



# Education Information Pack

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**An Epilepsy Resource  
for Pre-Schools,  
Schools and Colleges**



This pack has been designed to be a resource across all sectors of education, from preschool to adult learning settings. We hope staff will find it a useful support and that it will be used to enhance the educational experience of students of all ages with epilepsy.

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# 1 ABOUT EPILEPSY

Epilepsy is a neurological disorder which affects the brain. It is a tendency to have repeated seizures. This tendency can be long term but the seizures can be controlled. A person can have epilepsy but not have active seizures. Nearly 40,000 people in Ireland have epilepsy, as do 50 million people worldwide. For many people, epilepsy affects them most while seizures are active. For others, the impact may be longer term if seizures continue. There are over 40 epilepsy syndromes and two main types of seizures which are further classified by onset, awareness and movement.

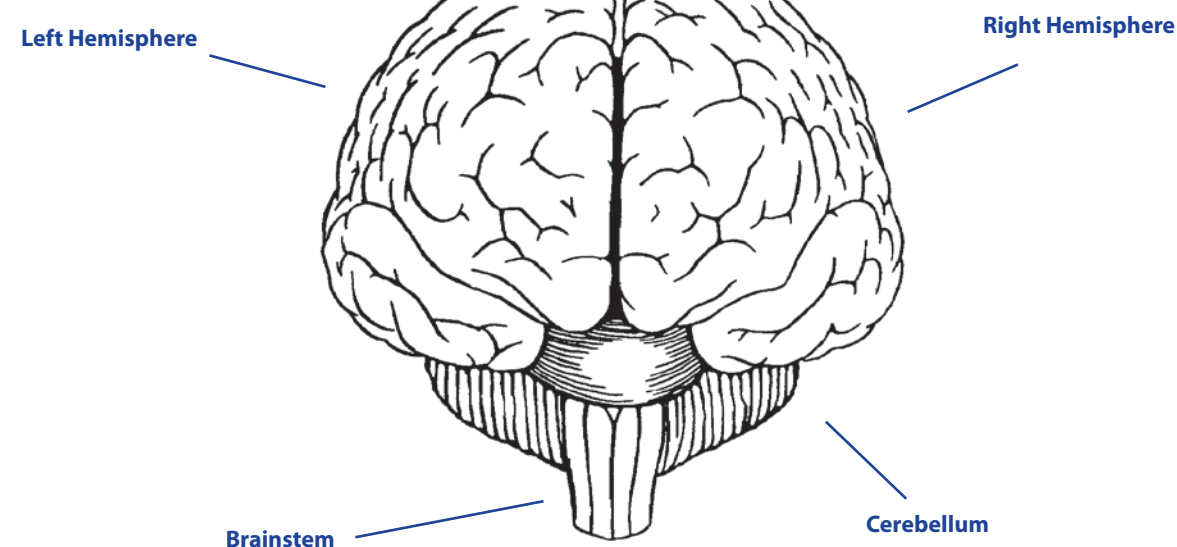
A seizure is a brief and temporary disturbance of brain function and the tendency for people to have seizures can vary considerably. Seizures can start in a part of the brain or happen in both sides of the brain at once. Often no cause is found but the tendency may run in some families. Epilepsy may also result from brain infections or brain injuries.

Many people with epilepsy find the word "epileptic" unacceptable when used to describe a person, rather than their seizures, so this publication refers to "the student with epilepsy". Older terms like fit, convulsion, attack, turn or blackout are no longer appropriate either.

## The Brain: A Quick Tour

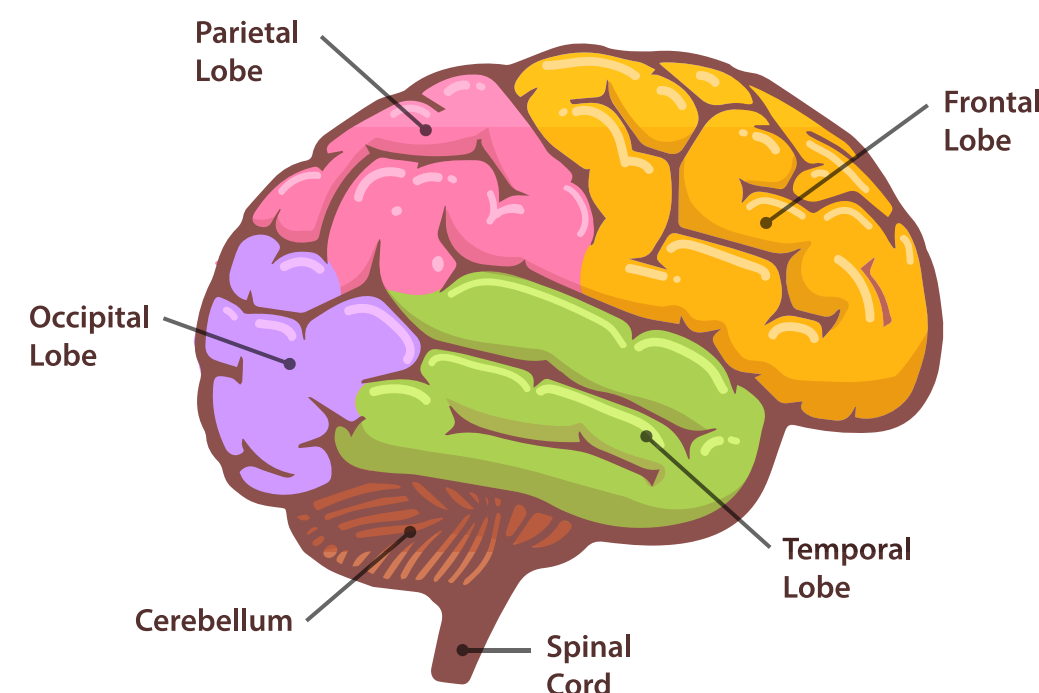
The brain is the control centre for the body. It has millions of cells called neurons. Neurons fire chemical messages to make our bodies work properly. Sometimes neurons may misfire and a chemical message is mixed up. This can cause a seizure. What type of seizure happens depends on where in the brain the misfire happened. To understand epilepsy it helps to know parts of the brain and what they do. Our brains have 2 halves called hemispheres, a left and a right one, see **Figure 1** below.

**FIGURE 1.**



Each hemisphere further divides into 4 lobes, the frontal, temporal, parietal and occipital lobes. Each lobe controls a different set of brain functions as described in **Figure 2**.

**FIGURE 2. THE FRONTAL, TEMPORAL, PARIETAL & OCCIPITAL LOBES**



| Lobe of the brain | What it controls & affects  |
|-------------------|---|
| Temporal Lobe     | Memory and emotions<br>Reading and writing<br>Non verbal processing, language, speech, visual & auditory skills |
| Frontal Lobe      | Planning and organisation<br>Judgement and problem solving<br>Making decisions                                  |
| Occipital Lobe    | Visual perception and attention<br>Reading and writing  |
| Parietal Lobe     | Hand-eye co-ordination<br>Spatial and direction awareness<br>Body awareness and touch                           |

## ABOUT EPILEPSY

### CAUSES OF EPILEPSY

In over half of all cases, no cause can be found. The student is healthy and has no underlying illness, disease or damage causing them to have seizures. This type of epilepsy is called **Cryptogenic**. It is not fully known why some students have a tendency towards seizures and others don't, but it would appear some may inherit a predisposition to epilepsy, or **low seizure threshold**. Sometimes a cause can be found such as structural abnormalities, brain tumours and some genetic conditions, this is **symptomatic epilepsy**. Anything that injures the brain can result in **acquired epilepsy**, such as head injury, strokes, brain infections (e.g. meningitis or encephalitis) and birth injuries. Epilepsy that is strongly suspected to have a genetic basis is called **Idiopathic**.

### TRIGGERS

For many students no single thing may trigger a seizure. Triggers can range from missing medication, sleep or meals to stress, worry, illness, hormonal changes, medication interactions and alcohol or street drugs. Flicker affects some (see Photosensitive Epilepsy).

### ILAE 2017 Classification of Seizure Types Basic Version<sup>1</sup>

| Focal Onset                     | Generalised Onset  | Generalised Onset  |
|---------------------------------|--|--|
| Aware    Impaired Awareness     | <b>Motor</b><br>Tonic-clonic<br>Other motor<br><b>Nonmotor (Absence)</b> | <b>Motor</b><br>Tonic-clonic<br>Other motor<br><b>Nonmotor</b> |
| Motor Onset<br>Nonmotor Onset   |  |  |
| Focal to bilateral tonic-clonic |  | <b>Unclassified</b>  |

### SEIZURE FREQUENCY

Seizure frequency varies due to the degree of control achieved through treatment. Up to 70% of students with epilepsy can potentially have their seizures completely controlled by medication. Where seizures continue they may be as infrequent as once every couple of years or as frequent as 20 to 30 times a day.

