

Supporting Pupils with Medical Conditions policy

Hill View Primary



Policy Approved by Governors

Version: 2	Date: December 2019
Approved by Board of Governors:	Date: 14th January 2020
Next Review Date:	November 2021
Written by:	Headteacher



Reach for the stars.

HILL VIEW PRIMARY ACADEMY

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The governing body's key roles are -

- To provide a strategic view
- To support and challenge
- To ensure accountability

Rationale

At Hill View Primary Academy, we recognise that some pupils may have medical conditions that are long term or even lifelong but that this should not prevent access to a full education including academy trips and sport activities. Our academy is inclusive and aims to support and welcome pupils with medical conditions.

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our academy will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including academy trips and sporting activities

The Headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is Miss Victoria Buckland (Headteacher).

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 academy with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at academy with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

Roles and Responsibilities

Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and ensure it's actioned in line with all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHCPs
- Make sure that academy staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure the academy nursing service is contacted in the case of any pupil who has a medical condition that may require support at the academy, but who has not yet been brought to the attention of the academy nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that the information that the academy holds is accurate and up to date and that there are good information sharing systems in place for the Individual Health Care Plan
- Ensure pupil confidentiality so only those that need to know about a child's condition know but make sure enough staff are aware of a child's medical condition to take into account staff absence

Governing Body

The governing body will:

- Ensure that no child is denied admission or prevented from taking up a place because arrangements to support their medical condition have not been met
- Have a responsibility to ensure that arrangements are put in place in academy to support pupils with medical conditions
- Help develop, review and update the Supporting Pupils with Medical Conditions policy.
- Ensure that the policy is readily accessible to parents and staff

- Ensure that academy leaders consult health and social care professionals, pupils and parents to ensure the child's needs are effectively supported
- Ensure appropriate training is provided for staff caring for children with medical needs
- Ensuring trained and competent staff are protected legally should an allegation of negligence be made

All Staff

Supporting pupils with medical conditions during academy hours is not the sole responsibility of one 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.

Staff will:

- Ensure they have read and understood the academy's Supporting Pupils with Medical Conditions Policy
- Know and understand which pupils in their care have a medical condition and familiarise themselves with the contents of the pupils Individual Health Care Plan
- Carry medication on academy trips for pupils who require it
- Ensure pupils have appropriate food and medication with them, during exercise, and are allowed to take it when needed
- Ensure pupils are not prevented from toileting if required
- Maintain effective communication with parents including informing them if their child has been unwell while in the academy
- Recognise and understand the importance of medication being taken as prescribed, and follow the procedure on the administration and storage of medicines. They follow the academy's clear guidance about record keeping. (See First Aid Policy)

Teaching Staff (in addition to above)

- Teachers have a responsibility to ensure pupils who have been unwell, catch up on missed work

- Are aware that medical conditions can affect a pupil's learning and provide extra help when required
- Liaise with parents, the pupil's health care professionals, Special Educational Needs Coordinator and welfare officers if a child is falling behind with their work, due to their condition

Academy Office Manager

The Academy Office Manager will:

- Assess the training and development needs of staff and arrange for them to be met
- Maintain and coordinate First Aid training
- Compile a list of First Aid trained staff in the academy
- Maintain list of trained staff to support specific individual medical conditions e.g. Epi Pen, insulin etc.

Special Educational Needs Coordinator (SENDCo)

The SENDCo will:

- Will help to update the academy's Supporting Children with Medical Conditions policy.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Liaise with teaching staff to ensure that pupils who have been unwell catch up on missed academy work.

Parents/Carers

Parents/carers will:

- Provide the academy with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's Individual Health Care Plan (IHCP) and will be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment
- Ensure all medication is in date and is clearly labelled with the pupil's full name.
- Inform the academy about the medication their child requires during academy hours, while taking part in visits, outings and other out of academy activities.
- Tell the academy about any changes to their child's medication in terms of what they take, when and how much.

