

# Epilepsy Guidelines

## Overview

We know more about epilepsy today, which helps us to better support people who have it. RDA UK offers these guidelines to help coaches work safely with participants who have epilepsy.

## For Coaches

Coaches should talk directly with participants (and, if appropriate, their parents, guardians, or carers) about their specific needs. Coaches may also consult medical professionals or RDA physiotherapists to understand what adjustments might be needed to make activities safe and inclusive. If there's a high risk of injury, consider discussing alternative activities.

Remember, each RDA Group and Accessibility Mark (AM) Centre is different. Adjustments possible in one location may not be suitable in another.

In many cases, reasonable adjustments can be made to support a participant with epilepsy. Always ask about each person's unique symptoms, as epilepsy varies widely always ask about each person's unique symptoms.

## Procedure for Supporting a Participant with Epilepsy

RDA does not typically prevent anyone from participating in group activities. Therefore, when a participant with epilepsy joins a group, it is essential to find a solution that allows them to take part safely.

The first step is to develop a dynamic risk assessment. This approach enables you to continuously identify changes, assess risks, and take action to eliminate or reduce them. By consistently monitoring and reviewing the situation, you can quickly adapt to meet the needs of both participants and volunteers, ensuring the safety of everyone involved, including the horses.

Additionally, if after consulting with the participant, parent, carer, or guardian, you determine that ridden activities are not safe at this time, non-ridden activities can be offered as an alternative until their epilepsy is better controlled.

## Risk Assessments

A thorough risk assessment, created with input from the participant and their support network, is essential. Open communication helps everyone involved to be prepared and makes managing epilepsy safer.

## Developing an Action Plan

The risk assessment and action plan should be signed by everyone involved and regularly reviewed. This document should cover what to do after a seizure and should be updated if the participant's condition changes. An example can be found on [My RDA](#).

## Key Questions for Coaches

- Assess risks before each session, and consider adjusting activities if needed (e.g., from riding to ground activities).
- Understand the participant's specific type of epilepsy and when to call an ambulance.
- Ask about potential triggers (e.g., missed medication or meals).
- Find out when their last seizure was and how frequently they happen.
- Learn any signs that might indicate an oncoming seizure.

These guidelines aim to make RDA sessions safe and supportive for people with epilepsy.

## Understanding Epilepsy

Epilepsy affects the brain's electrical activity, causing different types of seizures. Some people may notice patterns in their seizures that help them manage risks, while others have sudden seizures without warning. Seizures vary in duration and impact; some people recover quickly, while others may feel disoriented.

Epilepsy can be managed with medication, implants, or, in rare cases, brain surgery. However, not all epilepsy can be fully controlled.

These guidelines are informed by Epilepsy Research UK, Epilepsy Action, and Young Epilepsy.

## Types of Seizures

There are two broad categories of seizure:

### Focal Seizures

- a) **Auras**: Warning sensations (smells, sounds, feelings) before a seizure starts.
- b) **Focal Seizures with Awareness Retained**: Unusual sensations or movements, such as tingling in one area.
- c) **Focal Seizures with Reduced Awareness**: The person may appear confused or unaware of their surroundings.

Some focal seizures may spread and develop into convulsive seizures.

### Generalised Seizures

- a) **Absences**: Brief episodes of staring or unresponsiveness, often mistaken for daydreaming.
- b) **Tonic-Clonic Seizures**: Stiffening and jerking of the body, loss of consciousness, sometimes with bladder control loss.

- c) **Tonic and Atonic Seizures (Drop Attacks)**: Sudden loss of muscle tone or stiffening, causing falls.
- d) **Myoclonic Seizures**: Quick muscle jerks that may cause the person to fall.

## When to Seek Medical Help

In some cases, seizures require urgent medical care. Call an ambulance if:

- a) **Status Epilepticus**: Seizures continue for an extended period, or there is no recovery between seizures.
- b) **Serial Seizures**: Multiple seizures occur without full recovery in between.
- c) **Prolonged Seizures**: Seizures last over five minutes or two minutes longer than usual.
- d) **Convulsive Status Epilepticus**: A convulsive seizure lasts 30 minutes or more without recovery. Seek help immediately; do not wait 30 minutes.
- e) **Non-Convulsive Status Epilepticus**: Can occur with absences or focal seizures.

## For further information about Epilepsy - useful resources

- Epilepsy Research UK - [www.epilepsyresearch.org.uk](http://www.epilepsyresearch.org.uk)
- Epilepsy Action - [www.epilepsy.org.uk](http://www.epilepsy.org.uk)
- Young Epilepsy - [www.youngepilepsy.org.uk](http://www.youngepilepsy.org.uk)

Please contact RDA National Office if you require any support.