



Epilepsy in Children:

The Teacher's Role



Founded in 1954, the Epilepsy Foundation of Minnesota (EFMN) is a non-profit organization that offers programs and services to educate, connect, and empower people affected by seizures.

Together we can...

EDUCATE the community about seizures to reduce the stigma surrounding epilepsy.

CONNECT people with epilepsy to others, and to resources.

EMPOWER people living with epilepsy to reach their full potential.

Our mission

EFMN leads the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.

Our vision

A world where people with seizures realize their full potential.

Epilepsy and School

Epilepsy is a disorder of the brain characterized by seizures that recur, caused by a temporary change in the way brain cells control awareness and body movements.

Types of seizures:

- Convulsions or sudden falls
- Brief but frequent episodes of blank staring
- Distortions of the child's environment which are invisible to everyone else
- Dazed, almost trance-like behavior during which the child's consciousness is suspended and memory does not function

Children who have seizures may run into problems at school, but this can be managed by informed school staff. Problems may include: isolation from other students, low self-esteem, and a lower level of achievement.



Who Has Epilepsy?

Approximately 3 million Americans have epilepsy, and over 200,000 new cases are diagnosed in the U.S. each year. One in 10 people will have a seizure in their lifetime, and 60,000 Minnesotans have epilepsy.

Epilepsy doesn't discriminate. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed either in childhood or after the age of 65, it can occur at any age.

What Causes Epilepsy?

More than half the time, the cause of epilepsy is unknown. When a cause can be determined, it's most often because of:

- Infections and maternal injury
- Stroke
- Brain tumor
- Genetic factors
- Head trauma

CLASSROOM MANAGEMENT

Emergency Management

An average convulsive seizure in a child who has epilepsy is NOT a medical emergency unless:

- It is the child's first known seizure (look for medical ID bracelets)
- Consciousness does not return after the seizure ends
- A second seizure begins shortly after the first one without regaining consciousness in between
- The seizure shows no sign of ending after 5 minutes
- The child is diabetic
- The seizure happens in water
- If head trauma occurs during seizure

If there is a history of prolonged seizures, a child's physician may prescribe "rescue medicine" that a trained adult can use (which is stated in a seizure action plan).

Helping All Children in the Classroom

Below are resources to provide children to minimize fear and anxiety:

- Factual, age-appropriate information
- Reassurance from adults that the seizure poses no danger to them or to the child with epilepsy
- Alleviate fear of the event by having a discussion about how to support the student with epilepsy and answer any questions (ask the student who had the seizure if they want to be included)

The Epilepsy Foundation of Minnesota offers free seizure training for students, school staff, and parents.

Classroom talking points

- What happened is called a seizure
- It happened because for a minute the child's brain sent mixed messages to the rest of their body. Now that it's over, their brain and body are working properly again
- Seizures are part of a health condition called epilepsy
- Children who have epilepsy take medicine to prevent seizures but sometimes one happens anyway
- Seizures usually stop by themselves but it's good to know how we can help keep the student safe
- If convulsions happen, emphasize that the child is not "crazy"
- Epilepsy is not contagious
- If a student has a seizure, we can be helpful classmates by being kind and accepting

If the Child Who Had the Seizure is Present

- Can you tell us what it feels like when you have a seizure? How do you feel after you have a seizure?
- Can anyone tell us how they think they would feel if they had a seizure? What would they want other children to do?
- What is the most important part of helping someone who's having a seizure? (Keep them safe and be a friend when it's over)



SEIZURE RECOGNITION & COMMUNICATION

When symptoms of a seizure disorder are frequent episodes of blank staring and unresponsiveness, the teacher is often the first adult to notice. Here are the most common signs of possible seizure activity:

- Brief staring spells in which the child does not respond to direct attempts to gain attention
- Periods of confusion
- Pattern of the need to repeat directions
- Drop in achievement level
- Head-dropping
- Sudden loss of muscle tone
- Episodes of rapid blinking or the eyes rolling upwards
- Inappropriate movements of the mouth or face, accompanied by a blank expression
- Aimless, dazed behavior, including walking or repetitive movements that seem inappropriate to the environment
- Involuntary jerking of an arm or leg

If a pattern is observed, it should be reported to the child's parents. Suggest they speak to their doctor as it seems to be interfering with the child's performance, but do not offer a diagnosis. Documentation can also be helpful to a doctor (observation forms available at efmn.org). If seizures are known, here are some questions to ask parents:

- What do the seizures look like and how long do they usually last?
- What, if anything, triggers them?
- When are seizures considered an emergency?

POSSIBLE SIDE EFFECTS OF SEIZURE MEDICATIONS

- Unusual fatigue
- Lethargy
- Clumsiness
- Nausea
- Unusual restlessness
- Memory issues
- Irritability
- Behavior changes



Classroom Behavior

Behavioral problems in the classroom can occur for several different reasons. Identifying the source is the first step:

- Seizure activity itself
- Medication side effects
- Child's own anxiety and low self esteem
- Social challenges
- Parental overprotection or overindulgence. Children should be encouraged to participate in school activities (supervision may be needed during gym or swimming—refer to your school's policy).

Additional Resources

For information on seizure first aid, seizure types, treatment options, driving, SUDEP, safety tips, additional resources, and more, please visit the following:

- efmn.org
- epilepsy.com

24/7 Support

Call 800.779.0777 or info@efmn.org during business hours or 800.332.1000 (en Espanol: 866.748.8008) after hours with any questions or concerns.