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 IHCPs. They are also expected to comply with their IHCPs.

Pupils will:

- Be involved in the development and review of their IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP
- Ensure they tell their parents, teacher or staff member if they are feeling unwell

School Nurses and other Healthcare professionals

Our school nursing service will notify the academy when a pupil has been identified as having a medical condition that will require support in academy. This will be before the pupil starts at Hill View, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

Equal opportunities

Our academy is clear about the need to actively support pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so.

The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on academy 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 and any relevant healthcare professionals will be consulted.

Being notified when a child has a medical condition

When the academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The academy 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 academy.

See Appendix 1.

Individual Health Care Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to AHT for Inclusion

Plans will be reviewed at the request of parents, when advised by medical professionals, or 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

Plans will be drawn up in partnership with the academy, parents 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.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher and the SENDCo will consider the following when deciding what information to record on IHCPs:

- 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 or 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 academy needs to be aware of the pupil's condition and the support required

- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during academy hours
- Separate arrangements or procedures required for academy trips or other academy activities outside of the normal academy timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/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

Managing Medicines

Prescription medicines will only be administered at academy:

When it would be detrimental to the pupil's health or academy attendance not to do so **and**

Where we have parents' written consent

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 maximum dosages and when the previous dosage was taken. Parents will always be informed of this.

The academy 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 academy 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 to arrange for safe disposal when no longer required or out of date.

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.

Controlled drugs are kept in a secure cupboard in the academy 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.

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 and it will be reflected in their IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

Staff 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 IHCPs. 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 SENDCo. 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 IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal 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 they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Pupils with SEND

We recognise that some children with medical conditions may also have special educational needs and disabilities (SEND). The Academy will aim to identify and assess any pupils with SEN and medical conditions as early as possible and take appropriate and reasonable action for support so that pupils with SEN and medical conditions can engage in the activities of the academy alongside other pupils.

Unacceptable practice

Hill View Primary Academy recognises that it is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plan;
- If the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. for hospital appointments;
- Prevent pupils from eating, drinking or taking toilet breaks whenever they need to in order to manage their condition effectively;
- Require parents, or otherwise make them feel obliged, to attend academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, e.g. if it is considered after consultation with all relevant parties that it is in the best interests of the child and their family we will invite parents to accompany their children on trips.

Liability and indemnity

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

The details of the academy's insurance policy are:

We are a member of the Department for Education Risk Protection Arrangement (RPA). Under this we have unlimited cover for Employer liability, Third Party Public Liability and Professional Liability.

Complaints

Should parents or pupils be dissatisfied with the support provided by the academy to pupils with medical conditions they should in the first instance discuss their concerns directly with the academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the academy's complaints procedure. This can be found on the academy's website and hard copies can be obtained from the academy office.

This policy will be reviewed and approved by the governing body every two years.

This policy should be read in conjunction with the following academy policies;

- Accessibility Plan
- Equality Policy and objectives
- First Aid Policy
- Intimate Care Policy
- Health and Safety
- Safeguarding
- Special Educational Needs and Disabilities information report and policy
- Educational Visits Policy

