

A STUDENT WITH EPILEPSY

HOW TO SUPPORT CHILD'S EDUCATION,
HEALTH AND DEVELOPMENT.
GUIDEBOOK FOR TEACHERS WHO HAVE
A CHILD WITH EPILEPSY IN THEIR CLASS

GUIDEBOOK



EPISCHOOL

let's overcome the barriers together!



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Introduction

Epilepsy is the most common chronic condition of the nervous system and occurs in around 0,5-1% of school-aged children. It is regarded as a social problem because of its high prevalence, chronic nature, required long-term treatment and frequently associated stigma. Many children are being called names at school, what can have an impact on their self-esteem leading to avoidance of social situations in which they might feel peers could reject them. Social exclusion of people affected by this condition can often persist long after a successful treatment.

It can be assumed that an average school with 200 students has one or two students with epilepsy. Number of students with epilepsy is much higher in schools with integration classes and in special needs schools for children with intellectual disability (epilepsy can be either cause of a disability, or one of its symptoms). Each teacher has a chance to encounter a student with epilepsy and should be prepared to help him to learn how cope with the condition, emotional problems and social issues.

Below are the key findings from the EPISCHOOL study conducted in 2016 on a large representative group of teachers in Poland and the Czech Republic:

- 70% of teachers felt they had little or very little knowledge about epilepsy,
- almost a third of the teachers did not know how to react in case of seizures
- almost half of the teachers were afraid to work with a student with epilepsy,
- more than 1/3 of teachers did not feel prepared to talk with the students who witnessed the seizure of their peer.

The results also suggested that majority (80%) of teachers were interested in gaining knowledge about teaching and educating students with epilepsy, which this guidebook aims to provide.

This guidebook is based on findings from the EPISCHOOL Project. The authors are researchers from Poland, the Czech Republic and Ireland as well as consultants in the field of neuroscience and pedagogy. First two parts of this publication provide basic information about epilepsy and seizures. In the third part we characterized several features of students with epilepsy including: developmental specifics, well being and situation at school. In the fourth we provide the principles of supporting students with epilepsy in school. In the last part you can find useful publications, addresses, and other sources of information about epilepsy.

This guidebook is tailored for teachers in various types of schools and educational institutions. It is particularly useful when the school/institution has currently a student with epilepsy. We also encourage parents of students with epilepsy to use the guide. It will help you to better understand the situation and needs of a child with epilepsy, and to cooperate effectively with of teachers..

1. BASIC INFORMATION ABOUT EPILEPSY

WHAT IS EPILEPSY?

Epilepsy is a chronic condition of the brain. Its symptoms are spontaneous recurrent seizures. These seizures result from an abnormal, excessive bioelectrical activity of nerve cells (neurons) of the brain. Appearance and course of the seizures depends on location and size of the area of the brain where abnormal bioelectric discharges occur.

Not every seizure causes convulsions. Younger children may experience a single seizure (e.g. while having fever or poisoning), and conditions such as fainting, seizures apnoea, or night terror instead of convulsions.

Epilepsy can be diagnosed by a **neurologist** based on:

- accurate family history of the course of pregnancy, childbirth, psychomotor development of the child, onset and the course of seizures, family history of epilepsy or other diseases and conditions,
- electroencephalographic examination (EEG),
- radiological examination (brain MRI).

CAUSES OF EPILEPSY?

There are many known causes of epilepsy. They can be divided into two main groups:

1. **Brain damage** in utero (e.g. malformation of the brain), at birth, and in later years of life as a result of: hypoxic brain inflammation (e.g. meningitis, toxoplasmosis, cytomegalovirus). cranial trauma, brain tumours, metabolic disorders (so called symptomatic epilepsy - structural / metabolic).
2. **Genetic factors** – an innate predisposition to seizures of the child or his relatives. A number of genes whose mutations are responsible for the occurrence of seizures have already been identified.
3. **Undefined reasons** – causes of epilepsy are unknown in about half of the cases .

