

Teachers play a vital role in helping a child with epilepsy but it can be a challenge. Here are strategies for managing epilepsy in the classroom.

What teachers can do

It is best to avoid labelling events as epilepsy, particularly if the student has not been diagnosed. Any suspicion of seizures at school needs to be reported to parents.

The time that teachers spend with students places them in a unique position to observe and provide information to parents about a child's seizures. By carefully describing events observed before, during and after the seizure, teachers can assist in the diagnosis and treatment of particular forms of epilepsy.

It is advisable to also note any excessive drowsiness, daydreaming, poor concentration or behaviour that is unchanged by direct intervention such as mumbling, fidgeting or mouthing movements. These may indicate seizure activity or a need for adjustment of medication dose or type.

Explaining seizures to others

Some seizures can be quite frightening to the observer. If other students witness a seizure, the opportunity can be taken to offer a simple explanation of what has happened and how to help. Reassurance can be given that seizures 'don't hurt,' are not contagious and usually only last a short time. It is also a good time to answer students' questions.

Discussing and practising first-aid measures with the class will help to develop a caring and accepting attitude. It is important to include the student with epilepsy in the explanation and first-aid teaching.

Attitudes

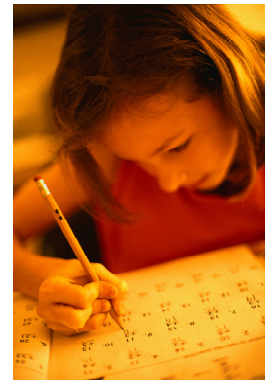
Initially, major seizures can be frightening, but knowledge about the situation can help to dispel this fear. The informed teacher's attitude to epilepsy and to the student with seizures can positively influence the rest of the class, encouraging positive responses from both students and adults.

Participation and performance

Students with epilepsy are the same as other students in regard to activity, discipline and performance expectation, unless there is an established learning difficulty.

Teachers need to take care not to overprotect the student nor allow the student to use their epilepsy as an excuse. It is important to be fully informed about the student's seizures, medication, and any lifestyle restrictions.

Participation in school activities, camps and excursions will benefit the student with epilepsy and promote peer acceptance.



Safety

For the student who has **ongoing seizures** there are areas for caution such as climbing and water sports. Climbing should in most cases not be encouraged. Close supervision will be needed when swimming. Springboard diving and scuba diving should be avoided.

Planning ahead

If a student is having seizures at school, plan with the student, teachers, family and friends, which practical steps should be taken if a seizure occurs in the classroom or playground.

A student who has numerous absence seizures during the day may also experience difficulties knowing where the class is up to in a lesson. Having a friend to help 'find the place' will assist the student to keep up with the class.

When drowsiness is a side-effect of medication, try to develop individual learning programs that benefit from the student's most alert and receptive time of day.

Unexpected disclosure in the classroom

In open classroom discussion of epilepsy, teachers may be faced with a student's unexpected disclosure of their epilepsy.

If this occurs, the teacher should guide the discussion to ensure that it is supportive. This is an opportunity to illustrate that epilepsy is real, manageable, and should not affect judgments we make about people. The teacher should be careful not to encourage a level of disclosure that the student may later regret.

If the student with epilepsy agrees, *at a later date* they may wish to share with the class the type of seizures they have, how seizures affect them, the effects of medication and what they would like others to do if a seizure occurs.

Teachers should also notify the parents of disclosure.

Unexpected disclosure in private

If a student discloses they have epilepsy to a teacher in private, the teacher can invite the student to talk about it.

The teacher could ask the student if the epilepsy or medication is affecting their learning and what can be done to help.

The teacher could discuss with the student the different people who might need to know, such as teaching staff and friends, and explore reasons for and against disclosure. The teacher may suggest that the student talk to the class about their epilepsy.

Call an ambulance when:

- ⚡ You are in any doubt.
- ⚡ The seizure occurs in water.
- ⚡ You arrive after the seizure has started.
- ⚡ Injury has occurred.
- ⚡ There was food, drink or vomit in the person's mouth during the seizure.
- ⚡ The jerking lasts longer than five minutes or longer than normal for that person.
- ⚡ Another seizure follows quickly.
- ⚡ A complex partial seizure lasts longer than 15 minutes.
- ⚡ The person has breathing difficulties after the jerking stops.
- ⚡ The person has diabetes.
- ⚡ The person is pregnant and is having a tonic clonic seizure.
- ⚡ It is the first known seizure.

This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice and you should not make any medication or treatment changes without consulting your doctor.