

# Information for teachers



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## Why you should read this guide

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. There is also a reference section at the back of this information factsheet giving you a quick summary of the key issues and points to consider.

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.

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.



## What is epilepsy?

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.

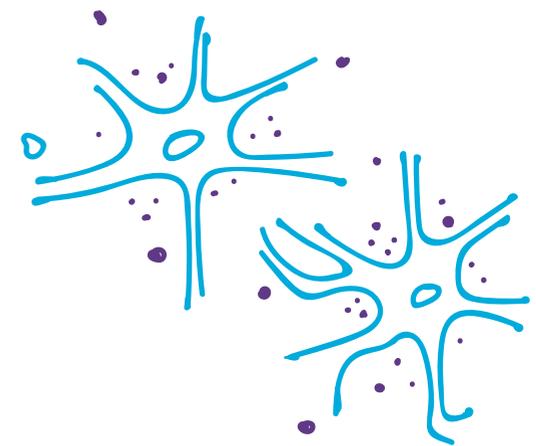
Most seizures last only a short time.



## 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 many different types of seizures and epilepsy syndromes.

Some are very visible such as a child suddenly losing consciousness, falling down and starting to jerk. Others are less obvious and difficult to detect. You may think a child is daydreaming 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.

This guide also includes a checklist for teachers for your quick reference. It will cover all the relevant questions you want to ask the child's parents.



# Common forms of seizures

If you want more detailed information on the different types of seizures, please phone us for our latest information.

Seizures are generally divided into two main types:

- \* Focal (also known as partial) seizures
- \* Generalised seizures



## Focal (partial) seizures

Focal seizures only affect one 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 spreads to both halves of the brain.

Focal seizures are split between those that do not have an impact on awareness and those that do.



## Focal aware seizures (also known as simple partial seizures)

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, this kind of seizure acts as a warning that a second seizure could happen.

The child knows the seizure is going on but cannot stop it.

## Focal seizures with impaired awareness (also known as complex partial seizures)

These usually affect a larger area (but still only part) of the brain. During a focal seizure with impaired awareness 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.

# Common forms of seizures

## Generalised seizures

These seizures affect both halves of the brain.

Generalised seizures can be motor seizures, ie with movements, such as a tonic-clonic seizure, or non-motor seizures such as an absence seizure.

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 all seizures look 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 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, what appears to be, a lot of daydreaming. 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.

## 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.

## 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.

## Myoclonic seizure

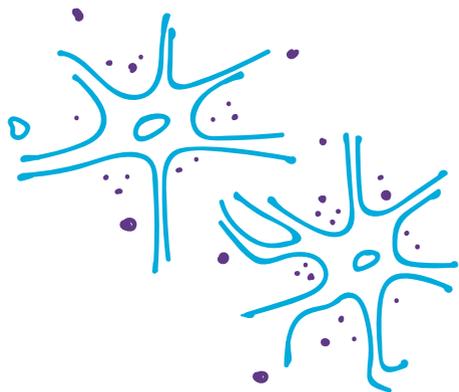
These are sudden muscle spasms or jerks affecting the child's arms, head and sometimes the whole body. The child will quickly recover from a brief loss of consciousness. These seizures are more common in the morning, shortly after waking or if the child is tired.



## Possible seizure signs

### 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



## 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.

**Always ask parents or guardians if they are aware of any specific triggers.**



### Common seizure triggers are:

- \* Lack of sleep / being tired
- \* Forgetting to take medication
- \* Menstruation / puberty
- \* Stress or anxiety
- \* Boredom
- \* Dehydration or too much liquid
- \* Not eating regular meals
- \* Recreational drugs or alcohol
- \* Flashing or flickering lights (see next page)
- \* Sunlight

## What can trigger a seizure?

### 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 three 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.

LED, OLED, 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, fast moving 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 information on photosensitive epilepsy.

### 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 you suspect the child may have inhaled liquid, food or vomit
- ✦ if the seizure lasts for more than five minutes; **or**
- ✦ if the seizure happened in a swimming pool and the child may have inhaled water
- ✦ if the seizure lasts longer than the child's usual time
- ✦ if the child has injured themselves

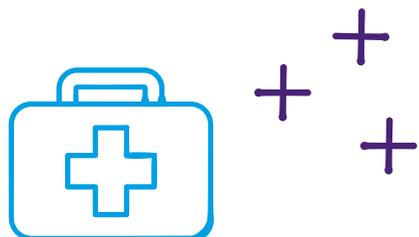


# When is a seizure a medical emergency?

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 before a seizure turns into a medical emergency.



