

## Appendix 1:

## EPILEPSY PLAN of CARE

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

*Please ensure that this form is filled out legibly and kept up-to-date*

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardians: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

I/we authorize this EPILEPSY PLAN OF CARE to be shared with school staff, occasional staff, volunteers, and disclosed to bus contractors, bus drivers and Student Transportation of Eastern Ontario (STEO), for the purpose of implementing my child's Plan of Care. I agree that the school may post my child's picture and implement emergency measures as outlined.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I do NOT consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Implementation of Plan of Care:**

A copy of the Plan of Care can be located in the School Office. Emergency Protocols for the Plan of Care shall be posted as indicated below:

- school office
- staff room
- gymnasium hallway
- classroom/homeroom
- cafeteria

Consultation and a review of the Plan of Care took place with the parent/guardian and student (as appropriate) on:

Date: \_\_\_\_\_

Review of the Plan of Care took place with the homeroom/classroom teacher school, staff, and volunteers:

Date: \_\_\_\_\_

Review of the Plan of Care took place with and transportation provider on:

Date: \_\_\_\_\_

Plan of Care must be reviewed on or before:

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix 1:

# EPILEPSY PLAN of CARE

STUDENT: \_\_\_\_\_

CLASSROOM/HOMEROOM TEACHER: \_\_\_\_\_

**Possible triggers and inducers for Epilepsy:** stress, poor nutrition, flickering lights, skipping meals, illness, fever and allergies, lack of sleep, emotions such as anger, worry, fear and others, heat and/or humidity.

**Description of seizure type:**

**My child experiences (circle seizure type):** tonic/clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile

**Other (if other or mixed please explain):** \_\_\_\_\_

**My child’s seizures are described as (circle descriptors):** frequency; duration; behaviour before, during and after;

**The actions to be taken when my child has a seizure are:**

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Circle those that apply:**

Poor Nutrition; Skipping Meals	Electronic Stimulation (flickering lights or computer screens, fluorescent lighting)	Illness (such as fever)	Menstruation	Allergies
Lack of Sleep	Heat	Humidity	Emotional Dysregulation: (stress, anger, worry, fear)	Other:

FOOD TRIGGERS	MANAGEMENT
<p><b>1. TRIGGER AVOIDANCE PROTOCOL</b></p> <p><input type="checkbox"/> <b>My child can independently take steps to avoid triggers</b></p> <p><input type="checkbox"/> <b>My child needs supervision to make good decisions to avoid triggers</b></p>	<ul style="list-style-type: none"> <li>• Proper nutrition, including balanced health meals and regular eating schedules may reduce the risk of seizures.</li> <li>• Avoiding attendance at school when exhibiting symptoms of illness</li> <li>• Avoiding attendance at school when exhibiting fever</li> <li>• Management of allergies</li> <li>• Ensuring proper sleep and rest as needed</li> <li>• Ensuring opportunities to cool down, consume water when there is heat and/or humidity</li> <li>• Implementing strategies for emotional regulation, to avoid states of significant upset, stress, anger, worry or fear</li> <li>• Other:</li> </ul>

<p><b>2. REGULAR MEDICATION</b></p> <p><input type="checkbox"/> My child can independently consume prescribed regular nutritional intake</p> <p><input type="checkbox"/> My child requires administration of prescription medication</p> <p><input type="checkbox"/> My child does not require regular prescription medication during school hours</p>	<ul style="list-style-type: none"> <li>• Please follow procedure regarding administration of prescription medication, as necessary</li> <li>• Please follow procedure regarding nutritional protocol:</li> </ul> <p>Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>3. ACTION DURING SEIZURE</b></p>	
<p><b>4. EMERGENCY RESPONSE to SEIZURE</b></p>	<ul style="list-style-type: none"> <li>• In the event of a first time seizure call 911</li> <li>• In the event that a student has diabetes call 911</li> <li>• In the event that a student has trouble breathing call 911</li> <li>• In the event that a student is in the water call</li> <li>• In the event that the student has more than one seizure without regaining consciousness call 911</li> <li>• In the event of a seizure lasting more than: <b>During in minutes:</b> _____</li> <li>• staff may be required to administer emergency medication</li> <li>• and/or staff may be required to call 911</li> </ul>
<p><b>5. LOCATION OF POSTING</b></p>	<p>Plan of Care in classroom(s) _____</p> <p><b>EMERGENCY PROTOCOL</b> shall be posted _____</p>
<p><b>6. STUDENT FILE</b></p>	<p>Location of student's Epilepsy Plan of Care and supporting documents shall be located in the office area and accessible to the principal/designated. Once student is no longer attending the School, the file shall be confidentially disposed.</p>

**Parent/Guardian/Emergency Contacts (Prioritize calls #1, #2, #3, ...)**

	<b>First Name</b>	<b>Last Name</b>	<b>Relationship</b>	<b>Home</b>	<b>Work</b>	<b>Cell #</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						

