Leading Edge Academy Seizure Action Plan Procedures

Training

All employees at Leading Edge Academy that maintain regular contact with students will complete an Arizona State Board of Education (SBE) approved seizure and recognition of treatment course at the beginning of the school year. Employees hired after the beginning of the school year will be required to complete the training within 10 school days of starting employment.

Management

Upon notification that a student who is enrolled has a diagnosed seizure disorder, the school will request that the parent provide the school with a filled out copy of the board approved Arizona Seizure Action Plan (https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:6123cdcf-0dc4-4f34-a27a-433613c8932d). Once the plan is submitted to the school, the school's designated Health Aid will review the seizure management and treatment plan. The Health Aid will save the seizure management plan within the student's file and update our SIS with the appropriate health alerts.

The plan above can be modified at any time to stay in compliance with A.R.S 15-341.

Arizona Seizure Action Plan

Student's Name: _____ Date of Birth: _____ Allergies: _____
Emergency Contact: _____ Best Phone Number: _____

Parent complete →

Seizure Information

Seizure Type	Length	Frequency	Description
Seizure triggers or warnings			
Student's response to seizure			
Care after seizure			

← Provider completes

Green Zone (Less than 2 minutes):
- Stay CALM and track duration
- Keep SAFE - Protect head, do not restrain
- Turn on SIDE if not awake (do not place anything in mouth)
- TIME seizure length
- Swipe VNS magnet x 1 if present
- Contact family about seizure
- May return to class per parent approval

Yellow Zone (2 to _____ minutes):
- Stay with student. Call for assistance
- Prepare rescue treatments

Red Zone (Greater than _____ minutes):
- Give rescue medication (Below)
- Call 911 if seizure does not end 5 minutes after rescue medication is given

Rescue medications:

- For ***prolonged*** seizure give:
  - ❑ Diazepam _____ mg rectally
  - ❑ Clonazepam ODT _____ mg between cheek/gums
  - ❑ Midazolam/diazepam _____ mg in the nose
  - ❑ Other: _____
- For ***cluster*** of _____ seizures in _____ minute give:
  - ❑ Diazepam _____ mg rectally
  - ❑ Clonazepam ODT_____ mg between cheek/gum
  - ❑ Midazolam/diazepam _____ mg in the nose
  - ❑ Other: _____

(Potential adverse effects include sedation, confusion, respiratory depression)

Medical emergencies (Call 911):
- Difficulty breathing after seizure
- Serious injury or seizure in water
- Seizure does not end 5 minutes after rescue medication is administered

Other: _____

_____

Always take seizure action plan and emergency medication for school activities, sports, and field trips. Close adult supervision when swimming or climbing.

_____ _____ _____ _____
Health Care Provider Signature Printed Name Office Phone Date

_____ _____ _____
Parent/Guardian Signature Student Signature (when applicable) Date