

Three Counties Academy Trust



**Epilepsy and
Functional Neurological Disorder (FND) Policy
#SG6**

Last amended 20th May 2026 (v1.0)

Policy lifespan: 3 years. Subject to annual compliance check. Next full review 19th May 2029.

Version history

Date	Version	Details	Actioned by	PDF to Websites	Word to Governor Hub
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Contents:

Version history

Policy abbreviations and acronyms

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Definitions and seizure types
4. Individual Health Care (IHC) Plans
5. Learning and behaviour
6. Day trips, residential visits and sporting activities
7. Home-to-school transport
8. Emergency procedures
9. Administering medication
10. Training and awareness

Monitoring and review

Appendices

A: Epilepsy and Functional Neurological Disorder (FND) Medical Incident Log

Trust Glossary

Policy Abbreviations and Acronyms

CEO	Chief Executive Officer
DfE	Department for Education
DSL	Designated Safeguarding Lead
EHC	Education and Health Care (Plan)
FND	Functional Neurological Disorder
GP	General Practitioner
IHC	Individual Health Care (Plan)
LA	Local Authority
SEND	Special Educational Needs and Disabilities
TCAT	Three Counties Academy Trust
UK GDPR	United Kingdom General Data Protection Regulation

NB. Where the term “parent” or “parents” is used this includes those who act as carers or have parental responsibility.

Statement of intent

As one of the most common neurological conditions in the UK, epilepsy affects around 42,000 children within schools and in excess of 20,000 children affected by Functional Neurological Disorder (FND); it is therefore imperative to ensure that these pupils are adequately supported, and that staff are aware of their responsibilities in relation to helping pupils manage their condition.

This policy has been created to outline how Three Counties Academy Trust (TCAT) and our schools will support pupils with epilepsy and FND, ensuring that they receive the highest quality of care, are supported to participate in all aspects of school life, and that all staff are aware of the procedures they must follow to achieve this.

TCAT and our schools also recognises that both epilepsy and FND can significantly affect a pupil's physical, cognitive, sensory and emotional functioning. We are committed to supporting pupils with epilepsy and/or FND through appropriate reasonable adjustments, staff awareness, individual health care planning and partnership working with families and healthcare professionals.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance and good practice including, but not limited to, the following:

- [Human Rights Act 1998](#)
- [Equality Act 2010](#)
- [Education Act 2011](#)
- [Children Act 1989](#)
- [Children Act 2004](#)
- [Children and Families Act 2014](#)
- [Special Educational Needs and Disability Code of Practice: 0 to 25 years](#)
- [Health and Safety at Work etc. Act 1974](#)
- [DfE “Supporting pupils at school with medical conditions”](#)
- [DfE “Keeping children safe in education”](#)
- [DfE “Working together to safeguard children”](#)
- [DfE “Mental health and behaviour in schools”](#)
- [DfE “Behaviour in schools”](#)
- [The UK General Data Protection Regulation \(UK GDPR\)](#)
- [Data Protection Act 2018](#)
- [Equality and Human Rights Commission ‘Technical guidance for schools’](#)
- [NHS England guidance relating to epilepsy care and paediatric neurological conditions](#)
- [NICE Guideline NG217: Epilepsies in children, young people and adults](#)
- [NICE guidance relating to Functional Neurological Disorder \(FND\), medically unexplained symptoms and neurological conditions where applicable](#)
- [Joint Epilepsy Council guidance and best practice materials](#)
- [FND Hope UK and FND Action guidance materials and awareness resources](#)

Where legislation has been passed or updated during the shelf life of this policy, we will always apply the latest version available.

