

## Basic first aid for tonic-clonic (convulsive) seizures

- Do keep calm - once a seizure starts it will usually stop on its own.
- Do reassure other pupils in the class.
- Do check the time to see how long the seizure lasts.
- Do check the child's care plan, if they have one, for what to do.
- Do move any objects that could cause injury.
- Do remove glasses and loosen tight clothing around the neck.
- Do put something soft under the child's head to stop any injury.
- Do stop others from crowding around.
- Do protect the child's dignity and privacy, particularly if they have been incontinent.
- Do turn the child on their side into the recovery position as soon as the jerking stops.
- Do speak gently to the child and tell them what has happened.
- Do remember, the child may be confused for a while after the seizure. They could have a headache and may want to sleep.
- Do make sure an adult stays until the child fully recovers.
- Do tell the child's parents about the seizure. If you notice any difference in seizure patterns this can be important information.

- Do not move the child unless they are in danger. For example, the child has fallen near a hot radiator.
- Do not try to stop the jerking or restrain the child.
- Do not put anything into the child's mouth or between their teeth.
- Do not offer anything to eat or drink until the child fully recovers.
- Do not fuss around the child while they are recovering.

## When to call an ambulance:

- if this is the child's first seizure (as far as you know)
- if the seizure lasts for more than five minutes; or
- if the seizure lasts longer than the child's usual time
- if the child has injured themselves
- if you suspect the child may have inhaled liquid, food or vomit
- if the child may have inhaled water during a seizure in a swimming pool

## Basic first aid for non-convulsive seizures

- Stay with the child and make sure they are not in any danger until they fully recover.
- Talk gently to the child. During some seizures the child may be awake but with a reduced level of consciousness.
- After the seizure, tell the child what's happened and stay until they have fully recovered.
- Only call an ambulance if the child injures themselves, or the seizure lasts longer than usual.
- Tell the child's parents about the seizure.

## Finding out about the child's epilepsy – questions for parents:

- What kind of seizures does the child have?
- How long do seizures usually last?
- How often does the child have seizures?
- Do the seizures tend to happen at particular times of the day?
- Does the child get any warning before a seizure?
- Are the child's seizures triggered by certain conditions or events?
- How often does the child take medication?
- Is it necessary to take any medication in school?
- Does the child experience any side effects from the medication?
- What kind of first aid is likely to be required?
- Will the child need emergency medication? If yes, is there a written care plan in place?
- How long does the child need to rest 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 checked with their doctor or epilepsy specialist nurse about any restrictions to the child's school activities?

# Epilepsy – a guide for teachers

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## Why this guide matters

As a teacher you could be the first adult to see a child having an epileptic seizure. Or a parent may tell you that their child has epilepsy.

This guide provides basic information about epilepsy. It will help you understand this condition and how it can affect a child's learning. It will also tell you how to recognise seizures and how to deal with them.

For many children, their epilepsy will not affect their behaviour or learning ability. Yet, we know children with epilepsy do underperform at school and achieve less than would be expected. There are many reasons for this.

## Further information

### There is more information on:

- A guide to epilepsy – what you need to know
- A woman's guide to epilepsy
- Seizures explained
- A parent's guide to epilepsy
- Epilepsy in later life
- Epilepsy and memory
- An employer's guide to epilepsy
- Men and epilepsy
- Epilepsy and driving
- Diagnosing epilepsy
- Epilepsy and employment
- First aid for seizures
- Epilepsy and leisure
- Photosensitive epilepsy

- Epilepsy and treatment
- Emotional wellbeing
- Staying safe with epilepsy
- Caring for people with epilepsy and learning difficulties
- Sudden unexpected death in epilepsy (SUDEP)
- Brian learns about epilepsy (for pre-school/early primary school children whose parent has epilepsy)
- Farah and Ted visit the hospital (for pre-school/early primary school children going through a diagnosis of epilepsy)

We are currently writing an accessible guide in Easy Read for people with mild to moderate learning disabilities. For availability and further information on this, please contact our helpline.

If you have questions after reading this leaflet, please call our helpline. Our trained staff are available during office hours and until 6pm on Thursdays.

If you would like this leaflet in a different format, large print or language, please call **0808 800 2200**.

## Epilepsy at a glance: what you need to know!

- Epilepsy is one of the most common serious neurological conditions.
- People with epilepsy tend to have repeated seizures.
- Up to 70% of children with epilepsy will either grow out of their epilepsy or have their seizures controlled by medication.