TYPES OF SEIZURES

In the lay understanding, epilepsy it is being associated with the occurrence of seizures, but there are many types of seizures, and depending on the criteria they are usually divided into:

- convulsive and nonconvulsive seizures,
- focal and generalized seizures, depending on the size and location of the area of the brain affected by abnormal bioelectric.

The characteristics of seizures is given in Table 2.

Table 1. Kinds, symptoms and course of different seizures in children and adolescents

KIND OF DISORDER	SYMPTOMS AND COURSE OF SEIZURES
Focal seizures They are caused by neuron networks in one brain hemisphere. They can cause seizures or not	
Movement disorders	The rhythmic convulsions in various parts of the body: face, trunk, extremities. They can start with just a hand or mouth and affect entire half of the body. They can cause the body to move into unnatural positions, what is caused by contraction of limbs. They can result in rotation of eyeballs, head or torso to one side. A paralysis lasting from few minutes to hours often occurs within the affected limbs, temporary weakening their strength.
Sensory disturbances	Feelings of numbness, paraesthesia, pain, heat or cold.
Blurred vision	Experiencing sensation of items changing shapes while looking at them. Seeing sparks, flashes or other defects in the visual field
Hearing disorders	Hearing strange sounds such as whistling or humming
Olfactory dysfunction	Feeling strange, sometimes unpleasant odours, not being able to smell other person
Vegetative disorders	Feeling tightness in the throat and chest, abdominal pain, nausea, vomiting, cardiac arrhythmias (acceleration or slow heart beats), apnoea, sweating, salivation, flushing or pale skin, mydriasis or meiosis, hyperventilation (rapid and deep breathing)
Mental disorders	Experience of something lived through or seen, feelings of being out of own body and observing it from outside, experience of surrounding objects being distorted.

Generalized seizures

They start and spread quickly in the neuron networks of both hemispheres of the brain, can occur with or without seizures

Tonic-clonic seizures	Unconsciousness lasting 1 to 3 minutes: <ul style="list-style-type: none">• Onset, tonic phase (takes 20-30 seconds): eyes open, the person often screams, stretching the body and limbs, lockjaw (often with tongue bite), salivation, apnoea, change the colour of the face (bruising or blanching) can also occur.• Clonic phase (takes tens of seconds to 2 minutes): massive, usually symmetrical seizures of facial muscles, limbs and trunk, with gradually decreasing amplitude and frequency. Eyes remain open throughout the period of the seizure. After the convulsions child goes limp, can unwittingly pass urine or stool, it regains consciousness after a various periods of time. Nausea, vomiting, fatigue, sleepiness, headache can occur afterwards.
Absence seizures	Interruption in the activity performed for a short period of time with immediate ability to continue after regaining consciousness. There may occur several times a day.
Atonic seizures	The sudden loss of muscle tone, which can lead to falls and injuries
Myoclonic seizures	Irregular, violent muscle tightening in different parts of the body (usually in the limbs). They usually occur in the morning, and are increased with the lack of sleep and flashing lights.
Infantile spasms	Sudden flexion of the arms and head with accompanying rapid moves of limbs, usually occur in series from a few to several dozen; usually occur in infants and are sometimes treated as baby colic.

Some seizures can occur with no symptoms:

- **Absence seizures** may be overlooked by people around the child at school and at home, or interpreted as an attention deficit disorder or lack of focus,
- **Atonic seizures** can be treated as the child's clumsiness in case of recurrent falls,
- **Myoclonic seizures** may suggest that the child is physically clumsy or inattentive, distracted, when, for example it drops a toothbrush, glass or cutlery.

Teachers who watch behaviour and reactions of a student in different situations at school can play an invaluable role in detecting this type of seizures, especially with regard to consciousness absences.

