



# Health Management Plan

## Epilepsy and Seizure Disorder

September 2016

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## 1.0 Introduction

Epilepsy is also known as a seizure disorder. The terms are used interchangeably. Misconceptions and fears persist that are sometimes more burdensome to persons living with seizure disorders than the seizures themselves. The fact is epilepsy is not a disease but a common neurological disorder affecting one out of every one hundred Canadians. Anyone can develop a seizure disorder at any time without a known cause. Most often diagnosed in children and in seniors, the seizure disorder affects each person differently. Many people with seizure disorders successfully control their seizures with medication.

## 2.0 Rationale for a Seizure Management Protocol

The goal of this protocol is to educate school personnel about epilepsy, 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 successfully participate in their education.

## 3.0 Legal Context - Duty of Care

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

### *Education Act:*

- s. 265 (1) Duties of principals:
- j) care of pupils and property – to give assiduous attention to the health and comfort of the pupils,

### *Regulation 298:*

- s. 20 Duties of teachers:
- g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible,

The Board's liability policy provides coverage for employees acting within the scope of their duties with the board. Thus, all school staff that administer first aid to a student who is experiencing a seizure within the school or during a school activity are covered.

*This protocol recognizes the Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code both in spirit and intent.*

## 4.0 Epilepsy / Seizure Disorder – What is it?

Epilepsy or seizure disorder is a neurological disorder caused by sudden, brief changes in how the brain works, e.g. when the normal electrical balance in the brain is lost. Seizures are the physical effects of unusual burst 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
- One seizure does not lead to a seizure diagnosis
- The type of seizure depends on where in the brain the discharge begins.

## 5.0 Definitions – Types of Seizures

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 part of the brain, it is called partial. This section provides general information about different types of seizures that may be present in people diagnosed with a seizure disorder.

### 5.1 Important Information

**Status Epilepticus** is a state of prolonged seizure or repeated seizures without time for recovery and may exist for any seizure type. Tonic-clonic status is a medical emergency. It can lead to severe brain damage and even loss of life. If a tonic-clonic seizure lasts longer than 5 minutes, the individual needs immediate medical care. **CALL 911!** (Appendix H – 911 Seizure Disorder Script Protocol)

### 5.2 Generalized Seizures – Types:

- a) **Absence Seizures**, formerly petit 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 last only a few seconds. The child may stop suddenly in mid-sentence, 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

- b) **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 groan. 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, bluish 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.
- c) **Atypical Absence Seizures** involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, incomplete loss of awareness.
- d) **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.
- e) **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.

### 5.3 Partial Seizures –types:

- a) **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.
- b) **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, make random arm or leg movements or walk randomly. The seizure lasts 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.

### 6.0 Myths and Common Misconceptions – Epilepsy Ontario

1. You can swallow your tongue during a seizure. It is physically impossible to swallow your tongue.
2. 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: just gently roll the person onto their side and put something soft under the head to protect from injury.
3. You should restrain someone having a seizure. Never use restraint! The seizure will run its course and you cannot stop it.

(See Appendix M – Common Misconceptions/Myths)

### 7.0 Causes of Seizure Disorders

Children with inherited disorders or brain injury may have epilepsy among their symptoms. Many factors can lead to seizures, but 75% of the time, the exact cause is unknown or "idiopathic". Common causes include:

- Head injury – severe head blows from falls, car or bicycle accidents.
- Brain Injury caused by tumour, stroke, trauma or infectious diseases – viral encephalitis, meningitis or even measles
- Poisoning due to substance abuse, e.g. drug or alcohol use
- Brain injury can occur in-utero, during childbirth or later in infancy/life
- Fevers leading to febrile convulsion in young children.
- In most cases, epilepsy is not inherited. Everyone inherits a "seizure threshold" – when brain cells are irritated beyond this point, a seizure will occur. People with a low seizure threshold tend to develop seizures more easily than others.

## RESPONSIBILITIES CHECKLIST

1.0 Role of the **PARENT/GUARDIAN OR ADULT STUDENT**

The parent/guardian of the student or an adult student who has been diagnosed with seizure disorder is expected to:

- inform the school principal/designate of the child's seizure disorder at the beginning of each school year regardless of whether the child is a new student or not;
- complete a Student Support Plan for School and Transportation – Seizure Disorder
- complete SO102 Request for School Assistance in Health Care on an annual basis;
- inform the school principal/designate of any changes to the child's seizure disorder and/or medication that will affect their school routine, performance or ability to participate in school activities;
- inform a new school of their child's medical needs, if the child transfers to another school within the Board's jurisdiction;
- provide a minimum of one (1) up-to-date medication package) properly marked with child's name and expiry date;
- provide up-to-date emergency contact names and telephone numbers;
- provide current photographs of their child (if they consent to the sharing of the child's photo on safety plans);
- provide a Medic Alert™ bracelet or equivalent for their child (The form can be obtained by calling 1-800-668-1507);
- Complete and return to the school the Student Support Plan for School – Seizure Disorder (Appendix C/D) for their child. It should include the following information –
  - Triggers to the student's seizure activity
  - The signs and symptoms of the student's seizure
  - If and when to provide medication
  - If and when to call parents/emergency contacts after a seizure.
  - Medication – name and dosage prescribed;
  - Management plan – what should be done if seizure occurs or gets worse;
- In collaboration with their health care provider teach their child to:
  - be able to recognize symptoms of oncoming seizures, including those related to exercise
  - communicate to an adult about seizure symptoms and the need for help
  - access and use medication quickly and correctly
  - have any prescribed medication handy at all times, either on his/her person or in a safe location nearby
  - be prepared for school field trips.

