



SIGNATURE PREPARATORY

SEIZURE EMERGENCY CARE PLAN FOR THE BUS DRIVER

CAMPUS: _____ SCHOOL YEAR: 20____/20____

STUDENT NAME: _____

BUS# _____ ROUTE# _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN NAME: _____

PHONE #: _____ CELL: _____

PRESENTING PROBLEM INFORMATION:

SEIZURE ACTIVITY

Rigid body, with jerking movements, not responding, may be drooling from the mouth.

EMERGENCY PLAN:

1. **STOP** the bus.
 2. Stay calm, most seizures only last a few minutes.
 3. Guide student to the floor.
 4. Push objects away.
 5. Note and record length of seizure.
 6. **DO NOT** hold student down.
 7. **DO NOT** put anything in person's mouth.
 8. **DO NOT** give the person water, pills, or food until the person is fully alert.
 9. **Call 911** if:
 - Seizure lasts more than 5 minutes
 - Student has repeated seizures without regaining consciousness
 - Student is injured or diabetes
 - This is student's first time having a seizure.
 10. After seizure, roll student onto one side to prevent choking of vomitus or saliva.
 11. Check to make sure the student is breathing. Begin CPR, as needed.
 12. Report incident to school and parent.
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