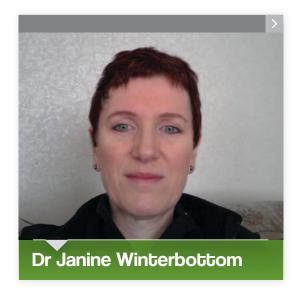
Epilepsy and safety at home

In this leaflet Dr Janine Winterbottom, an epilepsy specialist nurse in Liverpool, talks about how people with epilepsy can stay safe at home.



Safety in the home is a major consideration for everyone, but for people with uncontrolled epilepsy – particularly those with unpredictable seizures – additional safeguards may be needed.

Many of these are outlined in the table below:

Potential hazard	Advice
Doors and windows	Fit toughened safety glass in windows and doors, or apply a safety film to ordinary glass to stop glass splintering if fallen against. Consider the use of additional locks on external doors to reduce the risk of wandering. Use safety gates to prevent accidents on stairs and balconies or in gardens.
Electrical appliances	Use cordless equipment with automatic cut-outs. Kettles, irons, hair dryers and DIY tools can be dropped during a seizure, causing serious burns, scalds, other injuries and fires. Avoid trailing flexes and use cable tidies to make sure flexes are kept out of the way. Use power tools with safety cut-outs and concider using batteries rather than mains power to avoid damage from the power cord if you have a seizure during use. Circuit breakers on sockets can help reduce risk of electrocution.
Fires and radiators	Avoid open coal and log fires and free-standing heaters, which can cause severe burns if you fall into the fire during a seizure. Fixed fire guards can reduce this risk. Attach secure guards to all fires, put covers on wall radiators and lag hot pipes. Thermostatic controls can help keep radiators at a low temperature to reduce the risk of burns if fallen against.
Floors and upholstery	Avoid hard surfaces such as ceramic tiles as they could cause injury during a fall. Non-slip flooring and cushioned flooring or carpets may reduce the risk of injury. Avoid coarse carpets/fabric to reduce friction burns in a convulsive seizure. Keep the floor and stairs clear of obstructions to reduce the risk of falls, especially if wandering occurs during seizures. Stairs can be a major hazard if you have frequent unpredictable seizures – consider having a soft rug or carpet at the bottom of the stairs to help cushion any falls.



Furniture	Choose sturdy furniture with rounded corners or use corner protectors. Avoid overcrowding of furniture and beware of hazards such as glass-topped tables and breakable ornaments.
In the garden	Avoid rough concrete or gravel surfaces. Grass/bark chipping or wooden decking may be safer alternatives to reduce the risk of injury if you fall. Cover ponds with a safety grid to avoid the risk of drowning. Planting shrubs and hedges or a fence at the edge of a pond can prevent you getting too close to the edge. Use powered mowers with caution due to the risk of cutting through the cable – a petrol lawn mower that switches off automatically when the handle is released may reduce the risks. Avoid trailing flexes and use equipment with automatic cut-outs. Be aware of the risk of burns and scalds when using outdoor barbecues, take precautions for food preparation, and avoid getting too close to the heat source.
Lighting	Ensure you have adequate lighting, especially at night if seizures cause you to get up and wander in confusion. Avoid using candles. Choosing lamps with a stable base and positioning carefully in the home can reduce fire hazard and burn risk if knocked accidentally during a seizure. Low energy bulbs may give out less heat and reduce burns risk if fallen against.
Smoke/fire	If you have a seizure when cooking or smoking there is a risk of fire. Fixing smoke detector and fire alarms, especially if you are a smoker, can reduce the risk. Check smoke detector batteries regularly. Don't smoke in bed. Use call alarms for additional security. Your local fire and rescue services can provide a free safety check of your home.
TV/VDUs	See our leaflet entitled 'Epilepsy and photosensitivity'
Risk Assessment	See Epilepsy Society Risk Assessment: Safety at Home If you have unpredictable seizures you might be at risk of injuring yourself at home. In the UK, your local Social Services can arrange an Occupational Therapist to do a Safety Assessment.

Advice on medication and first aid

First aid - Keep a First Aid box handy: this might include rescue medication to be administered if you have a seizure that fails to settle within the usual duration. It is important that family and friends understand what to do when you have a seizure, and their knowing how to help you both during and afterwards may help you to feel less concerned about a seizure happening.

Medication - Keep medication securely stored out of reach of young children and do not keep old medications. Consider using a drug wallet or dispensing box to help you manage your medication, especially if your seizures can leave you feeling confused. Your pharmacist may be able to prepare your medication in blister packs to make it easier for you to see which drugs you have taken and those you still need to take.

999 - Keep a list of emergency contacts handy, e.g. family, GP, carers and neighbours, with a description of your seizures and what should be done in an emergency. Usually when a person has a seizure there is no need to call an ambulance. However 999 should be called in the following circumstances: it is their first seizure; there is injury, they have difficulty breathing even when the seizure has stopped, one seizure immediately follows another with no recovery, or the seizure last two minutes longer than usual or longer than five minutes.