### CLASSIFICATION OF SEIZURES

Two main types of seizures can be distinguished, according to the underlying brain disturbance, these are **Generalised** and **Focal Seizures**. Up to 2017, seizures were described using such terms as Generalized or Partial, complex or simple. In 2017, the International League Against Epilepsy revised this, see **Fig.3**. Now they are classified by :-

- 1) Area of origin (Onset)
- 2) Awareness (Aware/Impaired)
- 3) Movement (Motor/Non Motor)

### EXPLANATION OF NEW TERMS

- **Onset:**  
Where in the brain the seizure starts from.
- **Generalised onset:**  
Both sides of the brain involved
- **Focal onset:**  
Starts in a part (area or lobe) of the brain
- **Unknown onset:**  
Unclear where the seizure starts
- **Onset**  
Is subdivided by **awareness** and **movement**
- **Awareness level:**  
Is awareness impaired or not?
- **Motor or non motor:**  
Is movement involved or not?

**Figure 4** below shows the expanded version of the new seizure classification with focal and generalised categories divided into onset, awareness and motor features of main seizure types.

**Table 1** on the next page also shows the new and old terminology compared.



### ILAE 2017 Classification of Seizure Types Expanded Version<sup>1</sup>

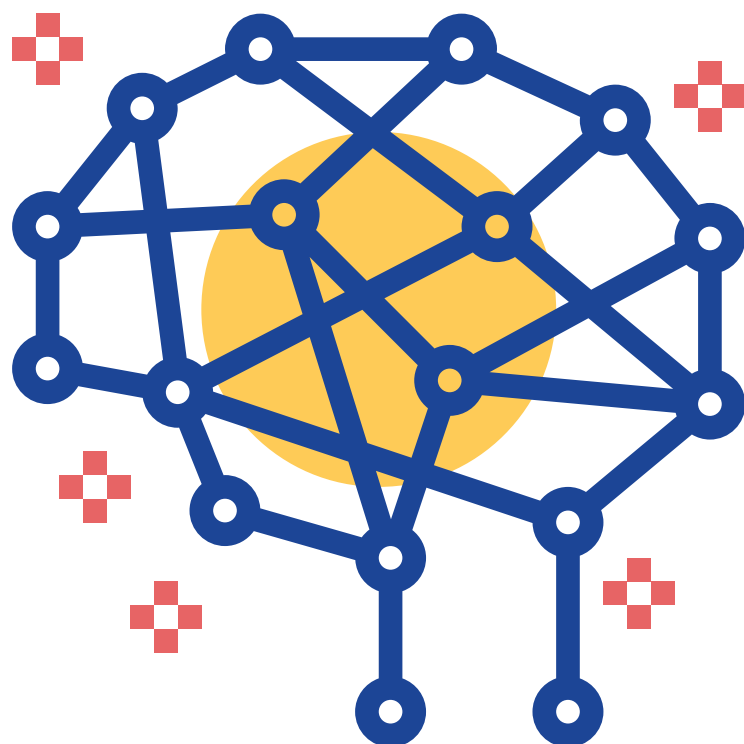
| Focal Onset  | Generalised Onset   | Unknown Onset   |
|--|---|---|
| Aware    Impaired Awareness  | <b>Motor</b><br>tonic-clonic<br>clonic<br>tonic<br>myoclonic<br>myoclonic-tonic-clonic<br>myoclonic-atonic<br>atonic<br>epileptic spasms<br><b>Nonmotor (Absence)</b><br>typical<br>atypical<br>myoclonic<br>eyelid myoclonic | <b>Motor</b><br>tonic-clonic<br>epileptic spasms<br><b>Nonmotor</b><br>behaviour arrest |
| <b>Motor Onset</b><br>automatisms<br>atonic<br>clonic<br>epileptic spasms<br>hyperkinetic<br>myoclonic<br>tonic<br><b>Nonmotor Onset</b><br>autonomic<br>behaviour arrest<br>cognitive<br>emotional<br>sensory |   | <b>Unclassified</b>   |
| focal to bilateral tonic-clonic  |   |   |



## ABOUT EPILEPSY

**Table 1 : New and older terminology compared**

| New Term                        | Older Term               | Outdated term                       |
|---------------------------------|--------------------------|-------------------------------------|
| Generalised Onset Motor         | Generalised Tonic Clonic | Grand Mal , Major motor, Convulsion |
| Unknown Onset Tonic Clonic      | Generalised Tonic Clonic | Grand Mal, Major Motor, Convulsion  |
| Generalised Onset Non-Motor     | Generalised Absence      | Petit Mal                           |
| Focal Aware Motor               | Simple Partial/Aura      | Jacksonian                          |
| Focal Aware Non-Motor           | Simple Partial/Aura      |                                     |
| Focal Impaired Motor            | Complex Partial          | Psychomotor, Temporal Lobe          |
| Focal Impaired Non Motor        | Complex Partial          | Psychomotor, Temporal Lobe          |
| Focal to Bilateral Tonic Clonic | Secondary Generalised    | Grand Mal, Major Motor, Convulsion  |
| Focal/Generalised Myoclonic     | Myoclonic                | Minor Motor                         |
| Focal/Generalised Atonic/Tonic  | Atonic/Tonic Drop Attack |                                     |
| Focal/Generalised Clonic/Tonic  | Clonic/Tonic             |                                     |



### 1) GENERALISED ONSET SEIZURES

In these seizures, both sides of the brain are affected by abnormal electrical disturbance, and seizures may be motor (tonic clonic, atonic, tonic, myoclonic and clonic) or non motor (Absences). Consciousness is typically lost with the exception of myoclonic seizures.

#### Tonic Clonic Seizures

This is the seizure most linked with epilepsy. It starts with a tonic or rigid phase during which all the muscles tense up. Because the respiratory muscles are involved, the student may cry out as air is expelled from the lungs and there may be some blue discolouration of the lips and mouth area. Consciousness is lost immediately and the student falls to the ground. Following this, the clonic or jerking phase begins when the muscles relax and contract alternatively, causing the characteristic convulsive movements, which may be quite strong. Breathing will resume during this phase but may sound laboured. There may be an over production of saliva in the mouth due to the fact that the brain is sending excessive signals to the salivary glands. If the tongue has been bitten, saliva may be blood stained. Occasionally there may be incontinence of urine, and in rare cases, soiling. This is due to the forceful contractions of the muscles of the bladder and rectum during the initial phase of the seizure. This clonic phase may last for up to 5 minutes, but may seem longer to observers. Following this phase the student may be confused or sleepy before regaining consciousness.

#### Atonic Seizures

Involve sudden loss of muscle control, making the student go limp and drop (drop attacks), but they recover quickly. Head protection may need to be worn to prevent injury from falls.

#### Tonic Seizures

Only the tonic phase (stiffening of body), without the jerking. Falls occur if the person is not supported. Neck injuries can occur.

#### Clonic Seizures

The clonic or jerking phase alone, where limbs jerk without the tonic phase preceding it.

#### Myoclonic Seizures

Involve sudden brief muscle jerks but not usually loss of consciousness. Muscle jerks may be mild affecting part of the body, but they can affect the limbs or whole body and cause falls.

#### Absence Seizures

Absences are brief staring spells particularly associated with school-age students which often disappear in the mid-teenage years. Only a minority of students with Absence Seizures will go on to develop other types of seizures. There are four main types of Absence seizures, Typical, Atypical and Myoclonic Absences and Absences with Eyelid Myoclonia. These seizures may occur many times a day, but are of very short duration i.e. 5 to 15 seconds. The student will stop activity and stare into space, possibly with rhythmic twitching of the eyelids or muscle tone changes. Consciousness is lost but the student does not fall. Because they can occur very frequently and sometimes go unnoticed, these seizures can result in difficulties with learning for the student, who may be thought to be just inattentive. Instead of "two plus two is four, and four plus two is six" the student may hear "two plus two ..... is six" and not understand what is wrong when corrected.

## ABOUT EPILEPSY

### 2) FOCAL ONSET SEIZURES

In this second type of seizure, disturbance starts in part of the brain and the seizure seen will vary depending upon the normal function of that area. The disturbance may stay confined to a small area or may spread to involve more of the brain. The student may have a recollection of an 'aura' or warning, which in itself is seizure activity. Focal seizures may or may not affect consciousness (aware or impaired) and may or may not affect movement (motor or non motor). They may also spread to both sides of the brain i.e. become secondarily generalised (now called focal to bilateral tonic-clonic).

#### Focal Aware

These seizures (previously called Simple Partial) can originate in any lobe of the brain. Often the temporal lobe is most associated with focal aware seizures. It is involved in such functions as smell, vision, memory and feelings. A common aura or start of a seizure would be a feeling of disorientation, a peculiar smell or taste, déjà-vu or disturbance of perception. In a Focal Aware seizure a person may have a range of sensory and motor symptoms including pins and needles, heat or cold, jerking or tremor but be fully aware during it.

#### Focal Impaired Seizures

In Focal Impaired Seizures (previously Complex Partial), there is impairment of consciousness and symptoms vary from behavioural changes to wandering. The student may stop talking, appear agitated and engage in seemingly purposeless behaviour, such as plucking at clothes or smacking the lips together; or they may seem to act "on automatic". These seizures can last from seconds to minutes and be followed by a short period of confusion.

#### Focal To Bilateral Tonic Clonic

This now describes seizures previously called Secondary Generalised where seizures start in one part of the brain and spread to affect both sides to become a full tonic clonic seizure.

#### UNKNOWN ONSET

Refers to seizures where the area the activity starts in is unknown. These seizures may have Motor or Non Motor symptoms.

