BRITISH COLUMBIA
Supported by the Province of British Columbia

Seizure Action Plan & Medical Alert Information Care and Protocol

Student's Name _____ Date of Birth _____

This form is a communication tool for use by parents/guardians and the student's most responsible practitioner (MRP) to document and share information with the school in order for school staff to provide seizure care at school. Please review and update this form yearly or sooner if the student has a seizure at school or if there have been any changes in the student's condition and/or treatment.

Instructions for completion of this form:

Parent/guardian to complete all orange sections	MRP to complete all green sections	School to complete all blue sections

SAP Start Date: _____ SAP Expiry Date: June 30th, 20 ___ *SAP Review Date(s):* _____

NOTE: If the SAP start date is after May 1st, the SAP may be set to expire on June 30th of the following year

PART 1: PARENT/GUARDIAN to fill in this information				
Name of Student:	Date of Birth:		Care Card Number:	Date Plan Initiated:
School:	School Year:	Grade/Division:	Teacher:	

CONTACT INFORMATION: Please indicate who is to be called first and at which number				
Parent/Guardian 1: ☐ **Call First**	Name:			
	☐ Cell Number:	☐ Work Number:	☐ Home Number:	☐ Other Number:
Parent/Guardian 2: ☐ **Call First**	Name:			
	☐ Cell Number:	☐ Work Number:	☐ Home Number:	☐ Other Number:
Other/Emergency:	Name:		Relationship:	
	☐ Cell Number:	☐ Work Number:	☐ Home Number:	☐ Other Number:
MRP/Neurologist	MRP (name):		Phone Number:	

SEIZURE INFORMATION:	
Describe what your child's seizures (single seizures or cluster seizures) look like so the non-medical school staff can recognize them.	
Describe how long your child's seizures normally last.	
Describe any auras (warning signs) that your child is going to have a seizure.	
Describe any triggers that may make a seizure more likely (e.g., illness, lack of sleep).	
Describe how your child usually behaves after a seizure.	
When was the last time your child had a seizure rescue medication?	

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Student's Name _____ Date of Birth _____

PART 2A: PARENT/GUARDIAN and SCHOOL to fill in this information

Signature(s) for After the Parent/Guardian Information Sharing Session with the School-Based Team

By signing below, I/we _____ confirm that I/we have reviewed the information in
Parent/guardian name(s)

this Seizure Action Plan and Medical Alert Information form with my child's school-based team on _____.
Date

Parent/Guardian Name	Parent/Guardian Signature	Date:
Parent/Guardian Name	Parent/Guardian Signature	Date:

PART 2B – SCHOOL to fill in this information (School Based Team Information)

School Based Team Lead or School Administrator: _____

Non-medical school staff who attended the parent information session and NSS Seizure Rescue Intervention Training (if applicable).

Non-Medical School Staff Name	Date of attendance at parent/guardian information session with school-based team	Date of attendance at NSS Seizure Rescue Intervention Training (If applicable)

PART 3: MRP to fill in this information

If applicable, list any daily anti-seizure scheduled medication(s) needed **at school** (that **cannot** be scheduled before/after school):

Medication	Dosage	Frequency	Time of day to be taken at school	Comments

I, the undersigned MRP agree that the: (MRP to tick all and sign)

- ☐ student's seizure care can be safely managed in the school setting as per the care and protocol below.
- ☐ care and protocol orders for the school setting are the same that have been prescribed for the home/other community contexts.
- ☐ parent/guardian has been trained in the ordered seizure rescue intervention(s) (if applicable) and is capable of administration in the absence of a health care provider.
- ☐ parent/guardian can communicate with the non-medical school staff about the care and protocol steps below.

I, the undersigned MRP understand that: (MRP to tick only if applicable)

- ☐ the seizure rescue intervention orders I ordered below are different than the BCCH standard orders for seizure rescue.

Prescriber Name: _____ BC College # or BCCNM Registration # _____

Prescriber Signature: _____ Clinic Phone Number: _____ Date: _____

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Care and Protocol

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PART 4: PROTOCOL FOR SCHOOL STAFF TO FOLLOW – PARENT/GUARDIAN AND MRP to fill in this information

If the student has a seizure at school, follow the steps below. Note that not all steps will be applicable for all students.

