

DeKalb Eastern Community School District

POLICY ON THE MANAGEMENT OF SEIZURES IN SCHOOLS

RATIONALE

Approximately 2.7 million people in the United States have been diagnosed with active epilepsy or a seizure disorder. At least 326,000 school-aged children suffer from some type of seizure disorder. Epilepsy is a medical condition that causes seizures, with a wide range of mental and physical functions. Seizures can last from a few seconds to minutes. The symptoms range from nearly non-detectable to convulsions and loss of consciousness. There are many different types of seizures. Although seizures vary, they are all caused by the same thing – a temporary breakdown in the way brain cells control awareness and bodily function.

Today, thanks to many medications that prevent seizures, many children with epilepsy (or seizure disorder) have episodes infrequently or not at all and are able to fully participate in school activities. However, children who continue to experience seizure activity may face problems at school in the way of isolation from other students, low self-esteem, and lowered level of achievement. Fortunately, many of these problematic issues can be overcome and prevented through appropriate management by an informed school staff, particularly the classroom teacher(s) and school nurse.

OBJECTIVES

- Appropriate staff will be aware of students that have diagnosed epilepsy or seizure disorder.
- Staff can appropriately deal with emergency management of seizures in the school setting.
 - The average convulsive seizure in a child diagnosed with epilepsy is not a medical emergency. It does not require immediate medical attention *unless*:
 - A child has a seizure and there is no known history of epilepsy.
 - Consciousness does not return after the seizure is over.
 - A second seizure begins shortly after the first one ends.
 - The seizure does not show any signs of ending after five minutes (unless the child has a history of 5-10 minutes seizures). After 10 minutes of active seizure activity, the ambulance should always be called.
- Staff takes appropriate intervention to prevent head injuries during seizure activity. Staff are aware of the following signs of head injury and that they require immediate medical attention:
 - Difficulty rousing 20 minutes after the seizure has ended,
 - Vomiting,
 - Visual complaints,
 - Persistent headache after a rest period,
 - Unconsciousness with failure to respond, OR
 - Dilation of the pupils of the eye, or if the pupils are unequal in size.
- To detail the procedures to be followed if a student has a seizure.
- To ensure records are kept up to date and are available to all relevant staff.
- To make parents/guardians aware of this policy and the resulting responsibilities.

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RESPONSIBILITIES OF THE SCHOOLS

- I. Provide appropriate health services for students with seizure disorders.
- II. Provide seizure education and awareness programs for students and staff.
- III. Provide full participation to all students with epilepsy or seizure disorder.
- IV. Notify parents/guardians if their child has had seizure activity during the school day.
- V. Provide an accessible, safe place for the storage of emergency seizure medication to be kept in the school.
- VI. The school nurse shall complete the School Seizure Action Plan, which will be distributed to relevant staff members. Seizure precautions will also be distributed to those staff members.
- VII. Staff can appropriately document any seizure activity on the Seizure Report Form.

RESPONSIBILITIES OF PARENTS

- I. Notify the school that their child has a diagnosed seizure disorder or epilepsy.
- II. Supply their child with appropriate emergency seizure medication, if required.
- III. Have physician complete, annually, the Seizure Care Plan at the beginning of each school year. Return it to the school nurse.
- IV. Keep contact information up to date with the school.
- V. Notify the school of any change in the child's condition and/or medication.