



Safety & Seizures

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Preventing Seizures

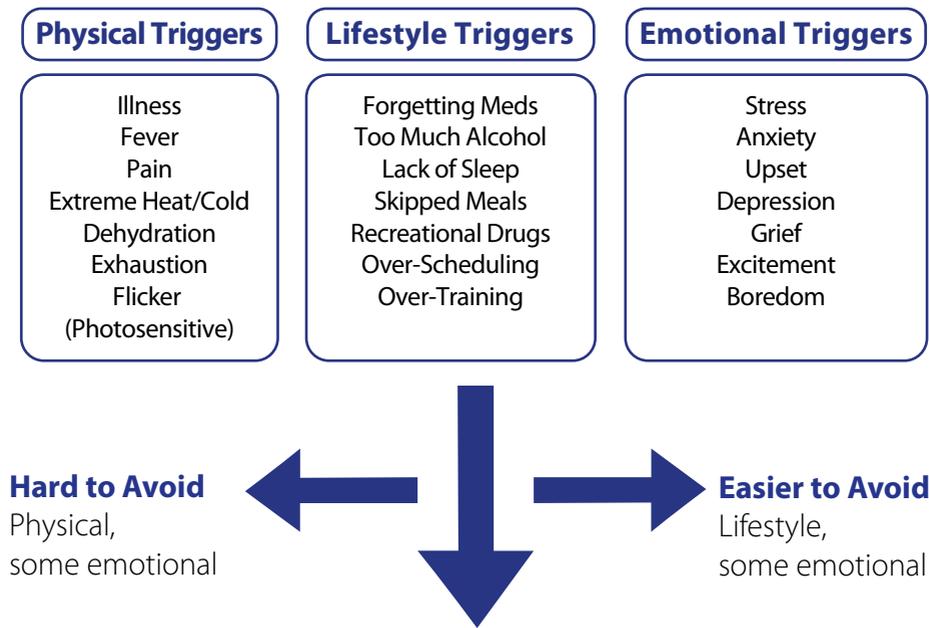
Most people with epilepsy can look forward to becoming free of seizures. With anti-epileptic drug treatment, up to 70% of people with epilepsy will not have seizures on medication. A small number benefit from epilepsy surgery which, in some cases, can remove the cause of seizures. However, for up to 30% of people with epilepsy, seizures are difficult to control, despite treatment. Seizures by their nature can pose risks to safety. The best way to lower your safety risk is to get the best possible control of your seizures. Getting a diagnosis of epilepsy is the first step. Working with your medical team to find the right treatment for you is the next stage. Regular follow-up with your medical team is important too.

Most people are treated with anti-epileptic drugs. For the right drug to be given at the right dose, the medical team will need to have good information about your seizures. They need to know what happens during a seizure, how many seizures you have had and how often you have them. If you haven't seen a consultant neurologist and you continue to have seizures, ask your GP to refer you to an epilepsy specialist for a review of your treatment options.

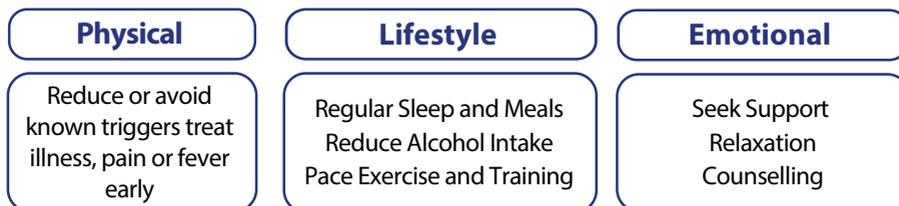
A common reason why some people continue to have seizures is because they may not take their medication exactly as prescribed. Sometimes side effects of a particular medication may be hard to cope with. Epilepsy specialists can explain if other treatment options are more suitable for you. Speak to your medical team if you are finding it hard remember to take the medication, or if you find it hard to deal with side effects. It's important to get the best seizure control you can. While seizures continue the risks are raised.

Triggers

A diary can help you to identify some triggers, such as lack of sleep, too much alcohol, stress or forgetting tablets. Sometimes there is no obvious trigger, seizures just happen. It may help to think of which triggers are easier or harder to avoid and make a plan around them.



Sample plan to avoid or reduce triggers



Reducing Risks

The more you know about your own epilepsy the more you can make better and safer choices. There are booklets, leaflets, and posters about all aspects of epilepsy from Epilepsy Ireland's offices and more resources on our website www.epilepsy.ie. Our Community Resource Officers around the country run Toolkit programmes for those with recent diagnoses and STEPS self-management programmes for adults and parents of children with epilepsy.

Carrying identification is important. It gives information about what someone needs to do if you have a seizure. If you are concerned about how people who know you will manage your seizures you can share our information resources with them. Epilepsy Ireland can also give talks for schools, workplaces and groups.

Risk is part of daily life for everyone, whether they have epilepsy or not. However, for a person with epilepsy there are some important safety precautions. People whose seizures are frequent and unpredictable will need to be safety aware, especially if they are likely to have a sudden loss of consciousness or a fall. Thinking about the safety risks can be difficult and it's understandable that you may feel some anxiety about it, but in the long run it could keep you safer.

As with other long term conditions such as asthma and diabetes, having epilepsy can also carry with it associated health risks. People who continue to have seizures are more at risk of injury, status epilepticus and Sudden Unexpected Death in Epilepsy (SUDEP). Everyone needs to know their own risks in order to make safer decisions. Statistics show that rates of injury and mortality are higher in people with uncontrolled seizures in particular. Studies show that the most injuries happen at home and many deaths relate to SUDEP. Other deaths relating to epilepsy can happen due to accidents that can happen through seizures. Having a seizure in the bath is the next most common risk of death in epilepsy.

In Ireland, there are approximately 80-130 reported deaths due to epilepsy each year, out of the nearly 40,000 people with epilepsy in the country.

Some risks are easy to remove whereas others might be less so. It is easy to place a fireguard in front of an open fire but stairs are fixed and need to be worked around. Try to think about what possible risks there are in the layout of your home which might be hazards for your seizure type (such as stairs and falls, balconies and wandering). How can these risks be reduced with careful planning? Is epilepsy your only condition? Do you have other illnesses or disabilities which need to be included in safety decisions? If you have mobility issues or sensory issues you will need your safety plan tailored to these needs.

Injury

Types of injury risk will obviously depend on the type of seizure and where seizures happen, particularly if they affect awareness or if they involve falling without warning. Fractures can be linked to falls especially among those with bone health issues. Bone health can be affected by some epilepsy medications so speak to your nurse or team about whether you need to take calcium.

Status Epilepticus

Most seizures stop naturally within a few minutes. Some people have seizures that last up to 5 minutes and stop naturally. However, after 5 minutes, a seizure, or series of seizures, without recovery in between, is considered prolonged. Prolonged seizures are a risk as they can become Status Epilepticus (SE) which can be either convulsive or non convulsive. Seizures are treated with emergency medication at 5 minutes (or sooner if specified in a Care Plan), as the more prolonged a seizure becomes the less likely it is to stop naturally. A protocol for administering emergency medication as prescribed must always be followed. You should talk with your doctor or specialist nurse about when emergency medication needs to be given in your particular case.