This policy operates in conjunction with the following policies and documents:

- Accessibility Plans
- Behaviour Policy
- Business Continuity Plans
- RSHE Policy
- Educational Visits and School Trips Policy (CU10)
- Records Management Policy (FI2)
- Subject Access Request (SAR) Policy (FI9)
- Freedom of Information Policy (FI10)
- Privacy Statement Pupils (FI12(A))
- Data Protection Policy (FI20)
- Complaints Policy and Procedures (GN9)
- Pupil Equality, Equity, Diversity and Inclusion Policy (GN19)
- Business Continuity Policy (GN22)
- Health and Safety Policy (HS1)
- First Aid Policy (HS2)
- Accessibility Policy (SD1)
- Special Educational Needs and Disabilities (SEND) Policy (SD3)
- Child Protection and Safeguarding Policy and Procedures (SG1)
- Supporting Pupils with Medical Conditions Policy (SG4)
- Administering Medication Policy (SG20)
- Pupil Confidentiality Policy (SG28)
- Attendance Policy (Secondary) (SG29(A))
- Attendance Policy (Primary) (SG29(B))

Central TCAT policies have the policy number identified, e.g. "SG1". Where no policy number is identified this indicates the policy is a school specific policy available from an individual TCAT school's website. Where there is no policy number indicated but the document begins with "TCAT", then this indicates the document can be located on the TCAT website or be made available from TCAT Central Office.

2. Roles and responsibilities

The Trust Board, and where delegated, Local Governing Bodies are responsible for:

- Ensuring TCAT has appropriate policies and procedures in place to support pupils with epilepsy and Functional Neurological Disorder (FND) across all TCAT schools
- Monitoring compliance with statutory duties relating to safeguarding, equality, SEND and supporting pupils with medical conditions
- Seeking assurance that appropriate staff training and awareness regarding epilepsy and FND is implemented and regularly reviewed
- Ensuring appropriate systems are in place for Individual Health Care (IHC) plans, risk assessments and emergency procedures
- Monitoring the effectiveness of reasonable adjustments and inclusion arrangements for pupils with epilepsy and FND
- Promoting a culture of safety, inclusion, wellbeing and anti-discriminatory practice across TCAT and our schools in relation to pupils with medical and neurological conditions
- Ensuring that the policy is reviewed regularly and updated in line with legislation, guidance and the needs of the TCAT community

Headteachers/Heads of School are responsible for:

- Implementing and monitoring TCAT's Epilepsy and Functional Neurological Disorder (FND) Policy on a day-to-day basis
- Ensuring that appropriate Individual Health Care (IHC) plans are developed, implemented, reviewed and communicated to relevant staff
- Ensuring that suitable reasonable adjustments and support arrangements are in place to enable pupils with epilepsy and FND to access education safely and successfully in their school
- Promoting an inclusive, supportive and anti-discriminatory culture for pupils with medical and neurological conditions in their school
- Ensuring that their staff receive appropriate training, induction and awareness regarding epilepsy, FND, seizure response and emergency procedures
- Ensuring that sufficient numbers of trained staff are available to administer medication and respond appropriately to medical incidents in their school
- Working collaboratively with parents, carers, healthcare professionals and external agencies to support their pupils effectively
- Ensuring that appropriate risk assessments are completed for educational visits, sporting activities and other school-based activities involving pupils with epilepsy or FND
- Monitoring attendance, wellbeing, behaviour and educational progress of pupils with epilepsy and FND, ensuring concerns are identified and addressed promptly

- Ensuring safeguarding arrangements appropriately consider the additional vulnerabilities and needs of pupils with epilepsy and FND
- Maintaining appropriate records relating to seizures, medical incidents, medication administration and emergency responses
- Ensuring that confidentiality is maintained appropriately whilst relevant staff are informed of pupils' medical needs
- Ensuring emergency procedures are understood and consistently followed by staff
- Liaising with the CEO and Local Governors regarding policy implementation, compliance and areas of concern or development

Designated Staff Members with responsibility for responding to the needs of pupils with epilepsy or FND are responsible for:

