SUDBURY
CATHOLIC
DISTRICT
SCHOOL BOARD

Epilepsy

PREAMBLE

This Epilepsy and Seizure Disorder Protocol addresses the components of Ministry of Education Policy/Program Memorandum 161 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthmas, Diabetes, and/or Epilepsy) in Schools.

Rationale for an Epilepsy and Seizure Disorder Management Protocol

The goal of this protocol is to educate school personnel about epilepsy and seizure disorders, its causes, symptoms and treatments so that a child diagnosed with a seizure disorder can have the support needed in the school setting or on a school trip to be safe and successfully participate in their education.

Purpose

The purpose of this APG is to promote the safety and well-being of all students. The SCDSB expects all schools within the Board support students in schools who have epilepsy and seizure disorder. These medical conditions, hereafter referred to as prevalent medical conditions, have the potential to result in a medical incident or life-threatening emergency.

Supporting students with prevalent medical conditions in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

In developing, revising, implementing, and maintaining their policies to support students with prevalent medical conditions, schools should take into account local needs and circumstances, such as geographical considerations, demographics, and cultural considerations, as well as the availability of supports and resources, including school staff, within the school board and community. School boards should consult with parents, students, principals' associations, teachers' federations, education workers' unions, school staff, volunteers working in their schools, their school councils, Joint Health and Safety Committees, community health care professionals, Parent Involvement Committees, and Special Education Advisory Committees.

GUIDELINES

What is Epilepsy/Seizure Disorder?

Epilepsy:

A disorder of the central nervous system, specifically the brain, characterized by spontaneous, repeated seizures. Epilepsy, also known as a seizure disorder, is not often talked about in public. Misconceptions and fears persist that are sometimes more burdensome to persons living with epilepsy than the seizures themselves. The fact is, epilepsy is not a disease but a common neurological disorder affecting one out of every hundred Canadians. Anyone can develop epilepsy at any time without a known cause. Most often diagnosed in children and in seniors, epilepsy affects each person differently. Many people with epilepsy successfully control their seizures with medication and are able to enjoy healthy and fulfilling lives.

Seizure:

A seizure occurs when the normal electrical balance in the brain is lost. The brain's nerve cells misfire: they fire either when they shouldn't, or they don't fire when they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity of the brain. Seizures are the physical effects of such unusual bursts of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting.

Note:

- Seizures are not contagious
- Seizures are not the child's fault
- Many seizures are hidden
- Seizures are not dangerous to others

Conditions that may cause seizures:

- Epilepsy
- Medical conditions where seizures may be among the symptoms, such as:
  - Cerebral Palsy (25% to 35% of the population has seizure occurrence)
  - Intellectual disability (as much as 1/3 of the population can have seizure occurrence)
  - Angelman's syndrome
- Physical trauma/injuries to the head and/or brain

Types of Seizures

The type of seizure depends on where in the brain the discharge begins.

Some children have just one type of seizure, but it is not unusual for more than one type of seizure to occur in the same child. There are more than 40 types of seizures but most are classified into two main types of seizures. If the electrical discharge disturbs the whole brain, the seizure is called generalized. If the seizure disturbs only one part of the brain, it is called partial.

Status Epilepticus is a state of prolong seizure (longer than 30 minutes) or repeated seizures without time for recovery and can happen with any type of seizure. It is a medical emergency.

