



# Severne Primary School

**Supporting pupils with medical conditions  
June 2026**

Approved by:	S. Jackson	Date:	June 2026
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## 1. Aims

At Severne Primary School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

**The named person with responsibility for implementing this policy is Sarah Long Pastoral Lead.**

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- › Review this policy in a timely manner, in line with the relevant legislation and requirements
- › Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- › Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to **Sarah Long, Pastoral Lead**.

### 3.2 Named Person in charge of implementing the policy:

The named person will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- › Make sure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- › Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- › Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- › Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- › Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- › Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 3.4 Parents/carers

Parents/carers will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs
- › Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- › Be involved in the development and review of their child's IHP, and may be involved in its drafting
- › Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### 3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### 3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## 4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

## 5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

### EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy)

We will:

- > For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- > Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 0121 706 2743 or an email to enquiry@severne.bham.sch.uk if their child's medical needs change during the school year.

## 6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to Sarah Long.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- > What needs to be done
- > When

› By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Pastoral Lead will consider the following when deciding what information to record on IHPs:

- › The medical condition, its triggers, signs, symptoms and treatments
- › The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- › Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- › The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- › Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- › Who in the school needs to be aware of the pupil's condition and the support required
- › Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- › Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- › Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- › What to do in an emergency, including who to contact and contingency arrangements

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- › When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- › Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

## 7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

## 7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- › Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- › Assume that every pupil with the same condition requires the same treatment
- › Ignore the views of the pupil or their parents/carers
- › Ignore medical evidence or opinion
- › Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- › Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- › Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- › Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- › Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- › Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- › Administer, or ask pupils to administer, medicine in school toilets

## 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

## 9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Pastoral Lead. Training will be kept up to date.

Training will:

- › Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- › Fulfil the requirements in the IHPs
- › Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## 10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

### **EYFS settings: 10.1 Recording information about medicines**

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- › Enter each pupil's medicine need in the school's system
- › Update our records when parents/carers of pupils inform us of changes to their child's needs
- › Keep a record of changes, labelling the most recent record for each child
- › Make sure that all staff have access to records so that they are informed about pupils' medical needs
- › Securely hold this information digitally in accordance with the UK GDPR
- › Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

## 11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

NAME OF MEMBER ORGANISATION: Severne Junior Infant and Nursery School

MEMBERSHIP NO/URN: 103252

MEMBERSHIP PERIOD: 01 April 2026 to 31 March 2027

RPA MEMBERSHIP RULES: Community

1. EMPLOYER'S LIABILITY

Limit of Indemnity Unlimited

2. THIRD PARTY PUBLIC LIABILITY

Limit of Indemnity Unlimited

### 3. PROFESSIONAL INDEMNITY

Limit of Indemnity Unlimited

#### NOTES:

1. Indemnity is subject to the RPA membership rules.
2. In accordance with the provisions of paragraph 1 of Schedule 2 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (SI 1998/2573), the Secretary of State for Education hereby certifies that any claim established against the named member organisation above in respect of any liability to the employee of the kind mentioned in section 1(1) of the Employers' Liability (Compulsory Insurance) Act 1969 will, to any extent to which it is otherwise incapable of being satisfied by the aforementioned employer, be satisfied out of moneys provided by parliament.
3. A General Principles Clause is included.

Signed: Dated: 01 April 2026

Susan Dawson

Director of Commercial for Sector and Commercial

## 12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

## 13. Monitoring arrangements

This policy will be monitored by the Head Teacher.

It will be reviewed and approved by the governing board every year.