Appendix 1 Being notified a child has a medical condition

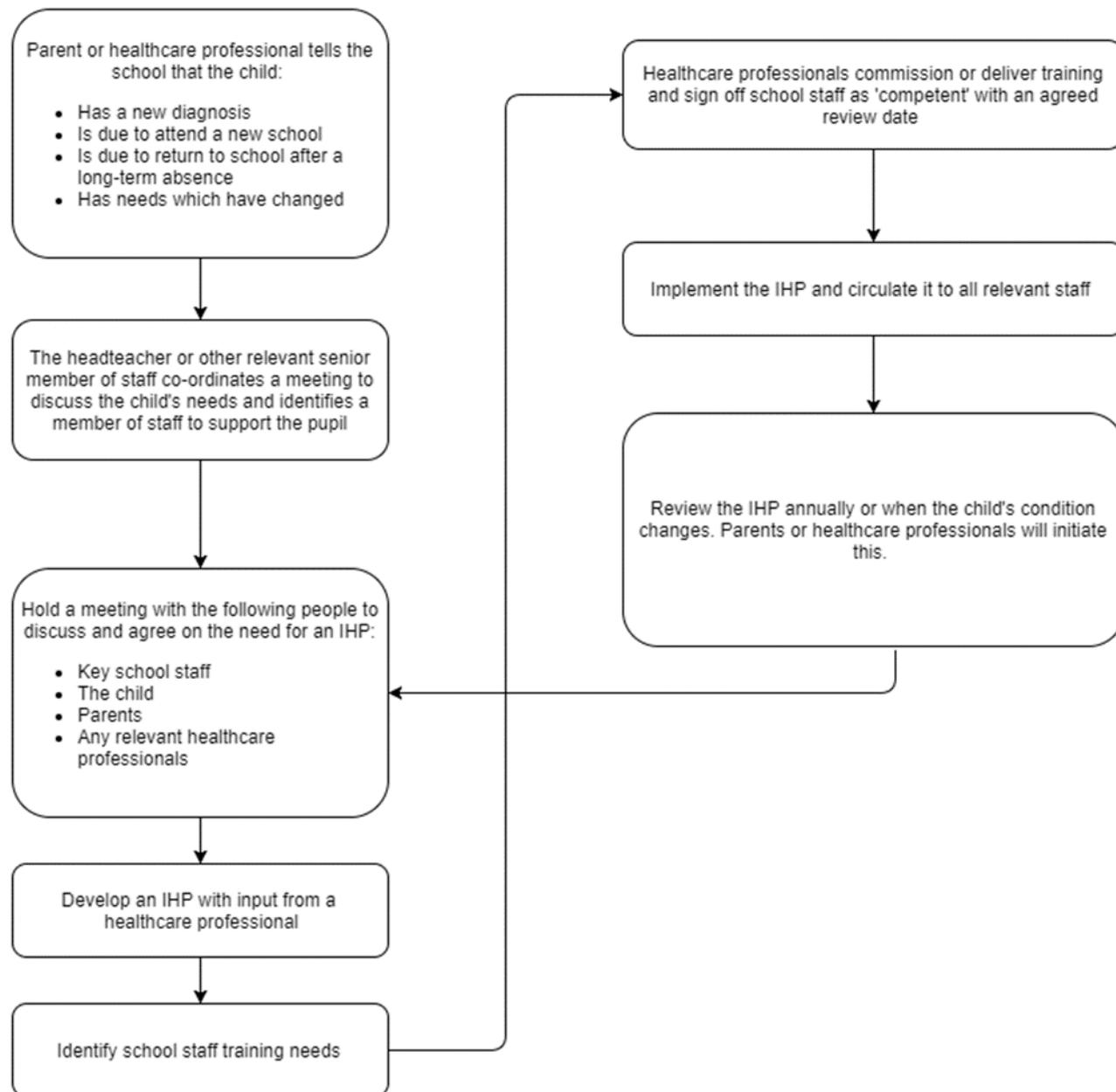
Appendix 2 Anaphylaxis Emergency Procedures

Appendix 3 Asthma Emergency Procedures

Appendix 4 Diabetes Emergency Procedures

Appendix 5 Epilepsy Emergency Procedures

Appendix 1: Being notified a child has a medical condition



Appendix 2: Anaphylaxis Emergency Procedures

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. It can occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Some pupils may require anti-histamines to relieve mild symptoms or as part of their emergency procedure for a severe reaction, or both. This should be administered as prescribed by the pupil's doctor. Every child who is at risk of anaphylaxis should also be prescribed an adrenaline injector, either an Epi pen or Anapen. In Hill View Primary Academy these are stored in the academy office, clearly labelled. All staff are aware where they are and so is the pupil concerned.