**EMERGENCY PROTOCOL EPILEPSY PLAN OF CARE  
EPILEPSY EMERGENCY**



Student Name: \_\_\_\_\_  
Last Name
First Name

Classroom/Homeroom Teacher(s) \_\_\_\_\_

Child Wears Medical Bracelet:     YES                     NO

**Possible Triggers and Inducers for Epilepsy**    **Check those below that apply:**

Poor Nutrition; Skipping Meals	Electronic Stimulation (flickering lights or computer screens, florescent lighting)	Illness (such as fever)	Emotional Dysregulation: (stress, anger, worry, fear)	Allergies
Lack of Sleep	Heat	Humidity	Menstruation	Other:

**Student Information**

This child experiences \_\_\_\_\_ seizure type  
 (tonic/clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile, other and/or mixed)

The actions to be taken when this child has a seizure are

**SIGNS, SYMPTOMS and SEIZURE RESPONSE:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>✓ track duration of seizure</li> <li>✓ keep student safe</li> <li>✓ do not restrain or restrict movement</li> <li>✓ do not put object in the student's mouth</li> <li>✓ supervise until student is fully conscious</li> <li>✓ student may require rest time</li> </ul> | <p><b>For Tonic-clonic Seizure also</b></p> <ul style="list-style-type: none"> <li>✓ protect student's head</li> <li>✓ turn student on side</li> <li>✓ keep airway open and monitor breathing</li> </ul> |
|---|--|

Student may require administration of medication if:  
 \_\_\_\_\_  
 \_\_\_\_\_

**WHEN TO CALL 911**

If the student exhibits any of these symptoms

<b>First time seizure</b>	<b>Diabetes</b>	<b>Repeated seizure without regaining consciousness</b>
<b>Breathing difficulties</b>	<b>Emergency medication</b>	<b>Seizure during water activity</b>
<b>Other (Please specify):</b>		

Monitor until Emergency Services Personnel Arrive  
 Staff attendance with student to hospital  
 Communication with parent/guardian or emergency contact

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

## **Appendix 2: TRANSPORTATION GUIDELINES for EPILEPSY PLAN OF CARE**

The Upper Canada District School Board (UCDSB) and the Student Transportation of Eastern Ontario (STEO) recognizes the possible need for assistance by school bus drivers to identified students living with epilepsy:

1. When a student has been identified as having epilepsy, schools/principals shall:
  - a. Submit three (3) copies of STEO Life Threatening Emergency Medical Form, for those students being transported by the Student Transportation of Eastern Ontario (STEO), to the Student Transportation of Eastern Ontario within ten school days from the start of each school year; and
  - b. Resubmit three (3) copies of STEO Life Threatening Emergency Medical Form if there is a change in the student's bus route number.
2. At the beginning of each school year bus drivers will be invited and encouraged to attend the staff training sessions on epilepsy.
3. The General Manager (or designate) of the Student Transportation of Eastern Ontario (STEO) will annually identify, by bus route number and school, students with epilepsy.
4. If a replacement driver operates a route carrying an identified student with epilepsy, or any other life-threatening medical condition that has been documented on a STEO Life-Threatening Emergency Medical Form, the dispatcher must ensure that the replacement driver is aware of the student.
5. Students should be advised not to consume food on the bus, unless pursuant to an accommodation plan.
6. If an identified student living with epilepsy appears to be experiencing a seizure:
  - a) The school bus driver should:
    - a. Secure the vehicle
    - b. Secure the passengers
    - c. Assist the student living with epilepsy to remain safe;
    - d. Track the duration of the seizure;
    - e. Notify the dispatcher of the need for additional assistance;
    - f. Monitor student and await the arrival of emergency response personnel;
    - g. Complete and submit a report to Student Transportation of Eastern Ontario detailing the incident.
  - b) The dispatcher should:
    - a. Confirm with the school bus driver the location and time of the incident
    - b. Advise Emergency 911, the school principal and the General Manager (or designate) of Student Transportation of Eastern Ontario (STEO) of the incident;
    - c. Remain in constant contact with Emergency 911 personnel and the school bus driver.
  - c) The school principal/designate should:
    - a. Contact the student's parent/guardian/emergency contact

## Appendix 3: CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH EPILEPSY

While it is impossible to create a risk-free environment, school staff, students and parents/guardians can take important steps to assist in creating a safer learning environment. Accurate and up-to-date information, protocols, staff education and parental support are essential. This would necessitate co-operation for taking realistic and practical actions supported by everyone involved.

The following information is available from <http://epilepsyontario.org>

### Types of Seizures

There are several different types of seizures. Most seizures can be categorized as either focal or generalized.

#### **1. Focal (or partial) seizures**

Focal (or 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. There are two types of focal seizures:

- Focal seizures with retained awareness. This type of focal seizure was previously known as a simple partial seizure.
- Focal seizures with a loss awareness. This type of focal seizure may also be called a focal dyscognitive seizure (previously known as complex partial seizures)

#### **2. Generalized Seizures**

Generalized seizures occur when there is widespread seizure activity in the left and right 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

### **Additional Seizure Types Section**

#### **Infantile Spasms**

Infantile spasms are a type of epilepsy seizure but they do not fit into the category of focal or generalized seizures.

