



Medical Conditions Package

Epilepsy & Seizure Disorder Protocol

Revised September 2021

Achieving Believing Belonging

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The Epilepsy/Seizure Disorder Protocol has been amended to comply with Policy/Program Memorandum No. 161 Supporting Student and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in schools. The following Epilepsy/Seizure Disorder Protocol addresses the components outlined in PPM 161. www.edu.gov.on.ca/extra/eng/ppm/ppm161.pdf

PART I

Rationale for an Epilepsy and Seizure Disorder Management Protocol

The *Epilepsy Protocol* is an information and resource manual to be used by school staff to *assist in managing and supporting* students *diagnosed* with epilepsy/seizure disorder so students can learn in an environment that is safe and supportive.

Goal

The goal of this protocol is to:

- educate school personnel about epilepsy and seizure disorders, its causes, symptoms and treatments so that a student 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
- provide strategies on how to support the student in the management of their epilepsy in the school setting and at school sponsored activities off school site
- address the responsibilities for the care and management of students with epilepsy by school administrators, classroom teachers and school staff
- enable students with epilepsy to participate equitably and inclusively in all school activities as outlined in the Student Plan of Care.
- minimize anxiety on the part of parents/guardians and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with epilepsy while they are under school supervision

The ultimate responsibility for epilepsy-seizure disorder management rests with the family and the student.

The ultimate goal of epilepsy-seizure disorder management within the school setting is to have the student be independent in managing their epilepsy-seizure disorder. The school role is to provide **support** as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. This independence includes the specific management of their medical condition as outlined in the Student Plan of Care and as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

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 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:

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. Thus, 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 (www.hcdsb.org) 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 these links in School Newsletters, on the school website or in other pertinent areas, (www.hcdsb.org → Parents/Guardians tab → Your Child's Health → Medical Conditions → Epilepsy/Seizure Disorder) or in a letter home to all parents/guardians at the beginning of the school year.

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

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

PART II

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 one hundred Canadians. Anyone can develop epilepsy at any time without a known cause. Most often diagnosed in student 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 don't fire when they should. The result is a sudden, brief, uncontrolled burst of abnormal electrical activity in 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 student's fault
- Many seizures are hidden
- Seizures are not dangerous to others

Conditions that may cause seizures:

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

Causes of Seizures:

- For **60% - 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)

Potential Triggers of Epilepsy/Seizure Disorder

- 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
- Improper medication balance

Types of Seizures

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

Some students have just one type of seizure but it is not unusual for more than one type of seizure to occur in the same student. 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

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

Generalized Seizures

a) Absence Seizures, formerly petit mal seizures, are brief periods of complete loss of awareness.

The student 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 student 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 student 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 student may give a loud cry or groan. The student loses consciousness and falls as the body grows rigid. Second, in the clonic phase, the student'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 student may feel groggy and want to sleep. The student will not remember the seizure.

c) 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 the knees and raising both arms as if reaching for support. If sitting, the infant's head may suddenly slump forward, the arms flex 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.

- d) **Atypical Absence Seizures** involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, incomplete loss of awareness.
- e) **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.
- f) **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. Student's surroundings may need to be altered to ensure safety.

Partial Seizures

- 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 student 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 student's awareness of what is going on during the seizure. The student is dazed and confused and seems to be in a dream or trance. The student is unable to respond to directions. The student 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 student may feel confused or upset for some time and may feel tired or want to sleep after the seizure.

Seizure Disorder Medications:

Seizure disorders are usually treated with drugs called anti-epileptics or anticonvulsants. These drugs are designed to control seizures. For student information about the drugs, and side effects check the Student's Plan of Care.

Note: Staff do not administer medication via rectal suppository.

Side Effects of Medications Taken for Seizure Disorders

Where appropriate have classroom teachers refer to Student Plan of Care for specific side effects of medication to be aware of. Some side effects are:

- Learning capacity: concentration, short term memory loss
- Alertness: hyperactivity, drowsiness, fatigue
- 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, anaemia

Effects Epilepsy/Seizure Disorder on Learning:

Knowledge of the effects that epilepsy/seizure disorder along with the side effects of the medication has on learning can help educators plan activities accordingly, make daily adjustments as needed, and help the educator to be more understanding toward the student.

