

Seizure Training for School Staff



What is Seizure Disorder/Epilepsy?

- Seizure Disorder/Epilepsy—a brain disorder that causes recurring, unprovoked seizures.
- Seizures— sudden, temporary bursts of electrical activity in the brain that can change or disrupt the way messages are sent between brain cells. They can occur anytime and present in many different ways. These electrical bursts can cause involuntary changes in body movement or function, sensation, behavior or awareness (Epilepsy Foundation)

Students with Epilepsy are not only dealing with Seizures

An iceberg floating in the ocean. The tip of the iceberg is above the water surface, and the much larger part of the iceberg is submerged below the surface. The background is a bright blue sky with scattered white clouds and a clear blue sea.

Seizures

Mental Health

Anxiety, depression,
mood disorders,
suicidal thoughts

Quality of Life

Stigma, Isolation, loss
of independence,
unable to drive

Medical Emergencies

Injury, sudden death

Health Challenges

Headache, fatigue,
sleep issues

Other challenges

ADHD, Behavior
problems, Autism,
Academic challenges,
physical and intellectual
disabilities, speech
difficulties

Types of Seizures

- **Focal Onset Seizures**

- Person can be aware and alert
- Could have movements on one side or part of the body, twitching
- Can have sensory symptoms like tingling or numbness
- Can have episodes of experiencing smells, tastes, gastric distress, anxiety, hallucinations, unexpected feelings of fear
- May last 1-3 minutes
- Can be confused with acting out, ADHD, autism, psychosomatic illness, and illicit drug use

- **Generalized Onset Seizures– Most Common types of seizures**

- Person may pause in activity or have a blank stare and be unaware of what is happening.
- May notice blinking or chewing– then student returns to full awareness
- May happen one a time or many in a row and usually last around 20 seconds.
- Often confused with day dreaming or attention problems.
- Tonic Clonic Seizures– symptoms include
 - A hoarse cry or groan
 - Loss of consciousness
 - Stiffening of arms or legs
 - Rhythmic jerking
 - Shallow or irregular breathing
 - Drooling
 - Loss of bowel/bladder control
 - Skin or nails turn blue
 - Typically last 1-3 minutes
 - May be confused
 - Have a headache
 - Feel tired or sore
 - Have difficulty talking
 - May need to rest

- **Unknown Onset Seizures**

Common seizure triggers

- Situation or event
- Strong Air Fresheners/aerosol sprays/perfumes
- Missed or late medications
- Lack of sleep/poor sleep
- Stress or anxiety
- Illness, infection, or fever
- Prescribed or OTC medication
- Alcohol or drug use
- Extreme cold or heat
- Video games
- Fast action/fast-paced videos or movies
- Flashing lights
- Females during monthly menstrual cycle
- Many things happening at once

Seizure Action Plan (SAP)

- Document developed and signed by the parent/guardian and the physician responsible for the student's seizure disorder treatment.
 - Should set up support and services a student may need at school or while participating in school-related functions
 - Should include provider's orders and provisions appropriate to each student's needs during the school day and school-related activities.
 - Should outline procedural guidelines that provide specific directions about what to do in emergencies.

Trained Seizure Action Plan Personnel

- School employee trained based on O.C.G.A 20-2-779.3 to handle student seizures
- Employee shall not be required to be a health care professional.
- Tasks that SAP Personnel should be able to perform are as follows:
 - Medication administration
 - Seizure Activity Safety
 - Monitoring
 - Emergency Interventions

Training of School Employees in the Care of Students with Epilepsy

- GA Law, O.C.G.G 20-2-779.3 requires that training is provided to at least one member of school personnel per grade at each school attended by a student being treated for seizure disorder
- Training should be provided by a health care professional
- All bus drivers should be given notice of the student's condition, emergency contact, parent/guardian contact, and seizure disorder first aid training.

What should be considered for student having a seizure--

- Know the type of seizure the student has
- Know how long the seizure's typically last
- Know how long the recovery period typically is for the individual student
- **Be familiar with the student's Seizure Action Plan**

In the school setting-

- Identify areas that could cause potential injury if/when the student has a seizure
- What are your available resources?
- Who are the student's emergency contacts?
- What is the distance to the nearest hospital?
- What is the response time of the ambulance service?

Management of Students with Seizure Disorders in the school setting

- Parent/Guardian should submit a Seizure Action Plan each year to the school of enrollment.
- Each school should have onsite a School Nurse or Trained SAP Personnel to provide support and services to the student.
- Field Trips
 - parents are encouraged to accompany their students
 - SAP should be available for students when attending a field trip

Seizure First Aid – Stay, Safe, Side

Seizure First Aid Video

- Stay
 - Stay with the person until they are awake and alert after the seizure
 - Speak calmly
 - Reassure others
 - Time the seizure
 - Remain calm
 - Check for medical ID
- Safe
 - Keep person safe
 - Move or guide away from harm
 - Move things out of the way that could injure them
 - Put something flat and soft under their head, but do not block their airway
- Side
 - Turn them on their side
 - Keep airway clear
 - Loosen clothing around the neck
 - Keep head in a neutral position

What NOT to do

- Do not put any objects in the person's mouth
- Do not restrain a person having a seizure