FACTORS TRIGGERING SEIZURES

If epilepsy is treated, seizures do not usually occur, but in some cases there may be a risk of their appearance. Seizures can be triggered by:

- light – flashing light at the disco, flashing trees watched from a car or a train, lights flickering on the water on a sunny day or lights reflecting off the snow. This concerns the so-called people with photosensitivity, and can be detected with the EEG scan, typically done in every patient with epilepsy. A way to deal with this problem is to decrease the light intensity, to wear special glasses with blue lenses or to cover one eye on sunny days, and when working on a computer and watching television. It is also important to watch TV from a distance in a bright room, and use the remote control to change channels,
- stress, fatigue, sudden scare,
- deprivation of sleep, sudden awake, infections, high fever, hot bath, a strong feeling of hunger,
- menstruation,
- use of psychoactive substances, including alcohol,
- irregular medication.

In the event of a situation which poses a risk of seizure efforts should be made to eliminate or reduce such factors.

TREATMENT OF EPILEPSY

Due to the multiplicity of causes, epilepsy prevention capabilities are very limited. Vast majority of cases of epilepsy can be effectively treated pharmacologically, in approx. 75% of patients seizures do not come back after the treatment is completed. Treatment of epilepsy is of a long-term nature (some patients need to take medications the entire life). The goal is to eliminate seizures. Treatment continues for another 2-5 years after the last episode.

A neurologist prescribes antiepileptic drugs. Patients need to take one or multiple medications at the same time and the balance guides between the possible therapeutic effect and side effects the decision about appropriate medication. **Treatment adherence is absolutely necessary:**

- treatment cannot be discontinued, or changed without consulting a doctor,
- in case it is necessary for the child to take medications while at school the teacher can administer the medication only if it had been approved by parents in writing.

Some children need to supplement the medical treatment with additional psychological and pedagogical therapy. In case pharmacological treatment is not effective, alternative methods of treatment can be adopted such as ketogenic diet (predominantly fats, which are the main source of energy for neurons), use of the vagus nerve stimulator or surgical treatment.

Despite advances in treatment, antiepileptic drugs can cause side effects that interfere with the ability to learn, emotional functioning and social activity of the student with epilepsy. The most common side effects include:

- drowsiness, double vision, weakness, fatigue, irritability,
- pain, phrasas, nausea,
- impaired attention, loss of memory, slurred speech, slow down in movements,
- impaired balance and coordination, restlessness,
- aggressive behaviour,
- disturbances of appetite, loss or excessive weight gain, hair loss.

Most of these symptoms can be prevented by slow, gradual introduction of a drug and the use of appropriate dietary supplements..

MYTHS AND STEREOTYPES ABOUT EPILEPSY

- **Epilepsy is a kind of mental illness – NOT TRUE!** Epilepsy is a neurological disease caused by hyperactivity of neurons in the central nervous system; in some types of seizures body moves may become inadequate to the situation. These "strange" gestures or behaviour are sometimes what people consider psychiatric symptoms ("possession").
- **People with epilepsy are a threat to the environment – NOT TRUE!** Epilepsy is not contagious.
- **Epilepsy is a vaccination complication – NOT TRUE!** Studies confirmed that there is no such relationship.
- **Children with epilepsy should not go to a kindergarten / school – NOT TRUE!** School choice depends on the intellectual capacity of a child.
- **Children with epilepsy cannot attend physical education classes – NOT TRUE!** Regular physical activity of sufficient intensity can promote the reduction of seizures.

2. PROCEDURES TO HELP A STUDENT IN CASE OF SEIZURES

The likelihood of seizures in students on treatment is minimal, but seizures can occur under special conditions. It is also possible that the first attack happens at school, even before the child has been diagnosed. Therefore, every teacher should be prepared to provide assistance in the event of a seizure. Procedures to help depend on the type of seizure. The basic principle is to remain calm to reduce the trauma of other students witnessing the situation.

PROCEEDINGS IN CASE OF IMPAIRED CONSCIOUSNESS OR OTHER TYPE OF ATTACK WITHOUT SEIZURES

- Keep calm.
- Observe the student and protect him against a possible fall or hit.
- Observe the student after the attack, if not sleepy or tired - allow him to rest in a convenient place under supervision of an adult.