- Acting in accordance with the pupil's Individual Health Care (IHC) plan and agreed medical guidance at all times
- Responding promptly, calmly and appropriately to seizures, FND episodes or associated medical needs
- Preserving the dignity, privacy and emotional wellbeing of pupils during and after incidents or episodes
- Supporting pupils in a respectful, non-judgemental and reassuring manner
- Ensuring pupils are not unnecessarily isolated, embarrassed or stigmatised due to their condition
- Maintaining appropriate confidentiality whilst ensuring relevant staff are informed of necessary medical and safeguarding information
- Monitoring pupils following seizures or FND episodes and ensuring appropriate recovery time and support is provided
- Recording incidents, concerns, interventions and medication administration accurately and promptly in accordance with TCAT and school procedures
- Escalating safeguarding concerns, patterns of concern or changes in presentation in line with safeguarding procedures
- Liaising appropriately with parents, carers, healthcare professionals and senior leaders following incidents or concerns
- Ensuring that emergency procedures are followed correctly and emergency services are contacted where required
- Supporting reasonable adjustments and risk reduction strategies across the school day, including trips, activities and examinations
- Promoting inclusion, safety and participation in school life for pupils with epilepsy and FND
- Challenging discriminatory language, bullying or inappropriate responses relating to pupils' medical or neurological conditions
- Attending and engaging with relevant training and refresher training relating to epilepsy, FND, safeguarding and medical response procedures
- Remaining aware of the potential impact of epilepsy and FND on attendance, behaviour, learning, emotional wellbeing and social interaction
- Reporting concerns regarding pupil wellbeing, mental health or deterioration in symptoms to appropriate school leaders and safeguarding staff
- Working collaboratively with teaching staff and pastoral staff to ensure consistent support for pupils throughout the school day

DSLs are responsible for:

- Ensuring safeguarding arrangements appropriately consider the additional vulnerabilities and needs of pupils with epilepsy and Functional Neurological Disorder (FND)
- Supporting staff to recognise when medical presentations, attendance concerns, emotional wellbeing or behavioural changes may require safeguarding consideration or intervention
- Working collaboratively with Designated Staff Members, pastoral staff, healthcare professionals and external agencies where safeguarding concerns arise
- Ensuring safeguarding concerns relating to pupils with epilepsy or FND are recorded, monitored and acted upon in accordance with safeguarding procedures
- Considering the impact of medical conditions on pupil voice, communication, emotional wellbeing and engagement with education
- Supporting a safeguarding culture in which pupils with epilepsy and FND are treated with dignity, respect and understanding
- Monitoring for indicators of bullying, peer abuse, social isolation, exploitation or discrimination linked to medical or neurological conditions
- Ensuring staff understand the importance of confidentiality, professional curiosity and appropriate information sharing
- Ensuring pupils with epilepsy and FND are appropriately supported during periods of transition, absence, reintegration or crisis
- Liaising with parents, carers and external professionals where safeguarding concerns intersect with medical needs or vulnerabilities
- Ensuring safeguarding training and awareness appropriately reflects the needs and vulnerabilities of pupils with epilepsy and FND
- Escalating concerns where there are indicators that a pupil's medical needs are impacting their safety, welfare or access to education
- Supporting the development of individual risk assessments and safeguarding plans where appropriate
- Ensuring that safeguarding considerations are reflected appropriately within Individual Health Care (IHC) plans where necessary

All staff are responsible for:

- Being aware of and following the TCAT's Epilepsy and Functional Neurological Disorder (FND) Policy and related procedures
- Responding calmly, appropriately and promptly to seizures, FND episodes or medical concerns in line with training and Individual Health Care (IHC) plans
- Preserving the dignity, privacy and wellbeing of pupils with epilepsy and FND at all times
- Reporting concerns, incidents or changes in presentation promptly to Designated Staff Members, safeguarding staff or senior leaders

- Promoting an inclusive, supportive and anti-discriminatory environment for pupils with medical and neurological conditions
- Maintaining appropriate confidentiality whilst ensuring relevant information is shared with appropriate staff where necessary for pupil safety and wellbeing
- Attending and engaging with relevant training, briefings and updates relating to epilepsy, FND, safeguarding and emergency procedures
- Remaining vigilant to the potential impact of epilepsy and FND on pupils' learning, attendance, emotional wellbeing, behaviour and social interaction

