

Teacher Awareness: Supporting Students with Epilepsy

Section 2

Audio Script

Welcome

Seizure First Aid

Basics of Seizure First Aid

Triggers

Seizure Types-Review

Tonic Clonic Seizure

Absence Seizure

Complex Partial Seizure

First Aid

Emergency Situations

Other Responses

Rescue Meds

VNS

Be Informed, Be Prepared

Case Study Scenario

Case Study Options

Case Study Tips

Case Study Conclusion

Conclusion

Welcome

Audio Script:

A PDF Version of the Script is available in the Resources Section.

Welcome to an interactive online course for elementary and secondary teachers: Supporting Students with Epilepsy, created by Epilepsy Ontario.

This course has been prepared to help Ontario teachers and school personnel better understand epilepsy and the different types of seizures experienced by students in Ontario schools; how to respond in the case of a seizure happening at the school; and tips for supporting students with epilepsy in the classroom. While the course is meant to help students and personnel in schools who support them, it should not be interpreted as authoritative guidance with respect to epilepsy treatment and care.

Seizure First Aid

In this next section we are going to discuss the key protocols of first aid for seizures. When a student has a seizure, this can be a scary event for the teacher and other students as well as for the student having the seizure.

The more informed and prepared you are to respond in a confident, calm way, the smoother the situation will be for everyone.

Basics of Seizure First Aid

There are many different types of seizures. We are going to discuss each major type. In general, there are three basic steps to first aid for all seizures.

1. Stay Calm.
2. Time the Seizure.
3. Protect from Harm.

Triggers

Triggers for Seizures

Triggers are situations or stimuli that increase the likelihood that someone will have a seizure.

They vary from person to person.

Some common triggers include:

Lack of sleep or fatigue

Stress or excitation

Missed doses of medication

Elevated body temperature

Colds, Flu, or some kinds of infection

Flashing or bright lights

5 of 19

Seizure Types-Review

Please review the videos provided on different types of seizures including:

Tonic-Clonic

Focal Unaware/Focal Dyscognitive/Complex Partial Seizures and,

Absence Seizure

6 of 19

Tonic Clonic Seizure

Video Script: TONIC-CLONIC

[Dishes crashing]

A woman sitting in a restaurant collapses and falls to the floor, landing on her back. She is gasping, and her arms are close to her chest and shaking.

The scene cuts to a man lying outdoors on the grass, shaking. A woman attends to him kneeling near his head.

>>WOMAN: OK. It's ok. I'm here. I'm here. Relax.

The scene returns to the woman in the restaurant. She is still on the floor, her arms rigid and her body shaking. Bystanders stand around but do not do anything.

[Heavy breathing]

The scene cuts back to the man on the grass. A sweater is underneath his head. Saliva is coming from his mouth. The woman looks at her watch and gently rubs his shoulders to comfort him.

>>WOMAN: OK. OK.

The scene cuts to the woman in the restaurant on the floor.

[Heavy breathing]

Her breathing slows back to normal and the shaking stops.

Absence Seizure

Video Script: ABSENCE SEIZURE

A student is dressed in black. She is standing on a stage facing another student just out of sight. The second student gestures.

>>A MALE STUDENT, OFFSCREEN: What happens if the alarm goes off?....

The first student stops moving and stares into the distance.

>>A STUDENT, OFFSCREEN: Jen? Jen? Hello? Did you forget your line?

Jen touches her shirt repeatedly.

>>A FEMALE STUDENT, OFFSCREEN: Hold on a sec. I think she's having a seizure.

>>A MALE STUDENT, OFFSCREEN: What?

Jen's focus returns and she turns to face one of the off screen students.

>>JEN: The object of this mission is to go as far into the earth as possible...

Complex Partial Seizure

Video Script: FOCAL DYSCOGNITIVE/COMPLEX PARTIAL SEIZURE

A man wearing a suit stands in an office.

>>MAN: According to our second...

The man pauses. His eyes look off into the distance without focus. His lips begin to smack.

