

McCarthy Catholic College
SCHOOL STUDENT SEIZURE ACTION PLAN

JANUARY 2023 - DECEMBER 2023

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

Student's Name:		Student's Photo
Student's date of birth:		
Emergency Contact 1 name & mobile number:		
Emergency Contact 2 name & mobile number:		
Doctor's Name & phone number:		
Doctor's address:		
Date of diagnosis of seizure eg Epilepsy/other:		
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 the student need to leave the classroom after a seizure? YES NO

If YES, describe the process for returning the student to classroom:

EMERGENCY PROCEDURES

A 'seizure emergency' for this student is defined as:

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

Call 000

Notify parent or emergency contact 1 or 2

Administer emergency medication indicated below

Notify Doctor

Other

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
- Place child in recovery position (on their side)

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)

Emergency Medication	Dosage & Medication	Time of day given	Common side-effects & special instructions

Does the student have a Vagus Nerve Stimulator ? YES NO

If YES, describe magnet use:

Describe any special considerations and precautions (regarding school activities, sports, trips etc):

Doctor's Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Review Date: _____