GENERALIZED SEIZURES

- **Absence Seizures**, formerly petite mal seizures, are brief periods of complete loss of awareness. The child may stare into space - completely unaware of surroundings and unable to respond. These seizures start and end abruptly, without warning. They only last a few seconds. The child may stop suddenly in midsentence, stare blankly, then continue talking without realizing that anything has happened. Rapid blinking, mouth or arm movement may occur.
  During absence seizures, the child is not day dreaming, forgetting to pay attention or deliberately ignoring your instructions. These seizures happen many times a day, interrupting attention and concentration. Absence seizures often disappear before adolescence.
- **Tonic-clonic Seizures,** formerly known as grand mal seizures, are general convulsions with two parts. First, in the tonic phase, the child may give a loud cry or grown. The child loses consciousness and falls as the body grows rigid. Second, in the clonic phase, the child's muscles jerk and twitch. Sometimes the whole body is involved; at other times, just the face and arms. Shallow breathing, flushed skin or lips, heavy drooling and loss of bladder or bowel control may occur. These seizures usually last 1 to 3 minutes. Afterwards, consciousness returns slowly and the child may feel groggy and want to sleep. The child will not remember the seizure.
- **Infantile Spasms** are rare. They occur in clusters in babies usually before six months of age. The baby may look startled or in pain, suddenly drawing up in the knees and raising both arms as if reaching for support. If sitting, the infant's head may suddenly slump forward, the arms flexed forward and the body flexes at the waist. Spasms last only a few seconds but often repeat in a series of 5 to 50 or more many times a day. They often occur when the baby is drowsy, on awakening or going to sleep.
- **Atypical Absence Seizures** involves pronounced jerking or automatic movements, a duration of longer than 20 seconds, and incomplete loss of awareness.
- **Myoclonic Seizures** involves a sudden, shocking jerk of the muscles in the arms, legs, neck and trunk. This usually involves both sides of the body at the same time and the student may fall over.

- **Atonic Seizures** last a few seconds. The neck, arms, legs or trunk muscles suddenly lose tone or loss of tone without warning. The head drops, the arms lose their grip, the legs lose strength or the person falls to the ground. Students with atonic seizures may have to wear a helmet to protect their head from injury during a fall. Child's surroundings may need to be altered to ensure safety.

PARTIAL SEIZURES

- **Simple Partial Seizures**, formerly known as focal seizures, cause strange and unusual sensations, distorting the way things look, sound, taste or smell. Consciousness is unaffected - the child stays awake but cannot control sudden, jerky movements or one part of the body.
- **Complex Partial Seizures,** formerly known as psychomotor or temporal lobe seizures, alter the child's awareness of what is going on during the seizure. The child is dazed and confused and seems to be in a dream or trance. The child is unable to respond to directions. The child may repeat simple actions over and over (e.g. head turning, mumbling, pulling at clothing, smacking lips, making random arm or leg movements or walk randomly). The seizure last only a minute or two but the child may feel confused or upset for some time and may feel tired or want to sleep after the seizure.

Myths: Common Misconceptions-Epilepsy Ontario

- *You can swallow your tongue during a seizure*. It is physically impossible to swallow your tongue.
- *You should force something into the mouth of someone having a seizure*. Absolutely not! That is a good way to chip teeth, puncture gums, or even break someone's jaw. The correct first aid is simple: gently roll the person onto their side and put something soft under their head to protect from injury.
- *You should restrain someone having a seizure*. Never use restraint! The seizure will run its course and you cannot stop it.

Causes of Seizures:

- For **60 to 75%** of all cases there is no known or idiopathic causes.
- **40%** are caused by abnormality in the brain that interfere with electrical workings. For example:
    - Brain injury (caused by tumor, stroke or trauma)
    - Birth trauma (e.g. lack of oxygen during labour)
    - Poisoning from substance abuse or environmental contaminants (e.g. lead)
    - Aftermath of infection (e.g. meningitis, encephalitis, measles)
    - Alteration in blood sugar (e.g. hypoglycaemia)
- in most cases, epilepsy is not inherited. Everyone inherits a "seizure threshold" - when brain cells are irritated beyond this point, we will have a seizure. People with a lower seizure threshold tend to develop seizures more easily than others.

POTENTIAL TRIGGERS OF EPILEPSY/SEIZURE DISORDER

- Stress - both excitement and emotional upset
- Lack of sleep
- Illness
- Poor diet
- Menstruation cycle
- Changes in weather
- Televisions, videos, flashing lights (including flickering overhead lights)
- Inactivity
- Improper medical balance

Duty of Care

This Epilepsy/Seizure Disorder Protocol for school administrators, teachers and other employees has been developed to meet the requirements of:

Education Act:

Education Act 265 (1): Duties of Principals

j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils

Education Act, Regulations: Reg. 298, S20: Duties of Teachers

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

Common Law Duties Owed by Teachers:

To assist or allow a student to seek medical attention as a careful parent would. The board's liability policy provides coverage for employees acting within the scope of their duties with the board. Best, all school staff who administer first aid to a student who is suffering from a seizure within the school or during a school activity, are covered.

