

STUDENTS

Management of Epileptic Seizures in the School Setting/School Age Child Care

- I. A seizure disorder or epilepsy is a chronic condition that is characterized by recurrent seizures. Acute prolonged seizures or multiple seizures in succession are harmful to a student's health.
- II. To properly care for a student diagnosed with a seizure disorder in the school setting/School Age Child Care, the following must occur:
 - A. A Seizure Plan of Care must be completed yearly by a health care provider (see Attachment I).
 - B. The Seizure Plan of Care must be returned to the school/child care contractor (CCC) before the first day of school.
 - C. Three staff members (excluding the school nurse) shall be trained on the specifics of the student's Seizure Plan of Care.
 - D. A Medication Authorization form must be completed by the health care provider and parent/guardian prior to school staff/CCC administering medications (see Regulation 757-4, "Administering Medication," Attachment I, Sections A and B). Treatment of seizures may require use of oral or rectal medications, vagal nerve stimulation, or a ventricular shunt (see Attachment II).

Prince William County Public Schools personnel/CCC must complete the required Medication Administration course prior to administering any medications.

Reference: VDOH/VDOE Guidelines for Specialized Health Care Procedures 2017.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.



Seizure Action Plan

Effective Date _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth
Parent/Guardian	Phone Cell
Other Emergency Contact	Phone Cell
Treating Physician	Phone
Significant Medical History	

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____ Student's response after a seizure: _____

Basic First Aid: Care & Comfort
Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? Yes No
If YES, describe process for returning student to classroom:

- Basic Seizure First Aid**
- Stay calm & track time
 - Keep child safe
 - Do not restrain
 - Do not put anything in mouth
 - Stay with child until fully conscious
 - Record seizure in log
- For tonic-clonic seizure:**
- Protect head
 - Keep airway open/watch breathing
 - Turn child on side

Emergency Response

A "seizure emergency" for this student is defined as: _____

Seizure Emergency Protocol
(Check all that apply and clarify below)

- Contact school nurse at _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other _____

- A seizure is generally considered an emergency when:**
- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - Student has repeated seizures without regaining consciousness
 - Student is injured or has diabetes
 - Student has a first-time seizure
 - Student has breathing difficulties
 - Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)
Describe any special considerations or precautions:

Physician Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Procedure for Administering Rectal Diazepam

Note: Equipment, medication, and supplies provided by parents/guardians.

- I. Review procedure prior to having to implement it.
- II. Verify the medication order, including dosage, and circumstances under which rectal diazepam should be administered.
- III. Put on gloves.
- IV. Obtain assistance of another adult, if possible. Ensure student privacy during administration.
- V. Call 911 and activate the emergency plan.

911 must be called and the emergency plan activated whenever rectal diazepam is given by school personnel.
- VI. Remove protective cover from the medication syringe and lubricate the rectal tip with lubricating jelly (comes with syringe).
- VII. Turn the student on his or her side (left side preferable) facing you. Bend the upper leg forward and separate the buttocks to expose the rectum. Place soft item under head, if possible.
- VIII. If using Diastat© Acudial syringe, make sure that dose display window indicates prescribed dose and that green "ready ban" is visible.
- IX. Separate the buttocks and gently insert the syringe tip into the rectum. The rim should be snug against the rectal opening. Slowly count to three while gently pushing in the plunger. Count to three again before removing the syringe. Hold the buttocks together while counting to three one more time to prevent leakage.

Rim should be snug against rectal opening.
- X. Keep the student on their side facing you and note the time the medication was given.
- XI. Keep the student on his or her side and observe for side effects. Monitor respiratory status throughout the seizures and afterwards.

Respiratory depression can be a consequence of a seizure and/or of seizure medications.
- XII. Remove gloves and wash hands when appropriate.
- XIII. Document the administration of diazepam, student's response, and implementation of the school emergency plan. Dispose of rectal syringe according to package insert instructions. Make sure someone remains with the student to observe for side effects and seizure activity.

Procedure for Activating Vagal Nerve Stimulation (VNS)

Note: Equipment and supplies provided by parents/guardians.

- I. Review literature that comes with the VNS.
- II. Student or trained caregiver should keep magnet with student at all times. The watch-style magnet attaches to the wrist with a wristband. The pager-style magnet comes with a belt clip so that the magnet and clip can be removed as a unit from the belt without coming apart. Always keep magnets at least 10 inches away from tablet computers, credit cards, televisions, computers, microwave ovens, watches, or other magnets.
- III. If student senses a seizure is about to occur, place the magnet over the Pulse Generator site for one second and then move it away. This will cause the VNS system to deliver extra stimulation. This can be done by the student or by any adult trained in using VNS.

To use the pager-style magnet, remove the belt clip and magnet from the belt and place the label against the Pulse Generator. To use the watch-style magnet, position the wrist so that the label can be placed over the generator.
- IV. To temporarily stop stimulation (turn “off” the Pulse Generator) when student needs to sing or speak in public, while eating, or if stimulation is ever painful, put the magnet over the Pulse Generator and leave it there. The Pulse Generator will not stimulate while the magnet is in place over top of it, but it will start when the magnet is removed. The magnet should not be used for more than four hours in a row because it can decrease the Pulse Generator battery.
- V. Check the Pulse Generator battery on a regular basis. Pass the magnet over the Pulse Generator for one second to see if it causes a stimulation and is working.
- VI. If stimulation ever hurts, hold the magnet in place to stop stimulation and contact school nurse, family, and health care provider immediately.
- VII. If student complains of sore throat, hoarseness, or any other problems with the VNS, document in student log and notify the school nurse and family.

Procedure for Monitoring a Ventricular Shunt

I. Document observations of the student's:

- Behavior;
- Level of activity;
- Response to, and awareness of, the environment; and
- Coordination.

Using knowledge of the student's usual behavior can help staff discriminate between usual and unusual behavior.

II. Obtain baseline measurements of student's vital signs, especially blood pressure and pulse rate.

III. Document any signs of shunt malfunction or signs of infection in the school health record or student's log. Alert school nurse and family of any changes or concerns.