Convulsive status: Tonic clonic or convulsive seizures that last longer than 30 minutes can lead to permanent damage or death due to disruption to oxygen flow. This is why the "5 minute rule" is typically given for giving emergency medication and calling an ambulance.

Non Convulsive Status refers to other prolonged seizures with varied symptoms. The person may be unresponsive, confused or have twitching movements. Other features may be subtle and harder to detect but if non convulsive status is suspected the person will need to be assessed and treated.

SUDEP

SUDEP or Sudden Unexpected Death in Epilepsy is uncommon. It occurs when a person with epilepsy dies suddenly and no other cause of death is found. Between 21-44 people are believed to die from SUDEP each year in Ireland. SUDEP is connected to seizures but what exactly causes it is unknown. The most likely explanation is that a seizure interferes with the part of the brain that controls breathing or the heart.

Who is at risk of SUDEP?

The risk of SUDEP varies from low to very low but for a small number of people the risk may be higher. It is important to understand the person's epilepsy and how best to manage it. The most significant risk factor for SUDEP is having active seizures, particularly tonic-clonic. Therefore the better epilepsy is controlled, the more the risk is reduced. In contrast, people with absence and myoclonic seizures are not known to be at higher risk of SUDEP.

Keep risk in perspective

It's important to put safety risks in perspective. The overall SUDEP risk relates to frequency of seizures and varies from up to 1:100 (for those at highest risk) to a general risk of about 1:1000 (similar to the risk of smoking 10 cigarettes a day). SUDEP can affect any age group but research has shown risk factors include young adulthood and being male.

Summary of risk factors for SUDEP

- having frequent tonic clonic seizures
- having sleep seizures
- having seizures when alone
- untreated epilepsy
- abrupt changes in epilepsy medication
- not taking medication as prescribed
- sleeping in the prone position (on the stomach)
- having an intellectual disability
- being pregnant
- treatment for mental health issues
- alcohol or drug dependence problems
- infrequent medical reviews

Summary of advice to reduce your own risk

- Know your triggers and if they can be avoided or reduced
- If you aren't sure, check what type of epilepsy you have
- If you are not seizure-free, seek a referral to a neurologist
- Take your medication as prescribed and don't change or stop taking it without your doctor or epilepsy specialist nurse's guidance
- Let your doctor know about the number, frequency and type of seizures and any medication side effects. Ask witnesses to document your seizures or take a video clip
- For sleep seizures use a seizure alarm or monitor
- Raise SUDEP questions with consultant or specialist nurse

Advice for carers to reduce the risk of SUDEP

- Consider using seizure detection alarms and monitoring
- Although there is little research on ventilated pillows and SUDEP, many people might choose to use them
- Stay with the person after a seizure has finished and check their breathing is regular and their colour is back to normal
- Put them into the recovery position when the seizure is over
- Follow exactly any Care Plan that may have been drawn up with the

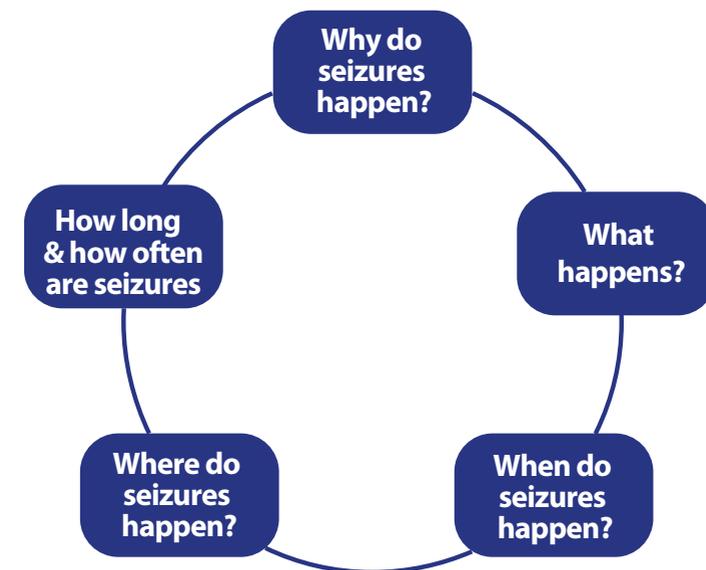
epilepsy team. It will state what is to be done and when and the Care Plan will be tailored to the person's needs

Other reasons to call an ambulance can include:

- If the person is injured
- If the seizure does not stop by 5 minutes (or whatever is typical for the person)
- If one seizure follows another without recovery
- If the person is having trouble breathing
- If the person has a complicating medical condition or is pregnant

The Seizures Wheel

Every person with epilepsy is different. The safety measures suggested depend on each person's type of seizure, their triggers, patterns of seizures, and individual factors. It can help to use the "Why, What, When, Where, and How" prompts in the Seizures Wheel below to think about how seizures happen for you.



WHY do the seizures happen?

Are there known triggers such missed doses, stress, flashing lights, illness, missed sleep or lifestyle factors.

WHAT happens during a seizure?

Do you lose consciousness? are falls likely? is wandering is a feature?

WHEN might they happen?

Is there a pattern? Morning, sleep, anytime, during medication changes.

WHERE might they happen?

In bed, at home, anywhere.

HOW often do they happen?

Daily, weekly, monthly, variable pattern, clusters.

HOW long do they last for?

Under 2 minutes, 2-5 minutes, 5 minutes, over 5 minutes. What is usual for you?

Main features of my seizures

Why _____

What _____

When _____

Where _____

How often _____

How long _____

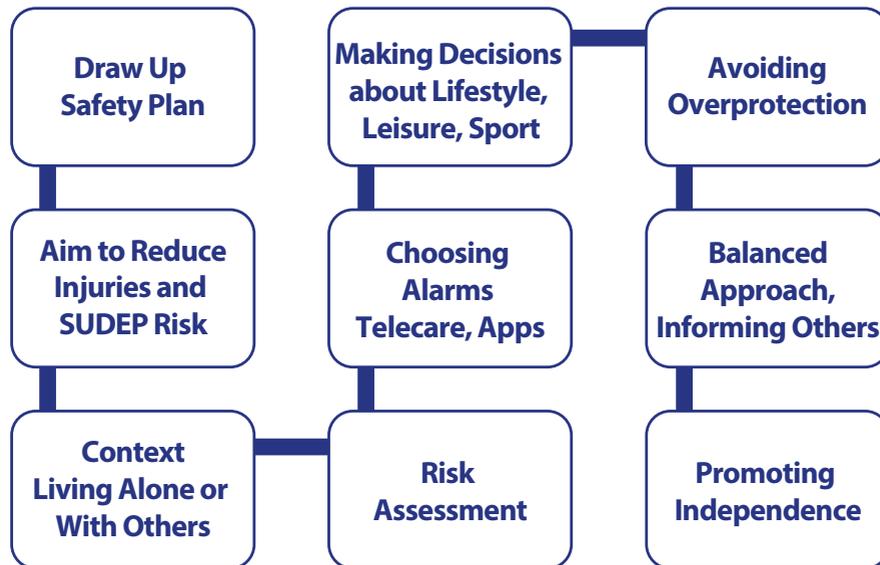
Other _____



Assessing Risk

Sometimes a diagnosis of epilepsy leads to overprotection in the family and limits are placed on the person with epilepsy. Overprotection can harm self-confidence so each person, with their family, needs to consider what is, and what isn't, an acceptable risk for them. As a person with epilepsy you should be encouraged to lead as full and active a life as possible. Safety Plans will help you to reduce your risk of injury and SUDEP, make choices about equipment, leisure, lifestyle decisions and help you make your home and daily life safer. A risk assessment is recommended if you have ongoing seizures, especially if you live alone. Balancing safety with promoting independence can be difficult but must be done with your needs in mind. A basic risk assessment can be done by you, or your family or carers, with guidance from your medical team. If you, or your family member with epilepsy, have more complex needs, a healthcare professional such as a nurse or an Occupational Therapist may advise. The chart below shows explores stages on the path to independence.

