HALTON CATHOLIC DISTRICT SCHOOL BOARD CDSB

Medical Conditions Package for Parents & Guardians

Epilepsy/ Seizure Disorder

Revised June 2021

Achieving Believing Belonging

CONTENTS

INTRODUCTION: 3
ACCESS TO THE HCDSB EPILEPSY/SEIZURE DISORDER AND SEIZURE MANAGEMENT PROTOCOL: 3
RESPONSIBILITIES OF PARENTS/GUARDIANS WITH SCHOOL: 3
RESPONSIBILITIES OF PARENT/GUARDIAN WITH YOUR CHILD: 4
RESPONSIBILITIES OF STUDENTS 4
SCHOOL FORMS 4
STUDENT PLAN OF CARE 1
REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPILEPSY/SEIZURE DISORDER INTERVENTION(S) & MEDICATION(S) 4

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

INTRODUCTION:

A review of the HCDSB Epilepsy and Seizure Disorder Protocol has taken place to address the components of Ministry of Education Policy/Program Memorandum #161 Supporting Children and Students with Prevalent Medical Conditions (Epilepsy/Seizure Disorder) in Schools.

ACCESS TO THE HCDSB Epilepsy/Seizure Disorder and Seizure Management Protocol:

To access the Board's protocol and procedures in managing students diagnosed with epilepsy and seizure disorders and Parent/Guardian Information Package refer to the Halton Catholic District School Board Website:

www.hcdsb.org + PARENTS + Your Childs Health + Medical Conditions + Epilepsy/Seizure Disorder Seizure Disorder

RESPONSIBILITIES OF PARENTS/GUARDIANS WITH SCHOOL:

In order for School Staff to provide a safe and nurturing environment for students managing their Epilepsy, Parents/Guardians are asked to:

☐ **PROVIDE Proof of Diagnosis for your child which can be ONE of:**

- a letter/note from the physician or specialist, OR
- a copy/photocopy of the prescription, OR
- a copy/photocopy of the Official Receipt of the medication from the pharmacist

☐ **COMPLETE and return the following forms found in this package:**

☐ **STUDENT PLAN OF CARE**

- Parents/Guardians of newly registered or newly diagnosed students shall create the Student Plan of Care in consultation with the School Administration during the last week of August. For students already registered, the Student Plan of Care will be reviewed and/or updated annually and shared with the school, before the start of each school year.

☐ **REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**

- Form is completed by Parent/Guardian when the school agrees with the parent request to provide medical intervention and/or medication under the listed conditions of the form.

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

☐ **PROVIDE 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 policy)
- 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

☐ **UPDATE Changes of information: Emergency Contact, Medication, Medical Diagnosis:**

Parents are responsible to inform School Administration 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 child's physician indicating the change.

- ☐ **COMMUNICATE with Secondary School when child is graduating from grade 8:**
  You will receive from your elementary school, in June, a recent copy of your child's Epilepsy/Seizure Disorder 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 secondary school administrator/designate during the last week of August.

RESPONSIBILITIES OF PARENT/GUARDIAN WITH YOUR CHILD:

- ☐ Provide age appropriate information on the causes, identification, prevention and treatment of seizures
- ☐ Inform your child of the importance of carrying medical information about his/her medical condition their medications as directed by the child's health care professional.
- ☐ Supply your child and/or school with sufficient quantities of medication in an original, clearly labelled container, tracking the expiration dates.
- ☐ Guide and encourage your 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). Tell a teacher or classmate when feeling a reaction or when feeling unwell.
- ☐ Encourage your child to reach their full potential for self-management and self-advocacy.
- ☐ Consider providing a Medical Alert identification for your 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 condition 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 a medical alert identification that they and/or their parents deem appropriate
- ☐ If possible, inform school staff and/or their 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

- ☐ **EPILEPSY IDENTIFICATION AND EMERGENCY TREATMENT PLAN**
  - To identify your child to others, this form will be created from information included in the Student Plan of Care, by the School Administrator, and will be shared with appropriate school staff and posted in your child's classroom. This form will also be provided to Halton Student Transportation Services (HSTS) applicable).
- ☐ **AT-A-GLANCE TYPE 1/TYPE 2 EPILEPSY/SEIZURE DISORDER IDENTIFICATION**
  - To identify your child to others, an At-A-Glance document is created, by the School Administrator, which includes the student's name, grade, picture, and medical condition only that is only posted in pertinent staff areas (i.e. staff room/health room).

HALTON CATHOLIC DISTRICT SCHOOL BOARD CDSB

Place Student Photo Here

EPILEPSY/SEIZURE DISORDER STUDENT PLAN OF CARE

(PLEASE PRINT)

Student Name_____ Date of Birth _____

Grade _____ Room # _____

Medic Alert ID: Y N

Emergency Contacts (list in priority of contact) (please print):

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

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THAT APPLY

☐ Stress ☐ Menstrual Cycle ☐ Inactivity ☐ Changes In Diet

☐ Lack Of Sleep ☐ Electronic Stimulation (TV, Videos, Florescent Lights) ☐ Illness

☐ Improper Medication Balance ☐ Change In Weather ☐ Other _____

☐ Any Other Medical Condition or Allergy? _____

DAILY or ROUTINE EPILEPSY/SEIZURE DISORDER MANAGEMENT

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

Seizure Type **CHECK (✓) ALL THAT APPLY** ☐ tonic-clonic ☐ absence ☐ simple partial ☐ complex partial ☐ atonic ☐ myoclonic ☐ infantile spasms ☐ Other: _____ Please indicate: (CS) = Convulsion Seizure (NCS) = Non-Convulsive Seizure	**Management:** (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance) **Action to take during seizure:**
Frequency of Seizure Activity:	
Typical Seizure Duration:	

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

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

BASIC FIRST AID: CARE AND COMFORT
*NOTE: there is a possibility of incontinence during loss of consciousness
Ensure blanket and pillow are available and where appropriate a change of clothes.