#### **Psychogenic Non-epileptic Seizures (PNES)**

Psychogenic non-epileptic seizures are not due to epilepsy but may look very similar to an epilepsy seizure.

### Avoidance Strategies

The goal of the board is to provide an informed, safe environment for students with epilepsy and reduce and/or mitigate the triggers that cause a student to have a seizure and to provide caring, knowledgeable responses when a student is or has had a seizure.

Epilepsy is a chronic disorder and may have the same types of effects on children as would a chronic disease. Children with epilepsy must learn to live with this brain disorder. People report that the most frightening thing about seizures is their unpredictability. Epilepsy is episodic. In other words, no one can predict when a seizure will occur. Therefore, it can be more difficult to adapt to epilepsy than to other more predictable chronic conditions. Even a child whose epilepsy is well controlled with medication may still be fearful about having another seizure, especially in the presence of peers.

### Triggers:

#### **Medication**

- Not taking one's anti-epileptic medication
- Other medications that are taken in addition to anti-epileptic medication

#### **Internal Factors**

- Stress, excitement and emotional upset - This type of over-stimulation may lower the person's resistance to seizures by affecting sleeping or eating habits.
- Boredom - Research shows that individuals who are happily occupied are less likely to have a seizure.
- Lack of sleep can change the brain's patterns of electrical activity and can trigger seizures.
- Fevers may make some children more likely to have a seizure.
- Menstrual cycle - Many females find their seizures increase around this time of their period. This is referred to as catamenial epilepsy and is because of changes in hormone levels, increased fluid retention and changes in anti-epileptic drug levels in the blood.

## Appendix 3: **CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH EPILEPSY**

### External Factors

- Alcohol can affect the rate at which the liver breaks down anti-epileptic medication. This may decrease the blood levels of anti-epileptic medications, affecting an individual's seizure control.
- Poor diet
  - Many seizures take place when blood sugar is low.
  - 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.
  - Some parents have reported that allergic reactions to certain foods (e.g. white flour) also seem to trigger seizures in their children.
  - Certain nutrient shortages, such as a lack of calcium, have also been found to trigger seizures.
- Very warm weather, hot baths or showers, especially when there is a sudden change in temperature.
- Television, videos and flashing lights
  - The "strobe effect" from fast scene changes on a bright screen, rapidly changing colours or fast-moving shadows or patterns can all be trigger seizures.

### Response

In all types of seizures, the goal is to protect the person from harm until full awareness returns. Some students may also have other medical problems, which may require a response when a seizure happens. There may be difference circumstance when an ambulance is necessary, and different students may have different warning signals that staff (and other students) should looking for. The general rule is that the less done to a person during a relatively brief seizure, the better.

1. Keep Calm.
  - Seizures may appear frightening to the onlooker.
  - They usually last only a few minutes and generally do not require medical attention.
  - Remember that the person having a seizure may be unaware of their actions and may or may not hear you.
2. Protect from further injury.
  - If necessary, ease the person to the floor.
  - Move any hard, sharp or hot objects well away.
  - Protect the person's head and body from injury. Loosen any tight neckwear.
3. Do not restrain the person.
  - If danger threatens, gently guide the person away.
  - Agitation during seizure episodes is common.
  - Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.
4. Do not insert anything in the mouth.
  - The person is not going to swallow the tongue.
  - Attempting to force open the mouth may break the teeth or cause other oral injuries.
5. Roll the person on their side after the seizure subsides.
  - This enables saliva to flow from the mouth, helping to ensure an open air passage.
  - If there is vomit, keep the person on their side and clear out their mouth with your finger.
6. If a seizure lasts longer than 5 minutes, or repeats without full recovery ~ SEEK MEDICAL ASSISTANCE IMMEDIATELY.
  - Although this rarely occurs, status epilepticus is life-threatening. It is a serious medical emergency.
7. Talk gently to the person.
  - After any type of seizure, comfort and reassure the person to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.
8. Check for a MedicAlert™ or other Medical ID Bracelet
  - The bracelet or necklet may indicate the seizure type and any medication the person is taking. If you call the MedicAlert hotline, an operator can direct you in your first aid procedures and may direct you to call any emergency contacts and physicians listed in that member's file.

# Appendix 4



## Consent to Obtain and/or Release Information

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Student Name: _____	D.O.B. (mm/dd/yy): ____/____/____
School: _____	Student ID: _____

I, \_\_\_\_\_, give my consent for the following person/agency:

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**To obtain (specify information)** \_\_\_\_\_

**FROM:**

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**To release (specify information)** \_\_\_\_\_

**TO:**

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I understand:

- a. the period of consent will terminate one year from the date it was granted as indicated below;
- b. the nature and purpose for which this information is being obtained/released/exchanged;
- c. this information will be used for the planning and provision of educational services;
- d. that I may revoke my consent at any time;
- e. this information will be treated confidentiality;
- f. that a copy of all information will be made for the confidential files at the UCDSB regional office.
- g. **this information will be placed in the OSR. My initials here \_\_\_\_\_ indicate that consent for this is NOT given.**

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_