

SD 42 PROCEDURE 9610.2

SEIZURES

Purpose(s)

To provide guidelines for developing school action plan that creates a safe and healthy environment as is reasonably possible for students with seizures.

Definition

Seizures happen when the brain's electrical pathways are temporarily interrupted. These interruptions can happen frequently, rarely or only in extreme circumstances (stress, etc.). Children can experience many types of seizures. Length, presentation of behaviours and severity are unique to each student.

Process

1. The parent(s)/guardian(s) will inform the principal of the student's seizure condition.
 2. The principal will provide the parent(s)/guardian(s) with the **Seizure Action Plan & Medical Alert Information form. (attached)**
 3. The parents/guardians and the student's most responsible practitioner (MRP) are to complete the Seizure Action Plan & Medical Alert Information form.
 4. The principal will arrange a Parent Information Sharing Session with the parent(s)/guardian(s) and identified school staff to review the Seizure Action Plan & Medical Alert Information form.
 5. If a student requires a seizure first aid and seizure rescue interventions such as VNS, Midazolam or Lorazepam (Ativan) as indicated in Part 4, Step 2 of the Seizure Action Plan & Medical Alert Information form:
 - a) Each step/item must be completed on the **Nursing Support Services (NSS) School Checklist- Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting (attached-fillable)**.
 - b) This form must be verified by the most appropriate person at the school to ensure that all steps have been completed.
- Also, the **Nursing Support Services (NSS) Seizure Rescue Intervention Training Request Form for Schools (attached)** must be completed.
 - This form will need to be faxed to 604-708-2127 or emailed to nssreferrals@cw.bc.ca.
 - An NSS Coordinator will contact the school to coordinate a NSS Seizure Rescue Intervention and Training session with the school staff.

- Prior to the NSS rescue intervention training session, ensure that all of the staff identified have completed the **Seizure Rescue Intervention for Non-Medical School Staff module** on the Learning Hub (link and sign-up instructions provided on the Nursing Support Services (NSS) School Checklist in Step 4.)
 - It is important to note that training is a mandatory component of seizure care in the school setting and must be completed before school staff may administer medications.
 - Until training is complete, any school staff who have previously been trained in Seizure First Aid (e.g., through a Public Health Nurse or Epilepsy BC) **and** who have been to the parent/guardian information sharing session may be able to provide basic seizure first aid as per the student's Seizure Action Plan & Medical Alert Information form.
6. Rescue medications (Lorazepam (Ativan) or Midazolam) must be in a pharmacy labelled container, package or vial with the student's name, medication name, dosage, route of administration, indication for use, and expiry date.
 7. Medications will be stored in a secure location, and these locations will be made known to all staff.
 8. With permission from the student's parent(s)/guardian(s), other students and parent(s)/guardian(s) in the class may be given information about the student's condition. Medical alert information (with an up-to-date photograph of the student) may be posted at various locations such as the student's classroom, medical room and any other room used on a regular basis by the student.
 9. The Seizure Action Plan & Medical Alert Information Form must be in the Medical Alert Binder and placed in the TTOC class binder.

UPDATED: Dec. 2024

Seizure Action Plan & Medical Alert Information Care and Protocol

Student's Name _____ Date of Birth _____

This form is a communication tool for use by parents/guardians and the student's most responsible practitioner (MRP) to document and share information with the school in order for school staff to provide seizure care at school. Please review and update this form yearly or sooner if the student has a seizure at school or if there have been any changes in the student's condition and/or treatment.

Instructions for completion of this form:

Parent/guardian to complete all orange sections	MRP to complete all green sections	School to complete all blue sections
---	------------------------------------	--------------------------------------

SAP Start Date: _____ SAP Expiry Date: June 30th, 20 ____ SAP Review Date(s): _____
NOTE: If the SAP start date is after May 1st, the SAP may be set to expire on June 30th of the following year

PART 1: PARENT/GUARDIAN to fill in this information

Name of Student:	Date of Birth:	Care Card Number:	Date Plan Initiated:
School:	School Year:	Grade/Division:	Teacher:

CONTACT INFORMATION: Please indicate who is to be called first and at which number

Parent/Guardian 1:	Name: _____			
	<input type="checkbox"/> Call First	<input type="checkbox"/> Cell Number: _____	<input type="checkbox"/> Work Number: _____	<input type="checkbox"/> Home Number: _____
Parent/Guardian 2:	Name: _____			
	<input type="checkbox"/> Call First	<input type="checkbox"/> Cell Number: _____	<input type="checkbox"/> Work Number: _____	<input type="checkbox"/> Home Number: _____
Other/Emergency:	Name: _____			Relationship: _____
	<input type="checkbox"/>	<input type="checkbox"/> Cell Number: _____	<input type="checkbox"/> Work Number: _____	<input type="checkbox"/> Home Number: _____
MRP/Neurologist	MRP (name): _____			Phone Number: _____