## A medical emergency arises when:

- ✦ the seizure lasts for more than 5 minutes for tonic-clonic seizures, 10 minutes for focal seizures, or between 10 and 15 minutes for absence seizures; **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. These are more difficult to recognise but may also require emergency medication to stop them.

## What is emergency medication?

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

## 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 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.

# First aid for seizures

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

- \* Keep calm. Once a seizure starts it will generally stop on its own
- \* Reassure other pupils in the class
- \* Check the time to see how long the seizure lasts
- \* Check the child's care plan, if they have one. This will tell you what to do
- \* Move any objects that could cause injury
- \* Remove glasses and loosen tight clothing around the neck
- \* Make sure an adult stays until the child fully recovers
- \* Stop others from crowding around
- \* Protect the child's dignity and privacy, particularly if they have been incontinent
- \* Turn the child onto their side into the recovery position as soon as the jerking stops, and maintain their airways by tilting the head slightly backwards
- \* Speak softly and gently to the child and tell them what has happened
- \* The child may be confused, have a headache and / or want a sleep
- \* Put something soft like a rolled up jacket or cushion under the child's head. This stops an injury

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

- \* 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
- \* 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 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 issue could be linked to the cause of the child's seizures such as 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.

- \* A child's short-term memory can also be affected before, during and after a seizure. Before a seizure, information may not be processed well enough to pass to the child's long-term memory.

This is why a child will usually not remember anything that has happened in the run-up to a seizure.

- \* 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 or changed to one which is better tolerated the child's memory usually improves.

# 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.

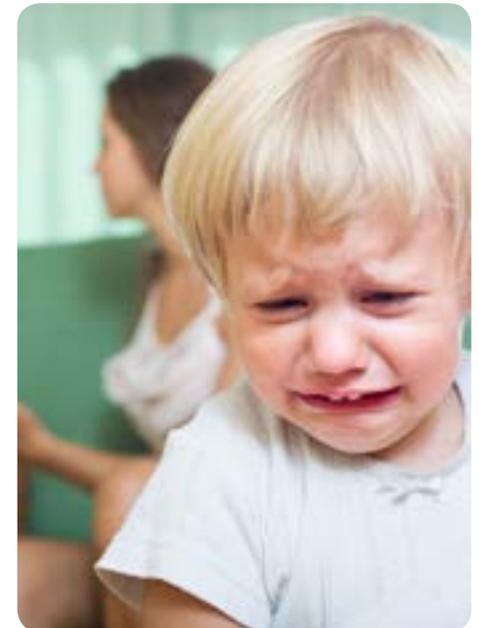
If there is scarring on the part of the brain which deals with these feelings, this can lead to depression.

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



## How to spot possible depression:

- \* Appearing unhappy or troubled by something
- \* appearing unmotivated or lethargic
- \* seeming worried, fearful or helpless
- \* eating problems
- \* being quiet or withdrawn, refusing to play with friends or take part in fun activities
- \* crying easily
- \* having trouble concentrating
- \* displaying anger or aggressive behaviour
- \* expressing frequent negative thoughts
- \* getting poorer marks than expected
- \* complaining of headaches or general aches and pains



# Effects on learning

Epilepsy has had a long history of stigma mainly due to ignorance. Even now 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.

