Pupil Health & Wellbeing Policy

The British School of Barcelona

SPAIN

Registered in England & Wales - Cognita Schools Limited No. 02313425
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1. Policy Statement

1.1. The school is committed to the health and wellbeing of all its pupils. We believe that all pupils have the right to feel safe, happy and supported in school. We also believe that pupils have a responsibility to look after their own health and wellbeing. The school will work with pupils, parents and carers to ensure that all pupils have the opportunity to achieve their full potential.

1.2. This policy sets out the school's approach to health and wellbeing. We have a responsibility to promote the health and wellbeing of all pupils. This includes:

- Creating a safe and supportive environment for all pupils
- Providing opportunities for pupils to learn about health and wellbeing
- Identifying pupils with medical conditions and mental health needs
- Ensuring that all staff are aware of the needs for pupils with medical conditions and mental health needs, including access to medication, equipment and facilities
- Communicating with and working in partnership with parents and carers
- Providing training for staff on health and wellbeing
- Liaising with external agencies to provide additional support for pupils with medical conditions and mental health needs

1.3. The school will implement this policy by:

- Developing a whole school approach to health and wellbeing, which includes the needs of pupils with medical conditions and mental health needs
- Promoting healthy lifestyle choices among pupils, including regular physical activity and a balanced diet
- Providing support for pupils with medical conditions, including the provision of medication and individual healthcare plans where necessary
- Providing support for pupils with mental health needs, including the provision of counselling services and access to mental health services
- Promoting the emotional wellbeing of pupils through the provision of a safe and supportive learning environment and pastoral support
- Developing a system for recording and managing the health needs of pupils
- Involving parents/carers in promoting the health and wellbeing of their children

1.4. The school understands that it has a responsibility to be welcoming and supportive to both current and future pupils with medical conditions. The school aims to provide all children with the same opportunities at school. We will help to ensure they can fulfil their academic potential as healthy citizens in the school community.

1.5. Staff understand the medical conditions and mental health needs of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability

and confidence. All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

1.6. The school understands that certain medical conditions and mental health needs are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

1.7. The pupil health and wellbeing policy is understood and supported by the whole school. .

1.8. Some children with medical conditions may be considered to have a disability under current legislation and where this is the case, this school complies with the duties under that legislation. Some may also have special educational needs and may have an education/care planwhich brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs Policy.

1.9. This policy provides more information on the support that the school can provide for pupils with medical conditions, This includes information on:

- Medication
- Equipment
- Facilities
- Training for staff
- Working with parents and carers

1.10. This policy applies to all pupils, including those in the Early Years.

Key personnel	
Headteacher	Neil Tetley
Health & Safety Coordinator	Maria Ladeira
First Aid Coordinator/School Nurse	Lara Orts, María Pifarré
First aiders	List of First Aiders available in the school reception and staff rooms.
Staff with specific training to administer specific medication (where required)	List of staff with specific training available in the school medical room.

2. Roles and Responsibilities

2.1. This school works in partnership with all interested and relevant parties including all school staff, parents, employers, community healthcare professionals, catering staff and pupils to ensure the policy is planned, implemented and maintained successfully.

2.2. The Headteacher/Principal will:

- Ensure the Health and Safety of their pupils, employees and anyone else on the premises or taking part in school activities.
- Ensure responsibility extends to those staff and others leading activities taking place off-site, such as educational visits or other activities.
- Ensure the pupil health and wellbeing policy and associated risk assessments are inclusive of the needs of pupils with medical conditions.
- Ensure the pupil health and wellbeing policy is effectively monitored, evaluated and regularly updated.
- Provide indemnity for staff who administer medication to pupils with medical conditions.
- Ensure the school is inclusive and welcoming and that the pupil health and wellbeing policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support, teaching assistants, school nurses, parents, the local health service, and local emergency care services.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place (noting this is reliant on parents updating information).
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply teachers and new staff know the pupil health and wellbeing policy.

2.3. All school staff will:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and mental health needs and know what to do in an emergency.
- Know which pupils in their care have a medical condition or mental health need and be familiar with the content of the pupil's Individual Healthcare Plan (IHP) – including emergency action plans and medical risk assessments where required.
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom. **This will be agreed via an IHP or self medication risk assessment**.
- Be aware of pupils with medical conditions or mental health needs who may need extra support.

- Understand the common medical conditions and mental health needs and the impact they can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions or mental health needs are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

2.4. All teaching staff will:

- Ensure pupils who have been unwell catch up on missed school work.
- Be aware that medical conditions and mental health nees can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents and the School Nurse/First Aid Coordinator.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions and mental health.

