



PE&A NEWS

National Council for Persons with Physical Disabilities in South Africa

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June/July 2010 Issue 7

BIG BELL NEWS

DISABLED NOT ACCESSING GRANTS *Published in Media 24—14 May 2010*

The following extract appeared in MEDIA24: “Many disabled South Africans are living in poverty without access to the government’s disability grant, a University of Johannesburg study has found. Contrary to popular beliefs that the disabled live on social grants, the study found that 61% of the respondents interviewed in eight of the poorest wards in Johannesburg are not accessing the disability grant,” said researcher Lauren Graham.

Response from NCPDPSA

“Despite numerous initiatives by the Department of Social Development and the South African Social Security Agency (SASSA) over many years, it seems as if many persons with disabilities still do not know the procedures to apply for a Disability Grant.”

Article 28 [Adequate standard of living and social protection] of the UN Convention on the Rights of Persons with Disabilities (CRPD), of which SA is a signatory, indicates that “States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right.” Government departments are thus obliged to assist persons with disabilities to live a life of dignity and

respect. This is supported by the South African Constitution.

Persons with disabilities can go to any office of SASSA throughout the country and apply for a grant. Certain procedures need to be followed and will be explained to individuals. If people do not have ID documents, the Department of Home Affairs need to be approached to obtain the necessary documentation.

Further enquiries can be made with Beena Chiba, director of the Gauteng Provincial Association for Persons with Disabilities (GPAPD) at 011 6167576 ext 4 or with Petra Burger, Social Development Officer at the National Council for Persons with Physical Disabilities in South Africa (NCPDPSA) at (011) 7268040.

If at any time, a person with a disability is treated poorly by any official, such person has the right to approach the Ministry of Women, Children and Persons with Disabilities to report such matters.

It must further be noted that terminology such as “the Disabled” is not acceptable and that the term “Persons with Disabilities” consistently be used.

Dr. BT Naidoo
National Chairman



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This newsletter is in line with Article 8 of the UN Convention on the rights of people with disabilities (Public Education & Awareness)



Design and compilation by
Western Cape APD

APD GRAHAMSTOWN

BACKGROUND

The APD Grahamstown is based in the city of Grahamstown , which is situated 120km from PE and 180 km from East London . It provides services to the people living with disabilities. The existence of two Hospitals (Settlers and Fort England Hospital) as well as the proximity of Rhodes University in the area, give an advantage to the APD Grahamstown as therapists, Psychologists and doctors are willing to assist whenever the request is made. It should be mentioned that most of clients who rely on the APD Grahamstown are from disadvantaged background and reflect the degree of poverty and unemployment that characterizes the Grahamstown community. APD works together with GADRA , where ABET, sport, marimba and gardening are run for visually impaired persons and with Child Welfare, as well as dept of Education. The APD Grahamstown has three main kinds of projects: Rehabilitation Project, Accessibility and Income generating projects.

1.REHABILITATION PROJECTS

Khanya Special Care Unit for children with disabilities and developmental delays

This crèche has been given two classrooms at Andrew Moyake Primary school. This accommodates 10 children with disabilities and developmental delay. The team of therapists from Health Department have assessed and provide stimulation and exercises to these children regularly. The Khanya Crèche is monitored by members of the APD Grahamstown committee. Registers are made available in order to keep contact with all the visitors. This crèche is successful despite challenges related to children transport, food, etc. There is also the need to find a good place where proper classrooms should be built for the crèche as it cannot depend on the primary school for a longer period.



Developmental Clinic



This project is jointly run by the APD Grahamstown branch and the therapist from Settlers Hospital. It consists of assessment, stimulation, exercises and home programme for children with developmental delays.

Two Clinics (at Joza and at Middle Terrace) are visited monthly.

Mothers Support Group

This is a joint project which is run by APD social worker and psychologists from Rhodes University and Fort England Hospital . The aim of this project is to help mothers of children living with disabilities to cope and live a more satisfying life. In this support group mothers are open and comfort each other. Last year Hambisela project helped many mothers to give better care for their children. Another run of Hambisela will start in July.



