



Epilepsy and Seizure Information for Schools

Healthy Schools
July 2022

<https://www.youtube.com/watch?v=MZBGNVlaa2s>



Goal

To help increase your knowledge of:

- Seizures
- Epilepsy
- how to best support the student with epilepsy
- basic first aid procedures for seizures





What is a Seizure?

A seizure is “**a brief, temporary disturbance in the electrical activity of the brain**” and may affect:

- Muscle control and movement
- Speech
- Vision and/or eye movement
- Awareness and/or behaviour

Seizures can be:

- Convulsive or non-convulsive
- Vary in frequency and severity





Signs of a Seizure

- Extended blank stare
- "Empty" look in eyes
- Rapid blinking
- Eyes rolling upward
- Periods of unresponsiveness
- Inability to pay attention
- Repetitive (tic-like) movements of body parts, usually head, arms, legs
- Uncontrollable jerking body movements
- Mouth movements with a dazed look
- Frothing at mouth
- Loss of consciousness
- Loss of body control
- Dazed walking
- Temporary confusion



Seizures vs. Epilepsy

What is the difference?

Seizures

Often symptoms of another health problem:

- diseases
- fever
- temporary medical, neurological or neurosurgical illness

After the person is treated (illness is resolved) the **seizures** do not occur again

Epilepsy

A chronic (ongoing) series of seizures, and can develop at any age. Seizures reoccur frequently and often without a known cause.



Epilepsy

- Neurological disorder that makes people susceptible to seizures
- Sometimes called a seizure disorder
- Can develop at any age
- Seizures are chronic (ongoing and frequent)
- Seizure can often happen without known cause

Many people with **epilepsy** experience more than one type of seizure.





Why Do Seizures Occur?

HEAD INJURY

- MVAs, Sports accidents
- Falls
- Head trauma

INTRACEREBRAL INJURIES

- Tumours
- Strokes



METABOLIC DISORDERS

FEVER

HEREDITY

- Inherit different degrees of susceptibility to seizures

BIRTH INJURY

- Brain injury to fetus during pregnancy & birth
- Perinatal asphyxia
- Postnatal vascular accidents

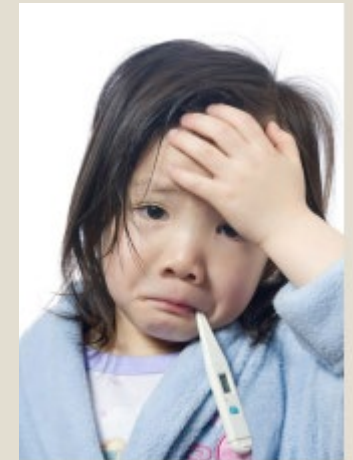
CONGENITAL DISORDERS

INFECTION

- Meningitis
- Viral encephalitis
- Measles, Mumps
- Diphtheria

What can trigger a seizure?

- **Stress**
- **Excessive excitement/stimulation**
- **Excessive fluid intake**
- **Extremely low blood sugar in diabetics**
- **Sunlight, heat, humidity**
- **Flickering lights**
- **Skipping meals and poor nutrition**
- **Illness, fever, allergies**
- **Lack of sleep**
- **Withdrawal from medicine, illegal drugs, or alcohol**
- **Missed medication**



Types of Seizures

Focal (partial)

Occurs in **PART** of the brain

- Simple Partial
- Complex Partial



GENERALIZED

Occurs in the **WHOLE** brain

- Tonic
- Atonic
- Tonic-clonic
- Myoclonic
- Absence

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Treatment

➤ Medication

- Most common
- Seizures can be completely controlled in 80% of all cases
- A control, not a cure



*Goal: To use the least amount of drugs and to have the least amount of side effects

➤ Surgery may be effective for some children

➤ Special diet may be used in some cases



How does epilepsy affect a child at school?

- When managed effectively, and with support and planning, students with epilepsy should be encouraged to participate in all school activities.
- Some students may need extra support at school due to difficulties with learning, behaviour and/or mobility.
- Some children may occasionally be more sleepy than usual due to a recent medication adjustment. This should be temporary.



Classroom Considerations

Because epilepsy affects the brain, it can affect the learning process. Accommodate varied attention spans and processing speeds by making provisions for:

- access to alternative, quiet work areas
- use of clear, explicit and visual instructions
- regular breaks as needed
- scheduling important and demanding activities after breaks
- presenting 1 activity or idea at a time
- provision of notes in advance or use of technology to record lessons
- time extensions for tests and assignments
- additional means for filling in potential gaps of missed content
- consider participating in “Purple Day” in March and raising school awareness



Source: [Supporting Students With Epilepsy Section 3 \(epilepsyontario.org\)](https://www.epilepsyontario.org/supporting-students-with-epilepsy-section-3)

First Aid

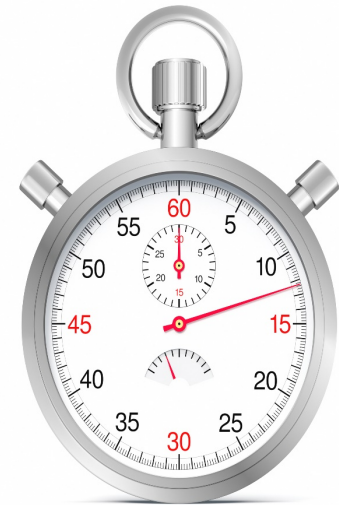
1. Stay calm

2. Time the seizure

- Note the time that the seizure starts and ends
- Most seizures last less than 5 minutes

3. Protect from harm:

- Move hazardous objects out of the way
- **Do not** put anything in students mouth



