

**A GUIDE FOR TEACHERS**

# *Epilepsy*



**EPILEPSY EDUCATION SERIES**

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*The Epilepsy Association of Northern Alberta*

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This booklet is designed to provide general information about Epilepsy to the public. It does not include specific medical advice, and people with Epilepsy should not make changes based on this information to previously prescribed treatment or activities without first consulting their physician.

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Special thanks to our Consulting Team, which was comprised of Epilepsy Specialist Neurologists & Neuroscience Nurses, Hospital Epilepsy Clinic Staff, Educators, Individuals with Epilepsy, and Family Members of Individuals with Epilepsy.

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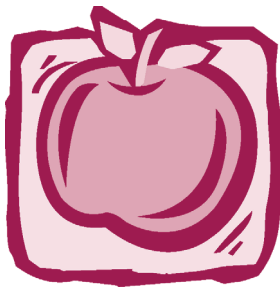
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# *Epilepsy: A Guide for Teachers*

Teachers play a vital role in the physical, emotional, and academic well-being of students with epilepsy. Teachers who know how to respond to seizures both improve safety standards in the school and influence the reactions of fellow students and school staff. A teacher who reacts to seizures calmly and supportively will help others learn to do the same. In some cases, teachers are the first to notice and recognize the symptoms of seizures in a student. Teachers who understand, encourage, and inspire students with epilepsy facilitate learning, independence, and self-esteem.



# H How To Recognize Seizures

Seizures take many different forms. A seizure may last for a few seconds and involve a blank stare or a sudden fall. It may last for a few minutes and involve a convulsion or random, purposeless movements such as chewing motions or pulling at clothing. Sometimes it is difficult to distinguish between a seizure and unusual behavior. What is important to watch for is a pattern of behavior that happens too often to be by chance.

Signs that may indicate that a student is having a seizure include:

- a sudden loss of awareness that may appear like daydreaming
- a brief lack of response
- memory gaps
- rhythmic head nodding
- rapid eye blinking
- repeated movements that appear unnatural
- repeated jerking movements of the body, arms, or legs
- sudden falls without an apparent reason
- sudden stomach pain followed by sleepiness and confusion
- frequent complaints that things taste, sound, smell, look, or feel strange
- sudden fear, panic, or anger without an apparent reason.

If you notice these symptoms, record your observations, discuss the observations with the school nurse and/or principal, and comply with the school policy regarding reporting to parents.

# W *Why Seizures Happen*

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The brain is made up of billions of nerve cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells, a change in the person's behavior or function may result. This abnormal activity in the brain that results in a change in the person's behavior or function is a seizure.

A number of causes can result in a disruption of the normal activity of the nerve cells and result in seizures. The causes vary according to the age of onset of epilepsy. The causes of seizures include genetics, birth injury, developmental disorder such as brain damage to the fetus, brain trauma from car accidents, sports injuries, etc., drug and alcohol abuse, infections such as meningitis, encephalitis, and AIDS, and brain tumor.

In many cases, however, the cause of the seizures is unknown.

# W *What Having Epilepsy Means*

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Epilepsy is a condition of the brain that is characterized by recurrent seizures. Approximately one in ten Canadians will experience at least one seizure during a lifetime. In those children who have a single seizure, only a small percentage have a second one. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy **is** a seizure disorder, **not** a psychological disorder or a disease and it is **not** contagious.

# Who Epilepsy Affects

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Epilepsy is a condition that is more common than most people realize. In the general population, approximately one person in a hundred has epilepsy meaning that approximately one in every one hundred students has epilepsy. In Canada, there are over 330,000 people with epilepsy.

People of all ages have epilepsy. The condition can begin at any age although its onset is most often in childhood or in the later years of life. The frequency of seizures in childhood may be partly due to the low seizure threshold of some children. A seizure threshold is the level at which the brain will have a seizure and the seizure threshold generally rises as the brain matures. This may partly explain why children with epilepsy often outgrow the condition.

**Epilepsy is a condition that is more common than most people realize. In the general population, approximately one person in a hundred has epilepsy meaning that approximately one in every one hundred students has epilepsy.**

# H How To Tell The Difference Between One Type of Seizure And Another

Although tonic clonic seizures are the ones most often associated with epilepsy, there are many types of seizures. The location in the brain of the abnormally discharging nerve cells determines the form the seizure will take. A student can have more than one type of seizure.

