Steps to Follow During a Seizure

- Keep calm. There is nothing you can do to stop a seizure.
- Do not try to restrain the person.
- Clear the area around the person so that he/she does not injure him/herself.
- Do not force anything between the teeth. If the mouth is already open, place a soft, clean object (hankerchief) between the side teeth.
- It is usually not necessary to call a doctor unless the attack is followed immediately by another major seizure, or the seizure lasts more than ten minutes.
- When the seizure is over, let the person rest if he/she needs to.
- Treat the incident in a calm, matter-of-fact manner.
- As soon as possible, report the incident to your supervisor and also the Coordinator of the Learning Assistance Lab (ext. 4164).
Some Facts About Chronic Health Impairments

- Health impairments due to chronic or acute illness limit strength, vitality, and alertness.
- These health problems include heart condition, tuberculosis, rheumatic fever, asthma, epilepsy, leukemia, cancer, and AIDS. These are considered disabilities according to the current Americans with Disabilities Act.
- Many students may prefer their problems be handled with utmost confidentiality. However, some may be at a stage where they are ready or even prefer to talk or write about the health condition.

Suggestions for Helping Students with Health Impairments to Succeed in the College Classroom

- Accept the student’s expectations and goals for their education even though they may be different.
- Allow seating to accommodate needs. These students may need to be near a hallway or leave to use the restroom. An adaptive desk may be needed for more comfort or ease of mobility. Contact the LAL for arrangements.
- Allow health impaired students to work at their own pace. Consider an independent study plan to accommodate absences. These arrangements can be made through the Division Chair and the LAL. The forms are available in the Registrar’s Office.
- Encourage students to connect with other students in the class to cooperatively review class notes and assignments.
- Tape lectures for students to use during extended absences. This can be coordinated through the LAL or the Audio Visual Department.
- When necessary, allow health impaired students to demonstrate mastery of the material using alternative methods. This might include extended time limits, oral exams, and individually proctored exams.
- Treat students as whole individuals; build a sense of trust.
- Allow students with speech problems time to finish their answer. Don’t let other students interrupt.
- A wheelchair is part of a student’s personal space. Unless given permission, do not handle or move the chair.
- Encourage students to use support services such as the Learning Assistance Laboratory to improve their study skills and receive academic tutorial assistance.

All services for students with special needs are coordinated through the Learning Assistance Laboratory (LAL located on the second floor, room 218, of the Campbell Learning Resources Center).

The LAL staff is ready to work with you to maximize student success and minimize instructor frustration.

Some Facts About Epilepsy

- Epilepsy is a convulsive disorder, not a specific disease. It is symptomatic of some abnormality of brain function.
- Epilepsy may emerge as a result of direct injury to brain structures during fetal development, toxic chemicals, lack of oxygen during the birth process, infections (encephalitis or meningitis), or head injuries due to auto accidents.
- Seizures may be triggered by different stimuli, such as tension, emotional upset, boredom, overexertion, fatigue, or fear of having a seizure. Occasionally, sudden sounds and lights flashing may induce a seizure.
- Seizures are treatable and can even be completely eliminated in many cases. Drug therapy is the primary treatment, along with good nutrition, rest and relaxation, and stress reduction.

Types of Seizures

- **Grand Mal:** a generalized convulsion characterized by sudden loss of consciousness, convulsion, spasm, drooling, heavy irregular breathing, and then usually falling into a deep sleep.
- **Petit Mal:** a mild convulsive disorder characterized by sudden brief blackouts of consciousness followed by immediate recovery.
- **Psychomotor:** involuntary irregular behavior, such as chewing, lip smacking, or rubbing hands or legs. Noises and visual stimuli can elicit fear or anger. There is a sense of confusion and lack of recall after the attack.