# Greater Essex County District School Board

**Title: Health - Student**

Category: Policy

Responsibility: Superintendent of Student Well-Being (Safe Schools, Healthy Schools, Mental Health)

Effective Date: June 19, 2018

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Next Review Year: 2023

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The Greater Essex County District School Board (GECDSB) believes that schools are to practice and provide safe and consistent measures to address the needs of our students' health. This includes, but is not limited to the administration of medication, prevalent medical conditions*, and concussions.

Our goals are:

- to support students with prevalent medical conditions* to fully access school in a safe, accepting, and healthy learning environment that supports well-being;
- to empower students with prevalent medical conditions* as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care;
- to support families in feeling confident that their child is safe at school and during school related activities;
- to administer consistent prescription medication by school staff or by a student who is under the care of a physician. Board employees generally should not be involved with administering consistent prescription medication to students unless it is a specific requirement of their job description or the principal designates the responsibility. For particular students there may be exceptions to this rule.

*As outlined in Policy/Program Memorandum No. 161 (February 28, 2018) *Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in Schools"* prevalent medical conditions are limited to asthma, diabetes, epilepsy, and anaphylaxis, as diagnosed by a medical doctor or a nurse practitioner.

Additionally, GECDSB is guided by legislative requirements as stipulated in but not limited to, Sabrina's Law (2005), Ryan's Law (2015), Rowan's Law (2016) and Ministry Policy/Program Memorandum No. 81 *Provision of Health Support Services in School Settings* (July 19, 1984).

**Related Regulations:**

Administration of Prescription Medication
Anaphylaxis and Epinephrine Injector
Inhaler for Treatment of Asthma
Diabetes Protocol *new*
Epilepsy *new*
Concussion

# Greater Essex County District School Board

## Regulation: Epilepsy – Student

Reference No: R-AD-61

### 1. Information – Overview of Epilepsy

Epilepsy, also known as seizure disorder, is a neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in body movement, sensation, awareness, or behaviour. Seizures can vary from convulsion and loss of consciousness to momentary disruptions of the senses that are not always recognized as seizures. Some people have only one type of seizure, while others have more than one type. Epilepsy is referred to as a spectrum disorder because seizure types, frequency, and other symptoms can vary.

Epilepsy can be caused by many different conditions that affect a person's brain. Examples include stroke, head injury, infections (e.g., meningitis, cysticercosis), and certain genetic conditions. Often, no definite cause can be found.

This regulation complies with the requirements as set out in PPM 161, "*Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools*".

### 2. Roles and Responsibilities

2.1. GECDSB

School boards are expected to:

a) Communicate, on an annual basis, the regulations on supporting students with epilepsy to parents/guardians, school board staff and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);
b) Provide training and resources on epilepsy to staff on an annual basis once diagnosis has been provided;
c) Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school area;
d) Develop expectations for school to support the safe storage and disposal of medication and medical supplies, including the recommended storage conditions. One purpose of safe storage is to enable paramedics to have ready access to the medication. Safe storage should also include considerations when the student is attending board sponsored activities and traveling to and from such activities; and,
e) Consider this regulation and other related board regulations when entering into contracts with transportation, food service, and other providers or field trips.

2.2. Principal

Principals shall promote a supportive learning environment, recognizing the need for an accepting school climate for students with prevalent medical conditions.

Parents/guardians bear responsibility for reporting the prevalent medical conditions to the school.

Secondary schools may wish to explore ways of encouraging and reminding the parents/guardians to do so particularly with older students, those who have moved into the system, and those who have been recently diagnosed.

Principals shall:

a) Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition(s), as well as the expectation for parents/guardians toco0create, review, and update an Epilepsy Plan of Care with the principal or the principal's designate and physician. This process should be communicated to parents/guardians, at a minimum:
b) During the time of registration;
c) Each year during the first week of school;
d) When the principal becomes aware of a diagnosis and/or when the child returns to school following the diagnosis;
e) Encourage parents/guardians through school communications to contact school if their child has epilepsy or other medical concerns;
f) Co-create, review or update the Epilepsy Plan of Care (Appendix 2) with the parents/guardians and physician, in consultation with school staff (as appropriate) and with the student (as appropriate);
g) Establish and maintain a file with the Epilepsy Plan of Care and supporting documentation for each student with epilepsy;
h) Provide relevant information from the student's Plan of Care to school staff and other who are identified in the Epilepsy Plan of Care (e.g. transportation providers, food service, volunteers and occasional staff who will be direct contact with the student). Including any revision that are made to the plan;
i) Provide a copy of the Epilepsy Plan of Care to the parent/guardian;
j) Communicate with parent(s) in medical emergencies, as outlined in the Epilepsy Plan of Care; (emergency)
k) Identify staff who can support the daily or routine management needs of students in the school with epilepsy, while honouring the provisions within their collective agreements;
l) Arrange training for school staff (as appropriate) and keep log of when training takes place and which staff participate/complete the training;
m) Ensure that the Epilepsy Plan of Care is posted in locations that have been agreed upon with parent/guardian or with a student who is eighteen (18) or older;
n) Provide for suitable supervision of student (where necessary);

