



Kimbolton School  
Cambridgeshire

# GENERAL MEDICAL POLICY

**Policy owner:** Health Centre Manager

**Governor Committee:** Risk

**Policy Summary Statement:**

This policy outlines the provision of medical care at Kimbolton school.

It should be read in conjunction with:

- Administration of Medication Policy
- Ambulance Procedure
- Food Allergy Policy
- Head Injury Policy
- Infection Control Policy
- Safeguarding Policy

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## 1. Introduction

Kimbolton School aims to support and welcome pupils with medical conditions to enable pupils to enjoy and achieve at school while making a positive contribution to the school community. Pupils should be supported to identify healthy choices and support their own health needs, including pupils with medical conditions.

The school will liaise closely with pupils, parents/guardians, GP's and specialist hospital and community teams to ensure pupils health needs are best supported.

Support will be provided to support pupil and staff physical and emotional health following injury or illness.

## 2. Health Centre Provision

The Nursing Team provide support to pupils physical and mental health. A Registered Nurse is on site during the school day based at the Senior School Health Centre and Prep Medical Room. Saturday sports fixtures are covered by a Registered Nurse from the Health Centre Team or an external provider qualified to FREC 3 or above. Outside of this time medical support is provided by staff with 1<sup>st</sup> Aid qualifications.

Nurses employed by the school must hold valid registration and revalidation requirements with the Nursing and Midwifery Council (NMC) with no restrictions on their practise. Unregistered individuals are not legally permitted to practise as nurses. If a Registered Nurse delegates tasks to someone not registered with the NMC, the Registered Nurse remains professionally accountable and must ensure the person is competent and appropriately supervised in line with NMC Guidelines.

The Nursing Team also support 1:1 and small group work to support pupil's emotional needs. They also support the provision of health promotion activities including assemblies, PSHE lessons and information displays. The Nursing Team provide training to staff to support pupils with medical needs including asthma, anaphylaxis, and seizures.

Day pupils and staff are expected to see their own GP about routine health concerns. The Nursing Team can support in emergencies and with minor injuries and illness assessment during the school day. Nurses can administer medication in line with the Administration of Medication Policy.

Where possible routine dental and optician appointments should be booked outside of term time by parents/guardians.

## 3. Medical care of Boarders

Boarders can choose to register with the local GP with registration forms provided by the Admissions Team ahead of arrival at school. Health Centre and Boarding staff can book appointments on behalf of boarders where necessary.

Boarders complete an annual meeting with the Nursing Team to discuss their health and wellbeing. Any areas for further support are shared with the Houseparent's with Boarder's consent, and any safeguarding needs are raised in accordance with the school Safeguarding Policy.



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Boarders who are unwell during the school day may remain in the boarding house under the care of the House Matron where appropriate or will be transferred to the Health Centre to rest. Boarding staff and Nursing Team will communicate any medication which has been administered in line with the Administration of Medication policy.

When the Health Centre is closed, medical care is provided in the Boarding House by staff with 1<sup>st</sup> Aid qualifications. Administration of medication is only undertaken by staff who have completed Administration of Medication online training updated biannually in accordance with the Administration of Medication Policy.

If Boarding staff are concerned about a Boarder's health when the Health Centre is closed, they will contact 111 for advice or 999 in an emergency.

Information about local dental, orthodontic and sexual health services is available via the pupil's intranet for boarders.

### 4. Supporting Services

The Nursing Team work closely with the schools Wellbeing Teams, Safeguarding Team, and Chaplain. We can signpost pupils to internal support via these services as well as via Tutors and Heads of House. External support via local services and charities are shared with pupils via health promotion display boards within the Health Centre.

#### School Counsellors

Kimbolton School employs two School Counsellors who work alongside the Nursing Team based in the Health Centre. They see pupils for confidential Counselling appointments during term time. The School Counsellors adhere to British Association for Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions and will only share information with the Safeguarding Team or parents if a pupil is at risk of harm.

The School Counsellors work with pupils from both the Prep and Senior School and can adapt their approach to suit the age and developmental stage of pupils. Referrals for Prep pupils are through the school Wellbeing and Safeguarding Teams with parental consent. Senior School pupils self-refer to the School Counsellors via email and parents are not usually informed a pupil is accessing the School Counsellors unless the pupil requests this.

#### Visits from External Therapists

Kimbolton School can support visits from external NHS and Children's Social Care services. We would not normally support visits from private therapists, but pupils can use the Health Centre as a quiet space for online therapy appointments.

#### C Card Scheme



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Kimbolton School is a member of the C Card scheme via iCash Cambridgeshire. The C-Card scheme allows young people to register to get a range of free condoms, information, and advice. The aim of the service is to promote reproductive and sexual health and help young people to access local services.

The scheme is only offered by the Nursing Team who have undertaken additional training delivered by iCash to provide the scheme. Registration involves an assessment of the young person's current relationship to ensure there is no coercion. Once registered, pupils can attend other C Card venues including pharmacies to collect products as required. Regular check ins take place with the frequency dependent on the age of the young person to ensure that their relationship continues to be healthy with no safeguarding concerns.

### 5. EYFS (Pre School and Reception)

This policy applies to pupils aged under 5 (Pre School and Reception).

In line with EYFS Statutory Framework (2025) Kimbolton School will notify Ofsted as soon as reasonably possible (and within 14 days) of any serious accident, illness, or injury to or death of a child in their care and any actions taken. The school will also notify Cambridgeshire and Peterborough Safeguarding Partnership Board of any serious accident or injury to, or the death of, any child while in their care, and act on any advice received.

Kimbolton school will inform Ofsted of any food poisoning affecting two or more EYFS children cared for on the premises.

### 6. Medical Emergencies

#### Accidents and Injuries

All serious accidents or injuries during the school day should be reported to the Health Centre/Prep Medical Room immediately via telephone, radio or sending a reliable pupil to summon help. A Nurse will attend the scene with emergency bag and mobile telephone and assess the casualty at the location where the injury occurred.

Staff on scene should not attempt to move the casualty following a serious accident or injury until the Nurse has assessed them unless there is a risk to the casualty or themselves.

Upon arrival the Nurse will take control of the scene and delegate supporting roles as required. Staff should remain present and follow instructions of Nurse. Where possible a member of SLT should attend to support the management of other pupils in the vicinity. If an ambulance is required, staff should follow the Ambulance Procedure and inform Reception of the exact location of incident. The Nurse on scene will decide who is best placed to contact parents/guardians.

