

KS2 Epilepsy awareness & first aid lesson

Better futures for young lives with epilepsy youngepilepsy.org.uk





#### KS2 Epilepsy awareness and first aid lesson – plan

Title: Epilepsy awareness and first aid

**Focus:** How can pupils help someone who has epilepsy if they need it?

Duration: 50 minutes to 1 hour

**Prior learning:** It is beneficial if pupils have attended the Young Epilepsy Primary assembly prior to this lesson. If pupils have not had the assembly, you will need to spend more time on the key points as detailed in the starter section of this lesson plan.

### **Learning Objectives:**

- 1. To raise awareness of epilepsy and the different types of seizures.
- 2. To use modelling to reinforce the idea that seizures are the result of electrical messages becoming muddled in the brain.
- 3. To know how to keep someone safe when they have a seizure.
- 4. To begin to appreciate how their behaviour might affect someone with epilepsy.

#### Young Epilepsy resources required:

• KS2 Epilepsy awareness and first aid lesson - presentation

# **Optional Young Epilepsy worksheets/presentations:**

- KS2 Brain function presentation
- KS2 Seizure first aid cartoon Blank
- KS2 Seizure first aid cartoon How to help
- KS2 Seizure first aid cartoon Cut and stick

## Resources you may need to provide:

- Bean bags (approximately 10)
- Mini white boards or card/paper with A written on one side and B on the other for the plenary quiz (one per pupil or pair)
- Printed pictures from slide 22 for safety discussion (optional)

PLEASE NOTE: If you are using the PDF presentation, there will be a slight alteration to the slide numbers in this plan.

Further lesson plans, worksheets and activities are available from the Young Epilepsy website:

http://youngepilepsy.org.uk/what-we-do/helping-schools/resources-for-schools



# Starter

Activity	Time (mins)	Guidance	Differentiation	Resources
Recapping the key points from assembly	5	<ul> <li>Slide 1: This lesson has been put together by a charity called Young Epilepsy.</li> <li>Slide 2: Why is it important for them to know about epilepsy?         <ul> <li>It is common in children – they will meet children with epilepsy at school, clubs and activities (cubs, brownies, sports etc) but may be unaware because most of the time they are fine. Many take medication everyday to keep well.</li> <li>Sudden - anything sudden can give you a shock which is an uncomfortable feeling but this passes when you know what is happening.</li> <li>Help - we want people to stay calm so they can help people with epilepsy to stay safe.</li> </ul> </li> <li>Slide 3: Let's recap the key points from assembly.</li> <li>Slide 4: What part of the body is affected?         <ul> <li>Key point 1- Epilepsy is a problem with the electrical messages in the brain.</li> </ul> </li> <li>Slide 5: What happens when the electrical messages get muddled up?         <ul> <li>Key point 2- When the electrical messages in the brain get muddled up, the person may have a seizure.</li> <li>This is a burst of electricity which clears away the muddle.</li> </ul> </li> </ul>	<ul> <li>For pupils who find factual recall difficult, show the picture prompts for the key points first and then offer verbal clues. Alternatively you could allow pupils to discuss in groups before feedback.</li> <li>Extension:         <ul> <li>Can they remember the key points unprompted? Give verbal clues before pictures.</li> </ul> </li> </ul>	Slides 2-6



Activity	Time (mins)	Guidance	Differentiation	Resources
		<ul> <li>Compare this to other automatic protective body responses such as a sneeze or cough.</li> <li>Slide 6: How can seizures be prevented?         Key point 3- People who have epilepsy usually take medication every day.         Most of the time it will make the seizures less frequent or not as bad. However, the medicine can make the person feel dizzy, sick and /or tired; especially when they first start taking it.     </li> </ul>		
Recapping seizure types	5	<ul> <li>Slide 7: Do all seizures look the same? Can they explain their answer? Emphasize that seizures can look very different because the brain is responsible for everything in the body. (If no prior assembly, create a spider gram of what the brain controls in their body – show the presentation 'Brain function' to prompt ideas.)</li> <li>Slides 8, 9, 10 - recap seizure types.</li> <li>Absence: This only lasts a few seconds. The person just stops what they are doing while the brain sorts out the muddle and then they carry on as before. They don't feel any different and often don't realise anything has happened to them but they are unconscious during the seizure so can't hear, see, feel anything that happened in those few seconds. It can look like a daydream but you can't</li> </ul>	For pupils working at a lower level:  Show the picture of each seizure. Can they remember some of the seizure symptoms? If they have difficulty, prompt them to just describe the picture of each seizure.  Extension: Can they remember the seizure names as well as give a description of the symptoms.	Slides 7-10  Optional: KS2 Brain function presentation