o) Follow the Board's procedures for safe disposal of medications; (medication procedure)
p) Follow the Board's precautions for bodily fluid protocol (where appropriate);
q) Provide a secure, accessible and appropriate place to store medication ; (medication procedure)
r) Develop and implement procedures to communicate to parents/guardians when new medication is required; (medical procedure)
s) Develop and implement procedures for appropriate school staff to contact parents/guardians/office/911 in the event of a seizure; (emergency procedure)
t) Ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities of school property (e.g. field trip, sporting event) (this process should also include considerations for occasional staff); (medication procedure);
u) Request the completion of a "Consent for Release of Information" is completed between the school and the attending physician with parental/guardian signature;
v) Ensure that Appendix 1 "Request and Authorization for the Administration of Prescription Medication at School" is completed, if appropriate, by physician;
w) Ensure that the "Epilepsy Plan of Care" is completed by physician and parent/guardian or student who is eighteen (18) or older;
x) Ensure that parents/guardians are aware that for PRN (pro re nata) medications to be administered, an "Epilepsy PRN Medication Administration Plan" must be developed. See Appendix 3 for sample Epilepsy PRN Medication Administration Plan. The administration of oral epilepsy (or Vagus Nerve Stimulator (VNS) where approved) rescue medication (PRN – pro re nata) may be administered if the Epilepsy PRN Medication Administration Plan requires all of the following:
y) Collaboration with parents/guardians (or student who is eighteen (18) or older) and physician(s);
z) Clear and implementable instructions on the administration of epilepsy rescue medication are received from the prescribing and/or treating physician.
aa) The student's Epilepsy Plan of Care is revised to reflect the administration of rescue medication.
bb) The "Request and Authorization for the Administration of Prescription Medication at School" is completed by the appropriate physician, and;
cc) Authorized and designated staff receive training in the safe administration of epilepsy rescue medication.
    a. Note that administration of Vagus Nerve Stimulators (VNS) will be considered on a case-by-case. (Medication procedure)
dd) Inform the bus company that the student has epilepsy;
ee) Complete student log if emergency measures, (e.g., 911 call) are taken. (Emergency Procedure).

2.3. <u>School Staff shall</u>

a) Review the contents of the Epilepsy Plan of Care for any student with whom they have direct contact;

b) Participate in training, learning about epilepsy as needed, and when directed by principal;
c) Share information on a student's signs and symptoms with other students, if the parents/guardians (or student over 18) give consent to do so and as outlined in the Epilepsy Plan of Care and authorized by the Principal in writing;
d) Follow strategies to reduce the risk of student exposure to triggers or causative activities in accordance with the student's Epilepsy Plan of Care;
e) Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school in accordance with the student's Epilepsy Plan of Care;
f) Enable student with epilepsy to participate in school to their fill potential, as outlined in their Epilepsy Plan of Care;
g) Know their role for responding to seizures and who to contact as set out in the student's Epilepsy Plan of Care;
h) Know the location of the student's emergency and/or rescue medication (Where appropriate); (emergency)
i) Permit the student with epilepsy to take action should there be signs or symptoms of an oncoming seizure by allowing flexibility in class routines and schools rules;
j) Know the emergency contact procedures (including which school personnel are responsible for contacting parent/guardian and emergency services); (emergency)
k) Identify the student to all teachers, support staff and volunteers who come into the classroom the Epilepsy Plan of Care;
l) Identify the student with epilepsy to the occasional staff, on-call teachers and other appropriate individuals who may interact with that student;
m) Include the Epilepsy Plan of Care in the red and yellow folders;
n) Post the Epilepsy Plan of Care in the classroom if parent/guardian (Or student eighteen (18) or older) approval is received;
o) Develop open lines of communication and encourage student to inform you when they feel any signs or symptoms of a seizure or any signs of unwellness; (emergency)
p) Prepare with the student for special events such as school trips, athletic activities, etc. (specifically have emergency medications on hand to provide to emergency personnel);
q) For extracurricular activities, staff should ask students to self-identify if they have epilepsy; and,
r) Administer oral (or VNS where approved) epilepsy rescue medication (PRN – pro re nata) only if authorized and/or designated by principal and trained in the safe administration of epilepsy rescue medication and maintain log of same. (emergency)

