

Nursing Support Services

Q&A For Children Who Require Seizure Rescue Intervention in the School Setting (K-12)

The purpose of this document is to provide parents/guardians with some information regarding delegated care for seizure rescue intervention in the school setting (K – 12¹).

Q: What does the NSS program provide in this stream of service for children?

A registered nurse will delegate the nursing task of administering a restricted intervention to a non-medical provider (school staff) under his/her practicing license. The restricted interventions that can be administered in the school setting for a seizure emergency as ordered by your child's² most responsible practitioner (MRP) (i.e. Neurologist) are:

- Buccal Ativan,
- Intranasal Midazolam,
- Buccal Midazolam, or
- Use of a Vagal Nerve Stimulator

Referrals for our services must be completed and sent by your child's MRP to NSSreferral@cw.bc.ca. This referral will also include a medication administration order form signed by your child's MRP. The MRP is the Physician/NP that is the most responsible for knowing and supporting your child's seizure condition.

If a child continues to be eligible for NSS services, a new medication administration form is required each year by your child's MRP. Your child's NSS Coordinator will communicate your child's continued eligibility through a renewal letter.

Q: What is delegation? Who is involved?

Delegation "means sharing authority with other care providers to provide a particular aspect of care³. Under this BC College of Nurses and Midwives (BCCNM) regulation, school staff are considered unregulated care providers because the tasks that they provide, are primarily done by nurses and are outside the role and training of the school staff. The NSS Coordinator can only delegate specific nursing tasks and are required to follow the responsibilities and accountabilities set out by this BCCNM policy. As an NSS Coordinator determines if a delegation is appropriate, he/she takes into consideration the child's specific needs, the specific tasks the child needs support with, and the environment in which the child is cared for. The decision to delegate is made by the child's NSS Coordinator and he/she is responsible for the decision to delegate and for ongoing supervision to assess and ensure the school staff is able to perform the delegated task. Every request for delegation is considered on a case-by-case basis and is dependent upon whether the NSS Coordinator believes that a child's specific circumstances can be safely supported in this way.

Q: What do I need to consider when choosing an NSS delegated care plan for my child? What makes my child eligible for service?

Participation in a Seizure Rescue Intervention Care Plan is voluntary. It is one way that your child can be supported with their seizure rescue care at school. The school staff cannot provide any care that is not written

¹ NSS defines school as Kindergarten to Grade 12 (ages 5 to 19 years)

² Child is defined as ages 5 to 29 years in this document

³ (December 2020). BCCN&M Practice Standard for Registered Nurses and Nurse Practitioners. Delegating Tasks to Unregulated Care Providers. Vancouver, BC: Author.

in the Seizure Rescue Intervention Care Plan that a parent/guardian, NSS Coordinator and school administration signed.

Care given at school may look different than the care families provide at home. The care at school will focus on safe seizure rescue care. This means:

- recognizing a student's seizure behaviours,
- applying seizure first aid⁴,
- calling for appropriate help (i.e. 911 and/or parent/guardian), and
- giving the seizure rescue intervention as per MRP's orders.

To be eligible for the program, a child has received a rescue intervention (as defined in question #1 above) over and above basic seizure first aid to stop their seizures and there is clear evidence of how they respond to this intervention. If it has been more than 12 months since your child has needed a seizure rescue intervention, your child will be transitioned to a Seizure Action Plan in the school setting.

Q: What happens if my child is not eligible for NSS program of care?

If your child does not meet the admission criteria for an NSS Seizure Rescue Intervention Care Plan or once your child has been transitioned off an NSS Seizure Rescue Intervention Care Plan, your child can be supported in the school setting using a Seizure Action Plan (see below).

Q: What is my responsibility as a parent/guardian if I choose to be part of the program?

As part of our program:

- a parent/guardian/delegate must be available at all times if called by the school staff for questions/concerns.
- once a child has received a rescue intervention, a parent/guardian/delegate must be able to pick up the child from school within 30 minutes of being contacted, or 911 will be called.
- 911 may be called at any time if the school feels that they are unable to care for a child safely.
- a parent/guardian must sign consent for service.
- a parent/guardian must complete a seizure action plan for school, and
- a parent/guardian must attend, participate and sign off that they feel confident that the non-medical care provider (school staff) is able to follow the Seizure Rescue Intervention Care Plan.

Q: Why do I need to be present and participate in the training that my child's school staff will receive?

It is important as a parent/guardian that you understand what the school staff are trained in and to feel confident in their ability to provide the rescue intervention in the school setting as you sign off your child's Seizure Rescue Intervention Care Plan. It is the NSS Coordinator's role to teach and evaluate if school staff are capable of providing care as per your child's care plan. It is the School Administrator's role to find the staff that will be trained for your child's care plan. Implementation of the care plan requires a partnership between a child's family, the school and the NSS Coordinator. As a parent, you are the expert in your child's care and hold the overall responsibility for the care of your child.

Q: What is the process of establishing an NSS Seizure Rescue Intervention Care Plan?