Activity	Time (mins)	Guidance	Differentiation	Resources
		interrupt a seizure like you could if someone was daydreaming. These can happen hundreds of times a day but are hard to spot in a busy classroom.  Also, we usually day dream when we are not doing anything and feel a bit bored, but absence seizures usually happen when the person is actually doing something and can stop them talking or walking for example. It can be very confusing for the person when the seizure has passed because they often do not realise it has happened. They may not know they have missed instructions from the teacher and wonder why everyone else seems to know what to do and they don't.		
		<b>Focal</b> : The burst of electrical activity goes out of the brain to the body and makes it do something the person did not choose to happen. The seizure only happens in part of the brain, so what happens to the person depends on which part of the brain is affected. The seizure could activate the legs and make the person walk around, activate the hands so the person fiddles with their clothes or things around them, activate their speech so they say random inappropriate things or activate their mouth so they chew even though there is no food.		
		Tonic Clonic: The seizure activity goes out to all the muscles in the body and makes them go stiff. This makes the person fall to the ground. The muscles are then switched on and off continuously, causing a shaking action. They are unconscious and so cannot feel anything at this time, but if they are banging against something, this may be painful once the seizure has passed.		



# **Main activities**

Activity	Time (mins)	Guidance	Differentiation	Resources
Modelling a seizure	5	<ul> <li>Slide 11- Modelling seizure activity in the brain</li> <li>Ask 4-5 pupils to stand in a line and tell them that they are parts of the brain and that the bean bags that are going to be used are electrical messages. Say that in people without epilepsy, or in people with epilepsy when they are not having a seizure, the electrical messages are sent in a controlled way throughout the brain and body.</li> <li>Normal activity: Pass 4-5 bean bags one at a time along the line telling pupils to pass them onto each other. The pupil at the end of the line should put them on a chair/table next to them which is out to the body. Explain that the message could have been about a smell, a movement or speech and needs to get to the correct part of the brain or body. (Retrieve the bean bags from the chair to use again if you have limited supply).</li> <li>Muddled messages: In epilepsy, the electrical messages sometimes get muddled up. Tell them that if they drop bean bags this time they shouldn't pick them up yet. Pass the bean bags along more quickly and throw some directly to the 2<sup>nd</sup> or 3<sup>rd</sup> person in the row when they are not looking so that some of the bean bags are dropped on the floor. Ask pupils why some messages got dropped - establish that they were sent too fast or not expected. Some messages did get through to the body (chair) but the brain does not like messages getting lost. Can they</li> </ul>	Extension ideas:  • Ask pupils what each person in the line representing the brain symbolises. What is the brain made up of? Some pupils may know that the brain is made up of nerve cells or neurones that pass the messages onto each other.	Bean bags (approx 10)  Slide 11



Activity	Time (mins)	Guidance	Differentiation	Resources
		remember what the brain does to sort out muddled up messages? (Retrieve bean bags from the chair to use again but leave the ones on the floor).  • Seizure: Can they remember what a seizure is – a sudden burst. Throw a bunch of bean bags along the line unexpectedly so everyone taken by surprise and none are caught. This seizure makes the brain stop normal activity to clear up the muddle – tell the pupils to pick up the bean bags and pass them back to you.  • Could you pass a bean bag along the line while the seizure clearing up activity was going on? No, because the pupils were all busy sorting out the muddle. During a seizure normal messages cannot be passed. The person may stop doing something e.g. absence.  • Tidied up bean bags could have been sent the other way and piled onto the chair/table. This means the body is made to do something that the person did not choose to do e.g. focal or tonic clonic seizure.		
Seizure first aid	15	<ul> <li>Slide 12 - Show the seizure cartoon.</li> <li>Ask pupils to discuss what the children labelled 1-6 are doing to help the boy in the centre who is having a tonic clonic seizure. Can they explain why these are the right things to do?</li> <li>Alternatively, pupils could do this activity using either of the following worksheets:</li> </ul>	Extension ideas:  o Groups could record their ideas with an explanation of why these actions are helpful/what might happen if these were	Slides 12-21  Optional: Mini white boards



Activity Time (mins)	Guidance	Differentiation	Resources
	<ul> <li>KS2 Seizure first aid cartoon- How to help         <ul> <li>KS2 Seizure first aid cartoon- Cut and stick</li> </ul> </li> <li>Take feedback and discuss ideas as a class.</li> <li>The key ideas are as follows:         <ul> <li>Time the seizure: Waiting for something can seem to take ages and 5 minutes is a long time. Knowing when the seizure started and how long it has lasted helps keep this in perspective and stops you panicking.</li></ul></li></ul>	not done. They could do this using the worksheet called 'KS2 Seizure first aid cartoon- How to help'.  Some groups could be given a seizure cartoon which has no numbers on it and asked to discuss what pupils in the cartoon are doing to help the person having a seizure and why. You could use the sheet called 'KS2 Seizure first aid cartoon-Blank.'  Pupils could make a seizure first aid poster of their own.  For pupils working at a lower level:  Use mixed ability groups to encourage discussion and explanations. Request	Optional worksheets:  KS2 Seizure first aid cartoon- How to help  KS2 Seizure first aid cartoon- Cut and stick  KS2 Seizure first aid cartoon- Blank