2.4. Parents/Guardians

As primary caregivers of their child (Under 18), parents/guardians are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents/guardians should:

a) Educate their child about their medical condition(s) with support from their child's health care professional, as needed.
b) Guide and encourage their child toward self-management and self-advocacy;
c) Inform the school of their child's medical condition(s) and co-create the Epilepsy Plan of Care for their child with the principal or the designate and physician and child (if appropriate);
d) Communicate changes to the Epilepsy Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage the medical condition(s), to the principal or principal's designate;
e) Confirm annually to the principal or the principals designate their child's medical status has changed;
f) Initiate and participate in annual meetings to review their child's Epilepsy Plan of Care;
g) Supply the school with sufficient quantities of medication (if needed) and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Epilepsy Plan of Care, and track the expiration dates if they are supplied;
h) Understand that oral epilepsy (or VNS where approved) rescue medication (PRN -pro re nata) will only be administered under the following conditions:
    - A signed "Epilepsy PRN Medication Administration Plan" is completed with clear and implementable instructions on the administration of epilepsy rescue medication from the prescribing and/or treating physician.
    - The student's Epilepsy Plan of Care is revised to reflect rescue medication.
    - The "Request and Authorization for the Administration of Prescription Medication at School" form is completed by appropriate physician.
    - Authorized and designated staff receive training in the safe administration of epilepsy rescue medication.
    - Note that the administration of Vagus Nerve Stimulators (VNS) will be considered on a case-by-case basis.
i) Seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate;
j) Sign 'Consent for Release of Information' between school and attending physician;
k) Ensure the appendix entitled "Request and Authorization for the Administration of Prescription Medication at School at School" is completed, if appropriate, by physician and submitted to the Principal for Inclusion in the Epilepsy Plan of Care;
l) Ensure that page 2 of the Epilepsy Plan of Care is completed by physician;
m) Indicate to the school the level of independence of their child's health, lifestyle, epilepsy procedures, management and emergency contact number; and,
n) Constantly inform school administrator regarding changes in their child's health, lifestyle, epilepsy procedures, management and emergency contact numbers; and,

o) Notify extracurricular, before/after school staff of diagnosis and management of Epilepsy Plan of Care,
   - The importance of wearing a bracelet or medical alert necklace at all times, if they have one;
   - Age-appropriate understanding of the causes, identification, prevention and treatment of epilepsy;
   - To recognize symptoms of a seizure
   - To communicate clearly to adults/those in authority that they have epilepsy and when feeling unwell;
   - To take as much responsibility as possible for their own safety ; and
   - To seek medical advice from a medical doctor, nurse practitioner or pharmacist where appropriate.

2.5. Students with Epilepsy

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Epilepsy Plan of Care. Student should:

a) Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
b) Participate in the development of their Epilepsy Plan of Care;
c) Participate in the meetings to review their Epilepsy Plan of Care, as appropriate;
d) Carry out daily or routine self-management of their medical condition to heir full potential, as described in their Epilepsy Plan of Care (e.g., follow school board policies on storage of medication and medical supplies);
e) Set goals on an ongoing basis for self-management of their medical condition in conjunction with their parent/guardian and health care professional;
f) Communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;
g) Wear medical alert identification at all times during the school day, if they have one;
h) Have age-appropriate understanding of epilepsy;
i) Attempt to recognize signs/symptoms of a possible seizure and take age-appropriate actions;
j) Promptly inform an adult when they have symptoms of a seizure or a general feeling of being “unwell”; and,
k) Take responsibility for advocating for their personal safety and well-being with school staff. (I.e., notifying extracurricular staff coaches.