## 2.0 Role of the **STUDENT**

Dependent on the physical and cognitive capabilities of the student and the informed consent of the parent/guardian, the student diagnosed with seizure disorder has the responsibility to:

- tell teachers, educational assistants, school principal and friends about her/his seizure disorder;
- tell occasional personnel (i.e. occasional teachers, occasional educational assistants, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers) about her/his seizure disorder;
- tell teachers, educational assistants, school principal where to find her/his prescribed medication;
- carry prescribed medication on her/his person at all times;
- follow the instructions of her/his physician and parent/guardian;
- know how and when to use prescribed medication safely, including -
  - making sure their name is on the medication container
  - not sharing medications
  - knowing when medication is empty
  - telling parents and teachers every time medication is used (as per direction outlined in SO102 – Request for School Assistance in Health Care)
  - telling a teacher if help is required to take medication
- wear a Medic Alert™ bracelet or equivalent, when provided by the parent;
- know what triggers a seizure and makes it worse and have a plan for handling seizure triggers;
- telling teachers when seizure is about to occur, when possible;
- learning more about seizure disorders by –
  - attending seizure disorder education programs
  - seeing health care provider on a regular basis
  - visiting websites <http://epilepsyontario.org> or <http://www.aboutkidshealth.ca/En/ResourceCentres/Epilepsy>

## 3.0 Role of the **SCHOOL ADMINISTRATOR (PRINCIPAL)/Designate**

### 3.1 Registration

- At the time of the registration of each new student, if documentation is provided that the student has a seizure disorder, the school principal shall ensure that information is recorded in the medical information section in the student information system.
- At the beginning of each school year, the school principal/designate shall ensure the medical information of each student enrolled in the school is updated to determine if new medical conditions have developed and/or if existing medical conditions have changed.
- Provide parents /guardians with information about the School Seizure Disorder Emergency Response Plan (Appendix B), school's responsibilities, parent responsibilities, child's responsibilities and forms to be completed.

### 3.2 Authorization

When the school principal/designate is informed by the parent/guardian/adult student that a student within the school has been diagnosed with seizure disorder and may require the administration of emergency seizure disorder medication, the school principal/designate shall: request that the parent/guardian/adult student return a completed SO102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>



### 3.3 Medication

If the physician authorization form indicates that the student requires the administration of seizure disorder medication during the school day, the school principal/designate shall:

- obtain a minimum of one (1) dose from the parent/guardian (adult student);
- ensure that the medication is already labelled to indicate the name of the student, the name of the medication and the expiry date;
- with parent/guardian informed, written consent, arrange to emergency medication on the student's person (e.g. in a fanny pack) at all times;
  - if necessary arrange to have an emergency medication dose in a safe secure location (e.g. main office) or if the student does not have the medication on her/his person, in the classroom;
  - ensure that any medication which has reached its expiry date is returned to the parent/guardian (adult student) and replaced by up-to-date medication.

### 3.4 Staff Education

When the school principal/designate is informed by the parent/guardian/adult student that a student enrolled at the school has a seizure disorder and authorization for the administration of seizure disorder medication has been received, the school principal/designate shall:

- identify the student to all staff members of the school as a student with a seizure disorder, maintaining the dignity and well-being of the student;
- arrange for a seizure disorder education session for staff members (including school principal, school vice-principal(s), department heads, guidance counsellors, resource teachers, classroom/subject teachers, occasional teachers, designated early childhood educators, occasional designated early childhood educators, educational assistants, occasional educational assistants, school secretaries, lunch room monitors and lunch room supervisors) with respect to seizure disorders, the safe, effective use of seizure disorder medication, and a review of the Student Support Plan for Seizure Disorder – School (Appendix C/D)
- Resources to assist: Canadian Epilepsy Alliance – [www.epilepsymatters.ca](http://www.epilepsymatters.ca) see resource list (Appendix N)

### 3.5 Student Support Plan for School – Seizure Disorder

- Upon completion of the staff education the school principal/designate shall develop a Student Support Plan for School and Transportation – Seizure Disorder in consultation with the parent/guardian/adult student.
- This plan will be reviewed at minimum on an annual basis.
- The Student Support Plan for School – Seizure Disorder (see Appendix D for example) shall be available in key locations around the school including the Main Office, the student's classroom, and other locations accessible to staff only. A copy of the Student Support Plan for Transportation – Seizure Disorder (see Appendix E for example) shall also be provided for the student's regular or field trip school bus driver when applicable.