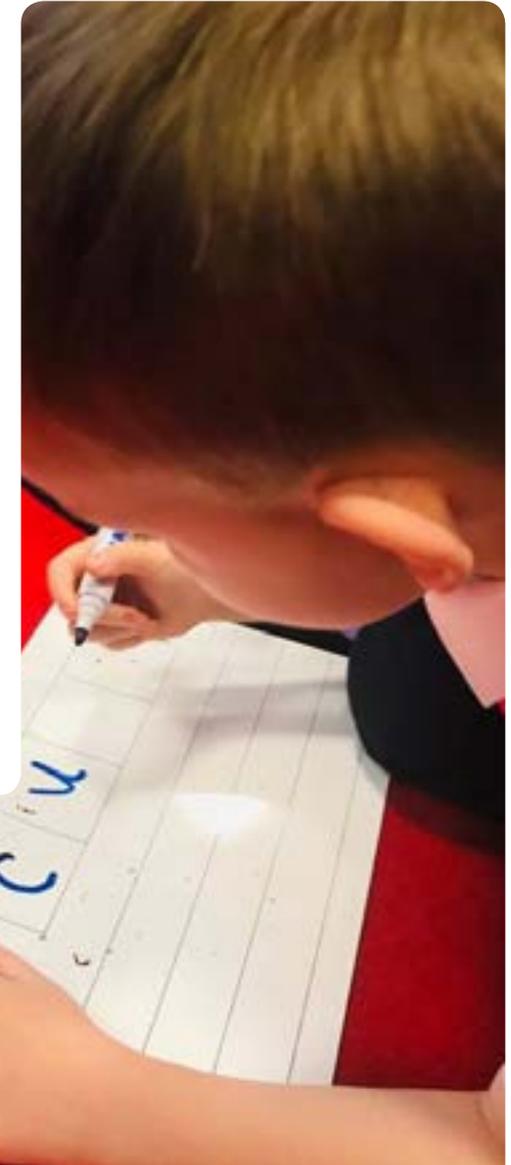
## Epilepsy policy at school

Your school should have an epilepsy policy to ensure that children affected by epilepsy are given an equal chance to learn. This policy should also summarise what the school will do to help and support a child affected by seizures. It also should outline 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.



# Effects on learning

## 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 sleep 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 whiteboard. This will help the child stay focused during the day.

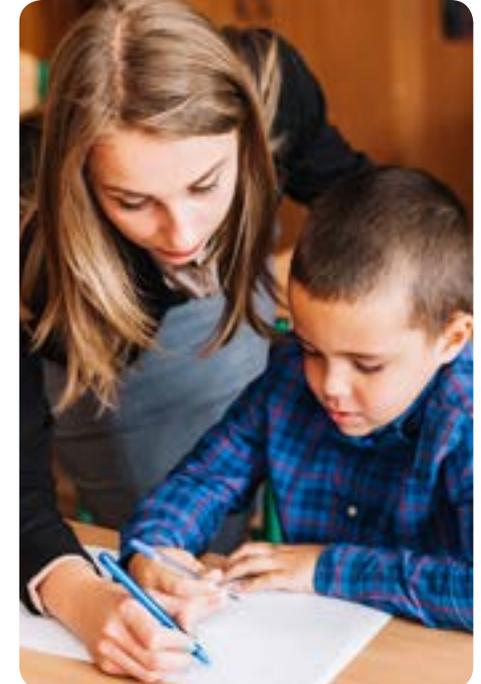


## Dignity and privacy

A child with tonic-clonic or absence seizures can lose control of their bladder or bowels. This can be very embarrassing for the child, and they 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, however, 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.

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 seizures.

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?

## Career advice

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 but will need to think a bit more carefully about the kind of employment they are looking for.

### The Equality Act

The Equality Act does not allow a blanket ban for people with epilepsy on any job apart from joining the Armed Forces.

Some careers have their own strict criteria based on health & safety, such as fire fighters, police officers, pilots, train drivers, doctors, nurses, teachers or nursery nurses, however, the Equality Act still applies to them.

These professions 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 risks based on that person's seizures. If they identify a risk they will need to make 'reasonable adjustments' to the job. We can provide more information on this.

### Disability Employment Advisors

Some young people with difficult 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 one year 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. Contact us for more detailed information on driving regulations.



## A checklist for teachers

The following questions can help establish important information when talking to a child's parent or guardian. The answers will give you a good understanding of how epilepsy may affect 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

Teachers and parents can get up to date information on education legislation which may be relevant for a child affected by epilepsy from **Enquire**, the Scottish advice service for additional support for learning [www.enquire.org.uk](http://www.enquire.org.uk), helpline **0345 123 2303**.

**The Equality Act 2010** makes it unlawful for education authorities to discriminate against a child for a reason relating to the child's disability such as epilepsy. The act also applies to independent, grant aided and self-governing schools. It specifies that:

- ★ A child should not be treated less favourably because of their disability without justification
- ★ An education authority/school should make reasonable adjustments that includes a duty to provide auxiliary aids and services

You can find out more about the Equality Act and how it may apply to a child affected by epilepsy on the Equality and Human Rights Commission's website [www.equalityhumanrights.com](http://www.equalityhumanrights.com).



## What Epilepsy Scotland can do for you

We can deliver age appropriate and fun awareness sessions to pupils across the country subject to location and available resources.

