

## 6 School



### ***Introduction***

As school is so important in children's lives, it is not surprising that parents have many specific questions to ask about it. However, teachers are not the only people who take responsibility for children in the absence of their parents, so many of our answers are equally applicable outside school. Anyone caring for your child will need to know something about epilepsy, and in most cases the information they need will be very similar to that outlined here.

## *Teaching the teachers*

### **Does the school need to know? Wouldn't it be easier if we kept the news to ourselves?**

If you want your child to have a safe and active life, then yes, the school does need to know. If you find it difficult to talk about your child's epilepsy, it might be easier for you not to mention it, but it would certainly not be better – the teachers' ignorance could lead to your child being inadvertently put at risk.

Most parents worry about a school's reaction to a diagnosis of epilepsy. We cannot predict what response you will get, but it will probably depend on how much the staff already know about epilepsy. Some schools will be knowledgeable and very helpful; others may be less so. If you can take a positive attitude when you break the news, you are more likely to get a positive response. We discuss whom and what to tell in the answers to the next few questions.

Generally speaking, the more information and knowledge that teachers and schools have, the more understanding they will be – and this will help not just your child, but all children.

### **We realise that we must tell John's school, but we're not sure where to start. Who would be the best person to contact?**

Different schools will have different policies about this, which will probably depend at least partly on the size of the school. Your first point of contact is most likely to be the head teacher, but in a larger school it might be a form (class) or year teacher, or a teacher with special responsibility for the children's welfare. If you were given some literature about John's school when he started there, this might tell you who the correct person is, or you could telephone and ask the school secretary for this information. Another approach could be to start by telling a teacher whom you already know quite well and take his or her advice on what to do next.

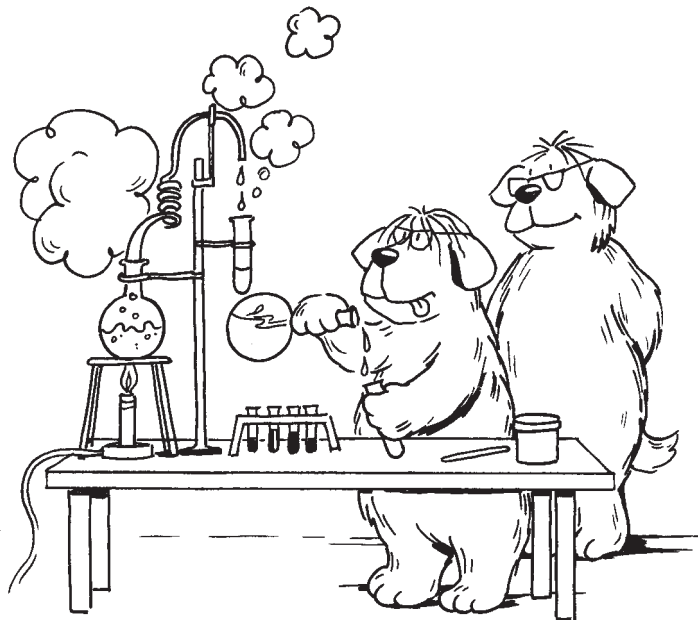
Wherever you start, it is very important to emphasise that all the staff who come into contact with your son should be made aware of his epilepsy, and this includes all the school meals and administrative staff as well as the teachers. They should either know what to do if a seizure occurs or whom to call for help. The more staff who are informed, the better.

### **Exactly what should we tell the school?**

Do you mean about epilepsy in general or your child's epilepsy in particular? What you have to tell them about epilepsy in general will depend on how much they already know: you may find them very knowledgeable, or you may have to start with the basics (see the answer to the next question).

When it comes to your own child's epilepsy, then you will need to tell them:

- what your child's seizures look like;
- whether your child gets any warning (aura) of a seizure;
- how long the seizures last;
- how long a rest your child needs after a seizure;
- what first aid may be required;
- how many seizures your child is having each week or month;
- whether there is a pattern to the seizures or whether you know of anything that makes them more likely to happen;
- whether your child has to take any tablets or other forms of medication during the day, and if so, when these should be taken (you will probably also need to discuss their policy on medication brought into the school);
- whether there are any side-effects from your child's drug treatment, and if so, what they are;
- what action you would like the school to take if there is an emergency.