Communication of Information on Epilepsy/Seizure Disorder

The Board public webpage offers resources that include information about epilepsy/seizure disorder that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with epilepsy/seizure disorder. School administrators are asked to consider including links in school newsletters, on the school website or and other pertinent areas.

This information is intended to assist people in understanding epilepsy/seizure disorders.

The school principal/designate shall work with staff and students to help ensure that an epilepsy/seizure disorder friendly school environment exists that is safe and supportive for all students.

Identification

Have a process in place so that children with an epilepsy/seizure disorder condition are identified to the school system by parents/guardians and requested to supply information on the epilepsy/seizure disorder condition.

- **Students, new to the school, during registration**
  Question during intake meeting specifically asking whether or not child has epilepsy/seizure disorder (or has any other medical conditions). Epilepsy/Seizure Disorder Student Plan of Care provided to parent/guardian for further information regarding epilepsy/seizure disorder triggers, etc.
- **Students presently registered at school**
  At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of epilepsy/seizure disorder (throughout the school year)
- **Ensure student's medical condition(s) are entered** into the board's student database system.
- **Principals will ensure the creation/revision** of the Student Plan of Care and keep a copy of any prescriptions

Development of the Epilepsy/Seizure Disorder Student Plan of Care

The parent/guardian in consultation with the principal shall create, review and update the Plan of Care during September, or on the date as requested by the school administrator.

The plan shall be reviewed by the principal/designate in consultation with the parent/guardian/adult student following the Epilepsy/Seizure Disorder Protocol, on an annual basis or when there is a change in the child's condition or changes to the prescribed medication. Where appropriate the classroom teacher is to be part of the information sharing process.

The child's Epilepsy/Seizure Disorder triggers are to be identified and avoidance strategies are to be developed and implemented.

Instruction for Managing a Seizure

When to Call 911 – Emergency Medical Services:

- **Students not diagnosed with Epilepsy/Seizure Disorder:**
  - **CALL 911 IMMEDIATELY**
- **Generalized Convulsive Seizure (e.g. Tonic Clonic Seizure):**
  - **CALL 911 IMMEDIATELY**

Unless: you are aware of a different protocol for this student as outlined in the Student's Epilepsy and Seizure Disorder Student Plan of Care
IF IN DOUBT – CALL 911

Steps in Managing an individual Experiencing a Seizure:
Generalized Convulsive Seizures – Response:

1. **Keep calm. Stay with the person**
   - Take note of the time when seizure begins and length of seizure (e.g. stopwatch).
2. **Do not restrain or interfere with the person's movements**
   - Do not try to stop the seizure, let the seizure take its course
3. **Protect from further injury where possible**
   - Move hard or sharp objects away
   - Place something soft under the head (e.g. pillow, article of clothing)
   - Loosen tight clothing especially at the neck
4. Do not place or force anything in the person's mouth
   - Doing so may cause harm to the teeth, gums or even break someone's jaw
   - It is physically impossible to swallow the tongue
   - The person may bite their tongue and/or inside of their mouth
5. Roll the person to their side after the seizure subsides:
   - Sometimes during and after a seizure a person may vomit or drool a lot. To prevent choking, simply roll the person on their side. That way, fluids will drain out instead of blocking off the throat and airwaves.
   - Do not be frightened if a person having a seizure appears to stop breathing momentarily

Partial Non-Convulsive Seizures – Response:

1. **Keep calm. Stay with the person**
   - Do not try to stop the seizure, let the seizure take its course
   - Talk gently and reassure the person that everything is OK and you are there to help
   - The person will be unaware of his/her actions and may or may not hear you
   - Using a light touch, guide the student away from hazards

AFTER ALL TYPES OF SEIZURES (The student will be groggy and disoriented)

- Talk gently to comfort and reassure the person that everything is OK
- Stay with them until they become re-oriented
- Notify the parent/guardian of the seizure

Provide a place where the student can rest before returning to regular activity

Note: School administrators should consider simulating an anaphylatic emergency, with all staff, similar to a fire drill, to review and check to see that all elements of the school's emergency protocol are in place and everyone knows their role.