For information on the side effects of epilepsy and medication, refer to Other Considerations in this document.

Warning Sign: 'AURA'

Some students have a strange sensation before a seizure. This "aura" acts as a warning that a seizure is about to occur. Sometimes it helps the student to prepare for the seizure by lying down to prevent injury

from a fall. The aura varies from one student to another. Student 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.

Instructions for Managing a Seizure

When to Call 911 – Emergency Medical Services: CALL 911 IMMEDIATELY:

- **Student experiencing a seizure who has not been diagnosed with epilepsy/seizure disorder**
- **Diagnosed student experiencing Generalized Convulsive Tonic-Clonic Seizure** (Unless there is a different protocol for this student as outlined in the student's Plan of Care)
- **IF IN DOUBT – CALL 911**

Convulsive Seizures Response:

Generalized Tonic-Clonic Seizures (Formerly Grand Mal Seizures)

(Tonic meaning stiffening and clonic meaning jerking)

1. Keep calm. Stay with the person

- Take note of the time when seizure begins and length of seizure (e.g. stopwatch). Record time on Seizure Incident Record Form. (Available on StaffNet)

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 airway.
- DO NOT BE FRIGHTENED if a person having a seizure appears to stop breathing momentarily

Incontinence – where appropriate address the situation where a student may experience incontinence, when unconscious, as in a Generalized Convulsive Seizure (tonic clonic seizure). Emphasize to teachers and staff members to address the situation in a calm and sensitive manner for the student. For example:

- Cover the student with a blanket or article of clothing
- Remove classmates and/or other students from the area
- When appropriate provide the student with an opportunity to clean up
- Where appropriate have the student put on their 'change of clothes'
- Contact custodian to follow the Board's biological clean up procedures

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: just gently roll the person onto their side and put something soft under the 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.

Partial Non-Convulsive Seizures – Response:

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

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

Note: School administrators should consider simulating an anaphylactic 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.

PART III

School Administrator/Designate Responsibilities in Implementing Epilepsy-Seizure Disorder Protocol:

General:

- ☐ School Administrator is to be familiar with the contents of the following:
[StaffNet → Forms → SS:05 Medical Conditions – Epilepsy/Seizure Disorder](#)
 - Epilepsy/Seizure Disorder Protocol
 - Parent/Guardian Package (includes Student Plan of Care)
 - Additional Epilepsy/Seizure Disorder Resources
- ☐ Document in service. Take attendance. For absent teachers provide information at earliest opportunity.
- ☐ Ongoing communication, with staff, students, parents/guardians and school community, about the school epilepsy/seizure disorder plan is essential in creating awareness and support for students at risk.
- ☐ Support inclusion by allowing students with epilepsy to perform daily or routine management activities and to participate to their full potential as outlined in the Student Plan of Care, while being aware of confidentiality and dignity of the student.
- ☐ **Students transferring between panels** (elementary to secondary):
 School Administrators from the Elementary Panel are to ensure names of students who have (a) prevalent medical condition(s) are entered into the Board's student database system (e.g. Trillium) outlining each medical condition, as applicable.

Safety Considerations in the Event of an Emergency (Bomb Threat; Evacuation; Hold and Secure; Lock Down)

- Support student(s) with prevalent medical conditions in the event of a school emergency (e.g. bomb threat; evacuation; hold and secure; lock down)
 - Specifically:
 - **Anaphylaxis:** ensure student has epinephrine auto injector
 - **Asthma:** ensure student has reliever medication(s)
 - **Diabetes:** ensure student has test kit and fast acting sugars are available
- Notify police/emergency responders of students, and staff, that have epilepsy/seizure disorder that may result in a medical emergency in the event of a lock down or bomb threat

Communication with Parents/Guardians of Student Diagnosed with Epilepsy

Identification

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

- **Students, new to the school, during registration**
(e.g. Question on registration form: *specifically asking whether or not their student has epilepsy/seizure disorder*)

A copy of the Parent/Guardian Epilepsy/Seizure Disorder Package (Student Plan of Care and Request and Consent for the Administration of medication) is provided to parents/guardians for information and completion of forms

- **Students presently registered at school (e.g. Verification form)**
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.

