



Seizure Safe School Act



About the Seizure Safe School Legislation

Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. It is the 4th most common neurological disorder and affects people of all ages. Approximately 1 in 26 people will develop epilepsy at some point in their lifetime. Over 3.4 million Americans are currently living with epilepsy and seizures. Of the 3.4 million, there are 470,000 children living with epilepsy in the U.S. Despite the prevalence, epilepsy is still highly misunderstood by the public and stigmatized. For students living with epilepsy, it is important that schools are well-equipped with the tools necessary to provide a safe and enriching environment.

The are 4 key components to the Seizure Safe School legislation:

- Requiring school personnel to complete a seizure recognition and first-aid response training;
- Mandating that the Seizure Action Plan is made part of the student's file and made available to school personnel and volunteers responsible for the student;
- Ensuring that any FDA-approved medication prescribed by the treating physician is administered to the student living with epilepsy; and
- Educating and training students about epilepsy and first-aid response.

The legislation makes certain that school personnel, including nurses, teachers, and volunteers, are not only prepared but can recognize and respond appropriately and efficiently to the student experiencing a seizure. Even more importantly, the legislation safeguards physician-directed care in the school setting allowing students to access necessary and oftentimes life-saving medication. Lastly, by bringing awareness to the entire educational community, students living with epilepsy or a seizure disorder can feel safe in school, reach their full academic potential, and build meaningful friendships without fear of being stigmatized.

Seizure Safe School Act Model Bill Language

AN ACT relating to seizure disorders in schools.

Section 1:

“Seizure Action Plan” means a written, individualized health plan designed to acknowledge and prepare for the health care needs of a student diagnosed with a seizure disorder.

Section 2:

(1)(a) Beginning July 1, 2019, the board of each local public school district and the governing body of each private and parochial school or school district shall have at least one (1) school employee at each school who has met the training requirements necessary to administer or assist with the self-administration of:

1. A seizure rescue medication or medication prescribed to treat seizure disorder symptoms as approved by the United States Food and Drug Administration and any successor agency

(b) For those assigned the duties under paragraph (a) of this subsection, the training provided shall include instructions in administering:

2. Seizure medications, as well as the recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms

(c) Any training programs or guidelines adopted by any state agency for the training of school personnel in the health care needs of students diagnosed with a seizure disorder shall be fully consistent with training programs and guidelines developed by the Epilepsy Foundation of America and any successor organization. Notwithstanding any state agency requirement or other law to the contrary, for the purposes of this training a local school district shall be permitted to use any adequate and appropriate training program or guidelines for training of school personnel in the seizure disorder care tasks covered under this section.

(2)(a) Prior to administering a seizure rescue medication or medication prescribed to treat seizure disorder symptoms, the student’s parent or guardian shall:

1. Provide the school with a written authorization to administer the medication at school;
2. Provide a written statement from the student’s health care practitioner, which shall contain the following information:
 - a. Student’s name;
 - b. The name and purpose of the medication;
 - c. The prescribed dosage;
 - d. The route of administration;

e. The frequency that the medication may be administered; and

f. The circumstances under which the medication may be administered; and

3. Provide the prescribed medication to the school in its unopened, sealed package with the label affixed by the dispensing pharmacy intact.

(b) In addition to the statements required in paragraph (a) of this subsection, the parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to create a seizure action plan. The **[STATE]** Board of Education shall promulgate administrative regulations establishing procedures for the development and content of seizure action plans.

(3)(a) The statements and seizure action plan required in subsection (2) of this section shall be kept on file in the office of the school nurse or school administrator.

(b) The seizure action plan requirement in paragraph (b) of subsection (2) of this section shall be distributed to any school personnel or volunteers responsible for the supervision or care of the student.

(4) The permission for the administration of any of the medications listed under subsection (1)(a) of this section shall be effective for the school year in which it is granted and shall be renewed each following school year upon fulfilling the requirements of subsection (2) to (4) of this section.

(5) The requirements of subsections (1) through (5) of this section shall apply only to schools that have a student enrolled who:

a. Has a seizure disorder and has a seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the United States Food and Drug Administration and any successor agency prescribed by the student's health care provider.

Section 3:

Every public school shall provide an age-appropriate seizure education program to all students on seizures and seizure disorders. The seizure education program shall be consistent with guidelines published by the Epilepsy Foundation of America and any successor organization. The **[STATE]** Board of Education shall promulgate administrative regulations for the development and implementation of the seizure education program.

