



**EPILEPSY AND  
SEIZURE DISORDER  
MANAGEMENT  
PARENT/GUARDIAN  
PACKAGE  
SECONDARY SCHOOLS**

**2015**

## **PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES** **EPILEPSY AND SEIZURE DISORDER MANAGEMENT PROTOCOL**

In a collaborative effort with the Halton Catholic District School Board and the Halton District School Board, Halton Emergency Medical Services, Children's Services at Community Living North Halton, Halton Regional Health Department and Epilepsy Ontario an Epilepsy and Seizure Disorder Management Protocol along with school resources have been developed to manage and accommodate students diagnosed with seizure disorders.

### **HCDSB Epilepsy and Seizure Management Protocol and Parent/Guardian Package:**

To access the Board's protocol and procedures in managing students diagnosed with Epilepsy and seizures and the Parent/Guardian Information Package refer to the:

Halton Catholic District School Board Website:  
[www.hcdsb.org](http://www.hcdsb.org) + Parents + Medical Conditions

### **Initiatives of the School Board:**

- Development of a Board wide *Epilepsy and Seizure Disorder Management Protocol* for Elementary and Secondary Schools (Accessible on the Board's website)
- Development of resource tools to assist school administrators and teachers in implementing the *Epilepsy and Seizure Disorder Management Protocol*.
- Provide information, resources and training to its school administrators and teachers on managing and accommodating students with epilepsy and seizure disorders.

### **Responsibilities of Schools Under the Epilepsy and Seizure Disorder Management Protocol:**

- A process is in place where students with epilepsy and seizure disorders are identified to administrator(s) and school staff.
- Implement the Board's *Epilepsy and Seizure Disorder Management Protocol*:
  - Where appropriate to convene a meeting with parents and school staff (e.g. classroom teacher, coach) to provide information on the student's needs and medical accommodations
  - Provide in-service training to school staff to manage and respond appropriately to seizures and other related emergency situations
  - Have a process in place to identify student(s) with epilepsy and seizure disorder to all those who come in direct contact with the student on a regular basis

**Note: Staff do not administer medication via rectal suppository or syringe injections.**

- **Seizure Disorder Management Plan.** (Refer to copy in the package.)
  - Form is to be used for seizures as a result of epilepsy or other medical or physical conditions.
  - Form is to be completed by the school principal/designate in consultation with the student's parents/guardians following Board approved procedures. The

purpose of which is to determine the management, support and emergency procedures for the student's seizure disorder.

### **RESPONSIBILITIES OF PARENTS/GUARDIANS:**

- Parents/Guardians ***must*** make every effort to provide timely and full disclosure of all pertinent health information to the school to ensure a complete orientation of both the student into the classroom and the preparedness of staff to receive the student into the school community. We invite and welcome your cooperation and support by providing information about:
  - 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
  - recommended 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 (See Board Protocol)
  - 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, where appropriate, provide the school site with a pillow, blanket and a change of clothes
  - post seizure symptoms or behaviours
- Complete the following forms (located at the end of this package) and submit the forms to the school administrator/designate in a timely manner (i.e. for newly registered or diagnosed students – within a week; for the following school year – prior to the first day of school):
  - SEIZURE DISORDER MANAGEMENT PLAN
  - Include where appropriate for students who require assistance by a staff member in taking medication. REQUEST AND CONSENT FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION (If required).

**Please Note – Urgency of having completed forms in a timely manner:**

***It is important that the attached forms be completed and returned to the school administrator/designate prior to the student's attendance at school. Without access to the information on the forms, school staff have limited information on the child's medical condition which affects how the school staff can appropriately manage the seizure condition and treat for emergencies. Failure to do so may place your child at unnecessary risk.***

- Parents are responsible to keep school up to date with changes to contact information, medication or medical condition diagnosis as soon as reasonably possible.**

**Procedures:**

**Changes to contact information e.g. contact person and/or contact number:**

- Provide school administrator/designate in writing the name(s) of person along with contact number.

**Changes to medication:**

- Provide school administrator/designate the completed HCDSB Request and Consent for the Administration of Prescribed Medication. Form can be accessed through school administrator.

**Changes to medical diagnosis:**

- Provide school administrator/designate a completed copy of the HCDSB Change of Medical Diagnosis Form. Form can be accessed through school administrator.  
Note: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

• **Teach your child:**

- The importance of carrying medical information about his/her medical condition while at school
- Age appropriate information on the causes, identification, prevention and treatment of their seizure
- How to communicate clearly to adults/those in authority that he/she has a seizure disorder, when feeling a reaction or general feeling of unwellness
- When you are having a seizure, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are feeling unwell.
- How to cope with teasing or being left out. Report teasing, bullying or threats to an adult in authority

## Seizure Disorder Management Plan

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

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student photo

Teacher: \_\_\_\_\_

**EMERGENCY CONTACT:** List order to call 1-2-3:

\_\_\_ Mother's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_ Father's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_ Emergency Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

**Health/Diagnostic Information:** include information about type of medication, dosage and frequency. Note the possibility of incontinence during loss of consciousness. Make accommodations e.g. a blanket and change of clothes where possible.

**MEDICAL CONDITION:** \_\_\_\_\_

<b>Triggers Preceding a Seizure</b> (if known):	<b>Frequency of Seizure Activity</b> (if known):

<b>Description of Seizure (Non Convulsive)</b>	<b>Action:</b>
<b>Description of Seizure (Convulsive)</b>	<b>Action:</b>
	<p><b>First Aid Treatment –Tonic Clonic:</b>            Procedure will be to call 911 immediately unless there is written instructions from child's physician to do otherwise.            There is written instructions <u>  </u>yes <u>  </u>no            If yes attach physician's instructions to this form.</p>

**Medication:**

(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 believe that circumstances might require an amendment to amend the Management Plan outlined above>

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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.