



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206D SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: EPILEPSY

Addendum to:
Policy 206 Supporting Children and Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

Effective: June 2 , 20
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- ” Encourage their child to wear medical alert identification

1.2 Students with Epilepsy

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students shall actively support the development and implementation of their Epilepsy Health Management Plan. Students are expected to:

- ” Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- ” Participate in the development and review of their Epilepsy Health Management Plan as appropriate
- ” Carry out daily or routine self-management of their medical condition to their full potential, as outlined in their Epilepsy Health Management Plan (e.g., carry their medication and medical supplies as appropriate)
- ” Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school
- ” Wear a medical alert identification that they and/or their Parent(s)/Guardian(s) deem appropriate
- ” If possible, to inform school staff and/or their peers if a medical incident or a medical emergency occurs.

1.3 School Staff

School staff play a key role in supporting the student’s safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- ” Complete annual training on Epilepsy, provided by the York Catholic District School Board.
- ” Review the contents of the Epilepsy Health Management Plan (S16c) for students with whom they have direct contact
- ” Provide a copy of the Epilepsy Health Management Plan (S16c) to occasional teachers
- ” Follow strategies that, reduce the risk of a student’s exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities in accordance with the Epilepsy Health Management Plan
- ” Support the students daily routine management, and respond to medical incidents and medical emergencies that occur during school or school sanctioned out-of-school events/activities and overnight excursions, as outlined in the Epilepsy Health Management Plan
- ” Administer, as established with the Principal and prescribed by a physician or health care professional, the student’s seizure medication, as outlined in the Epilepsy Health Management Plan
- ” Ensure that a student is not left alone following a seizure until fully recovered as outlined in the Epilepsy Health Management Plan
- ” Develop and participate in an established communication plan to notify Parent(s)/Guardian(s) of medical emergencies or any other concerns/information related to the student’s Epilepsy
- ” Ensure that for all out of school events/activities and overnight excursions, a designated adult has a copy of the student’s Epilepsy Health Management Plan, has been trained as required and has collaborated with Parent(s)/Guardian(s) rel.6 (es)-2 (a) Tw 90

” are running low or have expired

(iii) Student has difficulty breathing

(iv) Student has a seizure in water

Seizure emergency - basic first aid

(i) Stay calm and remain with the student

(ii) Track the time and duration of the seizure

(iii) Keep the student safe. Protect the student's head

(iv) Do not restrain or interfere with the student's movements. Roll the individual onto their side as soon as possible

(v) Clear the area

(vi) Administer emergency medication as outlined in the student's Epilepsy Health Management Plan

(vii) Do not place anything in the student's mouth. Monitor breathing.

(viii) Stay with the student until fully conscious, talking with them calmly until re-oriented, allow them to rest before returning to regular activities.

(ix) Document details in the Epilepsy Health Management Plan

In the event of an seizure emergency requiring Emergency Medical Services, s <</m

Epilepsy

A neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in the person's awareness or behaviour. Approximately one in ten Canadians will experience at least one seizure during a lifetime. A single seizure, however, is not Epilepsy. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy Health Management Plan

A plan of care that outlines the daily routine management tasks required to support the student's safety at school and an emergency plan of care that outlines the procedures to respond.

Seizure

A sudden excessive electrical discharge in the nerve cells of the brain, that results in a change in function or behaviour. The brain is made up of billions of cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells and results in a change in function or behaviour, this is a seizure.

Seizure Triggers

Circumstances or events that provoke seizures.

While some people are not able to identify specific events or circumstances that affect seizures, others are able to recognize definite seizure triggers. Some common seizure triggers include:

- ” Forgetting to take prescribed seizure medication;
- ” Lack of sleep;
- ” Missing meals;
- ” Stress, excitement, emotional upset;
- ” Menstrual cycle/hormonal changes;
- ” Illness or fever;
- ” Low seizure medication levels;
- ” Medications other than prescribed seizure medication;
- ” Flickering lights of computers, television, video, etc.;
- ” Excessive alcohol consumption and subsequent withdrawal; and,
- ” Street drugs (e.g., cocaine, amphetamines, withdrawal from marijuana).

Types of Seizures

There are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: partial seizures and generalized seizures.

A partial seizure occurs when the excessive electrical discharge is limited to one part of the brain. Some common partial seizure types are:

- ” Complex Partial Seizures – Symptoms depend on the part of the brain that is affected; involve some loss of consciousness and may include rhythmic jerking of the hand or arm, feelings of nausea or fear, drooling, vomiting and involuntary movements such as blinking or swallowing; loss of awareness.
- ” Simple Partial Seizures – Often referred to as a focal seizure; affects only one area of the brain; does not cause loss of consciousness or lack of awareness; causes muscle contractions, followed by relaxation; contractions on just one side of the body; unusual head or eye movements; numbness, tingling or a feeling that something is crawling on the person's skin; abdominal pain; rapid heart rate or pulse; most do not last more than 1-2 minutes; may feel confused or have difficulty thinking clearly after a seizure has

occurred.



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EPILEPSY/SEIZURE HEALTH MANAGEMENT PLAN

STUDENT'S NAME: _____ TEACHER'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

ALTERNATE EMERGENCY CONTACT INFO:

Home Address:		PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)
Phone #:		
Physician's Name:		
Phone #:		

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK () ALL THOSE THAT APPLY

Stress, Excitement, Emotional Upset

BASIC FIRST AID CARE AND COMFORT

First aid procedure(s):

DAILY/ROUTINE EPILEPSY/SEIZURE MANAGEMENT

DESCRIPTION OF SEIZURE	ACTION: (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

SEIZURE MANAGEMENT

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

SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)	SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)
Type: _____ Description: _____ _____ Frequency of seizure activity: _____ Typical seizure duration: _____ Actions to take during seizure:	Type: _____ Description: _____ _____ Frequency of seizure activity: _____ Typical seizure duration: _____ Actions to take during seizure:

Action Plan for supporting school access (e.g.: access on the stairs, transitioneirefeisitieizure:

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STUDENT MEDICATION LOG

Student:

(Please refer to Form S.16(a) or S16(a1))

Teacher

Grade/Class

Week or Month of:

DATE	TIME	NAME OF PRESCRIPTION/NON PRESCRIPTION MEDICATION	DOSAGE	INITIAL OF ADMINISTRATOR OF MEDICATION **	COMMENTS

Board Level