Section 4:

In addition to the professional development and collegial planning activities for the professional staff without the presence of students pursuant to **[STATE]** law, a minimum of one (1) hour of self-study review of seizure disorder materials shall be required for all principals, guidance counselors, and teachers each school year.

Section 5:

This Act may be cited as **[Seizure Safe School Act]**, **[Seizure Smart School Act]**, **[TEEN NAME Act]**.
(choose one)

Managing Students with Seizures: The Importance of School Nurses

Designed to provide the school nurse with information, strategies, and resources to help manage the student with seizures by supporting positive treatment outcomes, maximizing educational and developmental opportunities, and ensuring a safe and supportive environment. This course is free and available online. (CDC Course No. RPWD 2924)

By completing the course, school nurses will be able to:

- Identify 2 of the most common seizure types in students with epilepsy, potential triggers, and risk factors for seizures and emergencies;
- Identify 3 ways in which treatment of epilepsy may affect a student's health, safety or learning;
- Apply 2 strategies to alleviate psychosocial challenges relating to epilepsy for students, parents, and school personnel;
- List 3 first aid steps in helping a student during and after a seizure; and
- Create a Seizure Action Plan for a student with epilepsy using safe practices for medication administration and delegation.

Continuing Education Information:

The Centers for Disease Control and Prevention is an accredited provider of Continuing Nursing Education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides **2.2 CNE contact hours**. The CDC is authorized by IACET to offer **0.20 CEUs** for this program.

Seizure Training for School Personnel

Provides school personnel with information needed to recognize seizures, respond with appropriate first aid, and understand the impact seizures have on students.

Classroom teachers, special education teachers, librarians, teacher assistants, school bus drivers, aides and other staff members or volunteers in grades K-12 can all benefit and can receive continuing education units.

This course is free and available online. (CDC Course No. RPWD 2903)

By completing the course, school personnel will be able to:

- Recognize 4 common seizure types;
- Identify 3 types of impacts that seizures have on students;
- List 3 first aid steps for helping students having a seizure;
- Recognize 3 aspects that make a seizure a medical emergency;
- Define 2 basic aspects of social support for students with seizures; and
- Describe 3 ways to academically support students with seizures.

Continuing Education Information:

The Centers for Disease Control and Prevention is authorized by IACET to offer **0.10 CEUs** for this program.



Seizure Action Plans

Position: The Epilepsy Foundation believes a Seizure Action Plan is essential to preventing an emergency and informing others what to do in emergency situations when a student experiences a seizure in the school environment.

Background: In the United States, about 500,000 children – approximately 6 in 1,000 – live with epilepsy and seizures. Epilepsy is the fourth most common neurological disorder in the country and is characterized by recurrent and unpredictable seizures which affect a variety of mental and physical functions. Epilepsy is a spectrum condition with a wide range of seizure types and control varying from person-to-person.

A seizure can occur at any time, in any place – even for individuals who have previously been stable on prescription medications. Not every seizure is an emergency event that requires medical intervention. Just like there are different types of seizures, there are also different types of responses to those seizures. It is imperative that those charged with the care of a child living with epilepsy and seizures have access to the specific triggers, medical interventions, treatment protocols and contact information for caregivers and medical personnel.

Seizure Actions Plans are a critical tool for ensuring school personnel have access to seizure response information specific to an individual student. Seizure Action Plans are filled out by the child's caregiver(s), in consultation with his or her physician, and in collaboration with school personnel who may be charged with caring for the child in the event of a seizure. By equipping school personnel with this information, they can better provide seizure first aid or emergency care that is specific to the individual student's seizure type. In turn, when the right protocol is followed, school personnel can help prevent emergency situations and more quickly seek emergency medical interventions to help keep the student safe and healthy during the school day.

If you have any questions or concerns, please contact Laura Weidner, Esq., Vice President of Government Relations & Advocacy at 301-918-3766 or lweidner@efa.org.



Anticonvulsant and Rescue Medications in the School Setting

Anticonvulsant Medications

Position: Students with epilepsy must have access to physician-directed care including prescribed, FDA-approved anticonvulsants and emergency seizure rescue medications while on school grounds. Non-medical school personnel should be trained to administer seizure rescue medications so children with epilepsy can access the full range of school and related experiences.

Background: Epilepsy is the fourth most common neurological disorder in the United States. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime with children and older adults more likely to experience a seizure disorder. About 6 in 1,000, or around 500,000, students are living with epilepsy today. Epilepsy is characterized by recurrent and unpredictable seizures which affect a variety of mental and physical functions. It is a spectrum condition with a wide range of seizure types and control varying from person-to-person. For individuals living with epilepsy, timely access to appropriate, physician-directed care, including anticonvulsants and emergency seizure rescue medications, is critical.