Risk Assessment Process



First Aid For Seizures

It is important for people around you to know what to do when a seizure occurs. Health professionals can advise about individualised first-aid and more information and training is available from Epilepsy Ireland on administration of emergency medication. Epilepsy Ireland's First Aid posters on Tonic Clonic seizures and Focal Non Aware (Complex Partial) seizures are easy to follow.

First Aid for Complex Partial (focal) seizures
including temporal lobe seizures

Non-convulsive seizures in which awareness is affected but consciousness is not lost

KNOW THE SIGNS

- Wandering aimlessly
- Fidgeting with clothing
- Agitated behaviour
- Chewing & smacking of lips
- Confused or slurred speech
- Staring trance-like

KNOW WHAT TO DO

- DO time the seizure
- DON'T restrain or grab
- DO guide gently from danger
- DO calmly reassure
- DO stay until seizure ends
- DO explain what happened

When to call an ambulance

- If the seizure is longer than 5 minutes
- If the person has more than one seizure
- If you know it is the person's first seizure
- If the person is injured
- If you are in any doubt

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First Aid For Tonic Clonic Seizures

Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase)

1. DO time the seizure

2. DO remove any harmful objects

3. DO cushion the head

4. DO look for Epilepsy I.D.

5. DON'T put anything in the person's mouth

6. DON'T restrain the person or move unless in danger

7. DO turn the person on side (into recovery position) when seizure stops

8. DO stay with the person until the seizure ends and offer assistance

When to call an ambulance

- If the seizure is longer than 5 minutes
- If one seizure follows another without stopping
- If you know it is the person's first seizure
- If the person is injured
- If you are in any doubt

Complex Partial Seizures
(Non-convulsive seizures with confusion, wandering, unusual behaviour)

- Stay with the person
- Time the seizure
- Guide away from any danger
- Speak gently and calmly to reassure the person
- DON'T restrain the person unless in danger

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The Seizure Smart Home

The safety tips described here are based on reports and experiences of people with epilepsy. Over many years many people with epilepsy have told of what has happened to them and shared their insights about what might have helped them reduce their risk. Epilepsy is very individual. Risks may not apply to everyone equally and so not all suggestions might be applicable to everyone. If your seizures are well controlled fewer adaptations may be required. These tips serve as a guide to improving safety in the home.

Fires

Open fires are a hazard if a person might fall and lose consciousness. Sturdy fireguards like those used for young children are essential. These should be securely fixed to a wall or floorboards so that they cannot be knocked over during a seizure. Stoves can become very hot and need to be guarded in the same way as open fires.

Heaters

Lightweight, freestanding heaters are easily knocked over. Open element electric heaters and gas heaters are dangerous to someone who might fall across them. Radiator guards may help protect from heat injuries but edges and corners shouldn't be too sharp. Radiators which are too close to the floor may cause a person to become wedged in a seizure and it's best if these are mounted higher up to prevent this. Hot pipes can be lagged to reduce risk of burns also.

Electric flexes

Trailing electric flexes are potentially dangerous, as they can result in an appliance being pulled over during a seizure, which could cause a fire or entanglement in the flex.

Glass and Mirrors

Safety glass can be used for glass doors and windows so it doesn't shatter on impact. Alternatively, rolls of safety film can be applied to glass surfaces to prevent dangerous splintering. Avoid using glass tables and freestanding glass or mirrored items where possible. Mirrors can be mounted securely on walls.

Cookers

Pot handles should always be turned away so that pots are less likely to be accidentally knocked over during seizures. A cooker guard or rail is recommended. Avoid carrying dishes of hot food or liquid. Using a food trolley is helpful to move hot dishes. If cooking for a number of people use several small dishes instead of one large one to reduce the risk from lifting a large dish of hot food from the oven. Using a microwave cooker reduces the risk of burns from direct heat sources.

Kitchens

Built-in presses and secured appliances are less likely to become loose during seizures. Cordless appliances with automatic cut-off switches are preferable. Try to secure appliances to walls or counters where possible. Keeping water levels lower in kettles reduces the risk of scald injuries in seizures. Depending on the frequency and nature of seizures consider avoiding or reducing the use of sharp kitchen tools.

Flooring

Hard tiled surfaces can lead to impact injuries during falls. Coarse carpets can lead to friction burns. Safety matting helps reduce risks.

Baths

Water, even at low levels, is a potential hazard and taking baths isn't recommended especially for someone on their own with uncontrolled seizures. Drowning in the bath is the most common accidental death among people with epilepsy. For someone with uncontrolled seizures bathing is a greater risk than showering. If there is only a bath available it would be safer to simply attach a shower hose for washing and keep the plug out to allow drainage. Sitting in the bath and using the shower hose reduces risks of falling and sinking in water but there are risks that it could detach or be an entanglement risk. Avoid using very hot water to reduce the risk of scalding. Mixer taps and thermostats help prevent scalds. Let someone in the home know if you are using the bath.

Showers

Showers are generally safer than baths and while they are not risk free they are easier to adapt. Avoid shower bases with high sides where water could be trapped if a fall occurred. If the seizures are frequent and unpredictable always let someone know that you are taking a shower. A shower chair reduces the risk of falling from a standing position. Shower curtains can be an entanglement risk so safety glass may be better. Make sure that water temperature is controlled. A water timer can ensure water is cut off at a pre-set time.

Bathrooms

If possible, it is best to hang the door so that it opens outwards then the door would not be blocked if a person fell against it. Locks are best avoided so that help can be quickly at hand if needed. Some people use special safety locks that can be operated from outside in an emergency. Others find that an "engaged" notice hung over the outside door handle is all that is needed. Tight spaces

between sinks and toilets can be a risk if the person becomes wedged. Place some safe items in these spaces which will not pose a risk. Remove glass shelving and attach mirrors to walls.