### 3.6 Filing in the Ontario Student Record (OSR)

After the Student Support Plan for School–Seizure Disorder and the Student Support Plan for Transportation–Seizure Disorder has been developed, the school principal/designate shall file both documents, as well as a completed SO102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) in the “CONSENT FORMS (dark green)” section of the OSR.

### 3.7 Documentation

The school principal/designate shall ensure that each time a staff person assists a student with the administration of a medication for a seizure disorder the incident will be recorded on the Individual Student Log of Administered Medication (see SO 102 Request for School Assistance in Health Care <http://bit.ly/2bEmUMz>)

### 3.8 Prevention

The school principal/designate shall take steps to create a supportive, safe environment for students with seizure disorder, including:

- sending a letter to parents/guardians requesting information about any child with seizure disorder and medication
- arranging general seizure disorder awareness and education sessions for the entire school if appropriate;
- providing opportunities for regular staff education regarding identifying and managing seizure disorders, proper use of medication and identifying signs of seizure disorder episodes;
- Know the triggers to the student’s seizure activity;
- Know the signs and symptoms of the student’s seizure;
- Know if and when to provide medication;
- Call parents/emergency contacts after a seizure;
- Ensure fluorescent light fixtures in classroom/school are working correctly (not flickering);
- Monitoring for seizure disorder triggers on an ongoing basis and taking action to reduce exposure to seizure disorder triggers whenever possible;
- Providing seizure disorder resources for the school office and school library;
- Creating and supporting the expectation that students with seizure disorder should be participating in physical activities to the best of their abilities, including recess and physical education;
- Ensuring that when a student with a seizure disorder is involved in an out-of-school learning experience, the student has seizure disorder medication on her/his person and that the supervising teacher has a cell phone to be used in emergency situations.

#### 4.0 Role of the **SCHOOL STAFF**

- When the school principal/designate is informed by the parent/guardian (adult student) that a student within the school has a seizure disorder and the parent/guardian/adult student has authorized the administration of emergency seizure disorder medication whether the student does or does not require assistance from staff, all school staff shall participate in the staff education session about seizure disorder and specifics for the student
- The staff shall remain vigilant concerning circumstances or events which may constitute a situation that can put students at risk of experiencing a seizure disorder episode and shall report these to the school principal/designate.
- When a student experiences a seizure disorder episode the staff member(s) who recognizes the warning signs/symptoms shall respond and ensure the emergency seizure disorder medication is administered immediately, if appropriate, and shall inform the school secretary/adult designate.
- At this point the steps in the student's Student Support Plan for School – Seizure Disorder will be implemented
- The staff member(s) shall record the incident in the Individual Student Log of Administered Medication. – see SO 102 Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>) Each time the student experiences a seizure disorder episode, the details are noted in the Seizure Disorder Incident Recording Form (Appendix K)

## 5.0 Role of the **CLASSROOM/SUBJECT TEACHER**

- Know the identity of students in the class with a seizure disorder
- Be knowledgeable about the Student Support Plan for School/Transportation – Seizure Disorder
- Have a process in place for informing the Occasional Teacher about the Student Support Plan for School/Transportation – Seizure Disorder
- Where applicable, attend meeting arranged by the school administrator to gather information related to the student's seizure disorder. Participants may include Principal/designate, parent/guardian and medical personnel
- Be familiar with the following seizure disorder information posted in the Student Support Plan for School – Seizure Disorder
  - Know the triggers to the student's seizure activity
  - Know the signs and symptoms of the student's seizure
  - Know if and when to provide medication
  - Know when to call parents/emergency contacts after a seizure.
- Communicating information about the student's seizure disorder to others;
  - Provide information to support staff and volunteers working with a student with a seizure disorder
  - With the student's parent permission encourage the sharing of information about seizure disorders with the class in age-appropriate terms. Students must be aware that seizure disorders are not contagious, the child cannot control the seizure and having a seizure is not dangerous to others.
- Develop open lines of communication with the student and encourage the student to inform you when he/she feels the first symptoms of a seizure or a general feeling of malaise
- Develop open lines of communication with the parents/guardians, phone calls, a communication book, behaviour changes that may be due to medications, etc.
- If a student is prone to Tonic Clonic seizures, have their desk placed so that if they fall, there is room for the seizure to run its course.
- Where appropriate, have a buddy system in place so that the student is not alone in the washrooms or hallways.

## 6.0 Role of the **SCHOOL SECRETARY**

In addition to the duties described in subsection 3.1 (Registration), the school secretary is expected to record the presence of the student's health condition in the Student Information System and follow the School Seizure Disorder Emergency Response Plan (Appendix B) at the time of a seizure disorder episode or emergency.