2.5. The School Nurse or First Aid Coordinator will:

- Help provide regular training for school staff in managing the most common medical conditions and mental health needs at school.
- Provide information about where the school can access other specialist training.

2.6. First aiders will:

- Ensure immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- Ensure, when necessary, an ambulance or other professional medical help is called.

2.7. Special educational needs coordinators will:

- Ensure that they know which pupils have a medical condition or mental health need and which have special educational needs because of their condition.
- Ensure staff make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

2.8. Pastoral support staff will:

- Know which pupils have a medical condition or mental health need and which have special educational needs because of their condition.
- Ensure all pupils with medical conditions or mental health needs are not excluded unnecessarily from activities they wish to take part in.

2.9. Pupils will:

- Treat other pupils with and without a medical condition or mental health need equally.

- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Let any pupil take their medication when they need it, and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.

2.10. Parents/carers will:

- Tell the school if their child has a medical condition or mental health need.
- Ensure the school has a complete and up-to-date Pupil Health Record Form for their child updated with correct contact details
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in educational visits and other out-of-school activities.
- Tell the school about any changes to their child's medication.
- Ensure they have completed forms to indicate consent to administration of medication in case of need
- Always inform the school if they send or hand in medication for their child so it can be correctly stored**. Pupils are not allowed to carry medication on their person or in their school bags, unless this is agreed via an IHP and/or self medication risk assessment**.
- Inform the school of any changes to their child's condition.
- Provide the school with appropriate medication and medical devices labelled with their child's name, in original container and containing the medicine information leaflet.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child catches up on any school work they have missed and have been required to complete.

3. Communication

3.1. Pupils are informed and reminded about how the policy can support them and their specific need:

- in assemblies;
- in the school newsletter at several intervals in the school year; and
- in personal, social and health education (PSHE) classes.

3.2. Parents are informed and regularly reminded about the pupil health and wellbeing policy:

- at the start of the school year when communication is sent out about Pupil Health Record forms;
- in the school newsletter at several intervals in the school year;
- when their child is enrolled as a new pupil; and
- via the school's website, where it is available all year round.

3.3. School staff are informed and regularly reminded about pupil medical conditions :

- via the school management information systems;
- at scheduled medical conditions or mental health training;
- through the key principles of the policy being displayed in several prominent staff areas around the school; and
- all supply and temporary staff are informed of the policy and their responsibilities

4. Individual Healthcare Plans (IHPs)

4.1. All pupils with a serious medical condition have an IHP. This can be completed on Medical Tracker or using the Cognita template IHP.

4.2. An IHP details exactly what a child needs in school, when they need it and who is going to administer it.

4.3. It includes information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

4.4. The IHP should be written with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professional, ideally a specialist if the child has one.

4.5. Once completed, a copy of this should be kept in the Medical Folder in/near the Medical/First Aid Room. It should also be available on Medical Tracker/school medical records.

4.6. Pupils with an IHP may also require an Emergency Action Plan and a Medical Risk Assessment. Copies of these should also be kept in the Medical Folder and available on Medical Tracker.

5. Emergency Procedures and Training

5.1. All staff including temporary or supply staff at the school are aware of the most common serious medical conditions at the school. Staff at the school understand their duty of care to

pupils in the event of an emergency. All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give (see Appendix 1)
- who to contact within the school.

5.2. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows. Staff must not take pupils to hospital in their own car or unaccompanied by another adult. The Headteacher or Deputy will be informed and give prior approval to a child being transferred to hospital.

5.3. The pupil's IHP and Emergency Action Plan informs what help they need in an emergency. The school has procedures in place so that a copy of the pupil's IHP and Emergency Action Plan is sent to the emergency care setting with the pupil.All staff who work with groups of pupils at the school receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff regularly.

6. Administration of Medication

6.1. **Emergency Medication**

All pupils at this school with medical conditions have easy access to their emergency medication. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs. This is also the arrangement on any off-site or residential visits. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff to assist in helping them take their medication safely.

6.2. **General Administration**

This school understands the importance of medication being taken as prescribed. **All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so**. Many other members of staff are happy to take on the voluntary role of administering medication. Any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent. Training is given to all staff members who agree to administer medication to pupils and where specific training is needed.

Parental consent is obtained 1) for chronic conditions or emergency medication, via the IHP. Consent is renewed annually via the IHP. 2) for ad hoc administration of medication such as paracetomol, via the initial registration forms and in the annual data collection process. Additionally, if ad hoc medication needs to be administered, the school will always call parents to inform them before the medication is given.

