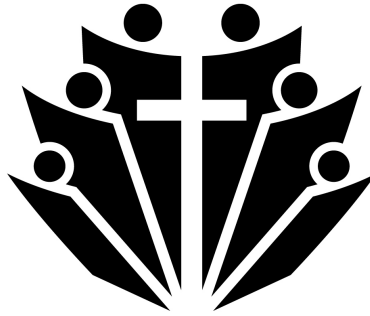


HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD



Believing, Achieving, Serving

**EPILEPSY
MANAGEMENT PLAN**

Revised
NOVEMBER 2021



2.0 ROLES AND RESPONSIBILITIES

2.1 Collective Responsibilities

The staff members of the Hamilton-Wentworth Catholic District School Board understand that students are diagnosed with epilepsy at various ages. Some will be very young, while others will be older, and still others will have special needs. Regardless of their age or their special needs, the Board has two primary objectives with respect to the management of epilepsy in schools:

- to support students who have been diagnosed with epilepsy to fully access school in a safe, accepting and healthy learning environment which enhances their physical, mental and spiritual well-being; and,
- to empower students, as confident and capable learners, to reach their full potential for self-management of their epilepsy condition, according to their Individual Epilepsy Plan of Care (Appendix D).

While the primary responsibility for epilepsy management rests with the family and the student, the school does play an important role in providing support as the student moves from dependence to independence, by creating an environment in which this transition can occur.

In order for the school to provide appropriate support, it is critical that the parent/guardian (adult student) keeps the principal/designate fully informed about the student's epileptic condition as well as medication which has been prescribed by their physician or nurse practitioner to address the condition.

2.2 Role of the Adult Student/Parent(s)/Guardian(s) (where applicable)

As primary caregivers of their child, parent(s)/guardian(s) and /or adult student are expected to be active participants in supporting the management of their child's and/or own medical condition(s) while the child or adult student is in school. **Failure to complete the forms described below prior to October 1st of the new school year could result in the student being excluded from school.**

At a minimum, adult students/parents/guardians should:

- inform the school principal/designate of the student's medical condition(s) and co-create the Individual Epilepsy Plan of Care with the principal or the principal's designate. This would include the type of epilepsy **the student experiences**, the behaviours that are observed when the student is having a seizure, appropriate actions to take at the time of the occurrence of a seizure and the medication if any, which has been prescribed to address the seizures;
- complete the Adult Student/Parent/Guardian Request and Consent For Epilepsy Interventions form (Appendix A) on annual basis;
- communicate changes in the Individual Epilepsy Plan of Care, such as changes to the status of the student's epileptic condition or changes to the student's ability to manage the condition, to the principal/designate through the submission to the principal of the Adult Student/Parent/Guardian Request and Consent for Epilepsy Interventions form (Appendix A);

- confirm annually to the principal/designate if the student’s epileptic condition is unchanged through the submission to the principal of the Adult Student/Parent/Guardian Request and Consent for Epilepsy Interventions form (Appendix A);
- provide a current and colour photograph of the student;
- provide a Medic Alert™ bracelet or equivalent for the student (the form can be obtained by calling 1-800-668-1507) www.medicalert.ca;
- provide up-to-date emergency contact names and telephone numbers;
- provide appropriate medication, if the student is required to take medication at school;
- if medication needs to be administered during school hours, and directed by the student’s physician and/or nurse practitioner, complete the Authorization for Administration of Medication for Epilepsy – Physician/Nurse Practitioner Form (Appendix B) and the Authorization for Administration of Medication for Epilepsy – Adult Student/Parent/Guardian Form (Appendix C);
- educate their child about their medical condition(s) with support from their child’s health care professional, as needed; and,
- teach their child to:
 - recognize possible triggers for the occurrence of seizures;
 - recognize the first symptoms of a seizure;
 - report any instances of bullying to an adult authority figure; and,
- seek medical advice from a medical doctor, nurse practitioner or pharmacist, where appropriate.

2.3 Role of the School Board

The school board shall:

- communicate, on an annual basis, the policies and procedures adopted to support students with epilepsy to adult students, parents, guardians, school board staff and all others in the school community who are in direct contact with students (e.g. transportation providers, food service providers);
- make its policies and procedures and its Individual Epilepsy Plan of Care templates available on its public website in the languages of instruction;
- provide training and resources on epileptic conditions for staff on an annual basis;
- develop procedures for the safe storage and disposal of medication and medical supplies;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, monitoring and/or calling Emergency Medical Services); and,
- ensure that students are allowed to carry their medication and medical supplies to support the management of their epileptic condition, as outlined in their Individual Epilepsy Plan of Care.

2.4 Role of the Principal/Designate

In addition to the responsibilities outlined in subsection 2.5, the principal is responsible for the following actions listed below:

2.4.1 Registration

Clearly communicate via school website/school newsletter to adult students/parents/guardians and appropriate staff members, the process for adult students/parents/guardians to notify the school and confirm annually the student's epileptic condition, as well as, the expectation to consult on the co-creation, review and update of an Individual Epilepsy Plan of Care with the school principal/designate. This process should be communicated to adult students/parents/guardians, at a minimum:

- during the time of registration;
- each year during the first week of school; and,
- when a student is diagnosed and/or returns to school following a diagnosis.

