# SEIZURE GUIDELINES AND PROCEDURES

The following procedures have been established for participants registered in Recreation Division Programs who are at risk of a seizure.

- Participants over the age of 19 years or the Parent/Guardian if under 19 years, are required to notify the Recreation Division of the risk of a seizure. Participants/Parents/Guardians should update their RecConnect account in the personal information section to include the risk of seizure.

- Participants/Parents/Guardians must complete a Seizure Emergency Plan along with a Medication Consent Form (if applicable) and return to Program staff prior to or on the first day of the program. If returning the form(s) prior to the first day, it is recommended that the Participant/Parent/Guardian remind Program staff of the seizure risk and confirm the Seizure Emergency Plan is on site.

- All staff are trained in the warning signs of a seizure, as well as emergency treatment.

Updated: May 10, 2016

# SEIZURE EMERGENCY PLAN

To be completed by Participant if over 18 years **or** Parent/Guardian if under 19 years

**Participant:** _____ **Program:** _____

**Medic Alert:** ☐ **Yes** ☐ **No** **Where is it located? (wrist, neck)** _____

## SEIZURE INFORMATION

**Possible Triggers of a Seizure:**

☐ Overtired
☐ Fever
☐ Illness
☐ Flashing Lights
☐ Stress
☐ Menstrual Cycle
☐ Low Blood Sugar
☐ Time of day. When: _____
☐ Specific Foods: _____
☐ Other: _____

**Warning signs/symptoms <u>BEFORE</u> a seizure occurs:**

☐ Unusual tastes
☐ Unusual smells
☐ Confusion
☐ High temperature
☐ Headache
☐ Neck pain/stiffness
☐ Forgetfulness
☐ Daydreaming
☐ Tingling sensations
☐ Numbness
☐ Weakness/fatigue
☐ Other: _____

**Signs/Symptoms <u>DURING</u> a seizure (i.e. staring, convulsions, no response)**

_____

_____

**Past Seizure Information**

Frequency of seizures: _____ Duration of each seizure: _____

## EMERGENCY PROCEDURE

First Aid for Generalized Convulsive Seizures

- Keep calm. Let the seizure take its course and begin timing the seizure.
- Protect from further Injury if Possible. Place something soft in under the head.
- Do Not Force Anything in the Person's Mouth.
- Roll the Person on their Side afterward as soon as possible.
- If a seizure goes on longer than 5 Minutes, or Repeats without full recovery, call EMS
- Afterward, talk gently to the person, be comforting and reassuring.

Should Emergency Personnel be notified immediately? ☐ Yes ☐ No

Should the Parent/Guardian or Emergency Contact be notified immediately? ☐ Yes ☐ No

**What other procedures should staff follow?**

_____

_____

## EMERGENCY CONTACT INFORMATION

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |

I acknowledge that the standard of care which I would expect of the employees of the Recreation Division shall be that of the ordinary layman, bearing in mind the absence of trained medical personnel with the Division.

_____ _____

**Participant/Parent/Guardian's Signature** **Date**

ST. JOHN'S

# MEDICATION CONSENT FORM

To be completed by the guardian of a participant under the age of 18 years if medication is required to be administered at the program site by Recreation Division Staff.

## PARTICIPANT INFORMATION

Participant Name: _____ Program(s) Attending: _____

Date of Birth (dd/mm/yyyy):_____ Dates Attending: _____

## MEDICATION INFORMATION

Date Medication Prescribed and for how Long: _____

Prescribing Physician: _____

Physician's Phone number: _____ Clinic: _____

Name of medication: _____

Reason for medication: _____

Dose required: _____

Time medication is to be administered:_____

Special instructions for administering medication (i.e. taken with meal, water, etc.):

_____

_____

_____

Number of doses administered prior to attending the program: _____

Side effects or reactions? ☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

## AUTHORIZATION

I, _____, give permission for Recreation Division Staff to give medication to above named according to the instructions stated. I have explained the procedure for administering the medication and I will be contacted if above named shows any unusual symptoms.

I further acknowledge that the standard of care which I would expect of the employees of the Recreation Division shall be that of the ordinary layman, bearing in mind the absence of trained medical personnel within the Division.

_____ _____

**Participant/Parent/Guardian Signature** **Date**

ST. JOHN'S