## 7.0 Role of **OTHER PARENTS/GUARDIANS** and **SCHOOL VOLUNTEERS**

Coaches, Co-Curricular Supervisors, Volunteers, etc.

- Provide appropriate first aid to students exhibiting signs and symptoms of a seizure – refer to School Seizure Disorder Emergency Response Plan
- When you are coaching and/or supervising an activity or club, have access and be knowledgeable about the student's Student Support Plan for School – Seizure Disorder

## SCHOOL SEIZURE DISORDER EMERGENCY RESPONSE PLAN

**STUDENTS NOT DIAGNOSED with EPILEPSY / SEIZURE DISORDER -CALL 911 IMMEDIATELY.**

**GENERALIZED CONVULSIVE SEIZURE ( e.g. Tonic Clonic Seizure) CALL 911 IMMEDIATELY.**

**IF IN DOUBT - CALL 911 IMMEDIATELY**

### **STEPS IN MANAGING AN INDIVIDUAL EXPERIENCING A SEIZURE:**

**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.
- Record the episode on the Seizure Disorder Incident Recording Form.
- Contact the parent/guardian as soon as possible.

**GENERALIZED CONVULSIVE SEIZURES – RESPONSE:**

**1 KEEP CALM. STAY WITH THE PERSON**

- Record time seizure begins on Seizure Incident Record Form.

**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 AS SOON AS POSSIBLE:**

- 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 airway.
- DO NOT BE FRIGHTENED if a person having a seizure appears to stop breathing momentarily.
- Record the episode on the Seizure Disorder Incident Recording Form (Appendix H).
- Contact the parent/guardian as soon as possible.


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

## STUDENT SUPPORT PLAN BLANK TEMPLATE – Page 1 of 2

		<b>Grand Erie District School Board</b> 349 Erie Avenue, Brantford, Ontario N3T 5V3	
<b>Student Support Plan - School</b>			
Name	OEN	Board Id #	Grade
School	Family		Gender
Principal			DOB
Student Information		Parent/Guardian Information	
Address		Name & Address	
Home Telephone		Home Telephone	
Date Of Development			
Other Support Staff:		Agency Involvement:	
Primary Medical Concern:		Insert Student Picture	
Triggers:			
Other Relevant Information (e.g. signs, precursors, etc.)			
Immediate Communication			
Immediate Actions:			
<b>SUMMARY OF INTERVENTION</b>			
Action To Be Taken	Taken By	Time Line	

STUDENT SUPPORT PLAN BLANK TEMPLATE – Page 2 of 2



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**SUMMARY OF INTERVENTION**

Action To Be Taken	Taken By	Time Line

Signing this form indicates we have read and agree to this Student Support Plan

Date:	Date:
Principal's Signature	Parent/Guardian Signature

## STUDENT SUPPORT PLAN FOR SCHOOL SEIZURE DISORDER EXAMPLE Page 1 of 2



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

### Student Support Plan - School

<b>Name</b>	Last Name, First Name	<b>OEN</b>	111222333	<b>Board Id #</b>	111222333	<b>Grade</b>	7
<b>School</b>	School Name	<b>Family</b>	Family			<b>Gender</b>	M/F
<b>Principal</b>	Principal Name					<b>DOB</b>	dd-mmm-yyyy

Student Information		Parent/Guardian Information	
<b>Address</b>	Street Address City	<b>Name &amp; Address</b>	Parent/Guardian Name Street Address City, Postal Code
<b>Home Telephone</b>	(519) 555-5555	<b>Home Telephone</b>	(519) 555-5555

Date Of Development 26-Aug-2013

Other Support Staff:	Agency Involvement:
	CAS

**Primary Medical Concern:**

Epilepsy/seizure disorder

**Triggers:**

dehydration (must drink 3 cups of liquids daily, one each block); sudden loud noises or sudden movements around her; not feeling well

**Other Relevant Information (e.g. signs, precursors, etc.)**

Signs of a seizure: stare, absent look, twitching, jerking, stiffness; episodes of muscle spasm and jerking alternating with periods of muscle relaxation

**Immediate Communication:**

Assigned teacher / EA communicates (via Walkie-Talkie) that a seizure has started and that assistance is required. Communication will be directed to the main office, to the attention of the Principal or Principal's Designate.