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2. ACCESSIBILITY PROJECT

- ◇ The advisory was constituted for the Albany Museum and after sensitisation workshop the building of ramps, alteration of toilet, putting accessible info desk and notices in Breill are following. The launch of new entry and other developments is scheduled for 27 July.
- ◇ Stephen Bantu Biko Building was screened. APD Grahamstown will do recommendations to Rhodes University with regard to the accessibility to this building after the outcome from the APD Provincial Chairman.



3 INCOME GENERATING PROJECTS

Galteville Project ("Tyres Recycling Project")

In partnership with APD Welkom, APD Grahamstown has managed to put this project in place. It is successful as two members of the branch are very committed to this project.

The Sewing Project

This project is under preparation and will consist of training some clients and making clothes to sell. Discussions are under way with local stores, schools, etc. to convince them to buy products that will be made.

Hair Dressing Project.

Mothers of disabled children will be involved in this project. Contacts have been made with Kingswood boarding school to get space. Girls will eventually be the customers.

QASA has launched a new project funded by the Global Fund to fight AIDS

Over a five-year period QASA will be providing education and awareness through a number of workshops.

The aim is to develop the capacity of people within the organisation, to be able to educate, encourage the principle of "knowing your status" and promote prevention of HIV and AIDS. QASA will be reporting all outcomes to NACOSA in this project



FROM THE PEN OF

... Fanie Du Toit



LIP SPEAKER PRACTITIONERS

Lip speakers", as they are commonly referred to, play an important role to support the people with hearing impairments.

Impairment is defined as: an anomaly, a defect, loss or a significant deviation in body structure or functioning. The harsh reality is that people with hearing impairments experience daily, many areas of communication hurdles and exclusion.

The good news however, is their right to information and communication that is protected by legislation.

It is interesting to note that nearly 70% of all those that experience hearing loss communicate through using basic gestures, body language, finger spelling, facial expressions, notes, hearing aids, lip reading, speech reading or a combination of various techniques. It is on this level that the lip speaker practitioner is of great value.

The technique that the "lip speakers" use is usually a combination of lips, gestures, facial expressions, and body language, with grammar of the spoken language which forms the basis. On this basis the message is carried over more visually to the person with hearing loss.

It is preferable that a trusting relationship exists between the person concerned and the practitioner regarding preferences and conduct. A positive attitude, proper word formation, body language and facial expressions [which shows emotion and atmosphere], the tempo at which is spoken and the comprehensiveness of the message, must always be kept in mind. The "lip speaker" must never "screen" the message – the full message must be given word for word at the same tempo at which it is spoken.

An agreement can however be made beforehand that sections may be summarized and/or swearing may be left out. It is important that the practitioner brings the communication process to the attention of all those present.

The position of the seating of the person with hearing loss and the lip speaker must be settled with the organisers before meetings, church services etc. Aspects of lighting and distance must be taken into consideration.

The person with hearing loss must discuss with the lip speaker about assistive devices which will be used, for example, loop systems, hearing aides. If the person with hearing loss make use of Fm-transmitters, with a microphone, the lip speaker may be expected to "speech interpret" everything being said in a quiet

voice [revoice].

The communication process and technique depends on the specific needs of the person concerned. The "lip speaker" must have a positive attitude towards the needs for persons with disabilities. Sensitivity and insight for the challenges that goes with loss is of cardinal importance.

The various categories that hearing loss [scientifically] are divided, for example, mild, moderate, moderately severe, severe and profound hearing loss. The tempo of integration is influenced by aspects like when the hearing loss started, acceptance of the loss and so on.

When someone books a "lip speaker" for a function, he/she may instruct the wearing of appropriate clothing specific to the function – for example, if the meeting is formal the practitioner must wear appropriate clothing. When the function is a picnic the clothing will be more informal. However the practitioner must always be tastefully dressed, friendly, unornamented.

Jewellery and make-up must be unobtrusive. Dark and lined lips help the speech reading process. Dark glasses and loose hanging hair makes eye contact difficult.

At functions communication is a big challenge. It may be required that the lip speaker practitioner be on duty at tea times as well as during lunch times.

