

Huron-Superior Catholic District School Board

PROCEDURAL GUIDELINES STUDENTS WITH EPILEPSY

REGULATIONS AND INFORMATION

In accordance with *PPM No. 161, Supporting Children and Students with Prevalent Medical Conditions (February 28, 2018)*, the Huron-Superior Catholic District School Board will adhere to the following procedural guidelines for students diagnosed with epilepsy.

WHAT IS EPILEPSY?

Epilepsy results from sudden bursts of hyperactivity in the brain; this causes “seizures” which vary in form, strength, and frequency, depending on where in the brain abnormal activity is found. Epilepsy is the diagnosis and seizures are the symptom. If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

A seizure may last a few seconds or a few minutes, and may appear as:

- a brief stare
- an unusual movement of the body
- a change of awareness, or a convulsion.

When managed effectively, an individual with epilepsy can pursue a regular and productive life. Often times, the social anxiety and stigma around epilepsy is more detrimental to an individual’s quality of life than the physical symptoms of the condition. Some triggers for epilepsy include alcohol, unmanaged stress and environmental conditions (e.g., flashing lights). When avoiding these triggers, an individual should not be prevented from participating fully in any form of activity. With effective management and accommodation, living with epilepsy should not be a barrier to success.

ROLES AND COLLECTIVE RESPONSIBILITIES

Supporting students with epilepsy in schools is complex. A whole-school approach is needed where education and community partners, including health care professionals, have important roles to play in promoting student health and safety and in fostering and maintaining healthy and safe environments in which students can learn.

a) The School Board

The School board is expected to communicate, on an annual basis, its policies on supporting students with epilepsy to parents, school board staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers). The school board will also:

- make its policies and management plan templates available on the board website
- provide training and resources on epilepsy on an annual basis;
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations;
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their management plan;
- and consider this memorandum (*PPM No. 161, Supporting Children and Students with Prevalent Medical Conditions - February 28, 2018*), and related board policies when entering into contracts with transportation, food service, and other providers.

b) The Principal

In addition to the responsibilities outlined above under “The School Board”, the principal should:

- clearly communicate to parents and appropriate staff the process for parents to notify the school of their child’s epilepsy, as well as the expectation for parents to co-create, review, and update a Plan of Care with the principal or the principal’s designate. (See appendix 1 – *Epilepsy and Seizure Disorder Management Plan*) This process should be communicated to parents, at a minimum:
 - during the time of registration;
 - each year during the first week of school;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- co-create, review, or update the management plan for a student with epilepsy with the parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate);
- maintain a file with the management plan and supporting documentation for each student with a epilepsy (See appendix 1 - *Epilepsy and Seizure Disorder Management Plan*). For supporting documentation, see Appendix 3 – *Seizure Types*, Appendix 4 – *Seizures and First Aid* in related documents and Appendix 5 – *Seizure Incident Record*.
- provide relevant information from the student’s management plan to school staff and others who are identified in the plan of care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan;
- communicate with parent(s) in medical emergencies, as outlined in the plan;
- encourage the identification of staff who can support the daily or routine management needs of students in the school epilepsy, while honouring the provisions within their collective agreements.

- ensure that the Form entitled, *Authorization for the Administration of Prescribed Medication* (See Appendix 2) is completed and filed appropriately at the school as well as per Policy 7003, *Administration of Prescribed Medication to Pupils*.

c) School Staff

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students with epilepsy. School staff are expected to:

- review the contents of the management plan for any student with whom they have direct contact (See appendix 1 - *Epilepsy and Seizure Disorder Management Plan*);
- participate in training, during the instructional day, on epilepsy, at a minimum annually, as required by the school board;
- share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the plan of care and authorized by the principal 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 management plan;
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. (For supporting documentation, see Appendix 3 – *Seizure Types*, Appendix 4 – *Seizures and First Aid* and Appendix 5 – *Seizure Incident Record* in related documents)
- support inclusion by allowing students with epilepsy to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their management plan, while being aware of confidentiality and the dignity of the student;
- enable students with epilepsy to participate in school to their full potential, as outlined in their management plans.

d) Parents of Children with Epilepsy

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's epilepsy while the child is in school. At a minimum, parents should:

- educate their child about their epilepsy with support from their child's health care professional, as needed;
- guide and encourage their child to reach their full potential for self-management and self-advocacy;
- inform the school of their child's medical condition (epilepsy) and co-create the management plan for their child with the principal or the principal's designate (See appendix 1 - *Epilepsy and Seizure Disorder Management Plan*);

- communicate changes to the management plan, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage his/her epilepsy, to the principal or the principal's designate;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged;
- initiate and participate in annual meetings to review their child's management plan;
- supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the management plan, and track the expiration dates if they are supplied;
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate.
- ensure that the Form entitled, *Authorization for the Administration of Prescribed Medication* is completed and filed appropriately at the school as well (See Appendix 2) as per Policy 7003, *Administration of Prescribed Medication to Pupils*.

e) Students with Epilepsy

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Epilepsy Management Plan. When able, students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- participate in the development of their management plan (See appendix 1 - *Epilepsy and Seizure Disorder Management Plan*);
- participate in meetings to review their management plan;
- carry out daily or routine self-management of their medical condition to their full potential, as described in their management plan (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 epilepsy, in conjunction with their parent(s) and health care professional(s);
- communicate with their parent(s) and school staff if they are facing challenges related to their epilepsy at school;
- wear medical alert identification that they and/or their parent(s) deem appropriate;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs.

LIABILITY

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to, ... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

REFERENCES/ SUPPORTING DOCUMENTS

- PPM No. 161- Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools
- Education Act Section 265- Duties of Principal
- Regulation 298 s20 – Duties of Teachers
- HSCDSB Policy 7003 - *Administration of Prescribed Medication to Pupils*
- Epilepsy Ontario: <http://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators/>