Helpline: **0808 800 2200**

- Seizures vary from person to person.
- Most seizures are self-limiting and last only a short time.
- There are over 40 different types of seizures.
- Not all of them involve a sudden fall and jerking.
- Some of them are difficult to spot.

## How to spot possible seizures:

- A child seems to daydream and not take in information.
- A child falls down suddenly for no obvious reason.
- A child rolls their eyes and blinks very fast.
- A child makes repeated movements that may look out of place.
- A child nods their head as if falling asleep and acts as if nothing has happened.
- A child stops what they are doing and stares at nothing for a moment or two.

## Seizure triggers – the most common ones are:

- Forgetting to take medication
- Stress or anxiety, particularly around exam times
- First day nerves at school
- Name-calling/bullying
- Lack of sleep
- Boredom
- Dehydration/too much liquid
- Not eating regularly
- Menstruation/hormones
- Recreational drugs/alcohol
- Flashing/flickering lights – photosensitive epilepsy only
- Natural light patterns/sunlight – photosensitive epilepsy only

## Treatment

- Is with anti-epileptic drugs (AED).
- This is taken usually twice a day outside school hours.
- There is usually no need to store medication at school.

## Emergency Medication

- is sometimes prescribed to stop prolonged seizures.
- It can only be administered by a trained and named person.
- The child's care plan will have all the necessary information.

## Common side effects of anti-epileptic drugs

- Drowsiness
- Dizziness
- Weight loss or gain
- Mood changes

## Other effects on a child's learning

- Problems with short-term memory and concentration
- Tiredness and/or confusion before and after a seizure
- Depression linked to either the cause of seizures, side effect of medication, or psychological factors
- Low self-esteem, isolation from peers, bullying
- Overprotective parents/teachers placing unnecessary restrictions on a child's activities
- Missing lessons/staying at home if seizures are frequent
- Not taking in all of the information in class because of absence seizures (this looks like daydreaming)

## Safety – keep safety measures in proportion:

- Seizures which involve sudden falling down have a higher risk of injury.
- Consider clearing extra space around the child's desk.
- Cover sharp furniture edges with shaped plastic pieces.
- Children with epilepsy can enjoy most sport and leisure activities. Do individual risk assessment for each activity.
- Under the Disability Discrimination Act, no child with epilepsy can be excluded from a school visit unless there is a health and safety risk.

# What is epilepsy?

Epilepsy can have a long-term negative effect. Some children will have very low self-esteem and self-confidence. Others may have missed educational opportunities. Teenagers and young adults often feel socially isolated from their friends.

**The way you react and how readily you accept the child and their condition can make a big difference.**

You can help remove any stigma of epilepsy and change common misconceptions. You will play an important part in helping each child with epilepsy lead as fulfilling a life as possible.

Epilepsy is one of the most common serious neurological (brain) conditions. Anyone regardless of gender, race, age or background can develop epilepsy. It is more common in childhood and later life.

People with epilepsy tend to have repeated seizures. Having just one seizure does not mean you have epilepsy. When the brain works normally billions of brain cells pass messages to each other. These affect what we say and do. When there is too much electrical activity the brain short circuits. Messages get scrambled up and this causes a seizure. Most seizures last only a short time.

## What causes epilepsy?

In seven out of ten cases there is no known cause. Latest research suggests that there may be a genetic link in many cases.

Sometimes people develop epilepsy as a result of a severe head injury or accident. Other causes can be an infection of the brain, such as meningitis, or a high fever.

## How is epilepsy treated?

Epilepsy is normally treated with anti-epileptic drugs (AEDs). A child will usually take their medication twice a day outside school hours. In most cases, there is no need for schools to store and administer regular anti-epileptic drugs.

Up to 70% of children with epilepsy will either grow out of their epilepsy or have their seizures controlled by medication.



## How do I know if a child has a seizure?

Seizures vary from person to person. There are over 40 different types of seizures. Some are very visible: a child suddenly loses consciousness, falls down and starts jerking. Others are less obvious and difficult to detect: you may think a child is day dreaming or not paying attention. During these seizures a child momentarily loses consciousness but does not jerk.

If there is a child with epilepsy in your class, talk to the parents. They will give you all the information you need to know including what type of seizure the child usually has. We have included a checklist for teachers on page 29. It will cover all the relevant questions you want to ask the child's parents.

Here's a summary of the more common seizures. If you want more detailed information on the different types of seizures, phone us for a free copy of our 'Seizures explained' leaflet.

