



EPILEPSY AND SEIZURE DISORDER MANAGEMENT PLAN

Responsibility:	Associate Director
Legal References:	PPM 161 MFIPPA Accessibility for Ontarians with Disabilities Act, 2005 Ontario Human Rights Code <i>Child Care and Early Years Act, 2014</i>
Related References:	Board Policy 1006 - Supporting Students With Prevalent Medical Conditions Board Policy - Equity and Inclusion AP 1460 - Administration of Medication
Revisions:	September 2019 October 2022, January 2023
Reviewed:	April 2019, October 2022, January 2023

1. Preamble

- 1.1 **The following procedure provides guidelines and expectations for responding to students with epilepsy and seizure disorders, outlining the nature of seizures, the various types and related issues of concern.** This procedure has been developed to ensure the safety of students who suffer from epilepsy and seizure disorders; empower school administrators to respond to their needs; to develop consistent practices to support staff when responding; as well as recognize individual student differences.
- 1.2 In accordance with Ontario regulation 137/15 Child Care and Early Years Act every licensee (board operated Before & After School programs) has developed a procedure for supporting students with prevalent medical conditions.

2. Purpose

- 2.1 To provide school personnel (including board operated Before & After school programs) in the Waterloo Region District School Board with information that supports awareness regarding the nature and seriousness of epilepsy and seizure disorder.
- 2.2 To provide strategies for the management of students who have been identified as having epilepsy and seizure disorder (including those attending board Operated Before & After school programs).
- 2.3 To provide strategies to reduce the risk and identify symptoms.

3. Definition and Types of Seizure

- 3.1 Epilepsy or seizure disorder is a neurological disorder caused by sudden, brief changes in how the brain works. Seizures are the physical effects of an unusual burst of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting.

3.2 Types of Seizures:

- 3.2.1 Tonic-clonic Seizures (formerly known as grand mal seizures) are general convulsions with two parts. First, in the tonic phase, the child may give a loud cry or groan and then loses consciousness and fall as the body grows rigid. Second, in the clonic phase, the child's muscles jerk and twitch. Sometimes the whole body is involved; at other times it is 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 child may feel groggy and want to sleep. The child will not remember the seizure.
- 3.2.2 Absence Seizures, formerly petit mal seizures, are brief periods of complete loss of awareness. The child 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 child 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 child is not daydreaming, 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.
- 3.2.3 Atypical Absence Seizures involve pronounced jerking or automatic movements, a duration of longer than 20 seconds, incomplete loss of awareness.
- 3.2.4 Myoclonic Seizures involve 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.
- 3.2.5 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. Child's surroundings may need to be altered to ensure safety.
- 3.2.6 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 child stays awake but cannot control sudden, jerky movements or a part of the body.

3.2.7 Complex Partial Seizures, formerly known as psychomotor or temporal lobe seizures, alter the child's awareness of what is going on during the seizure. The child's dazed and confused and seems to be in a dream or trance. The child is unable to respond to directions. The child 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 child may feel confused or upset for some time and may feel tired or want to sleep after the seizure.

Note:

Status Epilepticus is a state of prolonged seizure or repeated seizures without time for recovery and may exist for any seizure type. **Tonic-clonic** status is a medical emergency. It can lead to severe brain damage and even loss of life. If a tonic-clonic seizure **lasts longer than 5 minutes**, the individual needs immediate medical care. **CALL 911**

4. Plan of Care-Alert Form

- 4.1 It is essential that the school develops a Plan of Care for each student who has Epilepsy/Seizure disorder and that all staff are aware of how to implement it. Each plan should be developed in conjunction with the student's parent(s)/caregiver(s) and summarized on the Plan of Care-Alert Form.
- 4.2 For board operated Before & After school programs, a copy of the plan of care must be shared with the Before & After School program Supervisor to review with Before & After school educators and a copy placed in the program administration binder.

