

Topic:	Supporting Students with Epilepsy and Seizure Disorders
Effective:	April 2018
Review Date:	April 2019
Cross-Reference:	<i>Human Rights Code, RSO 1990, c.H.19 Education Act, RSO 1990, c.E.2, s. 265(1)(j) Regulation 298 made under the Education Act, S. 11(1) and 20(g) Good Samaritan Act, 2001, SO 2001, c 2 Health Care Consent Act, 1996, SO 1996, c 2, Sch A Health Promotion and Protection Act, RSO 1990, c H.7. Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56 Personal Health Information Protection Act, 2004, SO 2004, c 3, Sch A Regulated Health Professions Act, SO 1991, SO 1991, c 18 PPM 81, Provision of Health Support Services in School Settings PPM 149 Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professions and Paraprofessionals PPM 150 Collaborative Professionalism PPM 161 Supporting Children and Students with Prevalent Medical Conditions in Schools HDSB Administrative Procedures “Administration of Prescribed and Emergency Medication – Elementary and Secondary”; Day Field Trips and In-School Presentations; Student Excursions</i>
Responsibility:	Superintendent of Education, Student Health

INTENDED PURPOSE:

The Halton District School Board is committed to providing direction to school administrators, staff, students and parents / guardians about the appropriate response on both a school-wide and individual level to minimize the inherent risks to students and others who have been diagnosed with epilepsy or seizure disorder.

Epilepsy is a neurological condition effecting the nervous system, specifically the brain. Epilepsy is a condition in which a person has had at least 1 unprovoked seizure and demonstrates a pathologic tendency to have recurrent seizures. This tendency is determined through clinical assessment and investigations. The underlying cause for recurrent seizures (epilepsy) can be varied and include, but not limited to, genetically determined conditions such as Angelman syndrome or 1 of many epilepsy

syndromes and/or brain structure abnormalities for a variety of different reasons (such as trauma/injury/bleeds).

Seizures can also be a symptom of other medical conditions effecting the central nervous system such as low blood sugar, infections, acute trauma/injury, metabolic or immune disorders.

PROCEDURE:

1. Roles & Responsibilities

a. Parents / Guardians of Children with Seizures

As primary caregivers of their child, parents / guardians are expected to be active participants in supporting the management of their child's condition while the child is at school. Parents / Guardians are expected to:

- i. Inform the Principal that their child has been diagnosed with a seizure disorder.
- ii. Meet with the principal prior to the child's first day of school and provide information related to their child's diagnosis.
- iii. Participate in the co-creation, review and updating of Epilepsy and Seizure Disorder Plan of Care and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis.
- iv. Provide the school with two doses of emergency medication, if required, as prescribed by the student's health care practitioner and as outlined in the Plan of Care, and replenish as necessary, tracking use and expiration dates.
- v. Provide the school with any individualized equipment (i.e., helmet) identified in the Plan of Care to protect the safety of the student.
- vi. Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities and co-operative education placements.
- vii. Encourage their child to wear medical alert identification.
- viii. Educate their child about seizures, their Plan of Care, and support them to reach their full potential for self-management and self-advocacy.
- ix. Immediately inform school administration regarding any changes to their child's health, lifestyle, epilepsy procedures, management, and emergency contact information, and confirm for the Principal no less than annually whether their child's medical status is unchanged.

b. Students with Epilepsy / Seizure Disorder

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 and Seizure Disorder Plan of Care. Students are expected to:

- i. Wear their medical alert identification at all times.

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- ii. Communicate with their parent and school staff if they are facing challenges related to their condition at school.
 - iii. Participate in the development and review of the Epilepsy and Seizure Disorder Plan of Care to promote an understanding of the plan and develop their potential for self-advocacy.
 - iv. Promptly inform, if possible, an adult that they have epilepsy / seizure disorder if they experience a sensory change from their baseline that may be a sign of a seizure onset, or of any challenges they may be facing related to their condition.
 - v. As appropriate, take responsibility for advocating for their personal safety and well-being.
 - vi. If possible, inform school staff and or peers if there is a medical emergency.

c. 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:

