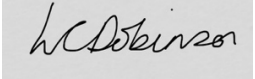




CULGAITH CE SCHOOL

DIABETES AND EPILEPSY SAFETY PROCEDURES

Approved by			
Name:	Lynn Dobinson		
Position:	Head teacher		
Signed:		Version Number:	1
Date:	16.9.26	Proposed review date:	Sept 29

¹ This document requires approval in line with other relevant policies such as Supporting Pupils with medical conditions and First Aid.

² This document should be reviewed annually or when circumstances require.

Review Sheet

Each entry in this table summarises the changes to these procedures made since the last review (if any).

Version Number	KAHSC Version Description	Date of Revision/Review
1	NEW: In response to The Children's Wellbeing and Schools Act 2026, which requires schools to publish on their website a separate Allergy Safety Policy including acute asthma, these procedures have been shortened to content only on diabetes and epilepsy and rearranged in line the Allergy Safety Policy to reduce staff workloads and simplify required learning.	September 2026
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Find all parental consent and medicines administration record cards and sheets, all individual healthcare plan (IHCP) templates, a customisable invitation to parents and carers to help develop the IHCP, and notification letters e.g. for salbutamol use [insert where downloaded/printed copies can be found].

1. Definitions

Parents are anyone with parental responsibility, including carers.

1.1 Diabetes

Type 1 diabetes causes a person's blood sugar to become too high because the body can't make the hormone insulin.

Type 2 diabetes cause high blood sugar levels because the body doesn't make enough insulin, or the insulin it makes doesn't work properly i.e., insulin resistance.

Other types of diabetes include **gestational diabetes**, which some women develop during pregnancy, **type 3c**, **MODY**, and Latent Autoimmune Diabetes in Adults (**LADA**) (see [What is diabetes? | Getting to know the basics | Diabetes UK](#) for more information).

Fewer than one in 10 people in the UK who have diabetes have type 1, and treatment is by insulin injection or pump. Checking and managing blood sugar levels reduces the risk of serious short or long-term health problems called **chronic diabetes complications** (eye, foot, heart or kidney problems, stroke, nerve damage, gum disease).

Acute diabetic complications can happen at any time and can lead to chronic, or long-term, complications.

- Hypos – when blood sugars are too low.
- Hypers– when blood sugars are too high.
- Hyperosmolar Hyperglycaemic State (HHS)– a life-threatening emergency that only happens in people with type 2 diabetes brought on by severe dehydration and very high blood sugars.
- Diabetic ketoacidosis (DKA) – a life-threatening emergency where the lack of insulin and high blood sugars leads to a build-up of ketones which makes the blood acidic.

Symptoms of type 1 diabetes are known as the 4 Ts, but can also include genital itching or thrush, cuts and wounds that take longer to heal, and blurry eyesight:

- Toilet – going for a wee more often, especially at night.
- Thirsty – being constantly thirsty and not being able to quench it.
- Tired – being incredibly tired and having no energy.
- Thinner – losing weight without trying to or looking thinner than usual.

Symptoms for type 2 diabetes in children and young people are the same as for Type 1 but may be more obvious. Type 2 diabetes in children is much less common than type 1.

Warning signs of a hypo can include, feeling shaky, sweating, hunger, tiredness blurred vision, lack of concentration, headaches, feeling tearful, moody, or going pale.

Diabetic Ketoacidosis (DKA) is a serious condition that affects people with type 1 diabetes, and occasionally those with type 2 (although they are more likely to be affected by HHS). When there is severe lack of insulin in the body, it can't use sugar for energy and starts to use fat instead. When this happens, chemicals called ketones are released. If left unchecked, ketones can build up and make the blood acidic.

In someone already diagnosed with diabetes, the causes can include:

- being ill e.g., with a chest infection, flu, Urinary Tract Infection (UTI)
- high blood sugar levels caused by a growth spurt or puberty
- not taking insulin or missing doses
- surgery or an injury
- high blood sugar caused by menstruation.

