

# Guidelines for Teachers



epilepsy scotland  
Scotland's voice for epilepsy

## How to Manage Epilepsy

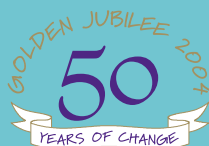
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## Introduction

As a teacher you may be the first adult to witness a child having an epileptic seizure. Our guidelines provide basic information about epilepsy that will help you to recognise and deal with seizures effectively.

## Background

Some seizures are very visible - such as a tonic-clonic seizure where the child loses consciousness and falls down with a jerking motion. Less easy to detect is an absence seizure where the pupil has momentary lapses in consciousness that could easily be mistaken for daydreaming or a lack of interest. Without any knowledge of epilepsy, teachers might consider pupils to be inattentive or less able - when they are neither.

The majority of youngsters with epilepsy will pose few problems to staff, either in terms of class behaviour or academic achievement. Their potential abilities and levels of attainment should match those of their peer group yet research reveals half the children with epilepsy under-perform at school and achieve less than would be expected from their IQ.



Epilepsy is a condition which can have a long-term negative effect on children. Some pupils will lack self-esteem and self-confidence. Others may have missed out on educational opportunities, while adolescents often feel socially isolated from their peer group.

Teachers have a vital role to play in minimising the socially harmful effects of epilepsy. Staff are often in a position to identify the signs and symptoms of a possible seizure and act calmly and appropriately when dealing with this.

## What exactly is epilepsy?

Epilepsy is a brain disorder which results in children (and adults) having **repeated** seizures. These brief disturbances are caused by nerve cells firing off random signals: the resulting electrical storm causes a temporary overload in the brain. There are many different kinds of seizure. Some end in seconds while others may last several minutes. Each child's experience of epilepsy is unique and depends on which part of the brain is being affected at the time.

Epilepsy is the most common, serious neurological condition in the world. Epilepsy is not contagious, nor is it a disease or a mental illness. Between seizures the brain works normally. Epilepsy can affect any child of either sex, social class or race. Around one in every 100 children will have epilepsy at some time in their young life.

## Why does epilepsy happen?

In seven out of ten cases epilepsy has no identifiable cause. This is termed 'idiopathic' epilepsy. It is thought that a large number of these cases could have a genetic link. Sometimes epilepsy can occur as a result of a severe head injury, accident, infection of the brain, such as meningitis, or fever. This is called 'symptomatic' epilepsy.

The good news is that the majority of children with epilepsy will either grow out of their epilepsy or have good control of seizures with their medication.

## Common types of seizures

### Generalised seizures

This kind of seizure happens when the whole brain is temporarily overwhelmed by the abnormal electrical disturbance. There is always some loss of consciousness.

The most common perception of epilepsy is the **tonic-clonic** seizure (formerly called **grand mal**). The child becomes unconscious and falls to the ground. First the body stiffens (**tonic** phase) then it jerks (**clonic** phase). Breathing may become irregular and the child's lips may turn blue.

The child may make grunting noises or accidentally bite their tongue or the inside of the cheek. The child may be incontinent. Whilst recovering, the child might be confused, have a headache and may need to sleep for a while.

### The child does not normally need to be sent home after a seizure.

Sometimes a child appears awake but goes into a blank, trance-like state that lasts for seconds. These **absence** seizures (formerly called **petit mal**) describe brief periods of interrupted or clouded consciousness that often affect a child's ability to absorb and memorise information. The child is seen to stop suddenly and stare into space. Slight movements of the eyelids can be seen. These seizures can sometimes occur many times a day.

During a **myoclonic** seizure the child experiences sudden jerks or contractions in the muscles. After a momentary loss of consciousness the child recovers quickly. These seizures occur most commonly in the morning shortly after waking or if the child is tired.

During an **atonic** seizure, muscles suddenly relax, causing the child to drop to the ground. Once again there is a brief loss of consciousness. Recovery is almost immediate. These seizures are sometimes called **drop attacks**.

