

# 7a Epilepsy: Safety in the Home

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

## LIVING AREAS:

### Floors and Upholstery

If you are liable to fall, cover hard surfaces with non-slip rugs. Fitted carpets give a softer landing but can cause friction burns. Ensure stair carpet is securely fitted.

### Doors and Windows, Stairs and Balconies

Check if toughened safety glass is fitted in windows and doors in older houses. If not, consider replacing existing glass or applying safety film. Consider whether balcony railings are high enough. Consider the use of safety gates to prevent accidents on stairs. Handrails or grab bars can be useful when balance is affected after seizures.

### Fires and Radiators

Avoid open coal and log fires wherever possible, and free standing heaters which can cause severe burns if you fall on them. Provide secure guards to all fires. Radiator guards are advisable, and hot pipes should be covered.

### 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. Where glass in furniture cannot be avoided, ensure safety glass is fitted.

### Lighting

Ensure you have adequate lighting, especially at night if seizures cause you to get up and wander in confusion. The use of candles, even small decorative tea lights, should be avoided if seizures are a possibility. Low energy bulbs in lamps give out less heat than traditional light bulbs. Choose lamps which have a stable base and position them carefully.

## Alarms

These may be available through your local community alarm service, or may be purchased. There are several types available. They can be used within the home and can be linked by radio signal to an automatic dialler, triggering a telephone call to named individuals or to a monitoring service.

A **bed alarm** can detect convulsive seizures occurring during sleep. Some models also monitor the heart rate and breathing patterns.

A **pressure mat** alerts when a person lands on the mat, e.g. falling out of bed or wandering in a seizure.

An **exit sensor** is triggered when a door is opened.

An **enuresis sensor** detects when wetting occurs in bed during a seizure.

A **fall or tilt alarm** is worn like a pager and can help summon aid where consciousness is lost without warning.

A **pill dispenser alarm** can provide an audible and visual signal when medication is due. Device can be connected to remote dialler to alert others/monitoring service if medication is not taken.

A **mains-installed smoke sensor** monitored remotely may be advisable because during a seizure, the person will not be able to hear a smoke alarm.

A **natural gas sensor with automatic gas shut off valve** monitors gas build-up if cooker, gas fire or boiler is not properly lit. A build up of natural gas could cause an explosion.

A **carbon monoxide sensor** can be mains-installed to detect this odourless dangerous gas, which is lethal at low concentrations.

## Televisions

Less than 5% of people with epilepsy are photosensitive. Simple measures can reduce the risk of having a seizure while watching a traditional TV. Make sure the screen is at least 2.5 metres (8 feet) away and sit level with the screen rather than below it. Place a subdued light close to the TV to balance the brightness of the screen. A small TV screen (less than 14") may reduce risk. It is preferable to change channels with a remote control, but if you have to go near the TV while it's switched on, cover one eye to reduce the flicker effect. Avoid watching the screen while fast forwarding or rewinding video tapes.

Of the newer format TVs—plasma and LCD (Liquid Crystal Display) - the LCDs are considered to be a safer option for people with photosensitive epilepsy. Plasma screens tend to be brighter.

See leaflet 7e 'Epilepsy: Leisure and Pleasure—Safety Issues'

## Kitchen

In the kitchen -

- use a cooker, preferably electric, with quickly controlled heat and with a cooker guard
- use back rings/burners rather than those in front
- turn pot handles inwards to avoid accidentally knocking them over
- a pan insert allows potatoes and other veg to be lifted out of the pot when cooked, leaving the pan of hot water to cool down on the cooker
- grill rather than fry food (avoid eye level grills)
- using a microwave oven may be a safer option than using the cooker. Place in a safe position, e.g. on work surface
- a kettle tipper allows boiling water to be poured without having to lift the kettle
- chip pans and deep fat fryers should be avoided.

## Bedroom

If you have seizures which cause you to fall out of bed, sleep on a low bed, or consider placing a fall-out mat alongside the bed.

If you have seizures when asleep, avoid using soft feather pillows which can cause suffocation. Special breathable pillows are available.

Bedside furniture should be a safe distance from the bed. Hot water bottles are best avoided as they can scald. A microwaveable wheat bag may be a safer option. Turn off your electric blanket before getting into bed. Please note that smoking in bed is extremely dangerous.

## Bathroom

Choosing between a bath and a shower is a personal choice. But, if you have frequent unpredictable seizures be aware that baths pose an increased risk of drowning. Seek advice from an occupational therapist or an epilepsy fieldworker.

If possible, it's a good idea to let someone else in the house know that you're taking a bath or shower. It's recommended that the bathroom door should not be locked (use a vacant/engaged sign—or sing!) and doors should **not** open inwards, to enable easier access in an emergency.

For people with unpredictable seizures a walk-in shower with a non-slip floor or mat may be the safest option, and using a shower seat may minimise the risk of injury. A thermostatically controlled shower is recommended.

If you prefer a bath, add cold water first to ensure the water is not too hot and only run the water a few inches deep. Use a non-slip bath mat and consider cushioning taps and hard edges with folded towels. To reduce the risk of drowning, pull out the plug before getting out of the bath.

**Help with bathroom adaptations may be available from your local authority. Contact your local Social Work Department or Epilepsy Connections for information.**

## Electrical Appliances

Kettles, irons, hair dryers and DIY tools can be dropped during a seizure causing serious burns, scalds, other injuries and fires. Use cordless equipment with automatic cut-outs. Consider fitting extra power sockets to avoid trailing extension cables and wires from multi-point plugs.

## In the garden

Avoid rough/concrete surfaces, uncovered ponds and prickly shrubs and hedges. Grids for ponds must be load-bearing and properly secured. Use powered mowers and other tools with care—use a circuit breaker and avoid trailing flexes. Use equipment with automatic cut-outs. Be aware of the potential danger posed by barbecues and other sources of heat.

Consider a padlock for the gate to secure an enclosed garden where there is a risk of random automatic behaviour in a seizure. Consider replacing steps with ramps to lessen risk of injury.

## SEIZURE MANAGEMENT

### Medication

Keep securely stored out of reach of harm's way. If you find it difficult to keep track of taking your medication, consider using a drug wallet or dispensing box, available from Epilepsy Connections or your local pharmacy. Pill reminder alarms can be purchased from independent suppliers.

### First Aid

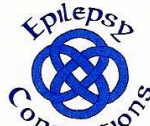
Keep a First Aid box handy, and explain to family and friends what they may need to do when you have a seizure. Please see Leaflet 4 'What to do when someone has a seizure'.

### 999

Keep a list of emergency contacts handy, e.g. family, GP, carers, neighbours, with a description of your seizures and what should be done in an emergency.

**For more information about safety equipment and adaptations at home, contact Epilepsy Connections.**

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Supporting people with epilepsy

## Epilepsy Connections

**Head Office:** 100 Wellington Street  
Glasgow G2 6DH  
Phone: 0141.248.4125 Fax: 0141.248.5887

**Forth Valley Neurology Department**  
**Project:** Falkirk Royal Infirmary  
Falkirk FK1 5QE  
Phone: 01324 624000, Ext 6022

**OR**

Unit 6, The Courtyard  
Callendar Business Park  
Falkirk FK1 1XR  
Phone: 01324.692030

**Email:** [info@epilepsyconnections.org.uk](mailto:info@epilepsyconnections.org.uk)  
**Website:** [www.epilepsyconnections.org.uk](http://www.epilepsyconnections.org.uk)

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