Parents are responsible for:

- Informing the school of their child's epilepsy, Functional Neurological Disorder (FND) or related medical needs and providing accurate, up-to-date information
- Working collaboratively with the school and relevant healthcare professionals to develop, review and update Individual Health Care (IHC) plans
- Providing the school with required medication, equipment and emergency contact information, ensuring these remain in date and fit for use
- Informing the school promptly of any changes to their child's condition, symptoms, medication, treatment or medical advice
- Supporting their child's attendance, participation and engagement with education wherever possible
- Working in partnership with the school to promote their child's wellbeing, dignity, inclusion and safety
- Ensuring that their child understands, where appropriate, how to communicate their needs and seek support
- Attending relevant meetings and engaging positively with agreed support strategies, risk assessments and safeguarding arrangements where appropriate

Pupils who suffer from epilepsy or FND are responsible for:

- Following agreed support arrangements and Individual Health Care (IHC) plans, where appropriate to their age and understanding
- Informing a member of staff if they feel unwell, believe they may be at risk of a seizure or FND episode, or require support
- Taking medication, where appropriate, in line with medical advice and agreed school procedures
- Treating staff and peers with respect and engaging positively with support strategies put in place to assist them
- Attending school regularly wherever possible and engaging with learning and school activities with appropriate support

- Helping to promote a safe, respectful and inclusive environment for all pupils
- Communicating, where possible, any concerns, difficulties or changes in symptoms to trusted adults
- Following agreed safety arrangements and risk reduction measures during lessons, educational visits and activities where appropriate

All pupils are responsible for:

- Treating pupils with epilepsy and Functional Neurological Disorder (FND) with kindness, dignity, patience and respect at all times
- Supporting an inclusive school environment where pupils feel safe, valued and understood
- Avoiding discriminatory language, teasing, bullying or negative assumptions relating to medical or neurological conditions
- Understanding that epilepsy and FND may affect pupils in different ways, including physically, emotionally and cognitively
- Seeking support from staff if they are concerned about another pupil's wellbeing or safety
- Respecting the privacy and confidentiality of pupils with medical conditions
- Following staff instructions calmly and appropriately during medical incidents or emergencies
- Promoting a culture of empathy, acceptance and support throughout the school community

3. Definitions and seizure types

For the purpose of this policy, “**epilepsy**” is defined as a neurological condition causing recurring seizures, which are also commonly known as fits, and temporary disruption to the way in which the brain normally works.

“**Functional Neurological Disorder (FND)**” is defined as a condition in which there is a problem with the functioning of the nervous system and the way the brain and body send and receive signals. FND can result in a wide range of neurological symptoms which are genuine, involuntary and potentially disabling. Symptoms may include non-epileptic seizures, weakness, paralysis, mobility difficulties, pain, fatigue, sensory disturbances, speech difficulties, cognitive difficulties, difficulties with concentration or memory, and episodes of reduced responsiveness. Symptoms can vary in severity and frequency and may be affected by factors such as stress, fatigue, illness, anxiety or sensory overload.

There are many different types of seizures which can be classed by which parts of the brain the epileptic activity occurs in. Seizures commonly last between a few seconds and several minutes – afterwards, the body will usually return to normal.

What are the different types of seizures?

It is essential that staff are able to recognise the different types of seizure which commonly occur in school.

Tonic-clonic seizure – these are the most widely recognised type of seizure. A child experiencing this type of seizure will lose consciousness and fall to the ground – their body will be stiff and limbs will jerk. After the seizure, their consciousness will return, but they may show signs of confusion and tiredness. Children will need a rest following this type of seizure and may need to return home.

Absence seizures – these seizures are most common in children between the ages of 6-12. During this seizure, the child will briefly lose consciousness but will not lose muscle tone or collapse – they often appear to be daydreaming or distracted for a few seconds. They also commonly cause children to become confused about what is happening around them and can therefore impact on their learning.