Bedrooms

Seizures during sleep are not so different from waking seizures except for where they happen so it is helpful to consider bedroom safety. Use low sized beds with padded headboards. Many people prefer to avoid soft pillows and use instead a ventilated pillow or no pillow at all. Smoking in bed is very unsafe for a person with seizures and should be avoided. Keep heavy furniture and lockers away from bedside to prevent injury during a fall. Built in furniture is preferable to freestanding which could be knocked over in some kinds of seizures. Consider using a safety mat on the floor if the person tends to fall out of bed during seizures. This will help to prevent carpet burn from coarse carpets. Such mats are similar to those used in gyms or to foam mats. Top bunks aren't safe for people with seizures. Wall mounted lamps pose less risks than bedside lamps which are easily knocked over. Hanging the door to be opened from outside will allow access to someone in a seizure. As stated on page 5 sleeping on the stomach (prone position) is a risk and should be avoided where possible.

Gardens

If a parent has epilepsy and there are young children in the family it is important to make sure that the children cannot wander off unsupervised. Garden gates need to be secure. Hard landscaping and ornamental features can be a risk in falls, so remove those that can be taken away. Ponds and open water are best covered with a strong grid and fenced off. Grass, bark and decking are safer than hard surfaces if falls are frequent. Coarse gravel may cause skin injuries in falls. Wooden fencing may be safer than sharp metal railings. Using garden equipment and mowers should be individually assessed and guidance sought from the medical team if required.

Storing medication

Medication is dangerous for small children. Pills and tablets are easily mistaken for sweets and the child who has watched a parent take medication may try to copy them. Anti-epileptic drugs and other medications should be securely locked away and you need to be safety conscious about pills carried around in pockets and bags if there is a child about.

Personal Safety Planning

Step 1. Consider what risks might apply to you at home and out and about. Some changes are easy to make but others may be less easy. Everyone's epilepsy is individual to them and needs to be looked at in this way. The table below lists safety points and tips to reduce risk.

Context	Hazard	Suggestion to reduce risk	Action Needed Yes/ No	
Around the Home	Glass Panels	Safety glass or clear contact film		
	Coarse Carpet	Cover with safety matting		
	Loose Appliances	Mount on walls where possible		
	Loose Flexes	Tack to wall or boards		
	Hot Pipes	Lag hot pipes		
	Tight Spaces	Enclose to prevent getting wedged		
	Candles/Cigarettes	Avoid using especially if alone		
	Hard Flooring	Cover with safety matting		
	Sharp Edges	Use child-proof covers or corner protectors		
	Heights	Avoid ladders, attics etc.		
Other				
Living Room	Open fires/stoves	Large secure fireguard		
	Freestanding TV	Wall mounted is safer		
	Glass tables	Remove table or replace glass		
	Trailing flexes	Attach to skirting board		
	Radiators	Covers protect from heat		
	Light bar/gas heaters	Remove in case of fall on appliance		
	Freestanding lamps	Secure or wall mount		
Other				
Kitchen	Ovens	Microwaves are safest		
	Hobs	Use cooker guard or rail		
	Saucepans	Use rear rings, turn handles inwards		
	Hot dishes	Limit carrying, use a trolley		
	Glasses/ceramics	Limit use, use plastic		
	Sharp cutlery	Limit use of very sharp knives		
	Electrical appliances	Use cordless where possible		
	Hot liquids	Keep water levels low		
	Other			

Context	Hazard	Suggestion to reduce risk	Action Needed Yes/ No	
Bedroom	Bed	Low level, no top bunks		
	Headboard	Choose soft padding		
	Soft pillows	Firm ventilated type or none		
	Locker position	Move from bedside to limit risk of injury		
	Lamps	Wall mounted is safest		
	Undetected seizures	A bed alarm can help		
	Doors	Re-hang to open out, leave unblocked		
	Other			
Bathrooms	Baths/showers	Avoid baths. Showers are safer		
		Use a shower chair		
		Shower when someone is around		
		Don't bathe children alone		
		If using bath leave plug out & wash with shower hose		
	Shower doors	Safety glass		
	Shower curtain	Leave open to prevent entanglement		
	High shower trays	Lower or flat tray		
	Doors	Keep unlocked and hang to open outwards		
	Loose mirrors	Attach to walls		
Hot water	Use a thermostat to control temperature			
Other				
Hall	Stairs	Limit use of stairs if seizures are frequent Use stair gates if wandering is a feature Ground level may be best		
	Other			
Outdoors	Gates	Need to be secure to prevent wandering		
	Paving	If possible reduce areas of sharp hard surfaces		
	Gravel	Reduce areas in favour of grass		
	Pools/ponds	Fill in, fence off, or cover with a strong grid		
	Sharp railings	Consider adapting or covering sharp features		
	Flicker and glare	Check is photosensitivity (PSE) applies Follow PSE guidelines if needed		

Context	Hazard	Suggestion to reduce risk	Action Needed Yes/ No	
Leisure	Exercise	Stay healthy but know your limits		
	Cycling	Wear protective headgear		
	Walking	Carry epilepsy ID and contact details		
	Events	Check if strobes/fireworks are used (PSE only)		
		Avoid known lifestyle triggers		
	Salons/Spas	Seek medical advice about safe treatments		
	Travel and Holidays	See guidelines on travel with epilepsy		
		Keep to regular medication schedules		
		Keep medication in hand luggage		
		Carry prescription separately		
	ID, EHIC card (EU only) travel insurance			
	Other			
Daily Life	Trigger factors	Learn which triggers might apply, alcohol, stress, etc.		
	Missing medication	Use a pill dispenser with a timer and alarm, programme a mobile phone reminder		
	Losing medication	Store medications and scripts safely		
	First aid for seizures	Give key people first aid information		
	Other			
Sport	Gyms	Take medical advice on safe equipment use		
	Swimming	Never swim alone		
		Swim in a pool with a lifeguard on duty		
		Avoid high diving		
	High risk sports	Avoid boxing/climbing/bungee jump/caving/sky & scuba diving		
	Water sports	Take medical advice on safety		
		Don't put others at risk		
		Wear a lifejacket at all times		
	Winter sports	Don't do the activity alone		
	Training	Don't ski alone or go off piste		
Other	Know what is safe, pace yourself			

Priority To-Do List

Step 2. Review your Personal Safety Plan/Summary. Where you have decided action is needed list the safety suggestions in order of most urgent

Hazard type	To do list for Action points	Completed
		<input type="checkbox"/>

Sports Activities

Exercise and sports are important for many people with epilepsy. It is important to remember that once off accidents can happen to anyone. If a seizure occurs during an activity, this does not have to mean that the person must stop the activity. It is often better to try find a way to support the person to continue the activity safely and maybe suggest a buddy system, alarms and tracking devices where appropriate.

Adults and children with epilepsy should be included in the full range of low risk team sports and activities, if these are safe for them. Blanket restrictions aren't helpful and may even be based on outdated ideas. Simply knowing that a person has epilepsy isn't enough reason to prevent them taking part in an activity. Decisions need to be taken on a case by case basis based on knowledge of the person's seizures, being informed about the risks and advice from their doctor. The governing bodies of individual sports organisations will also provide guidance on safety and medical conditions.

