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O.T. INFORMATION BULLETIN




HALTON
O.E.C.T.A.
OCCASIONAL
TEACHERS



....BECAUSE WE GIVE A HOOT ABOUT KIDS.....

ONTARIO ENGLISH
Catholic Teachers
ASSOCIATION



Richard Brock
President

www.haltonoecta.com

Halton Elementary Unit richardbrock@sympatico.ca
1182 Blair Rd. Office: (905) 335-6660
Burlington, Ont. Fax: (905) 335-6684
L7M 1K9 Cell: (905) 719-0088

~ Epilepsy & Seizure Disorder
Management Protocol ~

~ Responsibilities Checklist ~

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**EPILEPSY AND
SEIZURE DISORDER
MANAGEMENT PROTOCOL**

OCCASIONAL TEACHER

RESPONSIBILITIES CHECKLIST

JANUARY 2010

EPILEPSY AND SEIZURE DISORDER MANAGEMENT PROTOCOL
CHECKLIST FOR OCCASIONAL TEACHERS

- IDENTIFY STUDENTS you teach/supervise with a seizure disorder condition.
 - Listen to instructions from the teacher on the School Board's message system SMART FIND EXPRESS
 - ELEMENTARY: Check Occasional Teacher folder on teacher's desk for the Student's: Epilepsy and Seizure Disorder Management Plan.
 - SECONDARY: Follow the school procedure for identifying students with medical conditions. (For example: check the list of students with medical conditions (seizure disorders) you receive when you pick up the room keys/lesson plan).
 - Ask the students you teach/supervise when information has not been provided or you have a student exhibiting signs/symptoms of seizure disorder.

- Check the student's Seizure Disorder Management Plan for:
 - Triggers to the student's seizures
 - Signs and symptoms of the student's typical seizure (type of seizure)
 - ELEMENTARY only: Administration of medication
 - Procedures for informing parents after a seizure
 - Be aware of the procedures to follow if incontinence occurs with the seizure (tonic clonic). Elementary classrooms will have a blanket and change of clothes.

- Incontinence – may occur where there is loss of consciousness. Address the situation in a calm and sensitive manner
For example:
 - Cover the child with a blanket or article of clothing
 - Remove classmates and/or other students/spectators from the area
 - When appropriate provide the student with an opportunity to clean up
 - Where appropriate have the student put on their 'change of clothes'
 - Contact custodian to follow the Board's biological clean up procedures

- *Side Effects of Medications Taken for Seizure Disorders*
Where appropriate refer to student's Seizure Disorder Management Plan for specific side effects of medication to be aware of. Some side effects are:
 - 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

- Be prepared to provide first aid for a seizure. See the following:

FIRST AID FOR SEIZURES:

WHEN TO CALL 911 – EMERGENCY MEDICAL SERVICES:

- STUDENTS NOT DIAGNOSED with EPILEPSY AND SEIZURE DISORDER :
 - CALL 911 IMMEDIATELY

- GENERALIZED CONVULSIVE SEIZURE (e.g. Tonic Clonic Seizure):
 - CALL 911 IMMEDIATELY
UNLESS: you are aware of a different protocol for this student as outlined in the student's Epilepsy and Seizure Disorder Management Plan i.e. physician's letter

- IF IN DOUBT - CALL 911

STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:

GENERALIZED CONVULSIVE SEIZURES – RESPONSE:

- 1. KEEP CALM. STAY WITH THE PERSON**
 - Take note of the time when seizure begins and how long it lasts (e.g. stop watch).
Record time on Seizure Incident Record Form

- 2. DO NOT RESTRAIN OR INTERFERE WITH THE PERSON'S MOVEMENTS**
 - Do not try to stop the seizure, let the seizure take its course

- 3. PROTECT FROM FURTHER INJURY WHERE POSSIBLE**
 - Move hard or sharp objects away from the path of the individual
 - Place something soft under the head (e.g. pillow, article of clothing)
 - Loosen tight clothing especially at the neck

- 4. DO NOT PLACE OR FORCE ANYTHING IN THE PERSON'S MOUTH**
 - Doing so may cause harm to the teeth, gums or even break someone's jaw
 - It is physically impossible to swallow the tongue
 - The person may bite their tongue and/or inside of their mouth

- 5. ROLL THE PERSON TO THEIR SIDE AFTER THE SEIZURE SUBSIDES:**
 - 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.
 - DO NOT BE FRIGHTENED if a person having a seizure appears to stop breathing momentarily

PARTIAL NON- CONVULSIVE SEIZURES - RESPONSE:

- 1. KEEP CALM. STAY WITH THE PERSON**
 - Do not try to stop the seizure, let the seizure take its course
 - Talk gently and reassure the person that everything is ok and you are there to help
 - The person will be unaware of his/her actions and may or may not hear you
 - Using a light touch, guide the student away from hazards

AFTER ALL TYPES OF SEIZURES (The student will be groggy and disoriented).