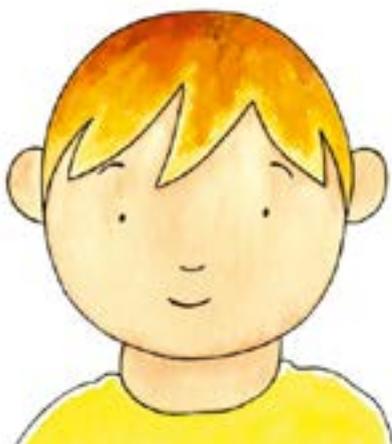
We can also offer basic awareness talks to staff or more formal epilepsy training. To find out more, contact us by phoning **0808 800 2200** or email **contact@epilepsyscotland.org.uk**.

Our popular storybooks for primary school children help to explain and normalise epilepsy. To request free copies for your school, please contact us on **0808 800 2200** or **contact@epilepsyscotland.org.uk**

We also have a wide range of printed leaflets providing more in-depth information on many of the subjects covered in this guide.

For up to date information, please check out our publications section on our website **www.epilepsyscotland.org.uk** or phone us on **0808 800 2200**.

Brian learns about epilepsy



## Epilepsy Scotland needs you!

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.

These include:

- \* our confidential Scotland-wide freephone helpline
- \* our welfare rights service providing help and assistance with benefits applications
- \* our wellbeing service offering support to those struggling with anxiety and isolation, including access to a professional counsellor
- \* regular information events across Scotland
- \* a wide range of written information on epilepsy raising awareness of the condition and addressing some of the persistent epilepsy myths
- \* our youth service providing support to children, young people and parents, including our youth groups
- \* a wide range of training courses delivered by our professional epilepsy trainers

# Epilepsy Scotland needs you!

If your school wants to fundraise for us to support our vital services for the benefit of the 55,000 people in Scotland affected by epilepsy, please get in touch.

Our fundraising team will be happy to talk to you about how you could get involved, such as organising an event for the annual Purple Day on 26 March.

Contact the fundraising team on **0141 427 4911** or email **fundraising@epilepsyscotland.org.uk**



## Get involved with Purple Day

Every year we raise awareness about epilepsy on Purple Day, which is international epilepsy day. Many people across the country and the world take part to show their support, raise funds for their local epilepsy charities, and generally highlight some of the issues people with epilepsy face on a daily basis.

Purple Day is a great opportunity for schools to get involved with. Children often dress up in purple on the day, or raise money through bake sales and other sponsored activities.

We would love to have the support of your school to help us raise awareness as well as much needed funds so that we can continue being there for children, parents and teachers across Scotland. If you want to find out more about this day and how to get involved, please contact our fundraising team at **fundraising@epilepsyscotland.org.uk** or **0141 427 4911**.



**Helpline: 0808 800 2200**  
**Text: 07786 209 501**  
**[www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)**

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## Epilepsy: Quick Facts

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

## Most common seizure triggers:

- ★ Forgetting to take medication
- ★ Stress or anxiety, especially at 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

## 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

## Treatment

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

## Emergency medication

- ★ May be needed to stop prolonged seizures
- ★ 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
- ★ Mood changes
- ★ Weight loss or gain

## 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 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 Equality Act, no child with epilepsy can be excluded from a school trip unless there is a health and safety risk

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

- ★ Keep calm – once a seizure starts it will usually stop on its own
- ★ Reassure other pupils in the class
- ★ Check the time to see how long the seizure lasts
- ★ Check the child's care plan, if they have one, for what to do
- ★ Move any objects that could cause injury
- ★ Remove glasses and loosen tight clothing around the neck
- ★ Put something soft under the child's head to stop any injury
- ★ Stop others from crowding around
- ★ Protect the child's dignity and privacy, particularly if they have been incontinent
- ★ Turn the child on their side into the recovery position as soon as the jerking stops, and maintain their airways by tilting the head slightly backwards
- ★ Speak gently to the child and tell them what has happened
- ★ The child may be confused, have a headache and / or may want to sleep
- ★ Make sure an adult stays until the child fully recovers
- ★ Tell the child's parents about the seizure. If you notice any difference in seizure pattern this can be important information

- ★ Do not move the child unless they are in danger, for example, if the child has fallen near a hot radiator
- ★ 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
- ★ Do not try to stop the jerking or restrain the child

## 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?
- ★ Does the child experience any side effects from the medication?
- ★ Is it necessary to take any medication in school?
- ★ 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?