



BOARD ADMINISTRATIVE PROCEDURE	
<i>Administrative Procedure</i>	<i>Administrative Procedure Number</i>
Supporting Students with Epilepsy in Schools	(NEW) 807
<i>Directional Policy</i>	
800-Healthy Schools and Workplaces	

Title of Administrative Procedure:

Supporting Students with Epilepsy in Schools

Date Approved:

October 17, 2023

Projected Review Date:

2028

Directional Policy Alignment:

This Administrative Procedure aligns with the Healthy Schools and Workplaces Directional Policy 800. The Board recognizes that the health and well-being of our students and staff is foundational to their success. A healthy environment involves being respectful of one another's social, emotional, spiritual and physical well-being. We all have a collective responsibility to create healthy work environments to keep our students and staff safe.

Alignment with Multi-Year Strategic Plan:

The Supporting Students with Epilepsy in Schools Administrative Procedure supports the Board's Mission to educate students in faith-filled, loving, safe, inclusive schools to develop the God-given abilities of each person. This Administrative Procedure aligns with the Board's Multi-Year Strategic Plan to Value Relationships, Nurture Mental Health and Well-being and to Ensure Equity.

[PVNCCDSB Board Vision, Mission and Strategic Priorities](#)

Action Required:

It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board that all students have a right to safe and healthy learning environments in our schools.

According to the Ministry of Education's Healthy Schools website, epilepsy affects over 300,000 Canadians and approximately 1 in 100 Canadian students. 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. According to Epilepsy Ontario, a seizure is a brief disruption in normal brain activity that interferes with brain function (see Definitions below). If a person has two or more seizures that are not related to another condition, that person will be diagnosed as having epilepsy.

Some triggers for epilepsy include 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.

All students with epilepsy, no matter how independent they are, need the support of trusted, caring adults at school and elsewhere.

When an epileptic event is happening, it is important to take the following steps:

- notify parents/guardians immediately;
- stay calm;
- keep the student safe while letting the seizure run its course;
- support the student having a seizure according to their Plan of Care;
- refrain from restraining, or interfering with, the student's movements;
- move objects away from the student in order to prevent injury;
- track the duration of the seizure;
- remain with the student until the seizure has passed, and the student is fully conscious.

Call 9-1-1:

- if the seizure lasts more than 5 minutes;
- if the seizure repeats without full recovery;
- if the student is injured;
- if the student is diabetic;
- if the student has difficulty breathing;
- if the student has a seizure in water.

It is the goal of PVNC Catholic to support students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being. PVNC Catholic also strives to empower students, as confident and capable learners to reach their full potential for self management of their medical condition(s), according to their Plan of Care.

No action or other proceedings for damages shall be commenced against an employee for an act or omission, done or omitted by the employee in good faith, in the execution or intended execution of any duty or power under the Good Samaritan Act. Subsection 2(1) and (2) of this act outline 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.

Management of epilepsy in schools is a shared responsibility requiring a team approach. This Administrative Procedure provide direction to students, staff, parents, and the school/workplace community in understanding and fulfilling the Board's responsibilities under PPM 161.

Responsibilities:

The Board of Trustees is responsible for:

- reviewing this administrative procedure to ensure its alignment with the Healthy Schools and Workplaces Directional Policy;
- reviewing this administrative procedure as part of the regular policy and procedures review cycle.

The Director of Education is responsible for:

- ensuring that the Healthy Schools and Workplaces Directional Policy, and all Administrative Procedures supporting it, are in line with, and expressive of, the PVNC Catholic Multi-year Strategic Plan: Vision, Mission and Strategic Priorities;
- overseeing implementation of this Administrative Procedure.

The Superintendent with responsibility for Healthy Schools is responsible for:

- ensuring training resources on prevalent medical conditions are available to all PVNC Catholic schools on an annual basis. The scope of training should include the following:
 - strategies for preventing risk of student exposure to triggers and causative agents;
 - strategies for supporting inclusion and participation in school;
 - recognition of symptoms of a medical incident and a medical emergency;
 - medical incident response and medical emergency response;
- raising awareness with all PVNC Catholic staff of Board administrative procedures on prevalent medical conditions;
- raising awareness with all PVNC Catholic staff of the range of evidence-based resources that provide information on various aspects of prevalent medical conditions;
- subject to relevant privacy legislation, and for the purposes of informing cyclical policy review, developing a process to collect data regularly, including, but not limited to, data on the number of students with prevalent medical conditions at each school, on the number of occurrences of medical incidents and medical emergencies, as well as on the circumstances surrounding these events.