#### MULTIPLE SEIZURE TYPES

Epilepsy affects individuals in a wide variety of ways. For most students their seizure type is normally fairly constant however for some students seizures may change or they may have more than one type of seizure.

#### ARE ALL SEIZURES DUE TO EPILEPSY?

No. Some seizure-like episodes are not epileptic. Febrile seizures linked to fever, are common in young children and typically fade with age. Non Epileptic Attack Disorder (NEAD) episodes may look like epileptic seizures but often have a psychological cause. They are outside the person's control and are treated with psychological support. It is possible to have both epileptic seizures and NEAD. Telling epilepsy and NEAD apart can be difficult and requires video EEG monitoring in hospital. Seizures due to metabolic and cardiac causes are not epilepsy and should improve when the underlying condition is treated.

#### PHOTOSENSITIVE EPILEPSY (PSE)

About 3-5% of all people with epilepsy have the photosensitive type, which is a reflex epilepsy in which sensitivity to flickering lights, such as strobes, some LEDs or other visual stimuli may provoke a seizure. Anyone can have a seizure if they watch light flickering at a fast enough frequency.

A slower frequency, especially between 15-20 flashes per second, can trigger a seizure in someone who has PSE, however it can be as low as 3 or as high as 40. Glare can also be a provoking factor. Geometric shapes like swirls, stripes and grids as well saturated reds and strong contrast can provoke seizures too. In most cases a tonic-clonic seizure follows. PSE usually develops between 12 and 16 years. It is more common among girls than boys and among those with Juvenile Myoclonic Epilepsy (up to 40%) and some other childhood and juvenile syndromes. Flicker can occur naturally as well as artificially. If a student is travelling on a tree-lined road seizures could be triggered by sunlight shining through trees which can mimic a strobe effect, as can light reflecting on water or live fireworks. Photosensitivity is diagnosed on an EEG.

#### Video Games, TV, Computers and Interactive Whiteboards

Medical opinion is that video games don't cause epilepsy if the tendency is not there but that content featuring flicker may trigger seizures in photosensitive students. Modern screens like LCD and plasma should be flicker free whereas older screens and low hertz TV's can flicker. The law requires that anti-glare is built into screens. Flicker risk is usually within the content shown. Computer use needn't be restricted, even those with PSE can use computers safely, except in very exceptional cases. Interactive whiteboards shouldn't flicker but again content may and glare may be a factor.

#### Media Content Checking

Some web and broadcast content may contain animations and flashing imagery that pose risks for people with photosensitive epilepsy. A web content checker called PEAT Analysis from the Trace Center, University of Maryland allows

developers to check that animations and content are photosensitive epilepsy compliant. A similar process for film, TV, games, broadcast and digital media called the Harding FPA is operated by Cambridge Research Systems in the UK. If either tool has been used by developers the media content should be safe for persons with photosensitive epilepsy. However, their use is not universal and cannot be guaranteed.

#### Discos, Shows and Live Events

For photosensitive people strobes and flashing lights in clubs and discos can trigger seizures. Most students with epilepsy are not photosensitive and can enjoy clubs and shows safely. Live events with flicker or fireworks displays can be harder to control for. Teachers should always check with parents and students to assess whether they can attend events featuring strobe lighting or similar flicker. It may be possible to ask that strobes be switched off in some venues. If a student is unclear whether they are photosensitive or not they can ask their medical team to check their records as it will have been tested for on their EEG.

#### Tips for Students with PSE

Large screens take up more of the visual field making it harder to avoid provoking images. Sitting further back or viewing a smaller screen reduces risk. Use the remote to change channels and cover one eye with a hand when approaching the TV or when exposed to a provoking image. Closing the eyes is ineffective as light can penetrate the eyelids. Background lighting minimises contrast and glare is usually adjustable. Polarised sunglasses or lenses may help reduce glare. Check with cinemas to see if PSE warnings apply to films and if exposed to provoking images cover one eye during exposure.

## ABOUT EPILEPSY

### TREATMENT

Typically, when a student is diagnosed with epilepsy they will be prescribed medication. Up to 70% of people with epilepsy can have their seizures controlled with anti-epileptic drugs (AED'S), which helps prevent the abnormal spread of electrical activity in the brain. After one seizure medication may not be prescribed straight away, as not all first seizures are diagnosed as epilepsy. The student will usually take daily medication for at least two years and if still seizure free may wean off the drugs gradually. Most medications are prescribed to be taken morning and evening but it may be sometimes be necessary for students to take medication during the day. An agreed procedure will need to be discussed in detail and authorised by the Board of Management (See Epilepsy Care Plan). It may be preferable to have a set time (e.g. break) and location (e.g. office, staff room) for administering daily medication.

Other treatments considered when medication is ineffective at controlling seizures include epilepsy surgery, the Vagus Nerve Stimulator (VNS), ketogenic diet, psychological and some complementary therapies and medicinal cannabis. For details see [www.epilepsy.ie](http://www.epilepsy.ie)

### RISKS ASSOCIATED WITH SEIZURES

#### Accidents and Injuries

Seizure related accidents and injuries can be reduced or prevented by taking extra care around water, heat, heights and when out and about. Seizures with loss of consciousness and falls are a particular concern. Frequent seizures lead to higher rates of injury. See our 'Safety & Seizures' booklet which contains a safety checklist and a personal safety plan to help with reducing risk at [www.epilepsy.ie](http://www.epilepsy.ie). There is a low but actual risk of death from seizure related accidents and from status epilepticus and SUDEP as discussed below.

#### Status Epilepticus (SE)

Most seizures stop naturally within a few minutes. Some people have seizures that last up to 5 minutes and stop naturally. However, after 5 minutes, a seizure, or series of seizures, without recovery in between, is considered prolonged. Prolonged seizures are a risk as they can become Status epilepticus (SE) which can be either convulsive or non convulsive. Seizures are treated at 5 minutes (or sooner if specified in the Care Plan), as the more prolonged a seizure becomes the less likely it is to stop naturally. A protocol for administration of emergency medication must always be followed. Emergency medication administered at 5 minutes (or sooner if the protocol stipulates this) helps prevent SE. A sample protocol is included in this pack.

Convulsive status: Tonic clonic or convulsive seizures that last longer than 30 minutes can lead to permanent damage or death due to disruption to oxygen flow. This is why we give a "5 minute rule" for giving emergency medication and calling an ambulance.

Non Convulsive Status refers to other prolonged seizures with varied symptoms. The person may be unresponsive, confused or have twitching movements. Other features may be subtle and harder to detect but if non convulsive status is suspected they will need to be assessed and treated. Section 2 of this pack relates specifically to managing seizures.

#### SUDEP

Sudden Unexpected Death in Epilepsy is a sudden death which is often not witnessed. It is rare with between 21-44 cases per year in Ireland out of nearly 40,000 people. It's not yet fully known what happens in SUDEP but much research, including Irish research, is taking place. Risk factors for SUDEP include uncontrolled tonic clonic seizures and sleep seizures.

## 2 MANAGING EPILEPSY IN SCHOOL AND COLLEGE

It is important to meet with the student and/or their parents/guardians to complete the Epilepsy Care Plan. All staff looking after the student should be familiar with the agreed care plan and management should be guided by it. In boarding schools or residential colleges similar safety guidance applies as it would at home with regard to bathing, sleep seizures and seizure risk reduction. In college the student may be expected to be more independent and responsible for their own medication but care, support and safety needs should be discussed. Management, staff, families and students can work together to better manage epilepsy on campus and improve the student's educational experience.

### THE EPILEPSY FRIENDLY EDUCATION SETTING

- \*Welcomes students with epilepsy.
- \*Fosters a positive attitude towards epilepsy and removes barriers to participation.
- \*Acknowledges any impact of epilepsy on attendance and learning.
- \*Facilitates the student who is absent from classes due to seizures or side effects.
- \*Devises and updates care plans with input from students and families.
- \*Ensures relevant staff know to follow the care plan on epilepsy management.
- \*Encourages clear communication between the student/family and key staff.
- \*Provides training in epilepsy care, including emergency medication training.
- \*Advises the student of any supports or accommodations they can access.
- \*Arranges for safe storage of medication which is easy to access in an emergency.
- \*Monitors when medication needs to be replaced or is due to go out of date.
- \*Makes key staff aware of issues such as special diets, VNS device, alarms, etc.
- \*Allows rest breaks where possible for students who tire easily.
- \*Is flexible to make the academic workload more manageable where necessary.
- \*Allows extra time for examinations and assignments where necessary.
- \*Supports the student to participate fully in the curriculum and related activities.
- \*Supports the student to take part in extracurricular activities, trips, overnight stays.
- \*Supports staff who may seek training and education on epilepsy.



## MANAGING EPILEPSY IN SCHOOL AND COLLEGE

### WHAT STAFF CAN DO TO SUPPORT STUDENTS WITH EPILEPSY

- \*Be positive about epilepsy and seizures.
- \*Engage with management, the student and their family to discuss epilepsy care planning.
- \*Avail of training provided, including emergency medication where required.
- \*Learn about the individual student's seizures and correct first aid as per care plan.
- \*Support the student to take part in class and activities, optimally and safely, following any advice from medical teams, policies and plans.
- \*Be flexible if the student is unable to participate fully.
- \*Take account of impact on functioning, memory, learning and behaviour.
- \*Allow time and some privacy (under supervision) for recovery and rest.
- \*Support the student to resume class if they wish, and have recovered sufficiently.
- \*Monitor lapses in concentration or alertness, record any new features of seizures.
- \*Record observations about any effects on the student's functioning.
- \*Use suggested approaches to support student with epilepsy when needed.

