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epilepsy - a basic guide for teachers

This leaflet is addressed to those who teach the 150,000 children and young people in the UK who have some form of epilepsy.

Because the vast majority will receive their education in mainstream schools, it is more than likely that every teacher will encounter epilepsy at some time in his or her career.

The parents will not always inform the school and, sometimes, the teacher may be the first person to realise that a child has epilepsy. In any event, the importance of the role of the teacher in helping the young person and members of the class to accept the condition sensibly cannot be over-stressed.

WHAT IS EPILEPSY?

Epilepsy is a tendency to brief disruptions in the normal electro-chemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. A seizure is a manifestation of some underlying disorder which, especially in the young, may have no precise medical explanation.

How does it affect a child?

It causes the child to have seizures. Apart from that, with sensible management at home and school, having epilepsy need not affect a child in any way. If a seizure occurs, the teacher's calm reaction will largely determine the attitude of the class. Knowing how to cope with seizures eliminates fear and embarrassment. The type, number and severity of seizures vary from child to child and each child needs individual understanding.

Can epilepsy damage, or change, the personality?

No, not in itself, but its underlying cause may have this effect in some instances. Other factors that can affect the development of the child are rejection, misunderstanding, over-protection and over-expectation. It is not wise to pamper children with epilepsy in or out of school. They should receive the same handling from teachers as other children. Classroom discipline should not be lessened through fear of precipitating an attack, provided that the possibility of a seizure passing unnoticed is taken into account.

MEDICATION

The medication is designed to build up chemically the resistance to stimuli that can trigger or precipitate a seizure. It takes the form of tablets, capsules or, in the case of small children, syrup. In the past, medication was administered three or four times a day, but improvements in methods of presentation now make it possible for many of the preparations to be taken night and morning only. This prevents the risk of embarrassment to the child of "taking pills" during school hours. Whatever the prescription, it is essential that the child takes the correct dose at the right time. If it is necessary for medication to be administered in school, a positive attitude stimulated by the teacher is supportive; a negative approach can damage the child's self-image with the risk of subsequent under-achievement.

If the child starts having an increased number of seizures, or appears drowsy, over-active or inattentive, it may be that the medication needs adjusting. An alert teacher recognising such behaviour is advised to discuss the matter with the parents and school health team.

TYPES OF SEIZURE

There are many types of seizure - too many to describe in this basic guide. The following are samples of the more common types which teachers are likely to observe.

Tonic Clonic seizures

These can be very frightening when seen for the first time.

The child may make a strange cry, (a physical effect that does not indicate fear or pain), and fall suddenly. Muscles first stiffen and then relax, and jerking or convulsive movements begin which can be quite vigorous. Saliva may appear round the mouth, occasionally blood-flecked if tongue or cheeks have been bitten. The child may pass urine.

This type of seizure may last several minutes, after which the child will recover consciousness. The child may be dazed or confused - a feeling that can last from a few minutes to several hours - and may want to sleep or rest quietly after the seizure. Although alarming to the onlooker, this type of seizure is not harmful to the child and is not a medical emergency unless one seizure follows another and consciousness is not regained. Should this happen, medical aid should be sought without delay. This condition is known as "status epilepticus."

Absence Seizures

These may easily pass unnoticed by parents and teachers.

The child may appear to daydream or stare blankly. There may be frequent blinking of the eyes, but otherwise none of the outward signs associated with tonic-clonic seizures. Though brief, these periods of clouded consciousness can be very frequent. They can lead to a serious learning problem if not recognised and treated, because the child is totally unaware of his surroundings and receives neither visual nor aural messages during such a seizure.

Complex Partial Seizures

These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements, such as twitching, plucking at clothing or lip smacking. The child appears conscious, but may be unable to speak or respond during this form of seizure. Their behaviour becomes inappropriate and out of sync with an individual's normal behaviour patterns

Calm observation of any seizure may well provide vital information for the doctors, who rarely see the child having a seizure. Co-operation between teachers, parents, school medical service personnel and the family doctor/paediatrician can prevent a child with epilepsy from becoming a handicapped adult.

CLASSROOM FIRST AID

The reaction and competence of the teacher is the most important factor in any classroom acceptance of a seizure. In a non-convulsive seizure, understanding and a matter-of-fact approach are really all that is needed. A teacher should be aware of the possibility of mockery when the seizure has passed and deal with it, if it arises, according to the age group concerned.

If the child has a tonic clonic seizure, classmates will respond to the calm behaviour of the teacher. Ensure that the child is out of harm's way, but move him only if there is danger from sharp or hot objects, or electrical appliances. Observe these simple rules and LET THE SEIZURE RUN ITS COURSE.

- Cushion the head with something soft (a folded jacket would do) but DO NOT try to restrain convulsive movements.
- DO NOT try to put anything at all between the teeth.
- Loosen tight clothing around the neck, remembering that this might frighten a semi-conscious child and should be done with care.
- DO NOT call an ambulance or doctor unless you suspect status epilepticus.
- As soon as possible, turn the child on to the side in the semi-prone position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- If possible, stay with the child to offer reassurance during the confused period which often follows this type of seizure.

It is not usually necessary for the child to be sent home, but each child is different. If the teacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will have been taken in consultation with the parents, when the child's condition is first discussed, and a procedure established. ALWAYS inform parents if a child has a seizure.

SCHOOL ACTIVITIES

Decisions should be taken after discussion with parents and medical advisers, but any restriction on the child with epilepsy with regard to school activities will serve to make the child feel, and appear, different. With adequate supervision very few activities need be barred. It would, for instance, be unwise to allow a child to climb ropes and wall bars if there is a history of frequent, unpredictable seizures. Swimming is to be encouraged and should cause no problems provided there is someone in the water to effect an immediate rescue should it be necessary. Many schools adopt the "buddy" system for all children, which means that special attention need not be drawn to the youngster with epilepsy.

CAREERS

Teachers offering careers guidance to young people with epilepsy need to be familiar not only with their academic and social abilities, but also with the type and frequency of their seizures. Most careers are open to people with the necessary qualifications and training, although the armed forces are unlikely to accept anyone with a history of seizures, as are the police, fire services, prison service and the merchant navy. By law, anyone who has had a seizure since the age of five years is automatically barred from driving heavy goods or public service vehicles. In every area there is a Specialist Careers Officer who should be able to advise both pupil and teacher. The services of the Employment Medical Advisory Service are also available, as is the advisory service of Mersey Region Epilepsy Association.

GENERAL

In addition to the 100,000 children who have epilepsy, many thousands more have to cope with living alongside the condition within their families. It is essential that those who teach the children should be aware of the difficulties involved, both in and out of school. The teacher's acceptance of the child with epilepsy, and a positive attitude towards the condition generally can help the whole family adjust and so reduce some of the problems that can be associated with the condition.

Mersey Region Epilepsy Association exists for those who have epilepsy - AND for those who don't.

More than 30,000 new cases are diagnosed every year in the UK. More than 350,000 people are already living with epilepsy in the UK. This means that in excess of ONE AND A HALF MILLION ARE AFFECTED BY HAVING EPILEPSY IN THE FAMILY.

The biggest problem with epilepsy is NOT KNOWING. Your contribution will ensure that individuals, families, employers, schools and the public DO KNOW about epilepsy.

For further information and a list of resources available visit our website
www.epilepsymersey.org.uk