If teacher is the first to notice impaired consciousness of the student, he should immediately notify the parents and encourage them to bring the child to a doctor.

In case of the generalized tonic-clonic seizure, teacher should provide immediate help following the rules listed below.

PROCEEDINGS IN A CASE OF GENERALIZED TONIC-CLONIC SEIZURE

- Keep calm, control yourself, call the school nurse if available.
- Place the student in a safe place (far from sharp, dangerous objects, water containers or road traffic) to prevent injuries.
- Place on the side in the recovery position, to ensure airway patency.
- Put something soft under the head (blanket, folded clothes own feet), loose clothing around the neck. If the student wears glasses - take them off.

- Wait until seizures goes away, try to remember their length and course (it is good to check the watch at the beginning of the attack).
- After the seizures fade away:
 - if student is tired and sleepy - let him sleep,
 - if student is energetic - supervise and protect him against possible injuries until he regains full consciousness.

WHEN DO YOU NEED TO CALL THE AMBULANCE:

- seizure happened for the first time,
- seizure lasts longer than 5 minutes,
- seizure lasts longer than usual,
- student got injured during the seizure,
- student choked a fluid or vomited,
- student reported blurred vision,
- student reports severe and progressive headache that persists after a period of rest after the attack,
- student not regaining consciousness,
- seizure occurred at the swimming pool and there is a probability that the student choked water.

DON'T DOS' DURING THE GENERALIZED TONIC-CLONIC SEIZURE

- Do not revive student by pouring water, slapping his face, etc.
- Do not stop his body movements, do not hold his arms and legs.
- Do not put objects into student's mouth to prevent bites of his tongue (this creates a serious risk of loss of the finger by a person assisting, and may cause broken teeth and choking).
- Do not put keys in student's hand (he can harm himself with it).
- Do not give oral fluids and medications (drug administration is the responsibility of medical staff).
- Do not wake the sleeping student after the attack..

3. WELL-BEING, DEVELOPMENT AND SCHOOL FUNCTIONING OF STUDENTS WITH EPILEPSY

Impact of epilepsy on development, mood and school functioning depends primarily on the type of epilepsy, kind of seizures and treatment. Home and school environment, as well as peers also play an important role. The level of psychosocial functioning of a student with epilepsy depends also on the level of his knowledge about the condition, self-acceptance and support from family teachers and peer group. Students with epilepsy, as well as students living with other chronic conditions, are a group with special educational needs.

THE IMPACT OF EPILEPSY ON DEVELOPMENT AND WELL-BEING OF THE STUDENT

Epilepsy can affect:

- **emotions** – can cause: anger, rage, fear, shame, sadness, unwillingness to participate in games, fear of negative events, uncertainty, being worried and crying. Depressed mood may occur before, after, and between attacks. Sadness and resignation may also be associated with the constant fear of a seizure at school – also in students whose treatment is very effective who have not had a seizure in a very long time.
- **self-esteem, the fear of being misunderstood by peers,**
- **level of autonomy** – too strict and overprotective parents and teachers can cause limitations in daily functioning,
- **level of motivation to achieve things,**
- **possibility of self-fulfilment** – the student must give up some activity, e.g.: cannot apply for a driving license; their choice of profession is limited (pilot, construction worker are examples of restricted professions). However, be aware that people with well-controlled epilepsy can participate in most activities of daily living,
- **behaviour** – if you have a student with epilepsy his behavioural disorders are not directly related to the condition, but rather to its effects,
- **functioning in a peer group** – the student may be ridiculed, rejected, harassed by their peers. Frequent absences from school can cause a feeling of being alienated from the peer group,

- **relationships with adults** – parents and teachers may be over-protective; overprotection from adults can lead to an increase in the feeling of being different from peers and interfere with emotional and social development.

