



Niagara Catholic District School Board

STUDENT EPILEPSY MANAGEMENT

ADMINISTRATIVE OPERATIONAL PROCEDURES

300 – School/Students

No 302.1.4

Adopted Date: February 26, 2019

Latest Reviewed/Revised Date: December 20, 2022

PURPOSE

The purpose of the Student Epilepsy Management Administrative Operational Procedures is intended to ensure that school staff and any others in contact with a student diagnosed with epilepsy are familiar with the student's Individual Student Epilepsy Plan of Care (Appendix A) and are prepared to respond in an emergency.

Epilepsy is a common disorder of the central nervous system characterized by recurrent seizures. A medical diagnosis of epilepsy is based on multiple pieces of information: medical history; family history; diagnostic assessment; and the description of the seizure episodes. A health care professional may consider epilepsy as a possible diagnosis when a person has had two or more seizures starting in the brain.

The Board recognizes that all students diagnosed with epilepsy have a right to participate fully in opportunities and experiences that all students enjoy.

Parents/Guardians have the primary responsibility to inform school administration about their child's epilepsy diagnosis and to collaborate with school staff in the development of an Individual Student Epilepsy Plan of Care.

Open and ongoing communication between parents/guardians, school staff, and any others in contact with or supporting the medical needs of the student is necessary to ensure a safe, caring, and inclusive learning environment.

When a staff member is responding to a student's medical emergency, they are acting in accordance to the principle of "in loco parentis" and are not acting as a health care professional.

UNDERSTANDING SEIZURE EPISODES

A seizure is an electrical disturbance in the brain caused by brain cells firing in a highly rhythmic fashion. Types of seizures are dependent on the part of the brain and how much of it is affected by the electrical disturbance. Seizures may take different forms, including blank stares, uncontrolled movements, altered awareness, odd sensations, or convulsions.

Most seizures can be categorized as either focal or generalized.

Focal (also known as partial) seizures occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. Focal seizures can be classified as focal seizures with retained awareness or focal seizures with a loss of awareness. Sometimes seizures begin as focal (or partial) and then spread and become generalized. These are referred to as focal (or partial) seizures secondarily generalized.

Generalized seizures occur when there is wide-spread seizure activity in both hemispheres of the brain. The different types of generalized seizures are: absence seizures (formerly known as petit mal); tonic-clonic or convulsive seizures (formerly known as grand mal); atonic seizures (also known as drop attacks); clonic seizures; tonic seizures; myoclonic seizures.

Seizure episodes may be triggered by a number of internal or external factors.

Internal factors such as stress, excitement or over-stimulation, lack of sleep (or sleep in general), fevers, menstrual cycle, and changes in the body's hormone levels may lower a person's resistance to seizures.

External factors such as diet, consuming stimulants (such as tea, coffee, chocolate, sugar, sweets, soft drinks, excess salt, spices, and animal proteins) may trigger seizures by suddenly changing the body's metabolism. Allergic reactions to certain foods may also trigger seizures. Very warm weather, hot baths or showers, especially when there is a sudden change in temperature have also been known to induce seizure episodes. Alcohol can affect the rate at which the liver breaks down anti-epileptic medication, thereby affecting an individual's seizure control. Television, videos and flashing lights that produce a "strobe effect" from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all trigger seizures. Lack of physical activity is another potential external trigger.

General symptoms or warning signs of a seizure may include:

- Staring
- Jerking movements of the arms and/or legs
- Stiffening of the body
- Loss of consciousness
- Breathing problems or stopping breathing
- Loss of bowel or bladder control
- Falling suddenly for no apparent reason, especially when associated with loss of consciousness
- Not responding to noise or words for brief periods of time
- Appearing confused
- Nodding head rhythmically, when associated with loss of awareness or with loss of consciousness
- Periods of rapid eye blinking and staring
- Blank stare
- Vomiting
- Sweating
- Dilation

An individualized Epilepsy Plan of Care must be developed for all students diagnosed with epilepsy which outlines student specific rapid response steps and emergency actions when the student experiences a seizure episode. In general, when encountering or supporting someone who is experiencing a seizure episode:

- Stay calm: Seizures typically end on their own after a few seconds or minutes.
- Time the seizure episode: Note what time the seizure begins and ends.
- Create a safe space: Move sharp objects out of the way, place something soft under the person's head and roll them on their side as the seizure subsides, and stay by the person as the seizure episode subsides.
- Do not restrain the person experiencing a seizure episode or put anything in their mouth
- Refer to the Epilepsy Plan of Care to determine if the seizure episode meets the criteria to call 911
- Call 911 in situations where there is no Plan of Care in place for the person experiencing a seizure episode.