- i. Meet with the student and parents / guardians within the first 30 days of school to review the Epilepsy and Seizure Disorder Plan of Care and attain student-specific training in the emergency responses required under the Plan of Care.
- ii. Review and implement the Seizure Plan of Care for any student with whom they have direct contact, and for those on the School Care Team, participate in student-specific training.
- iii. Participate in training on seizures, annually and as otherwise required by the school board.
- iv. Support a student's daily or routine management of their condition, and respond to medical emergencies that occur during school, in accordance with Board policies and procedures.
- v. Follow strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and co-curricular activities, as identified in the student's Seizure Plan of Care.
- vi. Share information on a student's signs and symptoms of a seizure with classmates and volunteers, and inform as to appropriate bystander response during and after a seizure, as outlined in the Seizure Plan of Care and with authorization from parents / guardians.
- vii. Identify a student with epilepsy / seizure disorder to occasional staff through the online absence reporting portal and the absent educator's supply plans, and ensure that the Plan of Care is available and in an organized, prominent and accessible format for occasional teachers and occasional support staff.
- viii. Support inclusion by enabling students with seizures to participate in school to their full potential, as outlined in their Seizure Plan of Care.
- ix. Ensure the student's Seizure Plan of Care is carried and followed, along with required materials (e.g., emergency medication, specialized equipment), and the risk of exposure to causative triggers are identified and minimized on school trips, excursions, co-curricular activities and co-operative education placements.

- x. Support a student's inclusion by allowing them to perform daily or routine management activities in a school location, as outlined in their Plan of Care, while respecting the confidentiality and dignity of the student

d. Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

- i. Ensure there is a process in place to collate and share with staff the information on students with epilepsy / seizure disorder collected through the Registration Form or the annual Verification Form.
- ii. Encourage the identification of staff who can support the daily or routine management needs of students in the school with epilepsy / seizure disorder, while honouring the provisions of the collective agreement.
- iii. Ensure that parents/guardians are aware of their duty to notify the school of their child's diagnosis, and any changes to their child's condition.
- iv. Ensure a Seizure Plan of Care is co-created, reviewed, or updated by the parent, in consultation with the student and school staff, within the first 30 days of the school year or as soon as possible for new registration, or following a new diagnosis.
- v. Maintain a Student Medical File for each student with seizure disorder and include information such as a the Seizure Plan of Care, a copy of any prescriptions, the signed Request for School Personnel to Administer Prescribed Medication Form, and/or Authorization for Self-Administration of Prescribed and Emergency Medication by Student Form, the Medical Emergency Record, and OSBIE Student Incident Reports.
- vi. Share the Seizure Plan of Care with all parties identified in the plan, as authorized by the parent.
- vii. Ensure a process is in place to support students with seizure disorder on field trips, excursions and co-curricular activities, and include their Seizure Plan of Care with all other materials required for these events (e.g., emergency medication, specialized equipment).
- viii. Collect from the parent two non-expired doses of the emergency medication labelled with the student's name and prescription details. One dosage is to be stored in a secure but unlocked, accessible location (i.e., the office) and the second in close proximity to the child.
- ix. Ensure that staff complete the necessary training, annually and as otherwise required by the school board.
- x. Identify a School Care Team of staff, in the Seizure Plan of Care, who can support and respond to the needs of the student during a seizure and throughout recovery. The School Care Team must be comprised of a minimum of two staff members.

- xi. Communicate with staff their roles and responsibilities to support a student with a seizure disorder and review the student's Seizure Plan of Care, as well as provide student-specific training for those on the School Care Team.
- xii. Ensure there is a process in place by which all relevant occasional staff are informed of the presence of a student with seizures and are provided with a copy of the student's Seizure Plan of Care, as authorized by the parent/guardian.
- xiii. Develop a plan to respond to a seizure emergency during a school emergency (e.g., evacuation, hold and secure, lockdown).
- xiv. Document on the Medical Emergency Record and communicate with parents / guardians a seizure incident, including the administration of emergency medication, as outlined in the Seizure Plan of Care. Document a seizure emergency involving Emergency Medical Services by filing an OSBIE Student Incident Report online and a copy in the Student Medical File.
- xv. Implement strategies that reduce the risk of exposure to environmental triggers that can cause a seizure.
- xvi. Coordinate a case conference with relevant healthcare providers, parents / guardians, staff and paramedics, as deemed necessary. In cases where emergency medication is to be administered by paramedics, a case conference with their participation must occur.
- xvii. Debrief a seizure emergency with staff, as appropriate, to review the Plan of Care.
- xviii. Ensure that occasional teachers have access to the Student's Plan of Care and are familiar with emergency procedures.
- xix. Ensure that medication and medical supplies are safely stored.
- xx. Ensure that personal health information is safely and confidentially stored and destroyed as necessary.
- xxi. Communicate with parents in medical emergencies, as outlined in the Plan of Care.

e. School Board

The Halton District School Board will:

- i. Post the Supporting Students with Epilepsy Administrative Procedure, and related forms and resources, with any updates, on the HDSB public website and myHDSB employee site.
- ii. Provide annual staff training on epilepsy / seizure disorder within the first 30 days of each school year.
- iii. Develop strategies for supporting students with seizures.
- iv. Consider the Supporting Students with Epilepsy Administrative Procedure when entering into contracts with transportation, food services, and other providers.
- v. Develop expectations for schools to support the safe storage and disposal of medication and medical supplies.