To help manage the condition for those children affected by severe nut allergies we do not allow food containing nuts to be brought into academy. Parents are regularly reminded in the academy newsletters of this policy. If a child is found to have food containing nuts including peanut butter and Nutella we will contact their parents to remind them of our policy and the reasons why it is in place. Our lunch time meal providers are also informed of our policy.

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + severe asthma symptoms (see asthma section for more details)
- + abdominal pain, nausea and vomiting
- + sense of impending doom
- + sudden feeling of weakness (due to a drop in blood pressure)
- + collapse and unconsciousness.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

- + assess the situation
- + follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
- + administer appropriate medication in line with perceived symptoms.

If they consider that the pupil's symptoms are cause for concern, call for an ambulance.

State:

- + the name and age of the pupil.
- + that you believe them to be suffering from anaphylaxis
- + the cause or trigger (if known)
- + the name, address and telephone number of the academy
- + call the pupil's parents/carers.

While awaiting medical assistance the designated trained staff should:

- + continue to assess the pupil's condition
- + position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil

- + If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down on their back with their legs raised. They should NOT stand up.
- + If there are also signs of vomiting, lay them on their side to avoid choking.
- + If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do . . .

- + If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- + Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew.
- + On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- + After the incident carry out a debriefing session with all members of staff involved.
- + Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 3: Asthma Emergency Procedures

Asthma is a long term medical condition that affects the airways. When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma. Hill View Primary Academy recognises that the severity of asthma symptoms can vary enormously. From September 2014 we will be asking parents of children who have asthma to fill out an Asthma card so that we can create a register of asthmatic pupils that is available to all staff. Inhalers are stored in the pupil's classroom so that they can access them easily when required. Pupils should be reminded to take their reliever inhaler to PE lessons, academy trips and other activities outside the classroom. It is important to know which reliever belongs to which pupil so each asthma medication should be clearly labelled with the pupil's name. We will inform parents if their child is using their reliever inhaler more than usual.

Asthma Emergency Procedures

Common signs of an asthma attack:

- + coughing
- + shortness of breath
- + wheezing
- + feeling tight in the chest
- + being unusually quiet
- + difficulty speaking in full sentences
- + sometimes younger children express feeling tight in the chest and a tummy ache.

Do:

- + Keep calm
- + Encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- + Make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + Ensure tight clothing is loosened
- + Reassure the pupil.

If there is no immediate improvement

- + Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

Call an ambulance urgently if any of the following:

- + The pupil's symptoms do not improve in 5–10 minutes
- + The pupil is too breathless or exhausted to talk
- + The pupil's lips are blue
- + You are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack:

- + Minor attacks should not interrupt the involvement of a pupil with asthma in academy activities. When the pupil feels better they can return to academy activities.
- + The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack:

- + Never leave a pupil having an asthma attack.
- + If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- + In an emergency situation academy staff are required under common law, duty of care, to act like any reasonably prudent parent.
- + Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- + Send a pupil to get another teacher/adult if an ambulance needs to be called.
- + Contact the pupil's parents/carers immediately after calling the ambulance.
- + A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- + Staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 4: Diabetes Emergency Procedures

Diabetes is a long-term medical condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. There are two main types of diabetes: Type 1 which usually develops before the age of 40 and occurs when the body is unable to produce any insulin, and Type 2 which usually but not always occurs in adults when the body does not produce enough insulin or when the insulin it does produce does not work properly. Careful monitoring of blood sugar levels is necessary. Medical equipment for diabetes is kept in the medical room at Hill View Primary Academy. Although diabetes cannot be cured, it can be managed and treated very successfully. An essential part of managing diabetes is having a healthy lifestyle: eating a healthy diet that contains the right balance of foods and taking regular physical activity – the recommendation for all children and young people is 60 minutes of physical activity per day. We will allow pupils access to their medication or any food they require without delay.

