




First Aid Steps for Convulsions or Seizures

ONLY NLA STAFF OR STUDENT ASSIGNED MEDICAL PERSONNEL MAY COMPLETE THESE STEPS. NLA STAFF MAY PERFORM THEM ON ANY NLA STUDENT.

- Do not talk to /share information with non-NLA personnel about me, except with my own medical personnel. Stay calm and be as discrete as possible among my classmates and adults who are not involved in my care.
-  Watch the clock. Make note of start and end time of my seizures. If I am having repeated seizures, multiple seizures in a row, seizures that are different than I usually have, or the seizure is lasting more than a minute, send someone for a member of NLA administration.
- If I am in a wheelchair or Rifton chair when having a seizure, leave me in my chair and do not move me. Please wait until the seizure stops before moving me to a mat.
- If I am not in a wheelchair or Rifton chair when having a seizure, lay me on the floor on my side in the recovery position. Get someone to help you lift me, if needed. Lay a cushion under my head and remove any glasses.
- If I am in a dynamic, supine, or prone stander, move me from the stander to lying on floor on my side in the recovery position, with assistance from a second person for transfer. Lay a cushion under my head and remove any glasses.
- Loosen/ remove tight clothing
- Do not try to constrain my movement
- Do not put anything in my mouth
- If you are not the teacher, call/ send someone for the teacher. If no teacher is available, an assistant or other NLA staff member may proceed with the following steps.
- Grab and consult the seizure protocol document created for me by NLA. It is laminated and located in the medical container labeled in the school administration office. It contains the directions provided by my parents/ guardians and my doctor for what to do next. Directions for when and how to give me Diastat are written there, as well as where my Diastat is kept and when to call 911. Follow these directions, only.
-  Follow the seizure protocol document to know when to call 911. However, if no *Physicians Prescribed Emergency Treatment Order* is on file for me, or if I am turning blue or my breathing becomes shallow, call 911 immediately. Grab my medical history in my student file to be prepared to share information with EMT.
- Children up to puberty: Have someone call 911 with any of these situations.
 - If I am breathing but my pulse is < 60 bpm (can use the pulse oximetry), start CPR with compressions only 100-120 compressions/min (no rescue breaths).
 - If I am gasping for air or stop breathing but still have a pulse, start rescue breathing using the bag valve or pocket mask (one breath every 3-5 seconds) and recheck pulse every 2 min.
 - If I no longer have a pulse or my pulse is < 60 bpm, start CPR (If one person - 30 compressions followed by 2 breaths using the bag valve or pocket mask; If two person – 15 compressions followed by 2 breaths. After 5 cycles recheck pulse) until EMT arrives or I am breathing.
- Teens and adults: Have someone call 911 with any of these situations.
 - If I am gasping for air or stop breathing or but still have a pulse, start rescue breathing using the bag valve or pocket mask (one breath every 5-6 seconds) and recheck pulse every 2 min.
 - If I no longer have a pulse, start CPR (If one person - 30 compressions followed by 2 breaths using the bag valve or pocket mask; If two person – 15 compressions followed by 2 breaths. After 5 cycles recheck pulse) until EMT arrives or I am breathing.

****NOTE: if you are not sure how to give the rescue breaths, just do the compressions (100-120/min).**

****NOTE: If you have not received the certification from the official CPR training provided by No Limits Academy, please locate a No Limits Academy staff member with this certification to complete the next steps.**

-  Record details about my seizure (even my small ones) in the *Seizure Report* form for me. Make sure to give this report to administration and provide a copy to my parents/ guardians. All seizures are to be documented, no matter how small. If you are unsure if it was a seizure, document it as a possible seizure.