

Faculty Information 11/02/2019

**STUDENTS WHO HAVE EPILEPSY**

**OVERVIEW**

An estimated 3 million Americans have epilepsy, with an additional 200,000 new cases diagnosed each year. One in ten people will have a seizure at some point in their life. Current data indicates that 25-30% of individuals with epilepsy have poor control over seizures. Epilepsy is a neurological disorder that causes individuals to have seizures, usually reoccurring. A seizure is a brief disruption of the electrical activity in the brain. It may be caused by abnormal brain development, brain injury (typically with a loss of consciousness), infections of the brain, stroke, brain tumor or lesion,chemotherapy, toxins or poisons, or hereditary. More than half of the time, the cause is unknown.

Seizures do not always resemble the public’s perception of convulsions. A seizure may manifest in a variety of ways, depending on the nature of the seizure. So that faculty can better recognize when a student may be having a seizure, the types of seizures are described below. Suggestions on how to best handle a seizure are included in “Suggestions for Faculty”.

* **Myoclonic seizures** are sudden, brief, and massive jerks of all or part of the body.
* **Generalized Tonic Clonic or “Grand Mal Seizures”** are the type of seizure that most people associate with Epilepsy. This type of seizure involves convulsions, muscle rigidity, and jerking, sometimes with a loss of coTAMUCiousness.
* **Absence or “Petit Mal Seizures”** may not even be noticed by the individual experiencing the seizure or the professor. These seizures involve blank stares, lasting only a few seconds, sometimes including blinking and/or gnashing of teeth.
* **Complex Partial Seizures** manifests as random activity where the person is not in touch with his/her surroundings.
* **Simple Partial Seizures** involve the jerking in one or more parts of the body and/or sensory distortions that may or may not be apparent to others.
* **Atonic Seizures**, often called “Drop Attacks”, result in the sudden collapse of the individual, with recovery within a minute.

**SUGGESTIONS FOR FACULTY**

* Include a statement in your syllabus inviting students with disabilities who may have special needs to meet with you privately so that you may confidentially discuss the student‘s needs and reasonable accommodations. Also, at the beginning of each semester, verbally invite students with disabilities and veterans with special needs to meet with you privately to discuss their individual and unique needs. Talk about the requirements of the class, special needs of each student (on a case-by-case basis, as each student’s needs are unique), and strategize as to how to implement the reasonable accommodations defined by the Student Disability Resources and Services Director. If the student discloses that he/she has a seizure disorder, ask the student what you as a professor can do to assist, should a seizure occur in class, as well as follow the protocol described below. If the student has a seizure in class, but has not disclosed to you that he/she has a seizure disorder, follow the protocol described below. If the student has registered with SDRS, the student may privately provide to you a personalize Seizure Protocol, developed with the student and his/her SDRS Case Manager.
* **HOW TO HANDLE A SEIZURE**
	+ Don’t panic! Remain calm and have the rest of the class remain in their seats.
	+ Note the time when the seizure begins. It is critical to write the beginning time of the seizure, the ending time of the seizure, whether the student becomes unconscious, and whether the student has more than one seizure. Especially note if the seizure lasts more than 5 minutes and/or is followed by another seizure. Give these notes to the emergency personnel.
	+ If the person is conscious, direct the student away from hazards and remove objects that may present a danger.
	+ If the individual is having a convulsive seizure, roll him/her on his/her side and try to cushion the head.
	+ Remove glasses if the student is wearing glasses.
	+ **Do NOT** put anything in the student’s mouth.
	+ **Call TAMUC Police.** Remain with the student until emergency care arrives.
	+ It is probable that the student will be transported by ambulance to a hospital for seizures that render the student unconscious.
* **LEARNING AND ACADEMIC ISSUES RELATED TO STUDENTS WITH EPILEPSY INCLUDE, BUT ARE NOT LIMITED TO:**
	+ Students who are experiencing seizures during class often experience problems with learning and thinking skills. They may have difficulty with attention, concentration, memory, and organizational skills.
	+ Students may have problems learning because learning is not occurring during the time of a seizure. Learning can also be affected by the fatigue and confusion that accompanies most seizures and which can last for minutes or hours. Additionally, learning can be disrupted by both Petit Mal seizures, which may not be apparent to others, as well as by discharges in the brain that may occur between seizures.
* Accommodations that may be noted for students with seizure disorder may include, but not be limited to,
	+ Extended time for testing;
	+ Testing in a distraction-reduced environment;
	+ Use of a note taker and/or recording device;
	+ Opportunity to make up work if the student has a seizure while that work is being done in class.
* Be sure that, at all times, you maintain the privacy and confidentiality of the student. If you need to discuss issues or testing arrangements with the student, do so privately.

**Texas A&M University Commerce Student Disability Resources and Services**

Gee Library, Suite 162

903-886-5150

E-mail: StudentDisabilityServices@tamuc.edu

**Texas A&M University-Commerce at Frisco – 9700 Wade Blvd, University Hall 105, Frisco TX**

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(972) 377-1665

**Universities Center at Dallas – 801 Main Street, Suite C340, Dallas TX**

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(214) 954-3600

**Collin Higher Education Center – 3452 Spur 399, Mckinney, TX 75069**

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**Mesquite Metroplex Center – 2600 Motley Drive, Suite 100, Mesquite, TX 75150**

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903-875-7619

***REMEMBER****:*

**ALL** students must meet the same academic standards for credit in your class. Standards should NOT be lowered. Students with disabilities may use reasonable accommodations, but they are held to the same academic and Code of Conduct standards as any other student.