Tips for specific areas of the house

The Bathroom, kitchen and bedroom have specific areas of risk of injury including drowning, burns and scalds. Epileptic seizures can cause severe and deep thermal injuries.

Bedroom

- Smoking in bed is especially dangerous if you have unpredictable seizures
- Avoid using soft feather pillows, which can cause suffocation. Special breathable safety pillows are available
- If you are worried about falling out of bed, sleep on a mattress on the floor
- Hot water bottles are best avoided as they can scald
- Turn off heated electric blankets before getting into bed
- Make sure the room temperature is neither too hot nor too cold
- If you wander during nocturnal seizures, position bedside furniture as safe distance from the bed
- If you have seizures at night where you shake (convulse) you might consider a bed alarm.

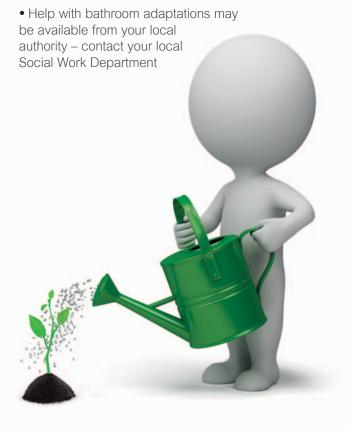
 Other types of alarm are designed to go off if you fall out of bed, or if you wander around

Kitchen

- Use a cooker with quickly controlled heat (gas/halogen) and with a cooker guard
- Place pans on back rings/burners, turning pot handles inwards to avoid accidental knocking
- Use a cooking basket for boiling foods, as the basket can be lifted to avoid the need to drain hot water
- Avoid chip pans/frying pans and grill rather than fry food (avoid eye level grills)
- A microwave oven may be safer than a gas or electric oven, as it turns off automatically. Position it at waist height to avoid bending or reaching hot items
- When transferring hot food, it is safer to take plates or dishes to the oven. Use a trolley to transfer hot liquids and foods from cooker to table
- Fit a smoke alarm if you have memory problems and could forget to turn off the grill or cooker

Bathroom

- Choosing between a bath and a shower is a personal choice. However if you have frequent unpredictable seizures, be aware that baths pose an increased risk of drowning. If necessary seek advice from an occupational therapist
- For people with unpredictable seizures a "wet floor" shower may be the safest option, and sitting under the shower may minimise risk of injury. Make sure the thermostat works. A foot-operated water flow control may be worth considering
- If you prefer a bath ensure the water is not too hot by adding cold water first, and don't fill the bath more than a few inches deep. Use a non-slip bath mat and consider cushioning taps and hard edges with a folded towel. **CAUTION:** there is a risk of scalding when using shower attachments, as they do not have safety 'cut-off' if the water temperature suddenly increases
- It is a good idea to have someone else in the house when you're taking a bath or shower. It's recommended that the bathroom door be left unlocked (use a vacant/engaged sign, or sing!), and if possible doors should be hinged to open outwards. An alarm to call for help may also be worth considering





Alarms

These may be available through your local community alarm service, or they can be purchased. They are linked to an automatic dialler, which triggers a telephone call to named individuals or to a monitoring service. Below is a list of the different types of alarm that are available and the general functions of each:

Bed alarm: This is designed to detect convulsive seizures that happen during sleep. Some models also monitor heart rate and breathing patterns.

Carbon monoxide sensor: This detects the odourless gas, carbon monoxide, which is lethal at low concentrations.

Enuresis sensor: This detects bed-wetting (as might occur during a seizure).

Exit sensor: This is triggered when a door is opened.

Fall/tilt alarm: This is worn like a pager and can summons help when consciousness is lost without warning.

Natural gas sensor: This monitors gas build-up if a cooker, gas fire or boiler is not properly lit.

Pressure mat: This alerts when a person lands on the mat, e.g. when falling out of bed or wandering during a seizure.

Pill dispenser alarm: This can provide an audible and visual signal when medication is due. It can also be connected to a remote dialler to alert others/a monitoring service if medication is not taken.

Smoke sensor: A smoke sensor monitored remotely might be advisable, because during a seizure the person will not be able to hear a smoke alarm.

For more information, please read our leaflets entitled: 'Epilepsy: balancing risk and safety', 'Epilepsy: safety in school, university and college, 'Epilepsy: safety in sport', 'Epilepsy: safety at work' and 'Epilepsy and leisure – safety issues'.

This is one in a series of information leaflets about epilepsy.

To access the others, or to find out more about our research, please visit our website: www.epilepsyresearch.org.uk

Text adapted from material supplied by Epilepsy Connections, February 2014.



Epilepsy Research UK PO Box 3004 London W4 4XT

- 0 020 8747 5024
- 0 0870 838 1069
- info@eruk.org.uk
- www.epilepsyresearch.org.uk

Registered office: Lamb House, Church Street, London W4 2PD. Registered charity no: 1100394