**Immediate Actions:**

1. Staff present at the onset of seizure will initiate the seizure protocol . 2 people stay with Student.
2. - Seizure Disorder

Insert Student Picture

### SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line
Remain Calm	All Staff, All Students	
Communication with Principal or Principal's Designate	Assigned Teacher	Immediately
Principal or Principal's Designate attends the classroom to assess and coordinate supports required	Principal or Principal's Designate	Immediately
Available Staff called to support Student during seizure.	Principal or Principal's Designate	Immediately



## STUDENT SUPPORT PLAN FOR SCHOOL SEIZURE DISORDER EXAMPLE Page 2 of 2



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

Time the seizure and note quality of seizure	Staff responding	Immediately
After 5 minutes of continual clusters of seizures administer 2 mg. (2 tablets) of Ativan.	Staff responding	After 5 minutes of continual clusters
After Ativan is given call 9-1-1, call the parent 519-555-5555, C 519-111-1111. Announce on PA System "Code White"	Classroom teachers will clear hallways and close classroom doors	When "CODE WHITE" is called
One person will travel with Student in the AMBULANCE, taking Student's personal information located on a ring in his/her desk	Person who has been with him/her since the outset of the incident.	When ambulance arrives
Ensure area is safe for student by clearing sharp objects or furniture	Staff responding	Throughout seizure
Be present and attentive; however, do not try to restrain student. If student appears ok, simply wait out the seizure in a calm manner.	Staff responding	Throughout seizure
Speak to him/her in a reassuring tone about things that are close to student. Student may wish to cuddle or be comforted.	Staff responding	
Contact Family	Office Staff	As soon as grand mal seizure begins and/or if 9-1-1 is called

Signing this form indicates we have read and agree to this Student Support Plan

Date:	Date:
Principal's Signature	Parent/Guardian Signature

# APPENDIX E

## STUDENT SUPPORT PLAN FOR TRANSPORTATION

### SEIZURE DISORDER EXAMPLE Page 1 of 1



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

#### Student Support Plan - Transportation

<b>Name</b>	Last Name, First Name	<b>OEN</b>	111222333	<b>Board Id #</b>	111222333	<b>Grade</b>	G
<b>School</b>	School Name	<b>Family</b>	Spec Ed TC Name			<b>Gender</b>	F/M
<b>Principal</b>	Principal Name					<b>DOB</b>	dd-mmm-yyyy

<b>Student Information</b>		<b>Parent/Guardian Information</b>	
<b>Address</b>	Street Address City	<b>Name &amp; Address</b>	Parent/Guardian Name Street Address City, Postal Code
<b>Home Telephone</b>	5195555555	<b>Home Telephone</b>	(519) 555-5555

**Date Of Development** 11-Feb-2016

<b>Other Support Staff:</b>	<b>Agency Involvement:</b>

**Primary Medical Concern:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Triggers:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Other Relevant Information (e.g. signs, precursors, etc.)**  
Enter all other relevant information.

**Immediate Communication:**  
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

**Immediate Actions:**  
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

#### SUMMARY OF INTERVENTION

Action To Be Taken	Taken By	Time Line
The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school.	Parent	
Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.	Bus Driver, Bus Operator, School Principal	Immediately

Signing this form indicates we have read and agree to this Student Support Plan

<b>Date:</b>	<b>Date:</b>
<b>Principal's Signature</b>	<b>Parent/Guardian Signature</b>

## LITE – STUDENT SUPORT and TRANSPORTATION PLANS

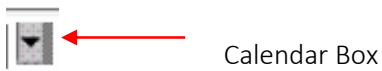
1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student's last name and then select *Find*. Choose the student from the drop down list.

 A horizontal search bar with a yellow background. It contains a dropdown menu for 'School' with the text '\*\*\* Select School \*\*\*', a text input field for 'Id #', a text input field for 'Last Name', and a 'Find' button on the right.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

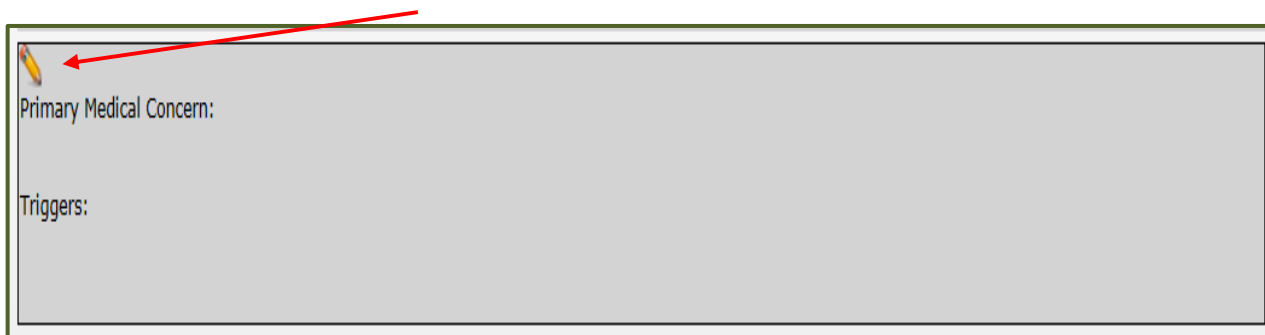
 A screenshot of a form titled 'Student Support Plan - School'. It has several sections: 'Name' (School, Principal), 'OEN', 'Family', 'Board Id #', 'Grade', 'Gender', and 'DOB'. Below these are 'Student Information' (Address, Home Telephone) and 'Parent/Guardian Information' (Name& Address, Home Telephone). At the bottom, there is a 'Plan Dates' dropdown menu showing '28-Jan-2016', a 'Date Of Development' text input field, and a 'Create' button.