Step	Steps to be Followed by School Staff During a Seizure	*Who Fills in Each Step*
STEP 1	At the start of the seizure: a) **Stay** calm, stay with the student, and provide reassurance. b) **Call** for help from people around you. c) **Time** the seizure. d) Keep student **safe from injury.** • Protect head, put something under head, remove glasses, clear area around student of hard or sharp objects. • Do not restrain. • If possible, ease student to the floor and position on **side**. If the student is in wheelchair/stander/walker, they may remain in their mobility device, unless their airway is blocked. • Do not put anything in student's mouth. e) **Keep** airway open. **Watch** breathing. f) Other steps that need to be taken in school if student has a seizure: • _____ • _____	***Parent/ guardian** to fill in this information*
STEP 2	If student has a seizure at school, the student: (tick one) ☐ <u>does not</u> require any seizure rescue intervention (beyond first aid), **GO TO STEP 4** on the following page. ☐ <u>requires</u> a seizure first aid and seizure rescue intervention(s), **GO TO STEP 3** below.	*MRP to fill in this information* *MRP must also complete and sign PART 3 above* *MRP please round order for midazolam to the nearest 0.0 or 0.5 mL (this does not apply to BUCCOLAM)*
STEP 3	If the student has a seizure at school: ☐ **Swipe** VNS with a patient-supplied magnet once at onset of seizure. If seizure does not stop, **swipe once every 60 seconds** to a maximum of **5 times**. If seizure has **not** stopped after ___ **minutes,** ☐ **provide rescue medication** as per below ☐ call 911 ☐ If the VNS has already been swiped and seizure stopped, but the student seizes again while waiting for parent/ambulance, VNS may be swiped again (as per above).	
	☐ If student has a single seizure that lasts **longer than ____ minute(s)** **<u>OR</u>** ☐ If student has **more than ____ seizures in ___ minutes (cluster seizures)**	**MRP Order: ____ mg** of **lorazepam buccal (into the cheek pocket)** **(*MRP note: BCCH standard is for seizures longer than 5 minutes and/or more than 3 seizures in 30 minutes)* **Give the single dose of lorazepam** as provided by parent/guardian**.** If student has already had lorazepam at school, do not give another dose, call 911.
	☐ If student has a single seizure that lasts **longer than ____ minute(s)** **<u>OR</u>** ☐ If student has **more than ___ seizures in ___ minutes (cluster seizures)**	**MRP Order: ____ mg** of **midazolam** ☐ **intranasal (into the nostrils)** **<u>OR</u>** ☐ **buccal** (**into the cheek pocket)** **(*MRP note: BCCH standard is for seizures longer than 5 minutes and/or more than 3 seizures in 30 minutes)* **Draw up midazolam to the line marked on the syringe** as you were shown by parent/guardian and **give it** to student**.** If student has already had midazolam at school, do not give another dose, call 911.
	☐ If student has a single seizure that lasts **longer than ____ minute(s)** **<u>OR</u>** ☐ If student has **more than ___ seizures in ___ minutes (cluster seizures)**	**MRP Order: ____ mg** of **BUCCOLAM buccal** (into the cheek pocket). **(*MRP note: BCCH standard is for seizures longer than 5 minutes and/or more than 3 seizures in 30 minutes)* **Give 1 pre-prepared syringe** of **BUCCOLAM** as provided by the parent/guardian. If student has already had BUCCOLAM at school, do not give another dose, call 911.

BRITISH COLUMBIA
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Seizure Action Plan & Medical Alert Information Care and Protocol

