EPILEPSY
Plan of Care

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Ontario Ed. #: _____ Age: _____

Teacher(s): _____ Grade: _____

Other Medical Condition/Allergies: _____

MedicAlert ID? ☐ Yes ☐ No

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN 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 provider's 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.

Does the student have any implants (VNS, DBS, etc.) ☐ Yes ☐ No _____

Has diet therapy been recommended? ☐ Yes ☐ No

If yes, ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other:_____

KNOWN SEIZURE TRIGGERS		
CHECK ALL THOSE THAT APPLY		
☐ Stress	☐ Menstrual Cycle	☐ Inactivity
☐ Changes in Diet	☐ Lack of Sleep	☐ Electronic Stimulation (TV/Videos/Lights)
☐ Illness	☐ Change in Weather	☐ Improper Medication Balance
☐ Allergies or Medical Condition	☐ Other: _____	

DAILY/ROUTINE EPILEPSY MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	**ACTION:**
	(e.g. Description of dietary therapy, risks to be mitigated, trigger avoidance)
DESCRIPTION OF SEIZURE (CONVULSIVE)	**ACTION:**

SEIZURE MANAGEMENT

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

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. Tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	

Frequency of Seizure Activity: _____

Typical Seizure Duration: _____

BASIC FIRST AID: CARE AND COMFORT

First Aid Procedure(s): _____

_____

Does student need to leave classroom after a seizure with a support person? ❒ Yes ❒ No

If yes, describe aftercare process: _____

_____

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 (with the exception of emergency rescue medication as prescribed)
- If student has VNS/DBS – swipe magnet
- Stay with student until fully conscious and fully recovered

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side
- Time seizure

Make necessary accommodations to: Seating arrangements, rest periods and testing for student safety and wellbeing.

EMERGENCY PROCEDURES

Students 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
- Student has repeated seizures without regaining consciousness (longer than 10 minutes)
- Student is injured
- Student 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

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: _____

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

1. Form 314-A1 Physician's Authorization and Request for the Administration of Prescribed Medication
2. Form 314-A3 Authorization and Request for Administration of Epi-Pen, Glucagon, Emergency Seizure Medication

Are forms 314-A1 and Forms 314-A3 required for this student? ☐ Yes ☐ No

If a designated medical procedure (Emergency Seizure Medication) is required and will be administered at school, it is also necessary to complete:

1. Form 314- B1 Authorization and Request for the Administration of Medical Procedures

Is form 314- B1 required for this student? ☐ Yes ☐ No

TRANSPORTATION		
Plan for Student Transportation		
Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day. -Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan. -Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported. -Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.	-Ensure that the student is transported safety according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities. -Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.

AUTHORIZATION / USE OF INFORMATION / 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: _____

All bus drivers are certified in the administration of First Aid, CPR, and Epi-Pen. These are the only medical procedures a driver may perform. In the event of a student showing signs of medical distress during travel on the school bus, the driver will stop the vehicle in the first safe location, assess the situation, determine if an epi-pen needs to be administered, immediately contact the Bus Operator to request emergency services. The driver will remain with the student until the arrival of the emergency services team. Should a bus driver have occasion to administer First Aid, CPR, or an EpiPen, he/she does so in applying the “in loco parentis” principle, not as a health care professional. Visit triboard.ca for complete procedure details. (Tri-Board)

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

☐ Classroom ☐ Other: _____

☐ Office

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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

☐ Please ***note: Checked box indicates that this student has an additional Plan of Care***