Some students with epilepsy change self-perception. They may develop a false and negative beliefs about themselves, such as : "I am strange," "I'm worse", "I'm different," "I do not deserve to be in the group", "I cannot find a friend." Negative beliefs affect self-esteem. A student might be trying to cope with this believes by:

- **avoidance** – he can be afraid to engage in peer relationships, and he might resign to participate in social activities, e.g. does not want to go to the movies, because of the fear that peers may not want to spend time with him,
- **confirmation**– focuses on the negative experience which happen at school, i.e. by overthinking a situation he experienced some unpleasantness from peers,
- **compensatory behaviour** – student is trying to make up for "deficiencies" due to illness by excessive activity in school and in peer group, i.e. exercises above his own strengths and abilities, trying to prove to his peers that he is an equal member of the group.

If a teacher notices that the student developed negative beliefs, he should talk to him. In case of younger students, the teacher should talk to the parents and suggest the need for psychotherapeutic help.

An important area of social functioning of adolescents is the use of the virtual (on-line) reality. Older teenagers should be advised to identify support groups on the Internet.

SCHOOL FUNCTIONING OF A STUDENT WITH EPILEPSY

Students with epilepsy are very diverse, but each of them should be treated like any other students and encouraged to actively participate in the life of the school. The existence of epilepsy without any disability, is not a reason for special education. Many students with epilepsy have no difficulty in functioning at the school, they achieve good grades and have no problems in peer relations. However, in case of some students their situation is altered by the condition.

Difficulties of students with epilepsy at school may be related to:

- frequent absences at school (can be related to the need to see doctors or poor well-being) – students have difficulties in absorbing material; they are afraid that they will not be able to catch up or follow their peers,

- feeling tired and drowsy in school – students who have seizures at night may feel worse in the first half of the day,
- side effects of antiepileptic drugs,
- impaired cognitive function of the brain – impaired attention and memory (especially short-term) – a student does not remember what happened before and after the attack, which results in inability to encode information (short-term memory) and remember it (transfer to long-term memory); absence seizures result in exclusion from course of the lesson; attention deficits are one of the most important problems in learning,
- reading, writing, speaking, numeracy, problem solving, eye movement coordination. Students with epilepsy do not receive a separate diagnosis on learning disabilities, such as dyslexia. However, it is important to conduct neuropsychological and psychological assessment to determine areas of deficit in the field of learning. This will provide the student with epilepsy an adequate support in learning difficulties, e.g. a correct therapy,
- rejection by the peer group and stigmatization of the student.

4. HOW TO SUPPORT A STUDENT WITH EPILEPSY IN SCHOOL?

All teachers and school nurses should be involved in supporting students with epilepsy. Their task is to be acquainted with the problems associated with the condition, and the specifics of treatment of the child with epilepsy. They also need to collaborate closely to support the student at school.

ROLE OF THE CLASS TEACHER

The class teacher is usually the first person to be informed by parents that the child has epilepsy. This involves a great responsibility. Teacher is the bridge between the student and his parents, and between the student, his family and the doctor. He is the person who knows the student and who should watch his reactions, relationship with peers and behaviour in different situations. Class teacher is often the first person who sees a change in the way a student behaves. He also has a good insight into student's emotions and self-esteem and can detect problems such as depressed mood or problems with concentration. This all can help in adjusting treatment, and if noted, should therefore be discussed with the student's parents.

Many parents do not inform the school about their child's epilepsy and treatment requirements. This particularly pertains students whose therapy has been completed, and there has been a long period after the last seizures occurred. The fact that parents do not inform school about their child's epilepsy can have many reasons. According to teachers parents: are ashamed of their child's condition, they fear that their child may be treated differently, discriminated, and that the information will be spread out. Parents often do not realize that not providing such information to teachers is potentially harmful for their child. It is also common that the child with epilepsy does not know that he has got the condition. Both of these situations are potentially risky.

When parents decide to disclose the information about their child's epilepsy only to the class teacher, you should try to convince the parents that hiding the information could be harmful for the child. If other teachers do not know about the student's condition, they cannot customize the way they conduct the lesson to his needs.

