



# Surf Life Saving Australia Policy

<b>Policy Name:</b>	Seizures and Epilepsy
<b>Policy Number:</b>	3.6
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## INTRODUCTION

Epilepsy does not preclude a person from being a surf lifesaver, however, for the safety of all concerned, Surf Life Saving Australia has developed clear guidelines for those who live with this condition and wish to become members.

Many people diagnosed with a seizure disorder have reached world champion status in sport and several have captained national teams.

The statement does not present rigid rules but guidelines which may need to be varied in a rational way in different circumstances.

This statement is based on the International Life Saving Federation position statement on Seizures and Epilepsy which includes an evidence based risk review and recommendations.

## BACKGROUND

There are many types of seizures, ranging from a brief lapse of attention or muscle jerks to severe and prolonged convulsions with periods of deep unconsciousness. Seizures can vary in frequency, from less than one per year to several per day.

Epilepsy is a term applied to a large group of seizure conditions which can occur when there is a brain insult. The seizures are a result of the brain insult and may or may not recur when the cause is removed. It affects both sexes, all ages, with a prevalence of about 1 in every 200 of the population.

Persons with epilepsy or other seizure disorder are at increased risk of death from many causes. They also have an increased risk of unintended injury and specifically drowning due to loss of consciousness and inability to swim if a seizure occurs in the water.

Persons with other medical conditions that risk the possibility of blackout or decreased conscious state may also be at increased risk of drowning. This may include diabetics at risk of hypoglycaemic (low blood sugar) episodes or those diagnosed with periodically recurring cardiac arrhythmias.

For lifesavers diagnosed with a seizure disorder, it is a challenge to balance the rights of that individual to maximize their potential and quality of life, against the rights of the bathing public and employer requirements for lifeguards. The position of epilepsy-advocacy organisations is to minimise restrictions and provide evidence-based advice to high risk individuals and high risk activities.

Lifesaving duties may involve swimming, running and water rescues. There is an expectation of a reliable response and sudden incapacitation cannot be accepted. A seizure occurring in, or even near the water may result in drowning unless rescue is affected very promptly. There are workplace standards that impact decisions about lifeguard employment along with the options for the lifeguard when they develop a seizure disorder after the onset of employment. There are SLSA standards, operational and rescue capabilities that impact decisions about voluntary patrolling and participation in lifesaving competitions.

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There appears to be no evidence on the effects of seizure disorders in the lifeguard population. In other helping professions such as the military and the airline industry there has been a trend to reduce restrictions placed on individuals with seizure disorders. Evidence based processes used to establish legal driving criteria can also be used to guide decision making.

The evidence indicates that risks of injury and sudden incapacity are highest in the first year after diagnosis of epilepsy and seizures of other cause. In the adult with epilepsy who is medically stable and well controlled with compliance to treatment, one year after diagnosis, the risk of sudden incapacity is similar to that of the non-epileptic population. There is significant variation between individuals and those with more frequent, unpredictable, convulsive seizures are at greater risk.

The literature is clear on a number of things:

- I. Drowning is a rare cause of death in children with epilepsy if they are mentally normal and are properly supervised in the water. The domestic bath is a much more common site for death than is the ocean.
- II. Individuals with well controlled epilepsy who have not had a seizure in the previous two years should not have their lives compromised in any way provided they are aware of the possibility of recurrence of their problem. Such people would most likely be under the care of a medical practitioner.
- III. People with poorly controlled epilepsy are at risk in or out of the water and should have all aquatic activities closely supervised.
- IV. Flickering light is a rare trigger for epilepsy and individuals with that problem must be aware of the potential risk to them of sunlight shining on to the surf.

## **SECTION ONE – WITHIN SLSA**

### **New Cases of Epilepsy or Other Seizure Disorder**

The general rule is that persons suffering from epilepsy are medically eligible for all surf life saving awards, patrol duties and competition provided they have been free of seizures for two years. This is irrespective of whether medications are being taken or not.