The different types of seizures begin in different areas of the brain and they are grouped into two categories: *partial* and *generalized*. If the sudden excessive electrical activity occurs in one part of the brain, it is called a *partial* seizure.

If the excessive electrical activity involves the whole brain, the seizure is called a *generalized* seizure. Sometimes seizures begin as partial and then spread and become generalized. These are referred to as *partial seizures secondarily generalized*.

## *Partial Seizures*

The two most common kinds of partial seizures are simple partial and complex partial. During a simple partial seizure, awareness remains intact. In a complex partial seizure, awareness is impaired.

A *simple partial* seizure (formerly called focal) usually begins suddenly and lasts seconds to minutes.

It involves symptoms that result in a person experiencing an unusual sensation, feeling, or movement called an *aura*. An aura can take many different forms and may involve sensory, motor, psychic, or autonomic symptoms. For example, an aura might be a distortion in sight, sound, or smell where a student may see, hear, or smell things that aren't there, or it may be sudden jerky movements of one area of the body such as the arm, leg, or face. For instance, the student may suddenly smell burning rubber when it is nonexistent or a hand may twitch uncontrollably.



An aura could also involve a sudden overwhelming emotion such as joy, sadness, fear, or anger. Or there may be the experience of autonomic symptoms such as stomach upset, dizziness, a shiver, a tingling or burning sensation, pallor, or flushing. Occasionally there will be the experience of déjà vu during which the student has the sensation of having experienced something before.

An aura is a simple partial seizure that may occur alone or may progress to a complex partial seizure or a generalized seizure. The aura can sometimes be used as a warning signal to allow the person to take the necessary precautions to avoid injury.

During a **complex partial** seizure (formerly called psychomotor or temporal lobe), a student experiences altered awareness and may appear dazed and confused. A dreamlike experience may occur. The student may be unable to respond or may do so incompletely or inaccurately. Sometimes, the student will lose contact.

The seizure often begins with an unusual sensation, feeling, or movement referred to as an aura. The aura often occurs just before awareness is altered and can be used as a warning.

Random purposeless movements over which the individual has no control called **automatisms** often characterize the seizure. These may include movements such as chewing motions, lip smacking, pulling at clothing, or random walking. Occasionally there are more dramatic behavioral changes such as screaming or undressing. One type of rare partial seizure known as a gelastic seizure results in a student giggling or laughing at inappropriate times.

A complex partial seizure generally lasts between one and two minutes and is often followed by a period of disorientation and confusion.

## *Generalized Seizures*

A generalized seizure commonly takes one of two forms: absence (without convulsions) or tonic clonic (with convulsions).

An **absence** seizure (formerly called petit mal) results in a blank stare usually lasting less than 10 seconds. The seizure starts and ends abruptly, and awareness is impaired during the seizure. These

seizures are sometimes misinterpreted as daydreaming or inattentiveness. The brief lapse of consciousness causes attention interruptions. As a result, a student may miss short parts of the lesson or may suddenly stop talking, stare blankly for a few seconds, and then continue talking without realizing that anything has occurred. Rapid blinking may accompany the seizure and the eyes may roll upwards. Following the seizure, alertness is quickly regained.

Although an absence seizure lasts for seconds, a student may experience as many as several hundred absence seizures in a day. If absence seizures are not treated, they could interfere with learning. Sometimes teachers are the first to notice these seizures.

**Tonic clonic** seizures (formerly called grand mal) usually last from one to three minutes.

The tonic phase of this seizure type typically involves a crying out or groan, a loss of awareness, and a fall as consciousness is lost and muscles stiffen. The second phase or clonic phase of the seizure typically involves a convulsion and there is jerking and twitching of the muscles in all four limbs. Usually the movements involve the whole body. Urinary or bowel control may be lost and there may be shallow breathing, a bluish or gray skin color, and drooling. The bluish color is partly the result of the change in available oxygen caused by a difficulty in breathing as the chest muscles contract. The seizure may result in the student biting his or her tongue. People cannot swallow their tongues. Never put anything in the student's mouth during the seizure.

