

Statistics At A Glance

- Nationally, epilepsy and seizures affect over 3 million Americans; of these, approximately 300,000 are children under the age of 14.
- Of the almost 200,000 new cases of seizures and epilepsy that are diagnosed each year, 45,000 are children.
- An estimated 300,000 people have a first convulsion each year; 120,000 of them are under the age of 18.
- In 2006, approximately 257,000 Texans had a history of seizure disorders.

Seizures at School

Epilepsy affects children in different ways, but the social impact of seizures in childhood is often severe. The social stigma is worsened when a seizure occurs at school, and often causes the child to be shy, embarrassed, have low self-esteem and become isolated.

Depending on the type of seizure, the child may have jerking or flailing body movements, staring spells, a state of confusion, eye deviation, or a loss of bladder control. After a seizure, the child may be sleepy, confused, suffer memory loss, or have difficulty paying attention.

Classmates who have never witnessed a seizure may be frightened, especially if adults become alarmed. It is crucial that the teacher remain calm and in control of the situation.

Five Things to know about Epilepsy

- The teacher and school nurse should discuss a child's epilepsy or seizure disorder with the parents to learn the type, frequency, and duration. Parents should advise school officials of any treatment or medication, how the child is affected, how the parents would like the teacher to handle an occurrence, and the level of participation that they want their child to have in school activities, gym, sports, etc.
- Teachers can contact the local Epilepsy Foundation affiliate for information, videos, pamphlets, and first aid presentations. Local epilepsy service providers in Texas can be located at: <http://www.dshs.state.tx.us/epilepsy/locator.shtm>.
- In the event of a seizure, key things to remember are:

Keep calm and reassure others who are nearby.

Help the child to lie down.

Put something soft and flat, like a folded jacket, under the child's head.

Remove glasses and clear the area around the child of anything hard or sharp.

Loosen anything around the child's neck that may make breathing difficult.

Gently turn the child to one side to help keep the airway clear.

Time the seizure.

Don't hold the child down or try to stop his movements.

Do not try to force the child's mouth open with any hard implement or with fingers. A child having a seizure cannot swallow his tongue; efforts to hold the tongue down can injure teeth or jaw.

Don't attempt artificial respiration except in the unlikely event that the child does not start breathing again within one minute after the seizure has stopped.

Stay with the child until the seizure ends naturally and the child is fully awake.

Be friendly and reassuring as consciousness returns.

Do not try to give food, liquid, or medications by mouth to a child who has just had a seizure.

Call the child's parents to report the incident.

- Some children with epilepsy may need special help planning and completing their school work, with specific goals and objectives that are carefully developed in a partnership between the parents and the school.
- Well-informed, confident teachers, school nurses, coaches, and other school officials can play a key role in helping to mitigate the social impact of epilepsy. By educating students about this condition, children can learn to show empathy and acceptance and to understand that a child with a seizure disorder should not be treated differently than anyone else.