

**Tri-County Community Council, Inc.
Head Start**

SEIZURE EMERGENCY PLAN

Diagnosis: _____

Center: _____

Child's Name: _____

Date: _____

Allergies: _____

Birth Date: _____

Parent/Guardian: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Health Care Provider: _____

Medications: _____

TRANSPORTATION
Location of Medication:

CHILD – SPECIFIC EMERGENCIES: SEIZURE

<i>If you see a child EXHIBITING</i>	DO THIS
<ul style="list-style-type: none"> ➤ Stiffening ➤ Unusual Activity ➤ Blinking/Staring Spells ➤ Facial Movements ➤ Jerking/Shaking ➤ Loss of Muscle Tone ➤ Nausea, Vomiting, Abdominal cramping ➤ Incontinence ➤ Signs of Respiratory Distress ➤ Blue/Gray Tones ➤ Loss of Consciousness 	<ul style="list-style-type: none"> ➤ NOTIFY DISPATCH TO CALL 9-1-1 ➤ NEVER place anything in the mouth ➤ Do Not attempt to restrain the child ➤ Protect the child from hazards/falls ➤ Ease the car seat or child onto the seat so that the child is on his/her side ➤ Calmly reassure the child ➤ Try to time the seizure activity ➤ Have dispatch notify the Parent/Emergency Contact, the Center, and the Health Services Coordinator

IF AN EMERGENCY OCCURS:

1. Notify Dispatch to call 911 and the Center Coordinator. The Center Coordinator will notify the Parent/Emergency Contact and the Head Start Director.
2. Safety pull of the road and stay with the student. Refer to the above instruction. Monitor airways, breathing, circulation, and wait for 911 to respond.
3. Share student information with 911 personnel. If the student is transported by 911, find out where the student will be transported and notify dispatch.

Bus Monitor's Documentation:

Health Services Coordinator's Signature: _____

Date: _____