The "lip speaker" is there **as any other "interpreter"** to facilitate communication and may never become involved in conversation and activities unless asked to. The code of conduct and some of the basic principles mentioned above are also applicable to the "transcribing process", where the message is carried over in writing.

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Physical Disabilities in South Africa (NCPDSA)
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RADIO STATIONS COVERING DISABILITY ISSUES

'A request is made to all PE&A roleplayers to share your involvement with the following radio stations with us -

1. *Community radio stations*
2. *Commercial radio stations*
3. *National radio stations*

Relevant information will appear in the table below for information.

RSG (Radio Sonder Grense)	www.rsg.co.za
LESEDI FM	www.lesedifm.co.za
RADIO PULPIT / KANSEL	www.radiopulpit.co.za
COMMUNITY RADIOS	<p><i>Community radio stations currently broadcasting programmes on disability issues are as follows -</i></p> <ul style="list-style-type: none"> Radio Rosestad: Bloemfontein CCFM: Muizenberg Radio Namakwaland: Vredendal Radio Kingfisher: Port Elizabeth Radio Lichtenburg Kovsie FM: Bloemfontein Radio Kragbron: Witbank KCFM Huguenoot: Paarl Radio Laeveld: Nelspruit Vallei FM: Worcester Radio Riverside: Upington Radio Gamkaland : Beaufort West Kingfisher FM : Port Elizabeth (Open Door) Nfm: Okiep Namaqualand Transworld Radio: DSTV (channel 155) <p><i>* Contact Fanie Du Toit for more detail</i></p>



NEWSPAPERS COVERING DISABILITY ISSUES

A request is made to all PE&A roleplayers to share your involvement with the following newspapers with us -

1. Community newspapers (including newsletters, church tracts, etc.)
2. Commercial newspapers
3. National newspapers

Relevant information will appear in the table below for information.

NATIONAL	
COMMUNITY	Die Volksblad : Bloemfontein Ons Kontrei : Vredendal Worcester Standard : Worcester Table Talk : Milnerton George Herald : George Die Courier : Beaufort West

AUDIO DATABASE

We are compiling a database of audio files containing information on the content of disability issues. These may be ordered from the National office per e-mail.

*Transcripts of these audio files are available.

Vehicle Rebates	English (3,75MB) , Afrikaans (4,63MB), Xhosa (4.48MB)
Beach permits	English (3,9MB) & Afrikaans (4,8MB)
Physical Disabilities	English (1.4MB), Afrikaans (2.3MB) & Xhosa (1.7MB)
Hearing Loss	English (MB), Afrikaans (MB) & Xhosa (MB)



FEEDBACK RECEIVED

These are examples of the correspondence we receive via e-mail. We also receive many phone calls, SMS's and hand-written letters. We contact each of them, even if it is just to listen. However, we try to refer them to provincial structures or the relevant NGO's for support. Sometimes names are removed for the protection of privacy.

GIFT OF SIGHT FOR THE INDIGENT

A joint multi-million rand project between Kimberley Medi-Clinic and Kimberley Hospital Complex, Department of Health, Northern Cape will restore vision to 280 patients, as part of the biggest ever corporate social investment initiative undertaken by Medi-Clinic Southern Africa.

This R2,5 million project, which involves the removal of cataracts and forms part of the first tier of the company's structured CSI strategy, will start on 22 May 2010 and take about three months to complete

Dr Mvula Yoyo, Transformation Executive, Medi-Clinic Southern Africa says an agreement was reached between the two parties to address the backlog of cataract operations which exists in the province.

"Our CSI strategy consists of three distinct tiers, and Public Private Initiatives such as these spearhead our endeavours to ensure a future of quality healthcare in South Africa." Kimberley Hospital will provide transport of patients and Pharmaceuticals to the value of R290 000 to make the joint collaboration a success.

A team of private ophthalmologists, together with senior medical officers and anaesthetists from the Kimberley Hospital Complex, will be operating on the patients on weekends, when Kimberley Medi-Clinic has the spare theatre capacity.

The recipients were identified by the Kimberley Hospital Complex eye clinic, starting with those who have been on its waiting list the longest.