At the time of registration of each new student, the principal/designate shall determine if the student has an epileptic condition and shall record the information in the medical information section on the Personal Screen of the Trillium Student Information Management System.

Where the student at risk of an epileptic episode is new to the school community, a meeting between the adult student/parent/guardian and the school will be scheduled prior to the student's first day of attendance at the new school. **At this time**, the details of the student's potentially life threatening condition will be reviewed and documented, including the triggers that may elicit an epileptic episode and the emergency response to be taken. The principal/designate will provide the adult student/parent/guardian with the Adult Students/Parents/Guardians Epilepsy Responsibility Checklist (Appendix G) and the Student with Epilepsy Responsibility Checklist (Appendix H).

Each year during the first week of school, the school principal/designate shall update the medical information of each student enrolled in the school to determine if new medical conditions have developed and/or if existing medical conditions have changed.

Where a child has been identified as being at risk of having an epileptic episode, an Individual Epilepsy Plan of Care shall be co-created, reviewed and updated (if needed) in consultation with the adult student/parent/guardian, school staff (as appropriate) and student (as appropriate) within the first (30) days of every school year, and updated as appropriate, during the school year where required.

2.4.2 Authorization

When the principal/designate is informed by the adult student/parent/guardian that the student within the school has been diagnosed with an epileptic condition and may require emergency action, the principal/designate shall:

- request the adult student/parent/guardian to assist with the development of the Individual Epilepsy Plan of Care and sign the consent to implement the plan of care;
- request that the adult student/parent/guardian assist in the co-creation and/or review of the Individual Epilepsy Plan of Care on an annual basis;

- provide the adult student/parent/guardian with a copy of the Adult Student/Parent/Guardian Epilepsy Responsibilities Checklist and the Student with Epilepsy Responsibilities Checklist;
- with adult student/parental/guardian consent, provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, occasional staff, transportation providers, volunteers who will be in direct contact with the student), including any revisions that are made to the plan.

2.4.3 Staff Training

When the principal/designate is informed by the adult student/parent/guardian that a student enrolled in the school has an epileptic condition and the Adult Student/Parent/Guardian Request and Consent for Epilepsy Interventions form (Appendix A) is filled out, the principal/designate shall:

- identify the student to all staff members of the school as a student with a epileptic condition;
- arrange for an education session (annual) on dealing with epileptic reactions for all employees and others who are in direct contact with students on a regular basis through:
 - Epilepsy Ontario www.epilepsyontario.org;
 - Ministry of Education compiled resources found on Edugains Prevalent Medical Conditions; and,
- encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions.

2.4.4 Individual Epilepsy Plan of Care

Once the adult student/parent/guardian has informed the school of the student's epileptic condition, the principal/designate should:

- co-create and review the Individual Epilepsy Plan of Care in consultation with the adult student/parent/guardian, staff (as appropriate) and student (as appropriate) on an annual basis within the first 30 days of the school year; and as appropriate, during the school year (e.g., when a student has been diagnosed with Epilepsy within the school year);
- with written adult student/parent/guardian authorization, provide relevant information from the Individual Epilepsy Plan of Care to school staff and others who are identified in the Plan of Care, including any revisions to the plan; and,
- with adult student/parent/guardian written authorization, the Individual Epilepsy Plan of Care shall be posted in key locations around the school, (e.g., staff room, main office, classroom).

A binder of all **Plans of Care** will be maintained in the Main Office separate from the OSR.

A copy shall be provided to the bus company and food service providers.

Adult students/parents/guardians have the authority to designate who is provided access to the Individual Epilepsy Plan of Care. With authorization from the adult

student/parent(s)/guardian(s), the principal or the principal's designate should share the Plan of Care with the school staff who are in direct contact with the student with an epileptic condition, and as appropriate, others who are in direct contact with students with epileptic conditions (e.g., Designated Early Childhood Education Teacher, food service providers, occasional staff, Ontario Early Years Child Care Centre Staff, Parent and Family Literacy Program Staff, transportation providers and volunteers).

2.4.5 Student Medical File

After the Individual Epilepsy Plan of Care has been developed, the principal/designate shall establish a Student Medical File which is stored in a separate file outside of the OSR and in the Main Office only. The file should contain:

- current information about the student's epileptic condition;
- the Adult Student/Parent/Guardian Request and Consent For Epileptic Interventions form (Appendix A);
- the Individual Epilepsy Plan of Care form (Appendix D);
- the Individual Student Log of Administered Medication form (Appendix E); and,
- a current emergency contact list.

*Note, these documents should **also** be stored in the documentation file of the OSR

2.4.6 Documentation

The principal/designate shall ensure that if a student requires the administration of medication at the time of a seizure, this incident is recorded each time in the Individual Student Log of Administered Medication form (Appendix E).

