



## **Epilepsy in Schools**

### **NEU guidance for members, reps and local officers**

#### **What is epilepsy?**

Epilepsy can take many shapes and forms, but it can be summed up as the tendency to experience seizures. Seizures arise because of sudden bursts of excess electrical activity in the brain, causing disruption to normal brain functions. Seizures can affect people with epilepsy at any time. They usually only last for seconds or minutes, after which the brain generally returns to normal.

More than half a million people in the UK have epilepsy, which is around one in 100 people. Three quarters of sufferers experience their first seizure before the age of twenty. Around 80 per cent of children with epilepsy attend mainstream school. Most teachers, therefore, will teach a number of epileptic children during the course of their career, and can provide valuable support in helping to deal with the condition in a calm and reassuring manner, encouraging a positive and accepting attitude to the condition among other pupils in the class.

Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every pupil with the condition. This should be devised in consultation with parents and medical staff, and should set out the particular pattern of the child's epilepsy.

#### **In particular, it would be useful to ask parents:**

- what type of seizures the child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- common triggers for the child's seizures
- how often is medication taken, and what the likely side effects are
- whether there is any warning prior to the seizure, and if so, what form it takes
- what activities might the parents or doctor place limits on
- whether the child has any other medical conditions
- to what extent the child understands their condition and its treatment.

#### **Recognising a seizure**

There are about 40 different types of seizure, some affecting the whole brain, others only a part of it. Some seizures are easier to recognise than others. When only a part of the brain is affected, the child will remain conscious but might display such symptoms as twitching or jerking of a limb, sensations of pins and needles, or an unusual taste in the mouth. In cases where consciousness is affected, they might appear confused or start wandering around; they can also exhibit strange behaviour such as fiddling with objects or plucking at clothes. The child may subsequently have little or no memory of the seizure.



More serious forms of seizure, such as the 'tonic-clonic' or 'grand-mal' seizure, affect the whole of the brain and not just a part of it. Tonic-clonic seizures are characterised by loss of consciousness and convulsions that may last for a few minutes. Breathing may become difficult and the area around the mouth can turn a pale blue or grey colour. There may also be a loss of continence. Afterwards, the child is likely to be tired and/or confused. Some children will recover within a few minutes, but others may need to sleep for several hours.

The severity of the seizure is not necessarily dictated by the extent of the brain it affects. For example, if a pupil experiences an 'absence seizure', which affects the whole of the brain, there may be few visible indications that it is taking place, other than that an outward appearance that they are day-dreaming, looking 'blank' or staring. Such seizures can easily be mistaken for not paying attention in class.

### **Dealing with seizures**

If a child has a seizure, teachers should observe the following guidelines, in addition to any specific advice given in the child's individual care plan:

- Remain calm, and reassure others in the class.
- Ensure that the child cannot harm themselves.
- Only move the child if there is a danger of, for example, sharp or hot objects or electrical appliances.
- Cushion the head with something soft, eg a folded jacket.
- Do not attempt to restrict the child's movements.
- Do not put anything in the child's mouth, including food or drink.
- Loosen any tight clothing around the neck (care is needed not to frighten or alarm the child).
- Once a convulsive seizure has stopped, place the child in the recovery position and remain with the child until they are fully recovered.
- Re-assure the child and allow to rest and/or sleep as necessary, in a supervised, quiet place such as a medical room.

An ambulance should be called if:

- it is the child's first seizure
- the child is badly injured
- they are experiencing breathing difficulties
- the seizure lasts for longer than the period set out in the child's health care plan
- the seizure lasts for longer than five minutes, and you do not know how long the child's seizures usually last
- there are repeated seizures, unless the child's care plan states that this is normal for that child.

This information should be incorporated into the school's emergency procedures as well as the child's individual health care plan. This should also give background information and descriptions of the usual type or types of seizure experienced by the child and whether emergency intervention may be required. The plan should also set out whether the child should be sent home after a seizure.



In cases where the child tends to experience longer seizures, they may be prescribed rectal diazepam, or in some cases a solution of midazolam given orally or intra-nasally. In such cases it is vital that the school has clear procedures, drawn up in consultation with the child's prescribing GP or paediatrician, on how and when it should be administered. Staff giving this medication must have received proper training from local health services, and the Department for Education (DfE) <sup>1</sup> advises that it is best administered by two adults, at least one of whom is the same gender as the child. The NEU advises members to be particularly wary of volunteering to carry out such procedures, given the potential for accusations of abuse.

### **Reporting a seizure**

Teachers and other school staff are in a comparatively good position to spot mild or sub-clinical forms of seizure which cannot be seen at all, but may be manifested by a drop in the standard of work or attainment by the child concerned.

Where any type of seizure is suspected, it should be reported immediately to the child's parents. Such vigilance may not only help parents and medical staff to diagnose and manage the symptoms, it can also aid the child's wellbeing and academic performance.

In reporting the seizure, the following information should be supplied:

- What led up to the seizure (eg visual or auditory stimulus, anxiety etc)?
- Specify any unusual feelings expressed by the child before the seizure.
- Describe any parts of the body affected by the seizure, such as limbs or facial muscles.
- Was the child unconscious?
- Was there any incontinence?

### **Common triggers for seizures**

A number of factors may increase the likelihood of a child having a seizure. They can include:

- anxiety or stress
- tiredness
- being unwell
- flashing or flickering lights
- certain geometric shapes or patterns.

