

Date of training request: MM/DD/YYYY

Nursing Support Services (NSS) provides training for school staff to respond to a seizure event for a student in Kindergarten – Grade 12 (K – 12) prescribed a seizure rescue intervention over and above basic seizure first aid.

NSS provides training for the following:

- oral (buccal) administration of lorazepam (i.e., Ativan)
- intranasal administration of midazolam **only**
- use of a Vagus Nerve Stimulator (VNS)

Local NSS Coordinators (Registered Nurses) will schedule a training session with the school and family to train non-teaching school staff how to administer the prescribed rescue intervention.

Families, in partnership with their student's physician/prescriber and school, are responsible for the completion of the student's Seizure Action Plan (SAP). The Seizure Action Plan is a foundational document and guides school staff to provide care for a student who is at risk of a seizure event while at school. A completed Seizure Action Plan is required **before** a school can submit this request for training to NSS.

A parent/guardian is responsible for attending the NSS training session. At the training session, parents/guardians will review key aspects of the student's SAP including the student's specific:

- (1) seizure behaviours;
- (2) medication dose; and
- (3) when to call a parent/guardian or 911.

Parents/guardians (in collaboration with the student's MRP) are also responsible for providing ongoing support and guidance to schools following the initial training provided by NSS.

Schools are responsible for identifying the non-teaching staff that will attend the NSS seizure rescue intervention training session. Local NSS Coordinators are responsible for coordinating the training session.

School District:

School Information

NAME OF SCHOOL	PHONE NUMBER	FAX NUMBER
ADDRESS	EMAIL	
PRIMARY SCHOOL CONTACT	PHONE	EMAIL

1) Approximate number of staff who require training: _____

2) Staff in attendance **must complete** the online module first.

Student Information

NAME OF STUDENT	DATE OF BIRTH	GRADE/DIVISION
NAME OF PARENT / GUARDIAN 1 (Note: Main Contact)	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
LEGAL GUARDIAN (IF DIFFERENT THAN ABOVE)	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

TRAINING REQUEST IS FOR:

(Only choose the option(s) for which there is an updated¹ Physician/Prescriber prescription below):

- Seizure rescue intervention training for the administration of Lorazepam (i.e., Ativan)
- Seizure rescue intervention training for the administration of Midazolam
- Seizure rescue intervention training for the use of a Vagus Nerve Stimulator (VNS)

In preparation for the NSS rescue intervention training session:

1. Identify any non-teaching staff member(s) that may be providing a rescue medication to the student.
 - a. Any staff assigned to the student must complete the online education module through the Learning Hub prior to the training session.
2. If an interpreter is required for the family, please have the appropriate language translator booked for the training session.
3. Ensure the student's Seizure Action Plan and Medical Alert form are completed by the parent/guardian and the student's MRP (e.g., prescribing physician) and reviewed by the student's school-based team.
4. Ensure the parent/guardian has provided the rescue medication and/or VNS wand, and all the necessary supplies are ready at school.
 - a. If Midazolam has been ordered, ensure the parent/guardian has provided the school with a pre-marked 2 cc luer lock syringe (marked off according to MRP's prescription).
5. Locate a secure and accessible location to store the student's rescue medication.
6. Confirm that the local NSS coordinator has scheduled a training session with your school and the parent/guardian.

Additional information:

- NSS **will not** provide basic seizure first aid training for students that **have not** been prescribed at least one of the seizure rescue medications/interventions (listed above).
 - o For those students who are not prescribed one of the seizure rescue medications/interventions listed above, schools are encouraged to contact other established community resources to provide basic seizure first aid training (i.e. BC Epilepsy Society, or [your local Public Health Nurse](#)²).
- Seizure rescue intervention training requests are processed in the order they are received. The student's NSS Coordinator will contact the school to schedule a training session.
- If you have questions about training or completing this request form, please email nssreferrals@cw.bc.ca

For NSS Office Use Only

- Date of training: _____
- Parent/guardian(s) present at training: _____
- NSS Coordinator: _____
- Staff trained: _____

Submit completed Seizure Rescue Intervention Training form to: Fax - 604-708-2127 or email – nssreferrals@cw.bc.ca

¹ Prescriptions must be issued on a yearly basis

² <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities#/>