Activity	Time (mins)	Guidance	Differentiation	Resources
		around might not look where they are going and tread on the person having a seizure. People may need to go about their business using a different route e.g. if the child has had the seizure in a corridor or blocking doors or stairs. Muscles are working hard during a seizure and moving them may cause injury to them or the helper.  5. Moving things out of the way: During a seizure the person will not be in any pain because no messages are being read in the brain, but their body could still be injured and this will hurt when the seizure has passed and the brain is working properly again. If objects cannot be moved out of the way, put something soft there to cushion the banging in the same way as protecting the head from the hard ground.  6. Speak calmly and reassure: As seizures happen suddenly, the person can be quite confused afterwards. Hearing is often the first sense to return to normal so it is reassuring if they hear a calm voice telling them what has happened.  Key point 4: During a seizure, keep the person safe.	that only one pupil writes the group's ideas down if done as a written activity.  Rather than asking pupils to identify what pupils are doing to help, you could read out the labels one at a time and they decide which number it is, such as: 'Which number shows the person timing the seizure?' Pupils could use mini whiteboards to record and display their choices.  Use the worksheet 'KS2 Seizure first aid cartoon- Cut and stick.'	
Inclusion and safety	10	<ul> <li>Slide 22 - Tell groups that they are now going to think about how everybody stays safe at school, including those with epilepsy.</li> <li>Ask each group to look at a particular location – the classroom, a PE lesson or the playground (you could print</li> </ul>	Extension:  o Encourage pupils to consider what could be done to make a child with epilepsy safer but	Slide 22-23  Optional: Printed pictures from slide 22.



Activity Tim	-	Guidance	Differentiation	Resources
		fell down (either from a seizure or by just tripping) and what could be done to make it safer for everybody (e.g. rules, equipment, supervision)? Can they think of any extra safety measures that might help to keep someone with epilepsy safe in case they have a seizure and fall?	also not make them feel singled out and different to everyone else. Give reasons.  • What about other places and activities e.g. sports, clubs, home?  Pupils working at a lower level could focus on what they do to keep safe only.	



Activity	Time (mins)	Guidance	Differentiation	Resources
		listen to the teachers, and don't run up/down stairs. A child with epilepsy: The most dangerous part may be concrete steps which have sharp edges so using a ramp would be safer. Have a buddy, play in an area nearer to the building so it is quicker for help to get to you, avoid climbing unsupervised.  • Slide 23: Key point 5 - People with epilepsy can join in activities just like everyone else.  This is more likely to be true if people know what to do if they have a seizure and if the places they are in are safe environments. They are less likely to have a seizure if they are having fun than if they are made to sit out and be bored. [The brain is focussed so messages seem to get through better].  NB: If the pupils have not had an assembly first, how to stay safe when doing other activities could be discussed e.g. swimming, cycling.		
Appropriate behaviour of pupils who are not involved in seizure first aid.	5	<ul> <li>Slide 24 - show the seizure cartoon again and emphasise that only a few children were needed to help the boy with his seizure but if this happened in the playground there may be lots more children around. These other children can still do something to help him.</li> <li>Ask pupils to put their hands up if:         <ul> <li>They have ever fallen over in the playground – should be</li> </ul> </li> </ul>	For pupils working at a lower level:  • Pupils could use mini whiteboards with a happy face on one side and a sad face on the other to illustrate	Slides 24-26 Optional: Mini whiteboards



Activity Time (mins)	Guidance	Differentiation	Resources
	<ul> <li>everyone!</li> <li>They have hurt themselves but pretended they hadn't because people were looking? Why do we do that? Probably embarrassment.</li> <li>Slide 25 - Tell pupils that the next activity shows different things children in the playground might do when someone has a seizure and they are being looked after as in the seizure cartoon.</li> <li>Pupils need to decide if they think each picture shows something that would make the person feel better or worse and show their answer with thumbs up or down. Encourage them to think about what they would like other children to do if they fell over.</li> <li>Crowd round to watch: Thumbs down! This can be embarrassing</li> <li>Laugh: Thumbs down! This can be humiliating – it feels like they are enjoying our discomfort. Sometimes people laugh because they are uncomfortable with their feelings perhaps from being taken by surprise but this makes the other person feel much worse so should be avoided.</li> <li>Don't stare: Thumbs up! If people are not staring but carrying on with their normal activities, the person with epilepsy will feel less self conscious and embarrassed.</li> <li>Keep away give them space: Thumbs up. There will be room for the helpers to do their job and less chance of the</li> </ul>	their decisions.  Minimise discussion about why they are good or unhelpful things to do.  Extension:  Encourage explanations as to why the actions are helpful or unhelpful.  Can they come up with some feeling words/emotions to describe how the person who has had the seizure might feel afterwards? Also, how might their friends feel during and after the seizure?	