4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicable.

 A screenshot of a form with two sections: 'Other Support Staff:' and 'Agency Involvement:'. Each section has a text input field with a small dropdown arrow on the right.

## LITE – Student Support Plans –School/Transportation Page 2 of 4

5. To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



Primary Medical Concern:

Triggers:

6. Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.

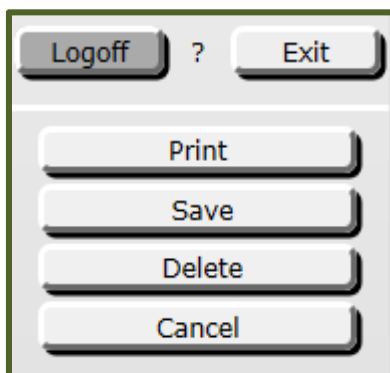
Other Relevant Information (e.g. signs, precursors, etc.)	Insert Student Picture
Immediate Communication:	
Immediate Actions:	

7. Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

SUMMARY OF INTERVENTION		
Action To Be Taken	Taken By	Time Line

## LITE – Student Support Plans –School/Transportation Page 3 of 4

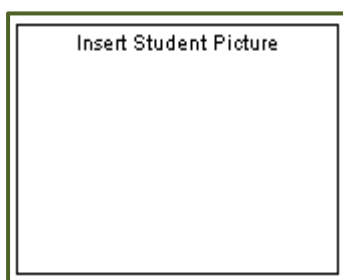
8. Select Save from the left navigation bar.



9. Print a copy of this form and have the parent/guardian sign.

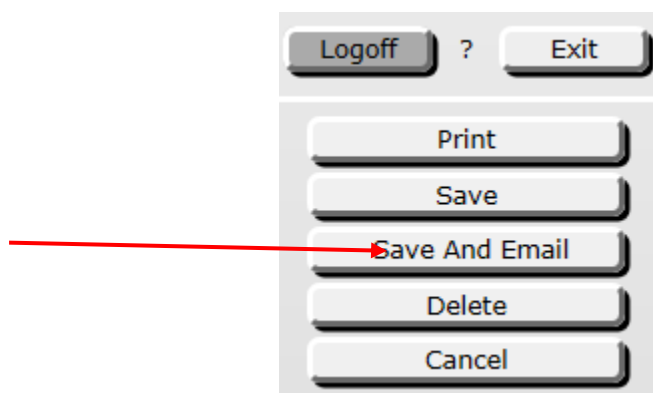
Signing this form indicates we have read and agree to this Student Support Plan	
Date:	Date:
Principal's Signature	Parent/Guardian Signature

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



## LITE – Student Support Plans –School/Transportation Page 4 of 4

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

## CONSENT

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications and/or care during medical episode.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

## 9-1-1 Seizure Disorder Incident Script Protocol TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having a seizure. We are timing the seizures/have administered a seizure medication/etc. There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.



## APPENDIX I

### IMPORTANT MEDICAL INFORMATION REQUIRED FOR ALL STUDENTS:

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: \_\_\_\_\_

<b>MEDICAL CONDITION</b>	<b><i>This student HAS experienced an attack/reaction in the past</i></b>	<b><i>This student carries medication for this condition</i></b>	<b><i>Notes/Other: (type of medication, where stored)</i></b>
<b>Anaphylaxis (Sabrina's Law)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Asthma (Ryan's Law)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Diabetes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Epilepsy</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Heart Condition</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Concussion</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Other:</b>			

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (\_\_\_\_\_).

\_\_\_\_\_  
Signature of Parent/Guardian or Student 18+ years

\_\_\_\_\_  
Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

## SAMPLE LETTER TO PARENTS/GUARDIANS

### School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR SEIZURE DISORDER MANAGEMENT

To be prepared for your child's needs in case a seizure disorder episode occurs during the school day, please refer to the attached information and forms.

#### Request and Consent – SO102 Request for School Assistance in Health Care

Please read through this form and complete the appropriate sections with your family physician. Return the form to your child's school principal prior to your child's start of school. If you are able, please include a recent photo of your child that will be used on your child's Student Support Plan for School – Seizure Disorder

#### Student Support Plan for School/Transportation – Seizure Disorder

The Student Support Plans will be provided to each of the child's teachers to be stored in a safe place the classroom. The Plans will also be placed in the supply teacher binder and will be posted in the staff room, health room and other appropriate locations throughout the school.

#### Parent/Guardian Responsibilities Checklist

Please review your responsibilities outlined on the checklist. If you have any questions, please contact the school principal.

#### Student Responsibilities Checklist

Please review the contents with your child.

**\*\*** Please call the school to arrange a meeting with school staff and if possible, a Seizure Disorder Educator with whom you currently work, prior to your child beginning school. We look forward to working together to provide the safest possible learning environment for your child.