Identification of Students with Epilepsy/Seizure Disorder to school staff and others: Principal to ensure the following:

- ☐ **Halton Transportation Services (HSTS):** Provide requested information regarding students who will be attending school in September diagnosed with epilepsy/seizure disorder.
- ☐ September: bus drivers (morning and afternoon routes): identify students on their bus diagnosed with anaphylaxis and triggers
- ☐ **Teachers supervising classes for lunch, volunteers etc.:** Identification and Emergency Treatment Plan- posted in classroom
- ☐ **All staff:** At-a-Glance- Posted in Staffroom, health room, first aid room, office (as applicable).
- ☐ **Teachers on yard duty:** Principal to develop and communicate a process of student identification.
- ☐ **Occasional Teachers:** teacher to provide information on SMART FIND with location of the Student Plan of Care.

Proof of Diagnosis:

Parents/Guardians are requested to provide the following 'proof of diagnosis' (to place in student file):

- a letter/note from the physician or specialist

Development and Procedures with Student Plan of Care

The parent/guardian in consultation with the principal shall develop the Student Plan of Care following the HCDSB Epilepsy/Seizure Disorder Protocol and the Student Plan of Care located in Parent/Guardian Package.

The Student Plan of Care shall be reviewed/updated on an annual basis or when there is a change in the student's condition. The annual review process begins in June when the Student's Plan of Care is given to the parents/guardians to make changes where appropriate and to return the Student Plan of Care in August for a meeting with principal.

- Where appropriate, the classroom teacher is to be part of the information sharing process
- Where there are no changes in the student's condition or treatment strategy parent/guardian may authorize continuation of the previous year's Student Plan of Care by initialing and dating.
- When there are changes to Contact Information; Medication or to Medical Diagnosis follow board/school procedures

[StaffNet → Forms → SS:05-Medical Conditions - General: Change of Medical Diagnosis Form](#) outlined in [Appendix C] and Form [Appendix D]

Location of the Completed Student Plan of Care:

- Provide the classroom teacher with a completed copy of Student Plan of Care and determine who will share the information with other staff members who are in direct contact on a regular basis with the student (e.g. educational assistants, other teachers, volunteers).
- Elementary Teacher will locate the Student Plan of Care in the Occasional Teacher folder located on the teacher's desk.
- Secondary Teacher will locate the Student Plan of Care as per school procedures.
- Copy in student epilepsy/seizure disorder file

Student File:

A student file is to be maintained for each student with epilepsy/seizure disorder. The file can be a separate file; however, the Student Plan of Care (original document) must also be placed in the OSR

- Student's Plan of Care and current emergency contact information
- Supporting Documentation: Proof of diagnosis
- Request and Consent for the Administration of Epinephrine Form

Communication with School Community

Refer parents/guardians, and others to the Board and School Websites for Medical Conditions information

Communication with School Staff – In-Service

Resources for information and training:

- HCDSB Epilepsy Protocol
- Student's Plan of Care
- View the Video - Seizure in Schools: Understanding and Assisting Students with Epilepsy.
- Resources: StaffNet → Forms → SS:05 Medical Condition: Epilepsy/Seizure Disorder

Provide teachers with access to the HCDSB Epilepsy/Seizure Disorder Protocol.

