EPILEPSY – PREVALENT MEDICAL CONDITION POLICY

MLCP endeavours to offer an environment supportive of epileptics.

Reduction of Risk

We strive to be aware of, recognizing of and be monitoring of signs and signals of seizure activity.

Communication

It is the responsibility of the administration to inform staff of epileptics and staff must familiarize themselves with epileptic persons and the plans for each one. Specific information is posted in the medicine cupboard in the Kitchen and stored in an emergency pouch where applicable. Students are also highlighted on the prevalent medical condition lists posted in each classroom. MLCP maintains emergency contact information on hand for emergency response use.

Development of the Plan

Each plan is developed in conjunction with the parent/person/staff on their Epilepsy – Prevalent Medical Condition – Individual Plan of Care.

Training

The First Aid CPR training will cover at a minimum signs, reactions and emergency procedures and Senior Staff will introduce or refamiliarize new or replacement staff with medication administration annually or as needed. Training can also be made available by a physician or the child's parent on the individual procedures to follow in the event that there is an epileptic reaction. Staff is to familiarize themselves with the posted Emergency Plans.

Signs, symptoms and triggers will be reviewed at least annually to ensure that staff is aware of:

- Triggers
- Symptoms
- Emergency procedures for each medical condition
- Administration of prescribed medication

- Provide medical attention as noted
- Call 911
- Call parents
- Make a note of replacements
- Document incident as required

Should there be an epileptic seizure the incident shall be reviewed with all involved parties. There should be identification of the exposure, evaluation of responses and plans for moving forward. All staff, students and volunteers must sign the MLCP Epilepsy – Prevalent Medical Condition Policy.

EPILEPSY – PREVALENT MEDICAL CONDITION PLAN

INDIVIDUAL PLAN OF CARE

Name:	**Birth Date:**	**Age:**
Mother: (if applicable)	**Contact #:**	
Father: (if applicable)	**Contact #:**	

EMERGENCY CONTACTS LISTED BY PRIORITY:

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

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

If yes, attach the rescue medication plan, healthcare providers' orders and, if for a student, authorization from the student's parent(s)/guardians(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**	☐ **Menstrual Cycle**	☐ **Inactivity**
☐ **Changes in Diet**	☐ **Lack of Sleep**	☐ **Illness**
☐ **Improper Medication Balance**	☐ **Electronic Stimulation (TV, Videos, Florescent Lights)**	☐ **Changes in Weather**
☐ **Other**		
☐ **Any Other Medical Condition or Allergy?**		

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (Non-Convulsive)	ACTION (Description of dietary therapy, risks to be mitigated, trigger avoidance)

DESCRIPTION OF SEIZURE (Convulsive)	ACTION

SEIZURE MANAGEMENT

NOTE: It is possible for someone to have more than one seizure type. Record information for each seizure type.

SEIZURE	ACTIONS TO TAKE DURING SEIZURE
Description:	

Frequency of seizure activity:

Typical seizure duration:

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s):

Does the person need to leave classroom after a seizure?: ☐**Yes** ☐**No**

If yes, describe process for returning the person to the classroom:

BASIC SEIZURE FIRST AID

- **Stay calm and track time and duration of seizure**
- **Keep person safe**
- **Do not restrain or interfere with the person's movements**
- **Do not put anything in the person's mouth**
- **Stay with the person until fully conscious**

FOR TRONIC-CLONIC SEIZURE:

- **Protect person's head**
- **Keep airway open/watch breathing**
- **Turn person on side**

EMERGENCY PROCEDURES

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

Call 9 1 1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Person has repeated seizures without regaining consciousness.
- Person is injured or has diabetes.
- Person has a first-time seizure.
- Person has breathing difficulties.
- Person has a seizure in water.

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

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: **Profession/Role:**

Signature: **Date:**

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1.	**2.**	**3.**
4.	**5.**	**6.**

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ☐**Yes** ☐**No** **After-School Program** ☐**Yes** ☐**No**

School Bus Driver/Route # (if applicable):

Other:

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____.

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.

Parent(s)/Guardians(s) Signature & Date **Student's Signature & Date**

Principal Signature & Date