Student's Name _____ Date of Birth _____

STEP 4	If the student has a seizure at school, **call 911** (tick at least one): ☐ as soon as seizure starts. ☐ if seizure has not stopped after _____ minutes ☐ if seizure has not stopped _____ minutes after rescue intervention was given ☐ Other: _____ ☑ if the student does not completely recover or return to their usual self after the seizure event. ☑ If the student is injured during the seizure. ☑ if the student has diabetes. ☑ if the student has breathing difficulties or looks grey or blue (cyanotic) after the seizure. ☑ if the student has breathing difficulties or looks grey or blue (cyanotic) after the seizure rescue intervention. ☑ if the seizure occurs in water. ☑ if it is the students first time having a seizure. ☑ as soon as the rescue medication is given if this is the first time the student is getting the rescue medication.	***MRP** to fill in this information*
STEP 5	*If the student has a seizure at school, call parent/guardian: (tick one)* ☐ at onset of seizure. ☐ If seizure has not stopped after _____ minutes ☑ If seizure rescue medication is given as parent/guardian will need to pick up student from school within 30 minutes. If parent/guardian does not arrive in 30 minutes, call 911. ☑ Other; please specify: _____	***Parent/ guardian** to fill in this information*
STEP 6	*Once the student's seizure stops:* a) Stay with the student until they are fully awake. b) Reassure the student. c) Reorient student to their surroundings. d) Allow the student to rest. Keep the environment calm and quiet. Do not give the student any food or drink until they are fully recovered. e) Call parent/guardian if you have not already called them. f) Other student specific needs: (e.g., Student will need to leave the classroom. Student will need to lie down.) • _____ • _____	***Parent/ guardian** to fill in this information*
STEP 7	a) Share this seizure action plan with the Emergency Medical Services (i.e., Paramedics) when they arrive. b) Give Emergency Medical Services Paramedics a report of what happened and the care the student received.	
STEP 8	Record the seizure information on the Seizure Log located on the last page of this Seizure Action Plan, and return the completed form to the school administration.	
STEP 9	School and parent/guardian and/or MRP to review the SAP and make changes if needed. Parents/guardians may make changes in the orange sections, the school may make changes to the blue sections, the MRP may make changes in the green sections. The family will share with the school/school staff any changes made to the plan, and the school will submit a new Request for NSS Training form if the MRP has ordered (1) a change the type of rescue intervention/medication (e.g. midazolam to lorazepam or the addition of a VNS) or (2) a change in route of midazolam administration (i.e. buccal to intranasal, or intranasal to buccal).	

Seizure Action Plan & Medical Alert Information
Seizure Log
Student's Name _____ Date of Birth _____

Seizure Log

Date:	Time started:
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):	
How long did the seizure last?	Where did seizure occur (location)?
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)	
Time parent called:	Time 911 called:
Did student return to usual self after the seizure? ☒Y ☐ N	Comments:
Recorder's Name:	Initials:

Date:	Time started:
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):	
How long did the seizure last?	Where did seizure occur (location)?
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)	
Time parent called:	Time 911 called:
Did student return to usual self after the seizure? ☐Y ☐ N	Comments:
Recorder's Name:	Initials:

Date:	Time started:
Describe what the seizure looked like (include any changes in student's muscle tone, arm/body movements, colour, breathing pattern, loss of bowel/bladder control):	
How long did the seizure last?	Where did seizure occur (location)?
Care/treatment provided: (if rescue medication given, record name of individual that did the double-check)	
Time parent called:	Time 911 called:
Did student return to usual self after the seizure? ☐Y ☐ N	Comments:
Recorder's Name:	Initials:

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Nursing Support Services (NSS)
Seizure Rescue Intervention Training Request Form for Schools

SCHOOL TO COMPLETE: NSS Seizure Rescue Intervention Training Request

NSS offers training for non-medical school staff in how to provide physician/provider-ordered seizure rescue interventions to students in kindergarten through grade 12, as per the student's Seizure Action Plan and Medical Alert Information Form (SAP). This physician/prescriber's order for the rescue intervention must have been dated within the previous 12 months.

NSS offers training for non-medical school staff in how to:

- administer intranasal midazolam
- administer buccal midazolam

Parents/guardians are responsible for completing and reviewing the SAP with the school and the school staff during the Parent Information Sharing Session with the school.

This training is 1 of 7 steps involved in the process of preparing school staff to administer seizure rescue intervention(s) in the school setting. Please refer to Learn about seizure care in the school setting on the BCCH website

Once this form is complete, fax it to **604-708-2127** or email it to nssreferrals@cw.bc.ca. An NSS Coordinator will contact you to coordinate a NSS Seizure Rescue Intervention Training session with the school staff. Your request will be processed in the order it is received.

If you have questions about training or completing this request form, please email nssreferrals@cw.bc.ca.

If you have any questions about any components of the SAP, please reach out to the student's parent/guardian and/or the prescribing physician.