The signs of DKA include:

- high blood sugar levels
- being very thirsty

- needing to pee more often
- feeling tired and sleepy
- confusion
- blurred vision
- stomach pain
- feeling or being sick
- sweet or fruity-smelling breath (like nail polish remover or pear drop sweets)
- passing out.

Sometimes, especially in children, there isn't an obvious trigger. Early signs of DKA can be treated with insulin and fluids if recognised quickly. If not, hospital treatment is required.

1.2 Epilepsy

Epilepsy is a neurological condition that affects the brain, causing repeated seizures, sometimes called "fits". Anyone can have a one-off seizure, but it doesn't always mean they have epilepsy. People are usually diagnosed with epilepsy if their doctor thinks there's a high chance they could have more seizures.

Electrical activity is happening in the brain all the time, as the cells there send messages to each other. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works. The result is an epileptic seizure.

There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected, and how far the seizure activity spreads.

During some types of seizure, the person may remain alert and aware of what's going on around them, but have unusual sensations, feelings or movements. With other types, they may lose awareness and behave oddly, or go stiff, fall to the floor and jerk. Some people only have one type of seizure, and some people have more than one type.

When an epileptic seizure starts in one side of the brain, it's called a **focal** seizure. The person can be fully aware of what's happening around them, even if they can't move or respond. It's called a focal impaired awareness seizure when the person's awareness is affected during the seizure. Doctors may also use the words motor, where the main symptoms involve muscle activity, such as jerking, muscles becoming limp (loss of muscle tone) or repeated movements, or non-motor where the main symptoms don't involve muscles but include things like changes in emotions, thinking and sensation, to describe focal seizures.

Most focal aware seizures are short, lasting between a few seconds and two minutes. Focal impaired awareness seizures usually last between one and two minutes but may be shorter or longer for some people.

When a seizure has a generalised onset affecting both sides of the brain from the start, this is called a generalised **tonic-clonic** or bilateral convulsive seizure. Some seizures start in one side of the brain and then spread to affect both sides. When this happens, it's called a focal to bilateral tonic-clonic seizure.

There are 2 phases in a tonic-clonic seizure: the 'tonic' phase, followed by the 'clonic' phase.

During the **tonic phase**, the person loses consciousness, all their muscles go stiff, and if they're standing, they fall to the floor, air might push past their voice box, which can make a sound like crying out, and they may bite down on their tongue or the inside of their mouth.

During the **clonic phase**, their limbs jerk quickly and rhythmically, they may lose control of their bladder and/or bowels, and their breathing may be affected, causing a blue tinge around the mouth.

Most tonic-clonic seizures last between one and three minutes. If a tonic-clonic seizure lasts longer than five minutes, this is called status epilepticus and may need emergency medical treatment.

Status epilepticus happens when a seizure doesn't stop in the usual time, or when someone has seizures one after another without recovering in between. It is a medical emergency that can happen with any type of seizure.

Convulsive status epilepticus is when a tonic-clonic seizure lasts for 5 minutes or more, or one follows another without the person regaining consciousness in between. If either of these things happen, the person needs urgent treatment to stop the status before it causes long-term damage. If convulsive status epilepticus lasts for 30 minutes or longer it can cause permanent brain damage or even death.

Non-convulsive status epilepticus is when a non-convulsive seizure, such as an absence or focal impaired awareness seizure, lasts too long. These can be harder to spot because the signs and symptoms can be less obvious. For example, someone who is in absence status or focal impaired awareness status may appear confused and less responsive than usual or have changes to their speech or behaviour for no clear reason.

Some people are prescribed emergency medicine to treat status epilepticus, usually buccal midazolam given by plastic syringe, between their gums and cheek (sometimes rectal diazepam or, for some children, rectal paraldehyde).

Absence seizures are a type of generalised onset seizure, affecting both sides of the brain from the start.