### CHECKLIST TO DISCUSS WITH STUDENTS AND FAMILIES

- \* Management's policy on dealing with medical needs and medical emergencies.
- \* Need for accurate information on seizures, triggers, treatment, risk and impact.
- \* Importance of registering with College Disability Office to avail of supports.
- \* Need for appropriate input, with student/family preferences, to policies/care plans.
- \* Necessity for 'in date', correctly labelled emergency medication with student's name clearly marked, and any medication that is needed during the day.
- \* Importance of replacing any medication that has been used or gone out of date.
- \* Correct contact information for family/designated others and for the care plan.
- \* Other practical needs - spare clothes, ventilated pillow, helmet, special foods etc.
- \* Relevant guidance from medical teams on activities, sports, practicals, safety etc.
- \*Need for updates regarding any changes to epilepsy or treatment.
- \*Need to advise about any special requirements, diet, rest breaks, individual needs.
- \*Safety issues and risk reduction if living on campus premises or independently.
- \*Any specific considerations regarding trips, overnight stays, travel abroad.
- \*Any considerations regarding photosensitive triggers, use of equipment etc.
- \*Discuss disclosure issues and fostering a support network where appropriate.
- \*Wearing identification and use of seizure detection devices which alert others.
- \*Discuss giving first aid information on a 'need to know' basis or more generally to those who may be on hand during seizures (e.g. clubs, library, canteen or friends).

### THE EPILEPSY CARE PLAN

Care plans need to describe the student's epilepsy and the appropriate first aid. Ongoing seizures need to be responded to correctly. Even if seizures are well controlled staff may need to be informed in case of breakthrough seizures or any impact on memory, learning and behaviour. If a student only has sleep seizures staff still need to know about any effects of disrupted sleep.

#### Care plans need to contain input from families and/or students regarding:-

- Guidance given by medical teams.
- Clear information about the epilepsy and seizure type.
- Details of all the key contacts.
- Details of key staff involved and their roles and duties.
- Clear instructions for dealing with seizures and emergencies.
- Specific preferences for seizure management where appropriate.
- Medication details, medication administration charts, risk assessments, safety plans.
- Protocol on administration of Emergency Medication, where this is prescribed.

### FIRST AID : GENERALISED SEIZURE (MOTOR) (TONIC-CLONIC, TONIC, CLONIC, ATONIC)

- Keep calm and reassure other students who may be present.
- Time the length of the seizure.
- Don't move the student unless they are in immediate danger.
- Move any objects such as tables and chairs rather than moving the student.
- Protect their head using a cushion or rolled-up coat, or even your hand, to ensure that they do not bang their head on a hard surface or cut their face.

- Don't restrain movement during the seizure.
- Loosen clothing around neck to keep airway clear.
- DON'T put anything in the mouth or try to hold the tongue.
- DON'T give any liquid or medicine (unless agreed in the care plan).

#### When the seizure stops:

A tonic-clonic seizure should only last up to 3 or 4 minutes at most after which

- Check the student is breathing normally.
- Time the student's recovery.
- Turn the student on one side to keep the airway clear (recovery position).



## MANAGING EPILEPSY IN SCHOOL AND COLLEGE

- Stay with the student and reassure them when they regain consciousness.
- Allow the student to sleep.
- Inform next of kin/parents/carers and ensure the student gets home safely.
- Explain to the other students what has happened.

***It is a myth that a student having a seizure is in danger of swallowing his or her tongue, and efforts to hold the tongue down can injure the teeth and jaw.***

### **First Aid for Focal Onset Aware/Impaired Awareness & Absence Seizures**

Once a seizure starts it will typically run its course so staff need to be aware a seizure is occurring and ensure the student does not incur injury.

- Observe the student carefully.
- Stay calm and reassure the student.
- Gently guide away from danger.
- After the seizure, tell the student what has happened.
- Repeat any information that may have been missed during the seizure.
- Document the seizures and inform parents or carers.
- Stay calm and reassure other students present.
- Don't restrain a student during a seizure – just allow it to take its course.
- The student may feel confused and sleepy afterwards.
- Recommend that the student, or their parents and carers tell their doctor.

### **For All Seizures: When to Call an Ambulance**

- The student has a first seizure of unknown cause.
- If the seizure lasts more than 5 minutes, or longer than usual for the student.
- If one seizure follows another and consciousness is not regained in between.
- The student seems sick, has difficulty breathing or is not recovering as expected.
- The student has another illness or condition or is pregnant.
- The seizure occurs in/near water (even very low levels) and there is concern that water may have been inhaled.
- If you are in doubt.

A designated staff member should accompany the student in the ambulance. If a student is injured standard first aid may apply but medical attention is still warranted.



### **EMERGENCY CARE : Administration of Buccal Midazolam (BM)**

Under normal circumstances seizures should stop of their own accord. However, some students have emergency medication needs which may present as follows:-

- Serial/Cluster Seizures: Seizures occurring one after another with or without normal breathing and recovery in between
- Prolonged Seizures: Seizures lasting 5 mins, or lasting longer than the usual seizure time for that individual, as outlined in their Epilepsy Care Plan
- Emergency Medication comes in 2 forms Buccal Midazolam (BM) which is most commonly used (also known as Epistatus or Buccolam) and Rectal Diazepam (also known as Stesolid). Emergency Medication Needs should be recorded on an individual Protocol for the Administration of Emergency Medication (See Sample Protocol in this pack).

### **Special Note on Babies and Children**

***In the case of a baby or child the specific guidance of the treating paediatric team must be followed when developing the protocol for administration of buccal midazolam. This guidance may reflect special issues for this age group as to calling an ambulance and administering a first dose of buccal midazolam.***

***N.B. ALWAYS follow the protocol.***

### **How do I Access Training in Administration of Buccal Midazolam?**

Epilepsy Ireland runs a day long Training Programme on Epilepsy Awareness and Administration of Buccal Midazolam for professionals. Refresher courses are run to update this training also. See [www.epilepsy.ie](http://www.epilepsy.ie) for more information.

### **Where can I find information about policies on administration of medication?**

Boards of Management are responsible for policies within schools and colleges. Professional bodies and teaching unions may also provide guidance specifically for their own members. It is advisable to consult the board and the relevant teaching union for further information.

The Managing Chronic Conditions In Schools Pack contains guiding statements and policy information for schools (see [www.epilepsy.ie](http://www.epilepsy.ie) and [www.into.ie](http://www.into.ie)).

# 3 EDUCATIONAL ISSUES

## SUPPORTING STUDENTS WITH EPILEPSY

Schools, colleges and their staff are uniquely placed to help students develop a positive attitude towards themselves and their epilepsy. Along with parents and families, they play a major role in shaping how well a student copes with the challenges epilepsy can present. A positive attitude to epilepsy is an important predictor of success in later life. Good communication between all parties is important to providing the best support possible.

Some students may need emotional support in dealing with epilepsy. Ongoing seizures and safety concerns can be challenging to live with. Students may worry about their future and about being accepted by peers so discussing their concerns is very important. Epilepsy is not a mental illness but if mental health needs emerge students and families can be signposted to local services or professional support. There can be a range of reactions within families to a new diagnosis. These can range from shock, disbelief, anger, anxiety, relief or sense of loss. There can be fears about disclosing the diagnosis and how it will be perceived. When schools and colleges are supportive this can impact greatly on alleviating family stress. School and college staff can help and offer support by :-

- Acknowledging what the student and their family is experiencing.
- Clarifying what has the family been told, looking at facts rather than assumptions.
- Directing them to sources of accurate information such as [www.epilepsy.ie](http://www.epilepsy.ie)
- Signposting them to sources of support such as Epilepsy Ireland's new diagnosis programme The Living Well with Epilepsy Toolkit.
- Being supportive around the student's needs and Epilepsy Care Plan.

## EPILEPSY IN EDUCATION SETTINGS

### Preschool

Young children with epilepsy typically attend preschool with their peers. Preschool children may be able to access an Inclusive Assistant. Some children may require additional supports if they have a disability or developmental need. The management of seizures in the younger group needs to be in accordance with guidance from the treating team. In young children factors such as febrile illness may be more common triggers. Clear communication between home and preschool is key and a home/pre-school communication book can aid this.

While most young children with epilepsy will not have developmental delay some may be at risk of delays in reaching developmental milestones or skills in line with their peers. This needs to be monitored closely in all areas, especially where language, behaviour and cognition are involved, in case the child needs early intervention supports to help them to close those gaps and progress towards school readiness.

Preschool children with disabilities, including epilepsy, or special needs, may need to be referred for assessment. An Assessment of Need can be carried out by the HSE for young children, or children may access their local disability service, hospital based clinical psychology service or local service provider. The Access and Inclusion Model <http://aim.gov.ie/> sets out the range of universal and targeted supports that children with disabilities can receive in order to access the Early Childhood Care and Education (ECCE) free preschool scheme.