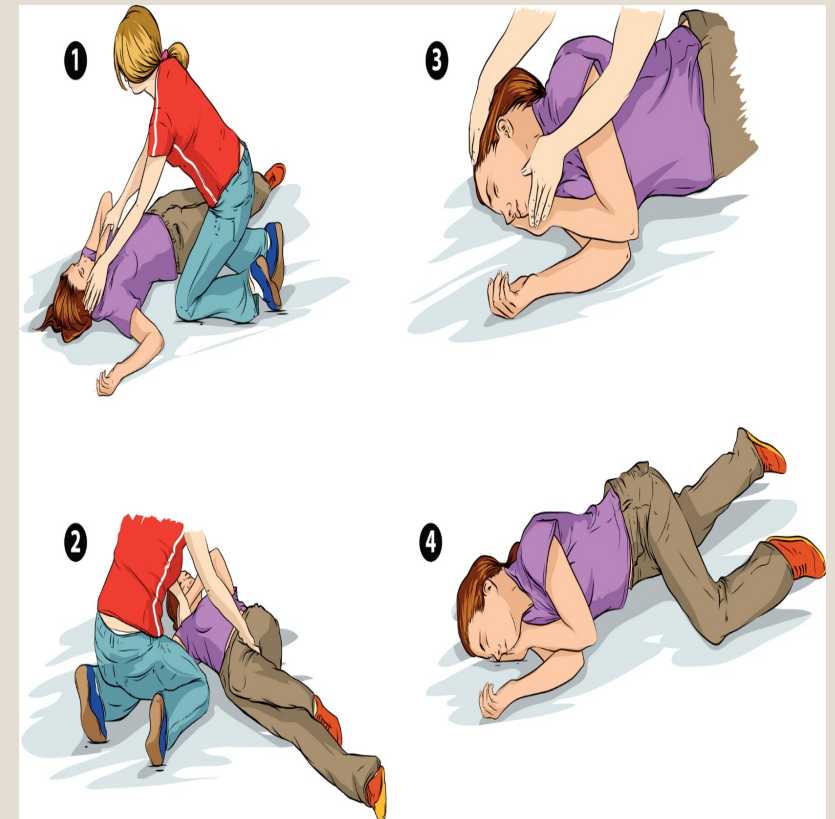
First Aid

4. Put the child into the recovery position

- Place something soft under their head
- Roll child on their side once seizure is ended and it is safe to do so.
- Loosen tight clothing, remove objects (i.e. glasses).

5. Document on the Seizure Record Form:

- Describe the seizure .
- How long the seizure lasted .
- How the person acted immediately before and after the seizure.





Recovery

Reassure and provide comfort

- Talk gently to comfort and reassure the student
- Stay with them until they are re-oriented.

Post seizure period:

- Check for injuries
- Call parents if necessary/as per care plan
- Allow student to change clothing if necessary
- Allow student to rest or sleep
- Student may complain of headache or be confused
- No food or drink until the student is fully awake and alert
- Have someone remain with student until fully recovered



When to call 911

Seizures do not always require urgent care.

Call 911 immediately if:

- ▶ The **person stops breathing** for longer than 30 seconds. After calling 911 begin rescue breathing/CPR.
- ▶ The **seizure lasts longer than 5 minutes**. (The person may have entered a life-threatening state of prolonged seizure called status epilepticus).
- ▶ **More than one** seizure occurs within 24 hours, the person has diabetes or is pregnant.
- ▶ This is the student's **first seizure**; or if you don't know if the person has epilepsy.
- ▶ **Serious injuries** have occurred

You notice your student seems unwell. She cries out suddenly, falls down, and her body becomes stiff and starts to shake.

What type of seizure do you think this might be?

- Tonic-clonic
- Absence
- Focal

Adapted from For Educators – Epilepsy Ontario



Case Study

In this scenario you are already aware that this student lives with epilepsy and may experience a seizure while at school



Case Study

This student is likely to be experiencing a tonic-clonic seizure.
What is your next action?

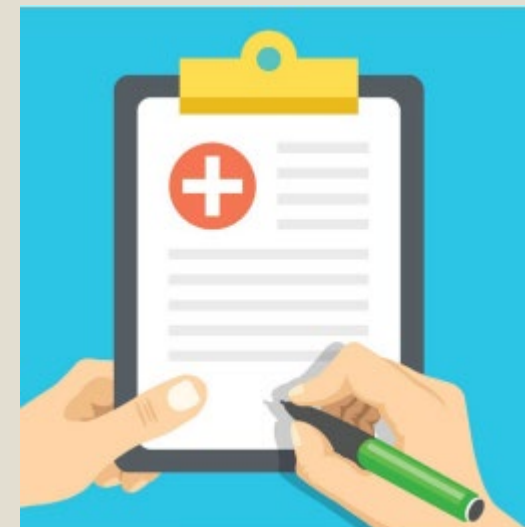
Option 1:
Call 911.

Option 2:
Stay calm, clear a space around the student and protect them from harm.

Option 3:
Restrain the student and put something in her mouth to keep her from biting down.

Family Responsibility

- Provide specific information about their child
- Consult with their Doctor and provide the school with an annual **Medical Alert Planning Protocol**
- Supply labelled medications
- Make treatment decisions
- Ensure student wears a Medic Alert identification at all times
- Communicate with the school especially when there is a significant medical change with the student





School Responsibility

1. **Ensure that school staff are aware of :**
 - which students have seizures
 - seizure management protocol and seizure first aid
 - School District policy regarding medical conditions at school
2. **Medical Alert Planning and Request for Medication forms** have been received from the family
3. **Safely store** the student's labelled medications
4. **Document** seizures in a seizure record
5. **Communicate** with the family





Questions ?



For more information visit the *Medical Conditions at School* page on the Interior Health [website](#)