During a **typical absence** seizure, the person will suddenly stop what they are doing for a few seconds but will not fall. They might appear to be daydreaming or 'switching off' and people around them might not notice. Their eyelids might flutter and they might have slight jerking body or limb movements. In longer absences, they might have some short, repeated actions, they won't know what is happening around them and can't be brought out of it.

One typical absence lasts less than 10 seconds. Some people have hundreds of absences a day, often in clusters, one after another, and they are often worse when they are waking up or drifting off to sleep.

Atypical absences are similar to typical absences, but they last longer (up to 30 seconds), and they start and end more slowly. The person might be able to move around, but their muscles might go limp or 'floppy', appearing clumsy. They may be able to respond to someone during an atypical absence seizure.

People who have atypical absences usually have learning disabilities or other conditions that affect the brain.

After someone has a seizure, it can take a while for their brain to fully recover and they may feel confused.

Epilepsy can start at any age, and some types last for a limited time, but for many people, epilepsy can be a life-long condition.

2. Introduction

Section 100 of the *Children and Families Act 2014* places a duty on governing bodies to plan support for pupils at school with medical conditions, except for "young children" (those aged from birth until 1st September following their fifth birthday and subject to the requirements of the EYFS Statutory framework for group and school based providers). In meeting the duty, school must have regard for statutory guidance Supporting pupils at school with medical conditions.

Other statutory duties relevant to children and young people with medical conditions, include:

- The duty of care under section 3 of the *Children Act 1989* for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the *Education Act 2002*, the *Education (Independent School Standards) Regulations 2014* (and associated statutory guidance *Keeping Children Safe in Education*);

- The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees and non-employees are not exposed to risks to their health and safety;
- The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.
- The *common law duty of care* which requires schools, educational settings, and other persons responsible for children and young people to take reasonable care to avoid acts or omissions which could reasonably be foreseen to cause injury or harm. This includes taking appropriate steps to identify, assess and manage the risks to health, safety, and learning opportunities, and to respond appropriately in an emergency.

For general information about how we plan to support pupils at school with medical conditions in line with statutory guidance and non-statutory advice see our Supporting pupils at school with medical conditions Policy.

For information about the management of allergies and asthma, see our dedicated Allergy Safety Policy and Procedures.

This policy and procedures set out how we will meet these duties and achieve our safety aims for pupils affected by the other two life-threatening conditions, diabetes and epilepsy, specified in the guidance.

Where a member of staff has been diagnosed with diabetes or epilepsy, there is guidance on supporting someone with diabetes at work available from Diabetes UK and epilepsy at work available from epilepsy.org.uk which can be used and adapted in consultation with the member of staff or other adult who has received a diabetes diagnosis. Agreement should be sought from the individual with the Diabetes diagnosis, that first aiders can be informed of the condition should an emergency situation arise. This information will be confidential and others informed on a need to know basis only. For information about the management of staff diagnosed with potentially life-threatening medical conditions, see [insert document name and link to relevant HR document].

3. Culture

This school welcomes all pupils, including those who have diabetes or epilepsy, and encourages them to achieve their full potential in all aspects of school life by providing a positive educational environment, procedures to control the risks and to prevent and manage emergencies, and well-trained staff to implement them.

The Governors are committed to ensuring that:

- statutory guidance is used to develop this safety policy;
- this policy is published on the school website;
- a member of the senior leadership team has an overview of pupil health and wellbeing and impacts on curriculum delivery or running of the school;
- guidance and the policy are reviewed no less than annually;
- basic awareness training is provided for all staff present when *identified* children are and is updated at least annually.

The role of the senior leader who maintains an overview of health and wellbeing is to:

- collaborate with any designated lead e.g., Allergy Safety, to develop and review this policy;
- maintain an overview of the:
 - identification and control of relevant hazards and risks,
 - development and communication of IHCPs for those with diabetes or epilepsy which include emergency responses,

- Identification and meeting of training needs and ensuring arrangements are ongoing accounting for new staff.
- monitor the system that manages personal and personal spare emergency medicines or devices.