**Tonic** or **clonic** seizures are similar to tonic-clonic seizures but only have the phase of intense stiffness (**tonic**) or repetitive jerking of the limbs (**clonic**).

## Partial seizures

Sometimes just part of the brain is affected by excessive electrical discharges. This part of the brain may have been malformed or become damaged, for example, from a head injury or infection, like meningitis. **Partial** seizures are either **simple** or **complex**. A **partial** seizure starting in one part of the brain sometimes develops into a **secondary generalised** seizure affecting the whole brain.

During a **simple partial** seizure a child may experience a brief feeling of fear, panic, déjà vu, or a particular taste, sight or smell. Equally the child might feel numbness or a tingling sensation that involves part of the body. In some children, a simple partial seizure acts as a warning or **aura** that a second seizure could happen.

During a **complex partial** seizure a child may experience strange and unusual feelings and lose sense of time. The child can become unresponsive and start to perform inappropriate or automatic movements. These can include plucking at clothing, lip smacking, slurred speech, repeating words, head turning, wandering aimlessly, running or even undressing.

## Understanding how epilepsy can affect a child's education

A wide range of factors may affect how well a child with epilepsy performs at school.

### Physical factors

- Some children will find that certain things trigger their seizures and these are unique to them. However common ones include:

- lack of sleep
- failure to take medication
- menstruation
- stress or anxiety
- boredom
- dehydration or too much liquid
- missed meals
- recreational drugs or alcohol

- A child may need time to recover from a seizure before they can resume classroom activities
- The vast majority of children with epilepsy can use a computer and watch television programmes with no adverse effect

## Psychological factors

- Having epilepsy can undermine a child's self image and result in low self esteem
- A child can feel isolated because of the need to be dependent on drugs to control seizures
- A child can be overprotected by family and friends - increasing feelings of being 'different'
- Having missed days at school due to seizures, a child may feel they will never catch up



## Pharmacological factors

- Antiepileptic drugs can slow down a child's ability to concentrate
- A child can experience adverse side effects from antiepileptic drugs. Common ones include drowsiness, dizziness, weight loss or gain
- It is very important that antiepileptic drugs are taken at the same time each day. This ensures that the child maintains an even concentration of the drug

## Social factors

- How well a child copes with their epilepsy depends largely on the attitudes of others. Positive feedback from family and friends plus support from pupils and teachers is important
- Sometimes, children with epilepsy can be teased or bullied by their peers. It is demeaning to call someone epileptic. Only the seizure is epileptic, not the person

## Economic factors

- Young people with epilepsy need positive and realistic careers advice. Most young people with epilepsy will be able to do most jobs if they have the required skills. However, there are restrictions on certain kinds of employment, such as being a member of the armed forces
- Some young people with difficult epilepsy may need additional support when leaving school. A referral to a specialist careers adviser or disability employment adviser (contact through the local Job Centre Plus) could help
- Young people with epilepsy will need to be made aware of driving licence regulations if they have a seizure

## First aid for dealing with tonic - clonic seizures in school

Here are some things teachers can do to help a child who is having a tonic-clonic seizure. Our first aid checklist explains what to do and describes some of the things that should be avoided:

### Do:

- Keep calm
- Reassure other pupils in the class
- Note the time and note how long the seizure lasts
- Clear a space around the child and prevent others from crowding round
- Put something soft under the child's head, such as a cushion or a rolled up jumper
- Loosen any tight clothing round the child's neck
- If the child is wearing glasses - remove them carefully
- Watch the seizure carefully and if possible let it run its natural course
- As soon as convulsions stop, turn the child into the recovery position so that the mouth can drain of saliva, blood or vomit
- Reassure the child as they come round from the seizure
- Tell the child about the seizure. The child may be confused and have no idea what has happened
- Stay with the child until any confusion has passed
- Give the child a chance to rest
- Let the child's parents know about the seizure and any change in seizure patterns