SEIZURE INFORMATION:

Describe what your child's seizures (single seizures or cluster seizures) look like so the non-medical school staff can recognize them.	
Describe how long your child's seizures normally last.	
Describe any auras (warning signs) that your child is going to have a seizure.	
Describe any triggers that may make a seizure more likely (e.g., illness, lack of sleep).	
Describe how your child usually behaves after a seizure.	
When was the last time your child had a seizure rescue medication?	

Seizure Action Plan & Medical Alert Information Care and Protocol

Student's Name _____ Date of Birth _____

PART 2A: PARENT/GUARDIAN and SCHOOL to fill in this information

Signature(s) for After the Parent/Guardian Information Sharing Session with the School-Based Team

By signing below, I/we _____ confirm that I/we have reviewed the information in
Parent/guardian name(s)
 this Seizure Action Plan and Medical Alert Information form with my child's school-based team on _____
Date

Parent/Guardian Name	Parent/Guardian Signature	Date:
Parent/Guardian Name	Parent/Guardian Signature	Date:

PART 2B – SCHOOL to fill in this information (School Based Team Information)

School Based Team Lead or School Administrator: _____

Non-medical school staff who attended the parent information session and NSS Seizure Rescue Intervention Training (if applicable).

Non-Medical School Staff Name	Date of attendance at parent/guardian information session with school-based team	Date of attendance at NSS Seizure Rescue Intervention Training (If applicable)

PART 3: MRP to fill in this information

If applicable, list any daily anti-seizure scheduled medication(s) needed **at school** (that **cannot** be scheduled before/after school):

Medication	Dosage	Frequency	Time of day to be taken at school	Comments

I, the undersigned MRP agree that the: (MRP to tick all and sign)

- student's seizure care can be safely managed in the school setting as per the care and protocol below.
- care and protocol orders for the school setting are the same that have been prescribed for the home/other community contexts.
- parent/guardian has been trained in the ordered seizure rescue intervention(s) (if applicable) and is capable of administration in the absence of a health care provider.
- parent/guardian can communicate with the non-medical school staff about the care and protocol steps below.

I, the undersigned MRP understand that: (MRP to tick only if applicable)

- the seizure rescue intervention orders I ordered below are different than the BCCH standard orders for seizure rescue.

Prescriber Name: _____ BC College # or BCCNM Registration # _____

Prescriber Signature: _____ Clinic Phone Number: _____ Date: _____

PART 4: PROTOCOL FOR SCHOOL STAFF TO FOLLOW – PARENT/GUARDIAN AND MRP to fill in this information

If the student has a seizure at school, follow the steps below. Note that not all steps will be applicable for all students.