SCHOOL DISTRICT	NAME OF SCHOOL	
STREET ADDRESS	CITY	
PHONE NUMBER	FAX NUMBER	EMAIL
PRIMARY SCHOOL CONTACT	PHONE	EMAIL

- Training request is for (select one or both):
  - ☐ new/initial request for non-medical school staff who **have not been** previously trained by NSS.
  - ☐ refresher for non-medical school staff that **have been** previously trained by NSS.

- Training request is for administration of:
  - ☐ intranasal midazolam
  - ☐ buccal midazolam

This information is on the student's SAP

* Note: NSS does not provide training for Buccolam (for more information, see the School Checklist)

- This request is for the _____ - _____ (e.g. 2026-2027) school year.
  - ☐ Tick to confirm that the SAP for the above year has been completed.

- Number of non-medical school staff who will be attending the NSS training session: _____

Date training request submitted: _____

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Nursing Support Services (NSS)
School Checklist - Steps in Training School Staff to Provide Seizure Rescue Intervention(s) in the School Setting

Checklist Instructions

This checklist contains the steps necessary to have school staff be ready to provide any specific seizure rescue interventions, as per a student's seizure action plan (SAP), regardless of who is providing training/instruction. Each step/item in the following checklist must be completed prior to a school staff being able to provide the medically requested seizure rescue intervention(s) to the student in the school setting. The most appropriate person at the school must verify that all the steps have been completed and that the school staff are ready to provide the student-specific seizure rescue intervention(s).

Step 1 - Seizure Action Plan and Medical Alert Information Form (SAP)

☐ Confirm that the Seizure Action Plan and Medical Alert Information Form (SAP) form is **fully completed** and available at the school.

Step 2 - Identification of School Staff

☐ Identify the non-medical school staff who will be trained to provide the student's seizure rescue intervention(s) in the school setting.

Step 3 - NSS Seizure Rescue Intervention Training Request Form – for intranasal or buccal midazolam requests ONLY. For buccal lorazepam (Ativan), BUCCOLAM®, or Vagus Nerve Stimulator (VNS), go to step 4.

NSS offers training for non-medical school staff in how to:

- Prepare and give intranasal midazolam
- Prepare and give buccal midazolam (not including BUCCOLAM®)

☐ If the student has buccal midazolam (not including BUCCOLAM®) or intranasal midazolam as their seizure rescue intervention, complete the NSS Seizure Rescue Intervention Training (SRIT) Request form and fax it to 604-708-2127 or email it to nssreferrals@cw.bc.ca

Note: NSS does not provide training for non-medical school staff in how to:

- Prepare and provide buccal lorazepam (Ativan).
- Prepare and provide BUCCOLAM®.
- Use a Vagus Nerve Stimulator (VNS).

Each non-medical school staff member will review the appropriate standardized handouts for the specific seizure rescue intervention(s) before the parent/guardian information sharing session, see step 5.

- The seizure rescue intervention(s) standardized handouts can be found on the NSS website.

If the student has buccal lorazepam, BUCCOLAM®, or VNS as their seizure rescue intervention, the student's parent/guardian during the Parent Information Sharing session will review and show school staff how to prepare and give these interventions, see step 5 below. You do not need to send a NSS SRIT form for this.

**Note: It is recommended that steps 4-6 should be completed before the NSS the rescue intervention training session (see step 7).

Step 4 - Seizure Rescue Intervention Training for Non-medical School Staff online learning module

☐ Ensure that all staff identified in step 2 complete the Seizure Rescue Intervention for Non-Medical School Staff module on the Learning Hub (Sign-Up Instructions). A certificate is provided to participants upon completion of the online training module and should be provided to school administration to verify the training has been completed.

Step 5 – Parent/Guardian Information Sharing Session – required for all SRIT

☐ In preparation for the parent/guardian information sharing session, each non-medical school staff member will review the appropriate standardized handouts for the specific seizure rescue intervention(s) before the session, see step 3. The seizure rescue intervention(s) standardized handouts can be found on the NSS website here.