If a pupil has less serious injuries, they will be transported to the Health Centre/Prep Medical Room for further assessment and treatment. Wheelchairs are stored in the Health Centre/Caretakers Office at Senior School/Prep Medical Room for transfer of casualties unable to walk.

An accident form should be completed for all injuries sustained on school premises and submitted to the Health Centre Manager as soon as possible. In the event of a serious accident or injury the Bursar must be notified.



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Notification of parents for minor injuries will be via an email automated from Engage medical notes being completed by Nurses. Nursing notes should detail what has occurred as well as any injuries and treatment or medication administered.

### **Transfer to hospital**

The decision to transfer a pupil to hospital will be made by the Nurse or First Aider on scene. Relevant staff and parents will be notified prior to transfer where possible but transfer of casualty to hospital will not be delayed if unable to contact parents.

If an ambulance is required:

Boarders will usually be accompanied by House Matron

Day pupils will usually be accompanied by a suitable member of staff as identified by SLT.

If a pupil requires hospital assessment but does not require an ambulance:

Nursing Team will contact parents/guardians and arrange for the pupil to be collected from the Health Centre/Prep Medical Room and taken to hospital for further medical assessment. Parents/guardians should update the Nursing Team once pupil has been seen so that any further support needs can be identified and planned for ahead of the pupils return to school.

If parents are unable to take the pupil to hospital:

Boarders –

Will be driven by House parent or Matron.

Day pupils –

Will be driven in a suitable staff members car following approval from SLT.

Two staff members should accompany all pupils in accordance with Safeguarding Policy. The driver must have business insurance on their vehicle.

A car seat is stored at the Prep school for use by pupils who are below the legal height to travel without a car seat.

A pupil must always be accompanied by a staff member when travelling via ambulance or to hospital in a staff vehicle until parents arrive at hospital. Staff escorting pupils should ensure they have:

- Parent contact details and pupil home address
- Relevant medical history of pupil including any allergies.
- Kimbolton School Trip Report printed for the pupil (if time allows)
- Details of the incident
- A mobile phone – to remain in contact with school. The number should be shared with Nursing Team prior to departure. Staff should ensure they have the Health Centre phone number to provide updates or seek further information.
- Pupils' own emergency medication if applicable – inhalers, AAI's, diabetic emergency box.

The Nursing Team will remain on site to care for remaining pupils and will not usually accompany pupils to hospital via ambulance or staff vehicle.





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### Illness

If a pupil feels unwell during the school day, they should attend the Health Centre/Prep Medical Room. The Nurse will assess the pupil's condition and administer appropriate treatment which may include medication, resting with fluids or hot/cold therapy. Where possible, pupils will be encouraged to return to lessons following treatment/a period of rest.

If a pupil is too unwell to remain in school or showing symptoms of an infectious illness, then parents will be contacted to collect the pupil to rest at home. Any exclusion periods will be communicated to parents upon collection in line with current UK Health Security Agency (UKHSA) advice e.g. 48 hours clear of symptoms following diarrhoea or vomiting.

Pupils should not contact parents/guardians directly to request collection and should be assessed by the Nursing Team first as treatment may allow them to remain in school. Nursing Team will contact parents if collection is necessary or if no improvement to symptoms following treatment.

The Nursing Team will monitor pupil attendance at the Health Centre/Prep Medical Room and notify Tutors or Wellbeing Team if any patterns of regular attendance are noticed so that suitable support can be put in place for pupils.

### 7. Medication Administration

Medication will be administered in accordance with the Administration of Medication policy by staff who have completed suitable training.

### 8. Record Keeping

### Pupils

All attendances at the Health Centre/Prep Medical Room will be recorded on pupils Engage medical record. Separate templates are available for Boarders and day pupils. Parents/guardians will receive a copy of Nursing notes via email automatically from the Engage portal unless it is in the best interests of a pupil for these notes to remain confidential.

### Staff & Visitors

Nursing notes for staff and visitor treatment will be saved within the Health Centre Sharepoint page which is only accessible to the Health Centre Team. If an injury has occurred an accident form will be completed and relevant information passed to the Health and Safety Manager to aid accident investigation.

### 9. Confidentiality

The Nursing Team aim to provide a safe environment within the Health Centre/Prep Medical Room where pupils and staff can have private consultations. In accordance with Nursing and Midwifery



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Council Code (Professional Standards of Practice for Nurses), medical information about pupils, regardless of age will remain confidential to the Nursing Team in most cases.

However, to provide support and nursing care to pupils, it is recognised that nurses may need to liaise with relevant staff in addition to parents/guardians to share information to keep pupils safe or where it is in their best interests. Where possible, information will be shared with prior consent of the pupil.

If nurses have a safeguarding concern about information shared by a pupil, staff member, visitor, or parent/guardian they will follow the school's Safeguarding policy and share this information with the Designated Safeguarding Lead.

Relevant staff can access medical information for pupils in their care to enable medical treatment to be sought on trips and to respond in a timely manner to emergencies during the school day. Pupils with serious medical conditions are flagged on Engage with a 'notable' marker (e.g. Severe allergies, seizures, life limiting conditions). Ahead of school trips information may be shared with Trip Medical Leads to ensure pupils safety on trips while they act in loco parentis.

Tutors receive a notification when pupils sign into the Health Centre but no further details of the reason for attendance are contained in the notification. If a pupil is sent home unwell, their Tutor will be informed so that they can check in once back at school. If a staff member goes home unwell their Line Manager is informed.

The Health Centre has a soundproofed room for Counselling sessions to take place allowing privacy for pupils and staff.

### 10. Chaperoning

Pupil privacy and dignity should be considered during assessment and treatment. Where it is necessary to assess an injury below clothing the Nursing Team will seek a chaperone. At Prep this will usually be a member of Office staff or Teaching Assistant/Teacher known to the pupil. At the Senior School this will usually be a 2<sup>nd</sup> Nurse, Health Centre Assistant or Matron.

If there is concern of an injury to genitalia pupils will be encouraged to self-check in a separate private space e.g. toilet and report any injuries verbally to the Nurse upon their return. Parents will be contacted if further assessment required. Pupils will never be asked to remove their underwear. The DSL will be contacted if there is ever any concern or requirement to deviate from the above in an emergency.

