

**CITY OF ST. JOHN'S
COMMUNITY SERVICES DEPARTMENT- RECREATION DIVISION**

SEIZURE PLAN

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.
- If the risk of a seizure is disclosed, 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.



PLEASE PRINT

SEIZURE PLAN

(to be completed by Participant if over 19 year or parent/guardian if under 19 years)

Participant Information

SECTION 1

Participant Name _____ Program _____

Medical Alert: Yes No Where is it located (Wrist, arm) _____

Seizure Information

SECTION 2

Possible triggers of a seizure:

- Overtired, Fever, Illness, Flashing Lights, Stress, Menstrual Cycle, Low Blood Pressure, Time of day, Specific Foods, Other

Warning signs/symptoms BEFORE a seizure occurs:

- Unusual Tastes, Unusual Smells, Confusion, High Temperature, Stress, Headache, Neck Pain/Stiffness, Forgetfulness, Daydreaming, Tingling sensations, Numbness, Weakness/fatigue, Other

Signs/Symptoms DURING a Seizure (i.e. staring, convulsions, no response):

Past Seizure Information:

Frequency of Seizure _____ Duration of each seizure _____

Emergency Procedure

SECTION 3

First aid for generalized convulsive seizures:

- Keep calm, Protect from further injury, Do not force anything in the persons mouth, Roll the person on their side, Call EMS if seizure goes on longer than 5 minutes, Afterward, talk gently to the person

Should Emergency personnel be notified immediately? Should the parent/guardian or emergency contact be notified immediately?

What other procedures should staff follow? _____

Emergency Contact Information

SECTION 4

Table with 5 columns: 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 _____

Privacy Notice

SECTION 5

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to program participants.

Please return completed forms to: On-Site Supervisor

For further information: Phone: (709)576-8499/8631 Email: recreation@stjohns.ca