Field Trips and Students with Epilepsy/Seizure Disorder Procedures (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs):

- **Process in place to identify students with Epilepsy/Seizure Disorder.**
- **Trip site and activities are to be checked for potential safety hazards.** Where possible a pre-activity inspection of the site and activities by the in-charge teacher to investigate safety conditions is to be done.
- **Communicate with the child's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their child's medical needs on the trip. Knowing the trip expectations and accommodations the parents will be able to provide an informed decision as to their child's participation. You may consider inviting parent on the trip as a supervisor.
- **MEDICATION:** for overnight, extensive or exchange programs **parents are to be consulted on:**
  - Amount, when taken, how it is administered, dosage
  - How medication is to be transported
  - How medication is to be stored
- **Tour operator and/or activity provider:**
  - In-charge teacher to provide tour operator/activity provider with list of students that need to be accommodated on the trip for epilepsy/seizure disorder.
  - Request operator to provide you with their plans and procedures as to how they are going to accommodate for students with epilepsy/seizure disorder.
  - Compare tour operator's plans for accommodations with school board expectations for accommodations for its students.
  - Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard.
  - If trip provider does not have a pre-existing plan for the student's medical condition, develop one of your own based on school board expectations and parent input and provide the operator with a copy.
  - Based on list of accommodations for the student the tour operator must provide:
    - Safe accommodations during travel to destination
    - Safe facilities, safe programming, safe foods at the destination
    - Ready access to a doctor, clinic or hospital at destination site
- **An emergency action plan for Epilepsy/Seizure Disorder** on the trip must be prepared by the in-charge teacher and communicated to all staff and volunteers on the trip.
- **Student forms on the trip –** copy of the student's Epilepsy/Seizure Disorder Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s)**: student is to assigned to a group with staff member who is knowledgeable about managing seizures.
- **Buddy system:** In situations where the teacher/supervisor is providing 'in the area supervision' the teacher is to assign a buddy to the student. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
- **A suitable means of communication** (e.g. cell phone) to be taken on the trip and/or an easily accessible phone is available at the site. Ensure that you have the correct and proper change if using payphones.
- **Trip supervisors to meet students** ahead of time who have epilepsy and provide the following information:
  - Never go off alone (e.g. washroom) if they are feeling unwell or about to have a seizure. Always inform an adult ('buddy') on the trip.

- Communicate clearly to adults/those in authority on the trip that he/she has a seizure disorder, when feeling the reaction or generally feeling unwell.

Responsibilities of Parents/Guardians with School:
In order for School Staff to provide a safe and nuturing environment for students managing their Epilepsy Parents/Guardians are asked to:

- **<u>Provide Proof of Diagnosis for your child which can be ONE of</u>**:
  - A letter/note from the physician or specialist, OR
  - A copy/photocopy of the prescription, OR
  - A photocoy of the prescription from the medicine container, OR
  - A copy/photcopy of the Offical Receipt of the medication from the pharmacist
- **<u>COMPLETE and return the following forms found in this package</u>:**
  - **STUDENT PLAN OF CARE**
    - Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with School Adminstration during September or as soon as possible to starting the school year. For students already registered, **the Student Plan of Care should be reviewed and/or updated annually and shared with the school, before the start of each school year.**
  - **CONSENT FORM TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**
    - Form is completed by Parent/Guardian to carry and self-administer medication. Also includes consent to share life-threatening condition with pertinent individuals.