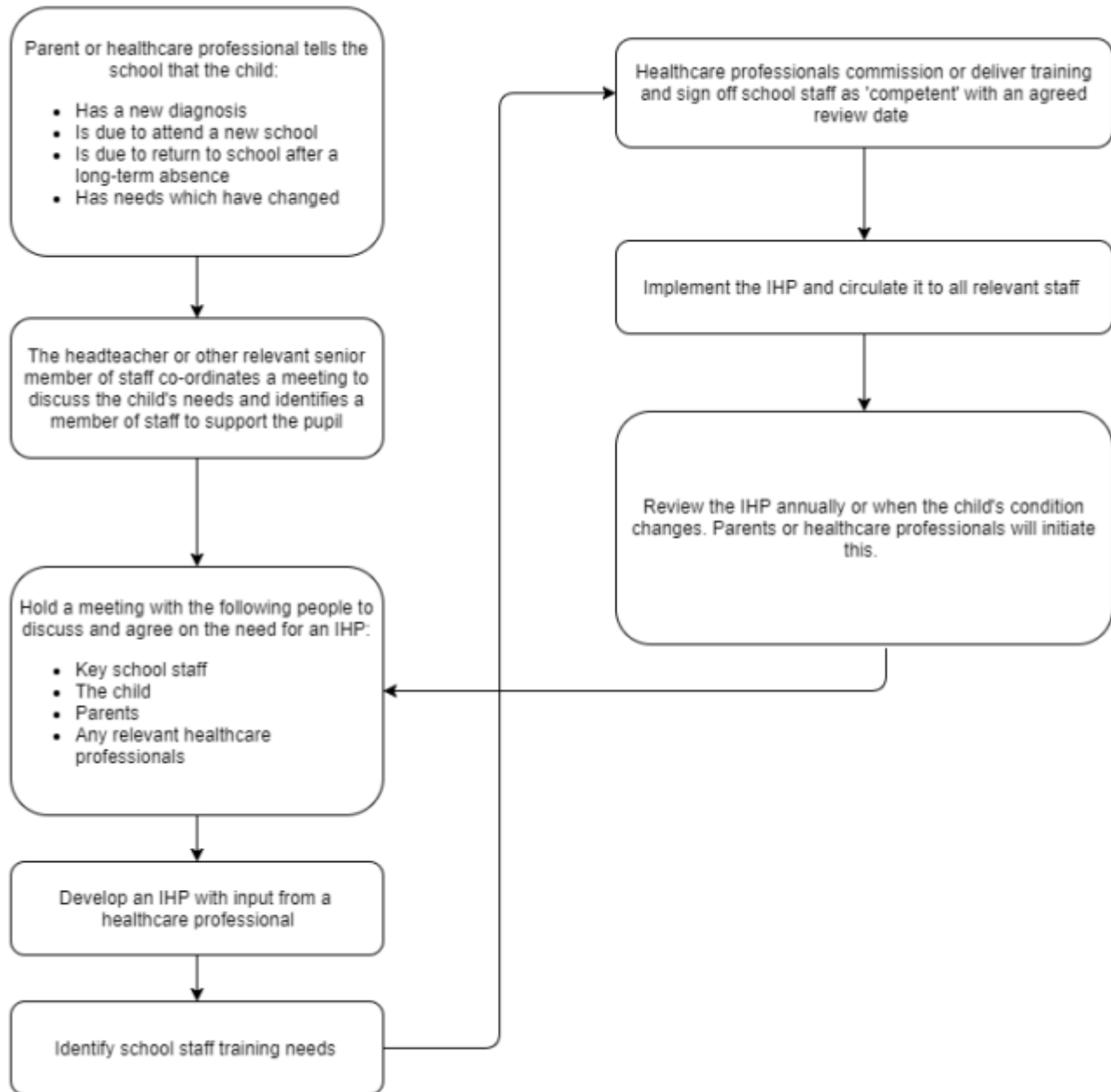
## 14. Links to other policies

This policy links to the following policies:

- > Accessibility plan
- > Complaints
- > Equality information and objectives
- > First aid
- > Health and safety
- > Safeguarding
- > Special educational needs information report and policy

This policy has been written in conjunction with the DfE's, 'Supporting pupils at school with medical conditions' – statutory guidance for governing bodies of maintained schools and proprietors of academies in England. December 2015, and The Administration of Medicines in Schools and Settings: A Supplementary Guidance Document – BCC February 2018

## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Procedures for children who are sick or infectious

- › Pupils who have an infectious disease shouldn't attend school/nursery
- › Parents should notify the school if their child has an infectious disease
- › If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- › Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- › Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- › Reducing or eliminating sources of infection through good hygiene practices
- › Good handwashing practice
- › Encouraging and facilitating healthy eating
- › Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- › Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- › Establishing a daily cleaning routine for:
  - › Nappy changing facilities
  - › Play areas
  - › Toys, activities and equipment

## Appendix 3: Supporting pupils with Asthma

Pupils and adults with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulties with breathing, which can be alleviated with medication taken via an inhaler.

