



SEIZURE MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name		Year	
Date of Birth		Home Room	
Type(s) of Seizures:		Date of first seizure: / /	

Section A – Medication for Seizure Management – to be completed by parent/guardians

1. Does your child require medication to administered regularly at school? Yes No
2. If yes, complete the table below. (Note: Medication must be provided by parents/guardians)
3. If no, proceed to emergency medication table and complete.

INSTRUCTIONS FOR ADMINISTRATION OF REGULAR MEDICATION						
	Medication 1		Medication 2		Medication 3	
Name of Medication						
Expiry date						
Dose/frequency (may be as per pharmacist's label)						
Duration (dates)	From: To:		From: To:		From: To:	
Route of administration						
Administration Tick appropriate box	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>
	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
	Kept & managed by self	<input type="checkbox"/>	Kept & managed by self	<input type="checkbox"/>	Kept & managed by self	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Are there any other precautions?						





Section B – 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 buccal midazolam which may need to be administer in an emergency if indicated in Section D)
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 parents/guardians.

Section C – 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





Section D – Administration of Emergency Medication

	Medication 1		Medication 2	
Name of Medication				
Expiry date				
Dose/frequency				
Route of administration	Buccal <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	Rectal <input type="checkbox"/>
	Nasal <input type="checkbox"/>			
	Rectal <input type="checkbox"/>			
Are there any other specific instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state below		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state below	
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/>	Stored at school <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Refrigerate <input type="checkbox"/>
	Keep out of sunlight <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other (list) <input type="checkbox"/>	Other (list) <input type="checkbox"/>
	Other (list) <input type="checkbox"/>			

Section E – Authority to Act

This seizure management and emergency response plan authorizes College 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 College of a change in my/our child's health care requirements.

Parent/Guardian Name:	Medical Practitioner (if required):	Review Date:
Signature:	Signature:	
Date:	Provider Number:	
	Date:	

When complete please return this form to the College Reception.





Staff Acceptance - Name: _____

Signature: _____

Date: _____

NOTE:

For **College staff** to administer medication they must be familiar with the medical needs of students for whom they have a duty of care.

The following points are for security and safety purposes.

- The parent/guardian notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the College.
- Ensure any prescribed medication is not out of date and has an original pharmacy label which includes the student's name, dosage and time/s to be taken.
- Notify the College in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or a new prescription dispensed by pharmacy.
- The student has received a dose at home without ill effect.
- Advise the College in writing and collect the medication when it is no longer required at school.
- Where parents/guardians are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents/guardians will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the College of the adjusted dose.

OFFICE USE ONLY	
Date received: / /	Date uploaded/entered: / / (SEQTA/MAZE)
Is specific staff training required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of training:
Training Service provider:	
Names of person/s to be trained:	
Date of training:	