- + Pupils with Type 1 diabetes need insulin for the rest of their lives. They also need to eat a healthy diet that contains the right balance of foods: a diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables.
- + Pupils with Type 2 diabetes need to eat a healthy diet that is low in fat (once over five years old), sugar and salt, and contains plenty of fruit and vegetables. If it is found that this alone is not enough to keep their blood glucose levels in the target range, they may also need to take medication.

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high. The symptoms do not appear suddenly but build up.

Common symptoms:

- + thirst
- + frequent urination
- + tiredness
- + dry skin
- + nausea
- + blurred vision.

Do:

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

If the following symptoms are present, then call the emergency services:

- + deep and rapid breathing (over-breathing)
- + vomiting
- + breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?

- + too much insulin
- + a delayed or missed meal or snack
- + not enough food, especially carbohydrate
- + unplanned or strenuous exercise
- + drinking large quantities of alcohol
or alcohol without food
- + sometimes there is no obvious cause.

Watch out for:

- + hunger
- + trembling or shakiness
- + sweating
- + anxiety or irritability
- + fast pulse or palpitations
- + tingling
- + glazed eyes
- + pallor
- + mood change, especially angry or aggressive behaviour
- + lack of concentration
- + vagueness
- + drowsiness.

Do:

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- + a glass of Lucozade, coke or other non-diet drink
- + three or more glucose tablets
- + a glass of fruit juice
- + five sweets, e.g. jelly babies
- + GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again. Examples are:

- + roll/sandwich
- + portion of fruit
- + one individual mini pack of dried fruit
- + cereal bar
- + two biscuits, e.g. garibaldi, ginger nuts
- + or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given.
When the child has recovered, give them some starchy food, as above.

If the pupil is unconscious, do not give them anything to eat or drink and call for an ambulance and contact the parents.

Appendix 5: Epilepsy Emergency Procedures

Epilepsy is a tendency to have seizures and can affect anyone at any age. There are many different kinds of epilepsy. It can have a known cause such as an injury to the head, brain tumour or meningitis but for the majority of people there is no known cause. The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy, may take several different types of medication. Generally, these can be taken outside academy hours. However, side effects can include drowsiness, poor memory and concentration, confusion, irritability, over-activity and weight gain. Staff should be aware of these potential side effects. It is important to remember that pupils with epilepsy may appear to display inappropriate behaviour or lack of concentration, but these may be due to their medication and/or condition. First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- + the person loses consciousness, the body stiffens, then falls to the ground.
- + this is followed by jerking movements.
- + a blue tinge around the mouth is likely, due to irregular breathing.
- + loss of bladder and/or bowel control may occur.
- + after a minute or two the jerking movements should stop and consciousness slowly returns.

Do:

- + Protect the person from injury – remove harmful objects from nearby.
- + Cushion their head.
- + Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- + Once the seizure has finished, gently place them in the recovery position to aid breathing.
- + Keep calm and reassure the person.
- + Stay with the person until recovery is complete.

Don't:

- + Restrain the pupil.
- + Put anything in the pupil's mouth.
- + Try to move the pupil unless they are in danger.
- + Give the pupil anything to eat or drink until they are fully recovered.
- + Attempt to bring them round.

Call for an ambulance if . . .

- + You believe it to be the pupil's first seizure.
- + The seizure continues for more than five minutes.
- + One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- + The pupil is injured during the seizure.
- + You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste
- + a strong sense of déjà vu.

Complex partial seizures

Symptoms:

- + plucking at clothes
- + smacking lips, swallowing repeatedly or wandering around
- + the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- + sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- + brief forceful jerks which can affect the whole body or just part of it
- + The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- + The person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- + Guide the person away from danger.
- + Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- + Stay with the person until recovery is complete.
- + Keep calm and reassure the person.
- + Explain anything that they may have missed.