This policy will be reviewed at least annually or when an incident or near miss suggests areas for improvement. Reviews will seek to learn lessons. The policy will also be reviewed when there is a significant change in the law, good practice, or the circumstances of this school.

3.1 Awareness training

The individual responsible for overseeing the protocol for the use of the emergency medicines, monitoring implementation, identifying training needs, and for maintaining IHCPs is Lynn Dobinson – Headteacher – Fiona Cresswell Senior Teaching Assistant

All staff are trained:

- To recognise the range of signs and symptoms of a hypo or hyper-glycaemic event, and seizure or absence.
- To understand the rapidity with which they can progress to a life-threatening reaction, and that symptoms can appear very mild at first.
- To appreciate the need to administer emergency medicines as soon as possible once recognised.
- In how to respond appropriately to an emergency, what checks or tests to carry out before administering an emergency medicine.
- On the policy for supporting pupils at school with their medical conditions, our procedures, and their role in both.
- How to access emergency medicines.
- How to dispose of any sharps or other soiled/used materials safely and appropriately.
- Who the designated members of staff are and how to access their help.

Designated staff have a specific responsibility for helping to administer emergency medicines, i.e., they have volunteered to help a child, are trained to do so, and are identified in these procedures as people to whom all staff can turn to for support in an emergency.

Designated staff are trained in everything that all staff are trained in listed above and:

- responding appropriately to a request for help from another member of staff.
- recognising when emergency action is necessary.
- practical instruction in how to use the different medicines or medical devices pupils use
- making appropriate records of allergic reaction; and
- ensuring parents are informed.

Not every designated member of staff is trained in every type of emergency medicine administration.

When a pupil needs support with the emergency administration of insulin or buccal midazolam or similar, we engage with community and school nurses to get the right training for designated staff.

3.2 Wellbeing

This school recognises the important part we can play in helping children and young people with medical conditions manage them well to achieve good health, active learning, and personal independence.

We recognise that some pupils may need time off school or suffer disturbed sleep due to their health which can leave them feeling ill, tired, irritable, anxious, and struggling to concentrate or catch up at school. We also recognise that stress can be a key causal factor in the poor regulation of blood sugar and onset of seizures which can affect pupils' mental and physical health and their ability to learn and grow alongside their peers.

We aim to treat pupils as individuals with due consideration for their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them such as preserving their dignity and privacy.

These procedures address the needs of adult staff, volunteers, and visitors as well but are centred on the safeguarding of pupils.

[School will work with families of affected children to ensure they are integrated and able to have enhanced opportunities and an equal access to a broad and balanced curriculum.

Pupils are involved in age and developmentally appropriate ways in our emergency procedures but only in specific ways that have been discussed and agreed with the individual pupil and their family e.g., buddy role, fetching help or equipment. This should help to increase community awareness of severe medical conditions, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

When a pupil is missing a lot of school, or are distracted by their symptoms or health worries, or are always tired because their medical condition disturbs their sleep at night, [Fiona Cresswell/ Lynn Dobinson will initially talk to the parents/carers to develop a plan to support better management of their symptoms and/or to prevent their child from falling behind. If appropriate, the member of staff taking this initial action will then talk to the school or community nurse and SENDCo/Allergy Safety Lead about the pupil's further needs.

We recognise that it is possible for pupils with diabetes or epilepsy to have special education needs (SEN) due to their medical condition which may also be a disability under the Equality Act 2010 which requires reasonable adjustments.

3.3 Minimising risk

Schools have a duty of care for the health, safety, and wellbeing of pupils and must identify the seriousness of the risks to their health from exposure to known triggers and take reasonable action to eliminate or manage the risks. This school does all that we reasonably can to ensure the school environment is as favourable to pupils with diabetes or epilepsy as it is to their peers without those medical conditions.