### Primary and Secondary School

All schools need to know about the epilepsy type, frequency of seizures and how to manage them. They need to know if any activities or practical subjects need to be individually assessed and if there are any learning related effects of epilepsy and treatment. It is important to support students to participate in the curriculum and extra-curricular activities rather than restrict them. SNA access and resource teaching may be available. Some students may be anxious about group work if processing information quickly is a difficulty.

At second level the student will be dealing with many teachers and changes of class and may need support with transitioning from primary. Students with epilepsy taking state exams may apply for Reasonable Accommodations in Certificate Examinations (RACE) and those with ongoing issues during secondary school may be eligible for the Disability Access Route to Education (DARE) scheme if they meet the criteria.

### Further education and third level college

Some students will progress to college through the DARE system but not all may take this route. In college, all students with epilepsy can register with the Disability Office and often this is the only way for colleges to offer relevant supports. Every student will differ and so will their epilepsy. This needs to be reflected in individualised guidance regarding course options, placements, practicals and vocational guidance.

## EDUCATIONAL ACHIEVEMENT

Epilepsy occurs across the whole range of intellectual ability. Rates of epilepsy are 1/200 in children and adolescents with no additional disabilities or learning problems. However, rates

of epilepsy are significantly higher among children and adolescents with some brain related conditions such as intellectual disability, autism, ADHD, cerebral palsy and hydrocephalus. Many students have no particular educational problems. However, studies show that students with epilepsy underachieve educationally more than their peers. Factors include :-

**Drug treatment** – drugs for epilepsy have improved over past decades and are nowadays more specific and less toxic than they were in the past. However, they act on the brain and can alter brain function such as concentration, cognition, memory and processing, alertness and behaviour in some students, particularly with changes in medication.

**Sub clinical seizures** – these are abnormal electrical discharges in the brain with no outward sign. They may affect concentration and learning to a significant degree and teachers may not be aware of them happening.

**Attitudes and expectations** placed upon a student have considerable impact on achievement. Occasionally teachers and families might subconsciously reduce expectations for a student with epilepsy. Other times an ambitious student might put themselves under pressure to achieve.

**Behaviour and emotional aspects** - Sometimes behaviour issues may develop due to caregiver anxiety or uncertainty. Over-protectiveness and inconsistent discipline may affect behaviour. Students with epilepsy are expected to follow the same rules as peers but if there are genuine reasons for concessions then flexibility and sensitivity are important too. Behaviour issues can also arise due to epilepsy itself, seizures and treatment. It is important that medical teams are informed of any such concerns.

## EDUCATIONAL ISSUES

Studies show that students with epilepsy often have poorer self-esteem than peers, including other students who have chronic childhood conditions, such as asthma and diabetes. A negative self-image makes students vulnerable to anxiety and or depression. NEPS services and NCSE based supports for staff are accessible within schools. Irish youth mental health supports include Jigsaw [www.jigsaw.ie](http://www.jigsaw.ie), Spun Out [www.spunout.ie](http://www.spunout.ie) and Reach Out [www.reachout.com](http://www.reachout.com). Beaumont Hospital have a Mindfulness Centre see [www.beaumont.ie/marc](http://www.beaumont.ie/marc). Irish teens with epilepsy can access support online at the TEA Room [www.thetea-room.com/](http://www.thetea-room.com/). See Epilepsy Ireland's booklet Moving Forward - A Guide for Young People with Epilepsy for a full list of health and mental health resources (see [www.epilepsy.ie](http://www.epilepsy.ie)).

Where a student with epilepsy is thought to be underachieving educationally, or is experiencing learning or behavioural problems, this should be investigated fully. Medical treatment may need to be reviewed to see if problems are related to epilepsy or its treatment and, ideally, a full psychological assessment should be carried out.



## LEARNING ISSUES

Students may have no problems with learning but if they do these difficulties may arise:-

**Concentration difficulties:** disruption to, or decreased ability in, attention/concentration.

**Fluctuations** in alertness, concentration and memory resulting in uneven performance.

**Auditory processing** for words, instructions, information, delayed/fragmented processing.

**Visual processing:** difficulties with processing visual symbols, numbers, pictures.

**Memory:** difficulties with encoding, retention and especially retrieval of learned information.

**Mood:** increased anxiety, low mood, withdrawal and lower confidence.

**Behaviour:** withdrawal, increased excitability, impulsivity, distractibility.

**Motor skills:** problems with writing, typing, co-ordination, PE or sports related skills.

**Perceptual skills:** poor spatial awareness, confusion with direction, hand-eye co-ordination.

**Group work:** some students may fear group work due to processing speed demands.

**Focus on Focal Seizures:** Specific learning or perceptual difficulties may arise relating to the area of the epileptic focus. Focal seizures can arise from any area. Possible effects include:-

**Right Temporal Lobe Focus :** • Visual-spatial perception • Recognising symbols • Memory • Understanding speech • Reading • Handwriting • Practical tasks • Co-ordination • Sequencing • Perception of time • Non-verbal processing • Left/right confusion .

**Left Temporal Lobe Focus:** • Language comprehension • Language expression • Verbal reasoning skills • Auditory skills • Phonetics • Spelling • Memory • Speech sounds/words/order • Analytical skills • Calculations • Attention to detail.

**Frontal Lobe Focus:** • Attention • Planning • Organisation • Executive functioning • Judgement • Problem solving • Sequential thought • Expressive language • Making decisions.

**Occipital Lobe Focus:** • Written word recognition • Visual processing • Perception • Reading and writing • Visual disturbances • Recognising colours • Object movement/position.

**Parietal Lobe Focus:** • Confusion with direction • Naming objects • Visual focus • Hand-eye co-ordination • Spatial and body awareness • Academic skills • Perceiving touch.

Where no focus is identified (as in generalised epilepsy), a range of effects can be seen, such as auditory, verbal, visual, motor and memory difficulties.

Students who develop more than one focus can have a combination of difficulties.

## APPROACHES TO SUPPORT THE STUDENT WITH EPILEPSY

- \*Assess the student's areas of strength and those areas requiring support.
- \*Review any educational or psychological assessments carried out previously.
- \*Refer the student for assessment as appropriate if none has been carried out.
- \*Prepare the student for the task and information presented.
- \*Repeat and recap to aid memory and retention.
- \*Use of prompts to aid retrieval of learned information.
- \*Use of imagery to support processing of verbal information.
- \*Provide summaries and supporting notes.
- \*Support with planning, organisational and study strategies.
- \*Breaking down tasks and assignments into sections and stages.
- \*Support with time management in class and for assignments.



## EDUCATIONAL ISSUES

### CURRICULUM

Each student should be encouraged to take courses suited to their aptitude and ability. The same requirements regarding homework, assignments and behaviour standards apply and appropriate supervision of practicals should ensure that these can be safely followed. Flexibility is key to supporting students who struggle with academic workload.

#### Physical Education

Students with epilepsy should be encouraged to take part in all games and sports but extra care is needed in areas such as climbing, swimming, and horse-riding. Thought should be given to the type of epilepsy the student has and how controlled it is. A common sense approach should be adopted and unnecessary restrictions should be avoided. If the student swims it would be advisable to inform the life guard and for the student to wear a distinctive bathing cap, stay within his/her own depth and avoid use of diving boards and very cold water. Some extra supervision to ensure safety may be all that is required. The risk involved in a student having a seizure during an activity should be balanced against the harm that may be done by excluding them. See [www.epilepsy.ie](http://www.epilepsy.ie) for more details in the Safety and Seizures booklet.

#### Department Of Education, NCSE and NEPS

The policy of the Department of Education & Skills is one of inclusion of students with disabilities. For students who cannot attend school for medical reasons the Department's Home Tuition service provides compensatory education for a limited number of hours (see [www.education.ie](http://www.education.ie)). The National Council for Special Education (NCSE) provides resources and supports for students and school through their network of Special Education Needs Organisers (SENOS)

throughout the country. School based support may come in the form of a learning support teacher, a resource teacher, or a special needs assistant. The NCSE also co-ordinates the Inclusion Support Service for schools (see [www.ncse.ie](http://www.ncse.ie)). The National Educational Psychological Service (NEPS) is a school-based service provided by the Department of Education & Skills. NEPS psychologists work with primary and post-primary schools with regard to learning, behaviour, social and emotional development. Each psychologist is assigned to a group of schools and there are 23 regional offices in Ireland. They work with teachers, parents and students on identifying educational needs. They offer a range of services including supporting individual students and supporting and advising schools (See [www.education.ie](http://www.education.ie)).

#### Examinations and Accommodation Measures

Examination time is stressful and because stress can affect seizure frequency, it can pose extra difficulties for students with epilepsy. There are many tips that are useful at this difficult time around sleep, organisation of time and study and how to manage stress. Schools and colleges make decisions about which supports to offer for house exams. Speak to the Principal or the Disability Officer about what supports can be offered.