Focal (partial) seizures – these seizures can often be difficult to recognise; children's consciousness may be affected, and they may not be sure of what is happening around them. They may repeat actions such as swallowing, scratching or looking for something and, as such, can often be interpreted as episodes of bad behaviour rather than a seizure. It is important to assist the child in these situations and reassure them.

Myoclonic seizures – these seizures can affect the whole body, but are usually restricted to one or both arms, and sometimes the head. During these seizures, children may experience a single jerk, or continuous jerking for a period of time. As these mostly occur in the morning, staff should be aware that a child may be tired or have lack of concentration when beginning the school day.

Atonic seizures – these cause a child to lose muscle tone and fall to the ground without warning, often resulting in injuries to the face and head. Children who experience these seizures need to wear protective headgear to avoid injuries.

Staff also need to understand the triggers which can make a seizure more likely to occur; this can include the following:

- Excitement or anxiety when first starting school
- Flashing or flickering lights for those with photosensitive epilepsy
- Stress and/or lack of sleep

4. Individual Health Care (IHC) Plans

If it is disclosed that a pupil has epilepsy, TCAT schools will ensure that they receive appropriate support, including through an IHC plan – this will outline the specific support for the pupil and who is responsible for this support.

The school will work alongside parents and other healthcare professionals, such as the school nurse, to decide whether an IHC plan is required, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher/Head of School will make the final decision.

The school, parent and a relevant healthcare professional will work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

IHC plans may include the following information:

- The type of epilepsy and/or Functional Neurological Disorder (FND) the child has, including the symptoms and episodes that may occur
- The triggers for seizures, FND episodes or symptoms (if known)
- What happens before, during and after a seizure, and how long their seizures tend to last
- The necessary first aid (if any) that is required
- The responsibilities of the school after a seizure occurs
- How long the pupil will need to rest after a seizure
- Under what circumstances the school should call an ambulance
- The responsibilities of the school in an emergency
- Any warning signs that may indicate the pupil is about to experience a seizure or FND episode
- Any medicine the pupil takes and when they need to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities which may put the pupil at risk of having a seizure, and the procedures in place to reduce this risk
- Any adjustments that need to be made to the school environment to support their learning
- The names of the healthcare professionals involved in the pupil's care
- Any behavioural or emotional issues the school needs to be aware of
- Who else in the school is aware of the pupil's epilepsy

- Any other medical conditions the pupil has

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHC plan.

IHC plans will be easily accessible to those who need to refer to them, but confidentiality is preserved.

Where a pupil has an EHC plan, the IHC plan is linked to it, or will become part of it. Where a pupil has SEND but does not have a statement or EHC plan, their SEND will also be mentioned in their IHC plan.

Where a pupil is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

The Trust Board will ensure that IHC plans will be reviewed at least annually. IHC plans will be routinely monitored throughout the year.

Parents will be kept fully informed of their child's epilepsy/FND at school and will be consulted before the IHC plan is reviewed and any changes will be made.

5. Learning and behaviour

TCAT and our schools will remain committed to ensuring that all pupils with epilepsy and FND are fully included in school life and are able to participate in the same activities as all other pupils.

Epilepsy often has an effect on pupils' learning and behaviour, such as tiredness and lack of concentration, and, therefore, TCAT schools will make reasonable adjustments and offer additional support.

Pupils with FND may also experience fluctuating symptoms which impact attendance, concentration, processing speed, memory, communication, fatigue, mobility and emotional wellbeing. Our schools will work flexibly and sensitively to provide appropriate support and reasonable adjustments in response to individual needs.

Appropriate records will be kept of the development and educational performance of pupils with epilepsy and FND. These will be monitored to ensure any problems are identified early and to assess whether the pupil's epilepsy or FND is a factor.

The LA will conduct an EHC needs assessment for the pupil to decide whether they require additional support, if requested, and if the pupil needs more than is offered by SEND support, in accordance with TCAT's Special Educational Needs and Disabilities (SEND) Policy. If this is so, an EHC plan may be applied for in conjunction with the IHC plan.

