

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD  
POLICIES AND PROCEDURES  
SECTION C: STUDENTS**

Appendix I

**Staff Member Epilepsy and Seizure Disorder Management Information Form**

*The following information has been developed to support teachers in managing an individual experiencing both a convulsive and non-convulsive seizure.*

**Generalized Convulsive Seizure Response**

**1. KEEP CALM AND STAY WITH THE PERSON**

- a. Take note of the time when the seizure begins and how long it lasts (e.g. stop watch), record the time.

**2. DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS**

- a. Do not try to stop the seizure, let the seizure take its course.

**3. PROTECT FROM FURTHER INJURY WHEN POSSIBLE**

- a. Move hard or sharp objects away from the path of the individual.
- b. Place something soft under the head (e.g. pillow, article of clothing).
- c. Loosen tight clothing especially at the neck.

**4. DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH**

- a. Doing so may cause harm to the teeth, gums or even break someone's jaw.
- b. It is physically impossible to swallow the tongue.
- c. The person may bite their tongue and/or inside their mouth.

**5. ROLL THE PERSON TO THEIR SIDE AFTER THE SEIZURE SUBSIDES**

- a. Sometimes during and after a seizure a person may vomit or drool a lot. To prevent choking, simply roll the person on their side. That way, fluids will drain out instead of blocking off the throat and airway.
- b. *DO NOT BE FRIGHTENED* if a person having a seizure appears to stop breathing momentarily.

**Partial Non-Convulsive Seizure Response**

**1. KEEP CALM, STAY WITH THE PERSON**

- a. Do not try to stop the seizure, let the seizure take its course.
- b. Talk gently and reassure the person that everything is ok and you are here to help.
- c. The person will be unaware of his/her actions and may or may not hear you.
- d. Using a light touch, guide the student away from hazards.

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**After All Types of Seizures** (The students will be groggy and disoriented)

1. Talk gently to comfort and reassure the person that everything is OK.
2. Stay with them until they become re-oriented.
3. Provide a place where the student can rest before returning to regular activity.

**The following information has been documented to support staff in identifying the side effects of medication taken for seizure disorders and to support staff in dealing with incontinence when a student loses consciousness as the result of a seizure.**

**Side Effect of Medication taken for Seizure Disorders Include:**

- Concentration concerns
- Short term memory loss
- Fatigue/drowsiness/lethargy
- Hyperactivity
- Motor capacity can be affected: eye-hand coordination, balance, speech coordination
- General well-being can be affected  
dizziness, unsteadiness, vomiting
- Mood changes: depression, aggressiveness, anti-social behaviours
- Hair loss, weight gain or loss

Knowledge of these side effects can help educators plan activities accordingly, make daily adjustment as needed, and help the educator to be more understanding toward the student.

**Incontinence**

Where a student may experience incontinence, when unconscious, as a tonic clonic seizure emphasize to teachers and staff member to address the situation in a calm and sensitive manner. For example:

- Cover the student with a blanket or article of clothing
- Remove classmates and/or other student/spectators from the area
- When appropriate provide the student with an opportunity to clean up
- Where appropriate have the student put on a change of clothes
- Contact the custodian to follow the Board's biologic clean up procedures