### 11. Consent to Treatment

#### Emergency Treatment

If a pupil requires urgent medical care while under the school's care, we will where practical try to contact parents to gain consent. However, if not practicable to contact parents/guardians then the school will make a decision on parents behalf if, for example, consent was required for urgent treatment recommended by a doctor or other medical practitioner (including anaesthesia, operations or blood transfusions) unless parents have previously notified the school that they object to us making treatment decisions in an emergency on their behalf.



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If a casualty is unresponsive, Nursing Team/First Aiders will act in their best interests aiming to maintain their dignity where possible.

### **Consent to non-emergency treatment**

Consent may be implied e.g. pupil holds their arm out when asked if Nurse can clean wound or verbal if they say 'yes' when asked.

### **Refusal of treatment**

If a pupil is too distressed for treatment, then a break will be taken before a second attempt is made by the Nursing Team. Distraction may be used for younger pupils. If still unsuccessful this will be clearly documented and parents contacted to support or collect the pupil.

Nursing Team will follow the schools 'Use of Reasonable Force' policy only if they deem a pupil to be at risk of harming themselves or others.

If a pupil refuses medication this will be documented and parents informed.

### **Competency to consent**

The Nursing Team will acknowledge a pupil's ability to consent to, or refuse treatment. Ability to consent is based on competency assessment and not age. The Nursing Team will judge whether a pupil understands both the nature of the treatment and consequences of refusal before competency is assumed. Parent/guardian consent is not required for a pupil who is deemed competent but the Nursing Team.

Consent for pupils to hold and self-administer medication will be granted following completion of a self-administration form in accordance with the Administration of Medication policy.

## **12. Long Term Medical Conditions**

Information identifying pupils with medical conditions and allergies will be collated from Engage medical forms through reports which will be shared with relevant staff. The Nursing Team will triage any new medical needs disclosed and communicate with pupils and parents for further information before pupils join Kimbolton School. If appropriate an individualised school care plan will be created in collaboration with pupils and parents and shared with relevant staff.

Existing pupils with school care plans will be contacted annually to check for any updates prior to care plan updates and it is parent/guardian's responsibility to inform the school of any changes to a pupil's medical needs.

Pupil specific strategic risk assessments are in place for pupils with serious medical conditions including seizures and life limiting conditions. Generic strategic risk assessments are in place covering pupils with asthma and allergies (anaphylaxis) and are updated annually. Activity specific risk assessments should make provision for the management of pupils medical needs to ensure their safety.



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### Roles and Responsibilities

#### Parents

should inform the school of any long-term medical needs or allergies the pupil has on admission to the school. This must be shared with the Admissions Team prior to the pupil being on site. It remains the responsibility of parents to ensure that pupils are carrying their emergency medication and that it remains in date. Parents should ensure the pupils medical needs and allergies are recorded on their Engage medical form which should be updated annually, or earlier if any changes. Parents will be asked to consent to emergency medication (Adrenaline auto injector (AAI) or salbutamol inhaler) being administered at school in an emergency if relevant to the management of the pupils' medical need. It remains parent's responsibility to dispose of expired medication.

#### Admissions Team

shares medical, and allergy information received from parents prior to pupil visits with the Nursing Team to enable planning and relevant staff can be informed.

#### Nursing Team

will contact parents for more information and to request a copy of the pupil's current hospital clinic letters or care plans. When a pupil accepts a place at Kimbolton School, the Nursing Team will contact parents again for any updates and complete a school care plan, if necessary, which will be updated annually in partnership with pupils and parents and more often if any changes. The Nursing Team will check pupil's own emergency medication monthly and send a courtesy email prior to expiry.

#### Pupils

are responsible for always carrying their emergency medication and informing a member of staff if they feel unwell or accidentally ingest something they are known to be allergic to.

#### Staff including Teachers and Sports Coaches working with pupils with medical needs and allergies

are responsible for checking their classes medical and catering requirements ahead of activities. Staff should familiarise themselves with pupil's school care plans and meet with the Nursing Team prior to taking pupils off site e.g. fixtures/trips. Photo boards of pupils who have serious medical conditions or severe allergies are displayed in non-pupil facing areas e.g. staff room and a notable icon is attached to pupils with allergy action plans on Engage to aid recognition.

#### Trip Medical Leads

must book a pre-trip meeting with the Nursing Team to discuss any medical needs of pupils attending and complete any pupil specific training. Activity specific risk assessments should be completed by the Trip Lead consider how pupil's medical needs and safety will be supported while off site. Advice should be sought from the Health & Safety Manager and Nursing Team if staff require support to complete this risk assessment.

Trip Leads should communicate with parents to seek any additional information to best support pupil on specific trips. They should liaise with trip venues and catering teams to ensure the needs of



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all pupils can be safely met. If a venue cannot safely accommodate a pupils dietary/allergy needs a packed lunch should be ordered from Kimbolton School Catering Team to accompany the pupil.

### Training

Staff members will be offered allergy and asthma training upon joining school. Anaphylaxis and asthma emergency treatment are also covered during 1<sup>st</sup> Aid Training arranged via Health & Safety Manager for staff working in key areas of the school. Annual updates are available via the Nursing Team.

Nursing Team will provide refresher training ahead of trips to relevant staff to allow them to best support the medical needs of pupils in their care. Support with training from hospital teams will be sought for pupils with more complex medical needs e.g. Diabetes.

### Allergies & Adrenaline Auto Injectors (AAI's)

Kimbolton School will support pupils with allergies to ensure they remain safe and can take a full and active part in school life. Anaphylaxis is a severe and often sudden allergic reaction. Anaphylaxis can occur when a person is exposed to an allergen (e.g. food, insect sting, animals). Reactions can occur very quickly following exposure to an allergen and progress rapidly, but some people also experience a delays onset of symptoms a few hours after exposure.

Anaphylaxis is a medical emergency, and signs may include swelling in the throat or tongue, wheezing or breathing difficulty, dizziness, tiredness, and confusion. Minor allergic reactions are often treated with oral antihistamine medication, however in severe reactions adrenaline is the only treatment. Adrenaline autoinjector (AAI) should be administered immediately at the first signs of anaphylaxis and 999 called. See appendix I for instructions of how to treat anaphylaxis and administer AAI in an emergency. Kimbolton School Ambulance Procedure should be followed if 999 called. Health & Safety Manager and Nursing Team should be informed as soon as possible so that an incident investigation can take place.