ROLES AND RESPONSIBILITIES

1. Parents/Guardians:

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting their child and school staff in recognizing potential triggers for seizure episodes and warning signs that a seizure episode may be imminent. At minimum, parents/guardians should:

- 1.1. Educate their child about their condition with support from their child's health care professional as needed.
- 1.2. Inform the school of their child's condition and co-create the Individual Student Epilepsy Plan of Care with the Principal/Designate.
- 1.3. Communicate to the Principal/Designate changes to their child's condition that would necessitate a revision of the Individual Student Epilepsy Plan of Care.
- 1.4. Participate in an annual review of the Individual Student Epilepsy Plan of Care within the first thirty days of a new school year.
- 1.5. Assume responsibility for providing school staff any medications (including rescue medications) that may require administration during the instructional school day.
- 1.6. Seek medical advice or guidance from health care professionals as needed.

2. Students:

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-care and advocacy, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- 2.1. Advocate for their personal safety and well-being in a manner that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-care.
- 2.2. Participate in the development of their Individual Student Epilepsy Plan of Care where appropriate.
- 2.3. Participate in meetings to review their Individual Student Epilepsy Plan of Care where appropriate.
- 2.4. Communicate with their parents/guardians and school staff if they are facing challenges related to their condition at school.
- 2.5. Wear medical alert identification that they and/or their parents/guardians deem appropriate.
- 2.6. If possible, inform school staff if a medical incident or medical emergency occurs.

3. School Staff:

As key partners who support the successful integration of students with epilepsy, school staff will:

- 3.1. Foster a culture of collaborative professionalism to support students with epilepsy by having frequent, open communication with parents, students, and school staff which will support a positive attitude toward students' full inclusion in all school activities.
- 3.2. Review the contents of the Individual Student Epilepsy Plan of Care for any student with whom they have direct contact.
- 3.3. Annually, participate in any relevant training on prevalent medical conditions.
- 3.4. Share information on a student's signs and symptoms with other students if the parents/guardians give written consent and as outlined in the Individual Student Epilepsy Plan of Care.
- 3.5. Post the Individual Student Epilepsy Plan of Care in the classroom and any other designated areas in the school as necessary, while being aware of confidentiality and the dignity of the student. Staff should be aware of the location of all emergency supplies, including rescue medications, if prescribed.
- 3.6. Communicate with parents/guardians in advance regarding classroom activities or other special activities where there is a potential for seizure episodes and determine an appropriate course of action.
- 3.7. Follow procedures outlined in the Individual Student Epilepsy Plan of Care if a student becomes unresponsive at any time or their condition requires medical intervention.

4. Principal:

In addition to the responsibilities outlined under "School Staff", the Principal/designate will:

- 4.1. In conjunction with parents/guardians, the student (if appropriate), school staff and other relevant professionals), develop an Individual Student Epilepsy Plan of Care for each individual student who is identified with epilepsy in accordance with their specific medical requirements. All stakeholders will be invited to attend the Individual Student Epilepsy Plan of Care development case conference, including relevant medical professionals. Principals are also to ensure there is an annual review of the Individual Student Epilepsy Plan of Care and update the plan if necessary.
- 4.2. Provide relevant information from the student's Individual Student Epilepsy Plan of Care to school staff and anyone who may directly encounter the student while they are experiencing a seizure episode (such as transportation personnel) and ensure that any staff assigned a role in the plan are aware of their responsibilities.
- 4.3. Ensure that the Individual Student Epilepsy Plan of Care for each student with epilepsy is posted in all relevant areas (such as the classroom, staff room, office area, health room, etc.) in the school.
- 4.4. Ensure occasional staff are informed about the needs of students with epilepsy under their care.
- 4.5. Ensure that school activities, including excursions, are planned in an inclusive manner to enable

accommodation of students with prevalent medical needs, including epilepsy.

5. School Board:

The Niagara Catholic District School Board is responsible for:

- 5.1. Providing opportunities for staff to build their capacity around supporting students with epilepsy and responding to their medical needs that may include presentations from relevant medical professionals, training or instruction strategies or procedures, or any other relevant information regarding an individual student's needs.
- 5.2. Develop, review, and revise relevant documentation, such as the Individual Student Epilepsy Plan of Care, and any relevant consent documentation.

FORMS

[Individual Student Epilepsy Plan of Care](#)

[Student Epilepsy Management Roles Responsibilities](#)

[Record of Administration of Prescribed and Non-Prescribed Medication](#)

[Administration Prescribed Medication and Non-Prescribed Medication During School Hours](#)

RESOURCES

Epilepsy Niagara: <http://epilepsyniagara.org/resources/>

Epilepsy Ontario: <https://epilepsyontario.org/>

Epilepsy Canada: <https://www.epilepsy.ca/>

Adopted Date:	February 26, 2019
Revision History:	December 20, 2022