Awareness is regained slowly following the seizure and the person often experiences a period of fatigue, confusion, or a severe headache after the seizure. The student may want to sleep.

Other types of generalized seizures include atonic and myoclonic seizures.

An **atonic** seizure is sometimes called a “drop attack” because it can result in a student suddenly falling to the ground. The seizure involves a sudden loss of muscle tone that may cause the student to fall or almost fall, to drop an object he or she is holding, or to nod the head involuntarily. Typically, an atonic seizure lasts for a few seconds.

As an atonic seizure happens suddenly and often with no warning, it can result in injury. Sometimes a student will have to wear a helmet for protection. These seizures usually begin in childhood and often occur in students with other seizure types.

A *myoclonic* seizure results in a sudden jerk of part of the body such as the arm or leg. The abrupt jerk of a muscle group may result in a foot suddenly kicking or in a student being thrown to the ground. Each seizure is very brief although myoclonic seizures may occur singly or in clusters.

## *Status Epilepticus*

A continuous seizure state, or *status epilepticus*, is a life-threatening condition. Seizures are prolonged or occur one after another without full recovery between seizures. The seizures may be convulsive or non-convulsive. **Immediate medical care is necessary.**

## *Sudden Unexplained Death in Epilepsy (SUDEP)*

The cause of SUDEP, where death occurs suddenly for no discernible reason, is unknown. This is rare.

# *H* *How to Respond to Seizures*

You cannot stop a seizure from occurring. Most seizures last for seconds or several minutes and will end naturally. Once a seizure is over, the student will typically return to normal. As a teacher, it is important to assure that the student is not in jeopardy during and following the seizure and to be aware of how to differentiate between a typical seizure and what is considered a medical emergency.

# F First Aid

## What To Do If Someone Has A Non-Convulsive Seizure

(staring blankly, confused, not responding, movements are purposeless)

- 1 Stay with the person.** Let the seizure take its course. Speak calmly and explain to others what is happening.
- 2 Move dangerous objects out of the way.**
- 3 DO NOT restrain the person.**
- 4 Gently guide the person away from danger or block access to hazards.**
- 5 After the seizure, talk reassuringly to the person.** Stay with the person until complete awareness returns.

## What To Do If Someone Has A Convulsive Seizure

(characterized by stiffening, falling, jerking)

- 1 Stay calm.** Let the seizure take its course.
- 2 Time the seizure.**
- 3 Protect from injury.** If necessary, ease the person to the floor. Move hard or sharp objects out of the way. Place something soft under the head.
- 4 Loosen anything tight around the neck.** Check for medical identification.
- 5 DO NOT restrain the person.**
- 6 DO NOT put anything in the mouth.** The person will not swallow his or her tongue.
- 7 Gently roll the person onto his or her side as the convulsive seizure subsides** to allow saliva or other fluids to drain away and keep the airway clear.
- 8 After the seizure, talk to the person reassuringly.** Do not leave until the person is re-oriented. The person may need to rest or sleep.



## Calling An Ambulance

*In assessing the need to call an ambulance, a combination of factors has to be considered. For example, if cyanosis (blue or gray color) or labored breathing accompanies the seizure, then an ambulance may be called earlier. If a person is known to have epilepsy and the seizure pattern is uncomplicated and predictable, then ambulance help may not be necessary.*



### **CALL AN AMBULANCE:**

- If a convulsive seizure lasts longer than 5 minutes.
- If consciousness or regular breathing does not return after the seizure has ended.
- If seizure repeats without full recovery between seizures.
- If confusion after a seizure persists for more than one hour.
- If a seizure occurs in water and there is any chance that the person has inhaled water. Inhaling water can cause heart or lung damage.
- If it is a first-time seizure, or the person is injured, pregnant, or has diabetes. A person with diabetes may experience a seizure as a result of extremely high or low blood sugar levels.

### **After first aid procedures have been followed, teachers or school staff should:**

- reassure and comfort the student if confusion follows the seizure.
- allow the student to remain in the classroom until full awareness returns.
- help to re-orient the student.
- allow rest if required.
- allow for the student to go to the restroom if the student lost bowel or bladder control during the seizure.
- provide a change of clothing if required (a change of clothing should be kept at school).
- inform the student of what instruction was missed.
- help others to understand what happened.
- allow time for discussion.
- encourage a positive reaction amongst classmates.
- proceed with regular class work.

