GUIDELINES FOR MANAGEMENT OF SEIZURE ACTIVITY

1. INITIATE CLASSROOM EMERGENCY RESPONSE (and Notify Health Office)
2. If appropriate, place student on floor, turn on side (right side if possible) with head to side. If student is in wheelchair (W/C), leave in W/C. Maintain open airway.
4. Note time seizure begins and ends, and what areas of the body are affected.
5. DO NOT attempt to insert anything into mouth.
6. If student vomits allow vomitus to drain, maintaining airway (use universal precautions).
7. When seizure has subsided, allow student to sleep, continue activity as appropriate, or accompany student to health office. (In most situations, student’s parents will transport student home for further evaluation and rest.)
8. Observe closely for possible recurrence of seizure activity.
9. Health Office:
   • Inform parent of seizure activity and action taken.
   • Notify administration/site supervisor (if appropriate).
10. Health Office Personnel:
    • Contact District Nurse for the following (if available):
      • If seizure is first known seizure for student.
      • If seizure is associated with fever
      • If there is a change in the usual seizure pattern.
      • If seizures have previously been controlled.
      • If sleep period lasts over one hour.
11. Do not transport student off Campus within 30 minutes of incident unless via ambulance or accompanied by parent.
12. If injury occurs, complete accident/incident report.
13. Review student specific information with Health office and District Nurse.

Call 911 if:
• Seizure activity with loss of consciousness lasts 5 minutes
• The student is not breathing at the end of the seizure (Initiate CPR)
• Student begins another seizure (multiple seizures) without regaining consciousness
• There are other injuries requiring Emergency Services
• Seizure is associated with Head Trauma
• If seizure is first known seizure for student
• If seizure is associated with high fever

Source:
• CSNO Pamphlet, First Aide in the School Setting.