If parents do not have any concerns about disclosing the information, the class teacher should notify his fellow teachers about the student's condition. It is in his discretion to provide basic information about epilepsy, and ways to support the student. If the student has been diagnosed with special educational needs an Individual Educational-Therapeutic Program should be prepared for him.

If there is a risk of seizures at school, especially the clonic-tonic ones, the class teacher should:

- be informed by parents regarding the course of the seizure and procedures to comply with (see Form p. 32)

Follow these rules:

- ensure privacy and discretion. This should help the student to cope with possible shame and embarrassment. This kind of support is particularly important for students, who do not control the sphincter during the seizure,
- arrange a room or a place where the student could rest or sleep. If such place is located outside the classroom, ensure that the student is assisted by an adult all the time he needs to rest,
- explain the situation to the other students, what actions are needed when seizures occur.

TIPS FOR TEACHERS WORKING WITH STUDENTS WITH EPILEPSY

- Treat the student equally to other peers in the classroom.
- Select a good place for the student in the classroom. It should allow you to see him all the time and be in contact with him.
- Be sure to keep the student understands the command to the task. If there is a need to adjust the way the transfer of knowledge to the possibility of the student, e.g. Show instead of talking; save recommending - directly in the student's diary or in an electronic logbook; making sure that the student himself recorded command.
- Remember that the success = part of the task done by the student + teacher accepting any shortages in the work done.
- Praise the student for the efforts and the work he does. Remember that the attitude of teacher toward a student with epilepsy impacts his achievements.
- Accept difficult emotions of the student with epilepsy. Remember that it is his right to be angry because of the condition.

- Encourage the student to become involved in the daily activities undertaken by peers.
- Remember that tests, exams and homework checks are situations that can cause seizures. Make sure the teaching is done in a relaxed atmosphere.
- Remember that stress is one of the factors that may influence the occurrence of seizures. Students at school are going through situations that are stressful for them every day. The teacher's job is to help to deal with such situations, taking into account the limitations associated with the condition.
- Pay attention to any change in the functioning of the student, and if you note it, talk to his parents.
- Develop a buddy support system for students. Ensure that the student with epilepsy has a group of peers who are willing to help him if need be.
- Respond quickly to any signs of abuse, bullying or social exclusion.

ROLE OF PHYSICAL EDUCATION TEACHERS

Physical activity with adequate frequency, duration and intensity is needed for all students. It fosters their proper development, good health, well-being and good learning disposition. As recommended by the World Health Organization, every child aged 5-17 years should exercise moderate to intense physical activity at least 60 minutes a day.

Progress in the pharmacological treatment of epilepsy allows children to have a normal lifestyle, including participation in physical education (PE) at school and practicing some sports. Appropriate physical activity may help to reduce the frequency of seizures. Students with pharmacologically controlled epilepsy (as a result of the treatment of seizures do not occur or are very rare) should participate in these activities without any restrictions. However, the ability of a student with epilepsy to participate in PE lessons and sports should be considered individually, taking into account the risks for himself and others in the environment.

Table 2. Recommended precautions for students with epilepsy during some physical activities

TYPE OF ACTIVITY	POTENTIAL RISKS	RECOMMENDATIONS
<i>Swimming</i>	<i>Short-term loss of consciousness, risk of drowning</i>	<i>Swimming only life guarded areas. Swimming in shallow water, max. to the height of the accompanying person's shoulders. Choose a path near the edge of the pool. If the risk of seizures is high, you should always wear a life vest.</i>
<i>Water sports</i>	<i>As above</i>	<i>Using a life vest and being accompanied by another person, have other life saving equipment available.</i>
<i>Cycling, skateboarding, ice-skating, skiing</i>	<i>Risk of injury, particularly head injury</i>	<i>Using a helmet and protective pads. Avoiding to skate in crowded places and nearby heavy traffic.</i>
<i>Jogging</i>	<i>Great fatigue after long runs. Exposure to photo stimulation</i>	<i>Running accompanied by another person who knows how to assist in case of seizures. Running in special glasses in case of photosensitivity, and in periods of exposure to high sun.</i>
<i>Hiking</i>	<i>Risk of fatigue, traumas, difficulty in accessing assistance</i>	<i>For longer trips to be accompanied by another person who knows how to assist in case of seizures. Particular caution in hiking at high altitudes</i>
<i>Gym exercises</i>	<i>Risk of fatigue and injury</i>	<i>Presence of other person that can assist with exercises.</i>

