Description
GHC	Gloucestershire Health and Care NHS Foundation Trust
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
HV	Health Visitor/ Health Visiting

PENS	Paediatric Epilepsy Nurse Specialist
PHN	Public Health Nurse
SN	School Nurse/ School Nursing

1. INTRODUCTION

The aim of these guidelines is to ensure a standard for managing epilepsy in Schools, Early Years and Social Care settings.

Epilepsy is a condition that may require treatment/intervention at any time, to enable a child/young person/ to participate in activities of daily living which includes attending School/Early Years/Social Care settings which is essential to promote and enhance their education, health and well-being.

These guidelines give recommendations for raising awareness and management of children with epilepsy. The principles are evidenced based and underpinned by Government policies such as: Every Child Matters: Change for Children (2004), The Children's Act (2004), and the delivery of the Healthy Child Programme (2021) in ensuring the principles of early intervention and health promotion.

This document provides guidelines for the management of children with epilepsy in schools and Early Years settings and should be read in conjunction with the Department for Education guidance document 'Supporting Pupils at School with Medical Conditions' (2014). The guidance provided should be used by Head Teachers, Governors and managers in consultation with staff in reviewing local policies and procedures.

The Management of Health and Safety at Work Regulations 1992 require the employer to assess the risks to the health and safety of staff and children in schools and Early Years settings.

For schools and early years these guidelines must be used in conjunction with the Department of Health / Department for Education and Skills (2015) Supporting Pupils at School with Medical Conditions.

2. PURPOSE

These guidelines have been written for use by both Local authority staff and Public Health nursing staff. Public Health nursing staff will support staff employed in schools and early year's settings to manage young people / children with epilepsy. The guidelines are designed to be used by Teachers, Teaching Assistants, First aiders, Family Support workers/Early Years Staff and Public Health Nurses.

Gloucestershire Education Department encourages Governing bodies and staff to help children with epilepsy by facilitating Awareness Sessions within Schools and Early Years settings.

Supporting documents have been identified within the contents section and attached as appendices to be used in conjunction with these guidelines.

3. SCOPE

The aim of these guidelines is to ensure a standard for managing epilepsy in Schools, Early Years settings, they are intended for Public Health Nurses, Education and early year's staff.

4. DUTIES

General Roles, Responsibilities and Accountability

Gloucestershire Health and Care NHS Foundation Trust (GHC) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up-to-date evidence-based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent comply with the Mental Capacity Act (2005) – see section on MCA Compliance below.

4.1 Roles, Responsibilities and Accountability Specific to this Guideline

The Public Health Nursing (PHN) Service Leads, comprising of both School Nursing (SN) and Health Visiting (HV) and Paediatric Epilepsy Nurse Specialist (PENS) will be responsible for ensuring these guidelines are updated as per the guidelines process or sooner if there are significant changes to the management of young people/children with epilepsy.

Clinical Governance group which comprises of the PHN Service Leads and Safeguarding Lead will be responsible for cascading these guidelines to all members of the SN and HV teams.

The SN team and allocated staff members of the HV team attend annual updates on epilepsy awareness training. Staff's competence is then assessed by their line manager and Epilepsy champion SN.

Identified SN practitioners and allocated staff members of the HV team, once deemed competent will be responsible for providing epilepsy awareness sessions for Schools and Early Years settings as required via an online platform using the ratified guidelines for guidance and resources attached. They will signpost settings that may request support in managing epilepsy on an individual basis to the relevant professionals such as GP and PENS.

The PENS will be responsible for delivering the emergency medication awareness sessions for

children who require emergency medication to mainstream schools and delivering annual epilepsy updates to the public health nursing service.

The Community Training Nursing team are responsible for delivering training in special schools.

The Local Authority are responsible for disseminating these guidelines for use in Schools, Early Years settings as per local guidelines once they have agreed the content.

Head Teachers, Governors and Early Years Managers in consultation with their staff are responsible for reviewing their own policies and procedures for the management of young people/children with epilepsy within their care. These guidelines are to be used in accordance with any specific issues that may present in their local setting.

Head Teachers and Early Years managers are responsible for highlighting which members of staff require awareness sessions and for organising their attendance in consultation with the SN/PENS who has been identified to deliver the awareness session.

Head Teachers and Early Years Managers are responsible for ensuring that a young person/child within their care has an Individual Health Care Plan and an Emergency Action Plan outlining the management of that young person / child's epilepsy.

