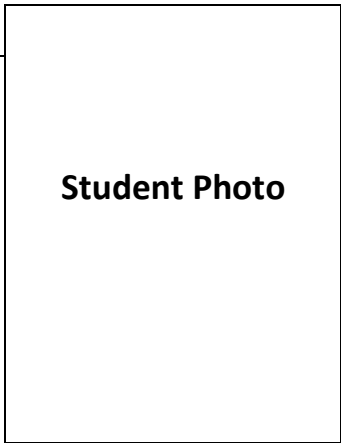


2016-17 SEIZURE DISORDER MANAGEMENT PLAN

This form (or copy) must be taken on all out of school activities/field trips



Student Name	
Date of Birth	
Teacher	

EMERGENCY CONTACT: LIST ORDER TO CALL 1-2-3

Order	Mother's Name	Contact Number(s)
Order	Father's Name	Contact Number(s)
Order	Emergency Contact	Contact Number(s)

Health/Diagnostic Information: include information about type of medication, dosage and frequency; note the possibility of incontinence during loss of consciousness. Ensure a blanket and pillow are available and where appropriate a change of clothes can be found.

MEDICAL DIAGNOSIS: _____

Description of Seizure (Non Convulsive)	Action:
Description of Seizure (Convulsive)	Action: First Aid Treatment –Tonic Clonic: Procedure will be to call 911 immediately unless there is written instructions from child's physician to do otherwise. There is written instructions __yes __no. If yes - attach physician's instructions to this form.

Medication:

Triggers Preceding a Seizure (if known):	Frequency of Seizure Activity (if known):
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Prior to medications being administered by school staff, the **Board’s ‘Request and Consent for Administration of Prescribed Medication’ form** must be completed by parent/guardian and provided to school administrator.

Name of Medication:

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Specific direction to administer medication (time, with or without food/drink etc):

Note: Rectal suppositories will not be administered by Board staff.

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Possible side effects:

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OTHER INFORMATION:

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I/We will immediately contact the School if I/We believe that circumstances might require an amendment to the Management Plan outlined above.

Signature of Parent/Guardian

Date

The personal and/or health related information used and disclosed on this form has been done so in accordance with the Education Act, Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act.

FIRST AID FOR SEIZURES

WHEN TO CALL 911 – EMERGENCY MEDICAL SERVICES:

- STUDENTS NOT DIAGNOSED with EPILEPSY AND 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 Seizure Disorder Management Plan

- IF IN DOUBT – CALL 911**

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

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. stop watch). Record time 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. 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

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 activities