The Medicines and Healthcare products Regulatory Agency (MHRA) has very recently (July 2025) approved an adrenaline nasal spray to be used for the emergency treatment of anaphylaxis in children and adults weighing over 30kg. This is yet to be prescribed via NHS and therefore this policy will be updated once additional information is released about the new medication and if a pupil is prescribed it at Kimbolton School.

### Allergy Awareness

Kimbolton School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.



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A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Kimbolton Preparatory School has achieved allergy friendly status from Allergy School (Natasha Allergy Research Foundation) and will seek assessment for the Senior School once the assessment criteria are published. Allergy Action Plans

Pupils prescribed AAls for severe allergies and those who have been advised by a Healthcare Professional to carry oral antihistamine medications will have an Allergy Action Plan completed using the British Society for Allergy & Clinical Immunology (BSACI) templates. These will be updated in partnership with pupils and parents annually and more often if any changes to the pupils' allergies occur. The initial plan written by the Nursing Team will use a recent allergy clinic letter to inform the information recorded.

### Emergency Allergy Kits

The Medicines and Healthcare products Regulatory Agency (MHRA) recommends those prescribed AAls should always carry TWO to ensure that a second dose of adrenaline can be administered if no improvement after 5 minutes. Carrying two AAls also improves patient safety in the event of the first AAI misfiring. Emergency medication should never be locked away.

### Pupils own Emergency allergy kits

should include 2 AAI's as well as oral antihistamines and salbutamol inhaler (if these are part of the pupils Allergy Action Plan). Prep pupil emergency allergy kits will be stored in an orange Medpac crossbody bag which should go with the pupil around site. For Senior School pupils their AAls should be carried in their blazer pocket/school bag. A copy of the pupils Allergy action plan should be stored with their AAI's as well as administration instructions. AAls should be stored out of direct sunlight but can be stored at normal room temperature with no refrigeration requirements.

The Health Centre can store an additional 2 x AAls for pupils which will be sent on offsite trips. These are stored in an unlocked cupboard in the Clinic Room.

Pupils will not be allowed to go off site for fixtures or trips if they are not carrying their emergency allergy kit.

### School spare AAls

are purchased and maintained by the school in line with Department for Health Guidance for schools as part of our commitment to pupil safety. They are stored in Emergency Allergy Kits at key locations within the school including Dining Halls, Boarding Houses, Security, Food & Nutrition Classroom, Health Centre, and Prep Medical Room.

The school's Emergency Allergy Kit boxes are rigid orange boxes labelled with 'Emergency Allergy Kit' and include:

- 1 x Adult EpiPen 0.3mg for pupils aged over 6 years.

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- 1 x Junior EpiPen 0.15mg for pupils aged under 6 years (Not included in Boarding Houses due to age of pupils)
- 1 x Salbutamol inhaler
- 1 x Inhaler spacer
- Printed parental consent reports for administration of adrenaline/salbutamol in an emergency.
- AAI administration instructions (appendix 1)
- Inhaler administration instructions (appendix 2)

Unless directed otherwise by a Healthcare Professional, the school spare AAI's should only be used for pupils with a known allergy history at risk of anaphylaxis where parental consent has been provided. Pupils' own emergency medication should always be used in the first instance unless it is not immediately locatable or appears damaged.

In the event of an anaphylaxis affecting a pupil, staff member or visitor who does not meet the above criteria, 999 should be called. Staff calling 999 should inform the call handler that school spare AAI's are available and follow their instructions.

The school spare AAI's should be administered by staff who have volunteered to help a child use the spare AAI's and have been trained to do so by attending a 1<sup>st</sup> Aid course or AAI familiarisation with the Nursing Team.

If emergency allergy kits are used the Nursing Team should be informed immediately so that parents can be informed and medication restocked.

Ordering replacement school spare AAI's is undertaken by the Nursing Team. The Nursing Team monthly checks school emergency allergy kits. Schools can purchase small quantities of AAI's from pharmaceutical suppliers in line with the Department for Health Guidance.

AAI's should be disposed of in sharps bins available in the Health Centre/Prep Medical Room or handed to paramedics for disposal. Expired AAI's should be disposed of via Pharmacy.

### Asthma

Kimbolton School will support pupils with asthma to ensure they remain safe and can take a full and active part in school life. Asthma is a long-term condition that affects the airways. Asthma triggers may irritate the airway causing the muscles around the airway to tighten leading to the airways becoming narrower. This narrowing means less air can then get in and out of the lungs.

Asthma symptoms may include wheezing, breathlessness, coughing and a feeling of chest tightness. Symptoms can be triggered by exercise, contact with allergens including animals and pollen or changes in weather. Triggers are unique to the individual. There is no current cure for asthma. Treatment may include the use of medication including inhalers to manage symptoms.

The symptoms of other serious conditions including severe allergic reaction (anaphylaxis), hyperventilation or choking may be mistaken for an asthma attack. If there are any concerns about a pupils' breathing 999 should be called and the Ambulance Procedure followed. If after administering



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their inhaler there is no improvement to a pupils' symptoms 999 should also be called as they may require further medical treatment.

### Exclusion from school

If a pupil is taking asthma medication for an acute exacerbation of symptoms they will be required to remain at home to rest and recover.

This will include pupils who are taking short course oral steroids e.g. prednisolone and those who are requiring salbutamol inhalers administration at a dose or frequency above two puffs four hourly to manage their symptoms.

Common symptoms of asthma should not require a pupil to be sent home unless they do not recover or feel unwell. These may include intermittent coughing or wheezing for short periods of time especially during or after exercise.

Pupils with asthma will not normally be excluded from sports activities if their symptoms are controlled. Parents should inform school if the pupil is well enough to return to school but remain off games.

### Asthma Action Plan

Pupils diagnosed with Asthma or prescribed a salbutamol inhaler for viral wheeze will be asked to complete an Asthma Action Plan or viral wheeze plan using the Asthma & Lung UK templates. These will be sent to parents annually. The plan does not need to be completed by a doctor but should be completed by parents in partnership with pupils to record their individual triggers and symptoms. Parents should inform the school of any changes following pupil's annual asthma reviews.