Details of the types of triggers likely to affect an individual child should be detailed on their individual care plan so that staff can be aware of the need for care with particular activities. Most children with epilepsy do not have a problem using computers or watching television.

### **Medication**

The majority of children with epilepsy are treated with anticonvulsants to prevent or reduce their seizures. It is not normally necessary for them to take this medicine during school hours. Where medication does need to be taken during the school day, reference

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<sup>1</sup> See publication Supporting pupils at school with medical conditions at: [gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3](http://gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)



should be made to the NEU health and safety briefing Administration of Medicines. See also the notes above on the administration of rectal diazepam. Again, it is important to stress that where teachers have volunteered to administer any medicines, they should be provided with comprehensive training from appropriate health professionals.

Remember that teachers' conditions of service do not include an obligation to administer medicines or to supervise a pupil taking them. The position may be different for support staff. It is for the management of a school to devise appropriate procedures to support children who need to take medicine at school.

If staff notice that a child's seizures are on the increase, or that they appear sleepy, inattentive or hyperactive, they may need to have adjustments made to their medication. Such concerns should be discussed with the child's parents who can take the necessary steps to inform the appropriate medical staff.

### **School activities**

It is important that as far as possible, children with epilepsy are included in all school activities. However, particular care may be required in specific areas, such as swimming lessons, technology or science practicals. In PE lessons it would be unwise, for example, to allow a child with epilepsy to climb ropes or wall bars. Any safety concerns should be addressed as part of the child's individual care plan.

### **Checklist for NEU safety representatives**

1. Check that your school has incorporated the treatment of epilepsy into its school medicines and emergency procedures, and that sufficient staff are trained in any medicine administration required by any individual health care plans.
2. Ensure that school staff are fully aware of the identity of children with epilepsy, and have access to their individual health care plans, giving them knowledge of the pattern of their condition and its management within school. They should also know what action to take if a child has a seizure, including the identity and whereabouts of staff trained to administer epilepsy medication and the procedure to be followed in the event of an emergency.
3. Comprehensive and regularly updated individual health care plans should be available for each child with epilepsy at the school. Such plans should be easily accessible to staff, for example, posted in the staff room. It is often helpful to affix a recent photograph of the child to the plan – especially in larger schools – to aid identification.
4. Check that the school has made appropriate provision in respect of the other considerations mentioned in this briefing, recognising for example the importance of close liaison with parents and the implications of the condition on the child's participation in school activities.



## Further guidance

### DfE

[Supporting pupils at school with medical conditions](#)

### Epilepsy Action

Epilepsy Action (British Epilepsy Association) has specific information for education professionals on its website. This looks at classroom first aid, emergency care, medication and school activities.

Freephone helpline: 0808 800 5050

Text helpline: 07537 410044

Email: [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)

[epilepsy.org.uk](http://epilepsy.org.uk)

### National Society for Epilepsy

The NSE has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, equality law, and teaching pupils with epilepsy.

UK Epilepsy helpline: 01494 601400 (Monday to Friday, 10am-4pm).

[epilepsysociety.org.uk](http://epilepsysociety.org.uk)

### NEU health and safety briefings

The union has produced a number of briefings relevant to supporting children with medical needs in schools, which are listed below. They are available on the health and safety section of the NEU website at: [neu.org.uk](http://neu.org.uk)

Administration of Medicines

Anaphylaxis in Schools

Asthma In Schools

Diabetes in Schools

Dysentery in Schools

Epilepsy in Schools

First Aid in Schools

Hygiene Control in Schools

Infectious Diseases in Schools

Meningitis in Schools

Tuberculosis in Schools



## Appendix

### Fitness to Teach rules

Teaching staff with epilepsy should be aware that there are regulations that set out activities which teachers must have “the health and physical capacity to carry out”, such as planning, preparing and delivering lessons as laid out in the Education (Health Standards) (England) Regulations 2003.

The regulations do not say how an employer should determine whether an applicant has the appropriate health and physical capacity. Guidance published in 2007 by the then Department for Education and Skills (DfES) states that teachers and trainee teachers “need a high standard of physical and mental fitness to enter or remain in the teaching profession”, but this is an inaccurate reflection of the law. Instead, teachers and trainees are required to be able to carry out the activities set out in the regulations.

The requirements of the regulations must also be balanced by the disability discrimination provisions of the Equality Act 2010. In other words, teaching staff must have the health and physical capacity to teach but, in assessing this, employers must make sure they comply with disability discrimination rules. In particular, employers must consider, with the help of occupational health advice, any ‘reasonable adjustments’ that could be made to support a teacher with a disability as defined under the Act, such as:

- adaptations to working environment, layout and access
- changes to working patterns, timetables and/or classes
- modifications to work equipment
- provision of support staff to help with certain tasks.

Those encountering difficulties in the workplace as a result of their disabilities should in the first instance discuss the matter with their line manager or employer to determine what ‘reasonable adjustments’ can be made under the Equality Act 2010. NEU members might usefully request the assistance of their NEU health and safety representative in this regard.

Further support can be sought from the Government’s Access to Work scheme. [Access to Work](#) can help those whose health or disability affects the way they do their job. It provides advice and support for both employee and employer, and help with extra costs which may arise as a result of a disability.