### **Seizures are generally divided into two main types:**

- partial (also called focal) seizures
- generalised seizures

## Partial seizures

Partial seizures only affect part of the brain. Often seizures start in those areas of the brain that may have been damaged by a head injury, or an infection like meningitis. Sometimes a seizure can start in one part of the brain but then spread to the whole of the brain. This is called a secondary generalised seizure.

Partial seizures are either **simple** or **complex**.



## Simple partial seizure

These affect a smaller part of the brain. You may observe the child's arm twitching or some other unusual movement. The child may experience strange sensations or visions, such as seeing shapes, colours or faces. The child may feel 'dreamy', sick, or experience emotions such as fear or anger. Sometimes there is a tingling sensation or numbness across parts of the body. In some children, a simple partial seizure acts as a warning that a second seizure could happen. The child knows the seizure is going on but cannot stop it.

## Complex partial seizure

These usually affect a larger area (but still only part) of the brain. During a complex partial seizure a child may experience strange and unusual feelings and lose sense of time. The child may appear unresponsive and switched off from what is going on around them.

Often, they 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. The child does not lose consciousness but their level of consciousness is altered.

### Watch out for these signs of possible seizures:

A child seems to daydream and not take in information.

A child falls down suddenly for no obvious reason.

A child rolls their eyes and blinks very fast.

A child makes repeated movements that may look out of place.

A child nods their head as if falling asleep and acts as if nothing has happened.

A child stops what they are doing and stares at nothing for a moment or two.

## Generalised seizures

These kind of seizures affect the whole brain. People with generalised seizures will always lose consciousness, even just for a few seconds. The following are the more common generalised seizures:

### Tonic-clonic seizure

Most people will recognise a tonic-clonic seizure. In fact, this is what many assume epilepsy looks like. A child suddenly stiffens, loses consciousness and falls to the ground. This is followed by convulsions. The child's breathing may also be affected turning their lips blue.

The child may make grunting noises or accidentally bite their tongue or the inside of their cheek. The child may be incontinent. When the child comes round they may be confused and have a headache. It is normal for a child to want to sleep after such a seizure. Find a quiet place for the child to rest. Make sure an adult stays with the child until their breathing has returned to normal and any confusion has gone.

### Absence seizure

You may notice that a child lacks concentration and does a lot of day dreaming. Sometimes the child appears to be in a trance-like state. This is what an absence seizure looks like. The child may appear awake to you but in fact loses consciousness for a few seconds. You may see some slight movements of the eyelids.

A child can have absence seizures many times a day. This can affect the child's learning and ability to retain information.

### Myoclonic seizure

These are sudden muscle spasms or jerks affecting the child's arms, head and sometimes the whole body. The child will quickly recover from a brief loss of consciousness. These seizures are more common in the morning, shortly after waking or if the child is tired.

### Atonic seizure

These are sometimes known as 'drop attacks'. The child's body will go limp because muscles suddenly relax. If the child is standing, they will fall to the ground. The child will usually recover and get up very quickly.

### Tonic seizure

These are similar to tonic-clonic seizures but without the convulsions. The child's body will suddenly stiffen. If the child is standing, they will fall to the ground. The child's breathing may also be affected.



# What can trigger a seizure?

Some children find that certain things can trigger a seizure. Some triggers are common to many children, others are unique to one child. However, in many cases, seizures happen without a specific reason.

**You should always ask the parents if they are aware of any specific triggers.**

## Common seizure triggers are:

- lack of sleep/being tired
- forgetting to take medication
- menstruation
- stress or anxiety
- boredom
- dehydration or too much liquid
- not eating regular meals
- recreational drugs or alcohol
- flashing or flickering lights
- sunlight

## A bit more on flashing and flickering lights:

A common misconception is that everyone who has epilepsy is affected by these. In fact, only a small percentage of children and adults (less than six per cent) have photosensitive epilepsy. Seizures can be triggered by using a computer or watching TV or any other flashing or flickering lights. Photosensitive epilepsy affects more girls than boys.

LCD and plasma screens are safe as they don't flicker. However, using these screens does not protect a child from the content of a computer game or TV programme. If the game or programme contains flashing or flickering lights, images or patterns, it can trigger a seizure in a child with photosensitive epilepsy. We have lots more information on this. Phone our helpline for a copy of our latest factsheet.

## School-related triggers

Exam times are stressful for most pupils. However, for a child with epilepsy, the stress and anxiety in the run up to and on the day of exams can be a seizure trigger. Add disturbed sleep and not eating regularly to this scenario, and you have a set of classic seizure triggers.

Other things to watch out for are first day nerves, name calling and being bullied.