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

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure **unless there is written instructions from child's physician to do otherwise**
- 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

** Notify parent(s)/guardian(s) or emergency contact.

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER EPILEPSY/SEIZURE DISORDER INTERVENTION MEDICATION(S)

We agree that Student Name)_____:

☐ can **carry** his/her prescribed Epilepsy/Seizure Disorder Intervention Medication(s) while at school and during school-related activities.

Exception: My child is in JK or SK, so theirs will be with the teacher at all times. _____ *(parent initial)*

☐ can **self-administer** his/her prescribed Epilepsy/Seizure Disorder Intervention Medication while at school and during school-related activities.

☐ **requires assistance** with administering his/her prescribed Epilepsy/Seizure Disorder Intervention Medication while at school and during school-related activities.

☐ We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

Parent/Guardian Name: _____
(please print) (Signature)

Student Name: _____ Date:_____
(18 yrs. or older) (please print) (Signature)

AUTHORIZATION/CONSENT

The following will be will be shared with appropriate school staff and others, and/or posted:

- Student Plan of Care – on file in Office and Classroom Teacher
- Identification and Emergency Treatment Plan – posted in classroom
- Identification and Emergency Treatment Plan (HSTS) – shared with Halton Student Transportation Services (if applicable)
- At-a-Glance – posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
(18 yrs. or older) Signature

Principal: _____ Date: _____
Signature

PLAN REVIEW

This plan remains in effect for the school year and will be reviewed annually.

Please Note:

1. 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.
2. Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Epilepsy Emergency Treatment Plan without proof of diagnosis – 'copy of the prescription' - with initials below.)

There has been no change in condition or treatment strategy from previous year. Parent initial: _____

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.

Signed Original (Student Plan of Care + Request and Consent for the Administration of Epilepsy/Seizure Disorder Intervention Medication(s): Filed in School Office
Student Plan of Care: Copy to Teacher file
Student Plan of Care: Copy to Secondary Occasional Teacher file
[Identification and Emergency Treatment Plan: Posted in Classroom]

HALTON CATHOLIC DISTRICT SCHOOL BOARD

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REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPILEPSY/SEIZURE DISORDER INTERVENTION(S) & MEDICATION(S)

This form is completed when the school agrees with the parental request to administer Epilepsy/Seizure Disorder intervention(s) & medication(s). A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when the medication changes. Staff agreeing to administer Epilepsy/Seizure Disorder intervention(s) & medication(s) will do so according to the information in this form only.

Student Name:	Date:
Teacher:	Grade:

STATEMENT OF UNDERSTANDING

Regarding Parent Requests to provide Epilepsy/Seizure Disorder Intervention(s) & Medication(s) to students by Employees of the School Board.

As the parent(s)/guardian of _____, I (we) accept and endorse the following terms and/or
(print name of student)
conditions pertaining to my/our request for Halton Catholic District School Board employees to provide my/our child with the medications listed in the Epilepsy/Seizure Disorder Student Plan of Care. Specifically,

I/we understand and accept that:

1. I/we are responsible for safely delivering to and retrieving from school, any and all Epilepsy/Seizure Disorder medications to be provided to my/our child. This commitment addresses the importance of reducing the possible loss of medications that are potentially harmful to other students;
2. I/we are responsible for providing and maintaining a limited but adequate supply of the medications noted in the Epilepsy/Seizure Disorder Student Plan of Care;
3. School staff do not administer medication via rectal suppository or syringe injection.
4. Medications supplied to the school will be in clearly labeled containers which display:
   a) name of your child
   b) expiry date (It is the responsibility of the parent(s) to ensure medication(s) are kept current during the school year).
5. I/we are responsible for providing up-to-date information to the school regarding the medical condition or illnesses treated by the medicines noted in the Epilepsy/Seizure Disorder Student Plan of Care;
6. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my/our child's illness or medical condition or know how to treat the illness or medical condition.

REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPILEPSY/SEIZURE DISORDER INTERVENTION(S) & MEDICATION(S)

Insofar as it concerns my child _____, I/We:

I. Agree to comply with the responsibilities described above;
II. Request that the intervention(s) and medication(s) listed in the Epilepsy/Seizure Disorder Student Plan of Care be administered to my/our child according to the to the prescription information provided by the prescribing physician and the information we have provided; and furthermore,
III. acknowledge that I/we are aware and understand my/our child's medical condition and the risks associated with its care and emergency treatment, that the Halton Catholic District School Board and its staff and volunteers are acting in their role as educators and not health professionals, and that there is a risk of loss, damage, and injury to my child, including death, or to my property in the possession of my child, as a consequence of administering the interventions, failing to administer the interventions or failing to correctly administer the interventions identified.

Having read and understood the information conveyed in the "Statement of Understanding" and the "Request and Consent for the Administration of Epilepsy/Seizure Disorder Intervention(s) and Medication(s)" form:
I/we agree to comply with the responsibilities described above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(18 years of age or older)

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.