

# WHAT SCHOOL PERSONNEL SHOULD KNOW ABOUT EPILEPSY/SEIZURE DISORDERS

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## GENERAL INFORMATION

A seizure disorder, also known as Epilepsy, is a disorder of the central nervous system characterized by a tendency to have repeated seizures. The term “seizure” refers to a sudden, uncontrolled episode of abnormal behavior in the brain. A seizure is a symptom of a disorder just as a fever is a symptom of an infection. Seizure disorders are not contagious nor a sign of mental illness. They commonly occur in the morning or late evening, especially if the child is tired or run down. Only in rare cases do seizures require emergency intervention. Most seizures are over in a few minutes and do not need medical follow-up.

## TYPES of SEIZURES

**Absence Seizures:** also known as “petite-mal” seizures. These are brief and last only a few seconds. This is the most common type of seizure in children and may occur frequently throughout the day. If frequent, they can severely affect learning. They are often mistaken for daydreaming and may include staring spells, eye blinking, and facial twitching.

**Generalized Tonic-Clonic:** also known as “grand-mal” seizures. They are characterized by loss of consciousness followed by stiffening and jerking. These seizures may vary in length but should not exceed 10 minutes. After the seizure, a period of sleep occurs.

**Simple Partial:** also known as focal seizures involving only one part of the brain. The person may know when it is occurring because there is no loss of consciousness. Some symptoms include hand or mouth movements, head or eyes turning to the side, “pins & needles” sensation, or feelings of numbness or hearing noises.

**Complex Partial:** also known as psychomotor seizures involve only one part of the brain. The person may be aware, or have a distorted consciousness. Symptoms are unique from person to person, and are often mistaken as behavioral problems.

**Atonic seizures:** also know as "**drop attacks.**" These seizures consist of sudden loss of muscle tone and consciousness. They may be very brief, in which case a sudden drop of the head or sudden fall may be the only manifestation. More prolonged attacks may begin with a fall but the student then remains limp and unresponsive for seconds or minutes. The more prolonged atonic seizures are usually followed by drowsiness.

## MANAGEMENT of PERSONS WITH SEIZURE DISORDERS

Treat the person with a seizure disorder as you would any other person. Most people with seizures are able to engage in normal physical activity. Medications that are used to control seizures often have side effects and may alter learning patterns.

## TRIGGERS

Seizures can be triggered by various stimuli, such as strobe lights, loud noises, and/or hot temperatures. Efforts to minimize student exposure to temperatures greater than 85 degrees include providing good airflow by keeping windows open and ensuring air vents are open, using water bottles to mist students, and allowing students to carry water bottles on the bus.

## Emergency Treatment For Generalized Tonic-Clonic Seizures

### Management of a seizure is limited to preventing injury

1. If you see a seizure starting, attempt to prevent injury by easing the student to floor. Keep hard, sharp or hot objects out of the way.
2. **Turn student to their side** to allow saliva to drain and to prevent choking.
3. **Do not restrain.** You may place a thin, soft towel or item under the head if the floor is hard.
4. **Do not force anything between teeth or place any object in mouth.**
5. **Do not give fluids or food during or immediately after seizure.**
6. **Loosen restrictive clothing.**
7. **Observe:**
  - Injury**
  - Length of seizure (by clock)**
  - Color of lips, face and skin**
  - Breathing.**
8. Check the clock at the beginning and end of the seizure; note the **length of the seizure.**
9. **911 SHOULD BE CALLED IF:**
  - THERE IS NO HISTORY OF A PREVIOUS SEIZURE,
  - THE SEIZURE IS LASTING LONGER THAN FIVE MINUTES
  - THERE IS ONE SEIZURE FOLLOWED BY ANOTHER SEIZURE
  - THE STUDENT IS NOT BREATHING,
  - THE STUDENT BECOMES SERIOUSLY INJURED AS THE RESULT OF THE SEIZURE, or
  - THE STUDENT HAS DIABETES

### Management after the Seizure has stopped

1. When the seizure is finished, the student may be sleepy which is normal. Provide a comfortable, private place where the student can rest and be observed.
2. Tell the student where they are, what time it is, and what happened.
3. Notify parent of any seizure activity or injury.
4. Notify principal if prolonged seizure or injury occurred.
5. Document all seizure activity. Include the time the seizure occurred, what it looked like, how long it lasted, any action taken, when you notified the parent, and any injury or unusual occurrence.