Individuals with well controlled epilepsy and no unexplained or unpredictable seizure activity who are medically well, compliant with treatment, who are willing to modify risk factors and who have a medical authorization from a treating neurologist may be considered eligible for active lifesaving, patrolling and deep water competition after a seizure free period of one year.

Risk minimisation strategies for lifesavers with epilepsy should be considered, including increased surveillance, wearing of a personal flotation device where sensible to do so and a rescue/first aid management plan. Lifeguards with epilepsy should work as part of a team rather than as a solo provider and should ensure work colleagues are aware of the risk minimisation and management plan.

There is no seizure free period required for land based patrolling as a voluntary member of a patrol team or competitive participation in beach events but a management plan must be given to the patrol captain or carnival referee and the first aid coordinator, to be acted upon in the event of a seizure.

### **Cessation of Medication**

When a lifesaver, acting on medical advice, stops taking anti-convulsant medication, that lifesaver should not engage in water based components of patrols, competition or any other form of ocean swimming for a period of three months.

If a seizure occurs in this time period the lifesaver needs to recommence anti-convulsant medication, be medically assessed by the treating specialist and have a further one month seizure free period before water based activities can be resumed.

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## Recurrence

Where a qualified member has a recurrence of seizures, the circumstances dictate what further action is required.

Where the seizure is the result of a clear precipitating cause that can be remediated, a further six months must elapse without seizure before patrols or competition can be resumed. Examples include:

- I. medication omitted or forgotten
- II. inadequate sleep
- III. physical exhaustion

If a lifesaver with a history of epilepsy is subject to unreliable, erratic or noncompliant behaviour, SLSA may require a treating neurologist's report supporting the member's continuation as a full active member. A copy of this report must be sent to the National Medical Officer.

## SECTION TWO – ADVICE TO THE PUBLIC

### Seizures and the Surf

If an unsupervised person, child or adult, has a seizure in the water it is likely that this will be fatal. Drowning fatalities in bath tubs, swimming pools and the ocean, in persons previously diagnosed with epilepsy have been well documented. People with this condition and their families must be aware of these facts, and must bear a high level of responsibility for their personal actions.

High risk individuals with epilepsy include those with concurrent disabilities, unpredictable or frequent convulsive seizures. They should have maximal supervision and availability of rescue whilst participating in water activities. Risk is minimised by swimming in clear, shallow, still water, wearing a personal flotation device and swimming within arm's length of a capable support person.

Surf swimming and the use of boards and skis are quite different from swimming in a pool. Supervision is much more difficult in the ocean. Open water or surf retrieval and rescue, similarly, may require experience, specialized knowledge and often some risk. The recommendations for ocean swimming are therefore more stringent than for backyard or even public swimming pools.

### Recommendations

- I. Individuals diagnosed with a seizure disorder, child or adult, should not swim or surf/paddle on craft at a beach unless they have been free of seizures for at least one year.
- II. They should not swim or surf/paddle on craft for at least three months after cessation of medications. Should a seizure occur in this time further medical assessment and advice should be sought.
- III. Where the seizure is the result of a clear precipitating cause that can be remediated, a further six months must elapse without seizure before swimming, surfing, craft paddling is resumed.
- IV. They should not swim, surf or paddle alone. Companions should be aware of the potential for seizures and the possible need for rescue.
- V. They should never hyperventilate for any reason and this is especially important prior to swimming and diving.

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- VI. They should never engage in SCUBA diving.
- VII. They should avoid activities that could lower their seizure threshold, including sleep deprivation and heavy alcohol use.
- VIII. Parents of children with a seizure disorder should not be afraid to go to the beach for a time of recreation and fun provided they are prepared to survey and supervise at all times. They should only venture into shallow water on a safe sand bank with gentle small waves. Direct contact with the child should be maintained at all times.
- IX. Any person with epilepsy who has a history of heavy drinking, or is unreliable or noncompliant with treatment recommendations should not participate in water activities.
- X. Diabetics at risk of hypoglycaemic (low blood sugar) episodes that can potentially lead to a black out event in the water should ensure adequate carbohydrate intake and check their blood sugar level prior to entering the water.

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