>>A WOMAN, OFF SCREEN: Adam?

His lips continue to smack.

The scene cuts to a different man, seated in a different office. He is staring blankly, nodding his head, and smacking his lips.

>>A SECOND WOMAN, OFFSCREEN: Brandon?

The scene cuts to a third man in a shopping mall. He is walking slowly and pulling at his shirt.

The scene returns to the office with the first man. A woman is guiding him by the shoulders.

The man stops and seems to regain his focus.

>>MAN: It happened again?

>>WOMAN: You just had a seizure.

First Aid

First Aid for Generalized Seizures:

- 1 Stay Calm. One thing that will help is for you to take a few breaths.
2. Time the Seizure.
3. Protect from Harm.

Place something soft under the person's head.

Turn the person on his or her side if possible.

Do NOT place anything in the person's mouth or try to restrict the seizure convulsions.

Remain with the person afterwards until full awareness returns.

Focal Aware (Simple Partial) Seizures typically do not require first aid.

First Aid for Focal Unaware (Complex Partial) Seizures follows the standard protocol that you now know:

1. Stay Calm.
2. Time the Seizure.
3. Protect from Harm:
Evaluate the environment.
 - If there is a hazard, gently guide the person away from danger.

Remain with the person afterwards until full awareness returns.

Emergency Situations

Generally, a seizure is not a medical emergency when someone has a diagnosis of epilepsy. There are certain situations however when a seizure would be a medical emergency.

In addition to the situations listed here you should always use your judgement and common sense to determine if the situation is a medical emergency. If you are concerned about the well-being of the student, if they have a seizure that is not typical for them, if the seizure lasts longer than usual, or if they do not recover as they normally would it is best to err on the side of caution.

Call 911 for assistance if any one of the following applies:

- The person is not known to have epilepsy.
- A convulsive seizure lasts longer than 5 minutes.
- A second seizure occurs before the person has fully recovered from the first seizure.
- Regular breathing does not return when the seizure ends.
- The person has diabetes.
- The seizure occurs while the person is in water
- The person does not regain consciousness when the seizure ends.
- The person is pregnant.
- The person has a serious injury.

Other Responses

Some individuals with epilepsy will have other control measures as part of their seizure response plan. It is important to be familiar with those measures if a student uses them. Let's look at some examples.

Rescue Meds

Rescue Medicines are taken "as needed" to stop clusters of seizures, seizures that last longer than usual, or when seizures occur at specific predictable times.

They do NOT take the place of daily seizure medicines. They are prescribed for people who are also taking daily seizure medicine.

Dissolvent Rescue Medicines are typically to be placed between the person's gum and cheek, which will dissolve into the person's saliva.

Rescue meds are individualized to the person and are used per the direction from the child's neurologist.

VNS

Vagus nerve stimulation (VNS) is a type of treatment in which continuous, short bursts of electrical energy are directed into the brain via the vagus nerve, a large nerve in the neck.

The energy comes from a battery, about the size of a silver dollar, which is surgically implanted under the skin, usually on the chest.

This type of treatment may be tried when other treatment is not effective.

A hand-held magnet can be placed over the VNS directly, to activate the pulse generator. This sends a burst of stimulation to the vagus nerve, which may stop the seizure or make it less severe. A caretaker or companion can also use the magnet.

Be Informed, Be Prepared

Seeing someone have a seizure can bring up sudden feelings of fear and deep uncertainty. This is a common reaction.

When you are informed and prepared, you will be better able to respond on the basis of your knowledge, instead of reacting to fear.

Regardless of whether you need to call 911 for a seizure event, your immediate response is important to both the student having the seizure and those witnessing it. Be informed, be prepared.

15 of 19

Case Study Scenario

(no audio)

16 of 19

Case Study Options

No audio

17 of 19

Case Study Tips

No Audio

18 of 19

Case Study Conclusion

Audio Script:

That was great work. Now let's take some time to reflect, before finishing the lesson.

19 of 19

Conclusion

No Audio