#### State Exams

Students with epilepsy taking the Junior or Leaving Certificate can apply for Reasonable Accommodations in Certificate Examinations. Normally this will allow the student take the exam in a separate room from the main exam hall. If a seizure occurs during the exam the student may be allowed complete the exam later that day, subject to certain conditions. For more information see the State Examinations Commission website [www.examinations.ie](http://www.examinations.ie)

#### Further Education and Post School Options

There are many options or considerations when thinking about further education. A student's interests and strengths are key factors. Guidance Counsellors can support and advise, a psychologist or neuropsychologist may help assess strengths and difficulties. Further education colleges offer a range of Post Leaving Certificate (PLC) programmes at QQI Level 5 and Level 6. Application is made directly to individual colleges.

Vocational training routes have a work related focus with on the job training or apprenticeships. Depending on the work involved questions may arise about seizures and safety. Where epilepsy is well controlled there may be few concerns but if seizures are active some placements may need individualised assessment. Vocational training is offered through regional Education and Training Boards.

The HSE has an Occupational Guidance service for students with certain intellectual, physical and sensory disabilities, autism and mental health issues who require higher levels of support. A HSE Disability advisor can work with students, families and schools to find a suitable course. Rehabilitative training courses cover life skills, training and workplace skills. Day services offer work programmes and supported employment to students with lifelong disabilities and support needs, see [www.hse.ie](http://www.hse.ie) for more information.

#### Epilepsy Ireland's Training for Success Access Programme

Epilepsy Ireland's Access programme is a unique further education option specifically for students with epilepsy in Ireland. It is a QQI level 5 Major Award in General Studies and the only course of its kind in Europe. No Leaving Certificate is required.

All eligible students receive a training allowance and accommodation allowance. It is based at the Institute of Technology Sligo and supported by Mayo, Sligo and Leitrim Education and Training Board (see [www.epilepsy.ie](http://www.epilepsy.ie)).

### HIGHER EDUCATION

**DARE** is a supplementary admissions scheme for third level for school-leavers whose disability or illness has had a negative impact on their second level education. It offers the chance to compete for a limited number of reduced points places. It is part of the CAO system. Epilepsy is eligible as a neurological condition, but not all students with epilepsy may be eligible for a DARE place. Eligibility is decided on the impact of the condition on school and learning and also on medical criteria. Not all colleges are part of DARE but will have their own disability access route. Every third level institution is required to provide a Disability Service and some offer an Access Programme for students with disabilities or other needs. Applicants indicate their needs via the CAO or in their application to the college. HEAR is a scheme for students from disadvantaged backgrounds to access college also, see [www.accesscollege.ie](http://www.accesscollege.ie) for details of HEAR and DARE.

**AHEAD:** AHEAD is the Association for Higher Education Access and Disability which promotes access and participation in further and higher education for students with disabilities. It provides information to students, parents, teachers and guidance staff and works with employers with regard to graduate placements. See [www.ahead.ie](http://www.ahead.ie) for details.

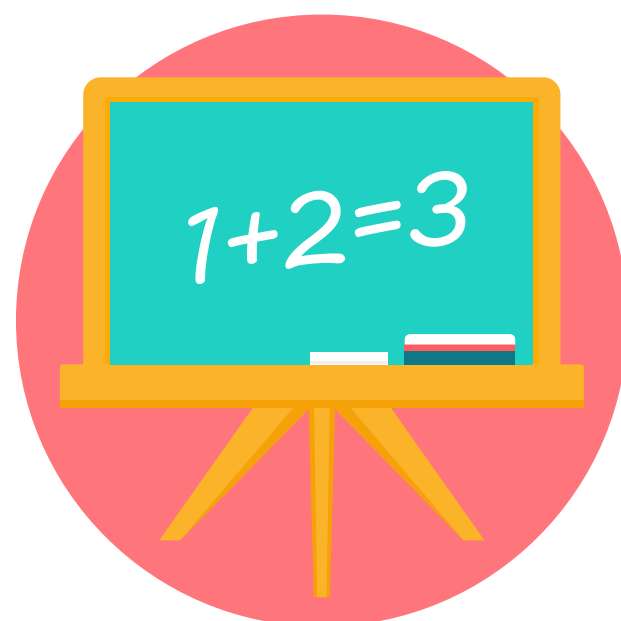


## EDUCATIONAL ISSUES

### Career Options

Most students with epilepsy are well capable of following whichever career they wish. There are only a few careers that a person with a history of epilepsy will not be able to pursue, such as becoming an airline pilot. Much else depends on the degree of seizure control. Obviously jobs that require a person with epilepsy to work at heights should be avoided if the person is still likely to have a seizure. Similarly, electrical circuits, sharp machinery, dangerous chemicals and water are hazards for people with ongoing seizures. There could be potential risks too for someone with poorly controlled seizures caring for and supervising vulnerable persons and children. There may be restrictions with careers involving stringent medical fitness requirements such as the defence forces, and with obtaining heavy goods licences. However, once seizure control is achieved more options open up. People who are one-year seizure-free can get a licence to drive a car, light van or tractor, and under the current driving regulations anyone with a history of epilepsy will be granted a licence to drive vehicles in categories C and D, heavy goods, when they are 10 years seizure free and off medication. For details see [www.epilepsy.ie](http://www.epilepsy.ie) and [www.ndls.ie](http://www.ndls.ie)

Blanket restrictions in relation to employment and epilepsy are unhelpful and should be avoided. In selecting, or ruling out, career options consideration should be given to the individual's abilities and aptitudes, the requirements of the particular job and the implications of the individual's type of epilepsy in relation to the demands of that particular job. Telling a prospective employer about epilepsy is something that the young person should give some consideration to in advance, ideally with the support of a Career Guidance Counsellor or Epilepsy Ireland staff. The applicant will need to know enough about their epilepsy to be able to give an employer an accurate picture of it and its implications, if any, and they will also need to be able to give this information in a matter of fact and positive way. See [www.epilepsy.ie](http://www.epilepsy.ie) for the Epilepsy and the Workplace Booklet for employers.



## 4 EXPLAINING EPILEPSY TO STUDENTS

After a seizure in class, it is important to explain epilepsy to the class and answer any questions. Ideally, it is best if they know about epilepsy beforehand. The resources below will enable staff to help students of various ages develop a basic understanding which will reduce fears and anxieties. Classmates may fear catching epilepsy (they can't), that seizures are painful (they aren't), or that seizures are in some way a threat (not true). Discussing fears helps turn the seizure event into a positive learning experience.

**Lesson Aims:** Any lesson on epilepsy will aim to:-

- Increase students' knowledge about epilepsy
- Increase students' knowledge about how to recognise a seizure
- Increase students' knowledge on seizure first aid
- Increase students' confidence in managing seizure first aid
- Reduce students' fear of seizures
- Increase students' empathy with people with epilepsy
- Reduce the stigma about people with epilepsy

### Pre School & Primary Schools (Juniors – Fourth Classes) Option 1:

Read 'My Lights Go Out' by Julie Greene about how Aoife lives with epilepsy.

Use Seizure First Aid Posters to explain to children about what to do in a seizure.

Ask the children to draw a picture of how they can help someone in during a seizure. (e.g. Get an adult/Clear a space/Cushion the head/Stay with the person/call 112/999)

### Pre School & Primary Schools (Juniors – Fourth Classes) Option 2:

The International Bureau of Epilepsy promoted a story for younger children in schools to learn about Epilepsy using the animated character Campi. Campi is a little seahorse who has epilepsy and has an epileptic seizure in school, before visiting the doctor with his parents. The seahorse is genus Hippocampus and its shape resembles a part of the brain that has the same name and is important in epilepsy. A Campi colouring in sheet is also available (see <https://epilepsy.org/campi/>) and see Campi in School <https://www.youtube.com/watch?v=tncT70DXCS8&feature=youtu.be>

### Pre School & Primary Schools (Juniors – Fourth Classes) Option 3:

Epilepsy Action has a link on its website to three animations that help students learn about Epilepsy. An interactive quiz follows the animation to review students learning on seizure first aid. Lesson link is <http://learn.epilepsy.org.uk/classroom-resources/>

## MAIN TEACHING POINTS PRIMARY (5TH & 6TH) & POST PRIMARY SCHOOLS

- Begin with a brief discussion on the brain, what it looks like, how much it weighs, what it does, how it looks, how it helps us to see, hear, think, move and function.
- Explore what the students already know about epilepsy (e.g. what words they associate with epilepsy). Address any myths or misunderstandings.
- Explain seizures as brief and temporary malfunctions of brain activity – suitable analogies to use include a computer crashing or buffering.

## EXPLAINING EPILEPSY TO STUDENTS

- Explain that epilepsy is a hidden condition; a physical condition not a mental health condition; is not contagious; is not restrictive (in most cases).
- Explain that an estimated 40,000 people in Ireland have epilepsy, including 10,000 children.
- Explain the potential causes of epilepsy include head injury, brain infections, stroke etc. however in 50% of cases no cause can be identified.
- Explain how triggers include stress, tiredness, missed medication etc.
- List the seizure categories - There are two main types of epilepsy – Generalised and Focal (Refer to 'About Epilepsy' for details)
- Explain about Seizure First Aid – Refer to First Aid Posters in Pack
- Discuss how people with epilepsy may feel about it – the worries and fears they may have e.g. how others see them, having a seizure in public and stigma.
- Review Learning - What can you do to help someone in a seizure?
- Where the student with epilepsy wishes to be involved in any epilepsy education session this should be supported and encouraged.