Exercise and sport can benefit everyone and most activities are open to people with epilepsy. If you aren't sure about any activity think about what risks it could pose and whether there are ways of adapting those to allow you take part. The list of activities below are those that are most often asked about. Some anxiety is normal where seizures may happen, but common sense steps can go a long way towards making many activities safe. The Seizure Wheel can help you understand your seizures and think about any activity you might wish to do. The main things to consider are how well controlled your seizures are, what happens during them and what the activity involves. More information on leisure activities and sports is available from www.epilepsy.ie

Cycling

If your seizures are controlled there should be no increased risk. Many people who have epilepsy may cycle when they are off the road from driving but if your seizures are frequent you may need to take your doctor's advice about continuing to cycle. Busy roads present obvious risks and a helmet is essential to reduce risk of head injury.

Horse Riding

Normal hard riding hats should be worn by all riders. The temperament of the horse can affect how they respond to sudden events. If your seizures are poorly controlled a doctor's opinion is advisable and consider having someone accompany you.

Boxing

Boxing is generally not advised due to the risks from blows to the head.

Field and Team Sports

Field and team sports involving possible injury to the head need assessment for each individual by your doctor or specialist. Football, volley ball, basketball, rugby, rounders, etc are usually permitted unless the person has a history of head injury, but where there are concerns about injuries to the head protective headwear should be worn. High impact, and contact, or combat sports like karting, kickboxing and hurling should be medically assessed on an individual basis.

Climbing

Activities involving heights and altitude such as rock climbing, abseiling and mountain climbing pose risks for people with uncontrolled seizures. A medical opinion is essential in such cases.

Sailing

Sailing and canoeing require competent supervision. It's not recommended to sail alone. Always wear a life jacket and follow medical opinion on safety.

Gyms and Gymnastics

Many people with epilepsy use gyms safely but it is important to let staff know you have epilepsy. Choose activities and equipment that will pose least risk, equipment such as treadmills can be a risk during seizures. Pace yourself to avoid extreme training. Floor exercises in gymnastics are usually low risk but activities involving heights and high bars are a risk in uncontrolled seizures.

Golf

Playing with a partner and using seizure detection devices with GPS is advisable and a safety hat may offer protection against accidental injury.

Yoga and Mindfulness

Gentle yoga and mindfulness meditation can be helpful. Yoga involving very intense deep breathing may be a seizure risk.

High Risk Sports

Boxing

Hang gliding and solo parachuting

Potholing/caving

Solo hill walking, rock or mountain climbing, abseiling

Bungee jumping

Scuba diving

Aviation and motor sports, quad biking

Sports involving heights/ free running

Unsupervised skiing

Unsupervised sailing, water sports, swimming, surfing, rafting

Snowboarding

Swimming

There is no reason why people with epilepsy shouldn't swim as long as they take certain precautions. Consider the degree to which your seizures are controlled and whether you get a warning of a seizure. Consider any trigger factors for you which might be likely to occur while swimming, such as dappled light on water for a photosensitive person.

- Never swim alone but with a lifeguard present, or a companion who can handle seizures in water.
- Wear a bright swimming cap so you can be spotted quickly in the pool.
- Swim in a pool rather than open water where rescue is more difficult.

Dealing with a seizure in water – advice for companion swimmers

Close monitoring of someone who may have any kind of seizure in water is vital. Even in the briefest of seizures the swimmer may suddenly disappear below the surface. Flotation devices may help but they are not fool proof.

Once the companion realises a seizure is starting they need to react quickly

and keep the person's head supported and their face above water all the times during the seizure. Once the seizure is over, the swimmer may be moved gently to the poolside keeping the head supported and the face above water.

Medical attention is needed in the event of inhaling water or any concerns about breathing or recovery.

For more information about water sports and safety see The Irish Water Safety site www.iws.ie

Leisure: Night Clubs, Cinemas, Concerts

Over 95% of people with epilepsy are not affected by flashing lights and don't need to unduly avoid venues. However, people diagnosed with photosensitive epilepsy on an EEG may find flashing lights, fireworks, even natural light or glare, could trigger a seizure. Covering one eye with a hand helps to reduce risk of a seizure.

Videogames, computers and TV

Again for over 95% of people with epilepsy flicker and glare don't trigger their seizures. If you aren't sure if this applies to you, ask your team about your EEG record to check for the results of the photic stimulation test, where lights are flashed to see if the person has the photosensitive response. Computers are safe to use for the vast majority of people with epilepsy, even many people with photosensitive type. Computers are required by law to have anti-glare screens built in. Unlike the older analogue TV sets, modern digital flatscreen TV's like LCD and plasma screens are flicker free but if glare is still a problem they may need to be adjusted for that. It's advised to view TV in a well lit room to avoid strong contrast which can enhance the photosensitive effect. The set is best placed at eye level, at least three metres away from the viewer with good background lighting. Use a remote control for changing channels.

Social drinking

Some people with epilepsy choose not to drink alcohol at all but for most an occasional drink should cause no great problems. It is well known, however, that too much alcohol may trigger seizures and 'binge drinking' should be

avoided. Instead moderate drinking - no more than 2 units in any one day - is advised and medication needs to be taken as normal.

Summer Camps

Summer camps are often provided in the local community and may be themed, such as sports or arts based camps. There may be camps in some areas for children with special needs. In general most Irish children with epilepsy attend local mainstream camps in their own community.

Do I need to tell camp staff about my child's epilepsy?

Most camps will ask about medical conditions on the application form. The staff in charge of your child will need to know about the seizures and what happens during them; how they are to be handled and any safety restrictions that may apply.

Safety restrictions may be needed in some activities but where possible the child should be encouraged to take part in activities suitable for them. There may be insurance implications of not disclosing your child's epilepsy. It is a good idea to contact the camp organiser before applying and discuss the needs of the child. In this way you can gauge their response. It also gives the camp provider time to plan for camp staff to get training if that is required.

Are all camp staff trained to give emergency medication?

Some camp staff may be familiar with epilepsy and the use of emergency medication but this can't be assumed. Staff can be trained in using the emergency medication and if the camp provider and their insurer is supportive of this there may not be any issue. Sometimes there may be insurance and liability concerns that need to be addressed first. Training in epilepsy awareness can be provided by Epilepsy Ireland and training in administration of Emergency Medication can sometimes be arranged.

What do I look for in a Summer Camp?

- Health and Safety Policy: Adequate level of staff training including first aid
- Levels of supervision must be adequate
- Up to date Child Protection Policy
- Openness to supporting a child with epilepsy

- Open to giving emergency medication or be trained in it's use
- Full Insurance is essential

What activities can my child do in Summer Camp?

There are activities of all kinds from art to drama which don't usually hold any major safety concerns. Sports based camps offering sports that the child is already doing in school are unlikely to post an extra risk - provided the camp is well supervised and follows a safety policy. Adventure centres that offer a range of water based and outdoor climbing activities that would need individual assessment. Each child will vary in terms of their seizure pattern and degree of control of seizures. In the multi-activity camps the child may be offered activities of different risk levels and this is where individualised assessment is again recommended - preferably with input from the child's neurology team where needed.

Residential Camps

If a residential camp is chosen then thought needs to be given to day to day safety and self-care. The same advice applies as would apply at home, showers instead of baths for example. Medication reminders can be programmed into mobile phones. Those with sleep seizures can take their ventilated pillows with them to camp and sleep on bottom bunks instead of top bunks. Regular patterns of sleep and meals are as important away as they would be at home. Others sharing rooms may need to know what to do in the case of a seizure.