### Emergency Asthma Kits

Pupils prescribed an emergency inhaler should ensure they always have this with them. The usual medication for managing symptoms during an asthma attack is a salbutamol (blue) inhaler. Salbutamol is a safe medication when inhaled. However, all medication has side effects and pupils who have taken salbutamol may report feeling shaky or may tremble and their heart rate may increase. These effects usually do not last long and do not cause any serious harm.

If a pupil is unable to administer their own inhaler due to their age or symptoms staff can support administration if they feel confident having undertaken training via 1<sup>st</sup> Aid Course or through familiarisation training via Nursing Team.

### Pupils' own emergency asthma kits

should normally include a salbutamol inhaler and spacer device. Prep pupil inhalers will be stored in red drawstring bags which should go with the pupils around site. Senior School pupils should store their asthma kit in their blazer pocket or school bag. An Asthma Action Plan should be carried with the emergency asthma kit. Salbutamol inhalers should be stored below 30 degrees but do not require refrigeration. Spacers should not be stored in plastic bags as this can cause the particles to stick via static to the spacer and mean pupils will not receive the full dose of medication when inhaled via spacer.

Pupils will not be allowed to go off site for fixtures or trips without their emergency asthma kit.





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If a pupil uses their inhaler during school hours, they should attend the Health Centre/Prep Medical for review. If staff support a pupil to administer their inhaler this should be reported to the Nursing Team so that follow up with the pupil can be arranged and parents informed.

If a pupil attends hospital due to an asthma exacerbation parents should inform the Nursing Team so that we can plan the best support upon the pupils return to school.

### School spare inhalers

are purchased and maintained by the school in line with Department for Health Guidance for schools as part of our commitment to pupil safety. They are stored in Emergency Asthma Kits at key locations within the school including Senior School Sports Hall, Swimming Pool, Boarding Houses, Security, Health Centre, Prep Medical Room, and Prep Art Room. Salbutamol inhalers and spacers are also stored in the Health Centre and Prep Nurse emergency bags.

The school's Emergency Asthma Kit boxes are rigid clear boxes labelled with 'Emergency Asthma Kit' and include:

- 1 x Salbutamol inhaler
- 2 x Inhaler spacers
- Printed parental consent reports for administration of salbutamol in an emergency.
- School Asthma report detailing pupils' individual triggers.
- Inhaler administration instructions (appendix 2)

Unless directed otherwise by a Healthcare Professional, the school spare salbutamol inhalers should only be used for pupils with a known asthma/viral wheeze history at risk of asthma attack where parental consent has been provided. Pupils' own emergency medication should always be used in the first instance unless it is not immediately locatable or appears damaged. If a pupil has been prescribed a different type of reliever inhaler but it is not available, then salbutamol inhaler should still be used as it should relieve their symptoms and may save their life.

In the event of an asthma attack symptoms affecting a pupil, staff member or visitor who does not meet the above criteria, 999 should be called. Staff calling 999 should inform the call handler that school spare salbutamol inhaler is available and follow their instructions.

The school spare salbutamol inhalers should be administered by staff who have volunteered to help a child use the spare salbutamol inhaler and have been trained to do so by attending a 1<sup>st</sup> Aid course or inhaler and spacer familiarisation with the Nursing Team.

If emergency asthma kits are used the Nursing Team should be informed immediately so that parents can be informed and medication restocked.

### Ordering replacement school spare salbutamol inhalers

is undertaken by the Nursing Team. The Nursing Team monthly checks school emergency asthma kits. Schools can purchase small quantities of salbutamol inhalers from pharmaceutical suppliers in line with the Department for Health Guidance.

### Disposal of expired school spare salbutamol inhalers

should take place via Pharmacy.



## General Medical Policy

### Cleaning of school spare salbutamol inhalers

should take place only if a spacer has been used. If a spacer was not used, then the inhaler should be passed on to the pupil and a replacement requested via the parents. Cleaning should be via removing the canister from the blue plastic housing. The housing and plastic cap should be washed in soapy water and air dried. The external surfaces of canister and plastic housing can be cleaned with Clinell wipe.

### School spacers

can be cleaned in the dishwasher and air dried. They should be discarded if any signs of damage observed or if pupil is known to have an infectious illness.

## **Diabetes**

Kimbolton School will support pupils with diabetes to ensure they remain safe and can take a full and active part in school life. Diabetes can impact on school with some pupils facing challenges with concentration and memory due to fatigue. Some pupils with diabetes may also experience increased school absences due to hospital appointments or being unwell due to their diabetes. Kimbolton School will work in partnership with pupils and parents to agree the best support plan for pupils from initial diagnosis to ongoing management.

Diabetes is a serious long-term condition where blood glucose (sugar) levels are too high. Diabetes can happen when the body does not produce enough insulin or the insulin produced is not effective. Some people cannot produce insulin at all. There are two main types of diabetes: Type 1 and Type 2.

### Type 1 Diabetes

means your body cannot produce its own insulin. The insulin producing cells have been attacked and destroyed by your own immune system therefore type 1 diabetes is an autoimmune condition.

### Type 2 Diabetes

is not an autoimmune condition. The body does not produce enough insulin or what is does produce does not work. This can be for many reasons.

The causes of diabetes depend on the type. However, all types of diabetes cause people to have too much glucose in their blood. Glucose gives us energy and is released into our bloodstream when our body breaks down the carbohydrates we eat or drink. Insulin is a hormone produced in the pancreas, and it allows glucose to enter our cells via the bloodstream and fuel our bodies. If you have diabetes your pancreas does not sense when glucose enters the bloodstream and therefore does not release the correct amount of insulin.

### Symptoms of diabetes

can include urinating often (especially at night), being thirsty, losing weight, fatigue, blurred vision, and prolonged wound healing.

### Treatment of diabetes

centres around attempting to keep blood glucose levels within a target range. This is achieved through being active, eating healthily and keeping a regular check on blood glucose levels and taking synthetic insulin when your body is not producing enough of its own.



## General Medical Policy

### Diabetic emergencies

can occur when the blood glucose levels become too high (hyperglycaemia) or too low (hypoglycaemia).

High blood glucose levels (Hyperglycaemia) symptoms will vary but can include passing more urine than normal, being very thirsty, having headaches and feeling tired and lethargic. It is important to adjust insulin levels to treat hyperglycaemia as it can cause damage if left untreated over time.