### Lesson Resources (You Tube Links)

- 10 Things to Know About the Brain (including input from Rick O'Shea)  
<https://www.youtube.com/watch?v=qOrDYM3cAjl>
- Rick O'Shea RTE Radio DJ talks of his experience of living with Epilepsy  
<https://www.youtube.com/watch?v=LgqWjFQAJQs>
- Rick O'Shea & Joe Schmidt talk on  
<https://www.youtube.com/watch?v=aYKplEenO9I>
- Katie Cooke shares her experience of growing up with Epilepsy  
<https://www.youtube.com/watch?v=OScBxa6FpCk>
- Joe Schmidt talks Seizure First Aid  
[www.youtube.com/watch?v=ay4X1dXz0www](http://www.youtube.com/watch?v=ay4X1dXz0www)

- Personal written account of a young girl with Epilepsy  
<https://www.epilepsyadvocate.com/blog/voices-cassidy-megan?tid=57>
- \* Gamer clip: Ali A and the British Red Cross - Ali A Saves the Day  
<https://www.youtube.com/watch?v=tml-Bk7Xmnl>
- Detailed lesson plans on Epilepsy for post primary school students link  
<http://epilepsy-chicago.org/education/school-based-education/epilepsy-classroom>

### Other resources

The Action Zone Game is a board game for two or more players which educates about epilepsy in a fun way with Question Cards and Did You Know cards on the topic. Suitable from ages 5 years. It is available from Epilepsy Ireland.

### College Students

The lesson plan and many of the resources for senior primary and second level can be adapted for use with college students also. For this audience it is important to place extra emphasis on lifestyle triggers such as missed medication, missed sleep and meals, alcohol and stress, as well as safety advice, especially with regard to students living independently away from home. Fellow students can be informed how to support a friend with epilepsy to reduce their risk of seizures. Where the student with epilepsy wishes to participate in any epilepsy education sessions this should be encouraged and facilitated. Epilepsy Ireland also provides talks on request.

## 5 APPENDIX

### SAMPLE EPILEPSY CARE PLAN - EPILEPSY IRELAND – PAGE 1

#### STUDENT INFORMATION AND CONTACT DETAILS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Next of Kin 1 \_\_\_\_\_

Contact numbers for next of kin 1 \_\_\_\_\_

Next of Kin 2 \_\_\_\_\_

Contact numbers for next of kin 2 \_\_\_\_\_

Other designated contacts \_\_\_\_\_

Contact numbers for other designated contacts \_\_\_\_\_

Siblings in school/college \_\_\_\_\_

\_\_\_\_\_

Key staff in school/college \_\_\_\_\_

\_\_\_\_\_

Class Teacher \_\_\_\_\_

Class Tutor \_\_\_\_\_

Year Head \_\_\_\_\_

SEN Teacher/SNA \_\_\_\_\_

Principal/ Vice Principal \_\_\_\_\_

Coaches/Activities Co-ordinators \_\_\_\_\_

Careers Advisor \_\_\_\_\_

Course Co-ordinator \_\_\_\_\_

Heads of Departments \_\_\_\_\_

Tutors \_\_\_\_\_

Disability Officer/Support Service \_\_\_\_\_

Other \_\_\_\_\_

## APPENDIX

### SAMPLE EPILEPSY CARE PLAN – EPILEPSY IRELAND – PAGE 2

#### MEDICAL CONTACTS

Family Doctor \_\_\_\_\_  
Hospital attended \_\_\_\_\_  
Consultant \_\_\_\_\_  
Epilepsy Nurse \_\_\_\_\_  
Other specialist (s) \_\_\_\_\_

#### MEDICAL INFORMATION

What type of epilepsy has the student been diagnosed with? \_\_\_\_\_  
\_\_\_\_\_

What type (s) of seizures could the student have? \_\_\_\_\_  
\_\_\_\_\_

Are there any known triggers for the seizures? Please list. \_\_\_\_\_  
\_\_\_\_\_

What typically happens when the student has a seizure? \_\_\_\_\_  
\_\_\_\_\_

How long does the seizure or seizures usually last? \_\_\_\_\_  
\_\_\_\_\_

Does he or she have a warning (aura)? \_\_\_\_\_  
\_\_\_\_\_

### SAMPLE EPILEPSY CARE PLAN – EPILEPSY IRELAND – PAGE 3

What kind of first aid, if any, is required? \_\_\_\_\_  
\_\_\_\_\_

Does the student need to rest after a seizure and for how long? \_\_\_\_\_  
\_\_\_\_\_

Is a spare set of clothing required to be kept on the school/college premises and if so where is this kept? \_\_\_\_\_  
\_\_\_\_\_

Does the student have sleep seizures which could affect attendance or functioning? \_\_\_\_\_  
\_\_\_\_\_

#### ROUTINE MEDICATION

How often does the student take medication each day? \_\_\_\_\_  
\_\_\_\_\_

Is it necessary to take it in school/college and at any specific times? \_\_\_\_\_  
\_\_\_\_\_

Who is to be responsible for keeping and administering medication? \_\_\_\_\_  
\_\_\_\_\_

Does the medication have any side effects? What are these? \_\_\_\_\_  
\_\_\_\_\_

Does the student require emergency medication? \_\_\_\_\_  
\_\_\_\_\_

Has the Emergency Medication Protocol included been completed? \_\_\_\_\_  
\_\_\_\_\_

## APPENDIX

### SAMPLE EPILEPSY CARE PLAN – EPILEPSY IRELAND – PAGE 4

Does the student have any sensitivity to flashing lights or glare or photosensitive triggers?  
(EEG record can be checked if not known) \_\_\_\_\_

Does the student use any of the following aids or appliances, seizure alarm or smartwatch, helmet,  
ventilated pillow, other? \_\_\_\_\_

What does the student wish staff and/or students to know about their epilepsy and seizures? \_\_\_\_\_

Does the student wish to be involved in any education sessions on epilepsy? \_\_\_\_\_

#### OTHER CONDITIONS

Does the student have any other conditions apart from epilepsy? \_\_\_\_\_

Has the medical team(s) advised any limitations on activities? \_\_\_\_\_

Does the student have an understanding of their condition(s) and treatment? \_\_\_\_\_

Are there any other special considerations? \_\_\_\_\_

### SAMPLE PROTOCOL FOR ADMINISTRATION OF BUCCAL MIDAZOLAM

The protocol for administration should contain the following and should be provided by the medic who prescribed the medication:

#### Name:

- The name of the person for whom the medication has been prescribed

#### When to administer:

- This will give the time the medication is to be administered, it should read as follows
- If **NAME's** seizure lasts longer than (specified number of) minutes
- **Note:** for tonic-clonic seizures it will never be more than 5 minutes but it could be less, it could be immediate – you must wait the specified time so as to give the seizure time to stop

#### How much medication is to be given:

- This will specify the dose to be administered

#### Route of Administration:

- For BUCCOLAM this will be in the Buccal Cavity (between the cheek and the gum)
- For EPISTATUS it may read Buccal or Nasal cavity
- For STESOLID it will read Rectal Administration

#### What to do if the medication does not work:

- This will state action to be taken if the medication does not work, which will usually be to call an ambulance

#### How many doses may be given in a 24-hour period?

- This will be of particular relevance should a person with epilepsy be involved in any hand over from home to service/service to secondary service etc.

#### Special Note on Babies and Children

In the case of a baby or child the specific guidance of the treating paediatric team must be followed when developing the protocol for administration of buccal midazolam. This guidance may reflect special issues for this age group as to calling an ambulance and administering a first dose of buccal midazolam.

**N.B. ALWAYS follow the protocol.**



## APPENDIX

### SAMPLE CONSENT FORMS FOR EPILEPSY CARE PLAN INFORMATION

#### SAMPLE CONSENT FORMS FOR EPILEPSY CARE PLAN INFORMATION

I \_\_\_\_\_ (parent/guardian/student) agree /do not agree that the medical guidance and information in this Epilepsy Care Plan can be made available to persons involved in the education and care of me/my child and to the emergency services when required.

Signed by Parent/Guardian/Student \_\_\_\_\_

Date \_\_\_\_\_

#### CONSENT FOR ADMINISTRATION OF EMERGENCY MEDICATION

In a seizure related emergency I consent/do not consent to having emergency medication administered to my child/me by a member of staff or having the appropriate first aid given as outlined in the Epilepsy Care Plan

Signed by Parent/Guardian/Student \_\_\_\_\_

Date \_\_\_\_\_

The school/college may/may not contact those medical or other professionals below for further information or training. The Parent or Student undertake to give/not give consent to medical teams to provide medical information to the school/college

Name(s) \_\_\_\_\_

Contact numbers \_\_\_\_\_

### SAMPLE MEDICATION/EMERGENCY MEDICATION ADMINISTRATION RECORD

#### SAMPLE MEDICATION/EMERGENCY MEDICATION ADMINISTRATION RECORD

Student \_\_\_\_\_ Date \_\_\_\_\_

Routine Medication \_\_\_\_\_

Dose administered \_\_\_\_\_

Time Administered \_\_\_\_\_

Notes eg, ambulance called \_\_\_\_\_

Name of staff member \_\_\_\_\_

Signed \_\_\_\_\_

#### EMERGENCY MEDICATION

Student \_\_\_\_\_ Date \_\_\_\_\_

Dose Administered \_\_\_\_\_

Time Administered \_\_\_\_\_

Route \_\_\_\_\_

Response to emergency medication \_\_\_\_\_

Notes eg. first ever dose, ambulance called \_\_\_\_\_

Name of staff member \_\_\_\_\_

Signed \_\_\_\_\_

# Epilepsy Ireland Resources

**FREE TO DOWNLOAD**  
from our website [www.epilepsy.ie](http://www.epilepsy.ie)



## Information Resources



We provide up-to-date information about epilepsy for you, with over 40 individual information leaflets available from our offices or from our website [www.epilepsy.ie](http://www.epilepsy.ie). We also provide a number of booklets and books on a variety of aspects of epilepsy. We have information packs for professionals also – teachers, nurses and employers.