Before booking a place on Summer Camp

- Put together a pack of basic information about epilepsy for the camp organisers. Information leaflets, books and posters can be obtained from Epilepsy Ireland
- Prepare a written outline of how your child's seizures occur, how to recognize them and what needs to be done, who is to be contacted and other relevant details. This can be used as a training tool for staff and kept on file
- Seek the opinion of the child's medical team regarding camp activities offered in terms of high, medium or low risk. Call the nurse helpline if there is one at the clinic
- Familiarise yourself with the camp Health and Safety Policy and Child Protection procedures

Holidays and Travel

Extremes of heat can trigger seizures. Here are some tips to reduce risks of heat related seizures

- Keep in the shade where possible
- Keep well hydrated but avoid taking energy drinks with caffeine or other stimulant drinks. Your pharmacist can advise on re-hydration solutions if you need them
- If glare is a trigger for photosensitive seizures wear wraparound shades with polarised lenses and a wide brimmed hat to give shade
- Be careful around water and water based activities. Seek medical advice if you are not sure if an activity is safe
- During holidays it's easy for regular routines to slip – try to keep to regular medication schedules even if routine alters
- Paths and tarmacadam can get very hot and could cause burn injuries for someone in a seizure. Using a towel or picnic rug to ease under the head or bare skin when placing someone in the recovery position will help reduce the risk. However, moving the person is not recommended unless they are in immediate danger
- Make sure to use suncream and aftersun lotion if needed. Sunburn could lead to sleep loss which can trigger seizures
- If you find it difficult to get to sleep in the warm weather make sure the room is well ventilated, reduce bedding and if you still can't sleep speak to your GP
- Alcohol is a trigger for seizures and combined with heat might be more problematic so be just be aware of how you use it

- Some people on medications such as Lamictal may find their skin more sensitive to the effects of sunlight and may need to take care or use a higher factor sunscreen. This effect can happen with medications for other conditions too. Your pharmacist can advise if any type of medication that you are on would be likely to increase your sensitivity to sunlight

Before you go....and when you get there

Here are some tips for making your holiday at home or abroad as problem free as possible. It's advisable to discuss travel plans with your doctor especially if travelling long haul, to areas requiring vaccinations, or where malaria occurs, as well as deciding which activities may be suitable for you. Travelling and all the preparation for it can be tiring in itself so try to make sure you are well rested before the journey. When you arrive taking some time to rest first before unpacking and exploring the area will give you a chance to recharge after your journey.

Checklist for Holidays

- European Health Insurance Card for EU countries (formerly E111) available from the HSE free of charge at www.ehic.ie
- Travel Insurance – needed in the EU due to variable cover under EHIC and outside EU where EHIC cover does not apply
- Enough supply of daily medication for your trip, in it's original packaging and kept in hand luggage, allow extra for any delays
- Emergency medication (if prescribed)
- Airline guidelines on carrying liquid medications
- Letters from doctors stating medication is for your epilepsy
- Copies of prescriptions (Pharmacists in EU can dispense on EU prescriptions but outside EU they can be re-prescribed)
- Copy of Travel Handbook (travel advice document available from Epilepsy Ireland website)
- Contact details of epilepsy groups or medical services in the country you are travelling to.
- Updated medical alert ID bracelet, other ID jewellery, card with local translation
- Ventilated pillow for sleep seizures (or alternatively, use no pillow)

- 2 watches to track time gap 1 on Irish time, 1 on local time
- Medication reminders programmed into mobiles or watches
- Letter of seizure freedom (for car hire) - driving laws vary
- Flotation devices and a bright coloured swim cap
- Up to date vaccinations if needed – discuss with doctor in advance
- Lone travellers: wear ID or carry cards with first aid details

Managing tonic clonic seizures on planes

- Passengers in surrounding seats should be moved where possible to leave space around the person
- Armrests should be raised
- Protect the head with pillows, blankets or rolled up coats
- Place nothing in the mouth
- Let the seizure run its course
- Note the length of time the seizure lasts. Some people may carry emergency medication to stop the seizure and those accompanying them need to know how to use it
- Lone travellers need to inform the crew in advance if they have epilepsy and carry ID with their first aid details on it
- When a seizure lasts more than 5 minutes, or longer than normal for the person, or more seizures follow without recovery in between, this is a medical emergency. The cabin crew need to know in case a diversion is needed. If a person is injured or has another medical condition they may need medical attention
- After the seizure allow the person lie across seats on their side in the recovery position to facilitate their breathing. If the person has vomited during or after the seizure, take special care. They should not be lifted up or moved onto their back, the recovery position is best

Managing tonic clonic seizures on buses and trains

- Passengers in surrounding seats should be moved if possible to leave space around the person
- Armrests should be raised
- Protect the head with pillows, blankets or rolled up coats
- Place nothing in the mouth
- Let the seizure run its course

- Monitor the length of time the seizure lasts. Some people may carry emergency medication to stop the seizure and those with them need to know how to use it
- When a seizure lasts more than 5 minutes, or longer than is normal for the person, or more seizures follow in a cluster without recovery in between this is a medical emergency. The bus driver or rail staff need to know in case an emergency stop is needed. If a person is injured or has another complicating medical condition they may require medical assessment
- After the seizure allow the person lie across seats on one side in the recovery position to facilitate their breathing. If the person has vomited during or after the seizure take special care. They should not be lifted up or moved onto their back, the recovery position is best.

Tonic clonic seizures in wheelchairs or buggies

- Remain calm and note the time of the seizure
- Apply the brake and ensure the chair is secure
- Don't restrain the person or attempt to stop the seizure
- DO NOT put anything into the person's mouth
- Wipe away any saliva that may collect around the mouth
- Let the person stay in the chair during the seizure – this is safer than moving them which could lead to injury
- Move objects that could cause injury to the person
- The seat belt or harness should prevent falling from chair
- If there is no belt you may need to support (not restrain) the person to prevent them from falling out of the chair
- Cushion the head area using a rolled up coat or a cushion
- At the end of the seizure the person can be moved gently from the chair and placed in the recovery position. If they have vomited take special care.
- Do not lift them up or put them on their back, leave them seated or ease gently them onto their side in the recovery position
- There is no need to call an ambulance unless the seizure is prolonged (5 minutes, or longer than average for the person), there is injury, it's the first seizure or the person has a complicating medical condition

Air travel for children and adults with special needs

If you are travelling by air with children and adults who may be anxious, or who have special needs, some airports have booklets with pictures explaining air travel step by step from check in to lift off.