Low blood glucose levels (hypoglycaemia) symptoms vary but can include feeling shaky or confused, sweating, being irritable, appearing pale, palpitations and a rapid pulse, blurred vision, hunger, headaches and a change in mood or behaviour. If left untreated, hypoglycaemia can become more serious leading to drowsiness and confusion. If left untreated a severe hypoglycaemic episode can result in the person becoming unresponsive, having seizures, or entering a coma.

Pupils showing any of the above symptoms should be encouraged to check their blood glucose levels and follow their individualised care plan. Hypoglycaemia should be treated with fast acting glucose (lift tablets, jelly babies, fruit juice) and followed up with carbohydrates (sandwich, biscuits). If a pupil becomes unresponsive do not give them anything to eat or drink but call 999 and follow the ambulance procedure.

### Exclusion from School

If a pupil requires support with their diabetes management during the school day their parents will be informed of their blood glucose levels and interventions administered. Pupils will only be sent home if they are too unwell to remain in school. If their blood glucose levels stabilise, they will be able to continue their normal activities. Younger pupils or those who are newly diagnosed who may require assistance with insulin administration or blood glucose measurements will be supported initially by the Nursing Team until appropriate staff members are trained by the Hospital Diabetes Team and feel confident supporting pupils' medical needs. A pupil will only be able to return to school following new diagnosis following a meeting with the Nursing Team and the production of a Strategic Risk Assessment in partnership with the Health & Safety Manager.

Pupils who need to check their blood glucose levels or adjust their equipment can access the Health Centre/Prep Medical room for a private space. Pupils will never be expected to manage their diabetes in toilets or in public areas e.g. classrooms.

Pupils will be able to retain their mobile telephones if using a CGM or insulin pump that requires adjustment or notifications via telephone.

### Individualised Diabetes Care Plans

Once diagnosed with diabetes, the Hospital Diabetes Team will normally write an Individualised Diabetes Care Plan which parents should share with school. The Hospital Diabetes Teams normally write specific care plans for residential trips. The Hospital Diabetes Teams should also provide training to relevant staff in school who will need to support the pupil. The Nursing Team can provide links for general diabetes awareness training upon request. However, staff responsible for pupils should ensure they are aware of their specific needs and where to find troubleshooting documents for any equipment the pupil may use including continuous glucose monitors (CGM's) or insulin pumps.



## General Medical Policy

### Emergency Medication and Equipment

#### Pupils Own Equipment and Medication

Pupils with diabetes should ensure that they carry emergency fast acting glucose, carbohydrates, blood glucose monitoring system and a copy of their Individualised Diabetes Care Plan with them as a minimum at all times.

#### The Health Centre/Prep Medical Room should be supplied by parents with the following:

- Spare fast and slow acting insulin (with needles and syringes)
- Glucagon (if prescribed)
- Spare blood glucose monitor with testing strips and lancets.
- Ketone monitor with testing strips and lancets.
- Spare fast acting glucose e.g. lift tablets/Haribo.
- Spare long-acting carbohydrates e.g. biscuits/cereal bars.

If a pupil uses a continuous glucose monitor (CGM) they should also provide:

- Spare adhesive stickers
- Spare CGM monitor and applicator.

If a pupil uses an insulin pump, they should also provide:

- Spare batteries
- Spare pod or tubing depending on system used.
- Spare insulin for pump
- Spare needles if needed to draw up insulin and place into pump system.
- Spare adhesive stickers (if normally used)

It is the parent's responsibility to ensure all supplies and medication is in date. The Nursing Team will check pupil's own emergency boxes monthly and send a courtesy email to parents when nearing expiry. The pupil's own emergency box held in the Health Centre/Prep Medical Room will be sent on trips.

#### School Supplied equipment and medication

Fast acting glucose (lift tablets), glucogel and biscuits are stored in the Health Centre/Prep Medical Room. The Health Centre and Prep Nurse emergency bags contain a blood glucose monitor and lancets in addition to fast acting glucose, glucogel and biscuits to be used in diabetic emergencies.

#### Fridge access

Medication including insulin and glucagon that requires refrigeration will be stored in the Health Centre/Prep Medical Room fridge. If required for trips or in the Boarding House, it will be stored in a locked box within a domestic fridge in line with the schools Administration of Medication policy.



## General Medical Policy

### Sharps Bins

Sharps bins are available in the Health Centre and by arrangement can be transported to the Prep Medical Room. Pupils are expected to supply their own sharps bins for boarding and trips. Sharps bin management is detailed within the Administration of Medication policy.

### Catering

The Catering Team will work in partnership with pupils and their parents to enable them to feel empowered to manage their diabetes. The Catering Team will be consulted where a pupil requires weighed and measured portions and carbohydrate information to adjust their insulin dose for mealtimes. Pupils who require additional snacks or to eat at set times will have reasonable adjustments such as queue passes put in place.

### **Epilepsy and seizures**

Kimbolton School will support pupils with epilepsy and who experience seizures to ensure they remain safe and can take a full and active part in school life. Some pupils with epilepsy or who experience frequent seizures may experience increased school absences due to hospital appointments or being unwell and needing to rest after seizures. Kimbolton School will work in partnership with pupils and parents to agree the best support plan for pupils from initial diagnosis to ongoing management of their seizures.

Epilepsy is a condition that affects the brain and causes frequent seizures. Seizures are caused by sudden, intense bursts of electrical activity in the brain. This causes a misfiring of messages between cells resulting in a seizure. How a seizure affects an individual will vary depending on where in the brain is involved. Some people may become unresponsive; others may be aware but unable to control their movements. Some seizures cause the body to become stiff and shake. Some people have a mixture of several types of seizures.

Triggers for seizures are individual but may include stress, lack of sleep, alcohol, medications, illegal drugs, hormonal changes and flashing lights.

Status epilepticus can happen with any type of seizure, but convulsive status epilepticus is the most dangerous. Convulsive status epilepticus is when a tonic-clonic (stiffening of limbs and whole body shaking) seizure lasts for five minutes or longer, or when one tonic-clonic seizure follows another without regaining consciousness in between. Convulsive status epilepticus is always a medical emergency. If a pupil has a convulsive seizure lasting more than 5 minutes or they do not recover between clusters of seizures 999 should be called and ambulance procedure followed.

Staff will receive training from the Nursing Team using the Calm, Cushion, Call format (appendix 3) and be advised to time seizures so that this information can be passed on to Healthcare Professionals.