## First Aid For Tonic Clonic Seizures

Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase)



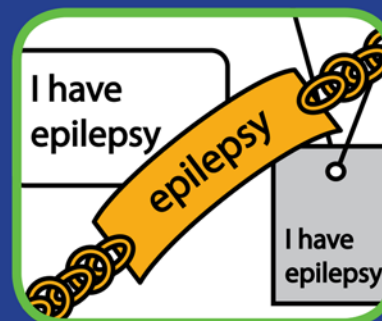
1. DO time the seizure



2. DO remove any harmful objects



3. DO cushion the head



4. DO look for Epilepsy I.D.



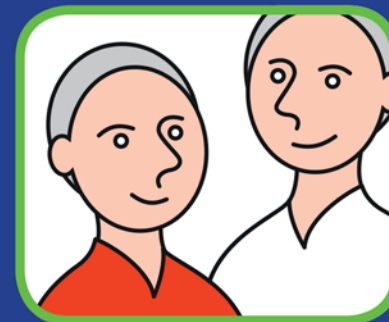
5. DON'T put anything in the person's mouth



6. DON'T restrain the person or move unless in danger



7. DO turn the person on side (into recovery position) when seizure stops



8. DO stay with the person until the seizure ends and offer assistance



**When to call an ambulance**

- If the seizure is longer than 5 minutes
- If one seizure follows another without stopping
- If you know it is the person's first seizure
- If the person is injured
- If you are in any doubt

### Complex Partial Seizures

(Non-convulsive seizures with confusion, wandering, unusual behaviours)

- Stay with the person
- Time the seizure
- Guide away from any danger
- Speak gently and calmly to reassure the person
- DON'T restrain the person unless in danger



# First Aid for Complex Partial (focal) seizures

including temporal lobe seizures

Non-convulsive seizures in which awareness is affected but consciousness is not lost

## KNOW THE SIGNS



Wandering aimlessly



Fidgeting with clothing



Agitated behaviour



Chewing & smacking of lips



Confused or slurred speech



Staring trance-like

## KNOW WHAT TO DO



**DO** time the seizure



**DON'T** restrain or grab



**DO** guide gently from danger



**DO** calmly reassure



**DO** stay until seizure ends



**DO** explain what happened



### When to call an ambulance

- If the seizure is longer than 5 minutes
- If the person has more than one seizure
- If you know it is the person's first seizure
- If the person is injured
- If you are in any doubt

**Epilepsy Ireland**

249 Crumlin Road, Dublin 12.  
T: 01 4557500. [info@epilepsy.ie](mailto:info@epilepsy.ie)  
[www.epilepsy.ie](http://www.epilepsy.ie)  
[facebook.com/epilepsyie](https://facebook.com/epilepsyie)  
[@epilepsyireland](https://twitter.com/epilepsyireland)

## **EPILEPSY IRELAND SERVICES**

Epilepsy Ireland offers a range of one to one and group services from offices in Dublin, Cork, Galway, Dundalk, Limerick, Kerry, Kilkenny, Letterkenny, Sligo and Tullamore. Contact details for these offices are on the back cover of this booklet.

### **SERVICES PROVIDED INCLUDE :**

- Information and Support
- New Diagnosis Living Well with Epilepsy Programme
- STEPS Self-Management Programmes for Adults
- STEPS Self Management Programmes for Parents and Carers
- InnerWise Meditation Programme
- Training For Success QQI Level 5 Access Programme
- Group Support
- One to one support
- Family Fun Days
- Youth Events
- Regional Outreach Services
- Hospital Outreach Services
- Emergency Medication training
- School Talks
- Conferences and Seminars
- Specialist Nurse and Transition Nurse Helplines





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#### Contact

**Web:** [www.epilepsy.ie](http://www.epilepsy.ie)  
**Facebook:** [facebook.com/epilepsy.ie](https://facebook.com/epilepsy.ie)  
**Twitter:** [@epilepsyireland](https://twitter.com/epilepsyireland)  
**YouTube:** [youtube.com/BrainwaveEpilepsy](https://youtube.com/BrainwaveEpilepsy)

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#### Head Office

249 Crumlin Road, Dublin 12  
**Tel.:** 01 455 7500  
**Email:** [info@epilepsy.ie](mailto:info@epilepsy.ie)  
**Specialist Nurse Helpline Tel.:** 01 455 4133  
Monday 9.30am – 1pm  
**Transitional Care Advice Line Tel.:** 01 455 4133 Monday 2pm – 5pm

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#### North West

**Covering:** Donegal, Leitrim & Sligo  
**Community Resource Officer:** Agnes Mooney  
Letterkenny Office, Grand Central Complex, Floor 2B, Canal Road,  
Letterkenny, Co. Donegal  
**Tel.:** 074 9168725  
**Email:** [amoonney@epilepsy.ie](mailto:amoonney@epilepsy.ie)  
**Tel.:** 071 9141858

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#### West

**Covering:** Galway, Roscommon & Mayo  
**Community Resource Officer:** Edel Killarney  
Westside Resource Centre, Seamus Quirke Road, Westside, Galway  
**Tel.:** 091 587640  
**Email:** [ekillarney@epilepsy.ie](mailto:ekillarney@epilepsy.ie)

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#### Mid-West

**Covering:** Limerick, Clare & Tipperary North  
**Community Resource Officer:** Veronica Bon  
Social Service Centre, Henry St. Limerick  
**Tel.:** 061 313773  
**Email:** [vbon@epilepsy.ie](mailto:vbon@epilepsy.ie)

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#### Kerry

**Covering:** Kerry  
**Community Resource Officer:** Kathryn Foley  
9/10 The Paddocks, Ballydowney, Killarney, Co. Kerry  
**Tel.:** 064 6630301  
**Email:** [kfoley@epilepsy.ie](mailto:kfoley@epilepsy.ie)

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#### Cork

**Community Resource Officers:**  
South Lee & West Cork: Niamh Jones  
North Lee & North Cork: Loretta Kennedy  
Unit 1, 83 Beech Road, Muskerry Estate,  
Ballincollig, Co. Cork  
**Tel.:** 021 4274774  
**Email:** [njones@epilepsy.ie](mailto:njones@epilepsy.ie) /  
**Loretta:** [lkennedy@epilepsy.ie](mailto:lkennedy@epilepsy.ie)

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#### South East

**Covering:** Kilkenny, Wexford, Carlow, Waterford & Tipperary South  
**Community Resource Officer:** Miriam Gray  
C/o HSE, St. Joseph's, Waterford Rd, Kilkenny  
**Tel.:** 056 7789904  
**Email:** [mgray@epilepsy.ie](mailto:mgray@epilepsy.ie)

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#### Midlands

**Covering:** Offaly, Longford, Laois & Westmeath  
**Community Resource Officer:** Cliona Molloy  
The Charleville Centre, Church Avenue, Co. Offaly  
**Tel.:** 057 9346790  
**Email:** [cmolloy@epilepsy.ie](mailto:cmolloy@epilepsy.ie)

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#### East

**Covering:** Dublin, Kildare & Wicklow  
**Community Resource Officer:**  
Dublin North, West & Kildare: Edel Curran  
Dublin South & Wicklow: Carina Fitzgerald  
National Information Officer: Geraldine Dunne, 249 Crumlin Road,  
Dublin 12  
**Tel.:** 01 4557500  
**Email:** [gdunne@epilepsy.ie](mailto:gdunne@epilepsy.ie) /  
[ecurran@epilepsy.ie](mailto:ecurran@epilepsy.ie)  
[cfitzgerald@epilepsy.ie](mailto:cfitzgerald@epilepsy.ie)

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#### North East

**Covering:** Louth, Meath, Monaghan & Cavan  
**Community Resource Officer:** Mary Baker  
Unit 1a, Partnership Court, Park St. Dundalk, Co. Louth  
**Tel.:** 042 9337585  
**Email:** [mbaker@epilepsy.ie](mailto:mbaker@epilepsy.ie)

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#### Training for Success

**Manager:** Honor Broderick  
Institute of Technology Sligo, Ballinode, Sligo  
**Tel.:** 071 915 5303  
**Email:** [Broderick.honor@itsligo.ie](mailto:Broderick.honor@itsligo.ie)

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#### Epilepsy Specialist Nurse HELPLINE

Monday 9.30am – 1.00pm  
**Tel.:** (01) 4554133

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#### Transitional Care Information Advice Line

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**Tel.:** (01) 4554133

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With thanks to