Step	Steps to be Followed by School Staff During a Seizure	Who Fills in Each Step
<p>STEP 1</p>	<p>At the start of the seizure:</p> <p>a) Stay calm, stay with the student, and provide reassurance.</p> <p>b) Call for help from people around you.</p> <p>c) Time the seizure.</p> <p>d) Keep student safe from injury.</p> <ul style="list-style-type: none"> • Protect head, put something under head, remove glasses, clear area around student of hard or sharp objects. • Do not restrain. • If possible, ease student to the floor and position on side. If the student is in wheelchair/stander/walker, they may remain in their mobility device, unless their airway is blocked. • Do not put anything in student's mouth. <p>e) Keep airway open. Watch breathing.</p> <p>f) Other steps that need to be taken in school if student has a seizure:</p> <ul style="list-style-type: none"> • _____ • _____ 	<p><i>Parent/ guardian to fill in this information</i></p>
<p>STEP 2</p>	<p>If student has a seizure at school, the student: (tick one)</p> <p><input type="checkbox"/> <u>does not</u> require any seizure rescue intervention (beyond first aid), GO TO STEP 4 on the following page.</p> <p><input type="checkbox"/> <u>requires</u> a seizure first aid and seizure rescue intervention(s), GO TO STEP 3 below.</p>	<p><i>MRP to fill in this information</i></p> <p><i>MRP must also complete and sign PART 3 above</i></p> <p><i>MRP please round order for midazolam to the nearest 0.0 or 0.5 mL</i></p>
<p>STEP 3</p>	<p>If the student has a seizure at school:</p> <p><input type="checkbox"/> Swipe the VNS once at onset of seizure. If seizure does not stop, swipe once every ___ seconds to a maximum of ___ times. If seizure has not stopped after ___ minutes, <input type="checkbox"/> provide rescue medication as per below <input type="checkbox"/> call 911</p> <p><input type="checkbox"/> If the VNS has already been swiped and seizure stopped, but the student seizes again while waiting for parent/ambulance, VNS: <input type="checkbox"/> may not be used again OR <input type="checkbox"/> may be swiped again (as per above) ___ minutes after the last swipe.</p> <p><input type="checkbox"/> If student has a single seizure that lasts longer than ___ minute(s) OR</p> <p><input type="checkbox"/> If student has more than ___ seizures in ___ minutes (cluster seizures)</p> <p>Give ___ mg of lorazepam buccal <i>** (MRP note: BCCH standard is for seizures longer than 5 minutes and/or more than 3 seizures in 30 minutes)</i></p> <p>Give the single pharmacy labelled dose of lorazepam as provided by parent/guardian. If student has already had lorazepam at school, do not give another dose, call 911.</p> <p><input type="checkbox"/> If student has a single seizure that lasts longer than ___ minute(s) OR</p> <p><input type="checkbox"/> If student has more than ___ seizures in ___ minutes (cluster seizures)</p> <p>Give ___ mg of midazolam <input type="checkbox"/> intranasal OR <input type="checkbox"/> buccal <i>** (MRP note: BCCH standard is for seizures longer than 5 minutes and/or more than 3 seizures in 30 minutes)</i></p> <p>Draw up midazolam to the line marked on the syringe as you were shown by parent/guardian and give to student. If student has already had midazolam at school, do not give another dose, call 911.</p>	

Seizure Action Plan & Medical Alert Information Care and Protocol

Student's Name _____ Date of Birth _____

STEP 4	<p>If the student has a seizure at school, call 911 (tick at least one):</p> <p><input type="checkbox"/> as soon as seizure starts.</p> <p><input type="checkbox"/> if seizure has not stopped after _____ minutes</p> <p><input type="checkbox"/> if seizure has not stopped _____ minutes after rescue intervention was given</p> <p><input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> if the student does not completely recover or return to their usual self after the seizure event.</p> <p><input checked="" type="checkbox"/> If the student is injured during the seizure.</p> <p><input checked="" type="checkbox"/> if the student has diabetes.</p> <p><input checked="" type="checkbox"/> if the student has breathing difficulties or looks grey or blue (cyanotic) after the seizure.</p> <p><input checked="" type="checkbox"/> if the student has breathing difficulties or looks grey or blue (cyanotic) after the seizure rescue intervention.</p> <p><input checked="" type="checkbox"/> if the seizure occurs in water.</p> <p><input checked="" type="checkbox"/> if it is the students first time having a seizure.</p> <p><input checked="" type="checkbox"/> as soon as the rescue medication is given if this is the first time the student is getting the rescue medication.</p>	<i>MRP to fill in this information</i>
STEP 5	<p><i>If the student has a seizure at school, call parent/guardian: (tick one)</i></p> <p><input type="checkbox"/> at onset of seizure.</p> <p><input type="checkbox"/> If seizure has not stopped after _____ minutes</p> <p><input checked="" type="checkbox"/> If seizure rescue medication is given as parent/guardian will need to pick up student from school within 30 minutes. If parent/guardian does not arrive in 30 minutes, call 911.</p> <p><input checked="" type="checkbox"/> Other; please specify: _____</p>	<i>Parent/guardian to fill in this information</i>
STEP 6	<p><i>Once the student's seizure stops:</i></p> <p>a) Stay with the student until they are fully awake.</p> <p>b) Reassure the student.</p> <p>c) Reorient student to their surroundings.</p> <p>d) Allow the student to rest. Keep the environment calm and quiet. Do not give the student any food or drink until they are fully recovered.</p> <p>e) Call parent/guardian if you have not already called them.</p> <p>f) Other student specific needs: (e.g., Student will need to leave the classroom. Student will need to lie down.)</p> <ul style="list-style-type: none"> • _____ • _____ 	<i>Parent/guardian to fill in this information</i>
STEP 7	<p>a) Share this seizure action plan with the Emergency Medical Services (i.e., Paramedics) when they arrive.</p> <p>b) Give Emergency Medical Services Paramedics a report of what happened and the care the student received.</p>	
STEP 8	<p>Record the seizure information on the Seizure Log located on the last page of this Seizure Action Plan, and return the completed form to the school administration.</p>	
STEP 9	<p>School and parent/guardian and/or MRP to review the SAP and make changes if needed. Parents/guardians may make changes in the orange sections, the school may make changes to the blue sections, the MRP may make changes in the green sections. The family will share with the school/school staff any changes made to the plan, and the school will submit a new Request for NSS Training form if the MRP has ordered (1) a change the type of rescue intervention/medication (e.g. midazolam to lorazepam or the addition of a VNS) or (2) a change in route of midazolam administration (i.e. buccal to intranasal, or intranasal to buccal).</p>	