Choosing locations and accommodation

- When booking accommodation ground level is safer especially with frequent seizures
- If seizures involve wandering ask to see a plan or layout of accommodation
- Apartments and hotels often have balconies and easily accessible pools so knowing the layout in advance helps you plan to reduce risk
- If you won't be driving on holiday choose accommodation served by public transport
- Remember the same safety advice that applies at home applies on holiday too with regard to cooking, bathing, sleeping and being out and about
- To try to ensure a restful night's sleep you may wish to choose a less lively location
- Try choose a location with ready access to medical services should you require them

While on holiday

- Take your medication at the required intervals
- Keep your patterns of sleep and meals similar to that at home
- Be mindful of extremes of heat and cold and the effects these can have
- Keep alcohol intake low to moderate
- Choose activities that will not put you at unnecessary risk
- Take care around water
- If you are photosensitive you may need to take care around discos and other visual triggers, wraparound sunglasses, polarized lenses and covering one eye with your hand are often helpful
- Pace yourself – take activities at a pace that doesn't leave you struggling to keep up
- Relaxation is an important part of any holiday – make sure to factor it in!

Theme Parks

- Contact the park in advance to find out their supports for persons with disabilities
- Parks may have special passes such as easy access cards so you may not need to queue for long if you have a disability or illness (not just mobility problems). This can be a real help as tiredness and heat can trigger seizures.
- If tiredness is a problem parks usually have large buggies and wheelchairs available
- By arrangement in advance park staff may be on hand to provide assistance and support
- Some rides may be unsuitable and warnings may be displayed at the entrances to these
- If you are unsure you or a support person can ask for a preview of the ride to assess it
- Seizures are often unpredictable so you need to consider what could happen if you have a seizure on an attraction – safety is the main priority
- Excitement and fear can trigger seizures for some people too so bear this in mind when assessing rides

Finally, keep the balance between safety and being able to enjoy your holiday. Safety measures are suggested to help you have fun safely not to be a source of worry in themselves.



Alarms and Seizure Supports

Technology can help detect seizures. There are numerous models of seizure alarms on the market and there are some apps for detecting seizures too. Seizure alarms can give some peace of mind especially for people living alone. Alarms can be costly so it is best to look at the range of products available to find what suits your needs and budget best. To decide on the best device for you will need to think about:

- 1. Your seizure type** is it a tonic clonic seizure, another seizure with movement, do you get a warning or not, does the seizure feature saliva, urine, breathing changes or wandering. If your seizures are well controlled you may not feel you need an alarm but some people feel it gives them some peace of mind.
- 2. How will you benefit?** Anyone with epilepsy can benefit but especially those who live alone or parent alone, people with sleep seizures, people with uncontrolled tonic clonic seizures, prolonged seizures, those with history of injuries and people who wish to live independently of family.
- 3. Which alarm is best suited?** Not all alarms are the same they capture different seizure types in different situations. A bed alarm can detect seizures in bed but a separate alarm is needed to detect waking/daytime seizures.
- 4. What kind of support do you need?** Someone living alone may need an alarm which detects the seizure and contacts a monitoring centre or nearby trusted key-holder. Those living with family might choose an alarm to alert a carer in the home.

Epilepsy specific alarms are designed to detect seizures with rhythmic movements, electrical changes in the skin, and other physiological features. Other alarms monitor position, falls, wandering, breathing and heart rate. Alarms can be used alone or combined to detect a wider range of features. Alarms such as baby monitors are not epilepsy specific but can pick up a range of sounds, including seizure related sounds.

Epilepsy Alarms and Seizure Detection Apps

Costs for epilepsy alarms vary from €100 - €1700 depending on alarm types and packages. Some companies may offer payment plans. HSE funding is on a case by case basis and medical letters are needed.

1. Tonic clonic seizure alarms detect tonic clonic seizures with falls in people who get no warning and they can dial out to get help. Most are fixed alarms and detect seizures in or around the home. They may not be effective outside a certain radius. Mattress sensors detect seizures with movement, urine or saliva and can alert a carer in the home or dial out using an auto-dialler. The SAMI sleep monitor, a camera/motion sensor which works with Apple devices and detects a wide range of seizures, records them and alerts a carer in the home. The SAMI monitor only works with Apple devices.
2. Smart Watches: detect tonic clonic seizures with movement. The Epicare Watch and the Embrace Watch can be worn outdoors, in the home and in bed. The Embrace has FDA approval in the US and a second version is now available. The Nightwatch, for detecting sleep seizures, is a recent entrant to the market.
3. Apps: There is a range of apps available (see next page). Epdetect and Openseizuredetect are free. SeizureDetect is for Android, Garmin, Fitbit and Pebble. Pebble has been discontinued but the app should be usable for Pebble owners. SeizAlarm, BioLert, EpiWatch and SeizureTracker are among further apps to consider.
4. Wearable Monitoring: PulseGuard and Brio monitor pulse rates in seizures.
5. Epihunter is a new EEG headset with smartphone app being developed for detection of absence seizures.

Do these alarms work?

In the few studies done to date, no alarm has been found to detect 100% of seizures and false alarms can occur. Alarms may aid in lowering risk but can't be guaranteed to prevent SUDEP. Nonetheless people surveyed reported largely positive feedback about their use of epilepsy alarms.

Epilepsy Alarm and Suppliers

Company	Products	Description	Location
Tunstall Emergency Response	EpiCare Free Wrist Sensor Bedside Companion Epilepsy Monitor Companion Mini Bed Guardian	Tonic clonic sensor Bed movement Sensor Portable sensor Bed monitor	Wexford
Task	Ep-IT Companion Monitor EpiT Guardian Monitor	Tonic clonic monitor Movement sound and exit monitor	Meath
Independent Living Ireland	Companion Epilepsy Monitor Companion Mini Guardian Monitor	Tonic clonic bed sensor Portable sensor Multi-detection	Galway
Homecare Technologies	Emfit	Tonic clonic bed sensors	Cork
Epilepsy Solutions	Smart Watch Inspyre	Seizure movement detector	UK
Easylink	Medpage MP5	Bed sensor	UK
Adris	Pulseguard	Wrist/ankle worn pulse sensor	UK
Epilepsy Alarms	Brio	Wrist worn heart rate monitor	UK
SAMI	SAMI monitor	Camera sensor	US
Empatica	Embrace Watch	Seizure monitoring	US
Livassured BV	Nightwatch	Sleep seizures	Netherland
Epihunter	Epihunter	Absence seizures	Belgium

Seizure Detection Apps

App	For	From
OpenSeizureDetector	Android/Pebble /Garmin/Fitbit	Google Play
Epdetect	Android phones	www.epdetect.com
SeizAlarm	iPhone, Apple Watch	Google Play, www.seizalarm.com
Soterria	Android smartwatch	www.watchaware.com
Neutun	Smartwatch, Pebble, Apple Watch	Google Play
BioLert	Smartwatch/phone	iTunes Apple
EpiWatch	Apple Watch, iPhone, iPod Touch	iTunes Apple
Seizure Tracker	Apple, Android, Alexa	www.seizuretracker.com

Checklist for choosing alarms

- Where and when do I need it, at home, outdoors or in bed?
- Is the alarm to be worn or is it to be in a fixed place?
- Do I need a landline for a fixed alarm base unit?
- Which mobiles will the alarm work with?
- How far is the range of detection for a fixed alarm?
- Will GPS be needed to locate me outside of home?
- Does the alarm need to autodial for help?
- Do I need a monitoring service?
- Do I have trusted key-holders nearby who will respond?
- Is there a mobile phone app to support the alarm?
- Is there technical back up from the supplier?
- Is it mains or battery operated?
- If battery powered how much charging is required?
- If mains powered will it work during a power failure?
- What are the costs? Are rental options available?
- Is it easy to install?
- Can I try the alarm before buying?
- What is the returns policy if I am not satisfied?
- Check online reviews for user feedback

More Safety Supports

Safety helmets are recommended for people with frequent seizures with falls and tonic and atonic seizures (drop seizures). These helmets help to protect the head and face from further injury. They can be made of a hard shell or of leather. They can offer protection in the area most vulnerable to injury.