Areas of the curriculum we pay particular attention to which may expose pupils to triggers like stress, high humidity or temperatures, flashing lights, pool reflections, food & drinks etc. include exam periods, science, design technology, food technology, art, religious studies, drama, PE, and outdoor activities.

Steps taken to ensure pupils diagnosed with diabetes or epilepsy can be fully integrated into school life include:

- Measures in the Allergy Safety Policy focussed on:
 - Training staff in basic symptom awareness and emergency action, including educational support for pupils who are unwell at school and unable to participate fully or are absent and need to catch up,
 - Reducing particulate air pollution (which might increase the likelihood of a seizure),
 - Controlling air quality and extreme humidity and temperatures (which increases blood flow to the skin and may cause the body to absorb insulin faster increasing chances of a hypo). This includes coordinating on-site e.g., with contractors or visitors who are creating new risks and doing due diligence off-site e.g., finding out if a theatre performance involves strobe lighting.
- Ensuring they can and do participate fully in all aspects of school life, including P.E., design technology, science, arts, drama, educational visits, and other extended school activities by:
 - understanding the severity of a pupil's condition and their triggers,
 - assessing the risks using IHCPs to review existing on and off-site and activity risk assessments and plan any additional controls necessary,

- implementing control measures to try to reduce risks such as kit checks that include personal and personal spare emergency medicines both on and off-site in line with the very short timeframes within which some need to be administered (as per each IHCP),
- providing safe spaces and trained staff to support and monitor pupils experiencing difficulties,
- having sound emergency management procedures.
- Ensuring breaks to eat, drink, check their own health (prick test) and rest are appropriately timed to maintain blood sugar and reduce stress or making special arrangements for refreshments or rest.
- Checking educational and play resources, especially video formats and theatrical planning.
- Ensuring blanket school rules, such as no food or drinks, no mobile phones, is not applied to pupils with specific needs indiscriminately.
- Reassuring parents, carers, and pupils that we understand the condition and can help them manage it and be active.
- Working in partnership with all interested parties including the governing body, school staff and other adults, the school or community nurse, parents and carers, other relevant employers of adults working with pupils (e.g., swimming providers), the local health protection team, and pupils to ensure these procedures are implemented and maintained successfully.

4. Individual children, young people and others

4.1 Identification

The school *Supporting Pupils at School with their Medical Conditions Policy* how we identify whether a pupil has a medical condition that might require us to take preventative or emergency action during school activities and needs a written plan.

The *Allergy Safety Policy* includes more information about how we gather information about the potentially life-threatening medical conditions of pupils, staff, and visitors, only insofar as we need to manage risks that we create and to understand the impact of staff medical conditions on school insurance and/or reasonable adjustments.

When a member of staff discloses that they have been newly diagnosed with diabetes or epilepsy and prescribed insulin, buccal midazolam or another emergency medicine, we might ask to see any completed care plan e.g., from epilepsy.org.uk or consult Diabetes UK guidance, so we can carry out a risk assessment to understand how to support them at work and safeguard pupils. Support might include their consent to share their diagnosis with limited others on a need-to-know basis e.g., first aiders in case of emergency. If no plan is in place, we might consult with the member of staff and develop one. A completed plan is a risk assessment and will undergo regular review.

4.2 Individual Healthcare Plans

An IHCP will be developed for an individual pupil if they:

- have a medical condition which has a functional impact on them at school;
- are at risk of harm because of their medical condition **and**
- require arrangements which are additional to or different from those made generally.

For details of the IHCP process and a model form, see Section 4.3 of the school *Supporting Pupils in school with medical conditions Policy*.

All children with a diagnosis of Type 1 diabetes should have an NHS Diabetes UK/NHS Individual Health Care Plan (Type 1), which they complete with the help of their GP, community nurse and family. We will use it to help us make reasonable adjustments to facilitate prescribed medical care to allow a child to participate in education on the same basis as their peers.

Children with a diagnosis of Type 2 diabetes should have a school IHCP drawn up for them to describe the specific support they need to avoid or manage the risks of becoming hypo or hyperglycaemic.