## 3.0 Epilepsy Plan of Care

An Epilepsy Plan of Care is an electronic document that contains individualized information about the student with epilepsy developed in consultation with health and education partners. (See appendix 2)

The Epilepsy Plan of Care must contain, at a minimum, the following elements:

a) A current photograph of the student;
b) Ontario Education Number (OEN) of the student;
c) Preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;
d) Identification of school staff who will have access to the Epilepsy Plan of Care;
e) Identification of routine or daily management activities that will be performed by the student, parent/guardian, or staff volunteer(s), or by an individual authorized by the parent/guardian;
f) A copy of notes and instructions from the student's health care professional, where applicable;
g) Information on daily routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent/guardian indicate they prefer exclusion.;
h) Information on h0ow to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
i) Identification of symptoms (emergency and other) and response, should a medical incident occur;
j) Emergency contact information for the student;
k) Clear information on the school board's emergency policy and procedures;
l) Details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
    a. Location of medication and supplies stored in the school, where applicable;
    b. Information on medication;
m) Requirement for communication between the parent/guardian and the principal (or the Principal's designate) and/or school staff, as appropriate, including format and frequency; and,
n) Parental/Guardian consent (at the discretion of the parent/guardian) to share information on signs and symptoms with other students.

The Epilepsy Plan of Care for a student with epilepsy should be co-created, reviews and/or updated by the parent/guardian in consultation with the principal or the principal's designate, designated staff (as appropriate), physician, and the student (as appropriate), during the first thirty (30) school days of every school year, and as appropriate, during the school year (e.g. when a student has been diagnosed).

Parents/Guardians have the authority to designate who is provided access to the Epilepsy Plan of Care. With authorization from the parent/guardian, the principal or the principal's designate should share the Epilepsy Plan of Care with school staff who are in direct contact with students with epilepsy and, as appropriate, others who are in direct contact with student with epilepsy (e.g. food service providers, transportation providers, volunteers).

## 4.0 Daily Management

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with epilepsy to perform daily or routine management activities in a school location (e.g., within a classroom, gymnasium, library, schoolyard; on a school bus; at a field trip location), as outline in their Epilepsy Plan of Care.

Establish Field Trip/Excursion Procedures

a) The medication must be brought on the field trip and the student should be in the teacher's or own parent/guardian's group.
b) A copy of the Epilepsy Plan of Care must accompany the student with epilepsy.
c) Require all supervisors, staff and parents/guardians, to be aware of the identity of the student, the triggers, the symptoms and treatment.
d) If the risk factors are too great to control, the student with epilepsy may be unable to participate in the field trip. Parents/guardians must be involved in this decision.

## 5.0 Emergency Response

### 5.1 Medical Emergency Team

Each school will have an identified Medical Emergency Team (MET). This team will, at a minimum, included the principal or the principal's designate, trained first air staff, secretary and other staff as designated annually. Please refer to the Board's Health and Safety Management Program. The Medical Emergency Team MET should:

Have access to the stored Epilepsy Plan of Care documents (located in an identifiable location in the office, these documents are to be consulted in the event of medical incident/emergency);

Have access to the locked medication "box" which is identifiable in the office; and

Identify the person who will be responsible to monitor/call Emergency Medical Services, when required.

### 5.2 Establish Emergency Plans

Principals will ensure that every emergency plan includes procedures to:

Communicate the emergency rapidly to a staff person.

Telephone 911 and inform the emergency operator that a student is having a major medical incident or medical incident or medical emergency. Send the Epilepsy Plan of Care with the student in the ambulance.

Ensure that medications stored in the office will be handled appropriately in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event). This process should also include considerations for occasional staff.

Any student with epilepsy, who is experiencing a major medical incident or medical emergency, will not be left unattended.

An annual review of the reporting of Medical Emergencies should be completed by Board Administration and at that time, it should be determined if a review of the "Emergency Response Regulation" needs to be completed.

### 6.0 Training

Training related to epilepsy should be done in conjunction with Epilepsy Southwestern Ontario. Training should be conducted for school staff who have direct contact with students with epilepsy. Particular consideration should be given to the training needs of occasional staff. Training should take place within the student's first thirty days of school, where possible, to ensure the safety and well-being of the student, and should be reviewed as appropriate.

The scope of training should include the following:

- Strategies for preventing risk of student exposure to triggers and causative agents;
- Strategies for supporting inclusion and participation in school;
- Recognition of symptoms of medical incident and medical emergency;
- Information on school staff supports, in accordance with board policy;
- Medical incident response and medical emergency response;
- Documentation procedures;
- Where approved, safe administration or oral epilepsy resume (PRN – pro re nata) medication and;
- Where approved, safe administration of Vagus Nerve Stimulators (VNS)

The GECDSB has partnered with Epilepsy Southwestern Ontario for training. All staff are to complete the training within the first thirty (30) days of school and provide a certificate of completion to their principal.

To support school board additional training needs, evidence-based materials are available online through the ministry's Prevalent Medical Conditions web portal.