As a teacher, it helps to be aware of general epilepsy-related factors, as well as the child's unique triggers. This will give you confidence to anticipate, recognise and deal with a child's seizures in the most appropriate and sensitive way.

# Do I need to call an ambulance?

Seizures can be frightening to watch. In most cases, you let a seizure run its course, there is nothing you can do to stop it.

You don't need to call an ambulance if the seizure stops after five minutes or whatever time is usual for the child.

## You should always call an ambulance:

- if this is the child's first seizure (as far as you know)
- if the seizure lasts for more than five minutes; **or**
- if the seizure lasts longer than the child's usual time
- if the child has injured themselves
- if you suspect the child may have inhaled liquid, food or vomit
- if the seizure happened in a swimming pool and the child may have inhaled water

# When is a seizure a medical emergency?

On rare occasions, emergency medication is needed to stop repeated and continuous seizures. Unless school staff are trained and authorised by the child's parents to give emergency medication, you will need to call an ambulance.

## How do you know the seizure won't stop?

You won't. Therefore, as a rule of thumb, call an ambulance if the seizure goes on for more than five minutes, or if it is longer than normal for the child. This allows for the time it may take an ambulance to arrive.

## A medical emergency arises when:

- the seizure lasts for more than 30 minutes; **or**
- the child has one seizure after another without recovery time in between. Recovery means being fully conscious and breathing normally.

These non-stop or continuous seizures are called **status epilepticus**. It is important to remember that status epilepticus is rare. It is more likely with tonic-clonic, ie convulsive seizures and is easily spotted. However, status epilepticus can also occur with non-convulsive seizures, such as complex partial or absence seizures. These are more difficult to recognise but may also require emergency medication to stop them.

## What is emergency medication?

This is usually rectal diazepam given via a special tube into the anus, or midazolam given inside the buccal cavity (the space between the gum and cheek) or through the nose.

## Who can give emergency medication?

Apart from medical staff, only trained and authorised people can give this emergency medication. If a child has prolonged seizures which may require emergency medication at school, a care plan should be drawn up. This will be agreed between the child's GP and parents. The school will have a copy of this care plan. It will give important information on:

- how long a seizure usually lasts
- what to do if a seizure lasts longer than usual
- if emergency medication needs to be given, when and how
- the named person(s) allowed to give emergency medication

The care plan will also nominate two trained school staff who are willing to give this medication. Your school will have a policy to make sure that all medication is stored safely and securely on the premises.

Epilepsy Scotland can provide training on emergency medication. Please phone **0141 427 4911** for more information.



# Useful first aid

The more you know about seizures and what to do if a child has a seizure, the less frightening it all becomes. Knowing some basic first aid for seizures will help you react in a calm and reassuring way.

## Basic first aid for tonic-clonic (convulsive) seizures

- Do** keep calm. Once a seizure starts it will generally stop on its own.
- Do** reassure other pupils in the class.
- Do** check the time to see how long the seizure lasts.
- Do** check the child's care plan, if they have one. This will tell you what to do.
- Do** move any objects that could cause injury.
- Do** remove glasses and loosen tight clothing around the neck.
- Do** put something soft like a rolled up jacket or cushion under the child's head. This stops any injury.
- Do** stop others from crowding around.
- Do** protect the child's dignity and privacy, particularly if they have been incontinent.
- Do** turn the child onto their side into the recovery position as soon as the jerking stops.
- Do** speak softly and gently to the child and tell them what has happened.
- Do** remember, the child may be confused for a while after the seizure. They could have a headache and may want to sleep.
- Do** make sure an adult stays until the child fully recovers.
- Do** tell the child's parents about the seizure. If you notice any difference in seizure patterns this can be important information.

## Basic first aid for any other (non-convulsive) seizures

- Do not** move the child unless they are in danger. For example, the child has fallen near a hot radiator.
- Do not** try to stop the jerking or restrain the child.
- Do not** put anything into the child's mouth or between their teeth.
- Do not** offer anything to eat or drink until the child fully recovers.
- Do not** fuss around the child while they are recovering.
- Stay with the child and make sure they are not in any danger until they fully recover.
- Talk gently to the child. During some seizures the child may be awake but with a reduced level of consciousness.
- After the seizure, tell the child what's happened and stay until they have fully recovered.
- Only call an ambulance if the child injures themselves, or the seizure lasts longer than usual.
- Tell the child's parents about the seizure.

## Are there side effects with anti-epileptic drugs?

Anti-epileptic drugs can have some side effects. These are more intense when a child starts new medication or changes dosage. Common side effects can include drowsiness, dizziness, weight loss or gain, or mood changes.

