

SEIZURES/EPILEPSY FACT SHEET

Epilepsy is an episodic neurological condition that produces brief disturbances (seizures) in normal functions of the brain.

Functional limitations may be episodic for some students and may include memory loss, reduced attention span, energy loss and eye focusing difficulties. For example, a student may have periods when they function without having any seizures or requiring any accommodations, but at other times their functional limitations are quite severe.

The TMCC college policy is to call 911 if a student is unresponsive or appears to be having a seizure. Medical professionals will be called to assess the situation.

SOME TYPES OF SEIZURES ARE:

Absence Seizure (Petit Mal) – This type of seizure may last a few seconds to a minute (most last less than 30 seconds) and may cause confusion and/or abnormal eye/ facial movements.

***Tonic-Clonic Seizure (Grand Mal)** - The most commonly known seizure, the body becomes rigid, which is followed by a series of convulsive and jerky movements that can last 2-3 minutes; bladder control might be lost. Full consciousness/awareness will take a few minutes to return.

***Atonic Seizure** - The student will drop to the floor due to sudden loss of muscle tone; it may last a few seconds and the student may or may not lose consciousness.

***Complex Partial Seizure** – The student may appear to be conscious but will not respond to others. Non-purposeful movements may include fidgeting with objects or hands, moving lips, aimless wondering, grinding teeth or rubbing hands. The seizure can last from a few seconds to several minutes; consciousness may be impaired.

Simple Partial Seizure – The student will be lucid and conscious of changes in how things feel, look or taste for a few seconds.

Possible Accommodations assigned by the DRC; you will receive a service letter from the DRC delineating the appropriate accommodations for a particular student.

Extended time for tests	Preferential Seating
Alternative format for tests	Assistive Technology – Voice to Text
Flexible Attendance: See DRC Policy	Pre-Arranged Breaks

Faculty Suggestions:

PREVENTING A SEIZURE IN THE CLASSROOM:

- Some students may have photosensitive epilepsy and flashing lights from school fire drills may trigger a seizure.
- To prevent a seizure during a fire drill, direct the student to cover one eye and turn away from the flashing lights and escort the student out of the building until the drill is completed.
- Computer monitors can also trigger seizures; allow the student frequent breaks and/or wear non-glare glasses to prevent seizures.
- If showing visual media in the classroom, try to keep some lights on to reduce contrast between the room and screen. Allow the student to sit far back from the screen as possible and allow frequent breaks to prevent seizures.

DURING A SEIZURE:

- Stay calm. There is no way to control or stop a seizure once it has begun.
- If a seizure affects body control and/or consciousness, remain calm, call 911 (college police) immediately.
- Request assistance from one person and ask others to leave the immediate area.

- If loss of body control or consciousness occurs, assist in lowering the student to the floor. Most seizure related injuries are caused by falls. Do not restrain the student.
- If unconscious, assist the student in lying on his/her side until medical personnel arrive. This opens the airway as it allows the tongue to drop to the front of the mouth.
- Time the length of the seizure. This will be helpful to medical personnel and the student.
- Monitor pulse and breathing of the student; do not put objects in the student's mouth.

AFTER THE SEIZURE HAS STOPPED:

- Position the student as comfortably as possible until medical personnel arrive.
- Check for responsiveness by asking a few questions, such as their name. They will be able to respond once the seizure is over.
- Inform the student that they had a seizure.
- Provide medical personnel of the time, length, and severity of the seizures as well as any injuries that occurred as a result of the seizure.

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