6.3. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at the school.In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

6.4. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

6.5. If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

6.6. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

6.7. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

7. Use of Adrenaline Auto-Injectors (AAI)

7.1. It is possible schools may be able to purchase spare adrenaline auto-injectors for use on children with serious allergies in emergency situations without prescription, for use in situations where the device is potentially not available, not working or out of date. However this is considered a spare/back up device and not a replacement for a pupil's own AAI(s)

7.2. A register of pupils who have been prescribed AAI(s) or their written Emergency Action Plan will be kept at the school.

7.3. Written consent will be sought from the pupil's parent/guardian for the use of spare AAI(s) as part of a pupils Individual Healthcare Plan.

7.4. Spare AAI(s) will only be used on pupils where both medical authorisation and written parental consent has been provided.

7.5. Training for staff on use of the AAI is included in approved first aid training courses as detailed in the First Aid Policy.

7.6. Storage of these auto-injectors will be in line with the Storage of Medication section below.

8. Overseas Medicines

8.1. Pupils returning from overseas and who bring in medication obtained from another country must be willing to provide, from the prescriber, written details of the name, nature, dose and quantity of drug(s) supplied. These must be written or translated into English or Spanish. Storage, administrating and procedures for such medicines remain the same. Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist, nurse or pharmacist.

9. Record Keeping

9.1. Parents at this school are asked if their child has any health conditions or health issues on registration and at regular data collection points.

9.2. IHPs are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

9.3. If a pupil has a short-term medical condition that requires medication during school hours, a Permission to Administer Medication Form plus explanation is sent to the pupil's parents to complete.

9.4. Parents at this school are regularly reminded to update their child's IHP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with an IHP at this school has their plan discussed and reviewed at least once a year.

9.5. Parents and pupils at the school are provided with a copy of the pupil's current agreed IHP and are kept in a secure central location at school. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' IHP/Emergency Action Plan and Medical Risk Assessment. All members of staff who work with groups of pupils have access to the IHPs/Emergency Action Plans and Medical Risk Asessments of pupils in their care. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and

have access to) the IHPs/Emergency Action Plans and Medical Risk Asessments of pupils in their care.

9.6. The school ensures that all staff protect pupil confidentiality and the school seeks permission from parents before sharing any medical information with any other party.

9.7. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

9.8. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Staff understand where to find further information on specific medical conditions within the school.

9.9. This school holds regular certified training on common medical conditions. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all staff receive training and/or refresher training where required.

9.10. All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

10. Educational Visits including Residental Trips

10.1. Parents are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form provides up-to-date information about the pupil's current condition and their overall health to relevant staff to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

10.2. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's IHP, Emergency Action Plan and Medical Risk Assessment.

10.3. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

10.4. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day.

11. Whole School Environment Inclusive and Favourable to Pupils with Medical Conditions and Mental Health Needs

11.1. The school is committed to providing a physical environment that is accessible to pupils with medical conditions. The school's commitment to an accessible physical environment includes educational visits. The school recognises that this sometimes means changing activities or locations.

11.2. The school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

11.3. All staff at the school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

11.4. The school understands the importance of all pupils taking part in sports, games and activities. The school ensures all those who teach PE and games make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

11.5. The school ensures all those who teach PE and games understand that pupils should not be forced to take part in an activity if they feel unwell. All those who teach PE and games are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities. The school ensures all those who teach PE and games are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

11.6. The school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed. The school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

11.7. The school ensures that pupils with medical conditions and mental health needs can participate fully in all aspects of the curriculum and ensures that appropriate adjustments

and extra support are provided. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all staff at the school understand that this may be due to their medical condition.

11.8. Staff at the school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and first aid coordinator to ensure the effect of the pupil's condition on their schoolwork is properly considered.

11.9. Pupils at the school learn about what to do in the event of a medical emergency.

11.10. Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors the school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

12. Common Triggers

12.1. The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions and mental health needs.

12.2. The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

12.3. The school uses the IHPs to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

12.4. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved taking into account the needs of pupils with medical conditions.

12.5. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

Policy Statement on Anaphylaxis

The school recognises that anaphylaxis is a potentially life-threatening condition affecting some school children and positively welcomes pupils with anaphylaxis.

