ARANMORE CATHOLIC COLLEGE

ARANMORE SEIZURE MANAGEMENT & EMERGENCY RESPONSE PLAN

NAME: **DATE OF BIRTH:** **YEAR:**

1. Health condition – Seizures (please provide details of types) **Date of first seizure:**

Medication for Seizure management – To be completed by parent/caregiver

1. Does your child require medication to be administered at school? Yes ☐ No ☐
2. If yes, complete the table below. (NOTE: All medication must be provided by the parent/caregiver)
3. If no, proceed to emergency medication table and complete

2. Instructions for administration of regular medication (Note: Medications to be provided by the parent/caregiver)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From: To:		From: To:		From: To:	
Route of administration						
Administration Tick appropriate box	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐	By self Requires assistance	☐ ☐
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

Are there any other precautions?

3. Seizure Management

Steps	Instructions
Step 1	Remain calm Remain with the student
Step 2	Remove furniture or objects that could cause harm – DO NOT restrain
Step 3	Record the length of the seizure and what happens during the seizure
Step 4	**Do not attempt to put anything into the child's mouth or between the teeth. (The exception may be the use of specified medications such as the buccal midazolam which may need to be administered in an emergency if indicated in Section 4)**
Step 5	When the seizure ceases, gently roll the student on to his/her side (recovery position)
Step 6	Stay with the student until he/she regains consciousness and is able to communicate Advise parent/caregiver

4. Emergency Management

Call an ambulance if:

- The seizure lasts more than 5 minutes
- Another seizure occurs immediately after the last
- The student sustains an injury
- If there is concern regarding the student's cardio-respiratory status
- In doubt/concerned

ADMINISTRATION OF EMERGENCY MEDICATION

	Medication 1		Medication 2	
Name of medication				
Dose/frequency				
Route of administration	Buccal ☐ Nasal ☐ Rectal ☐		Buccal ☐ Nasal ☐ Rectal ☐	
Expiry date				
Any other specific instructions?				
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

5. Authority to Act.	
This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.	
Parent: Date:	Medical Practitioner(if required): Date:
Review date:	Correction Factor
OFFICE USE ONLY	
Date received:	Date uploaded to SEQTA:
Is specific staff training required? YES ☐ NO ☐	Type of training
Training service provider:	
Name of person's to be trained:	Date of training:
When completed, add to student file.	