Results of the part of our study conducted with PE teachers in primary and lower secondary schools showed that: 63% of students with epilepsy participated in unrestricted PE, 31% had some limitations, and 6% were completely exempted from these occupations. This indicates that students with epilepsy are too often exempted from PE classes, what should be generally avoided.

TASKS OF A PHYSICAL EDUCATION TEACHER TO SUPPORT A STUDENT WITH EPILEPSY

- *Motivate the student to increase physical activity, monitor his absence in PE lessons, help in selecting attractive forms of activity,*
- Adapt activities / exercises to the student's individual needs and interests, observe the student's behaviour and reactions to physical activity, and the way he / she is treated by peers,
- Provide students with protective environment, protect her/him against injuries (in a discreet manner, imperceptible to peers),
- Create opportunities to succeed (promotes self-esteem and motivation to increase physical activity),
- Work with the student's parents to obtain full information about the condition and recommendations from the doctor,
- Act against exclusion by peers, discrimination and stigmatization.

Practicing sports by children and teens with epilepsy, especially in sports clubs, depends on the course of the condition and its treatment. It is necessary to consult a neurologist and to decide on the ability to practice a given sport discipline. Table 3 lists the sports disciplines allowed without restrictions, practicable with certain safety precautions and prohibited for people with epilepsy.

Table 3. Sports disciplines allowed without restrictions, possible with certain safety precautions and prohibited for people with epilepsy

SPORTS ALLOWED WITHOUT RESTRICTIONS

aerobic	skiing tourism	archery
badminton	football	table tennis
balet	weight lifting shooting	fishing
gymnastics	fencing	wrestling
golf	dance	
hockey jogging	bowling	

SPORTS THAT CAN BE PRACTICED WITH PRECAUTIONS

bobsleigh	skiing	tennis
hockey	water polo	rowing
horse riding	swimming	climbing
judo	rugby	sailing
canoeing	diving	
cycling skating	jumps with a pole	

PROHIBITED SPORTS

box	water skiing	rock climbing
paragliding	cliff jumping	surfing
scuba diving		

Źródło: Czapiński S., Pyrich M., Jedliński J.: *Wybrane zagadnienia neurologiczne a sport w:* Jegier A., Nazar K., Dziak A. (red.) *Medycyna sportowa*. Polskie Towarzystwo Medycyny Sportowej, Warszawa 2005, s. 597–636.

COOPERATION WITH THE STUDENT'S PARENTS

School should always cooperate with parents of a student with epilepsy. Parents should be the teacher's main source of information on how to support the student. They play a crucial role in the process of adapting their child to the school environment. You might find it helpful to use the attached form (p. 32) to obtain all necessary information from the parents. It is important to ensure confidentiality. School nurse should also have relevant information that you might need.

A diary of daily communication between school and the parents is recommended as a way of documenting such communication. It is especially useful for younger students. Teacher and parent can agree what information should be included in the diary. Agreeing on how to inform other students in the class about their child's condition is an important element of cooperation with parents (see below).

INFORMATION GIVEN BY PARENTS ABOUT THEIR CHILD WITH EPILEPSY

Dear Sir or Madam,
 please fill in the form seeking information about your child's condition. This information is necessary to support its learning, development, and functioning at school. The information will be treated as confidential. It cannot be revealed to anyone without your consent.