Trained staff will supervise or otherwise support a pupil who is able to carry out their own Blood/Glucose monitoring (BGM) checks and administer their own insulin, and they will do it for pupils who are unable to.

All children with a diagnosis of epilepsy should have a written Care Plan (epilepsy.org.uk). It's an agreement between the person with epilepsy, their healthcare professional, and where appropriate, their parents or carers. The care plan should say how to tell if they are in status epilepticus and what to do. It should also include details of any emergency medicine that has been prescribed, who is trained to use it and when to give it. We will use it or our IHCP template, whichever will help us provide the best support for the child at school.

These plans must be easily available to staff, especially trained staff who may need to refer to them in an ongoing emergency. Central location and all staff know where to access.

4.3 Pupils' emergency medicines

Pupils who have emergency medicines need immediate access to them and are encouraged to carry them as soon as their parent or carer, GP, and teachers agree they are mature enough and their peers would not be at risk. The medicines of children who are not capable of carrying them safely themselves are kept [e.g. in their classroom].

It is explained to all staff, temporary staff, and regular volunteers (as part of their induction) that any child who appears to need and/or has asked for their emergency medicine should be given it immediately and what procedure they must follow.

We ask all parents and carers to ensure they equip their child with the minimum number of devices or doses that their medical practitioner advises them to carry, clearly labelled with their child's name. We will also ask for a clearly labelled spare that can be kept in a suitable location in school, during term time only, in case the pupil's own runs out, or is damaged, lost, or forgotten.

It is the responsibility of parents and carers to ensure the medicines their child carries have not expired and that the spare provided will last for the entire half term, or they have a plan to replace it. We do not check the expiry dates of children's personal medicines periodically. If it comes to the attention of staff through their normal duties that a medicine has expired or will expire soon, we will inform a parent or carer and ask them to take it home and provide a replacement.

It is the responsibility of class teachers and parents to arrange for or remind pupils who bring their personal emergency medicines to school daily, but can't carry them safely, to pick them up from the safe place to take them home daily. At the end of every half term, pupils who keep a spare lot of emergency medicine at school, will be similarly reminded to take it home with them and bring it back at the start of the next half term. This gives parents and carers the chance to check it for defects or expiry and to test and clean it if necessary.

Storage will always be in line with manufacturer's guidelines, often within a temperature range, and protected from direct sunlight and extremes of temperature.

Teachers are not required to administer routine and regular medicines to pupils, however many staff at this school are trained and willing to administer, and to supervise or provide other support to a pupil able to self-administer.

Staff training will include that some unused devices, like nasal sprays and inhalers, can become blocked and the importance of testing one before use i.e., hold away from the face while spraying one or more puffs as necessary. It is the responsibility of parents to carry out any recommended periodic tests of unused devices. They are returned home at the start of every holiday (typically every 5-8 weeks) and school Policy establishes the right of parents to arrange to come into school at a mutually convenient time to do any necessary checks.

School staff who agree to administer medicines are insured by the local authority to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time.

Parents and carers will be informed about every use of an emergency medicine on their child.

Disposal

This school is registered online at www.gov.uk/waste-carrier-or-broker-registration as a waste carrier so that we can legally dispose of spent, expired, or faulty adrenaline, inhalers, or other medicines or medical devices that we are responsible for. For more information about school policy on the disposal of medicines, including those belonging to pupils or ex-pupils, please see our Administration of Medicines Procedures

Where they can be returned to be recycled by the manufacturer, we will follow the manufacturer's instructions. Otherwise, we will follow any guidelines provided by our pharmaceutical supplier.

A proprietary sharps container is always available to staff and to pupils who are self-injecting or prick testing if needed.

