

EPILEPSY (Seizure) POLICY

Epilepsy is the result of a temporary electrochemical imbalance within the regular mechanism of the brain. A sudden overload of energy swamps the brain causing lapses of consciousness and seizures.

Cause: Usually a form of brain damage, however there are still unknown reasons today. Be aware that anyone who has ever experienced a seizure, no matter how long ago and no matter what medication they are taking, can experience another seizure at any time.

Riding a chair lift: People with a seizure history must use a climbing harness with triple stitched retention strap attached to the chair lift via a carabineer. This will restrain the student in the event of a seizure and help protect the instructor from being thrown from the chair by the student.

Three types of seizures

1.) Grand Mal seizure (most dramatic)

Symptoms: loss of consciousness can last a few seconds or a few minutes rigidity and jerking of extremities swallowing impairment (foaming at mouth) bladder and/or bowel incontinence.

Protocol: Never place any object in student's mouth during the seizure. Ask other skiers (viewers) to please leave. Student may be embarrassed upon regaining consciousness with people around him. You should also:

- Summon more advanced medical personnel.
- Do not try to stop the seizure or restrain the person.
- Protect the person from injury.
- Remove nearby hard obstacles and protect the victim's head.
- Manage the airway by rolling the person onto his or her side (recovery position). This will keep the airway clear if there is any fluid such as saliva, blood, or vomit in the victim's mouth. Do this only if you do not suspect neck or back injury.
- When the seizure is over, the person can be sleepy, drowsy or disoriented.
- Let the person sleep or rest. Be comforting and reassuring until more advanced medical help arrives.
- Call Ski Patrol if needed. Report incident immediately to Day Supervisor and caregivers.

2.) Petit Mal seizure (small absences)

Symptoms: blank stare, eyes rolling, eyes blink rapidly, eyes are stuck or fixed on an object.

Protocol: Ask student if he/she is experiencing any nausea, dizziness, fatigue, or double vision. Check for understanding, then continue lesson. Be aware that a series of Petit Mal seizures can cause a Grand Mal seizure.

3.) Psychomotor and Focal motor seizures

Symptoms: less frequent, less severe, usually partial jerking or tremble of an extremity, twitching of a face muscle, confused staggering

Protocol: Rest. Check for fatigue or understanding. Continue lesson.

OTHER INFO

Medications: Anticonvulsant drugs: Phenobarbital, Dilantin, Klonopin, Tegretol, Sabril, Lamictal, Depakote, Neurontin (Gabapentin)

Side effects of medications are: sun sensitivity, drowsiness, nausea, rash, dizziness, blurred vision, and lethargy.

Before you take a seizure prone student on the slopes ask time of last seizure occurrence. It might influence your day because he/she may be lethargic.