5. Roles and Responsibilities

5.1 Responsibilities of School Principals

The Principal will:

- 5.1.1 Each June obtain a list of students with seizure disorder from all feeder schools.
- 5.1.2 Identify students who have epilepsy or seizure disorders through school registration, health forms.
- 5.1.3 Generate a Plan of Care and Alert Form by ensuring parent(s)/caregiver(s) provide all pertinent medical information.
- 5.1.4 Provide each teacher (at the beginning of each term/semester) with a copy of the Plan of Care Alert Form for each student. The *Individual Plan of Care* should be stored in a readily accessible location so teacher and occasional teachers can have ready access. If the student attends board operated Before & After school programs, share a copy of the Plan of Care Alert Form with the Before & After school supervisor to review with educators working in the Before & After school program. The supervisor will place a copy of the Plan of Care Alert in the program administration binder in accordance with the *Child Care and Early Years Act*,

2014.

- 5.1.5 Request medical documentation to confirm diagnosis **as needed** (i.e. letter from physician, evidence of a prescription).
- 5.1.6 Maintain a file for each pupil with a seizure disorder. The file must contain a copy of all of the forms mentioned above.
- 5.1.7 Train the Emergency Response team to provide further support to the student in the event of a seizure.
- 5.1.8 Post the Plan of Care Alert Form to ensure that all staff can identify these students. To maintain the student's personal privacy, these forms must not be easily visible to other students, parent(s)/caregiver(s), or volunteers.

5.2 Responsibilities of Classroom Teacher

Classroom Teachers (including educators working in board operated Before & After school programs) will:

- 5.2.1 Ensure a recent copy of the Plan of Care Alert Form is readily accessible in an organized, prominent and accessible format for occasional teachers or any other support staff.
- 5.2.2 Speak to each student and/or parent(s)/caregiver(s) to gain insight into the specific information and the history of the seizure disorder.
- 5.2.3 Develop open lines of communication with the student and encourage the student to inform you when he/she feels the first symptoms of a seizure or a general feeling of malaise.
- 5.2.4 Develop open lines of communication with the parent(s)/caregiver(s) (i.e., phone calls, a communication book, etc.)
- 5.2.5 Ensure that the prescribed medication is taken on field trips and/or available in board operated Before & After school program locations (i.e. prescribed rescue medications).
- 5.2.6 Continually provide a safe environment for the student, particularly during nutrition/lunch breaks, class trips and special activities.

5.3 Parent(s)/caregiver(s) or Student (over the age of 18)

Parent(s)/caregiver(s) will:

- 5.3.1 Provide confirmation of diagnosis when requested (letter from the physician or evidence of prescription).
- 5.3.2 Provide the medication to be taken by the student when applicable.
- 5.3.3 Collaborate with the school to complete the required WRDSB Individual Plan of Care.
- 5.3.4 Help their child develop advocacy skills to avoid an attack and to recognize and communicate the symptoms to a staff member.

6. Medication

If the physician authorization form indicates that the student requires the administration of seizure disorder medication during the school day, the school principal shall:

- 6.1 Obtain a minimum of one (1) dose from the parent(s)/caregiver(s) (adult student)
- 6.2 Ensure that the medication is clearly labelled to indicate the name of the student, the name of the medication and the expiry date
- 6.3 Ensure that each time a staff person assists a student with the Administration of Medication that the incident will be recorded on the Individual Student Log of Administered Medication
- 6.4 With parent(s)/caregiver(s) informed, written consent, arrange to have emergency medication on the student's person (i.e. in a fanny pack) at all times
 - If necessary arrange to have an emergency medication dose in a safe secure location (i.e. main office) or if the student does not have the medication on her/his person, in the classroom. This medication must be accessible if the student attends board operated Before & After school programs and does not have the medication on her/his person.
 - Ensure that any medication which has reached its expiry date is returned to the parent(s)/caregiver(s) (adult student) and replaced by up-to-date medication.

7. Resources

- 7.1 [Epilepsy Ontario - For Educators](#)
- 7.2 [Epilepsy Ontario- South Central Ontario- KW Guelph](#)
- 7.3 [Epilepsy Canada](#)