

Seizure Protocol

The following procedures are being given to you, in the event that a person experiences a seizure in your presence. Medical management of a seizure disorder is not always totally effective. Students who have disclosed medical conditions are encouraged to communicate with their professors about what to expect, and what they want to have happen in the event of a medical episode. Most staff and faculty are not medical personnel, so in the event of a medical episode such as a seizure, always do what is best for the student, and do not hesitate to call 911 if you are concerned.

The CDC instructions to follow during a seizure are also outlined below. Please contact Public Safety and/or CAS if you have any disability-related questions about how to respond to an emergency in the classroom.

Description: A seizure is a sudden surge of electrical activity in the brain that usually affects how a person feels or acts for a short time. Some seizures can hardly be noticed, while others are totally disabling.

Students may be aware when a seizure with convulsions is coming on. The seizures may last from 1 to 3 minutes, and consciousness returns slowly. Students may be drowsy, confused, agitated, or depressed when it's over.

Some students have seizures that are difficult to notice. They may "blank out" anywhere from a few seconds to 20 seconds at a time. During the seizure, the students won't be able to hear you, may blink repetitively, make chewing movements, or just stare. They may be completely alert following this kind of seizure.

What to do before a Seizure:

- Listen carefully to the information that the student shares.
- Identify a place where the student could rest after a seizure, if one occurs.

During a Seizure:

- Keep calm and reassure other people who may be nearby.
- Alert others in the classroom of the situation when a student experiences a seizure. Not doing so could create panic.
- Prevent injury by clearing the area around the person of anything hard or sharp.
- Ease the person to the floor and put something soft and flat, like a folded jacket, under his head.
- Remove eyeglasses and loosen ties or anything around the neck that may make breathing difficult.
- Time the seizure with your watch. If the seizure continues for longer than five minutes without signs of slowing down, or if a person has trouble breathing afterwards, appears to be injured, in pain, or recovery is unusual in some way, call 911.
- Do not hold the person down or try to stop his movements.
- Do not put anything in the person's mouth. Efforts to hold the tongue down can injure the teeth or jaw.
- Turn the person gently onto one side. This will help keep the airway clear.
- Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.

For known seizure victims, hospitalization usually is not necessary following a seizure. Most first time seizures will require hospitalization and evaluation.

For more information, contact:

- Epilepsy foundation of America, Suite 406, 4351 Garden City Drive, Landover, MD 20785. For nearest affiliate, telephone 1-800-EFA(332)-1000