# H *How Seizures Are Controlled*

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**Seizure medication** is the primary treatment for epilepsy. Medicine does not cure epilepsy, but it often reduces or even stops seizures from occurring by altering the activity of neurons in the brain. The majority of people achieve seizure control with seizure medication. It may be necessary for students to take medicine at various times during the day. Arrangements should be made based on the doctor's instructions and in conjunction with the parents' directions. Taking seizure medication as prescribed is essential.

**Surgery** may also be an option. Students considered for surgery usually have seizures that are **medically refractory** or **intractable**. This means that they do not respond to medical treatment such as the use of seizure medicine. In some cases, the quality of life while on medication is poor and surgery may be an option.

Surgery may involve the removal of the part of the brain where the seizures originate or it may involve a surgical cut to prevent seizures from spreading from one side of the brain to the other by interrupting the nerve pathways.

Other less frequently used methods to treat epilepsy include the use of a device that is similar to a heart pacemaker called a **vagus nerve stimulator** and a special diet known as the **ketogenic diet** that inhibits seizures in some individuals.

In some cases, seizures remain uncontrolled despite treatment.

**Seizure medication is the primary treatment for epilepsy. Drugs don't cure epilepsy, but they often reduce or even stop seizures from occurring by altering the activity of neurons in the brain.**

# Why Epilepsy Affects Learning

*Children with epilepsy have the same range of intelligence as other children and often epilepsy itself has no effect on intelligence or ability.* Children with epilepsy do, however, have a higher rate of learning problems and difficulty in school and a lower level of achievement. This may be influenced by many factors including:

- the side effects of medication
- the student's anxiety
- absenteeism
- the underlying neurological cause of the epilepsy
- the seizures themselves
- the teacher's attitude.

## Medication

Seizure medication can affect learning. Some medications have side effects that result in hyperactivity or interfere with concentration or memory. Seizure medications can also result in drowsiness, loss of coordination, fatigue, headache, decreased appetite, behavioral changes, nausea, drooling, tremor, weight gain or loss, double or blurred vision, dizziness, and/or depression. Sometimes side effects are cosmetic and include overgrowth of the gums, hair loss, or excessive hair growth.



The side effects tend to be more common when a drug has just been started, when the dosage has been increased, or when more than one drug has been prescribed.

Side effects can interfere with learning and with adaptability in the classroom.

*Teachers can be of great assistance by being alert to changes in learning, behavior, and emotional well-being in students with epilepsy and by providing information to the appropriate contacts.*

### **Anxiety**

The unpredictability of seizures could result in anxiety and insecurity in a student. This may affect initiative and independence in the classroom.

*If a teacher is calm and effective in dealing with seizures and reassures the student with epilepsy as well as fellow students, this may help to alleviate the student's anxiety.*

### **Absenteeism**

Seizures and medical tests and treatment may result in a student missing more class time than is typical. This could also influence achievement.

*Teachers can assist the student by assuring that all missed class-work is available.*

### **Neurological Causes**

In some cases, the underlying neurologic problem causing epilepsy may also result in learning problems. For example, if the condition results in problems in the association areas of the brain, letter recognition or the recollection of word meaning could be affected resulting in poor school performance.



*Teachers may be able to introduce teaching strategies to assist the student.*

### **Seizures**

Seizures may affect learning. For example, students experiencing absence seizures throughout the day will have their learning experience continually disrupted. Memory can also be affected



following complex partial seizures or tonic clonic seizures. This could result in further learning challenges. Nocturnal seizures also can result in tiredness at school.

*Assigning a buddy to the student who can answer questions and explain what was missed will provide both emotional and academic support to the student. Providing visual instructions and/or repeating verbal instructions can also be used to assist the student.*

### Teachers' Attitudes

While effective teachers may employ strategies to accommodate and encourage a student with epilepsy, some teachers assume that a student with epilepsy has a lower potential than other students.

