

Teacher Awareness: Supporting Students with Epilepsy

Section 2

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Welcome

Welcome to an interactive online course:

Teacher Awareness: Supporting Students with Epilepsy

Created by Epilepsy Ontario. Funded in part by the Government of Ontario

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Seizure First Aid

Section 2:
Seizure First Aid

Basics of Seizure First Aid

The three basic steps to first aid for all seizures are as follow:

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 (febrile seizure)

Colds, Flu, or some kinds of infection

Flashing or bright lights (photosensitivity)

Seizure Types-Review

On the next three slides we present a series of videos that review different types of seizures, including:

Tonic-Clonic

Focal Unaware/Focal Dyscognitive/Complex Partial Seizures

Absence Seizure

Watch for the text bubble icon on the player bar to turn closed captions on for the videos. The video script is found in the Audio Script tab.

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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.

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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...

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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.

Protocol for Focal Aware (Simple Partial) Seizures: These seizures typically do not require first aid.

First Aid for Focal Unaware (Complex Partial) Seizures:

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 as needed.

Classroom Tip!

Inform and involve students in assisting during a seizure by giving them an active role in providing assistance:

1. A student can keep time
2. A student can move tables and chairs away
3. A student can act as crowd control
4. A student can call the office

You can normalize seizures for the other students and avoid unnecessary disruptions by giving advanced direction for all other students to leave the classroom during a seizure.

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.

Always use your judgement and common sense to determine if the situation is a medical emergency.

Call 911 for assistance if any one 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.

Tip!

Err on the side of caution if:

- 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
- They do not recover as they normally would

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: “as needed” medicines

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., by a doctor (or other prescribing health care professional)

Examples include:

ATIVAN (brand name)

LORAZEPAM (generic name)

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 (e.g. after 1 minute, after 3 minutes, right away, etc.).

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.

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Case Study Scenario

In this scenario, you are already aware that this student lives with epilepsy and that she may experience a seizure. You have information on file for this student.

This student seems unwell. She cries out. Her body becomes stiff and starts to shake. What type of seizure do you think this might be?

Tonic-Clonic

Absence

Focal Unaware (Complex Partial)

Tonic-Clonic: Correct! The stiffness in her body is the tonic phase and her body shaking is the clonic stage.

Absence: Not this one. Absence seizures typically including blank staring but not stiffening and shaking of the body.

Focal Unaware (Complex Partial): Not this one. Complex partial seizures can present in many ways but do not typically include stiffening and then full shaking of the body.

Case Study Scenario

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 the student from harm.

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

Click on the colored text boxes to learn more.

Option 1: Call 911

Since you are already aware that this student lives with epilepsy and this type of seizure is consistent with the information you have, you would typically not call 911 unless any of the following situations apply:

- The seizure lasts longer than 5 minutes.
- A second seizure occurs before the student has fully recovered from the first seizure.
- Regular breathing does not return when the seizure ends.
- The student is known to have diabetes.
- The seizure occurs while the student is in water.
- The student is pregnant.
- If you did NOT have prior information that this could be an expected occurrence for this student, you would call 911.

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

This is the correct selection given what we know about this scenario.

It is important that you stay with the student and offer support as follows:

- Ask other students to clear away from the student.
- Calmly sit with the student having the seizure.
- Put something soft under her head and remove any chairs or other objects that could become harmful during the seizure.
- Assign two students to help.
- Ask one student to time the seizure and another student to go to the office for the information you have on file regarding the expectations and instructions for the student experiencing the seizure.

You may also notice one or more of the following:

- The student's breathing is often shallow and irregular during the seizure.
- As the seizure comes to an end, the student could vomit.
- The student could lose control of her bowels or bladder. In the event this happens, give consideration to maintaining dignity for the student. One suggestion is to cover the area and send another student to obtain janitorial assistance.

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

This option is not recommended and is not considered helpful. Such actions are based on common but outdated misconceptions.

If an onlooker suggests this option, you should take charge of the situation.

Inform onlookers of recommended procedures to follow.

Review Seizure Protocol:

Stay Calm.

Times the Seizure.

Protect from Harm:

Place something soft under the person's head.

Turn the person on his or her side.

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

Remain with the person for at least 15 minutes after the seizure ends.

Case Study Tips

Select below to learn some tips for what to do as the seizure ends

Tips to help the recovery process

Ask everyone there to give lots of space to the student. Assure them that the situation is under control. You might wish to remind other students not to stare or whisper.

As the student is regaining consciousness, gently let her know what has happened.

When she is ready, offer to take her to another location where she can:

- Have privacy,
- Rest quietly, and
- Change, clean up, or tidy herself as needed.

Encourage the student by assuring her that everyone understands her situation.

It is important to have someone responsible remain with the student as she recovers for a minimum of 15 minutes.

Typically, the student's parents will want to be notified.

Case Study Conclusion

Select below to learn some tips for what to do as the seizure ends

After the student has left to recover

As the teacher, you should now manage what comes next. You want your student to feel comfortable returning to the classroom as soon as she is able and without undue attention.

After she leaves to recover, the other students might wish to talk about what happened. You may choose to have a brief discussion and field a few questions. It will be important to keep this discussion brief and return attention to the days lesson plan.

Reassure the students and remind them that the best way to handle seizures is to be supportive and respectful.

Classroom Tip!

It is a good idea to talk about seizure first aid protocol with your class as a routine discussion. This helps to prepare other students. It may help to open the discussion about supporting others with epilepsy in a calm and inclusive way.

Conclusion

Congratulations! You have now completed Section 2 or 3 of Supporting Students with Epilepsy. Created by Epilepsy Ontario. We encourage you to also take Sections 1 and 3. For further resources to support students with epilepsy visit our at <http://epilepsyontario.org>.