Sincerely

Principal

# APPENDIX K

## SEIZURE DISORDER INCIDENT RECORDING FORM

Student Name: \_\_\_\_\_  
 D.O.B.(DDMMYYYY): \_\_\_\_\_

Date	Time of Seizure	Length of Seizure	Events before Seizure	Description of Seizure	Events After Seizure	Date /Time Parent Contacted

## TIPS FOR TEACHERS

### Implications on Learning Possible Triggers

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

### Side Effects of Medications Taken for Seizure Disorders

- Concentration concerns
- Short term memory loss
- Fatigue/drowsiness
- Hyperactivity
- Motor capacity can be affected: eye-hand coordination, balance, speech coordination
- General well-being can be affected: dizziness, unsteadiness, vomiting
- Mood changes: depression, aggressiveness, anti-social behaviours
- Toxicity: liver damage, anemia

### Possible Outcomes/Concerns

- Safety risks
- Possible behaviour issues
- Social issues
- Chronic absenteeism
- Feelings of lack of control
- Poor self-image
- Academic performance can be affected

## **How Learning Can Be Affected**

Intermittent disruptions caused by seizures may impact learning and the student's ability to attend. This can change from day to day or within the day.

Medications may slow down the processing of information or may induce fatigue.

Seizures themselves during the day may cause disruptions in the student's memory of what was just learned.

"Invisible" or absence seizures may result in slower processing, consolidation and retrieval of information

Night time seizures may leave a student feeling fatigued and less attentive in class the next day

Possible academic problems with reading, writing, and math as well as difficulty with comprehension and speech may result

Impaired working memory

Disorientation

Disorganization

Possible difficulty with time management

## **Some Suggested Teaching Strategies and Accommodations**

Repeat instructions several times or use a "step by step" strategy to help the student who has "blanked out" during a seizure

Have student repeat the instructions back to the teacher as necessary

Establish a buddy system so the child can ask the buddy questions and receive missed class work

Use visual instructions/tools so that the student can refer to them as required  
i.e. wall calendars, activity lists

Use visual and verbal prompts to keep the student oriented

Label items around the class

Minimize written output as required

Allow extra time for tests and assignment when required

Cue the student ahead of an expected response

Allow extra response time

Encourage the student to work in a small group

Make use of a weekly list of deadlines and activities (agenda)

Use tape recorded textbooks or scanned documents as required

Use consistent expectations and routines

## **Other Considerations**

Ensure during physical activities, where climbing is involved, that the student is properly assisted and does not climb to great heights

Ensure fluorescent light fixtures in classroom/school are working correctly (not flickering)

Minimize the use of videos in class, if possible

Avoid loud noises (gym) as much as possible

Avoid using the “lights out” technique for class control

Ensure that plans left for a supply teacher includes a picture of the student with a seizure disorder, as well as the Seizure Protocol that is in place

If calling in for an absence, ensure that you leave instructions as to where to find the information regarding the student with the seizure disorder.

## **Field Trips and Special Events**

Students with a seizure disorder should be encouraged to participate in school activities and extra curricular activities.

For school events such as a dance, ensure that the family is aware that the music will be louder than normal and refrain from using any type of strobe lights. If the student is attending a sports event where they may need to climb a set of bleachers for seating, arrangements should be made to ensure that an area is left open near the lower seats for this student and some friends.

## **Additional Supports**

In some cases, where seizures are not under control, and are considered “drop seizures” or in the case of epilepsy- tonic-clonic seizures, which may happen at any time, the student’s occupational or physical therapist may prescribe specific equipment, e.g. soft helmet, face piece, a gait trainer harness, etc. to ensure the student’s safety.

Remember, it is essential to involve parents in all of these decisions.

You may want to consider having a community health expert speak to the class and staff about seizures. This should be done with both parental and student permission. In some cases, the entire class is encouraged to take on a specific role in the event of a seizure, which empowers the other students and helps them to understand what is happening during a seizure. This is a school-based decision.

## COMMON MISCONCEPTIONS/MYTHS

*MYTH: Epilepsy is contagious.*

About as contagious as a gun-shot wound! You simply can't catch epilepsy from another person.

*MYTH: Only kids get epilepsy.*

Epilepsy happens to people over age 75 more often than it does to children aged 10 and under. Seizures in the elderly are often the after effect of other health problems like stroke and heart disease.

*MYTH: People with epilepsy are disabled and can't work.*

People living with the condition have the same range of abilities and intelligence as the rest of the population. Some have severe seizures and cannot work; others are successful and productive in challenging careers.

*MYTH: People with epilepsy shouldn't be in jobs of responsibility and stress.*

People with seizure disorders are found in all walks of life and at all levels in business, government, the arts and other professions. We aren't always aware of them because many people, even today, do not talk about having epilepsy for fear of what others might think.