What is Anaphylaxis?
Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later. Anaphylaxis is potentially life-threatening, and always requires an immediate emergency response.
The common causes of anaphylaxis include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have also been known to trigger anaphylaxis. Some people can react to tiny amounts of food, although this rarely causes a very severe reaction. Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs such as penicillin. In some people exercise can trigger a severe reaction – either on its own or in combination with other factors such as food or drugs (for example, aspirin).

Medication
All pupils with anaphylaxis should carry their emergency medication (adrenaline auto-injectors) with them at all times or know where to access medication in an emergency.
Schools may be able to hold a spare auto-injector for use in case of emergency. These will be additional to any prescribed autoinjectos. The spare can only be used if the pupil's own prescribed autoinjectos is not immediately available (or is broken, out of date, has misfired or been wrongly administered)

School considerations
The school uses a trigger reduction schedule to reduce the likelihood of a pupil coming into contact with an allergen that they are allergic to. This includes being a nut aware school.

Policy Statement on Asthma

The school recognises that asthma is an important condition affecting many school children and positively welcomes pupils with asthma.

What is Asthma?
Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. The symptoms include coughing, wheezing, chest tightness and shortness of breath though not all children with have all of these symptoms. The airways can also become red and inflamed. Asthma is made worse by exposure to asthma triggers such as cold, exercise and environmental triggers such as pollen and mould.

Asthma varies in severity. Some children will experience an occasional cough or wheeze whereas for others the symptoms will be more severe. Avoiding known triggers where practicable and taking the correct medication can often control asthma effectively. However, some children with asthma will need to take time off school or have disturbed sleep as a result of their asthma symptoms.

Medication
Most children with asthma are prescribed the two main types of asthma inhaler: reliever inhalers such as salbutamol help to relieve symptoms when they happen; preventer inhalers help to protect the airways and reduce the chance of getting asthma symptoms. Children will commonly use their inhaler with a device called a spacer.
All pupils with asthma should carry their reliever inhaler with them at all times or know where to access medication in an emergency.

School considerations
Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all PE lessons. There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma.

Policy Statement on Type 1 Diabetes

The school recognises that diabetes is an important condition affecting some school children and positively welcomes pupils with type 1 diabetes.

What is type 1 diabetes?
Type 1 diabetes is a serious, lifelong condition where your blood glucose level is too high because your body can't make a hormone called insulin. When you have Type 1 diabetes, your body attacks the cells in your pancreas that make insulin, so you cannot produce any insulin at all. And we all need insulin to live. It does an essential job. It allows the glucose in our blood to enter our cells and fuel our bodies.
When you have Type 1 diabetes, your body still breaks down the carbohydrate from food and drink and turns it into glucose (sugar). But when the glucose enters your bloodstream, there is no insulin to allow it into your body's cells. More and more glucose then builds up in your bloodstream.

Medication
If you have Type 1 diabetes, you need to use insulin to treat your diabetes. You can take the insulin by injection and you would usually inject insulin four (or more) times a day with an insulin pen. Some children use an insulin pump rather than an insulin pen. The pump gives doses of rapid-acting insulin throughout the day and night. You can also change the dose to provide more insulin if they have something to eat or if their blood sugar level rises too high.

School considerations
Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it is not managed. Some children with diabetes will have more absences than other students and this will include time off for essential hospital appointments or feeling unwell because of their diabetes.

Policy Statement on Epilepsy

The school recognises that epilepsy is an important condition affecting some school children.

What is Epilepsy?
Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures.
Electrical activity is happening in our brain all the time, as the cells in the brain 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, so the brain's messages become mixed up. 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.

Medication
Epilepsy is usually treated with epilepsy medicines. They don't cure the epilepsy, but try and stop the seizures happening. They do this by changing the levels of chemicals in the brain that control electrical activity.
Emergency medication may also be required for seizures lasting more than 5 minutes and this should be available in school.

School considerations
Epilepsy is a varied condition. Different children will have very different experiences of how epilepsy affects them, and the impact it has on their school life. Many children, especially once their epilepsy is controlled by medicine, are unlikely to need any extra support. But some children will continue to have seizures and need medical or other support.

Some children with epilepsy have no major problems with their learning or behaviour. Other children with epilepsy (for example, those with some epilepsy syndromes) are severely affected by their condition, and may have significant problems with learning, language or behaviour throughout their lives. These children need extra support. This is so that they can be fully included in the school day and reach their full potential.

Overall, children with epilepsy are at greater risk of learning and behaviour difficulties than children without epilepsy. These difficulties also affect children without identified special educational needs. It is important to think about the whole child and consider all aspects of their life that might be affected by living with epilepsy.

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