Seizures on the School Bus

- If seizure with loss of consciousness occurs:
 - Alert the bus driver to pull over and stop
 - Place the student on their side across the bus seat or in the main aisle of the bus.
 - Remind other bus riders to stay in their seats and remain calm.
- Bus driver should alert dispatch and call 911 for the student.
- Be familiar with the student's Seizure Action Plan (SAP)

Seizure Emergencies

- Prolonged Seizure– continuous seizure activity lasting for 5 minutes or more.
 - Two or more repeated seizures without returning to usual state in between each seizure
 - Student is injured during the seizure
 - Student does not resume breathing patterns after the seizure is over, appears to be choking, color is grey or blue
 - Student's seizure occurs in water
 - Student's who have other medical problems identified on the SAP or is pregnant
 - Student does not return to themselves after a seizure (refer to SAP)
 - First time seizure
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- Call 911 in any of these situations while you are administering Seizure First Aid

Rescue Therapies

- Medications prescribed to stop seizures— Seizure Action Plan (SAP) will identify these medications as they are prescribed by the student's doctor
 - Diastat— diazepam rectal gel
 - Nayzilam—midazolam nasal spray
 - Valtoco—adiazepam nasal spray
- Should be given exactly as prescribed on the Seizure Action Plan (SAP)
- Do not take the place of the student's regular seizure medication

School Personnel and Rescue Therapies

- Rescue Therapy should be prescribed and described on the Seizure Action Plan (SAP)
- School Personnel should know the student's typical seizure type and pattern (should be able to identify if this is typical or atypical).
- GA Law requires one person per grade level at each school be trained to administer seizure rescue therapy and seizure first aid

Impact on Learning and Behaviors

- Can be accompanied by other conditions— cerebral palsy, physical disabilities or rare syndromes
- Can face learning challenges
- Can disrupt attention, learning, memory, and cognitive functions
- Medications can cause drowsiness, fatigue, focus issues,
- More likely to experience mood and behavioral changes
- ADHD is common
- Anxiety and depression are common
- Family issues (divorce, abuse, illness, food insecurity, violence, financial stress and homelessness) could all trigger seizures.
- Epilepsy can affect a student's self-confidence and self-esteem
- Frequent absences can negatively impact school performance

Support Strategies for Students with Epilepsy

- Maintain a calm environment
- Consider accommodations (504 plans, IEPs)
- Integrate seizure action plans
- Promote social interactions
- Support independence and inclusion
- Communicate effectively
- Establish trusting relationships
- Recognize and address trauma
- Bullying situations—involve school personnel

Epilepsy Resources

- Epilepsy.com
- Epilepsy Youtube channel
- Epilepsy Foundation's 24/7 helpline
 - <http://epilepsy.com/247-helpline>
 - 1-800-332-1000 (English)
 - 1-866-748-8008 (Spanish)

SEIZURE ACTION PLAN FOR

(INSERT NAME HERE)



Attach Student Photo

ABOUT

Name Date of Birth

Doctors Name Phone

Emergency Contact Name Phone

Emergency Contact Name Phone

Seizure Type/Name:

What Happens:

How Long It Lasts:

How Often:

Seizure Triggers:

- Missed Medicine Lack of Sleep Emotional Stress Physical Stress Missing meals
 Alcohol/Drugs Flashing Lights Menstrual Cycle Illness with high fever
 Response to specific food, or excess caffeine Specify: Other Specify:

DAILY TREATMENT PLAN

Seizure Medicine(s)

Name	How Much	How Often/When
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Treatment/Care: (i.e.: diet, sleep, devices etc.)



CAUTION-STEP UP TREATMENT

Symptoms that signal a seizure may be coming on and additional treatment may be needed

- Headache
- Staring Spells
- Confusion
- Dizziness
- Change in
- Sudden Feeling of Fear or Anxiety
- Other Specify: _____

Additional Treatment:

- Continue Daily Treatment Plan
 - If missed medicine, give prescribed dose from above ASAP.
 - Do not give a double dose or give meds closer than 6 hours apart.
- Change to: _____ How Much: _____ How Often/When: _____
- Add: _____ How Much: _____ How Often/When: _____
- Other Treatments/Care: (i.e.: sleep, devices): _____

SEIZURE ACTION PLAN

DANGER-GET HELP NOW

Follow Seizure First Aid Below

- Find adult trained on rescue medication:
 - Name: _____ Number: _____
- Record Duration and time of each seizure(s)
- Call 911 if:
 - Child has a convulsive seizures lasting more than ___ minutes
 - Child is injured or has diabetes
 - Child has repeated seizures without regaining consciousness
 - Child is having breathing difficulty

When EMS arrives, a medical provider will perform an individual assessment to determine appropriate next steps.

Rescue Therapy:

- Rescue therapy provided according to physician's order:

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POST SEIZURE RECOVERY

Typical Behaviors/Needs After Seizure:

- Headache Drowsiness/Sleep Nausea Aggression Confusion/Wandering Blank Staring
- Other Specify: _____

Reviewed/Approved by: _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SEIZURE FIRST AID



Seizure Training—next steps...

- ✓ Review Student's Seizure Action Plan (SAP)
- ✓ Review Student's IEP/504 if needed
- ✓ Begin/Complete Medication Administration Skills Checklist training