The extra support will be specific to the pupil, and will be detailed on the pupil's EHC plan, but some examples include the following:

- Providing extra help and support from a teacher or TA
- Working in small groups in class
- Conducting observations in class or during break
- Helping the pupil take part in class activities
- Providing extra encouragement in their learning, e.g. encouraging the pupil to ask questions or try a task they find difficult
- Helping the pupil communicate with other pupils
- Supporting their physical or personal care difficulties, e.g. eating

Providing reasonable adjustments for pupils with FND, such as rest breaks, flexible timetables, adapted PE participation, movement support, reduced sensory stimulation or adjusted recording methods

TCAT understands that pupils with epilepsy may require additional support for examinations, such as by providing extra time. If a teacher believes this to be the case, a meeting will be arranged with the pupil's parents to discuss what support may be necessary.

TCAT will also consult relevant medical professionals to determine which support is most appropriate for the pupil during examinations.

If it is determined the pupil needs extra support, the Headteacher, as Head of Centre, will ensure that examination bodies are informed promptly.

6. Day trips, residential visits and sporting activities

TCAT schools will ensure that every pupil with epilepsy or FND is able to participate fully in all curriculum activities, including day trips, residential visits and other sporting activities.

Pupils with epilepsy or FND will be supported to participate in these events – any pre-determined adjustments required will be detailed on the pupil's IHC plan.

Prior to an activity taking place, the school will conduct a risk assessment to identify if any further reasonable adjustments are required to enable pupils with epilepsy or FND to participate. In addition to this risk assessment, advice will be sought from pupils, parents and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils with epilepsy or FND to participate, except where advice from a clinician, such as a GP, indicates that this is not possible.

7. Home-to-school transport

The school will ensure that parents are aware that pupils with epilepsy may be eligible for support with school transport – this responsibility lies with the LA. If a pupil already has an IHC plan, this will be used by the LA to inform the home-to-school transport plan.

Where transport to and from school is provided by a TCAT school, the Headteacher/Head of School will ensure that the service operator is aware of the needs of pupils with epilepsy or FND, the symptoms and the actions to take should a medical emergency occur whilst travelling to or from school.

Both LA and TCAT commissioned providers should be directed to this policy before a pupil with epilepsy or FND is allocated a place on the transport.

8. Emergency procedures

Epileptic related medical emergencies will be dealt with under the school's individual emergency procedures.

Where a pupil has Functional Neurological Disorder (FND), their Individual Health Care (IHC) plan will detail the presentation of symptoms, known triggers, agreed responses and when emergency medical attention is required.

Where an IHC plan is in place, it will detail:

- What constitutes as an emergency
- What to do in an emergency

All staff will be able to recognise what is happening and will respond promptly by:

- Calling the emergency services if needed; or
- Arranging for the designated member of staff to provide emergency medication to the pupil if needed; or
- Arranging appropriate first aid if the pupil has been injured

An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific pupil, or more than five minutes for any pupil
- One seizure follows another without the pupil regaining consciousness in between
- The pupil is injured, for example injuries sustained when falling to the ground or has difficulty breathing following a seizure
- Staff believe the pupil needs urgent medical attention
- Such a response is designated on the IHC plan

All pupils will be informed in general terms of how to respond in an emergency, i.e. by informing a member of staff.

If a pupil needs to be taken to hospital before emergency services can arrive, parents will be contacted immediately, and a member of staff will wait with the pupil until their parents arrives. Where parents cannot attend, or the delay in doing so puts the pupil at further risk, two staff members will accompany the pupil to the hospital.

When transporting pupils with epilepsy or FND to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

If a pupil experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the pupil has recovered.

9. Administering medication

All medication for pupils with epilepsy will be administered in accordance with TCAT's Administering Medication Policy.

The medication (if any) required for a pupil with epilepsy will be detailed on their IHC plans, along with the designated member of staff, who is suitably qualified and responsible for administering it.

