<table>
<thead>
<tr>
<th>Hazard</th>
<th>Risk</th>
<th>Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epileptic Seizure</td>
<td>Little knowledge of Epilepsy.</td>
<td>Staff will have training to ensure they are aware of how Epilepsy affects each particular child and any known triggers. Staff will be supported with any concerns or apprehensions.</td>
</tr>
<tr>
<td>Epileptic Seizure</td>
<td>Working practices in relation to Epileptic Seizures.</td>
<td>Procedures, Policies and possible changes to working practices will be put in place to try and ensure the safety and well being of all who attend. These will be discussed with all staff and adapted as necessary. These will also be incorporated into our yearly rolling review of policies and our on going self-evaluation.</td>
</tr>
<tr>
<td>Epileptic Seizure</td>
<td>Parents/carers concerns.</td>
<td>A Health Care Plan will be completed as fully as possible with parents/carers. This will ensure the setting is aware of the type of seizure that may occur, and that there are agreed procedures to follow if the child does have a seizure whilst in the care of St Mary’s Pre-School staff.</td>
</tr>
</tbody>
</table>
| Epileptic Seizure     | Support to help staff to remain calm      | The following procedures for giving basic first aid for tonic-clonic seizures will be followed and displayed on the Staff Notice Board.  
1. Assess – stay calm and assess the situation; are they in danger of hurting themselves? Remove any nearby objects that could cause injury. 
2. Cushion – Cushion the head to prevent them from head injury 
3. Time – Very important to check the time the seizure starts and how long it lasts; if it lasts longer than usual for the child or continues for more than five minutes, then call an ambulance and administer medication. 
4. Identity – Need child’s medical information 
5. Over – Once the seizure has finished aid breathing by gently placing the child in the recovery position; this helps drain saliva or vomit – never force; it can be normal for breathing to stop during the ‘tonic’ part of the seizure, the face may go pale; during the ‘clonic’ part breathing can be irregular. 
6. NEVER – never restrain the child; never put something in their mouth or give them food or drink. 
7. Do not try to move the child unless they are in danger. 
8. When the child finishes their seizure reassure them and protect their dignity and self-esteem. 
9. Try and move the other children away as soon as possible. 
10. ANY CONCERNS CALL AN AMBULANCE  
These procedures will be laminated and secured using Velcro for easy access. |
# Health and Safety Risk Assessment Policy -- Epilepsy

## Child's medication

| Staff unsure/not confident how to administer it. |

We will discuss and review medication at every staff meeting, to ensure all staff are confident with how it is administered. In practice, it will always be the Supervisor or her Deputy who administer the medication if required. If that proves not possible, another named member of staff will administer it.

## Epileptic Seizure

| Child is not moved but cushioned and made safe. Whistle is blown if necessary. Staff will note the time of seizure. Supervisor of the session directs a member of staff to get the Child’s Box containing Medication and Health Care Plan. Deputy Supervisor takes over the session and removes children to another place away from child if possible. Supervisor to follow the procedures tonic-clonic seizures in conjunction with the child’s Health Care Plan. An ambulance may be called. Supervisor, or in her absence nominated member of staff, will administer any emergency medication if necessary in line with the child’s Health Care Plan. Staff will support the supervisor and the deputy supervisor as requested. |

## Emergency Medicine

| Difficult to access |

Emergency medication to be stored in a box clearly marked with the child’s name. This box will be kept with the designated Medication Box during the session and will also include copies of the child’s Health Care Plan and Day Care Records and marked Hospital Copies. All staff will be aware of the child’s attendance and where the medication is. Staff’s responsibilities will be confirmed before the start of each session in conjunction with our Morning Check List. This medication will be stored in our locked filing cabinet overnight and when the child is not in attendance.

## Emergency Medication

| Disposal of used medication. |

If medication has to be used, the empty container and packets will be double wrapped in polythene bags and then placed in the Kitchen Bin.

## Epileptic Seizure

| Child becoming unwell at other end of the building eg The Entrance Hall. |

All staff will be given individual whistles and will be asked to keep them on their person. Additional whistles will be kept in the main hall, the garden and on the hook in the hallway so
| **Epileptic Seizure** | **Out of date and/or incomplete information.** | It is the parent/carer's responsibility to ensure that the setting is aware of and holds full and up-to-date information about their child's condition. As part of the Health Care Plan, the setting will request details and the outcome of all medical appointments in relation to this condition, as this information would go with the child if an ambulance was called. |
| **Epileptic Seizure** | **Hospital/Ambulance**<br>**Lack of information.** | A copy of the Health Care Plan and Day Care Records will be kept together and labelled with the child's name and marked "Hospital Copy". This will be kept up to date and will be given to the Ambulance Staff if the child has to go to hospital. The supervisor or a nominated member of staff will stay with the child until the parents/carers arrive. |
| **Outings** | **Variety of possible hazards** | A separate risk assessment will be written with staff, and discussed and agreed with parents prior to any outing. Staff will be vigilant. Child will be allocated a nominated adult to support them whilst out. Medication will be taken on the outing where appropriate. |
| **Epileptic Seizure** | **Parents/carers concerns.** | Parents/carers will be kept up to date with our working practices. They will have up-to-date copies of the following:-
  - Health and Safety Risk Assessment Policy -- Epilepsy
  - Health and Safety Risk Assessment Policy -- Epilepsy-- specific to their child
  - Health Care Plan -- specific to their child. Parents/carers will be encouraged to discuss any concerns they may have. Parents will be kept up to date with any changes to the above policies, procedures or working practices in relation to their child. |

---

1 Cross Reference<br>Health and Hygiene Policy<br>Managing Medicines Policy<br>Parent/Carer Involvement Folder
St Mary's Pre-School

Health and Safety Risk Assessment Policy -- Epilepsy

All Risk Assessments