A child's short-term memory and ability to concentrate can also be affected by anti-epileptic drugs. When you assess a child's learning and progress, make sure potential side effects are taken into account.

As a teacher, you may be the first adult to notice any difference in a child's mood, behaviour or level of concentration. This can be important information for the child's parents, GP, epilepsy specialist nurse or neurologist.



## Why are memory problems so common?

**Children with epilepsy often have problems with their short-term memory. There can be a number of reasons:**

- The memory problem could be linked to the cause of the child's seizures. This can be scarring on the brain following a head injury or infection. There may be scarring on the part of the brain that deals with making and storing new memories (temporal lobe).
- If a child has frequent seizures, this too can affect their memory. In between seizures, brain activity may also be disrupted even if it does not lead to a seizure. Up to 70% of children find their seizures stop with the right medication or they grow out of epilepsy. Once seizures have stopped, the associated memory problems with frequent seizures will usually disappear.
- Common side effects of anti-epileptic drugs like poor concentration or drowsiness can also affect a child's memory. Once medication is stopped the child's memory usually returns to normal.

# Watch for signs of depression

Depression is common with epilepsy. A child can find it difficult to come to terms with having epilepsy. This can affect their self-esteem. If a child misses many days at school because of seizures, they may feel they will never catch up. Sometimes parents can be overprotective. This can increase the child's feeling of being 'different' and can make them feel isolated from their friends.

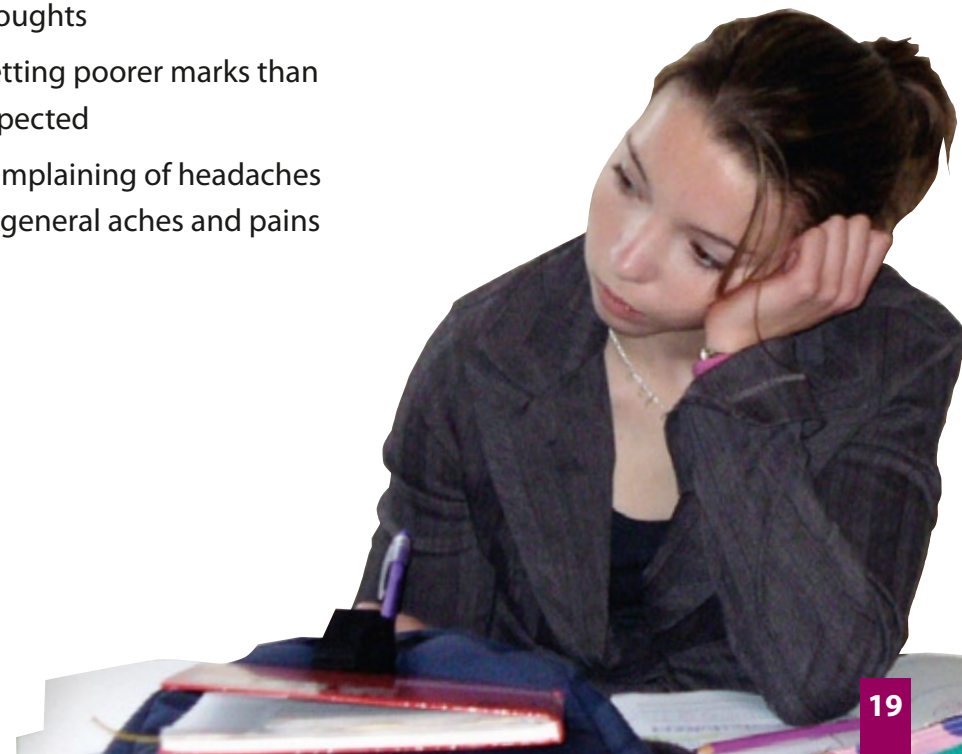
Occasionally, a child with epilepsy is teased or bullied by their peers. Watch out for name-calling. It is demeaning to call a person 'epileptic'. Only seizures are 'epileptic'. How you react can make all the difference to how the child will feel about their epilepsy. Positive feedback from family and friends plus support from pupils and teachers is important.

Depression can also be linked to the cause of the child's epilepsy. This can be a head injury or scarring on the brain. The brain controls emotions and moods. If there is scarring on the part of the brain which deals with these feelings, this can lead to depression.

It can also be a side effect of taking anti-epileptic drugs.