- vi. Ensure that students' personal health information is safely and confidentially stored and destroyed when no longer necessary.
- vii. Raise awareness of their policies and procedures relating to student health needs.

2. Plan of Care

The Epilepsy and Seizure Plan of Care is a form that contains individualized information on the student's condition, strategies to avoid triggers, actions to take to maintain the student's safety during and after a seizure, and emergency medical response.

The Epilepsy and Seizure Plan of Care shall be co-created, reviewed or updated by the parents / guardians in consultation with the principal, designated staff and the student within the first 30 days of the school year, or as soon as possible upon registration or diagnosis.

A School Care Team, with a minimum of two staff, will be identified on the Epilepsy and Seizure Plan of Care. Specific responsibilities of the School Care Team in supporting, monitoring and responding to a seizure incident or emergency will be delineated. The School Care Team will receive student-specific training by the parent and/or healthcare provider on the implementation of the Epilepsy and Seizure Plan of Care.

Parents / Guardians have the authority to designate who is provided access to the Epilepsy and Seizure Plan of Care. With authorization from parents / guardians, the Epilepsy and Seizure Plan of Care will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with epilepsy / seizure disorder (e.g. food service providers, transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Located in the educator's daybook and/or occasional educator plans.

3. Facilitating and Supporting Daily or Routine Management

In general, students with seizures can progress through growth and developmental stages normally. An inclusive approach should be taken to all regular school activities, including sports, according to each student's individual Epilepsy and Seizure Plan of Care.

Many students with seizures successfully control their condition with medication. Students with seizures may require routine medication for their condition during the day or as an emergency response during a seizure. Routine medications, with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's

Administrative Procedure “Administration of Prescribed and Emergency Medication – Elementary and Secondary”.

Two doses of emergency medications shall be provided to the school. One dosage should be kept in a secure but accessible location in the office. The second dosage should be kept in close proximity to the student and known to all staff who come in contact with the student.

4. Emergency Response

“Emergency” is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are to be trained annually in the emergency response to a seizure. The individualized response to an emergency shall be detailed in the student’s Epilepsy and Seizure Plan of Care. Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the Epilepsy and Seizure Plan of Care.

In addition to the specifics detailed in the Epilepsy and Seizure Plan of Care, it is considered an emergency when:

- i. A student is not diagnosed with epilepsy.
 - ii. Student is injured or has diabetes.
 - iii. Student has difficulty breathing.
 - iv. Student has a seizure in water.
- a. Seizure emergency - basic first aid:
- i. Keep calm. Track the time and duration of the seizure.
 - ii. Keep the student safe. Protect the student’s head.
 - iii. Do not restrain or interfere with the student’s movements. Roll the individual onto their side as soon as possible.
 - iv. Clear the area.
 - v. Administer emergency medication as outlined in the student’s Epilepsy and Seizure Plan of Care.
 - vi. Not place anything in the person’s mouth. Monitor breathing.
 - vii. Stay with the student until fully conscious, talking with them calmly until re-oriented, allow them to rest before returning to regular activities.
 - viii. Document details on the Medical Emergency Record.

- b. In the event of an seizure emergency requiring Emergency Medical Services, staff will:
 - i. Call 9-1-1. Tell them someone is having a seizure.
 - ii. Call, or direct another adult to call, the emergency contact person.
 - iii. Transport the student to the hospital by ambulance.
 - iv. Complete an OSBIE Student Incident Report.

5. Documentation

The principal shall maintain the following for each student with epilepsy / seizures:

- i. An Epilepsy and Seizure Plan of Care that is co-created with the parents / guardians and student, and reviewed or updated each year.
- ii. A signed Request for School Personnel to Administer Prescribed and Emergency Medication Form and/or Authorization for Self-Administration of Prescribed and Emergency Medication by Student Form.
- iii. Accurate data entry in the student information system that flags students with a life-threatening condition - medical peril - epilepsy /seizure.
- iv. Medical Emergency Record is completed whenever a seizure occurs. In the event that Emergency Medical Services are required, an OSBIE Student Incident Report is filed online and a copy placed in the Student Medical File.
- v. A Student Medical File for each student with epilepsy / seizure disorder, containing all relevant documentation.

6. Liability

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in action or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to, ... (b) and individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

