Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

INDIVIDUALIZED EMERGENCY PLAN
EPILEPTIC SEIZURE AT SCHOOL

AT ALL TIMES:
Watch for any changes in behaviour or absence seizures and notify parents or significant person.

Possible signs observed by staff during an epileptic seizure:
(often short and sudden onset)

Partial seizure (non-convulsive)	Generalized seizure (convulsive)
☐ Vague look (absence)	☐ Eyes rolling back or rapid blinking
☐ Confusion, memory lapses	☐ Loss of consciousness
☐ Lack of reaction	☐ Jerky movements
☐ Uncoordinated movements (muscle spasms in part of the body)	☐ Stiffening of the arms and legs
	☐ Noisy breathing
☐ Sudden drowsiness, confusion	☐ Foaming at the mouth
☐ Unusual irritability	☐ Possible incontinence (urine/feces)
☐ Other:	☐ Other:

DURING THE SEIZURE

- Remain calm and stay with the student.
- Ask for help if needed.
- Cushion the student's head (with a pillow, towel, clothing, etc.).
- Do not put anything in their mouth.
- Loosen tight clothes around their neck.
- Ask the other students to leave the room.
- Secure the scene (remove dangerous objects).
- Let the seizure take its course. **Do not** restrain the student.
- Prevent the student from injuring themselves. If necessary, help them lie down on the floor.
- Turn the student on their side for as long as the seizure lasts (recovery position).

☐ Use the magnet to activate the vagus nerve stimulator. *Specify*:

_____

☐ Administer emergency medication. *Specify*:

_____

_____

- Once the seizure is over, note how long it lasted (start and end time) on the form. ☐ *Observation report*

Other instructions:

_____

_____

Nom, Prénom :

AFTER THE SEIZURE
• Let the student rest on their side (recovery position). • Gently reassure them. • Stay with the student (they must remain under adult supervision). • Notify their parent, caregiver or legal representative (as the case may be). • Call Info-Santé (811) if you have any concerns. • Report the event to the school nurse. Other instructions:

CALL 911 IF:
• The convulsive seizure lasts more than: _____ minutes. • The student does not regain consciousness or still has trouble breathing after the seizure is over. • The student has a second seizure before they have recovered from the first one. • The student is still confused more than one hour after the seizure. • The seizure happens in the water and the student swallows water. • The student is injured and requires emergency care. • The student is diabetic. • The symptoms are different than usual. • The skin and lips are still blue after the seizure is over. Other instructions: ADDITIONAL INFORMATION

EMERGENCY CONTACTS				
Last name/First name	Relationship	Tel. (home)	Tel. (work)	Tel. (mobile)

I authorize an adult to intervene with the above-mentioned student in the event they experience any of the epilepsy symptoms listed above. I give permission for this emergency plan to be posted in the designated areas.

_____ Date: _____

Signature of parent, legal representative or student aged 14 and over