## How to spot possible depression:

- Appearing unhappy or troubled by something
- Seeming worried, fearful or helpless
- Being quiet or withdrawn, refusing to play with friends or take part in fun activities
- Having trouble concentrating
- Expressing frequent negative thoughts
- Getting poorer marks than expected
- Complaining of headaches or general aches and pains
- Appearing unmotivated or lethargic
- Eating problems
- Crying easily
- Displaying anger or aggressive behaviour



## Effects on learning

Epilepsy has a long history of stigma due to ignorance. This is improving but you will still come across children and parents who are reluctant to talk about having epilepsy. They may use other words to describe epilepsy such as 'blackouts' or 'fainting fits'.

You can help by trying to make the child's experience at school as 'normal' as possible. Don't be too protective or put unreasonable restrictions on a child's activities. This is particularly important in the child's early years. Your support will help the child's emotional development.



Teachers are in a good position to spot, record and discreetly monitor the child's seizures. You can also be the first to notice when this seizure pattern changes. Or you may see changes in a child's behaviour, ability or achievement. This will be important information when talking to parents and other support agencies.

### **Epilepsy policy at school**

Your school should have an epilepsy policy to ensure that children affected by epilepsy are given an equal chance to learn. This policy also summarises what the school will do to help and support a child affected by seizures. It also outlines what the school will do to support learning for a child who misses class frequently or for longer periods because of their epilepsy.

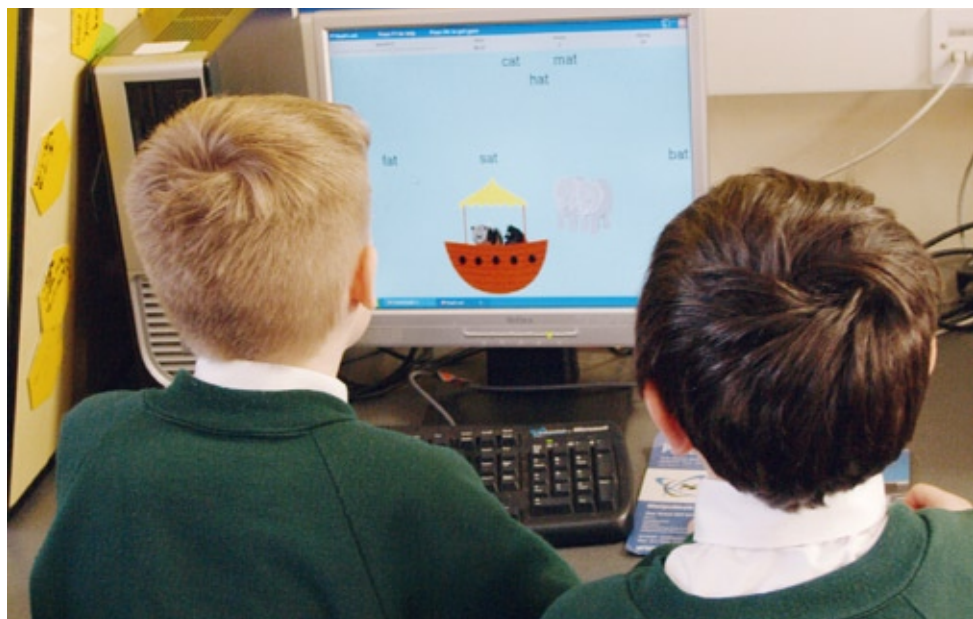
### **Special assessment arrangements**

Irregular attendance or frequent seizures can affect a child's learning and exam results. Special assessment arrangements for exams will take a child's epilepsy into account. Schools need to request special assessment arrangements by contacting The Scottish Qualification Authority (SQA). There is comprehensive guidance on their website [www.sqa.org.uk](http://www.sqa.org.uk). Once you've contacted them they will look at the child's individual circumstances and make a decision.

### **Day to day support**

If you know a child has frequent absence seizures, there are several ways you can help. For example, you can repeat instructions several times including instructions for homework. Your school may also consider setting up a buddy system. A buddy can supply information the child missed, and help in school and also with homework.

A child who has nocturnal seizures can feel tired in the morning. It can be difficult for a child to concentrate and take in information early in the day. As with absence seizures you can support the child by giving instructions more than once or consider a buddy system in the class.



To help with concentration in general, give the child a choice to sit near the front. Use as many physical prompts as possible, such as pointing to a page, or writing on the blackboard. This will help the child stay focused during the day.

After taking a seizure at school the child may feel tired and confused. Sometimes they want to sleep. Having a quiet place to rest will enable the child to recover and carry on without too much disruption. Make sure an adult stays with the child until any confusion has gone.