*If this is the teacher's attitude, it may be conveyed to the student and influence the student's academic development due to reduced expectations.*

## *H* How Teachers Can Help

### *Communicate*

At the beginning of each school year, a teacher should meet with the student with epilepsy and his or her parents. Discuss the academic and social impact that epilepsy may have on the student and find out information regarding doctors, medications, seizure descriptions, allergies, other medical conditions, and first aid instructions. Assure that the school has a medical record on file with all relevant information.

Parents play a critical role in how a child adapts both intellectually and emotionally. There are many advantages to involving the parents as partners in the education of their child. Keeping the lines of communication open between the school and the parents through

methods such as regular phone calls, meetings, or a daily journal, will help to assure the well-being of the student. Teachers should report any seizure activity to the parents.

If the student's seizures are uncontrolled, a discussion with the family regarding confidentiality and/or how to share information with other students is important. If a discussion or in-service is to be arranged, the student should be given the option to choose whether or not to be present.

## *Offer support*

A diagnosis of epilepsy may result in a student experiencing a range of emotions including low self-esteem, anxiety, anger, or a feeling of powerlessness. There is also an increased risk of depression in those with epilepsy. Depression may be a side effect of medication, or it may occur just before, just after, or between seizures.



Depression may also be a reaction to the insensitivity of others or of living with the constant fear of having a seizure.

Even if seizures are being effectively controlled by medication, a student may be concerned about having a seizure in public. Children and teenagers are often afraid of being different. They may also be reluctant to take seizure medication when they are with others. Depending on the reactions of others to their condition, students with epilepsy may feel isolated.

By offering ongoing support and remaining calm if and when a student has a seizure, a teacher can have significant influence on both the student's reaction to the learning environment and on the response of others. Teachers can also assist by informing the appropriate contact of any depression or behavioral changes in the student. Behavioral changes can be a side effect of medication or can be caused by anxiety, low self-esteem, need for acceptance,

overprotection or overindulgence on the part of family or teachers, and/or the seizure activity itself.

Identifying what is causing the behavior changes is an important first step in helping the student.

## *Educate Others*

Sometimes students face ridicule, teasing, or prejudice from schoolmates. Peers may not understand the condition and children and young people can sometimes be unkind.

One of the challenges facing those with epilepsy is the public's lack of knowledge about the condition. Misconceptions based on historical perceptions, a lack of public awareness, and inaccurate television and movie depictions do result in incorrect assumptions about epilepsy. Sometimes these create the misguided perception that those with epilepsy are mentally disabled or are more likely to be violent. In older students, unusual behavior could be misinterpreted as alcohol or drug abuse. Sometimes the forms that seizures take can be mistaken to be deliberate acts. They are not. If a student does show aggressive behavior, it could be influenced by factors including the side effect of seizure medication, anxiety over the seizures, or a teacher's approach to the student. It is important for a teacher to discuss these problems with the parents. A family discussion with the student's doctor may assist the student in determining the cause and working through the problem.

Through public awareness and education, attitudes towards the condition are slowly changing. How the teacher responds to a seizure and to a student with epilepsy is very important. A positive and calm approach can reassure other students that a person having a seizure typically poses no risk to himself or herself or to others. Stressing that epilepsy is not a disease and that a person cannot catch epilepsy from someone else is also important. Explaining that seizures are not painful and that most seizures end naturally may also alleviate some of the concerns of classmates.

Many epilepsy associations have trained staff members who will visit schools to talk about epilepsy in order to educate others. This service provides staff and students with information regarding the condition.

Some epilepsy associations offer an educational puppet program called *The Kids on the Block (KOB)*. KOB uses life-sized colorful puppets to teach the students and staff about epilepsy. A puppet troupe may be available to visit your school to present an entertaining production. For more information on available services, contact your local epilepsy association or call 1-866-EPILEPSY (374-5377) toll-free to connect directly with the association in your area.

## Explaining Epilepsy To Classmates

Before any discussion takes place in the classroom, the student with epilepsy and his or her parents should be consulted regarding preferences on confidentiality and approaching the topic of seizures. If the student's seizures are uncontrolled, it is usually in the best interest of both the student and the classmates to discuss seizures in order to alleviate misunderstandings and fears.