You will also want to discuss your child’s lessons and other school activities, and explain what restrictions (if any) you think might be necessary. We would hope that these would in most cases be few, but you might want to ask for extra supervision during swimming or practical science or engineering lessons.

**Our daughter’s school is trying to be very helpful about her epilepsy, but it is very obvious that they actually know little about it. As her diagnosis is still very recent, we are still learning about it ourselves, and we find that we can’t always answer their questions! Where can we get some help?**

The various epilepsy associations produce special information packs for schools, and any of these would make a good starting point. Contact them at the addresses given in Appendix 1 for further details. You could also arrange for someone – perhaps an epilepsy specialist nurse or someone from a local epilepsy group –

to come to the school to explain about epilepsy and answer questions. If you cannot find a suitable speaker yourself, one of the associations may be able to suggest someone in your area.

### **Should the school look after Tracey's drugs for her, or can she just keep them with her?**

As we know nothing about Tracey (not even her age), we can only answer your question in general terms. Our suggestions would obviously be different, for example, for a sensible teenager who is used to taking responsibility for her own drugs at home rather than for, say, a child who has learning difficulties as well as epilepsy and whose medication is always closely supervised (in which case all drugs should remain the responsibility of a teacher, or a school nurse if there is one).

The first thing you will need to do is to find out her school's policy on prescription drugs as these can vary considerably. Some schools have blanket procedures to cover all types of medication and all children, whereas others are more flexible and take the nature of the treatment and the child's age into account. Practical considerations are also important – Tracey should not simply carry her drugs around with her, so is there somewhere for her to keep them safely and out of reach of other children?

Teachers act '*in loco parentis*' (a Latin phrase literally meaning 'in place of a parent'). This means that a teacher must take the same care of a child within his or her jurisdiction as would the child's own parents. This obviously places a considerable responsibility on school staff and may lead them to appear over-cautious at times. At some schools, teachers are reluctant to give prescription drugs to children even when they need them – this means that a child's parents will often have to come in to school to give the medication.

Other schools insist that all drugs are kept by a member of staff. If this is the case, Tracey should know where they are kept, at what time she has to take them and what to do if the usual teacher in charge is away. Older children who are used to taking responsibility for their own treatment at home can resent having it supervised at school and may react by 'forgetting' that they need

a midday dose. If this happens and the school cannot alter its policy, you could ask your GP or specialist if it would be possible to adjust Tracey’s treatment so that she only needs to take her drugs once or twice a day instead of three times. Alternatively, it might be possible for her (with her doctor’s agreement) to take her so-called midday dose as soon as she returns home after school. Such adjustments could also be useful for a child who gets teased about taking treatment at school or if a school is reluctant to provide suitable supervision.

Fortunately, this whole issue of drugs in school is becoming less of a problem for children with epilepsy because most of the modern anti-epileptic drugs need to be given only twice a day, which avoids the need for a dose during school hours.

**Our son is sports-mad, but his physical education teacher is reluctant to let him take part. Should we keep quiet and allow this?**

No. Well-meaning people (not just teachers) can be over-protective of children, even more so when a child has epilepsy. If you want your son to lead a full life, you will need to work out a way of dealing with this.

There are three factors you need to consider for any of your child’s activities, whether at school or at home. These are the nature of the activity, your child’s epilepsy and what supervision is available. Consider the potential dangers of the activity and then decide whether your child’s epilepsy will increase these potential dangers, and if so, what level of supervision would decrease them to a sensible level. If you do this, you are taking a logical approach to the problem.

You should discuss this logical approach with your son’s physical education teacher and decide between you which activities will be possible. For example, you might decide that it is not sensible for your son to work at heights in gymnastics but that he could still take part in work at floor level. You might find out that the swimming pool can provide a member of staff to watch your son while he is swimming, which would mean that he would be able to take part.