### Exclusion from School

Pupils with a diagnosis of epilepsy will not automatically be sent home following a seizure. However, if they have a prolonged recovery period or feel unwell parents will be contacted for them to rest at home. If they have a second seizure during the school day parents will be contacted.



## General Medical Policy

If a pupil does not have an epilepsy diagnosis but has a seizure in school their parents will be contacted and advised to collect the pupil and take them for further medical assessment. In an emergency 999 will be called and ambulance procedure followed.

### Individualised Seizure Care Plans

Following a pupils first seizure and while they await formal diagnosis the Nursing Team will work in partnership with the pupil and parents to produce a school care plan. This will detail their seizure symptoms. Once formally diagnosed the Hospital Epilepsy Team will normally produce an Individualised Seizure Care Plan which will be used in school and sent on trips. Once formally diagnosed with epilepsy the Health & Safety Manager will complete an Individual Strategic Risk Assessment.

Trips and fixture risk assessment should make provision for the pupil following a seizure even if they do not have a formal epilepsy diagnosis.

Some pupils 'grow out' of their epilepsy. Upon receipt of a clinic letter from the Hospital Epilepsy Team the diagnosis and risk assessment processes will be removed from the pupils' school medical record. The medical record will still show that a pupil has experienced 'previous epilepsy/seizures' to ensure this information can be passed on to Healthcare Professionals by staff in an emergency.

Some pupils may be sensitive to lighting or IT equipment. Advice will be sought from the IT department in individual cases.

### Emergency Medication

Some pupils may be prescribed rescue medication for use during a seizure in line with their Individualised Seizure Care Plan. This medication will be stored within the Health Centre/Prep Medical Room and sent on off-site trips/fixtures with a member of staff who has received training in its administration. Most rescue medications are administered orally into a pupils' mouth.

Staff administering rescue medications should be aware that they can cause respiratory depression and should be prepared to resuscitate if needed.

If a pupil is prescribed medication via an alternative route including rectal this will be risk assessed on an individual basis and staff training and intimate care policies would need to be updated prior to the pupils return to school.

It remains the parent's responsibility to ensure that emergency medication is in date. The Nursing Team will check medication monthly and send a courtesy email when nearing expiry.



## General Medical Policy

### 13. Appendix 1: AAI Administration Instructions




### Recognise the Signs of Anaphylaxis...

<b>A Airways</b>	<b>B Breathing</b>	<b>C Circulation</b>
<ul style="list-style-type: none"> <li>Persistent cough</li> <li>Hoarse voice</li> <li>Difficulty swallowing</li> <li>Swollen tongue</li> </ul>	<ul style="list-style-type: none"> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul>	<ul style="list-style-type: none"> <li>Persistent dizziness</li> <li>Pale or floppy</li> <li>Suddenly sleepy</li> <li>Collapse/unconscious</li> </ul>

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

### ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

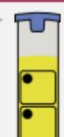

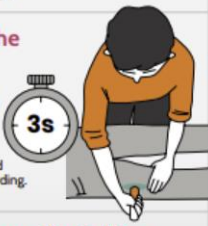



- 1. Administer an Adrenaline Auto Injector (AAI) without delay**  
Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.  

- 2. Dial 999 and say anaphylaxis ('ana-fill-axis')**  
Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.  

- 3. The person should lie down immediately**  
If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.  

- 4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes**  
If there is no sign of life, start CPR immediately until help arrives.

## ANAPHYLAXIS

### HOW TO USE EPIPEN AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will **not** harm them.





Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

- 1. Remove the blue safety cap**  
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**  

- 2. Position the orange tip**  
Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.  

- 3. Administer the EpiPen AAI**  
Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.  

- 4. Once the EpiPen AAI has been administered call 999**  
Ask for an ambulance and say "ana-fill-axis".  

- 5. Lie the person down with legs raised immediately**  
If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.  

- 6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI**  
The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.
- 7. Start CPR**  
If there are no signs of life, start CPR immediately until help arrives.  


## General Medical Policy

### 14. Appendix 2: Inhaler Administration Instructions

# What to do in an asthma attack

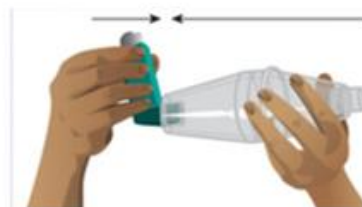
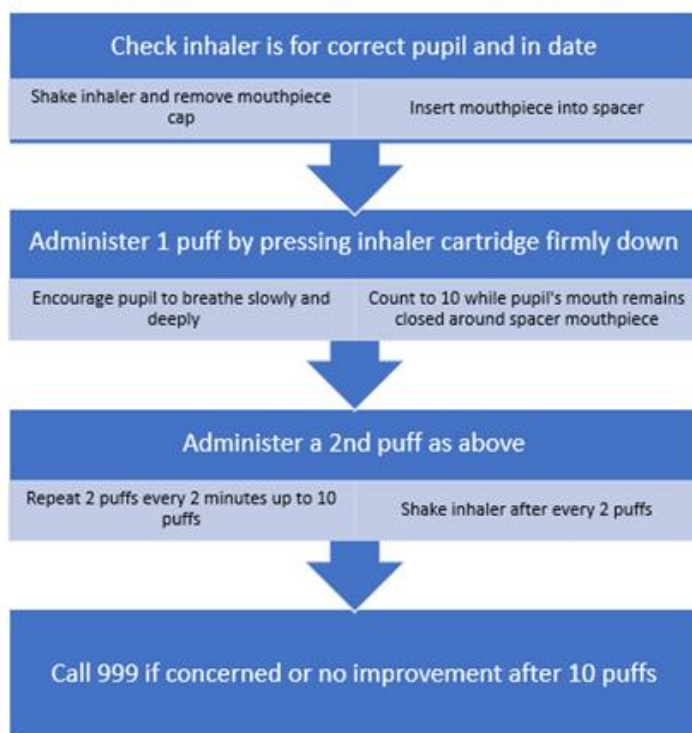
-  **1 Sit up straight** – try to keep calm.
-  **2 Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds up to 10 puffs.
-  **3 If you feel worse at any point OR you don't feel better after 10 puffs** **call 999 for an ambulance.**
-  **4 Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

**IMPORTANT!** Not applicable to SMART or MART medicine regimes.  
Speak to your GP or asthma nurse for further information.