2.4.7 Prevention

The principal/designate shall ensure that:

- each student with an epileptic condition is encouraged to take her/his anti-convulsant medication on a daily basis;
- parent(s)/guardian(s) are informed whenever a seizure occurs in school **or during school related activities**; and,
- adult students/parent(s)/guardian(s) are informed when new supplies of medication are required.

2.5 **Role of the School Staff**

All school personnel (i.e. principal, vice-principal, principal assistant, principal intern, department heads, teachers, dedicated early childhood educators, educational assistant, school secretaries, lunchroom supervisors, occasional teachers and occasional educational assistants) who are in direct contact with students on a regular basis have the responsibility to attend the annual Epilepsy Information Session convened by the school principal.

- school personnel who have direct contact with a student diagnosed with an epileptic condition shall review the student’s Individual Epilepsy Plan of Care;
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;
- share information on a student’s signs and symptoms with other students, as outlined in the Individual Epilepsy Plan of Care and authorized by the principal as well as the adult student/parent/guardian in writing;
- follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student’s Plan of Care;
- support a student’s daily or routine management, and respond to medical incidents and medical emergencies that occur during school;
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student;
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
- all school personnel shall be able to identify students with an epileptic condition in the school – to be familiar with names and faces;
- all school personnel shall be familiar with the Individual Epilepsy Plan of Care form; and,
- all school personnel shall be aware of the steps to be taken at the time of a seizure.

Develop a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, “hold and secure”, lockdown). **This support must provide authorization for the student to carry his/her medication on himself/herself at all times**

2.6 Role of the Classroom/Subject Teacher

In addition to the duties described in subsection 2.5, classroom/subject teachers are also expected to:

- meet with the adult student/parent/guardian and the principal/designate, where possible, to gather information related to the student’s epileptic condition;
- review with the principal/designate the adult student/parent/guardian’s completed Adult Student/Parent/Guardian Request and Consent For Epilepsy Interventions form (Appendix A);
- know their role when responding to seizures;
- know the location of the student’s emergency treatment supplies;
- identify the student with epilepsy to Occasional Teachers and Occasional Educational Assistants;
- post the student’s Individual Epilepsy Plan of Care in the classroom and the Occasional Teacher folder where **parent(s)/guardian(s) approval or approval by the adult student** has been obtained;
- discuss epilepsy with the class, in age appropriate terms,
- share information on a student’s signs and symptoms with other students, as outlined in the Plan of Care when authorized by the adult student/parent/guardian and principal; and,

- review emergency plans with other teachers and volunteers before field trips.

2.7 Role of the Educational Assistant

In addition to the duties described in subsection 2.5, the educational assistants who are **in direct contact** to the student with an epileptic condition are expected to:

- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board; and,
- take appropriate action at the time of an epileptic episode, as outlined in the Individual Epilepsy Plan of Care.

2.8 Role of the School Secretary

In addition to the duties described in subsection 2.5, the school secretary is expected to follow the 9-1-1 Protocol Epilepsy checklist (Appendix K) at the time of an epileptic emergency.

2.9 Role of School Bus Driver

In addition to the duties described in the school bus company's policy and procedures manuals, the school bus driver shall:

- ensure, to the extent possible, that the student(s) diagnosed with epilepsy is/are sitting at the front of the bus, near the driver; and,
- in the event of an epileptic episode, the bus driver will contact dispatch, explain the issue, along with the name of the student experiencing an epileptic episode, and state the geographic location prior to administering medication. This allows dispatch to contact 911 and look up the plan.
- the bus driver will not have a copy of the plan. The HWSTS staff fax/email plans to the individual carriers, which is kept on file.

Of note, the HWSTS staff provide binders to the individual carriers, containing all students with prevalent medical conditions, including students whom they do not transport.

2.10 Role of the Student with Epilepsy

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

- wear a Medic Alert™ bracelet or equivalent;
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stages of development and their capacity for self-management;
- participate in the development of their Individual Epilepsy Plan of Care;
- participate in meetings to co-create, review and update their Individual Epilepsy Plan of Care;

- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g, carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s);
- communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- take prescribed medication on a daily basis and/or as prescribed by their medical professional;
- use a buddy system;
- have an age appropriate understanding of her/his epilepsy; and,
- inform an adult when experiencing a general feeling of “unwellness”.

If a student is not taking age appropriate responsibility for her/his epilepsy care, it may be due to other factors, such as behaviour issues, cognitive abilities, language, maturity level and/or psychological barriers. This calls for communication **amongst** parent(s)/guardian(s), school staff and **other possible** professionals.

2.11 Role of School Community Parents/Guardians and Volunteers

All parents/guardians and volunteers within the wider school community have the responsibility to:

- be aware of and comply with the Epilepsy Management Plan;
- assist the principal and the staff of the school in disseminating information to all members of the school community about epileptic episodes; and,
- participate in training concerning the management of epilepsy which occurs during the orientation session for school volunteers.