### Emergency Salbutamol Inhalers

Severne Primary School has salbutamol inhalers for emergency use. Emergency inhalers are located in the medical room. If an emergency inhaler is administered staff will record the time, date and dose given on a Record of Medicine administered form and a card will be given to take home to notify parents. A spare spacer is kept to use with the emergency inhalers.

- Sarah Long (member of SLT with responsibility for managing medication in school) will keep a register of pupils in school diagnosed with asthma and the parental consent forms.
- A Care Plan will be written for any pupil with severe asthma that may result in a medical emergency.
- Pupils' inhalers should be labelled with the pupil's name both on the box and on the inhaler.
- It is a parent's duty to ensure medication is in date.
- Pupil's inhalers will be accessible at all times. In the event of an evacuation e.g. a fire alarm the class 'grab bag' containing inhalers and other medication will be taken.
- Out of date inhalers will be returned to parents for disposal.
- Inhalers will be labelled with the following information:
  1. Pharmacists original label
  2. Child's name and date of birth
  3. Name and strength of medication
  4. Dose
  5. Dispensing date
  6. Expiry date

- A record of medication administered will be completed each time an inhaler is administered to a pupil and parents notified if the inhaler has been required more than normal.
- In the event of a trigger for pupil's asthma being known, every effort will be made to ensure that exposure to this will be avoided.
- Training materials, alerting staff to the signs of an asthma attack and the correct treatment are easily available at all times.

#### Appendix 4: Supporting pupils with allergies who requires an Auto Adrenaline injector

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It will usually occur within seconds or minutes of exposure, but may occur after a few hours. Auto adrenaline injectors will only be administered by staff who have volunteered and been trained by appropriate health professional. Parental permission will have been sought and a Care Plan completed for all pupils requiring an auto adrenaline injector. An auto adrenaline injector (AAI) is a pre-loaded pen device, which contains a single measured dose of adrenaline. It is not possible to give too large a dose from one device, when used correctly in accordance with the pupil's Care Plan.

- AAI device will be stored in the original box, at room temperature and protected from heat and light, safely in the office and classroom and readily available to the pupil.
- CT/TA will check the device termly for AAI expiry date and any discoloration of contents. Parents will be asked to dispose of and replace the medication when required.
- It is a parent's duty to ensure medication is in date.
- Immediately after the AAI device is administered a 999 call for an ambulance will be made and parents notified.
- The administration of the AAI device will be recorded on the School Record of Medication Administered, including the time, date and full signature of the person who administered it.
- Parents will be reminded that if the AAI device has been administered that they must replace it before the child returns to school.
- An adult who is trained and willing to administer an AAI will accompany the pupil on off-site visits and will ensure that the AAI is available and safely stored during the visit.

#### Appendix 5: Supporting pupils with Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people will have Type 1 diabetes and will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults, although the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and the increase in childhood obesity. It develops when the pancreas still produces insulin but not enough, or it does not work properly.

##### Treating Diabetes

Pupils manage their Type 1 diabetes by:

- Regularly monitoring their blood glucose levels
- Insulin injections or the use of an insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and pupils will need to do this whilst at school.

### Insulin therapy

Children who have Type 1 diabetes will be prescribed either a fixed dose of insulin or may need to adjust their insulin dose according to their blood glucose readings, food intake and activity levels. They may inject insulin several times a day using a pen-like device or may receive continuous insulin through a pump.

### Insulin pens

Insulin pens will be kept at room temperature, while any spare insulin will be kept in a fridge.

Once insulin has been opened it will be dated and discarded after 1 month. Parents will be required to ensure that enough insulin is always available in school and for school trips. Staff who support pupils will receive the requisite training. Staff will supervise pupils when they check blood glucose levels and administer insulin. A written record will be kept of blood glucose levels and insulin administered.

### Insulin pumps

Insulin pumps are usually worn all the time, but can be disconnected for periods e.g. for swimming. Some pupils will be able to manage their pumps independently, while other may need assistance. Pupils will be supervised by staff and in accordance with the pupil's Care Plan.

### Managing Hypoglycaemia (hypo or low blood sugar)

All staff will receive training so that they are aware of the signs and symptoms of Hypoglycaemia and how to try to prevent falls to blood-sugar levels. Staff supporting pupils with diabetes will be trained to administer treatment for hypoglycaemic episodes.