Summary of emergency action - Diabetes

1. If the pupil is conscious, obtain the reading from the Continuous Glucose Monitor (CGM) if they wear one **or** ensure, supervise or help the pupil in difficulty test their blood glucose levels to establish whether they are hypo- or hyper-glycaemic - keep yourself and them calm.
2. If the pupil is convulsing, clear the area so they don't hit anything and hurt themselves or if they are unconscious, put them in the recovery position **and call for an ambulance** - then follow the IHCP.

If the pupil is having a **hypo** do not leave them alone and don't make them go anywhere. Follow steps 3-8:

3. Obtain the IHCP first to find out how much is needed and offer the pupil the right amount of something sugary to eat or drink, like Lucozade, a non-diet soft drink, glucose tablets or fruit juice.
4. After 10–15 minutes, check the blood glucose level again. If the level is still low, repeat step 2.
5. Check the blood glucose level again after another 20–30 minutes to make sure that they have returned to normal.
6. Check the IHCP again to see if the pupil will need a follow-on snack after treating a hypo, such as a piece of fruit, biscuits, cereal bar, small sandwich or the next meal if it's due and make sure they get it.
7. Record this administration in the pupils' [Type 1 Diabetes School Log Book \(diabetes.org.uk\)](http://diabetes.org.uk) if they have one or another record sheet fit for this purpose.
8. Inform parents or carers in the agreed ways.
9. Dispose of any used sharps in the designated sharps container.

If the pupil is having a **hyper** - follow these steps 3-8:

3. Obtain the IHCP first to find out when the pupil needs insulin and how to give it.
4. Establish if blood sugar levels have only been high for a short time and if another course of action is more appropriate than giving insulin such as drinking water and exercising to bring levels down.
5. If they need extra insulin, ensure, supervise or help the pupil in difficulty administer their insulin and encourage them to drink sugar-free fluids.
6. Follow the IHCP with regard to testing for ketones in the blood or urine, and when a pupil might need to go to hospital. **Call for an ambulance if necessary.**

7. Record insulin administration in the pupils' Type 1 Diabetes School Log Book (diabetes.org.uk) if they have one or another record sheet fit for this purpose.
8. Inform parents or carers in the agreed ways or as soon as possible if an ambulance has been called.
9. Dispose of any used sharps in the designated sharps container.

If a pupil is having more frequent or more severe hypos or hypers, we will review the IHCP and inform their parents/carers. The pupil might need to see their GP for a review after which we might also need to review their IHCP with them and their parents or carers.

Summary of emergency action – Epilepsy

1. Stay calm, **note the exact time the seizure began**, and **prepare** to administer the emergency medicine and call an ambulance if it becomes necessary e.g. radio, phone, or send a reliable individual to relay information for action to an appropriate person.
2. Protect the pupil from injury (remove harmful objects from nearby) and stop others crowding around them (where possible move others away from the area) – NEVER move them unless they are in immediate danger e.g. on stairs, in the road etc. and then only with proper regard for your own safety.
3. Cushion their head (with a folded jumper, a cushion etc.) to reduce the chance of head injury.
4. Do not restrain them in any way and never put anything in their mouth – allow the seizure to happen.
5. Place them in the recovery position when the convulsions have stopped and check their breathing is returning to normal.
6. If the seizure lasts more than 5 minutes (status epilepticus) **OR** it lasts 2 minutes longer than is normal for them or another time period recorded in the pupil's IHCP or Epilepsy Care Plan **OR** the pupil has one after another without recovering, administer the emergency medicine and **call for an ambulance**.
7. Preserve dignity should continence have been lost or if intimate medication is required (cover with a light blanket or piece of clothing or use blankets to shield the pupil from sight).
8. Stay with them until fully recovered – NEVER give them anything to eat or drink until they are fully recovered.
9. Manage personal cleaning and biohazards according to procedures.
10. Complete an incident record and copy to everyone necessary as agreed in the care plan – write down as much as can be remembered about triggers.