Schools, Early Years and Social Care staff are insured by the Local Education Authority to give medication such as Buccal Midazolam, Rectal Diazepam and Paraldehyde provided they follow guidelines and have received appropriate training and refer to and adhere to the Young Persons/ Child Administration of Emergency Medication for Seizures Individualised Care Plan.

Parents are responsible for supplying school with the emergency medication and the individualised care plan for this emergency medication. Parents are also responsible for disposing of the emergency medication, if required.

5. MENTAL CAPACITY ACT COMPLIANCE

Where parts of this document relate to decisions about providing any form of care treatment or accommodation, staff using the document must do the following: -

- Establish if the person is able to consent to the care, treatment or accommodation that is proposed? (Consider the 5 principles of the Mental Capacity Act 2005 as outlined in section 1 of the Act. In particular principles 1,2 and 3) [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section-1).
- Where there are concerns that the person may not have mental capacity to make the specific decision, complete and record a formal mental capacity assessment.
- Where it has been evidenced that a person lacks the mental capacity to make the specific decision, complete and record a formal best interest decision making process using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/section-4).
- Establish if there is an attorney under a relevant and registered Lasting Power of Attorney (LPA) or a deputy appointed by the Court of Protection to make specific decisions on behalf of the person (N.B. they will be the decision maker where a relevant best interest decision is required. The validity of an LPA or a court order can be checked with the Office of the Public Guardian) [Office of the Public Guardian - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/office-of-the-public-guardian).
- If a person lacks mental capacity, it is important to establish if there is a valid and applicable Advance Decision before medical treatment is given. The Advance Decision is legally binding

if it complies with the MCA, is valid and applies to the specific situation. If these principles are met it takes precedence over decisions made in the person's best interests by other people. To be legally binding the person must have been over 18 when the Advance Decision was signed and had capacity to make, understand and communicate the decision. It must specifically state which medical treatments, and in which circumstances the person refuses and only these must be considered. If a patient is detained under the Mental Health Act 1983 treatment can be given for a psychiatric disorder.

- Where the decision relates to a child under the age of 16, the MCA does not apply. In these cases, the competence of the child must be considered under Gillick competence. If the child is deemed not to have the competence to make the decision, then those who hold Parental Responsibility will make the decision, assuming it falls within the Zone of Parental control. Where the decision relates to treatment which is life sustaining, or which will prevent significant long-term damage to a child under 18 their refusal to consent can be overridden even if they have capacity or competence to consent.

6. GUIDELINE DETAIL

6.1 Storage of Medicines

- Medication must be stored in a labelled container which also contains written instructions and a record sheet to record administration.
- Medication must be locked away in a secure place out of the reach and sight of children and its location known to all trained volunteers.
- Medication must be clearly labelled for the individual child/young person by a pharmacy.
- Store medication as directed by the information provided in the patient information leaflet, or according to any storage information specified by the pharmacy label.
- Parents / carers are responsible for checking the condition and date of expiry of medication.
- Parents / carers must arrange for repeat supplies of medication with the GP; after emergency medication has been used parents/carers must urgently arrange for a repeat supply to be made available. The Early Years setting/School must follow up ensure this is obtained by parents as soon as possible.
- Parents / carers must take responsibility of disposing of out-of-date medication by returning to a community pharmacy.
- It is the head teacher's responsibility to ensure all medicines are stored securely.

6.2 Implementing and Monitoring a School and Early Year's Setting Guidelines

It is the School's and Early Years setting's responsibility to put in place effective procedures for managing children's epilepsy in Schools and Early Years settings. The following actions will be required:

- Ensure the child/young person has a completed Healthcare Plan - **Community use only- Administration of Emergency Medication for Seizures** ([Appendix 1](#)). This must be completed by the PENS/other relevant healthcare professionals.

- Make the guidelines known to staff, support staff, parents and pupils and make the guidelines freely available for anyone to read.
- Keep a staff record on who has attended awareness sessions.
- Identify and address any additional training and information needs of staff. It is recommended that all staff caring for a child with epilepsy should receive awareness sessions (Minimum of 4 people per school).

6.3 Summary

Administration of medicines in individual schools and early year's settings is determined by the School Health Guidelines as set by Head Teachers / Governors / Managers. It is hoped that with the support of parental consent, these guidelines and the help of the School or Early Years settings Health Service, they will see this as part of their pastoral role.

7. DEFINITIONS

Within these guidelines the term child or children is used throughout to refer to any child / young person in school, early years or social care setting within the Local Authority area and all children and young people under the age of 19 in full time education Local Authority schools.