[www.asthma.org.uk](http://www.asthma.org.uk)



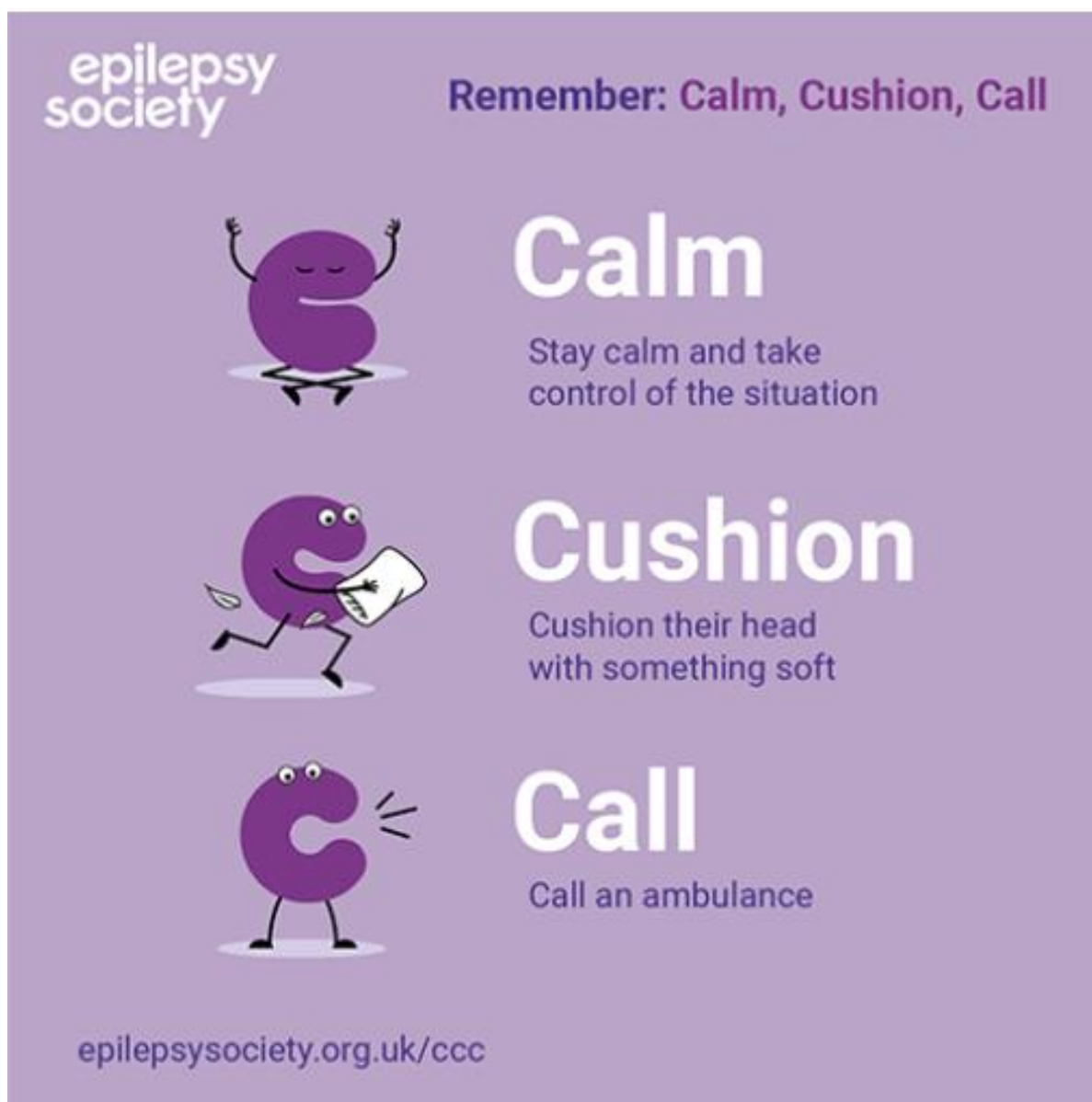
## How to Administer an Inhaler via Spacer





## General Medical Policy

### 15. Appendix 3: Calm, Cushion, Call for Seizure Management





## General Medical Policy

### 16. References:

Nursing and Midwifery Council – NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates

Early years foundation stage statutory framework for group and school-based providers (2025)

Department for Education (2022) National Minimum Standards for boarding schools

NHS Children and young people-Consent to treatment: [www.nhs.uk/tests-and-treatments/consent-to-treatment/children/](http://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/)

Department for Education (2015) Supporting pupils at school with medical conditions.

Integrated Contraception and Sexual Health(iCaSH) Cambridgeshire C Card Scheme: [www.icash.nhs.uk/contraception-and-sexual-health/c-card-scheme/](http://www.icash.nhs.uk/contraception-and-sexual-health/c-card-scheme/)

British Association for Counselling and Psychotherapy- BACP (2018) Ethical Framework for Counselling Professions

Medicines and Healthcare Products Regulatory Agency - MHRA (2023) Adrenaline auto-injectors (AAIs): new guidance and resources for safe use

Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools

Natasha Allergy Research Foundation (NARF) Allergy School [www.allergyschool.org.uk/what-is-allergy-school/](http://www.allergyschool.org.uk/what-is-allergy-school/)

British Society for Allergy & Clinical Immunology (BSACI) Allergy Action Plans: [www.bsaci.org/resources/resources/paediatric-allergy-action-plans/](http://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/)

MHRA (2025) Press release regarding new adrenaline nasal spray  
[www.gov.uk/government/news/mhra-approves-adrenaline-nasal-spray-the-first-needle-free-emergency-treatment-for-anaphylaxis-in-the-uk](http://www.gov.uk/government/news/mhra-approves-adrenaline-nasal-spray-the-first-needle-free-emergency-treatment-for-anaphylaxis-in-the-uk)

Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools

Asthma + Lung UK Asthma Action Plan:  
[www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan](http://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan)

Diabetes UK: [www.diabetes.org.uk/about-diabetes](http://www.diabetes.org.uk/about-diabetes)

Epilepsy Action: [www.epilepsy.org.uk/info/what-is-epilepsy](http://www.epilepsy.org.uk/info/what-is-epilepsy)

Epilepsy Society - Calm, Cushion, Call: [www.epilepsysociety.org.uk/cc](http://www.epilepsysociety.org.uk/cc)