Information to be provided to school staff:

Resources for information and training:

- HCDSB Epilepsy and Seizure Disorder Protocol

- Student(s) Plan of Care
- View the video: Seizures in Schools
- Resources: StaffNet → Forms → SS:05 Medical Condition: Epilepsy and Seizure Disorder

Provide teachers with access to the HCDSB Epilepsy and Seizure Disorder Protocol. Go over sections relevant to teachers

Information to be provided to school staff:

- ☐ **Identification** of students with **epilepsy and seizure disorder**
- ☐ Information about Epilepsy-Seizure Disorder condition as it applies to student(s) in the school. For example:
 - What Epilepsy is
 - Types of seizures
 - Conditions that may cause seizures
 - Instructions for managing seizures (convulsive and non convulsive)
- ☐ **Supervision during yard duty** (Elementary Schools):
 - Follow school procedures for identifying student(s) with Epilepsy/Seizure Disorder. Follow school procedures for contacting office/first aid provider in case of emergency. (Elementary schools)
- ☐ **When acting as Field trips organizer (day, overnight, extensive)** follow school procedures outlined in Field Trips and Students with Epilepsy [Appendix B]
- ☐ **When acting as a supervisor of a club or a team:**
 - Follow school procedures in identifying students with epilepsy
 - Be familiar with content of Student's Plan of Care
 - Assist student in managing their epilepsy – seizure disorder
 - Know how to respond to the student's seizure
 - For coaches of an interschool sport and/or supervisor of intramural physical activities - address contents of Physical Activity and Seizures [Appendix A].

Review school's epilepsy/seizure disorder protocol with school staff, as needed or at an appropriate time midway through the school year.

Communication with Classroom Teacher and Staff with Direct Contact to Student on a Regular Basis:

- ☐ **Student Plan of Care.** School administrator is to meet with classroom teacher, and where appropriate all teachers who come in direct contact with the student of a regular basis, and review the contents of the completed Student Plan of Care. Provide a copy to the classroom teacher.
- ☐ **Occasional and On Call Teachers Information:**
 - Identify a process to teachers for informing Occasional and On Call Teachers of the presence of students with epilepsy/seizure disorder in the classroom (e.g. Elementary - located on teacher's desk and/or follow elementary school procedure for location, by the school principal; Secondary – follow secondary school procedure for location)

Occasional Teachers: Provide teaching staff with school protocol for informing occasional teachers about students with epilepsy/seizure disorder. For example:

 - When calling in an absence the teacher is to indicate on the SMART FIND system that there is a child with a heart condition
 - Student's Emergency Treatment Form and Student Plan of Care are attached to teacher's lesson plan.

On Call Teachers: Classroom teachers are to provide a list (e.g. on day plans) that identify students with medical conditions – Epilepsy/Seizure Disorder

- ☐ Document in-service and record attendance:
 - Have a process of documenting in service – date, time and brief content. For absent staff provide in service at earliest opportunity.
- ☐ In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, lockdown) check the student(s) have their medication for their epilepsy.

PART IV

Classroom Teacher and Staff Who Have Direct Contact with Student on a Regular Basis – Responsibilities

- ☐ Participate in the epilepsy information and training session provided by principal. If in service is missed to make arrangements for information as soon as reasonably possible.
- ☐ Know how to access the HCDSB Epilepsy Protocol
- ☐ Know the identity of students diagnosed with Epilepsy-Seizure Disorder
- ☐ Have a copy of the Student's Plan of Care and follow the contents in assisting student in managing their epilepsy-seizure disorder condition and when applicable know how to respond to and manage the student's seizure.
- ☐ Know the effects of epilepsy and medication on the students learning. For information on strategies and accommodations, refer to Student Plan of Care and other considerations (in this document)
- ☐ Meet with the student's parents/guardians (where applicable) to gather information related to the student's epilepsy-seizure disorder.
- ☐ Be prepared to manage a convulsive seizure with following items in the room: a blanket and pillow from the parents, where appropriate the student's 'change of clothes; stop watch.
 - ☐ Incontinence may occur where there is loss of consciousness (refer to Student Plan of Care). Be prepared and address the situation in a calm and sensitive manner.
- ☐ Meet with the student(s) diagnosed with epilepsy-seizure disorder and explain that:
 - You are aware of their seizure condition.
 - You are there to assist in case of a seizure.
 - You are there to listen when they are experiencing symptoms or feel hesitant to participate.
 - You are there to support and facilitate a successful activity/school day.
 - The student is to let you know that he/she is experiencing an aura.
- ☐ When planning for a field trip (day, overnight, extensive) follow the procedures outlined in Field Trips and Students with Epilepsy-Seizure Disorder Procedures (Day Trips, Overnight Trips, Extensive Trips and Exchange programs) [Appendix B].
- ☐ For physical activities (physical education, daily physical activity) prior to activity address the contents of Physical Activity and Seizures [Appendix A].