In a wheelchair follow steps 1 and 6-10 above but substitute steps 2-5 above for steps 2-5 below instead:

2. Put the brakes on to stop the chair from moving.
3. Let them stay in the chair during the seizure (unless they have a care plan which says to move them). Moving them could possibly lead to injuries for both you and them.
4. If they have a seatbelt or harness on, leave it fastened. If they don't have a seatbelt or harness, support them gently, so they don't fall out of the chair.
5. Cushion their head and support it gently. A head rest, cushion or rolled up coat or blanket can be helpful.

In water to rescue the person so that steps 1-10 above can be followed:

1. From behind, tilt the person's head so it is out of the water.

2. If possible, move the person to shallow water.
3. Shout for a lifeguard or other adult to help you get the person out of the water.

Once the person is out of the water and steps 1-10 above are being followed, keep them warm.

In addition to the normal reasons one might be required, **call for an ambulance** if the pupil may have swallowed or breathed in water, even if they appear to be fully recovered. There is a potential risk of drowning hours, even days later from ongoing breathing difficulties due to fluid in the lungs, inflammation, or from developing pneumonia as a result.

5. School-wide policies

5.1 Visits and trips

On-site procedures to manage life-threatening medical conditions must be suitably adapted to be carried out off-site by the visit leader,

Visit leaders may need to identify significant health and medical needs at the earliest planning stages, seeking advice from [Lynn Dobinson EVC if necessary, to ensure equality of access to the curriculum and to be suitably prepared for their visit, for example:

- to understand which pupils, have diabetes and epilepsy.
- the severity of their symptoms.
- relevant triggers to be avoided.
- their treatment or care plan, especially out-of-hours arrangements which school is normally unfamiliar with, and the role of staff.
- and the pupil's competence in carrying and administering their own emergency and other medicines.
- distance from emergency services at any point in time on the visit.

Parental consent to attend a residential visit may need to include a review of and additions to an IHCP because a medicine or other treatment school does not normally manage is required.

All medicines provided for educational visits must be handed over to school already clearly labelled with the pupil's full name.

5.2 Serious incidents and "near misses"

"near misses" will be recorded, reported and responded to via Arbor and directly to the headteacher. See health and safety policy.

Because the onset of symptoms can be delayed or cumulative, include a systemic way for others to inform school of serious incidents or near misses and vice versa e.g. parents/carers, the morning childminder or the Breakfast Club staff, after school club coach. It is so important to learn lessons following any incident, - this is our primary focus during any investigation.]

5.3 Information sharing

At the beginning of each school year or when a child joins our school, parents/carers are asked if their child has any medical conditions on their enrolment or data capture form. When they have emergency medicines, we complete an IHCP in consultation with families and with advice from the GP or specialist community nurse.

This is regularly updated and the information used to update school procedures to include:

- Known risk factors for diabetes and epilepsy.
- Whether a pupil has been prescribed insulin, buccal midazolam etc. (and if so what type, dose etc.).

- A photograph of each pupil to allow a visual check to be made (this will require parental consent) which is made available to all school staff and other adults working in the school where necessary to ensure medicines are administered appropriately.

The use of **any** emergency medicine will be recorded including:

- Where and when the hyper/hypo-glycaemic event, or seizure took place (e.g., PE lesson, playground, classroom).
- How much of a dose was given, and by whom.
- When and how the person given it was transferred to hospital for further monitoring.
- When and how parents were contacted to inform them (hospital discharge documentation should be sent to the pupil's GP to inform them of the emergency incident).

We review all IHCPs and other care plans at least annually, asking parents and carers to update their existing plan or exchange it for a new one, and we remind them to tell us as soon as possible if their child's condition or medical needs changes.

5.4 Awareness of this policy and procedures

- for everyone e.g., published on the school website;
- for staff e.g., part of annual awareness training;
- for all pupils e.g., how awareness of the more common life-threatening medical conditions and how general health and wellbeing awareness will be raised (PSHE, small roles in IHCPs as buddies etc.);
- for pupils with prescribed emergency medicines e.g., involving their friends but only with their informed consent.