Training for Transportation workers is the responsibility of their employers and not the responsibility of the School Board.

### 7.0 Safety Considerations

The safety considerations are as follows:

a) Allow for students to carry their medication(s) and supplies, as outlined in the Epilepsy Plan of Care;
b) Determine the storage (according to the item's recommended storage conditions) and safe disposal of medication and medical supplies; and,
c) Support students with epilepsy in the event of a school emergency (e.g. bomb threats, evacuation, fire, "hold and secure", lockdown) or for activities off school property (e.g. field trip, sporting event).

### 8.0 Privacy and Confidentiality

School boards must comply with the applicable privacy legislation and obtain parent/guardian consent in the Epilepsy Plan of Care prior to sharing student health information with school staff or other students. Parents/guardians and school staff should be informed of the measures

to protect the confidentiality of students' medical records and information. Refer to Board Regulation on Privacy & Information, P-HR-14, R-HR-14.

## 9.0 Reporting

Pursuant to Policy/Program Memorandum 161 and subject to relevant privacy legislation, the GECDSB will develop a process to collect data regularly, including, but not limited to, data on the number of students with epilepsy at their schools, and should monitor the number of occurrences of medical incidents and medical emergencies, as well as the circumstances surrounding these events. The data will be used as part of the Board's cyclical policy reviews.

Under the authority of paragraph 27.1 of subsection 8 (1) of the *Education Act,* school boards are required to report to the Minister of Education upon implementation and, upon request thereafter, on their activities to achieve the expectations outlined in the Policy/Program Memorandum #161, "Supporting Children and Student with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in Schools.

## 10.0 Liability

In 2001, the Ontario government passed the *Good Samaritan Act* to protect individuals from liability with respect to voluntary emergency medical or first-air services. Subsections 2(1) and (2) of this act state the following with regards to individual:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to,

…(b) an individual…who provide emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provided the assistance at the immediate scene of the accident or emergency.

**Appendices**

Appendix 1 – Request and Authorization for the Administration of Medication at School

Appendix 2 – Epilepsy Plan of Care (Sample)

Appendix 3 – Epilepsy PRN Medication Administration Plan

Resources:

Epilepsy Southwestern Ontario

Epilepsy Canada

# Request and Authorization for the Administration of Prescription Medication at School

I request that _____ ensures that _____ _____
School Name of Student DOB

receives the medication prescribed by: _____ as attached.

Notes: 1. The medication provided must be provided in the **ORIGINAL** prescription container, labeled with the name of the medicine, the physician's name, the amount to be taken and the time(s) to be taken, and the student's name.

Prescription Number: _____

2. Authorization must be signed by the student or, in the case of a minor, by the parent or legal guardian, whichever is the appropriate legal authority. In the case of a person who is disabled to such a degree as to be incapable to give consent, the next of kin may authorize the administration of medicine.

3. It is understood that every attempt will be made to administer the medication at the requested time.

On behalf of _____ and myself, I hereby **RELEASE THE BOARD,**
Name of Student

**its agents, officers, officials and employees from any and all liability and from any and all actions, causes of actions, claims and demands of any nature arising out of or in any way related to the dispensing of the medication referred to herein by the said Board, its agents, officers, officials or employees.**

Date: _____ Signed _____
(parent/guardian/student [if not a minor])

Personal information on this form is collected under the authority of Board policy and will be used by school staff for the purpose of distributing medication as directed above. Questions about this collection may be directed to Board at 519 255-3200.

**TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN**

The following medication has been prescribed. **It is necessary for this medication to be administered during school hours** by personnel other than the parent/legal guardian:

Medication/Dosage/Method of Administration/Frequency: _____

Special Instructions: _____

Is student competent to use the medication independently? ☐ YES ☐ NO

Period of Authorization: From: _____ To: _____

Prescribing Physician's Name: _____

Address: _____ Telephone Number: _____

Date: _____ Signed _____
Prescribing Physician

**Note: This form is valid until the prescription expires or is altered by the physician, whichever comes first. It is the responsibility of the parent/guardian/student to ensure that a new form is completed when required and returned to the school. Any cost associated with the completion of this medical request is the sole responsibility of the parent/guardian.**

**O.S.R.**

# Epilepsy– Plan of Care
# Appendix 2

*(To be completed electronically)*

Student Photo

## Student Information

Student Name: _____

Grade: _____

Teacher(s): _____

## Emergency Contacts (List in Priority)

| Name | Relationship | Daytime Phone | Alternate Phone |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Sample

**Daily/Routine Epilepsy**

Has an emergency rescue medication been prescribed? Yes No

If Yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent/guardian for a trained person to administer the medication.