### **Dignity and privacy**

A child with tonic-clonic or absence seizures can lose control of their bladder or bowels. This can be very embarrassing. The child may wear a nappy or pads. You can agree with the child a discreet sign when the nappy or pad needs to be changed.

Some children can have a feeling of unease, fear or panic for a few hours before a seizure. These feelings do not always lead to a seizure. Sitting in a classroom with these emotions can be distressing for a child. They will worry about having a seizure in front of everyone and humiliating themselves.

You can agree a signal with the child that tells you when they would like to be taken to a quiet space. This can make the child more relaxed. It can also give them a sense of control over their seizures. Make sure an adult stays with the child until these feelings pass or until the seizure has happened.

## Are there any safety issues to consider?

If a child has seizures that involve suddenly falling down, you may want to consider class surroundings. Don't overreact and keep any measures in proportion. Singling out a child can make them a possible target for teasing and bullying. Always discuss any measures with the child's parents first. If appropriate, also involve the child in any decisions.

Where the seizures are frequent and unpredictable, sharp furniture corners can cause injury to a child falling down. You can get shaped plastic pieces that go over sharp furniture corners or edges.

You may also want to give extra room around the child's desk. This can stop the child hitting against other furniture during a fall.

## School activities

Children with epilepsy can enjoy most sport and leisure activities. Too many restrictions can affect the child's self-esteem and self image. Latest research shows that being active helps reduce a child's seizure.

Where seizures are well controlled, the child will be able to take part in almost all activities.

If a child's seizures are frequent and unpredictable, a careful assessment of risk needs to be carried out. Parents should always check with their child's doctor or epilepsy specialist nurse first to make sure an activity is safe for their child.

Some simple precautions can often remove unnecessary barriers. This is important to bear in mind when doing risk assessments. To assess the possible risk to the child, questions to ask include:

- How frequent are the seizures?
- What type of seizures does the child have?
- How long do the seizures usually last?
- Does the child get a warning sign before a seizure?
- Are there certain triggers that are likely to lead to a seizure?
- Is there a certain time when the child is more likely to have a seizure?



### Swimming

Most children with epilepsy can learn to swim unless their seizures are frequent and unpredictable. Uncontrolled seizures can be dangerous because of the risk of drowning. The child needs to be accompanied by an adult who knows what to do if a seizure happens. Make sure the swimming pool is supervised by a qualified lifeguard. Tell the lifeguard that the child has epilepsy. Precautions like swimming in the shallow end or when the pool is quiet also reduce any risk. Swimming in a loch, river or the sea should be avoided.

Our 'Epilepsy and leisure' guide can give you more information.

### Educational visits

Under the Disability Discrimination Act no child with epilepsy can be excluded from a school visit unless there is a health and safety risk. As with sports and leisure activities, an assessment of the risk needs to be done on an individual basis. Apart from questions relating to the child's seizure type and pattern, a school will also need to consider the location of the visit and how easy it would be to get help if this was necessary.



By secondary school, pupils with epilepsy and their parents may be worried about possible career restrictions. If a young person has well controlled epilepsy, they will be able to do most jobs. Even if their seizures are not totally controlled, they are usually able to work. They will need to think a bit more carefully about the kind of employment they are looking for.

### Disability Discrimination Act (DDA)

The Disability Discrimination Act (DDA) allows no blanket ban for people with epilepsy on any job apart from joining the Armed Forces. Some careers have their own rules, such as fire fighters, police officers, pilots, train drivers, doctors, nurses, teachers or nursery nurses. However, the DDA still applies to them. They will not be allowed to reject a job application from someone with epilepsy from the outset.

If a person with epilepsy is the best candidate for the job, a prospective employer will need to carefully assess any risk based on that person's seizures. If they identify a risk they will need to consider making 'reasonable adjustments' to the job. Our 'Epilepsy and employment' guide has more information. Please phone us for a free copy.

## A checklist for teachers

### Disability Employment Adviser

Some young people with difficulty to control epilepsy may need additional career support when leaving school. A Disability Employment Adviser can support a young person seeking employment. They can be contacted at the local Job Centre Plus.

### Driving regulations

A young person with epilepsy will also need to know about driving licence regulations. Anyone who has any type of seizure will not be allowed to drive. If a young person already has a licence they will lose it after their first seizure. After being seizure-free (with or without medication) for one year they can apply to get their licence back.

