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“working together with individuals, families and medical professionals to offer support and information on syncope and reflex anoxic seizures”

**SYNCOPE
REFLEX ANOXIC SEIZURES
AND
VASOVAGAL SYNCOPE
SAMPLE SCHOOL POLICY**

Registered Charity No. 1084898

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Introduction

A school's Reflex Anoxic Seizures (RAS), Vasovagal Syncope (VVS) and Syncope policy can stand alone, or be incorporated into part of another relevant school policy. Every school is different so each policy will vary slightly. However, every policy should incorporate the following principles.

The policy reflects that the school:

- Acknowledges that syncope is a serious but manageable medical condition and that the school welcomes all pupils with syncope.
- Ensures that pupils with RAS/ VVS/ syncope can participate fully in all aspects of school life including: PE, visits, outings or field trips and other out of hours school activities.
- Makes arrangements that while in school, pupils with RAS/ VVS/ syncope are never left to complete or carry out an activity alone, but always with at least one other person.
- Keeps a record of all pupils with RAS/ VVS/ syncope and of any medicines they may take.
- Ensures that the whole school environment is managed to support every child including students with RAS/ VVS/ syncope.
- Timetables lessons and assemblies so that all pupils in the school have an understanding of RAS/ VVS and syncope as a medical condition.
- Ensures that all staff (including supply teachers, visiting teachers and support staff) who come into contact with pupils with a form of syncope know what to do in the event of a syncopal attack.
- Recognises that pupils with RAS/ VVS/ syncope may experience bullying and ensures that the school has procedures in place to prevent this.
- Will work in partnership with all interested parties including parents/ carers and students to ensure the policy is planned, implemented and maintained successfully.

While the sample RAS/ VVS/ Syncope policy will outline how each of the above points could be implemented. Each school will need to develop and agree their own policy to suit their individual situation.

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This policy has been written with advice from **STARS**, The DFEE, health care professionals, parents/ carers and pupils diagnosed with RAS or VVS or syncope.

Statement

This school recognises that RAS/ VVS and syncope are serious but manageable medical conditions. The school positively welcomes all pupils with any form of syncope. This school encourages pupils with RAS/ VVS/ syncope to achieve their potential in all aspects of school life. To enable this the school has a clear policy that is understood by school staff, their employers (the Local Education Authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils diagnosed with RAS/ VVS or syncope are provided with training from the school nurse, or an appointed member of staff who has had training in the care and management of a pupil with one of these medical conditions. Training is updated once a year.

Medicines

- Knowledge of medication the pupil may be taking is essential.
- Parents/carers are asked to ensure that the school is provided with full information on medicines or specific care which might be needed during a school day. Any medication held at school must be clearly labelled with the child's name, and kept in the school office or an agreed safe site.
- School staff are not required to administer medicines to pupils (except in an emergency).

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Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions.
- All parents/carers of children with a medical condition are consequently sent a Care Plan to complete, if appropriate, with comments from their child's doctor. Parents/carers are asked to return this plan to the school. From this information the school keeps a confidential medical register, which is available to all school staff. Care Plans are then sent to parents/carers of child with RAS/ VVS/ syncope on an annual basis to update. Parents/carers are also asked to update or exchange the Care Plan for a new one if their child's medical condition/ treatment/ medicines, change during the year.

Exercise, activity and PE

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have a medical condition and all PE teachers at the school are aware of which pupils have a medical condition from the school's medical register.
- Pupils with RAS/ VVS/ syncope are encouraged to participate in all PE lessons. PE teachers will remind a pupil with RAS/ VVS/ syncope to watch before joining in so as to be more aware of possible triggers. This is just the same in a swimming lesson when a child with RAS/ VVS/ syncope is reminded to gradually enter the pool so as to become acclimatised to the temperature change. It is agreed with PE staff that each pupil will be allowed to sit out if feeling 'off colour' that day. It is also understood by all staff, that no pupil is permitted to move around the school alone.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

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Out of hours clubs

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise, sport and after school clubs. The health and social benefits of extra curricula activities are well known and so students with RAS/ VVS or syncope should also be able to fully participate.
- All staff involved with extra curricula clubs are trained and made aware of the potential triggers for a pupil with RAS/ VVS/ syncope, understand strategies which minimise these triggers and what to do in the event of an attack.

The school environment

- The school does all that it can to ensure that the school environment is favourable to pupils with any medical condition. It is policy for all pupils to move around the school in pairs. All staff are informed about the medical needs of a pupil and what to do in the event of an episode.

Making the school syncope-friendly

- The school ensures that all pupils understand syncope. Syncope can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE; for more details on projects, assemblies and lesson plans, visit www.education.stars.org.uk.
- Pupils with RAS/ VVS/ syncope are encouraged to talk with a designated member of staff or Head of Special Needs regularly, in order to share ideas and review strategies.