Please Note – Urgency of Having Completed Forms as Soon as Possible:
To act in the best interest of your child responding to a seizure, you are strongly encouraged to provide all relevant information and forms to manage your child's Epilepsy to the school principal in a timely manner. Failure to do so may place your child at unnecessary risk.

- **<u>Provide Information about:</u>**
  - Types of seizures
  - Triggers for your child's seizure e.g. strobe lights
  - Warning signs e.g. 'auras' or other indicators that a seizure might occur
  - Recommend procedures to follow during seizure and first aid required
  - Determine when parent/guardian emergency contact is to be made
  - Determine when 911 ambulance is to be called
  - Medications taken by the student, if/when taken at school and any side effects
  - If your child experiences incontinence and/or enuresis during a seizure, provide your child's classroom with a pillow, blanket and a change of clothes
  - Post seizure symptoms or behaviours

- **<u>UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis</u>**:
  - Parents are responsible to inform School Adminstration of any changes to contact information, medication or medical condition diagnosis as soon as reasonably possible. Forms can be accessed through the school office.

NOTE: Changes to your child's diagnosis must be accompanied by a note/letter from your chlid's physician indicating the change.

Please Note: Board employees are not trained health professionals

- **COMMUNICATE, when your child is transitioning to a new school, with the new school in June.**
  You should ask for a most recent copy of your child's Epilepsy/Seizure Disroder Student Plan of Care. You are requested to update the form with recent medical and contact information and to provide the completed form to the receiving school administrator/designate during a transition meeting.

Responsibilities of Parent/Guardian with Child:

- Provide age appropriate information on the causes, identification, prevention and treatment of seizures
- Inform child of the importance of carrying medical information about their medical condition and their medications as directed by the child's health care professional.
- Supply child and/or school with sufficient quantities of medication in an original, clearly labelled container, tracking the expiration dates.
- Guide and encourage child to self-management and self-advocacy.
- Inform child that when they are having a seizure, never remove themselves to a secluded area or go off to be by themselves (e.g. washroom) and to tell a teacher, staff member or a classmate when feeling a reaction or when feeling unwell.
- Encourage child to reach their full potential for self-management and self-advocacy.
- Consider providing a Medical Alert identification for child (e.g. bracelet or necklace). The form can be obtained by calling 1-800-668-1507 or visit www.medicalalert.ca

Responsibilities of Students

- Where appropriate know the causes, symptoms, how to minimize or prevent and the treatment for their epilepsy/seizure disorder
- Advocate for their personal safety and well-being
- Participate in the development and review of their Plan of Care
- Carry out daily or routine self-management of their medical conditions as described in their Plan of Care
- Set goals on an ongoing basis for self-management of their medical condition in conjunction with their parents and healthcare professional
- When feeling unwell or experiencing symptoms of a seizure to not remove themselves to a secluded area or go off by themselves (e.g. washroom). Tell a teacher or classmate that you are experiencing difficulty and need help
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or peers if a medical incident or emergency occurs
- Communicate with parents/school staff if they are facing challenges related to their Epilepsy/Seizure Disorder, including any, and all, teasing, bullying, threats or any other concerns they have

School Forms

- **STUDENT PLAN OF CARE: EPILEPSY IDENTIFICATION AND EMERGENCY TREATMENT PLAN**
  - To identify child to others, this form will be created from information included in the Student Plan of Care, by the School Adminstrator, and will be shared with appropriate school staff and posted in child's classroom. This form will also be provided to the Sudbury Student Services Transportation Consortium.

  - If the Child’s requires an EPI Pen then this form must also be filled out http://www.businfo.ca/en/pdf/forms/F-M04-401%20English%20EpiPen%20Form%20Consortium.pdf
  - The Consortium’s Medical Information Form must also be filled in by a medical professional http://www.businfo.ca/en/pdf/forms/F-M04-404%20-%20Medical%20Note.pdf
- **AT-A-GLANCE Medical Disorder IDENTIFICATION**
  - To identify child to others, an At-A-Glance document is created, by the School Adminstrator/Designate, which includes the student’s name, grade, picture, and medical condition only and is only posted in pertinent staff areas (i.e. staff room).