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

TIPS FOR TEACHERS – IMPLICATIONS FOR CLASSROOM

Possible Outcomes/Concerns

- Safety risks
- Possible behaviour concerns:
(e.g. lack of attention, hyperactivity or lethargy)
- Social - emotional concerns:
(e.g. isolation from peers either by self or by peers; feelings of lack of control; poor self image; depression; bullying)
- Frequent absenteeism
- Academic performance can be affected

How Learning Can Be Affected

- Intermittent disruptions caused by seizures may impact learning and the student's ability to attend. This can change from day to day or within the day
- Medications may slow down the processing of information or may induce fatigue
- Seizures themselves during the day may cause disruptions in the student's memory of what was just learned
- "Invisible" or absence seizures may result in slower processing, consolidation and retrieval of information
- Night time seizures may leave a student feeling fatigued and less attentive in class the next day
- Possible academic problems with reading, writing, and math as well as difficulty with comprehension and speech may result
- Impaired working memory
- Disorientation
- Disorganization
- Possible difficulty with time management

3.

Some Suggested Teaching Strategies and Accommodations (As appropriate to Elementary and Secondary School students.)

- Have student repeat the instructions back to the teacher as necessary
- Establish a buddy system so the child can ask the buddy questions and receive missed class work

- Use visual instructions/tools so that the student can refer to them as required (i.e. wall calendars, activity lists, performance strips with the use of picture symbols)
- Use visual and verbal prompts to keep the student oriented
- Label items around the class
- Minimize written output as required
- Allow extra time for tests and assignment when required
- Cue the student ahead of an expected response
- Allow extra response time
- Encourage the student to work in a small group
- Use assistive technology as required
- Use consistent expectations and routines
- Provide alternate workplace as required

Other Considerations (As appropriate to Elementary and Secondary School students.)

- Ensure during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights
- Ensure fluorescent light fixtures in classroom/school are working correctly (not flickering)
- Assess quality of audio visual media equipment and assisted technology in the classroom
- Avoid sudden or ongoing loud noises as appropriate.
- Avoid using the “lights out” technique for class control

4.

EPILEPSY AND SEIZURE DISORDER INFORMATION

Source: Halton Epilepsy and Seizure Disorder Management Protocol - Board’s web site.

Epilepsy :

A disorder of the central nervous system, specifically the brain characterized by spontaneous, repeated seizures.

Seizure:

A Seizure occurs when the normal electrical balance in the brain is lost. The brain’s nerve cells misfire: they either fire when they shouldn’t or don’t fire with they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in the brain. Seizures are the physical effects of such unusual bursts of electrical energy in the brain and may include muscle spasms,

mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting.

Note:

- Seizures are not contagious
- Seizures are not the child's fault
- Many seizures are hidden
- Seizures are not dangerous to others

Conditions where seizures may occur:

- a) Epilepsy
- b) Medical conditions where seizures may be among the symptoms, such as:
 - Cerebral Palsy (25%-35 % of the population has seizure occurrence)
 - Intellectual disability (as much as 1/3 of the population can have seizure occurrence)
 - Angelman's Syndrome
- c) Physical trauma/injuries to the head and/or brain

Causes of Seizures:

- For 60 % - 75% of all cases there is no known or idiopathic cause.
- 40% are caused by abnormality in the brain that interfere with electrical workings

For example:

- Brain injury (caused by tumour, stroke or trauma)
- Birth trauma (e.g. lack of oxygen during labour)
- Poisoning from substance abuse or environmental contaminants (e.g. lead)
- Aftermath of infection (e.g. meningitis, encephalitis, measles)
- Alteration in blood sugar (e.g. hypoglycaemia)

5.

