

SCHOOL TO COMPLETE: NSS Seizure Rescue Intervention Training Request

NSS offers training for non-medical school staff in how to provide physician/provider-ordered seizure rescue interventions to students in kindergarten through grade 12, as per the student’s Seizure Action Plan and Medical Alert Information Form (SAP). This physician/prescriber’s order for the rescue intervention must have been dated within the previous 12 months.

NSS offers training for non-medical school staff in how to:

- administer buccal lorazepam (Ativan)
- administer intranasal midazolam
- administer buccal midazolam
- use a Vagus Nerve Stimulator (VNS)

Parents/guardians are responsible for completing and reviewing the SAP with the school and the school staff during the Parent Information Sharing Session with the school.

This training is 1 of 7 steps involved in the process of preparing school staff to administer seizure rescue intervention(s) in the school setting. Please refer to [Learn about seizure care in the school setting on the BCCH website](#)

Once this form is complete, fax it to **604-708-2127** or email it to nssreferrals@cw.bc.ca. An NSS Coordinator will contact you to coordinate a NSS Seizure Rescue Intervention Training session with the school staff. Your request will be processed in the order it is received.

If you have questions about training or completing this request form, please email nssreferrals@cw.bc.ca.

If you have any questions about any components of the SAP, please reach out to the student’s parent/guardian and/or the prescribing physician.

SCHOOL DISTRICT		NAME OF SCHOOL		
STREET ADDRESS			CITY	
PHONE NUMBER	FAX NUMBER		EMAIL	
PRIMARY SCHOOL CONTACT		PHONE	EMAIL	

- Training request is for (select one or both):

- new/initial request for non-medical school staff who **have not been** previously trained by NSS.
- refresher for non-medical school staff that **have been** previously trained by NSS.

- Training request is for (select **only one**)

- administration of buccal lorazepam (Ativan)
- administration of intranasal midazolam
- administration of buccal midazolam

- Training request is for (leave blank if not applicable)

- use of a Vagus Nerve Stimulator (VNS)

This information is on the student’s SAP

- Number of non-medical school staff who will be attending the NSS training session: _____

Date training request submitted: _____