*MYTH: With today's medication, epilepsy is largely a solved problem.*

Epilepsy is a chronic medical problem that for many people can be successfully treated. Unfortunately, pharmaceutical treatment doesn't work for everyone and there's a critical need for more research.

*MYTH: Epilepsy is rare and there aren't many people who have it.*

There are more than twice as many people with epilepsy in Canada as the number of people with cerebral palsy, muscular dystrophy, multiple sclerosis and cystic fibrosis combined. Epilepsy can occur as a single condition, or may accompany other conditions affecting the brain, such as cerebral palsy, mental retardation, autism, Alzheimer's disease, and traumatic brain injury.

*MYTH: You can't die from epilepsy.*

Epilepsy is a very serious medical condition and individuals do die of it. Epilepsy as a direct cause of death can be divided in different categories.

- Seizure-related deaths, such as from accidental drowning, auto accidents, etc.
- Death due to prolonged seizures ([status epilepticus](#))
- [Sudden Unexplained Death in Epilepsy](#) (SUDEP)

*MYTH: You can't tell what a person might do during a seizure.*

- Seizures usually take a characteristic form: the individual will do much the same thing during each episode. Although the behaviour may be "inappropriate" for the time and place, it is unlikely to cause harm to anyone and should not be seen as an embarrassment to anyone.

*MYTH: People with epilepsy are physically limited in what they can do.*

- In most cases, epilepsy isn't a barrier to physical achievement, although some individuals are more severely affected and may be limited in what they can do. Professional sports players with epilepsy include Greg Walker (baseball, Chicago

## RESOURCES

Epilepsy Canada	<a href="http://www.epilepsy.ca">http://www.epilepsy.ca</a>
Canadian Epilepsy Alliance	<a href="http://www.epilepsymatters.com">http://www.epilepsymatters.com</a>
Epilepsy Ontario	<a href="http://www.epilepsyontario.org">http://www.epilepsyontario.org</a>
Local agencies to assist families	<a href="http://www.advanceinepilepsy.com">http://www.advanceinepilepsy.com</a>
Epilepsy Classroom	<a href="http://www.epilepsyclassroom.com">http://www.epilepsyclassroom.com</a>
Epilepsy Support Centre	<a href="http://www.epilepsysupportcentre.com/">http://www.epilepsysupportcentre.com/</a> Click on About Epilepsy tab, scroll to the bottom of the screen and click on School programs for grades 5 and 12 – handouts, curriculum and much more –both public and catholic curriculum posted.
Be Aware of Ketogenic Diet	<a href="http://www.epilepsyfoundation.org/answerplace/Medical/treatment/diet">http://www.epilepsyfoundation.org/answerplace/Medical/treatment/diet</a>

## Videos

Glen's Journey	<a href="http://www.destinymaker.org">http://www.destinymaker.org</a>
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Dr. Henry Hasson, MD, Paediatric Neurology explains seizures  
<http://www.youtube.com/watch?v=NxeMr2PSwdQ>

Reuber, M., Schachter, s., Elger, c., Altrup, v. (2009). *Epilepsy Explained: A book for People Who want to Know More*. Toronto, ON: Oxford University Press.  
 ISBNL 978-0-19-537953-2

Epilepsy Foundation <http://shop.epilepsyfoundation.org> has several videos at reasonable prices. *Seizure Disorder and the School I (elementary school) and Seizure Disorder and the School II (secondary school)* – designed to improve understanding of epilepsy for teachers, administrators and other school personnel. The videos show actual seizures in children, describe first aid and management in the classroom and stress the importance of early recognition. Fears and concerns of school personnel are addressed. Details how epilepsy may affect learning and discusses how the teacher can make the school experience a positive one. Reviews the importance of promoting self-esteem, assuring full inclusion of the child in all school activities and responding to the reactions and questions of other students.

*Out of the Shadows: Teens with Epilepsy Take Charge* is a fast-paced, documentary-style program that shares the stories of four teens living with epilepsy.





## STEPS TO IDENTIFYING A STUDENT WITH A SEIZURE DISORDER IN THE STUDENT INFORMATION SYSTEM

### Setting the Critical Medical Condition Symbol in Power School

1. Start Page
2. Select Student
3. Select Either Registration Form OR Emergency Contact / Medical

<b>Anaphylactic Shock Condition Alert</b>	( )
<b>Critical Medical Condition Alert</b>	( )
<b>Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan</b>	( )
<b>Critical Medical Notes</b>	
<b>Other Medical Notes</b>	

4. Check "Critical Medical Condition Alert"
5. Check "Student has suffered a concussion...", if applicable.
6. Enter student's medical / health information in the "Critical Medical Notes" field (Note: information **must** be in this field to generate the alert symbol).
7. Click Submit.
8. A Critical Medical Alert symbol  will appear next to student's name.
9. A Concussion Alert symbol  will appear next to the student's name if this field was indicated as applicable.

Entering information in the "Other Medical Notes" field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:  
<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>