Seizure Action Plan & Medical Alert Information

Seizure Log

Student's Name _____ Date of Birth _____

Seizure Log

Date:		Time started:	
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):			
How long did the seizure last?		Where did seizure occur (location)?	
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)			
Time parent called:		Time 911 called:	
Did student return to usual self after the seizure? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Comments:	
Recorder's Name:		Initials:	
Date:		Time started:	
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):			
How long did the seizure last?		Where did seizure occur (location)?	
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)			
Time parent called:		Time 911 called:	
Did student return to usual self after the seizure? <input type="checkbox"/> Y <input type="checkbox"/> N		Comments:	
Recorder's Name:		Initials:	
Date:		Time started:	
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):			
How long did the seizure last?		Where did seizure occur (location)?	
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)			
Time parent called:		Time 911 called:	
Did student return to usual self after the seizure? <input type="checkbox"/> Y <input type="checkbox"/> N		Comments:	
Recorder's Name:		Initials:	

Checklist Instructions
<p>Each step/item in the following checklist must be completed prior to a school staff being able to provide the seizure rescue intervention(s) to the student in the school setting.</p> <p>The most appropriate person at the school must verify that all of the steps have been completed and that the school staff are ready to provide the student-specific seizure rescue intervention(s).</p>
Step 1 - Seizure Action Plan and Medical Alert Information Form (SAP)
<p><input type="checkbox"/> Confirm that the Seizure Action Plan and Medical Alert Information Form (SAP) form is fully completed and available at the school.</p>
Step 2 - Identification of School Staff
<p><input type="checkbox"/> Identify the non-medical school staff who will be trained to provide the student’s seizure rescue intervention(s) in the school setting.</p>
Step 3 - NSS Seizure Rescue Intervention Training Request Form
<p><input type="checkbox"/> Complete the NSS Seizure Rescue Intervention Training Request form and fax it to 604-708-2127 or email it to nssreferrals@cw.bc.ca</p> <p style="text-align: center;">*** Note: It is best practice to ensure steps 4-6 are completed before the NSS the rescue intervention training session (step 7) however, this is not mandatory. ***</p>
Step 4 - Seizure Rescue Intervention Training for Non-medical School Staff online learning module
<p><input type="checkbox"/> Prior to the NSS rescue intervention training session, ensure that all of the staff identified in step 2 have completed the Seizure Rescue Intervention for Non-Medical School Staff module on the Learning Hub (Sign-Up Instructions). A certificate is provided to participants upon completion of the online training module, and can be provided to school administration to verify the training has been completed.</p>
Step 5 – Parent/Guardian Information Sharing Session
<p><input type="checkbox"/> Hold an information sharing session with the student’s parent/guardian, the non-medical school staff who were identified in step 2, and school administrator/case manager. During this session, all the information in the student’s SAP is to be reviewed, including:</p> <ul style="list-style-type: none"> • A description of what the student’s seizures look like so the non-medical school staff can recognize them. • A description of how long the student’s seizures normally last. • A description of any auras (warning signs) that would indicate the student is going to have a seizure. • A description of any triggers that may make seizures more likely (e.g., illness, lack of sleep flashing lights). • A description of how the student usually behaves after a seizure. • A description of the student’s typical seizure patterns: <ul style="list-style-type: none"> ○ time of day they typically happen ○ how long they typically last (duration) and, ○ how often they typically occur (frequency). • A description of any student specific care that is to be provided during and/or after a seizure. • Any student-specific instructions for seizure first aid (e.g., what would the school staff do if the student has a

seizure while in a wheelchair).