A discussion could include the following points:

- The brain is made up of billions of tiny nerve cells. These cells send messages to each other and to other parts of our bodies. Nerve cells in different areas of the brain control different parts of the body.
- For example, it is your brain that sends the message for your foot to kick the ball when you are playing soccer, for your hand to go up when you want to answer a question in school, and for you to smile when you meet a friend.
- Sometimes the nerve cells become mixed up or too active and they send messages to other parts of the body that the person doesn't want. When this happens, the person has a seizure. Most of the time, however, the brain sends the messages the person wants. Seizures

only happen sometimes and when they are not happening a person who has seizures is the same as everyone else.

- There are many types of seizures. What kind of seizure a person has depends on where in the brain the nerve cells are mixed up. During a seizure a person might stare into space, blink his or her eyes quickly, feel afraid or dizzy, or fall down and shake.
- Like a sneeze, a seizure cannot be stopped. It only lasts for a few seconds or minutes and it doesn't typically hurt the person or anyone else.
- A person who has multiple seizures has epilepsy. People of all ages around the world have epilepsy. Epilepsy isn't a disease that you can catch from someone else. It is a condition that results in a person having seizures.
- Seizure medicine can usually stop the seizures from happening.
- Some children have conditions like food allergies or asthma that may require medication or extra caution too. Just like snowflakes, each person is different. That's what makes meeting people and making new friends so much fun. Friends accept and love each other for who they are. Friends accept the differences.
- There are some things that you can do to help a person who is having a seizure.

### **Some of the important things to do are:**

1. Stay calm.
2. Move hard or sharp objects out of the way.
3. Do not hold the person down.
4. Do not put anything in the person's mouth.
5. If the person falls and is shaking on the ground, gently roll the person onto his or her side as the convulsion subsides.
6. Send for an adult.
7. Stay with the person.

## *Create An Enriching Learning Experience*

The educational placement, the program, and a teacher's style of instruction all have an influence on a student's ability to adapt to the school environment. Just because a student has epilepsy does not mean that he or she needs special education. Integration in regular classes is generally the most appropriate choice. Just as students without epilepsy sometimes need a specialized program, some students with epilepsy may need extra support. While it is important to maintain expectations and encourage potential in a student with epilepsy, it is also important, as with any student, to have realistic expectations. Unrealistic expectations of teachers and/or parents can create stress or feelings of failure in a student. This could have a negative effect on a student's self-esteem and motivation.

Sometimes strategies including a change in medication by the doctor, class placement, or offering extra help or time to finish assignments or tests can alleviate problems. Inactivity and boredom have also been linked to a higher likelihood of a student having seizures.

*If counselling a student with epilepsy on long-term career options, encourage the student to research the choices. Having epilepsy does not mean that a student can't get a job, continue in a job, or be excellent at what he or she chooses to do. Having epilepsy may have little or no effect on pursuing a rewarding career. Although there may be some restrictions in certain careers (e.g. bus drivers, pilots) for safety reasons, there are many options in employment choices.*

## *D* Does Epilepsy Affect Cognitive Function and Development?

The association between epilepsy and cognitive function is a complex one. Cognitive function involves mental processes such as remembering, perceiving, and thinking. Although many people with epilepsy do not experience significant impairment in cognitive function, some do experience changes. Factors that may have a negative impact on cognition and development are:



- Pre-existing cognitive impairment as a result of birth trauma or previous illnesses (e.g. meningitis).
- Severity and frequency of seizures including a history of status epilepticus.
- The use of high doses of one or more seizure medications.

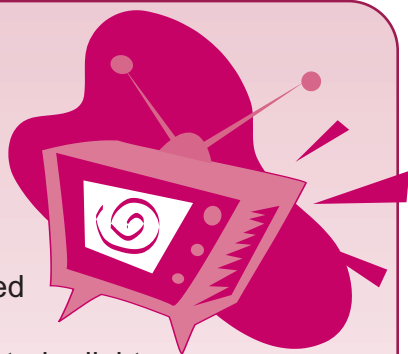
## *Create A Safe School Environment*

There is an increased risk of injury in people with epilepsy. For example, avoiding activities involving heights or hot surfaces that could result in burns are precautionary measures that a student with uncontrolled seizures should take. Standing back from roadways while waiting at a bus stop may also be necessary if seizures are uncontrolled. Appropriate safety measures should be discussed with the school administration and with the parents of the student. Most epilepsy associations have detailed lists of safety tips available.