If a person takes seizures only during sleep the rules are slightly different. They don't need to wait until they are completely seizure free. If after three years of only ever having seizures during sleep, and none while awake, they can apply for their first licence or will get their licence back if they had to give it up. Our 'Epilepsy and driving guide' has a lot more information on this, including regulations that apply to LGV (Large Goods Vehicle) licences.



We have put together a list of questions you should ask a parent whose child has epilepsy. The answers will give you a good understanding of how epilepsy affects the child. You can then decide what measures you need to put in place to support the child's learning:

- What kind of seizures does the child have?
- How long do seizures usually last?
- How often does the child have seizures?
- Do the seizures tend to happen at particular times of the day?
- Does the child get any warning before a seizure?
- Are the child's seizures triggered by certain conditions or events?
- How often does the child take medication?
- Is it necessary to take any medication in school?
- Does the child experience any side effects from the medication?
- What kind of first aid is likely to be required?
- Will the child need emergency medication?
- If yes, is there a written care plan in place?
- How long does the child need to rest 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 checked with their doctor or epilepsy specialist nurse about any restrictions to the child's school activities?

## What the law says

Schools have to comply with relevant education and anti-discrimination legislation. We've outlined some of the key pieces of legislation that are relevant to pupils with epilepsy:

### **Education (Scotland) Act 1980 and Standards in Scotland's Schools etc Act 2000:**

These are two important acts that outline a child or young person's right to education in Scotland.

#### **For example:**

An education authority has a duty to provide adequate and efficient education to the child in their area.

School education should be directed towards the development of the personality, talents and mental and physical abilities of a child to their fullest potential. It does not need to be provided at, or by, a school, and it may go beyond the child's academic needs.

A child has a right to other arrangements to be made for their education, if they cannot attend school because they are ill.

An education authority must also take into account the views of the child or young person if the decision will significantly affect them.

### **The Education (Additional Support for Learning) Act 2004:**

Under this act a child with additional support needs has a right to adequate and efficient support. Education authorities must identify those children who have additional support needs and provide the support they require. For more information look at Enquire's website [www.enquire.org.uk](http://www.enquire.org.uk)

A parent has the right to ask for an assessment of potential additional support needs. The child's and parent's views should be taken into account and any information they provide. The act introduces Co-ordinated Support Plans (CSPs) and co-ordinates more efficiently all the support services a child is entitled to. These include support from other (non-education) agencies, such as social work and health. Under the **Children (Scotland) Act 1995** local authorities have a duty to carry out social work assessments for the child and also the child and their parents.



## Disability Discrimination Act 1995:

This act makes it unlawful for education authorities to discriminate against a child for a reason relating to the child's disability. The act also applies to independent and grant aided schools.

### The act has two core duties:

A child must not be treated less favourably because of their disability without justification.

An education authority/school has to take reasonable steps to avoid putting the child with a disability at a substantial disadvantage.

## Disability Equality Duty:

This legal duty requires Scottish education authorities and grant-aided schools to actively look at ways of ensuring that pupils with disability are treated equally. A specific duty also requires them to produce a Disability Equality Scheme. You can find out more about this on the Equality and Human Rights Commission website [www.equalityhumanrights.com](http://www.equalityhumanrights.com)



We hope this guide has helped you understand more about how epilepsy can affect a child's learning. If you want to arrange further training on epilepsy awareness, or you want to talk to someone about anything in this guide, please call our helpline on **0808 800 2200**.

## Epilepsy Scotland relies heavily on fundraised income to support the many services we provide to anyone affected by this common condition:

We have a confidential text service and freephone helpline in over 170 languages for information, advice, and also emotional support.

We produce a wide range of written information that helps dispel myths and stigma still associated with epilepsy.

We have an accessible website, which is continually updated to make sure you keep abreast of important developments.

Our Community Outreach Service provides one to one support to people with epilepsy and another support need.

We raise awareness of epilepsy issues through public campaigns and in the media.

We produce a regular newsletter and take part in policy briefings, seminars and consultation processes.

We work closely with the Scottish Parliament, Scottish Government and other key stakeholders such as health boards to ensure people with epilepsy have equal access to epilepsy care and specialist services across Scotland.

Our training department delivers vital epilepsy awareness courses to a wide ranging audience of professionals, carers and people affected by epilepsy.

We hold information events across Scotland. We are keen to promote user involvement by encouraging people to become members. You can be a volunteer or raise funds for us.

**Please get in touch if your school would be willing to raise funds to support these vital services. These benefit the 40,000 people in Scotland already living with epilepsy.**

**For more details and ideas, please contact our fundraising team on 0141 427 4911.**