- Rescue intervention:
 - when to provide the rescue intervention (e.g. if seizure lasts longer than __ minutes);
 - what intervention to provide (e.g., lorazepam medication); and,
 - how much of the rescue medication to provide (e.g., 1 tablet).
- If the student uses midazolam as their rescue intervention, a demonstration of how the school staff should line up the plunger with the pre-marked line (or tape) on the syringe that the parent/guardian has marked to ensure that the correct dose will be given. This demonstration will be done using the student's supplies.
- Completing seizure log (i.e., how, what, and where to document any seizures and/or seizure rescue intervention(s) provided to the student).
- When to call 911.
- When to call the parent/guardian.

Step 6 – Seizure Rescue Intervention Supplies at School

- Confirm that the appropriate supplies are available at school (as per the order on the SAP). **Note:** a student may have only one rescue medication (either lorazepam or midazolam) as their seizure rescue intervention, or they may have both a medication (either lorazepam or midazolam) and a Vagus Nerve Stimulator (VNS) as their rescue interventions. If the student has midazolam as their rescue intervention, they must have either buccal midazolam or intranasal midazolam, but not both.
 - Lorazepam (Ativan) sublingual tablet(s) – a **single dose** in a pharmacy labeled container/package with the student's name, medication name, dosage, route of administration, indication for use, and expiry date.
 - Midazolam in a pharmacy labeled vial with the student's name, medication name, dosage, route of administration, indication for use, and expiry date, **and:**
 - a 3 ml luer-lock syringe marked with the appropriate dosage (number of millilitres) prescribed for the student. The **dosage must be marked on the syringe** by the parent/guardian either by drawing a line or by marking with a piece of tape.
 - a blunt needle to withdraw the medication from the midazolam vial.
 - a nasal atomizer (for intranasal administration only).
 - Vagus Nerve Stimulator (VNS) - the student's magnet may be a wrist band/watch or a pager/belt clip style.

Step 7 - NSS Seizure Rescue Intervention Training Session

- Confirm that the school staff identified in step 2 have attended the NSS Seizure Rescue Intervention Training session and the NSS Coordinator has provided the school with a copy of the completed and signed NSS Seizure Rescue Intervention Training Documentation Record.

IMPORTANT: The school staff identified in step 2 **are not able** to provide any seizure rescue intervention(s) until all 7 of these steps above have been completed and confirmed by the school. Prior to these steps being completed, any school staff who have previously been trained in seizure first aid (e.g., through a Public Health Nurse or Epilepsy BC) **and** who have been to the parent/guardian information sharing session may be able to provide basic seizure first aid as per the student's SAP and any applicable school district policies/directives.

SCHOOL TO COMPLETE: NSS Seizure Rescue Intervention Training Request

NSS offers training for non-medical school staff in how to provide physician/provider-ordered seizure rescue interventions to students in kindergarten through grade 12, as per the student’s Seizure Action Plan and Medical Alert Information Form (SAP). This physician/prescriber’s order for the rescue intervention must have been dated within the previous 12 months.

NSS offers training for non-medical school staff in how to:

- administer buccal lorazepam (Ativan)
- administer intranasal midazolam
- administer buccal midazolam
- use a Vagus Nerve Stimulator (VNS)

Parents/guardians are responsible for completing and reviewing the SAP with the school and the school staff during the Parent Information Sharing Session with the school.

This training is 1 of 7 steps involved in the process of preparing school staff to administer seizure rescue intervention(s) in the school setting. Please refer to [Learn about seizure care in the school setting on the BCCH website](#)

Once this form is complete, fax it to **604-708-2127** or email it to nssreferrals@cw.bc.ca. An NSS Coordinator will contact you to coordinate a NSS Seizure Rescue Intervention Training session with the school staff. Your request will be processed in the order it is received.

If you have questions about training or completing this request form, please email nssreferrals@cw.bc.ca.

If you have any questions about any components of the SAP, please reach out to the student’s parent/guardian and/or the prescribing physician.

SCHOOL DISTRICT		NAME OF SCHOOL		
STREET ADDRESS			CITY	
PHONE NUMBER	FAX NUMBER		EMAIL	
PRIMARY SCHOOL CONTACT		PHONE	EMAIL	

- Training request is for (select one or both):
- new/initial request for non-medical school staff who **have not been** previously trained by NSS.
 - refresher for non-medical school staff that **have been** previously trained by NSS.

- Training request is for (select **only one**)
- administration of buccal lorazepam (Ativan)
 - administration of intranasal midazolam
 - administration of buccal midazolam
- Training request is for (leave blank if not applicable)
- use of a Vagus Nerve Stimulator (VNS)

This information is on the student’s SAP

- Number of non-medical school staff who will be attending the NSS training session: _____

Date training request submitted: _____