TYPE OF INFORMATION	INFORMATION GIVEN BY PARENTS (to fill in)
Seizures: type duration frequency typical time of the day	
Symptoms and behaviour that typically occur before the seizures (presage)	
How to help student with epilepsy during seizures?	
Seizure triggers	
How to help the student with epilepsy after seizures? How to help Rest duration	
Epilepsy medications Does the student take medications at school? Side effects	
What does the student know about epilepsy? Understanding of the disease Awareness of symptoms Familiarity with treatment	
Doctor's instructions on how to manage epilepsy at school During PE lessons During other lessons Situations to avoid	
Additional information	

Student Name.....

Date Signature

COOPERATION WITH THE SCHOOL NURSE AND THE DOCTOR

One of the tasks of the school nurse is to take care of students with chronic diseases and disabilities. The nurse should:

- have a full medical records of a student with epilepsy,
- assist the student and his parents, provide advice on health-promoting behaviour and maintain contact with the GP and neurologist taking care of the student,
- should cooperate with the class teacher, and the PE teacher,
- can assist in solving problems and provide training for all teachers about how to cope with seizures.
- should be informed immediately about it.

LETTING OTHER STUDENTS KNOW ABOUT THE CONDITION OF THEIR COLLEAGUE

Peers may not accept some students with epilepsy and isolate and exclude them. In such case peers may have a false understanding of the disease (see myths about epilepsy box - p. 16).

Peers can react in various ways in a situation when one of them has seizures at school.

They may feel frightened, and even try to run away, because they might not understand what is going on to their friend. They can also fear that their colleague is in danger. To avoid such situations teachers need to explain to them in advance what epilepsy is. All the actions must be taken carefully, bearing in mind that the situation is difficult for the student with epilepsy, his peers and teacher.

The best first step is to have a conversation with:

- the student with epilepsy in order to:
 - inform him that there is a need to let his colleagues know about his epilepsy, ask for his opinion about it, and if he has concerns about the consequences of this (e.g. fear to be excluded from peer groups) these concerns need to be addressed,
 - determine the scope of information to be communicated to peers,
 - establish whether he wants to be present during the conversation with his colleagues; if so – is he ok to be asked questions,
- parents of the student with epilepsy in order to inform them about any planned actions aiming to inform peers about their child's condition and ask the parents if they want to be present at these meetings.

It is beneficial to invite a psychologist or a school counsellor to the classes when epilepsy is explained to students. A joint meeting with the child and parents can also be considered. The course of this conversation largely depends on the child's age and his treatment outcomes as well as on the readiness and preparation of the teacher to host such meetings.

Based on the information you obtain from the student and his parents you should plan for next steps. You can consider one of the following options:

1. organize a lesson using one of the included scripts,
2. invite an expert - a doctor or psychologist,
3. conduct a free conversation with your students.

The content of a conversation with students should depend on their age and learning capabilities. It should be conducted in a way that is agreed with parents. The following issues should be covered:

- every student is different and has a quality that distinguishes him in the group. Colleagues need to understand and accept this. Talking about epilepsy may be an opportunity to discuss the topic of tolerance and acceptance,
- epilepsy is a chronic condition, one of many diseases of this kind. The symptoms are independent from the affected student, and he cannot take control them (similarly to e.g. sneezing or yawning),
- epilepsy is not contagious,
- seizures are associated with changes in brain function,;
- seizures do not cause harm to the student with epilepsy; they change his behaviour for a few minutes; after the episode he recovers and can function as previously,
- during the seizures there are procedures to follow, and these procedures need to be explained to students,
- a student with epilepsy takes medications that can affect his mood and behaviour,
- a student with epilepsy sometimes cannot do the same things as his peers – this should be discussed depending on the type of epilepsy and instructions from his physician,

- a student with epilepsy may need some support from colleagues. e.g. with homework or to understand certain topics,
- it is necessary to include the student with epilepsy into all activities his peers do.

It can be a difficult experience for teachers to conduct such a conversation. It requires knowledge, empathy, and sensitivity. However, working with students with epilepsy can very rewarding. We encourage you to take up this challenge!

5. USEFUL INFORMATION

www.epilepsy.ie

www.epilepsy.org.uk

www.epilepsy.com



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