- Support inclusion by allowing students with epilepsy- seizure disorder to perform daily or routine management activities and to participate to their full potential as outlined in the Student's Plan of Care, while being aware of confidentiality and dignity of the student.
- Identify the student(s) diagnosed with epilepsy to the occasional teacher: as per direction of school administrator.
- Information to **classroom students: (after discussion with student's parents/guardians)** Provide information to the class about the student's seizure disorder in age-appropriate terminology. A careful explanation of the seizure would alleviate the fears of the student about the disorder. Make students aware seizure disorders are not contagious; the student cannot control it, and is not dangerous to others.
- Document safety information to students. Take attendance. In service students who are absent at the earliest opportunity.
- Supervise students that they are implementing the management procedures outlined in their Student Plan of Care.
- In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lockdown) check the student(s) have their medication for their epilepsy.

PART V

Teacher and Staff Responsibilities

- Participate in the epilepsy information and training session provided by principal. If in serviced is missed to make arrangements for information as soon as reasonably possible.
- Where applicable be able to identify student(s) with epilepsy-seizure disorder (e.g. supervision of student)
- When supervising students (e.g. yard duty)
 - Follow school procedures in identifying students with epilepsy
 - Know how to access assistance by contacting office
 - Know the signs -symptoms of a seizure
 - Know how to respond to a seizure situation (e.g. Generalized Tonic-Clonic seizure; Partial non convulsive seizure)
- When acting as trip supervisor (day, overnight, extensive) refer to Field Trips and Student with Epilepsy [Appendix B].
- When acting as coach for interschool athletics or supervisor for intramural activities refer to Physical Activity and Seizures [Appendix A].

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)
- Assess quality of audio visual media equipment and its assistive technology in the classroom
- Avoid sudden or on going loud noises as appropriate.
- Avoid using the "lights out" technique for class control

- For school events such as a dance, ensure that the student and family is aware that the music will be louder than normal.
- In consultation with parents/guardians, and where appropriate, inform the entertainment provider that any type of strobe/flashing lights are not to be used.
- 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.

Physical Activity and Seizures

Students with epilepsy can fully participate in all physical activities, with proper safeguards. Research has shown that regular physical activity can decrease the frequency of seizures for individuals with epilepsy.

All types of seizures effect, at some level, the ability to make appropriate decisions and some form of muscle control, therefore safety and proper supervision is very important.

Safety Strategies for Physical Activity:

- For the curricular program, intramural activities and interschool competitions have a process in place for teacher/coach to identify students diagnosed with epilepsy prior to the activity.
- If seizures are out of control, changes in medication, and/or the person is not feeling well, choose alternate activities that are lower risk.
- Where appropriate, check the student has taken their medication prior to activity.
- Know the student's precautions and typical triggers that may cause a seizure in order to avoid them.
- Teachers/coaches should learn how to recognize seizures for immediate and prompt action.
- Teacher/coaches may need to repeat instructions missed prior to, during, and after the seizure.
- Develop with your student a safe means of identification of an upcoming seizure – 'aura'.
- Seizures usually occur during the cool down after exercises or activities. To help mitigate the onset of a seizure the teacher/coach may want the student to do the following:
 - Have a longer warm up
 - When exercising – take frequent breaks
 - Avoid over exertion and extreme heat
 - Have the student drink more water to ensure proper hydration
- What to do during a seizure:
 - Make sure student is in a safe place. Help them off equipment to the floor or simply guide them away from hazards.
 - If student is lying on the ground, place them on their side to allow secretions to drain.
 - If seizure occurs in a swimming activity – get them out of the water and place them on their side so water will not enter their lungs.
 - Protect their head, loosen tight clothing, and clear the area of sharp, hard objects.