☐ Hold an information sharing session with the student's parent/guardian, the non-medical school staff who were identified in step 2, and school administrator/case manager. During this session, all the information in the student's SAP is to be reviewed, including:

- A description of what the student's seizures look like so the non-medical school staff can recognize them.
- A description of how long the student's seizures normally last.
- A description of any auras (warning signs) that would indicate the student is going to have a seizure.
- A description of any triggers that may make seizures more likely (e.g., illness, lack of sleep flashing lights).
- A description of how the student usually behaves after a seizure.
- A description of the student's typical seizure patterns:
    - time of day they typically happen
    - how long they typically last (duration) and,
    - how often they typically occur (frequency).
- A description of any student specific care that is to be provided during and/or after a seizure.
- Any student-specific instructions for seizure first aid (e.g., what would the school staff do if the student has a seizure while in a wheelchair).
- The following rescue intervention(s)-specific information as per the student's SAP including:
    - When to provide the rescue intervention(s) (e.g. if seizure lasts longer than __ minutes)
    - What intervention(s) to provide (e.g., lorazepam)
    - How much of the rescue medication to provide (e.g., 1 tablet).
    - If a student is ordered buccal lorazepam (Ativan), the parent will show school staff how to prepare and give this medication to their child. A handout is available here for parent/school to use.
    - If a student is ordered the use of the VNS, the parent/guardian will show school staff where the VNS device (generator) is located on the student's chest and how to use the magnet. A handout is available here for parent/guardian and school to use.
    - If a student is ordered BUCCOLAM®, the parent/guardian will show school staff how to prepare and give this medication. A handout is available here for parent/guardian and school to use.
    - If the student is ordered midazolam (not including BUCCOLAM®) as their rescue intervention (either buccal or intranasal), the parent/guardian will demonstrate how the school staff should line up the plunger with the pre-marked line (or tape) on the syringe that the parent/guardian has marked to indicate the correct amount (mL) of midazolam ordered for the student (as per the SAP). This demonstration will be done using the student's supplies.

- How to complete the SAP seizure log portion of the SAP (i.e., how, what, and where to document any seizures and/or seizure rescue intervention(s) provided to the student).
- When to call 911.
- When to call the parent/guardian.

Step 6 – Seizure Rescue Intervention Supplies at School

☐ Confirm that the appropriate supplies are available at school (as per the order on the SAP).

☐ Lorazepam (Ativan) sublingual tablet(s) – a **single dose** in a pharmacy labeled container/package with the student's name, medication name, dosage, route of administration, indication for use, and expiry date.

☐ Midazolam (not including BUCCOLAM®) - a pharmacy labeled vial with the student's name, medication name, dosage, route of administration, indication for use, and expiry date, **and**:

- a 3 ml luer-lock syringe marked with the appropriate dosage (number of millilitres) prescribed for the student. The **dosage must be marked on the syringe** by the parent/guardian either by drawing a line or by marking with a piece of tape.
- a blunt needle to withdraw the medication from the midazolam vial.
- a nasal atomizer (for intranasal administration only).

☐ BUCCOLAM® – **a single dose** in a pharmacy-labelled ready-to-administer syringe with your child's name, the medication name, dosage, route of administration, indication for use, and expiry date.

☐ Vagus Nerve Stimulator (VNS) - the student's magnet may be a wrist band/watch or a pager/belt clip style.

Step 7 - NSS Seizure Rescue Intervention Training Session for intranasal or buccal midazolam requests only. For buccal lorazepam (Ativan), BUCCOLAM, or VNS, go to step 5

☐ Confirm that the school staff identified in step 2 have attended the NSS SRIT session and the NSS Coordinator has provided the school with a copy of the completed and signed NSS SRIT Documentation Record.

IMPORTANT:

A student may have only one medication rescue medication (either lorazepam or midazolam) as their seizure rescue intervention in the school setting. However, a student may need to have both a rescue medication (either lorazepam or midazolam) and a Vagus Nerve Stimulator (VNS) as their rescue interventions. The VNS is not a medication; it is used at the onset of seizures, before a rescue medication is given.

For any seizure rescue intervention, the school staff identified in step 2 **may not be able to provide the intervention** until steps 4, 5 and 6 above have been completed.

Prior to these steps being completed, any school staff who have previously been trained in seizure first aid (e.g., through a Public Health Nurse or Epilepsy BC) **and** who have been to the parent/guardian information sharing session may be able to provide basic seizure first aid as per the student's SAP and any applicable school district policies/directives.