

Fact Sheet 12

Epilepsy Risk Management Planning for Teachers

Epilepsy is a complex condition with many different types of seizures possible. Each individual responds differently to the condition and so it is not possible to provide specific risk management guidelines applicable to all children within a school. Each school therefore needs to develop a series of risk management plans that are suitable for individual children with epilepsy, i.e. each child will likely need to have a different plan. These plans may be developed in consultation with the child concerned, his/her family or carers, an epilepsy advisor, and an epilepsy specialist.

The welfare and safety of all children in a school are paramount and so a number of factors need to be considered in developing risk management plans for individuals with epilepsy. Factors to be considered are:

Do you have sufficient information regarding the child's type of epilepsy and seizure patterns?

Ask the family/carers to complete details using a 'Child's epilepsy information record' form. The school's information form could include information on the following:

- the type of seizure and how it affects the child
- the frequency of the seizures (children or parents/carers need to keep a seizure diary)
- is the child newly diagnosed with epilepsy? In this case, an epilepsy specialist would have put in place a care plan; this care plan must be followed in the school's risk management plan
- is there a change in medication or has it been stopped? These changes can cause so-called break-through seizures, i.e. seizures that start suddenly after a seizure-free period
- what are the seizure triggers?

Create a risk management plan with the information that you have, in consultation with the parent/carer, epilepsy specialist, and epilepsy advisor. See 'Management plan for children'.

First Aid knowledge

- are all staff trained in first aid and CPR?
- have the staff been trained to recognize seizure types and know what to do when one occurs?
- do staff members know what to do when convulsive seizures occur with a child in a wheelchair or in water?
- are relief teachers informed about a child's epilepsy condition and needs, and know how to take appropriate first aid action if necessary?

Do the staff know when a seizure becomes a medical emergency?

Staff must:

- follow the child's risk management plan and follow the emergency steps
- have two or more staff trained to administer medication (rectal diazepam/buccal midazolam) if required
- take steps to maintain a child's privacy and dignity whilst administering diazepam
- have someone phone 111 and ask for immediate help and state that the seizure is a medical emergency

Are the staff aware of anti-epileptic medication?

- that medication is taken regularly as prescribed
- that all medication can cause possible side effects
- that many of these side effects can cause behavioural/emotional changes, hyperactivity, irritability, drowsiness, dizziness, tiredness, concentration difficulties, speech disturbances, depression, confusion
- that rectal diazepam or buccal midazolam should not be administered after its use-by-date has expired
- that all medication must be stored carefully and out of the reach of children

Are the staff aware that children with epilepsy may have:

- attention and concentration problems
- memory problems whereby storing, retrieving, and encoding information are difficult; children with epilepsy may even have problems following instructions
- difficulties understanding and interpreting information and therefore need more time to process it
- impaired reasoning which can affect relationships with friends/classmates, and the child's ability to solve problems
- a fear of having a seizure in front of their peers because seizures are unpredictable
- experienced social stigma associated with their epilepsy
- developed poor self-esteem which, if left unchecked, can lead to depression

Are the other children prepared?

- have the children been given a lesson by your local epilepsy advisor on epilepsy?
- do the children know how to give first aid if necessary in the classroom/playground?
- are the children taught to be respectful of a child with epilepsy?
- does the class use a buddy system?

Disclaimer: this fact sheet is for education purposes only. Please consult your doctor or other health professional for advice regarding your epilepsy.

Child's epilepsy information record (*example only*)

Confidential

Name of child.....

Name of parent/carer 1.....

Relationship to child.....

Contact details.....

.....

Name of parent/carer 2

Relationship to child.....

Contact details.....

.....

Emergency contact name and details.....

.....

What types of epilepsy does your child have?

.....

.....

Describe the seizures that your child has. Are these seizures frequent?

1.....

.....

.....

2.....

.....

.....

3.....

.....

.....

Are the seizures likely to happen at school? Yes/ No

Does your child usually know when he/she is going to have a seizure? (aura) Yes/ No

What does he/she experience?

.....

Does your child have triggers that start seizures? Yes/ No

What are those triggers?

How long does the seizure usually last? minutes

What happens to your child after a seizure?.....

.....

What medication is your child taking for epilepsy?

.....

.....

Will you child need to take his/her medication at school? Yes/ No

When?

Does your child have any side effects related to the medication? Yes/ No

What are those side effects?

.....

In the event of your child having a seizure at school how would you like us to respond?

1

2

3

4

5

6

When should we call an ambulance for your child?

.....

.....

Do you have any other concerns or comments to make?

.....

.....

.....

.....

Parent's signature..... Date.....

Management plan for (example only)

Seizure type				
Description of Seizures				
Known triggers				
What to do				

Emergency Plan

1

2

3

4

5

6

The staff member responsible for your child's care is

.....

General comments made about your child on the day of the seizure.....

.....

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.....

.....

.....

This epilepsy risk management plan was written in consultation with.....

.....

..... Date.....