Activity Specific Precautions: (Other school-sponsored activities – check with parents/guardians)

Exercises, games, and sport activities, where possible, should be on soft surfaces such as grass, mats, or sand vs. hard wood floors, tile or concrete.

Swimming:

Use of a Personal Flotation Device (PFD), small group setting, and constant supervision can make swimming activities fun and safe.

Downhill Skiing:

Use the buddy system or where appropriate use a guide rope. When riding a ski lift, where appropriate use a safety strap.

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

- **Process in place to identify students diagnosed with** epilepsy/seizure disorder.
- **Trip site and activities are to be checked for potential hazards.** Where possible a pre-activity inspection of the site and activities by the in charge teacher supervisor to investigate safety conditions is to be done.
- **Communicate with the student'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 student's medical needs on the trip. Knowing the trip expectations and accommodations the parents/guardians will be able to provide an informed decision as to their student's participation. You may consider inviting the parents on the trip as a supervisor.
- **MEDICATION:** For overnight, extensive or exchange programs **parents/guardians 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 one of 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/guardian input and provide the operator with a copy.
 - Based on listed accommodations for the student can the tour operator provide:
 - accommodations during travel to destination
 - safe facilities, safe programming
 - ready access to a doctor, clinic or hospital where you are going
- **An emergency action plan for epilepsy/seizure disorder on the trip must be prepared** by the in charge teacher supervisor and communicated to all staff and volunteers on the trip.
- **Student forms on the trip** – copy of the Student's Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s):** student is to be 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' 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 you have the correct and proper change if using pay phones.
- **Trip supervisor is to meet students** with epilepsy and provide them with the following information (age appropriate):
 - Never go off alone when 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 s/he has a seizure disorder, when feeling a reaction or generally feeling unwell.

Change Procedures for Student Contact Information, Medication, Medical Diagnosis

(This information is provided to parents/guardian in the Parent/Guardian Packages.)

- **Changes to CONTACT INFORMATION (e.g., contact person and/or contact number):**
 - Parent/guardians is requested to provide in writing the name of the person(s) with change of contact number to the school administrator.
- **Changes to MEDICATION (e.g. new medication or a change in medication):**
 - School administrator/designate to provide parent/guardian with a copy of the HCDSB Request and Consent for the Administration of Prescribed Medication to be completed and returned. Form provided by the school administrator.
 - Provide changes to medications information to staff responsible for providing medications to the student.
 - Make changes to the Student Plan of Care, where appropriate.
 - Note: File the completed copy of the HCDSB Request and Consent for the Administration of Prescribed Medication in the student's OSR.
- **Changes to MEDICAL DIAGNOSIS:**
 - School administrator/designate provides parent/guardian with a copy of HCDSB Change of Medical Diagnosis Form to be completed and returned. Refer to Changes to Medical Diagnosis [Appendix D].

Note: Changes to the student's medical diagnosis must be accompanied by a note/letter from the student's physician indicating the change.
 - Inform student's teacher(s) and other appropriate staff members.
 - Make changes to the Student Plan of Care, where appropriate.

Note: File the completed copy of the HCDSB Change of Medical Diagnosis Form along with the student's physician note/letter in the student's OSR.

Change of Medical Diagnosis Form

(Parents/Guardians are required to complete this form and include communication from the student's physician to the school administrator as soon as reasonably possible, if there is a change to the student's medical condition.)

Student's Name: _____ **Grade:** _____

Medical Condition: _____

Teacher's Name: _____ **Date:** _____

Change of Medical Diagnosis:

Change to student's medical accommodations:

Physicians Authorization:

Name: _____

Signature: _____ **Date:** _____

Physicians Comments:

OR

Letter/note from physician must be attached

This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

Completed form along with physicians letter/note to be filed in the student's file and the Ontario School Record (OSR).