Activity	Time (mins)	Guidance	Differentiation	Resources
		<ul> <li>Cry: Thumbs down! The person with epilepsy will feel much worse if they think they have upset everyone and they might be scared themselves that what happened when they were unconscious was really bad. Again crying is a way of coping with uncomfortable feelings from a shock but if we know the person will feel better if we don't cry we can calm down another way - a few deep breaths can help.</li> <li>Listen and follow instructions: Thumbs up! The person cannot choose where to have a seizure so may have blocked the normal way in or out of the playground. Instructions to change the normal routine need to be followed promptly without fuss. The person will feel upset if they hear children complaining about the inconvenience.</li> </ul>		



# Suggested plenary activities

Activity	Time (mins)	Guidance	Differentiation	Resources
Epilepsy quiz	5	<ul> <li>Slide 27 - Pupils need to vote A or B to answer each of the quiz questions.</li> <li>They could be given a piece of card/paper and write A on one side and B on the other. They could use mini whiteboards and write A or B for each question. Alternatively, you could display an A on one side of the classroom and a B on the other and children point to their answer or move to that end.</li> <li>Answers: <ul> <li>Seizures usually happen suddenly so most people with epilepsy:</li> <li>A - do not have time to choose a safe place. This is true in most case, although some people do have a sensation (warning) before so can still down quickly.</li> <li>All seizures cause the person to fall to the floor:</li> <li>B - False. Absence and focal seizures may not result in falling.</li> <li>During a seizure, the person:</li> <li>B - cannot control what their body does but must wait for the seizure to stop. The electrical messages need to be sorted out before the brain can return to normal.</li> <li>Epilepsy medication can make the person feel dizzy sick or tired:</li> <li>A - True. Medication for epilepsy acts on the whole of the brain not just the part that has a problem with muddled up</li> </ul> </li> </ul>	<ul> <li>Extension:</li> <li>Pupils could give reasons for their answers</li> <li>Pick some of the quiz questions for pupils to write about.</li> <li>For pupils working at a lower level:</li> <li>Pupils could be put into mixed ability groups and discuss each question before they vote.</li> </ul>	Slides 27-36  Optional:  • Mini whiteboards  • Card or paper with A on one side, B on the other



Activity Time (mins)	Guidance	Differentiation	Resources
	electrical messages. This can cause the person to feel unwell. Starting with a low dose and increasing it gradually until the seizures stop is the best way to avoid this.  During a seizure you should stop them hurting themselves by:  B - moving things out of the way. We don't want them to hurt themselves but holding them may do just that as well as hurt us.  After a tonic clonic seizure many people feel:  A - tired and confused. The body works hard when all the muscles are activated at the same time.  Children with epilepsy are often left out of activities because:  B - people worry they will have a seizure. Sometimes children with epilepsy also worry that people won't know how to look after them. They can join in safely.  Epilepsy can make it hard to concentrate on school work.  A - True. This might be because electrical messages are getting muddled up or because medication is affecting the brain. Having regular breaks from work can help and pictures/instructions to reminder them what needs to be done.  If someone has an absence seizure and misses a question, it is helpful to:  B - tell them the question. The answer might not mean much if they haven't heard the question and this gives them the chance to work it out for themselves.		



Activity	Time (mins)	Guidance	Differentiation	Resources
Recapping the Young Epilepsy key points	5	<ul> <li>Ask pupils if they can remember the key points from the lesson?</li> <li>1. Epilepsy is a problem with the electrical messages in the brain.</li> <li>2. When the electrical messages in the brain get muddled up the person may have a seizure.</li> <li>3. People who have epilepsy usually take medication every day.</li> <li>4. During a seizure, keep the person safe</li> <li>5. People with epilepsy can join in activities just like everyone else.</li> </ul>	Pupils working at a higher level:  Can they remember the key points unprompted? Then give verbal clues.  Pupils working at a lower level:  Show pictures on slides to prompt before giving verbal clues.	Slides 37-38
Epilepsy is?		<ul> <li>Ask pupils to complete the sentence 'Epilepsy is'</li> <li>This could be in groups or pairs and done either as a written or verbal activity.</li> </ul>	<ul> <li>For pupils working at a lower level:</li> <li>Use mixed ability groups.</li> <li>Discuss ideas verbally rather than writing them down.</li> <li>Extension:</li> <li>Ask pupils to complete the following: 'When somebody with epilepsy has a seizure, they'</li> <li>Pupils could do a spider gram or list of facts they know about epilepsy.</li> </ul>	