These operations will enable blind patients to see again, to become self-sufficient, start working again, read and write and enjoy fulfilling lives.

According to Mr GI Moncho, Chief Executive Officer of Kimberley Hospital, there is still a backlog and there will be a continued need from people requiring cataract removals in the province. "This joint initiative will go a long way to restoring vision to blind patients in the Northern Cape."

The management and staff at Kimberley Medi-Clinic and Kimberley Hospital Complex support the project fully and are eager for it to begin. Drs Meldrick Booysen and Jaco Maartens, the ophthalmologists, will be performing the operations free of charge.

"It is a privilege to be part of a deserving project like this," says Dr Booysen. "Even though it is a big project and will take time to complete, it is great to know that cutting edge technology will be used, and the patients will receive the best care possible."

Henry Hendricks, Kimberley Medi-Clinic Hospital Manager, says the hospital will continue striving towards building a productive and positive relationship with the department of health. "We are proud to alleviate the burden on the public sector by partnering with them in deserving projects such as this one."

According to Mr Moncho, the management of Kimberley Hospital Complex is willing to work together with any corporate that would like to contribute to the upliftment of the health of the people of the Northern Cape.

"We are committed to good relationships through Public Private Partnerships with companies who would be willing to engage in future joint programs with this institution. Improving health services will always remain our priority"

Henry Hendricks
Hospital Manager: Kimberley Medi-Clinic, and
Mr Gordon Moncho, Chief Executive Officer,
Kimberley Hospital Complex

Contact: Denise Coetzee

Client Service Manager

053 838 0007 / 084 780 5402

denise.coetzee@mediclinic.co.za



WARNING: 2010 Census Cautions from the Better Business Bureau

Be Cautious About Giving Info to Census Workers by Susan Johnson

With the South African Census process beginning, the Better Business Bureau (BBB) advises people to be cooperative, but cautious, so as not to become a victim of fraud or identity theft. The first phase of the 2010 Census is under way as workers have begun verifying the addresses of households across the country. Eventually, more than 140,000 Census workers will count every person in the South Africa and will gather information about every person living at each address including name, age, gender, race, and other relevant data.

The big question is - how do you tell the difference between a Census worker and a con artist? BBB offers the following advice:

- ◇ If a Census worker knocks on your door, they will have a badge, a handheld device, a Census Bureau canvas bag, and a confidentiality notice. Ask to see their identification and their badge before answering their questions. However, you should never invite anyone you don't know into your home.
- ◇ Census workers are currently only knocking on doors to verify address information. Do not give your identity number, credit card or banking information to anyone, even if they claim they need it for the Census.

REMEMBER, NO MATTER WHAT THEY ASK, YOU REALLY ONLY NEED TO TELL THEM HOW MANY PEOPLE LIVE AT YOUR ADDRESS.

- ◇ While the Census Bureau might ask for basic financial information, such as a salary range, **YOU DON'T HAVE TO ANSWER ANYTHING AT ALL ABOUT YOUR FINANCIAL SITUATION.** The Census Bureau will not ask for bank account, or credit card numbers, nor will employees solicit donations. Any one asking for that information is not with the Census Bureau.
- ◇ And remember, the Census Bureau has decided not to work with Acorn on gathering this information. No Acorn worker should approach you saying he/she is with Census Bureau.
- ◇ Eventually, Census workers may contact you by telephone, mail, or in person at home. However, the Census Bureau will not contact you by Email, so be on the lookout for Email scams impersonating the Census.
- ◇ Never click on a link or open any attachments in an Email that are supposedly from the Census Bureau.

For more advice on avoiding identity theft and fraud, visit www.bbb.org

PLEASE SHARE THIS INFO WITH FAMILY AND FRIENDS.