POSSIBLE TRIGGERS:

- Improper medication balance
- Stress- both excitement and emotional upset
- Lack of sleep
- Illness
- Poor diet
- Menstrual cycle
- Change in weather
- Televisions, videos, flashing lights (including flickering overhead lights)

Types of Seizures:

There are over 40 types of seizures classified into 2 main categories:

- Partial seizures occur where the excessive electrical activity in the brain is limited to one area. Partial seizures may or may not alter consciousness or awareness. Two common forms are simple partial seizure and complex partial seizure.
- Generalized seizures occur when abnormal excessive electricity occurs throughout the whole brain at once. Generalized seizures alter consciousness. They can be convulsive or non convulsive. The two common forms are generalized absence seizure and tonic-clonic seizures.

Status Epilepticus is a state of prolonged seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure. Status epilepticus is a medical emergency.

SIGNS AND SYMPTOMS:

A child's physician will diagnose the specific type of seizure disorder. A student's unique symptoms will be recorded on student's 'Seizure Disorder Emergency Plan'. The following are the types and range of seizures:

PARTIAL SEIZURES or NON CONVULSIVE SEIZURES

- a) Simple Partial Seizure (formerly Focal Cortical Seizures) limited to one area of the brain.
 - Student does not lose consciousness
 - Student is aware of what is happening
 - Lasts only a short time
 - Depending on the location of the abnormal electrical burst in the brain:
Vision - seeing flashing lights; sensory strip - tingling in arms or legs; motor strip - limb will jerk
 - Some students may experience overwhelming emotion (fear or dread) or see, hear or smell experiences that are not real
*Also known as an 'AURA' because it often serves as a warning that a bigger seizure will follow
- b) Complex Partial Seizures (Formerly Psychomotor or Temporal Lobe Seizures)
 - Student's awareness is altered or lost
 - Student typically stares blankly
 - Performs automatic, unconsciously repeated movements such as lip smacking, picking at one's clothes, wandering around aimless and confused
 - Student's ability to speak, understand and respond is usually affected
 - Symptoms often mishandled and treated as if they are drunk or high on drugs

GENERALIZED SEIZURES or CONVULSIVE SEIZURES:

- a) Generalized Tonic-Clonic Seizures (Formerly Grand Mal Seizures)
(tonic meaning stiffening and clonic meaning jerking)
 - Consciousness is lost and the person remains unconscious throughout the seizure
In the tonic phase:
 - The body's muscles stiffen and student falls to the ground
 - Typically let out a cry, which is really the sound of air being forced out through their contracted vocal cords
 - Back arches, the eyes roll back and the limbs extend
 - Breathing is difficult the skin colour turns bluish grey
 - Clonic phase:
 - The limbs, the body and head begin to jerk rhythmically
 - Saliva builds up in the mouth and the tongue may be bitten
 - Control of the bladder or bowels may be lost
 - Student continues convulsing usually for 1-3 minutes before the jerking slows and the seizure ends
 - After a tonic clonic seizure:
 - The body is limp
 - The student is usually confused, sleepy, headachy and irritable for a period of minutes or hours afterwards
 - Student should be allowed to rest until they have fully recovered
- b) Absence Seizures (Formerly Petit Mal Seizures) - occurring most often in children
 - Student loses consciousness for a few seconds and becomes unresponsive
 - Brief staring spells lasting less than 10 seconds
 - Student appears 'glazed', 'spaced out' or 'blank'
 - Sometimes the eyes roll back and the eyelids flutter briefly

- Movements of the mouth, hands and head may also accompany the staring, especially if the seizure lasts more than 10 seconds
 - A student may have many such seizures over the course of a day
 - Afterward, the student is immediately back to normal alertness and usually unaware that a seizure has occurred
- c) Atypical Absence Seizures:
- Pronounced jerking or automatic movements, a duration of longer than 20 seconds, incomplete loss of awareness
 - Likely to occur in children who are developmentally delayed
- d) Myoclonic Seizures:
- A sudden, shocking jerk of the muscles in the arms, legs neck and or trunk
 - Usually involve both sides of the body at the same time and student may fall over
- e) Atonic Seizures
- Lasts a few seconds
 - The neck, arms, legs or trunk muscles suddenly go limp without warning
 - The head drops, the arms lose their grip, the legs lose strength or they fall to the ground
 - Students with Atonic seizures may have to wear a helmet to protect their heads from injury