Within these guidelines the term Parent is used throughout to refer to anyone who has caring responsibility for a child.

8. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
PHNs who are delivering this training need to update their own epilepsy training annually with the PENS to ensure skills and competencies are maintained. Managers have a duty to support staff in training and undertaking clinical practices safely in order to meet the needs of staff and serve the interests of patients.	Annually	Service held document in N;Drive and Care 2 Learn training matrix, overseen by Team lead.
PHNs will undertake Basic Life Support training annually	Annually as part of Statutory Mandatory training	
Review of incident reporting relating to epilepsy management in a school/early year/social care setting, where there has been involvement of public health nursing staff, through Datix reporting system	On-going	Escalated in governance meetings for further investigation, analysis and action.
PHNs should retain copies of staff awareness session records as evidence of having provided information as per the guidelines using the ratified resources for those schools that have requested it. Evaluation of awareness session should be undertaken by the public health nurse.	On going	

9. INCIDENT AND NEAR MISS REPORTING AND REGULATION 20 DUTY OF CANDOUR REQUIREMENTS

To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident](#)

[Reporting Policy](#). For moderate and severe harm, or deaths, related to patient safety incidents, Regulation 20 Duty of Candour must be considered and guidance for staff can be found in the [Duty of Candour Policy](#) and Intranet resources. Professional Duty of Candour and the overarching principle of 'being open' should apply to all incidents.

10. TRAINING

- For guidance on the training needs of the PHN who is delivering the awareness sessions, please refer to the section on Process for Monitoring Compliance. This section relates to the training recommendations PHNs give to Schools and Early Years settings.
- It is recommended that at least 4 members of staff in a School or Early Years setting should attend an Epilepsy awareness session. The awareness sessions should be attended annually.
- The Public Health Nursing Service will provide advice and support to School and Early Years setting staff.
- For Schools - Awareness training sessions will be published on the school nurse website: [School Nursing > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](#). In addition to this, dates of training sessions will be disseminated out to head teachers by the Public Health Nurses via e-mail.
- For Early Years Settings – Advice and support can be arranged through the local health visiting team. The local health visiting team contact details can be found on their website [Health Visiting > Glos Health & Care NHS Foundation Trust \(ghc.nhs.uk\)](#).
- The PHN Service provides advice and support to staff. Local Authority schools and any other schools/early years settings service needing help/assistance may seek further advice from the Safety, Health and Environment Helpline (SHE) – 01452 425350.

11. REFERENCES

Department for Education and Skills/ Department of Health (2005) Managing Medicines in Schools and Early Years Settings

Department of Education (2014) Supporting Pupils at School with Medical Conditions. Statutory Guidance for Governing Bodies of Maintained Schools and Proprietors of Academies in England

Department of Health (2004) Every Child Matters: change for children

Public Health England May 2021 [Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](#)

Department of Health / Department for Children, Schools and Families (2009) Healthy lives, brighter futures: The strategy for children's and young people's health Department of Health / DfES (2003) The National Healthy School Standard for the Framework for Inspecting Schools in England

Department of Health / DfES (2005) Managing Medicines in Schools and Early Years setting

DfES (2006) Implementing the Disability Discrimination Act in Schools and Early Years settings

Nursing and Midwifery Council (2018) the Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates

Disability Discrimination Act (2005)

Epilepsy Action

The Management of Health and Safety at Work Regulations (1992)

Occupational Health and Safety Helpline (SHE)

www.epilepsy.org.uk

www.medicalconditions@school.org

The Children's Act (2004)

Resuscitation Policy

Epilepsy Action

Gloucestershire Safety, Health and Environment (SHE)

NICE Guidance NG217 Epilepsies in Children, Young People and Adults: [Overview](#) | [Epilepsies in children, young people and adults](#) | [Guidance](#) | [NICE](#)

Appendix 1– Community use only- Administration of Emergency Medication for Seizures
(Sample Copy from Gloucestershire Hospitals NHS Foundation Trust)

**Community use only -
Administration of Emergency
Medication for Seizures**

Individualised Care Plan (for yearly review)
Instructions for a 24 hour period

Name:
Date of Birth:
MRN Number:
NHS Number:

(or affix hospital label here)

- For parents - To be read in conjunction with Parent Information Leaflet - Administration of Emergency Medication for Seizures
- For Schools/Nursery's - to be used in conjunction with Epilepsy in Schools and Early Years Setting Policy
- This care plan replaces any previous care plan for this child

Weight	
Current diagnosis	
Description of seizures	Emergency Medication Type, when to be given and dosage

