

Student Name: _____ **DOB:** _____
 School: _____ Year: _____
 Grade: _____ Student #: _____
 Teacher: _____
 Transportation: Walker Bus Parent/Guardian Student Driver Other: _____

EMERGENCY CARE PLAN

DURING A CONVULSIVE TONIC-CLONIC SEIZURE:

1. Remain calm. Time the seizure from start to finish
2. Move student to the floor & move furniture and objects out of the way. Protect from injury
3. Turn student on side to keep airway open
4. Place something flat and soft under their head
 - Loosen any tight clothing and remove glasses
 - DO NOT restrain movements
 - DO NOT place anything in mouth
5. Notify Health Room to bring emergency rescue medication to student's location if applicable
6. Emergency medication will be administered by:
 - School Nurse
 - Staff member trained by nurse
 - Paramedic - see 911 prompt
 - Document time medication was administered
7. Notify parent/guardian
8. Always stay with student and provide privacy to the extent possible

ALL OTHER SEIZURE TYPES:

- Always stay with student and remain calm
- Time the seizure from start to finish
- Keep student safe
- Follow student-specific plan

Some students may not be able to communicate their symptoms clearly because of their age or developmental challenges.

ALWAYS CALL 911 FOR:

- Any signs of respiratory distress (turns blue/stops breathing) during or after seizure of any length
- Slow recovery or difficulty breathing afterwards
- Any sign of injury/illness that could have caused the seizure (head injury, low blood sugar, heat stroke)
- Any significant injury that occurred during the seizure
- If you feel you need emergency personnel on site to keep the student safe

Follow student specific orders for when to administer medications & call 911. Request AED to student location. If the student is unresponsive, not breathing, and/or has no pulse, start CPR, turn on AED and follow prompts.

Calling 911 Prompt:

"A student has been seizing for approximately _____ minutes and a rescue medication is required. We are requesting an urgent paramedic response."

Additional Emergency Response Instructions:

AFTER A SEIZURE

- DO NOT leave student unattended
- Allow student to rest and recover in calm environment and reassure them as they may feel disoriented
- Document the seizure and complete seizure observation record if applicable
- Continue to ensure student privacy to the degree possible while waiting for paramedics or guardian
- If medication was used, notify parent that a new dose of emergency medication is required prior to student return

Medications/Interventions

Seizure Rescue Medication at School: No Yes If yes, list: _____

Location of Seizure Rescue Medication at School: _____

Vagus Nerve Stimulator (VNS): No Yes If yes, additional documentation is required

Location of VNS at School: _____

Additional Medication at School: No Yes If yes, list: _____

• Location of Additional Medication: Health Room Self-Carry Location: _____ Other: _____

Medication at Home: No Yes If yes, list: _____

Allergies: _____

Preferred Hospital: _____

Seizure History:

Type of seizure(s): _____

Date of diagnosis: _____

Date of last seizure: _____

Frequency and length of seizures: _____

Describe your student's seizures: _____

Warning signs &/or behavior changes before the seizure: _____

Triggers: None Known Missed medication dose Specific time of day: _____ Lack of sleep Illness Stress

Menstrual cycle/hormonal changes Specific foods: _____ Not eating well Photosensitivity

Other triggers: _____

Additional Seizure Information (optional): i.e. post seizure symptoms, wheelchair considerations, etc.**Supplementary Information:**

Before signing, parent/guardian should review and complete this IHP in its entirety. A new IHP must be submitted each school year. The School Nurse must be notified if any changes are needed to this plan during the school year.

- LWSD schools do not staff a nurse on site during all school hours.
- Teacher will communicate medical concerns to their substitutes by placing a copy of each health plan in the substitute file.
- School Nurse will ensure a copy of the health plan is kept in the health room, available for field trips, and in Skyward for staff.
- According to Washington State Law (RCW 28A.210.320 & RCW 28A.210.355) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance, an annual individual health plan, a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school, and the provision for storage of medical equipment and medication provided by the parent. Once such a health plan, order, and medication/supplies have been presented if applicable, the child shall be allowed to attend school.
- Regarding Disaster Planning in Schools: In the event of a major disaster, such as a severe earthquake, the school may be responsible for the care of students for up to 72 consecutive hours. It is recommended that parents provide the school with a 72-hour supply of medications taken daily at home, if applicable.

Parents / Guardians:

Name	Relationship	Phone Number	Other Number	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Contact (optional):

Parent Name (Print): _____

Parent Signature: _____

Date: _____

School Nurse Signature: _____

Date: _____

Confidential Information - shred prior to discard