### To prevent a hypo

- Pupils will be encouraged to eat regularly during the day including eating snacks during the class time or prior to exercise. Pupils will need to eat before attending lunchtime activities or Time Out.
- School will liaise with parents about arrangements for school trips and residential visits.
- Parents will ensure that school is provided with sufficient in-date items for their child.

### To treat a hypo

- Staff will be familiar with each pupil's individual symptoms of a hypo so that steps can be taken to treat it as early as possible. Symptoms may include: confrontational behaviour, an inability to follow instructions, sweating, pale skin, confusion, and slurred speech.
- Treatment for a hypo will be detailed in the pupil's Care Plan, but will usually consist of dextrose tablets, or sugary drink or Glucogel/Hypostop (dextrose gel). These will be readily available and expiry dates checked each term by the parent/carer.

Glucogel/Hypostop (dextrose gel) is administered by squeezing it into the side of the mouth and rubbing in to the gums, where it will be absorbed in to the bloodstream.

- Once the pupil begins to recover a slower acting starchy food e.g. biscuits and milk should be given.
- Should the pupil become very drowsy, unconscious or begin having fits they should be placed in the recovery position and an ambulance called. Oral treatment e.g. food, drink or tablets will not be given due to the risk of choking.
- Staff will complete the School Record of Medication Administered.
- Parents will be notified in the event of a hypo, informed about the treatment administered and asked to provide new stocks of medication.

### Supporting blood glucose monitoring

The frequency with which a pupil needs to check their blood glucose levels will be set out in their Care plan.

Wherever possible pupils will be encouraged to undertake their own finger prick blood glucose testing and the management of their diabetes, encouraging good hand hygiene. Staff will record blood glucose readings.

Parents will be responsible for supplying all the necessary equipment and medication, and disposal of sharps boxes.

## Appendix 6: Supporting pupils with epilepsy

Epilepsy is a neurological condition that can cause recurrent seizures. This is caused by abnormal electrical activity in the brain. There are two main types of seizure:

- Generalised seizure is where the whole of the brain is affected and the electrical activity is coming from all over. In these seizures the muscles relax and the pupil will fall to the floor, they can become stiff and have generalised jerking of all four limbs.

Generalised seizures may also be the absence type of epilepsy.

- Focal seizures are when the electrical activity is localised in one part of the brain and will present as twitching in the face, hands, arms and legs. The pupil may feel strong emotions, make unusual noises or exhibit unusual behaviour such as lip smacking or turning their head from side to side.

If a pupil has a seizure staff will time the seizure and record what happened prior to, during and after the episode.

Managing a Tonic Clonic Seizure (jerking of all 4 limbs)

Staff will remain calm and reassure any other pupils present whilst making sure that the pupil suffering the seizure cannot harm themselves by:

- Safety check of the area
- Moving any potentially dangerous items
- Cushioning the pupil's head
- Remaining with the pupil
- Putting the pupil in to the recovery position once the seizure has stopped

After the seizure is over staff will check the pupil for any injury. Staff will do everything possible to maintain privacy and dignity.

Staff will NOT:

- Restrain the pupil
- Move the pupil unless they are in direct danger
- Put anything in a pupil's mouth
- Give any food or drink

An ambulance will be called if:

- The seizure lasts for more than 5 minutes
- It is the pupil's first seizure
- The pupil is injured

Pupils with epilepsy will have a Care plan detailing their medication and how they can be supported during a seizure. Epilepsy can have a significant impact upon a pupil's progress and achievement in school as they can experience problems with the visual/verbal learning process, with reading, writing, speech, numeracy. Also memory, psychosocial problems, concentration and behaviour. Staff will put initiatives in place e.g. pre and post tutoring in order to minimise the impact on their education.

Emergency treatment – Bucolic (midazolam)

Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity i.e. between the gum and the cheek.

Bucolic (midazolam) will only be administered by a member of staff who has volunteered, been assessed and signed off as having received the necessary training and being judged as competent.

A record of the training will be kept in the school records and the training updated annually.

The training will be child specific. In addition:

- Another adult will be present when the medication is administered.
- It is a parent's duty to ensure that medication is in date.
- The pupil will not be left alone.
- The dosage will be recorded on the pupil's Bucolic (midazolam) record card. The card will be signed by the person administering the medication plus the date and time.
- Parents will be informed of the medication was administered in an emergency situation