Prior to staff members administering medication, the parents of the pupil will be required to complete and sign the medication registration form.

Before administering medicine, maximum dosages and when the previous dosage was taken will be checked.

Medication will only be administered at school if it would be detrimental to the pupil not to do so. Written records will be kept of any medication administered to pupils. Pupils will never be prevented from accessing their medication.

If a pupil refuses to take their medication, staff will not force them to do so but will follow the procedure agreed upon in their IHC plan and parents will be informed so that alternative options can be considered.

In the event of a school trip or activity which involves leaving the school premises, medicine and devices will be readily available to staff and pupils.

TCAT and the school will not be held responsible for any side effects that occur when medication is taken correctly.

10. Training and awareness

All pupils will be educated about epilepsy and Functional Neurological Disorder (FND), including appropriate awareness of symptoms, triggers, emergency response procedures and anti-discriminatory practice.

Staff will be made aware of the potential for pupils with medical conditions such as epilepsy being disproportionately impacted by behaviours such as bullying.

All staff will receive induction training and regular refresher training on epilepsy and Functional Neurological Disorder (FND), and will understand the basic emergency response procedures, seizure first aid and appropriate support strategies.

Designated staff members will be suitably trained to respond to individual pupils with epilepsy, including administering medication. Staff will not undertake healthcare procedures or administer medication without suitable training.

The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication for pupils with epilepsy and will support awareness and understanding of pupils with Functional Neurological Disorder (FND).

Monitoring and review

Lifespan of Policy: 3 Years

At any point this policy is updated or fully reviewed, it will be updated on the main TCAT website and will automatically update on all TCAT school websites simultaneously.

Where an annual check or other check results in minor changes, the Version History will be reviewed and updated with a change in the number following the decimal point, for example, v1.1 ⇒ v1.2. Where the policy is reviewed in full, then the number before the decimal point will change and reset, for example v1.4 ⇒ v2.0.

Any changes made by the Executive Headteacher/CEO in collaboration with the Board Appointed Trustee will be passed to the Trust Board for ratification and subsequently be notified to Clerks to Local Governing Bodies and Headteachers/Heads of School.

The next scheduled full review date for this policy is 19th May 2029.

Date approved by the Board Appointed Trustee: 20th May 2026.

To be ratified and recorded in the minutes at the first Trust Board Meeting after 20th May 2026.

Appendix A: Epilepsy and Functional Neurological Disorder (FND) Medical Incident Log

School	Date and Time
Pupil Name	Year Group/Class
Condition	Type of Seizure/Episode if known
Location	Activity Prior to Incident if known
Known Trigger(s) evident?	Approximate Duration
Symptoms/Presentation Observed	
First Aid/Support Provided	
Medication Administered/Dosage	

Emergency Services Contacted? Y/N	Parent/Carer Contacted? Y/N
Injury Sustained? Y/N	Recovery Time Required
Outcome (Returned to Class/Sent Home/Hospital)	
Safeguarding Concerns Identified? Y/N	DSL/Senior Leader Notified
Follow-up Actions Required	
Staff Involved/Witnesses	
Recorded By	Date Logged
Additional Notes/Observations	

Trust Glossary

AA	Admissions Authority	H&S	Health and Safety
AAI	Adrenaline Auto-Injector (Epi Pen)	HoS	Head of School
ACM	Asbestos Containing Materials	HSE	Health and Safety Executive
AHT	Assistant Headteacher	ICO	Information Commissioners Office
AIR	Attendance Intervention Reviews	IDSR	Inspection Data Summary Report
APDR	Assess Plan Do Review Cycle	IHP	Individual Healthcare Plan
APIs	Application Programming Interfaces	IRMS	Information and Records Management Society
ASC	Autistic Spectrum Condition	IWF	Internet Watch Foundation
ASP	Analyse School Performance	KCSIE	Keeping Children Safe in Education
ATH	Academy Trust Handbook	KS1/2/3/4	Key Stage 1/2/3/4
BAME	Black, Asian and Minority Ethnic Backgrounds	LAC	Looked After Child
BAT	Board Appointed Trustee	LADO	Local Authority Designated Officer
BCP	Business Continuity Plan	LGB	Local Governing Body
BFR	Budget Forecast Return	LLC	Low-Level Concerns
CEO	Chief Executive Officer	LSA	Learning Support Assistants
CFO	Chief Financial Officer	MASH	Multi-Agency Safeguarding Hub
CIF	Condition Improvement Fund	MAT	Multi-Academy Trust