- **CONSENT FORM TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION**
  - Form is completed by Parent/Guardian to carry and self-administer medication. Also includes consent to share life-threatening condition with pertinent individuals.

TREATMENT PROTOCOLS

Warning Sign: ‘AURA’

Some children have a strange sensation before a seizure. This aura acts as a warning that a seizure is about to occur. Sometimes it helps the child to prepare for the seizure by lying down to prevent injury from a fall. The aura varies from one child to another. Children may have a change in body temperature or feeling of anxiety. Some experience a strange taste, striking odour or musical sound. An aura may occur before partial or tonic-clonic seizures. An aura is not always followed by a seizure. In fact, the aura is a simple partial seizure. Ask the child’s parent if there are signs of an impending seizure.

Medications

Many seizures may be partly or fully controlled by medication (up to 80%) and there are many drugs available which may control different types of seizures. The challenge is to match the type and dose of medication to the individual and what he/she is experiencing.

The goal is for **one** medication to control the seizure of an individual with negligible side effects. Unfortunately, this is often not the case. Finding a suitable regimen of medication often involves not just one medication, but a combination of two or more meds, each with its own attributes and side effects. In reality, many medications have side effects ranging from nuisance to dangerous.

The process of identifying and balancing the appropriate mix and balance of medications may be one of considerable complexity and could be ongoing over a lengthy period. During the process, there may be uncertainty surrounding seizure control (possibly including different types of seizures) and the accompanying side effects. Patience and ongoing consultation are critical.

Seizure disorders are usually treated with drugs called anti-epileptics or anticonvulsants. These drugs are designed to control seizures. Some drugs control just one type of seizure while others have a broad range. And for some children, these drugs work so well that there are no seizures. For those on these drugs, seizures are eliminated in about 50% of cases. Drugs reduce frequency or intensity of seizures in another 30%. The remaining 20% have seizures that cannot be brought under control by conventional drug therapy.

Some children may experience the following side effects of drug treatments.

- Learning capacity: concentration, short term memory loss
- Alertness: hyperactivity, drowsiness, fatigue
- Motor capacity: hand, eye, balance, speech coordination

- General well-being: unsteadiness, vomiting, dizziness
- Mood changes: depression, aggressiveness, antisocial behaviours
- Toxicity: liver damage, anaemia

Diet as a treatment

The Ketogenic diet is used to treat a small number of children with intractable epilepsy who do not respond to standard therapies. It is an extreme, multi year, high-fat diet that is challenging to administer and maintain. There is no way to predict whether it will be successful, but a significant percentage of children who are placed on the ketogenic diet achieve significant reduction in intensity and frequency of seizures. This type of diet is physician-monitored.

Brain Surgery

Brain surgery for epilepsy is performed, but only in a small percentage of cases, and only when all other treatment fail to adequately control seizures. The last decade has seen significant advances in the surgical treatment of epilepsy. The area of the brain with abnormally discharging neurons (the seizure focus) is surgically removed, if it is possible to identify this area and remove it safely. In certain patients without a well-defined epilepsy focus, surgically disconnecting or isolating the abnormal area so that the seizures no longer spread to the neighbouring normal brain can help. As with any operation, there are risks to epilepsy surgery. In patients with an identified seizure focus, the success rate for surgery is up to 80%. For some children who experience seizures, their seizure activity may occur/increase with times of stress e.g. illness, fever, fatigue, dehydration, heat, right and/or flashing lights.

Vagus Nerve Stimulation Therapy

The vagus nerve stilumator has been approved to treat hard to control seizures. The device is a small, pacemaker-like generator, which is surgically implanted near the collarbone to deliver small bursts of electrical energy to the brain via the vagus nerve in the neck. So far, research has shown that that vagus nerve stimulation may reduce seizures by at least 50% in about half the study participants.