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When a student is falling behind in lessons

- If a pupil is missing a lot of time from school or perhaps is frequently fatigued because their medical condition is disturbing their sleep, then initially a meeting between the class teacher and the parents/carers will be made in which both can agree a plan where by lesson objectives can be shared and resources and other relevant information provided in order to prevent the student from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about supporting the pupil's needs.
- The school recognises that it is possible for pupils with RAS/ VVS/ syncope to have special education needs due to their medical condition.

Syncopal attacks

- All staff and supply staff who come into contact with pupils with RAS/ VVS/ syncope know what to do in the event of an attack through regular training.
- In the event of a syncopal attack the school follows the procedure outlined by **STARS** in the 'School Information and Support Booklet' and agreed by the student's parents/ carers. This procedure is visibly displayed in the staff room, kept in the class register, and on posters displayed in classrooms and corridors throughout the school.

Using a School Care Plan

Students diagnosed with RAS/ VVS or syncope will be placed on an individual 'School Care Plan'. A letter, accompanied by the care plan will be sent to the parents/carers inviting them to make an appointment with the school nurse to complete the plan together. The pupil's doctor may be asked to add comments if applicable. The care plan is then signed by both a representative of the school and the parent/ carer. A copy of this plan is kept in the student's school records, in the front of the class register and given to all staff that may come into contact with or teach the student. A sample letter, along with a sample Care Plan is included in this policy.

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Sample Care Plan



NAME

D.O.B

BACKGROUND

'Fred' has a medical condition called Reflex Anoxic Seizures (RAS). He has had blackouts and seizures since he was 6 months old and was diagnosed 3 years ago.

This condition is not life threatening but can be scary to witness.

REFLEX ANOXIC SEIZURES

Unexpected stimuli such as sudden pain, shock or an extreme change in temperature, causes Fred to black out and collapse, his heart and breathing to stop, his eyes to roll up into the head, his complexion to become deathly pale, often blue around the mouth and under the eyes, his jaw to clench and body stiffen. Sometimes his legs and arms jerk. After 30 seconds or so, the body relaxes, the heart and breathing resume and the individual is unconscious. One or two minutes later Fred should regain consciousness.

Upon recovery, Fred may be very emotional and extremely tired. He may need to sleep following an episode. The episodes appear to occur in batches.

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Sample Care Plan

TRIGGERS AND WARNING SIGNS

Fred's Reflex Anoxic Seizures are triggered by unexpected pain- perhaps following a fall, and sudden, extreme change in temperature. He has not yet experienced any warning signs.

MANAGEMENT STRATEGY

1. Place Fred into the recovery position, check his airways are clear and remove any hazardous objects from the surrounding area.
2. During an episode, remain calm and talk to Fred reassuringly throughout.
3. Provide reassurance and cuddle Fred upon recovery. Only allow him to sit or stand when he is ready.
4. Immediately phone Fred's mother or father who will come and collect him unless it is deemed unnecessary for him to go home.
5. Keep a record of the episode.

IMPORTANT INFORMATION

- Fred is, in every other respect, a typical healthy child and should not be excluded from any activity. If it is necessary, pre-warn him of any possible shock or pain that may occur during an activity e.g. you may feel a bump when you reach the end of the slide.
- If an episode occurs, do not blame yourself. In many instances, it is impossible to avoid it. If the management procedure is understood, he should come to no harm.



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Sample Care Plan

EMERGENCY TREATMENT

If for any reason, Fred continues to have a seizure lasting more than 3 minutes, call the ambulance and take advice from the 999 emergency staff. This is unlikely to occur.

CONTACT DETAILS

Fred's Home: 0001 222333
Fred's mother work: 0001 333444
Fred's father work: 0001 444555

SIGNED:

..... (Head Teacher)

..... (Parent)

Date

(N/B each individual case is different and the details must be changed accordingly)



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Sample Letter

Address
Date

Dear Parent/Carer,

Re: (Child's name)

Thank you for informing us of your child's medical condition on his/her registration form.

As part of accepted good practice our school has recently established a new School Medical Policy for use by all staff. As part of this new policy, we are asking all parents and carers of children with a medical condition to help us by completing a School Care Plan for their child. If additional information needs to be added by your child's doctor, then please ensure this is done before returning the plan to the school by 1st October 2008.

Care Plans are held securely in the office to maintain confidentiality. The information is vital to ensure that school staff have a better understanding and knowledge of current medicines, triggers and emergency contact numbers. By sharing this information appropriate management and care for your child can be maintained throughout the school day.

Please make sure the Care Plan is regularly checked and updated by you or your child's doctor and that the school is kept informed about changes to your child's health, treatment and medicines.

I look forward to receiving your child's care plan.

Thank you for your help.

Yours sincerely

Head Teacher



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**For further information,
help and support**

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