Safety pillows are firm foam pillows with holes in them like a cot mattress. Although there is little research to date on the effectiveness of these pillows, people with sleep seizures might prefer to use them.

ID Jewellery can be useful if you are out and have a seizure. Details you choose to give are available to paramedics and A&E staff. This is important if you are taken to hospital on our own. Epilepsy Ireland provides free silicone wristbands with all our membership packages and our ID cards are free to all. See www.epilepsy.ie for details.

Many people enquire about seizure dogs. A seizure dog may have been taught to alert to seizures, or, may have learned to sense the onset of a seizure, although this behaviour is more unusual. Other dogs may respond by staying with the person after the seizure or trying to alert others. Some family pets have been reported to behave in either way, perhaps related to their already close bond with their owner. Evidence for training of seizure dogs is mixed, it has been suggested they may detect scent changes but this requires further research. Epilepsy Ireland is not currently aware of any accredited training services supplying trained seizure dogs in the Republic of Ireland so caution is advisable when seeking to buy a trained dog.

While Epilepsy Ireland staff are aware of many products and services that might be of help they do not have expertise in alarms, equipment or training of alert dogs, and will not be able to recommend or prescribe devices or services. If you have access to an Occupational Therapist they would be in a position to recommend equipment. Often the technical staff from alarm companies can be well placed to match you with the best alarm for your needs and some companies do their own assessment based on the information you give them.

Suppliers

Alarm companies Ireland

Tunstall Emergency Response,
Ryland Road, Bunclody, Co Wexford
Telephone: 1850 232324
www.emergencyresponse.ie

Home Care Technologies,
Classis Business Centre,
Ovens, Co. Cork.
Telephone: 1890 480 480
www.homecaretechnologies.ie

Task Ltd, Unit 1 Block 3,
CityNorth Business Campus,
Stamullen Co. Meath, K32 V008.
Telephone: 01 8435901
www.taskltd.com

Independent Living Ireland,
Old Church Street, Athenry,
Co. Galway.
www.independentliving.ie
Info@independentlivingireland.ie
Telephone: 091 877 007

Alarm companies and seizure detection products - outside Ireland:

Easylink UK:
www.easylinkuk.co.uk
Sami Alert Sleep Seizure Monitor:
www.samialert.com
Adris Technologies:
www.pulseguard.org
Epilepsy Solutions:
www.epilepsysolutions.co.uk

Epilepsy Alarms UK
www.epilepsyalarms.co.uk

Epihunter:
see www.epihunter.com

Apps and watches from the US
Pebble watch app can be downloaded from:
<https://github.com/PebbleSeizureDetect/PebbleSeizureDetect>
Embrace watch: see www.empatica.com

Apple watch: see www.apple.com
Nightwatch
see www.livassured.com

Epilepsy Head Protection Products - Dublin

Ribcap Hat Supplier:
Promobility & Busybuddys
(Children)
Unit 3, Airside Enterprise Centre,
Airside Business Park,
Swords Co. Dublin, K67 YY94.
Telephone: 01 890 0890
Promobility:
Email: sales@promobility.ie
www.promobility.ie
Busybuddys:
Email: info@busybuddys.ie
www.busybuddies.ie

Ribcap Hats and Standard Helmets:
Glencar Medical
Unit 2, Redleaf Business Park
Turvey, Donabate, Co Dublin.
Telephone: 01 890 0201
Email: info@glencar.ie
www.glencar.ie

Soft Shell Helmets:
Ability Ireland
Unit 1 Redleaf Business Park,
Donabate, Co. Dublin.
Telephone: 01 526 2701
Email: info@abilityireland.com
www.abilityireland.com

Moulded Helmets:
Trulife, Airton Road,
Tallaght, Dublin D24 R859.
Telephone: 01 451 1755
Email: info@trulife.com
www.trulife.com

Outside Dublin

Ribcap Supplier:-
Home Medical Supplies,
Knock Road, Tooraree,
Ballyhaunis, Co. Mayo,
F35 KW83.
Telephone: 094 9633800
Lo-call: 1890 989 140
Email: info@homecaremedicalsupplies.ie
www.homecaremedicalsupplies.ie
Showrooms Nationwide open Monday-Saturday 9.30am-5.50pm
Ballyhaunis, Cavan, Galway,
Limerick, Cork, Sligo, Castlebar,
Ballina, Tralee, Dundalk.

Pillows Ireland

Epilepsy Ireland,
249 Crumlin Road Dublin 12
Tel: 01-4557500
www.epilepsy.ie

Pillows Outside Ireland

Sleep Safe UK
www.sleep-safe.co.uk



Web: www.epilepsy.ie

Facebook: facebook.com/epilepsy.ie

Twitter: [@epilepsyireland](https://twitter.com/epilepsyireland)

YouTube: youtube.com/BrainwaveEpilepsy

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Email: amooney@epilepsy.ie

Sligo Tel.: 071 9141858

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Community Resource Officer: Edel Killarney

Westside Resource Centre, Seamus Quirke Road,
Westside, Galway

Tel.: 091 587640

Email: ekillarney@epilepsy.ie

Mid-West

Covering: Limerick, Clare & Tipperary North

Community Resource Officer: Veronica Bon

Social Service Centre, Henry St. Limerick

Tel.: 061 313773

Email: vbon@epilepsy.ie

Kerry

Covering: Kerry

Community Resource Officer: Kathryn Foley

9/10 The Paddocks, Ballydowney, Killarney, Co. Kerry

Tel.: 064 6630301

Email: kfoley@epilepsy.ie

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Community Resource Officers:

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North Lee & North Cork: Loretta Kennedy

35 Washington Street, Cork

Tel.: 021 4274774

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[Loretta: lkennedy@epilepsy.ie](mailto:Loretta:lkennedy@epilepsy.ie)

South East

Covering: Kilkenny, Wexford, Carlow, Waterford &
Tipperary South

Community Resource Officer: Miriam Gray

C/o HSE, St. Joseph's, Waterford Rd, Kilkenny

Tel.: 056 7789904

Email: mgray@epilepsy.ie

Midlands

Covering: Offaly, Longford, Laois & Westmeath

Community Resource Officer: Cliona Molloy

The Charleville Centre, Church Avenue, Co. Offaly

Tel.: 057 9346790

Email: cmolloy@epilepsy.ie

North East

Covering: Louth, Meath, Monaghan & Cavan

Community Resource Officer: Mary Baker

Unit 1a, Partnership Court, Park St. Dundalk, Co.
Louth

Tel.: 042 9337585

Email: mbaker@epilepsy.ie

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