ACCESSIBILITY:

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Sample Epilepsy/Seizure Student Plan Of Care

Epilepsy Plan of Care Alert - Draft

Student Name **OEN** **Board ID #** **Grade** **DOB**

School Family

School

Additional Contact Information

Created By	Created	Last Edit By	Last Edited	Status	Finalized
				Draft	

EMERGENCY MEDICATION

Yes ○ No ○ Has an emergency rescue medication been prescribed?

KNOWN SEIZURE TRIGGERS
CHECK ALL THOSE THAT APPLY

- ☐ Stress
- ☐ Changes In Diet
- ☐ Illness
- ☐ Other
- ☐ Menstrual Cycle
- ☐ Lack of Sleep
- ☐ Improper Medication Balance
- ☐ Inactivity
- ☐ Electronic Stimulation (TV, Videos, Florescent Lights)
- ☐ Change in Weather

Any Other Medical Condition Or Allergy?

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION

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	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? Yes ○ No ○

If yes, describe process for returning student to classroom:

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
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:
- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

Identification of Symptoms:

EMERGENCY TREATMENT PLAN:

When to call 911:

When to call home:

AUTHORIZATION/PLAN REVIEW

STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED
_____	_____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes ○ No ○ _____ School Bus Driver/Route # (If Applicable) _____

After-School Program Yes ○ No ○ _____ Other: _____

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

It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

The following will be shared with appropriate school staff and others, and/or posted:

- ☐ Student Plan of Care - on file in Office and with Classroom Teacher
- ☐ Identification and Emergency Treatment Plan - posted in classroom
- ☐ Identification and Emergency Treatment Plan (STSWR) - shared with Student Transportation Services of Waterloo (if applicable)
- ☐ At-a-Glance - posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s)/Student 18+:	_____ Signature	_____ Date
Student Over 16:	_____ Signature	_____ Date
Principal:	_____ Signature	_____ Date

This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M-56 and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information, please contact the Principal of your child's school.