First, you will be contacted by an NSS Coordinator who will conduct a nursing assessment guided by BCCNM nursing practice guidelines. If your NSS Coordinator determines that they can safely put a Seizure Rescue

⁴ http://www.bcepilepsy.com/files/information-sheets/First_Aid_Poster.pdf

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Intervention Care Plan in place under the act of delegation, you will work with them to develop the care plan that the school staff will follow to support your child's seizure rescue intervention. Training will then occur with 2 school staff (a primary and a back-up) and you will participate as a parent/guardian. Once the training is done, it will be signed off on the child's care plan by parent/guardian, NSS Coordinator and school staff. When this is all in place, the Seizure Rescue Intervention Care Plan will start.

Q: My child is ready to be on a [Seizure Action Plan](#), what does this mean?

When your child is ready to be supported by a [Seizure Action Plan](#), this means that there will be trained school staff to provide seizure first aid. You as a parent/guardian will need to review and update your child's Seizure Action Plan and work in partnership with the school to put it in place.

Seizure first aid is guided by BC Epilepsy⁵, our provincial expert whose mission is to “empower, educate and support families living with epilepsy and their families in BC”, including supporting research.

Seizure first aid teaching may be provided by:

- your local Public Health Nurse (see your closest [community public health unit](#)⁶), or
- Epilepsy BC ([teaching workshops](#)⁷), or
- You, as the child's parent/guardian (see Epilepsy BC teaching resources)

Your child's school will help you to set up teaching for school staff. Please discuss this with your school administration.

Q: Who are the key people involved in supporting my child's seizure care in the school setting if I choose a delegated care plan? What are their roles?

Your **NSS Coordinator**:

- decides if a Seizure Rescue Intervention Care Plan can be put in place under the act of delegation.
- sets up the care plan with you and reviews it every year and when there is a change to your child's care.
- teaches the school staff about your child's Seizure Rescue Intervention Care Plan.
- supervises and ensures school staff are capable of carrying out the delegated task and following the care plan safely and competently.
- makes any changes needed to the care plan.
- checks-in with school and you to see if everything is going well.

The **School Administrator**:

- provides the school staff members (primary and secondary person) and supports their attendance at education and meetings as needed.
- the individual the NSS Coordinator speaks to if there is a concern with a school staff member.
- signs off on the consent form put in place with you and your family.

The **School Staff**:

- assigned and taught how to follow your child's delegated care plan in school.
- non-medical people who are trained in specific tasks for your child's care based upon their care plan.

⁵ http://bcepilepsy.com/files/information-sheets/First_Aid_Poster.pdf

⁶ <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities#V>

⁷ <http://bcepilepsy.com/programs/partners-in-teaching>

- reach out to the NSS Coordinator if they have an educational need, or a concern/question about a student's care plan.
- reach out to you the family (as per the care plan) if they need support.

Your **Neurologist/MRP**:

- key individual to rely on for medical advice and support in seizure care management.
- helps you decide what best action to take when your child begins to seize at school.
- will need to review and sign the seizure Medication Administration Form at least once a year, including confirming your child received a rescue intervention in the past 12 months with clear evidence of how your child responded to the intervention; and a description of your child's seizure in layman's terms for which the seizure rescue intervention is ordered.

You, the **Family**:

- communicates to school staff if your child has had a seizure before coming to school and if a rescue intervention was given.
- communicates how your child responds to the seizure rescue intervention(s).
- works with the NSS Coordinator to set up your child's Seizure Rescue Intervention Care Plan.
- attends school staff training.
- responds to a school staff's call during school hours.
- brings any care changes needed directly to the NSS Coordinator who will then update the care plan, communicate with the school staff and provide training as needed.
- provides all supplies needed for your child's rescue intervention (medication, needle, syringe etc.) including unexpired pharmacy labelled medication.
- communicates with NSS Coordinator when the medication supplies in school have been replaced (e.g. medication had expired so new medication brought into school).
- attends school and assesses child taking over care as per the care plan, including picking up your child after a rescue intervention has occurred.
- prepares the Medical Alert and [Seizure Action Plan](#) and teaches all appropriate (non-delegated) school staff at school.

Q: Why does my child need to go home after they received seizure rescue intervention?

A child's safety is of the most importance. A child having received a rescue medication needs to have careful monitoring by someone who knows them well to ensure they return to their usual self. This is not something a non-medical person (school staff) can do. As well, many children feel tired and sleepy after a seizure and rescue medication which makes learning very difficult. Going home to allow the child to rest and recover with those who know them best is a more appropriate setting.

Q: Why has NSS changed its admission criteria?

NSS has not changed its admission criteria. The program has been reviewing its seizure rescue intervention in the school setting to ensure safe and appropriate care. For children who have never received the prescribed rescue intervention and/or who have not received a rescue intervention in more than 12 months, non-medical staff (school staff) are not the most appropriate person(s) to provide care in these instances. The longer the time period between a seizure and / or receiving a rescue intervention, the less certain one can be with knowing what a child's response will be to the rescue intervention. Children who have not experienced a seizure and/or have not received a rescue intervention beyond basic seizure first aid are considered acute and unpredictable. This level of care is outside of what can be safely provided under a delegation. Parent/guardian and/or 911 will be contacted who will be responsible for assuming the care of the child.