Mari Ferreira
Secretary: Prof GP Hanck

World Federation of the Deaf Congress 2011 18 – 24 July 2011

NID-DeafNET Centre of Knowledge draw your attention to the congress of the World Federation of the Deaf to be held in Durban next year. We recommend that you and your division participate at the congress. It is of high importance that presentations are made by the divisions of the NID and the NID partnership. This will ensure the national and international positioning of the NID partnership as an organisation that renders service excellence and service relevance to the entire spectrum of the Deaf world. TAKE NOTE THAT THE CLOSING DATE FOR THE SUBMISSION OF ABSTRACTS IS **31 JULY 2010**. Should you need more information or assistance, contact Tim Stones at DeafNET.

Dankie / Thank you

A L Smit (At)

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DISABLED TO GET HOUSING



The Mpumalanga Department of Human Settlements is building 34 user-friendly houses for people living with disabilities.

Department spokesperson Freddy Ngobe told Sowetan yesterday that people with disabilities were inconvenienced when they lived in "normal" houses.

Ngobe said 16 houses were currently under construction in Thulamahashe, near Bushbuckridge.

"Departmental research revealed that this group of people need houses with special features," Ngobe said.

"The houses are specially designed for people with disabilities.

"They have special places where **wheelchair** users can simply enter without any struggle.

"All the features in this type of house were designed to suit the targeted group."

Ngobe said the department's officials had visited the beneficiaries yesterday to check if everything was going according to plan.

He said all the houses were expected to be completed by the end of next month.

Meanwhile, MEC Madala Masuku announced last week that his department would build houses for child-headed families and orphans.

He said the department had already started the process to identify and prioritise child-headed households and orphans in the province in an attempt to provide shelter for them.

Beach permits for people with severe mobility impairment

Dear Mr Seirlis

My section of the Department has recently relocated our Cape Town offices, from Foretrust Building to the Waterfront, and this has resulted in communication difficulties over the past few weeks.

However, we have now more or less settled in to the new offices, and things are gradually improving in this regard.

My contact details are given below, under the text of this e-mail.

If you have any general queries, you are also welcome to contact my colleagues

Niel Malan at tel. no. 021 - 819 2490 / e-mail Dmalan@environment.gov.za

or Sandiso Zide at tel. no. 021 - 819 2497 / e-mail Szide@environment.gov.za

For specific individual new permit applications, or renewal applications,

please first contact my colleague Tembeka Selani at tel. no. 021 - 819 2498 / e-mail Tmse-lani@environment.gov.za

Regards

A J Macdonald
Principal Environmental Officer

National Institute for the Deaf : Video on You Tube!

Dear friend/family/partner of the NID

National Institute for the Deaf has uploaded a video onto Youtube, that will give you a glimpse of the unique, diverse and important services NID delivers.

Please note that a subtitled version, will follow soon!

You are now able to share this with all your friends and family by sharing the following link with them:

<http://www.youtube.com/watch?v=8FxxwL7RyhrY>

Thank you for your continued and valued support!

Kind regards,

Jenna-Leigh February

PROJECTS

<http://www.sasix.co.za/projects/index/?sector=AP>

Kyk hierna. Hier is 'n paar programme vir persone met gestremdhede wat befonds word. Ek hou van die oorbruggings kursus vir persone wat doof geword het

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SASL Translation of Nkosi Sikelel 'iAfrika



South African Sign Language Translation of our South African National Anthem , Nkosi Sikelel' iAfrika is available on DVD (R 60.00 excluding postage and packaging)

If you would like information on the other SASL materials available from SLED please contact us on **021 448 2520 (tel/fax)** or by email.

Dear All,

Good news. The International Disability Alliance (IDA) has posted information about the INWWD on their website and included the documents prepared for the Beijing +15 Review.

They just updated their website and included INWWD under the tab for Advocacy Work. Take a look ...

<http://www.internationaldisabilityalliance.org/advocacy-work/the-international-network-of-women-with-disabilities-inwwd>

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BRAVE ART LOOKING FOR PEOPLE WITH DISABILITIES THAT DO ART

Please send to your artists

I contact you in the name of Michael Heil, he is the initiator of the Brave Art foundation which support young disabled artists. (www.brave-art.eu)

Mr. Heil travel to South Africa next week and he would like to win some new peers for his concept of Brave Art. He is looking for contacts to young disabled artists or organisation which support them.

