

**Epilepsy**

**Strategies for Schools / Teachers**

**Overview of strategies for schools.**

**Epilepsy Education for Students, School Staff and Community**

A student or teacher faced with a young person having a seizure may experience fear, embarrassment and a feeling of inadequacy. The teacher has a vital role to play in ensuring the student with epilepsy is safely managed within the school environment.

In addition, teachers have an important role in encouraging the student with epilepsy to develop a healthy, positive adjustment to living with the disorder. Teachers can also model appropriate attitudes and behaviours about epilepsy, which can be a powerful means of ensuring the student’s acceptance by his or her peers.

It is vital for the school community that teachers and students develop an awareness of epilepsy, first aid knowledge, and strategies to support and assist all students to reach their full potential academically, socially and emotionally. Starting from a basis of inclusion rather than exclusion for students with epilepsy in a school setting is very helpful.

Understanding the individual student’s unique set of epilepsy circumstances, planning and supervision are key strategies adopted by schools dedicated to best practice.

**Epilepsy Education for School Staff:**

An epilepsy management and action plan should be developed for all students with epilepsy. A good plan should be concise, and easy to understand with the key information about the particular student’s unique epilepsy circumstances, including emergency contact numbers, seizure type/s with a detailed description of the episodes, triggers, medication, and specific instructions of what to do when the student has a seizure and when to call an ambulance.

It is important to discuss issues of confidentiality and disclosure with the parents and student. If the student hasn’t had a seizure at school and is unlikely to have a seizure at school, the student and parents may not want this information disclosed to other students.

**Epilepsy Education for Students:**

Young people may feel afraid for the welfare of a person having a seizure or they may feel vulnerable themselves. If all students are given factual information, the likelihood of a young person with epilepsy being teased and excluded is reduced and inclusion and support are the more likely outcomes. Open explanations, discussions and questions are to be encouraged.

A helpful strategy is to incorporate epilepsy education into the health curriculum, especially if the student or family hasn’t consented to disclosure. The young person with epilepsy should be allowed to decide if they want to be part of the discussion or not. It can be a powerful and very positive experience for classmates when a student with epilepsy talks openly about their disorder.

If a student has a seizure in the classroom or school grounds, the incident affects the student with epilepsy and the students who witnessed the seizure. Seeking permission from the student (& for a younger child, the parents) to provide specific epilepsy information about the student’s particular epilepsy is essential. Establishing and maintaining excellent communication between the school and the student’s family is also very important.

An excellent way for students to gain knowledge about epilepsy and first aid as part of the school curriculum is through Trivia Challenge

Students participate in a quiz of 100 general knowledge questions, 10 of which are about epilepsy.

* Avoid an over-protective attitude A student may feel that they are being singled out even though the teacher only feels concerned for their welfare and this may create problems for them with their peers. It is better to assume that a student will undertake all the activities on a curriculum, unless they or their parents indicate concern. Students can contribute to creating their own positive environment by listing what they can do or what they aspire to do. Concentrating on aspirations and achievements rather than on the limitations imposed by their health will foster a student’s self-esteem and undermine misconceptions among some members of the school community.
* Consider the words It is preferable to use the term “person with epilepsy” and not “epileptic”. Others should also be discouraged from using this term by politely explaining to them that the person with epilepsy is first and foremost a person with diverse interests and roles. Their health is only one aspect of their whole life.
* Consider other explanations If a student appears drowsy or lacking in concentration do not assume this is due to their condition or their medication. As with other students, if the behaviour continues, the matter must be explored. It may be due to the epilepsy itself, or the medication, but it may also be due to other reasons, and these will require attention.

**First Aid:**

Always follow the student’s Epilepsy Management Plan and ensure that the plan is kept up to date. Regularly review the plan to ensure all teachers understand what needs to be done if the student has a seizure. Work out strategies for managing seizures in various settings in the school environment.

Determine who will take responsibility for which aspect of the plan and practice implementation of the plan. Ensure relief teachers are aware of the student’s epilepsy and the plan. Special consideration needs to be given for the swimming program, excursions and school camps.

One to one supervision is strongly recommended for all students with epilepsy participating in swimming lessons. Most students with epilepsy can successfully participate in school excursions and camps with careful planning before the events and appropriate supervision during activities.

**Medication:**

Most students take antiepileptic medication twice daily and are unlikely to need to bring medication to school. Some students require emergency medication for prolonged seizures and staff can only administer this medication if there is a clear, detailed order from the prescribing doctor and those responsible at the school for administering the medication have been trained by a registered nurse.

**Behaviour:**

In general, students with epilepsy don’t have specific behaviour problems unique to their condition and most will respond to appropriate discipline in the classroom. Sometimes a student with epilepsy can have behaviour problems due to seizure activity, or side effects from their medication.

In addition, the student’s own anxiety and low self-esteem or parental overprotection or overindulgence may also contribute to behaviour problems. Epilepsy often occurs in children and young people with other conditions such as an intellectual disability, autism, an acquired brain injury, or a physical disability. Sometimes behaviour problems are more likely to be caused by the other co-existing conditions.

**Learning Difficulties:**

Some students with epilepsy can have learning difficulties, which can result from any one of a number of factors such as the disruption to learning from ongoing seizures, underlying brain damage which may have caused the epilepsy and either a cognitive impairment or an intellectual disability.

The anti-epileptic medication can also contribute to a disruption to the student’s optimum learning in some circumstances.

Program Support Groups and recruiting external professional assistance often helps the school improve outcomes for a student with epilepsy.

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