

**ANTELOPE VALLEY COLLEGE**  
**PALMDALE SITE**  
**Office for Students With Disabilities**  
**Voice/Relay (661) 722-6360**

A FIRST ENCOUNTER WITH EPILEPSY can be frightening to those who have it and to those who see it. With your help and understanding, it needn't be.

Epileptic prone people will usually inform their instructors of their condition and the usual severity of their seizures. In any case, the Office for Students with Disabilities (OSD) will make faculty aware of seizure possibilities when we have been asked to do so by students. In all cases, a few simple procedures should be followed anywhere on campus.

***WHAT TO DO IF A STUDENT HAS A SEIZURE IN YOUR CLASS:***

1. **Send a student to request Campus Police from the Welcome Center located on the third floor.** Campus Police will determine whether or not to call emergency personnel when they arrive.
2. Keep observers calm and assure them that an epileptic seizure is not fatal – avoid fear and panic.
3. Get the person down on the floor, away from furniture or walls which can injure the person in case of violent muscle thrusts. (In mild seizures, the person can remain seated if muscle spasms are not violent.)
4. Lay person on side and place a blanket or jacket under their head.
5. DO NOT put anything in the person's mouth.
6. Cover with blanket after seizure and don't attempt to move person.
7. Count the minutes of the seizure.

**WHAT IS THIS DISORDER CALLED EPILEPSY?**

Did you know that Epilepsy affects more people than cancer, tuberculosis, cerebral palsy, muscular dystrophy and multiple sclerosis COMBINED? Epilepsy is the most common of all neurological disorders, affecting approximately one in every 50 children and one in every 100 adults—more than 100,000 people in the Los Angeles County area alone.

**CAN IT BE CONTROLLED?**

Proper medical treatment and anticonvulsant medication can lead to complete seizure control for approximately 50% of all persons with epilepsy and partial control for about an additional 30%. The remaining have seizures which cannot be controlled at all. Thus, research must continue and be expanded so that answers can be found for this difficult medical problem.

## WHAT DOES IT LOOK LIKE

There are all degrees of seizures from extremely mild Petit Mal type to violent Grand Mal seizures. A person may appear to “go blank” for a few seconds, but otherwise remain in the same position. The person may stagger, falter, fall or be in a dazed condition. With either type, the person may or may not respond to orders or be able to move upon command (the mild cases will usually continue doing their prior actions after the seizure). Urine incontinence is possible.

More intense seizures will probably result in muscle spasms, loss of consciousness, extreme contortions and muscle strength, vocal utterances, drooling, eye rolling, violent jerks, and falling to the floor. Great fatigue follows Grand Mals and the person usually sleeps for an hour or more after the seizure.

## ANYTHING ELSE?

Yes...

1. Prepare your classes, if necessary. You should discuss the situation with the epileptic student as to their desires and needs first.
2. These cases are the same as any other health problem, such as fainting, sudden nausea, etc. You take care of it and go on about your routine business. Try to reassure observers that everything is all right.
3. Above all, know that the neurological disorder which causes seizures in no way affects the intelligence or the emotional stability of the person. They may or may not have any other physical disabilities. The controlling drugs often create a “slowed down” speech, motion, action, or attitude, not to be confused with indecision, lack of intelligence or substance abuse. In addition, the person may experience some memory loss for hours or even days after a seizure.

If you would like any additional information about epilepsy, other disabilities, or our services, please feel free to contact our office.

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