Mr. Heil would be glad to meet you in South Africa if you like to just give him a call or send him an email to heil@rehability.de or 0163-5776944

Perhaps you can give us an advise or even a contact to an artist. This would be very helpful !



Message of support for Bafana Bafana

Dear National Bafana Team,

This World Cup event has united our beautiful Rainbow Nation! From the National Council for Persons with Disabilities in SA (NCPDPSA), we are united as one behind you and we are cheering you on with wheelchairs, crutches, hearing aids, hope and love and we pray that this international event will also unite all persons with disabilities and the rest of our nation even further. Enjoy this event and we know that you will make us, the people with disabilities in SA proud!

Petra Burger

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Life Health Care

Good day Hennie

I would like to thank your team for their exceptional presentation yesterday. The feed back from the staff, that attended the sessions, were very positive and that they found it of great value.

Please continue with these programs as the public needs to know and understand that deaf or hard of hearing persons can be so isolated due to their inability to hear what we assume they do.

I believe that the combination of the different speakers made this very interesting and real.

Included is the staff register of the second session, as promised. .

Thank you for all the resources that Hennie left for me, I received a couple of requests and would like to know if there are any English pamphlets available?

God bless you in this wonderful work.

Kind regards

Lynette van der Meijden

Nursing Standards Manager

QASA AGM 11th SEPTEMBER 2010

QASA will be having our annual general meeting in Durban on 11 September 2010. The Suncoast is the venue and we start at 10am.

Please pencil into your diary.

If you would like to attend, please let us know and we will then ensure you are sent the official notice.



EPILEPSY

What is epilepsy?

- Epilepsy is the most common neurological condition.
- A single seizure does not necessarily mean you have epilepsy.
- 75% of people with epilepsy have had their first seizure before the age of 20.
- Up to 80% of people will have their epilepsy controlled by medication.
- Many children with epilepsy will outgrow it.
- Epilepsy is not a mental illness or psychiatric disorder.
- Epilepsy is not infectious or contagious.
- 1 in 20 people have a seizure at some time in their lives.

What causes epilepsy?

- A seizure is caused by abnormal chemical activity of the brain.
- There are different forms of epilepsy and types of seizures
- Some people's seizures follow a definite pattern while others have unpredictable seizures.
- Some people get a warning before a seizure.
- Most seizures are over quickly and are easily dealt with.

Who gets epilepsy?

- About 1 in every 100 people has epilepsy.
- Epilepsy can affect anyone, at any age.
- Epilepsy affects people of all levels of intelligence and from all racial and social backgrounds
- Anyone can develop epilepsy at any stage of life.
- Slightly more males than females have epilepsy.
- Epilepsy has not stood in the way of achievement for people like Jonty Rhodes, Vusi Mahlasela and Agatha Christie.

How can I help?

For most people with epilepsy, the biggest problem they have to face is other people's attitudes to epilepsy.

Medical help is usually not necessary, but should be sought if :

- repetitive seizures occur without the regaining of consciousness in between,
- the seizure shows no sign of stopping after a few minutes, or
- there is a physical injury during the seizure.

What people with epilepsy most need is understanding and acceptance from the public.

SEIZURE	WHAT IT LOOKS LIKE	HOW YOU CAN HELP
Generalised absence (previously named petit mal)	The person looks blank & stares. There may be blinking or slight twitching. It lasts a few seconds then normal activity continues.	Be reassuring. The person may be unaware of the seizure. Note that it has occurred.
Generalised tonic-clonic (previously named grand mal)	The common sequence is: staring; stiffening of the body; possible blue colour around the mouth; jerking movements. As breathing restarts normal colour returns. There may be blood flecked saliva and incontinence (rare). Lasts a few minutes.	Protect the person from injury. Cushion the head. Do not restrict movement or put anything in the mouth. Help breathing by putting the person on to the side. Stay with him or her until fully recovered.
Complex partial (affecting a specific area of the brain)	May start with a warning or "aura". The person may appear confused or distracted. There may be repetitive movements, e.g. plucking at clothes.	Remove harmful objects and guide the person away from danger. Talk quietly to reassure him or her.