Anticonvulsants: Anticonvulsants are the most common and cost-effective treatment for controlling and/or reducing seizures. People living with epilepsy who experience a delay in accessing their anticonvulsants due to non-medical treatment policies are at a high risk for developing breakthrough seizures and related complications, including sudden death. Breakthrough seizures also lead to an increased risk of hospitalization, missed educational time, and diminished productivity.

There is no “one size fits all” treatment option for epilepsy, and the response to epilepsy medications can be different for each person. Achieving and maintaining seizure control with minimal side effects requires careful evaluation and monitoring by the physician and patient. For children, off-label prescribing, meaning that the medication is not indicated for either their age or specific seizure disorder, can be necessary to ensure they achieve seizure control. It is not unusual for children living with epilepsy to receive this type of prescription – a recent study found that approximately 20% of medications prescribed to children are off-label.

Seizure Rescue Medications: Children with epilepsy may experience life-threatening seizures at any moment and need access to emergency seizure medication when at school. For most people, conventional medication that can be taken orally are effective in controlling seizures. But some children are susceptible to prolonged, cluster, or status seizures, which may last longer than five minutes and can lead to serious injury and even death. For these children, a physician may prescribe emergency seizure medication to be administered on an emergency basis. Following standard procedures, as prescribed by the treating physician, it is crucial that caretakers administer emergency seizure medication in a timely manner when a prolonged seizure or cluster of seizures occurs.

Some children have unnecessarily been excluded from emergency medication programs because some individuals have mistakenly asserted that these treatments must be administered or applied by a medical professional, or that extensive monitoring of the child is required. Emergency seizure medication has been specifically designed for administration by non-medical caregivers who have been instructed to use it, including parents, caregivers, or school personnel in accordance with the child’s treatment plan.





State	Estimated Number of Children with Active Epilepsy (ages 0-17) ¹
Alabama	7,500
Alaska	1,100
Arizona	11,200
California	59,800
Colorado	7,800
Connecticut	4,500
District of Columbia	800
Delaware	1,300
Florida	27,300
Georgia	16,700
Hawaii	2,000
Idaho	2,600
Illinois	18,600
Indiana	10,600
Iowa	4,400
Kansas	4,400
Maine	1,700
Maryland	7,900
Massachusetts	8,400
Michigan	13,600
Minnesota	7,400
Mississippi	5,100
Missouri	8,300
Nebraska	2,800
Nevada	4,400
New Hampshire	1,500
New York	26,600
Ohio	16,900
Oklahoma	6,400
Oregon	5,400
Pennsylvania	16,900
Rhode Island	1,300
Tennessee	10,000
Texas	47,200
Utah	5,300
Vermont	700
Virginia	11,000
Washington	10,200
West Virginia	2,500
Wisconsin	7,900

State	Estimated Number of People with Active Epilepsy ²
Alabama	54,100
Alaska	7,200
Arizona	77,000
California	427,000
Colorado	56,800
Connecticut	35,900
District of Columbia	7,500
Delaware	9,700
Florida	223,900
Georgia	110,200
Hawaii	14,000
Idaho	16,800
Illinois	136,600
Indiana	69,500
Iowa	31,400
Kansas	29,900
Maine	14,000
Maryland	59,900
Massachusetts	71,600
Michigan	108,900
Minnesota	53,700
Mississippi	35,700
Missouri	61,200
Nebraska	19,600
Nevada	31,600
New Hampshire	13,100
New York	215,200
Ohio	126,400
Oklahoma	41,100
Oregon	42,900
Pennsylvania	133,000
Rhode Island	11,100
Tennessee	73,900
Texas	292,900
Utah	29,300
Vermont	6,300
Virginia	84,800
Washington	74,600
West Virginia	21,500
Wisconsin	59,600

¹ Centers for Disease Control and Prevention. *Epilepsy Data and Statistics*. Last updated November 18, 2018
<https://www.cdc.gov/epilepsy/data/index.html>

² Centers for Disease Control and Prevention. *Epilepsy Data and Statistics*. Last updated November 18, 2018
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Seizure Safe School Act

-  Requires school personnel to complete a seizure recognition and first-aid response training.
-  Mandates that the Seizure Action Plan is made part of the student's file and made available to school personnel and volunteers responsible for the student.
-  Ensures that any FDA-approved medication prescribed by the treating physician is administered to the student living with epilepsy.
-  Educates and trains students about epilepsy and first-aid response.

Is your school seizure safe?