Not: rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulation healthcare professional.

### Known Seizure Triggers

Check all that apply

| | | |
|---|---|---|
| Stress | Menstrual Cycle | Inactivity |
| Changes in Diet | Lack of Sleep | Changes in Weather |
| Illness | Improper Medication Balance | Other: |
| Electronica Stimulation (TV, Videos, Florescent Lights) | | |

Any other medication condition Allergy:

## Daily/Routine Epilepsy Management

| **Description of Seizure (Non-Convulsive)** | **Action**<br>(e.g., description of dietary therapy, risks to be mitigated, trigger avoidance, preventative strategies) |
|---|---|
| **Description of Seizure (Convulsive)** | **Action**<br>To be completed by a Physician. |

Sample

## Seizure Management

Note: it is possible for a student to have more than one type of seizure. Record information for each seizure.

| **Seizure Type (E.g., tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)**<br><br>**Type:** _____<br><br>**Description:** | **Action to take during Seizure**<br>To be completed by physician. |
|---|---|

Frequency of seizure activity:

Typical seizure duration:

## Basic First Aid: Care and Comfort

First aid procedure(s):

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No
If Yes, describe process for returning student to classroom:

**Basic Seizure first aid**

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not out anything in student's mouth
- Stay with student until fully conscious

**For Tonic-Clonic Seizure:**

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

## Emergency Procedures

Students with epilepsy will typically experience seizure as a result of their medical condition.

### Call 911 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeating seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficuluties.
- Student has seizure in water.
- Notify parent/guardian or emergency contact.

Sample

## Authorization/Plan Review

Individual With whom Epilepsy Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Epilepsy Plan of Care:

Before School Program

After School Program

School Bus Driver/Route # (if applicable)

Other:

This plan remains in effect for the _____ school year without change and will be renewed on or before: _____

(It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Epilepsy Plan of Care during the school year.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

_____ _____

Principal Signature Date

Sample

# Seizure Medication Administration Plan

**Student Name:**_____

**D.O.B.** _____

**If _____ experiences a seizure at school:**

**Basic Seizure First Aid:**

1. **Stay Calm**: It is important for staff to stay calm as most seizures will run their course and end naturally within a few seconds to minutes.
2. **Protect from Injury**: Move _____ away from any dangerous objects, turn them on their side, place something soft.
3. **Do not Restrain**: You may hurt _____if you try to hold them or pin them down or you may hurt yourself. Restraining _____will not stop the seizure.
4. **Do Not Put Anything** in _____'s Mouth: Do not put anything in _____'s mouth during a seizure. You may hear sounds like gagging, but they cannot swallow their tongue during a seizure.
5. **Time It**: Always time _____'s seizures. If the seizure lasts less than 3 minutes, it is not a medical emergency. Please note that _____ may need time to recover after the seizure is over. They may be sleepy, groggy or disoriented. Give them time to come around. This is normal. ***Note:*** Depending on the child and their seizure type there is a varied time-frame that is needed to return to their normal. This could be anywhere from several minutes to days to completely recover.
6. School will contact parent or designated emergency contact when _____ has an observed seizure at school.

**Administration of Rescue Medication:**

7. If _____'s seizure lasts over *3 minutes*, it is a medical emergency. **Administer their rescue medication** (*insert medication and amount here*) _____ **between their cheek and gumline. This should stop the seizure in 1-2 minutes.**
8. If the rescue medication is administered School will call 911.
9. School will contact parent or designated emergency contact after calling 911.

**Parent Responsibilities:**

10. Parent will supply the school with a necessary quantity of the rescue medication.
11. Parent will complete the Board's form: Request and Authorization for the Administration of Prescription Medication at School Form. This Form is to be completed annually.
12. Parent will advise the school if there is a change to _____'s symptoms. Parent will advise the school if there is a change to medication or medical intervention. Parent agrees and

understands that this "Administration of Medication Plan" may not apply should the student's recommended medication and medical intervention change.

13. Parent agrees to provide consent for the school to speak with _____'s treating physician should the parent request a change to the plan set out above.
14. Parent acknowledges and agrees that school staff are not medical or health practitioners and do not have expertise to evaluate a student's medical condition.

| _____ | _____ | _____ |
|---|---|---|
| Parent Name (print) | Parent Signature | Date |

| _____ | _____ | _____ |
|---|---|---|
| Parent Name (print) | Parent Signature | Date |