The Superintendent with responsibility for Transportation is responsible for:

- ensuring that transportation contracts include provisions for driver training on epilepsy trigger avoidance strategies, emergency procedures, and awareness of students at risk on their routes;
- ensuring that school principals are aware that a Plan of Care for Prevalent Medical Conditions form is completed in the student information system database for each student with a prevalent medical condition, and that a copy of this form must be provided to the student's transportation provider.

The Superintendents of Schools are responsible for:

- ensuring each school has developed a Plan of Care for each student living with epilepsy.

Principals and Vice-Principals are responsible for:

- communicating, on an annual basis, Board policies on supporting students with prevalent medical conditions to parents, staff, and others in the school community who are in direct contact with students (e.g., food service providers, transportation providers, volunteers);
- informing themselves, and raising awareness in their schools, of the facts about epilepsy (see References and Resources list below);

- communicating to parents and appropriate staff the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care for Prevalent Medical Conditions form in the student information system database with the principal. This process should be communicated to parents, at a minimum:
 - during the time of registration;
 - each year during the first week of school, by providing an updated Authorization for Administration of Medication form (see Appendix A) to be completed and returned;
 - when a child is diagnosed and/or returns to school following a diagnosis;
- respecting the confidentiality of students' medical information within the school environment, including practices for accessing, sharing, and documenting information. Schools must comply with applicable privacy legislation and obtain parental consent in the individual Plan of Care prior to sharing student health information with school staff, other students, or service providers. Parents and school staff should be informed of the measures to protect the confidentiality of students' medical records and information;
- maintaining a file with the Plan of Care and supporting documentation for each student with epilepsy, which includes possible triggers, symptoms, daily/routine management strategies and responses in the case of a seizure;
- ensuring that staff have had appropriate training to carry out the individual Plans of Care;
- providing relevant information from the student's Plan of Care to school staff, and others who are identified in the Plan of Care, as well as to occasional staff, volunteers, co-operative education students, student teachers, and other service providers, as appropriate, including when there are any revisions made to the plan, and what their respective roles in the plan may be;
- maintaining a centrally accessible file containing all individual Plans of Care;
- providing relevant information from the student's Plan of Care to the student's transportation provider, including updates when the plan is revised;
- including 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) or for activities off school property (e.g., field trip, sporting event). This process should also include considerations for occasional staff.

School staff are responsible for:

- ensuring that they are knowledgeable about these Administrative Procedures;
- participating in training in order to carry out their roles in individual Plans of Care;

- reviewing the contents of the Plan of Care for any student with whom they might have direct contact;
- sharing information on a student's signs and symptoms with other students, as outlined in the Plan of Care;
- following 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;
- supporting a student's daily or routine management, and responding to medical incidents and medical emergencies that occur during school or during school activities, as outlined in the student's Plan of Care;
- participating in an established communication plan with parents, as outlined in the Plan of Care;
- supporting 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;
- enabling students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care;
- leaving appropriate student Plan of Care information for occasional staff replacing them, in a prominent and accessible format;
- ensuring that, for all out of school events/activities and overnight excursions for which a staff members are responsible, they have a copy of the student's Plan of Care available, that they are familiar with the Plan, and that they have collaborated with parents/guardians prior to the activity/excursion to address any additional safety concerns.

Parents/Guardians are responsible for:

- educating their child about their medical condition(s) with support from their child's health care professional, as needed;
- guiding and encouraging their child to reach their full potential for self-management and self advocacy;
- informing the school of their child's medical condition(s), and keeping the school updated on any changes in the child's Plan of Care;
- completing the Authorization for Administration of Medication form, in conjunction with the child's health care professional, on an annual basis;
- completing the Plan of Care for Prevalent Medical Conditions form in conjunction with the school administration, annually, which includes a communication plan between home and school;
- providing a Medic Alert bracelet or necklace for their child;

- providing sufficient quantities of up-to-date medication in their original containers, and sufficient supplies, as directed by a healthcare professional and as outlined in the individual Plan of Care;
- encouraging their children to respect school prevention plans.

