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**Conejo Valley Unified School District**  
**EMERGENCY PLAN FOR SEIZURES/INDIVIDUAL HEALTH PLAN**

Date Prepared: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Student Name:

Date of Birth:

Parents:

Phone:

Other Phone:

Physician Name:

Physician Phone:

District Nurse:

Phone:

Student Specific Issues/Emergencies:

IF YOU SEE THIS	DO THIS
<p><u>Signs and Symptoms</u></p> <p><b>If student has a FULL SEIZURE</b>            Also known as grand mal or tonic-clonic seizure:</p> <ul style="list-style-type: none"> <li>• Lasts one to five minutes</li> <li>• Involves the entire body</li> <li>• The body falls, stiffens and jerks</li> <li>• May cry out and bite tongue</li> <li>• May become bluish due to lack of oxygen</li> <li>• May become incontinent</li> <li>• Generally tired afterwards and may sleep</li> </ul> <hr/> <p><b>If student has an absence seizure,</b>            Also known as petit mal or partial seizure</p> <ul style="list-style-type: none"> <li>• Lasts a few seconds</li> <li>• May have a staring spell or blink his eyes</li> <li>• Mistaken for daydreaming</li> <li>• Memory lapse</li> <li>• Lack of attention-unresponsive</li> </ul>	<p><u>Response Action</u></p> <ol style="list-style-type: none"> <li>1. Be sure the child is safe by clearing the area to protect from further injury.</li> <li>2. <b>CALL 911</b>; then call parent for seizure lasting five minutes minutes, or immediately if signs of respiratory distress are present.</li> <li>3. Do not restrain or interfere with the child's movements.</li> <li>4. Do not put anything in the mouth.</li> <li>5. Maintain the airway by turning the person on side and monitor for breathing</li> <li>6. When seizure is over, if 911 wasn't called, allow person to rest. Usually, a person is sleepy following a seizure.</li> <li>7. Consult w/ parent/guardian regarding the seizure and follow parent/guardian recommendation.</li> <li>8. Alert teacher and principal to the situation.</li> <li>9. Consult with the District Nurse as soon as is reasonably possible.</li> </ol> <hr/> <ol style="list-style-type: none"> <li>1. No active first aid is required</li> <li>2. Stay with student and make sure he is safe;</li> <li>3. Record time, length and symptoms of seizure on seizure log.</li> </ol> <p>It is also beneficial to the attending physician to have the following information:</p> <ul style="list-style-type: none"> <li>• What parts of the body were first involved and how the seizure progressed</li> <li>• Level of consciousness</li> <li>• If vomiting occurred</li> <li>• If there was loss of bladder or bowel control</li> </ul>

**IF EMERGENCY OCCURS: Call 911 for life threatening emergency. Stay with student or designate another adult to do so. Provide ongoing care to student. Designate someone to call parent or guardian.**

List all medications taken on a daily basis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal" Signature: \_\_\_\_\_ Date: \_\_\_\_\_