**The recovery position, which aids breathing and general recovery after a seizure**

### Do not:

- Lift or move the child while the seizure is happening (unless there is immediate danger - for example, the child has fallen near a hot radiator or has had a seizure in a swimming pool)
- Try to restrain the child's movements
- Put anything between the teeth or into the mouth
- Offer the child something to drink
- Fuss around the child whilst they are recovering from the effects of the seizure

### There is no need to call a doctor or an ambulance unless:

- It is the child's first seizure
- One seizure follows another without any recovery time in between
- The seizure lasts more than 5 minutes or longer than is usual for the child
- The child has been badly injured
- A seizure has happened in the pool and the child might have swallowed too much water

If any of these situations should occur, ask a pupil to get help or dial **999** so an emergency doctor or ambulance can be called while you stay with the child.

### First aid for other seizures

Stay with the child until the seizure has passed to ensure they do not suffer any injury. Reassure the child as they recover from the seizure.

## What else can teachers do?

Teachers can provide discreet and systematic monitoring of any seizures in school. They are well placed to identify and record possible seizures and note any patterns. Teachers can also observe changes in a child's behaviour, ability or attainment.

Teachers are routinely involved in establishing effective communication with parents and other support agencies to assist children with disabilities or problems. This work would be further developed where epilepsy is involved.

Epilepsy is a medical condition like any other but teachers need to be aware that there is a long history of ignorance and stigma attached to this condition. Sometimes parents and children will use other words to describe epilepsy such as blackouts or fainting fits.

## A check list for teachers

The answers to the following questions will provide teachers with information that will be useful in the day to day management of a child who has epilepsy. Ask the parents:

- What kind of seizure does the child have?
- How long do seizures usually last?
- How often do seizures occur?
- Does the child have any warning of a seizure coming on?
- Are there any special conditions or events known to trigger seizures?
- How often does the child take medication and is it necessary to take any in school?
- Does the child experience any side effects from the medication?
- What kind of first aid is likely to be required?
- How long a rest period does the child need after a seizure?
- Is the child likely to be incontinent during a seizure?
- Does the child have any other kind of disability?
- Does the child have an understanding of epilepsy and treatment for seizures?
- Have parents or doctors asked for any restrictions to the child's activities at school?
- If the child needs emergency medication is there a written care plan in place?

## Some good reasons for knowing about epilepsy

### Standards in Scotland's Schools etc Act 2000

With effect from 1 August 2003, there is a requirement on education authorities to provide mainstream education for **all** children. However, there are three main exceptions to this, they are:

- Where education in a school other than a special school would not suit the ability or aptitude of the child
- Where it would be incompatible with the provision of efficient education for children with whom the child would be educated
- Where it would result in unreasonable public expenditure which would not normally be incurred

Circular No 3/2002 - Guidance on presumption of mainstream education is available from <http://www.scotland.gov.uk/library5/education/mssw.pdf>

### Disability Discrimination Act 1995

New duties, effective from September 2002, extend the Disability Discrimination Act 1995 to cover every aspect of education. The duties make it unlawful to discriminate against disabled pupils and prospective pupils in all aspects of school life (without justification). The principle behind the legislation is that wherever possible disabled children and young people should have the same opportunities as those without disabilities in their access to education.

A Code of Practice for Schools is available from the Disability Rights Commission website at <http://www.drc-gb.org/whatwedo/publicationdetails>

## For further help and advice

As Scotland's voice for epilepsy, our charity represents the 30,000 people and families living with epilepsy. We are working to overcome the ignorance and injustice faced by people with epilepsy throughout Scotland. We campaign for improved services, better information and support, and an end to discrimination and stigma. We provide information through our confidential freephone Helpline (**0800 800 2 200**) and on our website ([www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)). We also offer a wide range of factsheets, literature, epilepsy awareness training and policy briefings.

Epilepsy Scotland will be pleased to answer questions from teachers about epilepsy. Training for teachers and classroom assistants can be provided. Our Helpline can assist with specific enquiries about epilepsy while our website has information that may be useful for general classroom activities.

Epilepsy Scotland relies heavily on fundraised income. We would be delighted if your school would be willing to raise funds to support our vital services. For details, please contact 0141 427 4911.

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