Students living with epilepsy are responsible for:

- taking 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;
- participating in the development and review of their Plan of Care, where appropriate;
- carrying out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care;
- communicating with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;
- wearing medical alert identification as provided by their parents;
- if possible, informing school staff and/or their peers if a medical incident or a medical emergency occurs;
- learning to recognize symptoms of a pending seizure.

Progress Indicators:

- The members of PVNC Catholic school and workplace communities have the information which they need to provide support to those living with epilepsy, including minimizing the risk of a seizure, and responding effectively if one occurs.
- Service providers for PVNC Catholic schools also have the information which they need to provide support to those living with epilepsy, including minimizing the risk of a seizure, and responding effectively if one occurs.
- Students advocate for their own health and safety.
- Parents cooperate with the school to provide all relevant information on their child's prevalent medical condition(s), and they consent to share that information appropriately.

Definitions:

PLAN OF CARE - A Plan of Care is a form that contains individualized information on a student with a prevalent medical condition. According to PPM 161, school board policies and procedures must include a Plan of Care form, to include:

- preventative strategies to be undertaken by the school to reduce the risk of medical incidents and exposure to triggers or causative agents in classrooms and common school areas;

- identification of school staff who will have access to the Plan of Care;
- identification of routine or daily management activities that will be performed by the student, parent(s), or staff volunteer(s), as outlined in school board policy, or by an individual authorized by the parent(s);
- a copy of notes and instructions from the student's health care professional, where applicable;
- information on daily or routine management accommodation needs of the student (e.g., space, access to food). Where possible, a student should not be excluded from the classroom during daily or routine management activities, unless the student or the parent(s) indicate they prefer exclusion;
- information on how to support or accommodate the student to enable participation to their full potential in all school and school board activities (e.g., field trips, overnight excursions, board-sponsored sporting events);
- identification of symptoms (emergency and other) and response;
- emergency contact information for the student;
- clear information on the school board's emergency policy and procedures;
- details related to storage and disposal of the student's prescribed medication(s) and medical supplies, such as:
 - parental permission for the student to carry medication and/or medical supplies;
 - location of spare medication and supplies stored in the school, where applicable;
 - information on the safe disposal of medication and medical supplies;
- requirements for communication between the parent(s) and the principal (or the principal's designate) and/or school staff, as appropriate, including format and frequency;
- parental consent to share information on signs and symptoms with other students.

The Plan of Care for a student with a prevalent medical condition should be co-created, reviewed, and/or updated by the parent(s) in consultation with the principal or the principal's designate, designated staff (as appropriate), and the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition).

Parents have the authority to designate who is provided access to the Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with prevalent medical conditions and, as appropriate, others who are in direct contact with

students with prevalent medical conditions (e.g., food service providers, transportation providers, volunteers).

SEIZURES - According to Epilepsy Ontario: A seizure is a brief disruption in normal brain activity that interferes with brain function. The brain is made up of billions of cells called neurons which communicate by sending electrical messages. Brain activity is a rhythmic process characterized by groups of neurons communicating with other groups of neurons. During a seizure, large groups of brain cells send messages simultaneously (known as “hypersynchrony”) which *temporarily* disrupts normal brain function in the regions where the seizure activity is occurring. Seizures can cause temporary changes or impairments in a wide range of functions. Any function that the brain has can potentially be affected by a seizure, such as behaviour, sensory perception (vision, hearing, taste, touch, smell), attention, movement, emotion, language function, posture, memory, alertness, and/or consciousness. Not all seizures are the same. Some seizures may only affect one or two discrete functions, other seizures affect a wide range of brain functions.

Most people associate a seizure with a loss of consciousness and rhythmic jerking movements. Some seizures do cause convulsive body movements and a loss of consciousness, but not all. There are many different kinds of seizures. A temporary uncontrollable twitching of a body part could be due to a seizure. A sudden, brief change in feeling or a strange sensation could be due to a seizure.

Most seizures are brief events that last from several seconds to a couple of minutes and normal brain function will return after the seizure ends. Recovery time following a seizure will vary. Sometimes recovery is immediate as soon as the seizure is over. Other types of seizures are associated with an initial period of confusion afterwards. Following some types of seizures there may be a more prolonged period of fatigue and/or mood changes.

References:

[PPM 161: Supporting Children and Students with Prevalent Medical Conditions \(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy\) in Schools](#)
[Healthy Schools, Ministry of Education](#)
[Epilepsy Canada website resources](#)
[Epilepsy Ontario website resources](#)