Monitoring seizure triggers is also important for students with epilepsy. Some of the common seizure triggers include forgetting to take prescribed seizure medication, sleep deprivation, missed meals, stress or excitement, illness or fever, hormonal changes and menstrual cycles, medications other than prescribed seizure medication, and excessive alcohol use and street drugs.

## *Photosensitive Epilepsy*

In one type of epilepsy known as **photosensitive epilepsy**, lights flickering at a certain speed and brightness (e.g. from televisions, computer screens, strobe lights, video games, movies) can trigger a seizure. Sometimes natural light patterns such as sunlight reflecting off of water can trigger seizures. Seizures are most often tonic clonic. Treatment includes avoiding the stimulation or, if the epilepsy is severe, medication may be prescribed. This type of epilepsy is rare.



## *Allow Participation*

Children and teenagers with epilepsy should be encouraged to participate in social and recreational activities and sports. Socializing with others builds self-esteem. Recreational activities and sports enhance well-being and maintain health. There is some evidence that regular exercise may improve seizure control by reducing the stress that sometimes triggers seizures.

Being too overprotective can hinder a student's development. If a student learns to be fearful or is continually being restricted, he or she may become indecisive and overly dependent.



Many sports and recreational activities such as basketball, volleyball, track and field, and baseball are considered safe for those with epilepsy. Sports that pose some risk due to the possibility of head injury include hockey, football, soccer, and boxing. Activities such as scuba diving and rock climbing are considered too dangerous.

Some activities such as swimming and gym require careful supervision. Instructors and coaches should be informed of the student's condition. Participation in sports and recreational activities should be on a doctor's recommendation and consistent with the parents' instructions.

It is also important that students with epilepsy use the appropriate safety gear (e.g. helmets, flotation devices, etc.) and avoid related problems such as low blood sugar, dehydration, or overexertion which could increase the risk of seizures.

Teachers should not exclude students from field trips or camps. Appropriate aide support could be requested so that students are able to participate in the activities that others enjoy. If necessary, teachers could also enlist the help of parents to support their request.

## *Record Seizures and Other Changes*

As doctors often have to rely on the description of seizures provided by those who are with a person when a seizure takes place, recording information about the seizure will benefit the student. Determining what type of seizure a person is having is important in the doctor's diagnosis as well as in the decision regarding the appropriate treatment.

Seizure records also provide valuable information regarding the frequency and duration of the seizures and may help to identify any consistent seizure triggers. Seizure record charts are available from most epilepsy associations or teachers could use a notebook or create a chart. Often parents will provide teachers with an appropriate chart for their child.

In a seizure record, it is important to record information such as:

- the time the seizure occurred
- the date the seizure occurred
- how long the seizure lasted
- information that describes the behavior before, during, or after the seizure.



Parents of a child with epilepsy should be informed of seizures that occur at school.

## *Be Informed*

Local epilepsy associations can provide you with valuable information. Many associations have helpful resource materials on epilepsy and staff members who are committed to answering questions and providing information.

Often associations offer in-services to schools in order to teach others about the condition. Associations may also be able to link your student with support groups, trained professionals, or other students who are facing similar challenges.

Contact the local epilepsy association or call 1-866-EPILEPSY (374-5377) toll-free to connect directly with the association in your area.

### *An informed teacher can:*

- be the first to notice symptoms of seizures and alert others.
- handle seizures calmly and effectively.
- provide seizure records that will assist the doctor in making a diagnosis and in treatment.
- help others to be positive and supportive and to accept those with epilepsy.
- encourage a student's potential.

## Epilepsy Education Series

The Edmonton Epilepsy Association has produced a series of epilepsy educational booklets, including:

Epilepsy: An Overview

Living with Epilepsy

Epilepsy: A Guide for Parents

Let's Learn About Epilepsy:  
An Activity Book for Children

Teens and Epilepsy

Epilepsy: A Guide for Teachers

Women and Epilepsy

Seniors and Epilepsy

Epilepsy: A Guide for Professionals and Caregivers

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