



**Paediatric Epilepsy
Education Settings Interactive Session
26th September 2024**

Questions and Answers

Question	Answer
<p>Is it correct that a seizure results in damage to the brain?</p>	<p>Most seizures are brief and stop within 5 minutes and there is no evidence to suggest that short seizures cause brain damage.</p> <p>It is possible that prolonged seizures (over 30 minutes for tonic clonic seizures and 60 minutes for focal seizures with impaired awareness) could cause brain damage but most seizures do not cause any damage</p>
<p>One of the biggest anxieties in education is knowing what to do and what to recognise, the session this evening has been incredibly helpful in understanding the different types of epilepsy and how to support children who experience seizures.</p>	<p>This session has been prepared to provide some general information about how to effectively support young people with epilepsy.</p> <p>There are many different types of epilepsy that are associated with particular ages and stages so some that are more common in primary school age children and others that are more common in older or teenage children.</p> <p>A recording of the presentations, the slides and any resources described this evening will be shared.</p> <p>The best thing to do is to record what you see and hear as well as following the details described in the young persons plan.</p>
<p>We have a child whose parents are worried about moving to secondary. They worry about him getting there and back and also his moving around a big building. They are considering home schooling.</p>	<p>This is something as Epilepsy Specialist Nurses, we hear a lot and I understand it because parents worry about seizures and safety in school, but there are always reasonable adjustments that can be made to ensure children are able to attend school.</p> <p>The parents need reassurance and encouragement to discuss with their epilepsy team about school integration.</p> <p>School is important for education as well as social integration.</p>



	<p>ESNs are often asked to provide training and advice to education transport staff regarding care and support for young people with epilepsy.</p>
<p>Must an ambulance always be called after a seizure.</p>	<p>For a seizure lasting less than 5 minutes, then it may not be essential to contact the emergency services. However, if this is the first seizure, or the first seizure after a period of seizure-freedom, then it is better to call an ambulance. We advise that if the child has sustained an injury during the seizure; or there are concerns about the child's breathing; or staff are concerned about the child's condition that an ambulance is called.</p> <p>Each child will have a care plan that will describe the action to be taken in the case of a seizure, it is important for the schools to be aware of the plan and to be able to follow the detail that relates to each specific individual, which will describe whether an ambulance will need to be called.</p> <p>Some schools have policies in place that any medical emergency occurs then there is a requirement to contact emergency services.</p> <p>Staff confidence levels will influence whether they contact emergency services.</p> <p>It is recognised that the experience, especially a convulsive seizure, might be frightening for all involved and therefore if colleagues feel more comfortable in contacting the emergency services then this is always an option.</p> <p>Sometimes a rapid response vehicle is sent to support with monitoring.</p> <p>A hospital admission may not be required.</p> <p>A note might be that upon a call to NEAS for a cat 1 or cat 2 call, you may be asked to locate the nearest defibrillator. This is precautionary and not to be alarmed. It can also be used as a heart monitor. It would be very unlikely to need to use a defibrillator during a seizure in a child. If your school has one on site, please fetch it however, if obtaining a defibrillator means leaving the school and you do not think it is safe to do so, you can</p>

	explain that it may not be possible without leaving the child.
Who/Where do we direct transport staff to for the training?	ESNs might be able to provide training to educational transport staff. This will need to be discussed locally with the school transport team at the council and your local epilepsy team.
Some of our parents struggle to get their child to an appointment. Would it be possible for clinics to be held in school?	Some special schools already hold epilepsy clinics. Nowadays it is often possible to arrange for remote appointments via Teams.
Would it be possible for the Epilepsy Nurses to come to provide training and education in to settings? (Shildon) Do children have allocated nurses?	This is something to be discussed with the local ESN team for the locality to confirm. Currently it is common for ESNs to visit school sites to provide education and training to staff regarding individual patients. It is appreciated that there are challenges with local capacity to support this in each and every case but this is something to be addressed locally with the relevant paediatric epilepsy service. Epilepsy teams will endeavour to include helpful information that is personalised to the children within clinic letters to provide advice and guidance. It is hoped that sessions such as this provide colleagues with a general awareness to support with improved confidence in the meantime whilst specific training for individuals is arranged as appropriate.
How do we find out who the local epilepsy nurse is?	There is a slide in the deck that identifies the name and contact information for each epilepsy service in NENC which we will share
Can we get a recording of this training?	Yes a recording of the presentations, the slide deck, any resources shared and an outline of the questions and answers from the session will be shared following the event and will be made available on Healthier Together Website
How can schools support young people and families with managing anxiety	Schools can put in place a range of reasonable adjustments for example

- Allowing the child to leave school a couple of minutes before the remainder of the students at the end of each class and at home time.
- Enabling access to a lift rather than stairs for young people with epilepsy if seizures pose a risk of falling.
- Setting up a buddy system to support with some of the daily activities and in some subjects where there may be restrictions placed on the student with epilepsy, for safety reasons, and to accompany to the toilet.
- Enabling use of disabled toilet due to more space and less risk of injury in the event of a seizure
- If the student leaves class to use the toilet and does not have a friend with them, an adult should check on them if they have not returned within an allotted time (this depends upon distance to toilet and can be agreed between student, staff and ESN)
- The ESNs have access to a range of resources that they can signpost schools to which can be shared with families.
- Be vigilant around bullying and listen closely to young people who have epilepsy and who may be suffering exclusion or other forms of unkind behaviour

It is a good idea to discuss this with the young persons family and their epilepsy nurse when developing these adjustments as they have lots of experience of this.