PREVALENT MEDICAL CONDITION — EPILEPSY - PLAN OF CARE

STUDENT INFORMATION

Student Name ________________

Ontario Ed. # _________________

Grade _______________________

Date of Birth _______________

Age _______________________

Teacher(s)/Courses
____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

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(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

☐ Stress

☐ Changes in Diet

☐ Illness

☐ Change in Weather

☐ Menstrual Cycle

☐ Lack of Sleep

☐ Improper Medication Balance

☐ Other ____

☐ Inactivity

☐ Electronic Stimulation
(TV, Videos, Florescent Lights)

☐ Any Other Medical Condition or Allergy? ____

____

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	**ACTION:**

SEIZURE MANAGEMENT

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

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: ______________________________ Description: ___________________________	

Frequency of seizure activity: ____

____

Typical seizure duration: ____

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): ____

____

Does student need to leave 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 put 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 seizures as a result of their medical condition.
Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water

✸Always notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: ____

Profession/Role: ____

Signature: _________________________ Date: ___________________________

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

✸This information may remain on file if there are no changes to the student's medical condition. See Plan Renewal

PLAN

This plan remains in effect for the 20___— 20___ school year without change and will be reviewed on or before: ____________________________. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): ______________________________ Date: _________________
Signature

Student: _______________________________________ Date: _________________
Signature

Principal: ______________________________________ Date: _________________
Signature

PLAN REVIEW

Where there is no change in the child's condition or treatment strategy from the previous year(s), parents may authorize continuation of the protocol with initials below.

☐ There has been no change in condition or treatment strategy from previous year. Parent initial: ___________
Date: ___________________

☐ There has been no change in condition or treatment strategy from previous year. Parent initial: ___________
Date: ___________________

☐ There has been no change in condition or treatment strategy from previous year. Parent initial: ___________
Date: ___________________

CONSENT FORM
TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child ____________________ experiencing a medical emergency, I consent to the administration of ________________________ (specify type of medication) by an employee of the Sudbury Catholic District School Board as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT Student's Name: ____	Class/Teachers' Names:
Name of Parent/Guardian: ____	
Signature of Parent/Guardian: ____________________________________	Date: ______________________
Signature of Student (if 18 or older): ______________________________	Date: ______________________

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _________________________________to carry ____________________________________ (specify type of medication) on his/her person.

PLEASE PRINT Student's Name: ____	Class/Teachers' Names:
Name of Parent/Guardian: ____	
Signature of Parent/Guardian: ____________________________________	Date: ______________________
Signature of Student (if 18 or older): ______________________________	Date: ______________________
Name of Physician: ____	Contact # _________________

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Authorization for the collection and maintenance of the personal information recorded on the Prevalent Medical Conditions form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information should be directed by the principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Sudbury Catholic District School Board through the posting of photographs and medical information of my child
(Plan of Care/Emergency Procedures) in the following key locations:

☐ Classroom	☐ Staffroom	☐ Lunchroom
☐ Office	☐ Gym	☐ Learning Commons/Library

☐ Other: ______________________________	☐ Other: ______________________________

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (✓) all applicable boxes

☐ Food Service Providers	☐ Child Care Providers
☐ School Volunteers in regular direct contact with child	☐ Other: ______________________________

Signature of Parent/Guardian: ______________________________	Date: ____________________
Signature of Student (if 18 or older): ______________________________	Date: ____________________
Signature of Principal: ______________________________	Date: ____________________

We release the Sudbury Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Epilepsy/Seizure Disorder Student Plan of Care.

Signature of Parent/Guardian: ______________________________	Date: ____________________
Signature of Student (if 18 or older): ______________________________	Date: ____________________

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR

This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31,32 and 33 of the Municipal Freedom of Information and Protection of Privacy act, R.S.O. 1990, c. M-56: and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.
If you have any questions regarding your child's personal information, please contact the Principal of your child's school.

AT-A-GLANCE Medical Condition IDENTIFICATION

Student Name	Grade	Medical Condition	Picture (If avaialble)

MEDICAL INCIDENT RECORD FORM						
Student Name	Time of Incident	Length of Incident	Events before Incident	Description of Incident	Events after Incident	Date/Time Parent/Gaurdian Contacted