Has the first dose been given:	Yes:	No:
Call an ambulance if this is the first time the child/young person has been given emergency medication		

Checklist	
Parent information and emergency medication training given to parent/carer	Yes

Name of prescribing consultant:		
Signature:	Job Role: Paediatric Epilepsy Nurse Specialist	Date:

Additional information and when to call for an ambulance
<ul style="list-style-type: none"> • If you believe the person needs urgent medical attention • If the seizure has not stopped 5 minutes after emergency medication given • If breathing problems occur • If you are unable to give emergency medication for any reason • A period of 24 hours is required before a repeat dose of medication can be given. If a 2nd dose is prescribed within a 24 hour period an ambulance will need to be called or as directed on care plan.

Action plan -

- Ensure the child is safe from injury (remove harmful objects from nearby)
- Protect them from injury Cushion their head
- Time how long the seizure lasts. Using a stop watch can be useful
- Send someone for the emergency medication
- Ask someone to phone parent/carer
- Aid breathing by placing them in the recovery position (see picture)
- Document time, duration and description
- Stay with the them until they are fully recovered
- Be calmly reassuring
- If the seizure has not stopped give emergency medication as per plan



Don't -

- Restrain their movements
- Put anything in their mouth apart from the buccolam
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered

Dose guidance for Buccal Midazolam (staff use only)

1 – 4 years / 5mg	5-9 years / 7.5mg	>10 years/ 10mg
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Dose guidance for Rectal Diazepam

6 months – 2 years / 5mg	2 – 12 years / 5-10mg	>12 years / 10mg
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Dose guidance for Rectal Paraldehyde (50:50 preparation)

1 month – 18 years / Write as 50:50 preparation 0.8mls/kg (Max dose 20ml)

Appendix 2 - Healthcare Plan for Uncertain Episodes

(Sample Copy from Gloucestershire Hospitals NHS Foundation Trust)

Healthcare plan for a Child/Young person for an episode where there remains uncertainty whether episodes were epileptic

Name:	Name of school/Early years setting:
Hospital number:	Date care plan completed:
Date of birth	

Diagnosis	Tick as appropriate	Note for parent/ Carers:
Unknown episodes		<ul style="list-style-type: none"> Parent/Carers are reminded of the importance of informing School/Early years settings of any changes in treatment/medical conditions CONFIDENTIALITY: for reasons of safety and rapid access, this form may be displayed on a notice board in the staff room
Other:		
Emergency medication care plan in place		YES <input type="checkbox"/> NO <input type="checkbox"/>

What to do if the child/Young person has a seizure

Do:

- Stay calm
- Stay with Child/Young person
- Make sure that they are safe from injury (remove harmful objects)
- Cushion their head and gently lift their chin to keep their airway open
- If possible, gently roll onto their side
- Call an ambulance

Do not:

- Panic
- Move the child/Young person to another place, unless in danger
- Place anything in their mouth
- Give anything by mouth until fully recovered

What constitutes an emergency

- If the seizure lasts longer than 5 minutes
- If one's seizure follows another without regaining consciousness
- If there is difficulty in breathing
- If injury occurs
- At any time you are concerned

Action to be taken in an emergency

- IF PRESCRIBED - Administer emergency medication as per emergency medication care plan
- Dial 999 and ask for a Paramedic/Ambulance
- Inform parents/carers immediately

Precautions

- Care is needed around water – showering is preferable to bathing; Swimming is not restricted although one to one supervision of the individual is needed and lifeguard to be informed.
- Helmet to be worn for bicycles and scooters
- Supervision required when involved in activities at heights
- Computers usage limited to 20 minutes with a rest period of 10 minutes

Health & Safety risk assessment to be carried out by School/Early years setting

Date:

Contact details – Paediatric Epilepsy Nurse Specialist (PENS)

Tel number: 0300 422 5715

E-mail address – ghn-tr.paediatricpilepsynurses@nhs.net

Additional resources are available via the following websites -

[Epilepsy Action - Information for Schools](#)

[Young Epilepsy - Information for Schools](#)

Signature:

Designation:

PENS

Appendix 3 – Links to Patient Information Leaflets

First Seizure in Children or Young People

Please click on the link below to access information available on the public GHNHSFT internet site: [First seizure in children or young people](#)

Administration of Emergency Medication for Seizures

Please click on the link below to access a copy of the Patient Information Leaflet available on the public GHNHSFT internet site: [Administration of emergency medication for seizures GHPI1178_09_19 \(gloshospitals.nhs.uk\)](#)