CIN	Child in Need	MFA	Multi-Factor Authentication
CLA	Children Looked After	MFL	Modern Foreign Language
CMIE	Child Missing in Education	NCSC	National Cyber Security Centre
COO	Chief Operating Officer	NoV	Note of Visit
COSHH	Control of Substances Hazardous to Health	NPQ	National Professional Qualifications
CP	Child Protection	PA	Persistent Absence
CPD	Continuing Professional Development	PAN	Published Admission Number
CPOMS	Child Protection Online Management System	PECR	Privacy and Electronic Communications Regulations
CSCS	Children's Social Care Services	PEP	Personal Education Plan
CSE	Child Sexual Exploitation	PEEP	Personal Emergency Evacuation Plan
CTIRU	Counter-Terrorism Internet Referral Unit	PEx	Permanent Exclusion
CWD	Children with Disabilities	PP	Pupil Premium
CYPMHS	Children and Young People's Mental Health Services	PPG	Pupil Premium Grant
DBS	Disclosure and Barring Service	PSHE	Personal, Social and Health Education
DDSL	Deputy Designated Safeguarding Lead	PSED	Public Sector Equality Duty
DfE	Department for Education	PTFA	Parent, Teacher and Friends Association
DHT	Deputy Headteacher	QA	Quality Assurance

DSE	Display Screen Equipment	RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
DSL	Designated Safeguarding Lead	RHE	Relationships and Health Education
DPO	Data Protection Officer	RPA	Risk Protection Arrangement
EAL	English as an Additional Language	RSHE	Relationships, Sex and Health Education
ECT	Early Career Teacher	SA	Severely Absent
EDIB	Equality, Diversity, Inclusion and Belonging	SALT	Speech and Language Therapist
EHA	Early Help Assessment	SARC	Sexual Assault Referral Centre
EHCNA	Education, Health and Care Needs Assessment	SBM	School Business Manager
EHCP	Education, Health and Care Plan	SCC	Standard Contractual Clause
EHE	Elective Home Education	SCITT	School-Centred Initial Teacher Training
ELSA	Emotional Literacy Support Assistant	SCR	Single Central Record
ESFA	Education and Skills Funding Agency	SDP	School Development Plan
EVC	Educational Visit Coordinator	SDQ	Strengths and Difficulties Questionnaire
EWOSSO	Education Welfare and Safeguarding Support Officer	SEF	Self-Evaluation Form
EYFS	Early Years Foundation Stage	SEMH	Social, Emotional, and Mental Health
FBV	Fundamental British Values	SENCO	Special Educational Needs Coordinator
FFT	Fischer Family Trust	SEND	Special Educational Needs and Disabilities

FGM	Female Genital Mutilation	SIP	School Improvement Partner
FGMPO	FGM Protection Order	SLA	Service Level Agreement
FOI	Freedom of Information	SLCN	Speech, Language and Communication Needs
FSM	Free School Meals	SLT	Senior Leadership Team
FTS	Find a Tender Service	SPOC	Single Point of Contact
GAG	General Annual Grant	STEM	Science, Technology, Engineering and Maths
GDPR	General Data Protection Regulation	TA	Teaching Assistant
GIAS	Get Information about Schools	TAC	Team Around the Child
HASH	Herefordshire Association of Secondary Heads	TCAT	Three Counties Academy Trust
HBA	Honour Based Abuse	TUPE	Transfer of Undertakings (Protection of Employment)
HR	Human Resources	VSH	Virtual School Headteacher