

Utah Guidelines for Administration of Seizure Rescue Medication

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UTAH GUIDELINES FOR ADMINISTRATION OF SEIZURE RESCUE MEDICATION

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General Guidelines for Administration of Seizure Rescue Medication

INTRODUCTION

The purpose of this Guide is to assist school personnel in ensuring a safe learning environment for students with epilepsy. This Guide will assist school personnel with the management, response and administration of seizure rescue medication under certain conditions to students with epileptic seizures. Epilepsy can be a life-threatening condition. Some people with epilepsy are at special risk for abnormally prolonged seizures called status epilepticus.

Senate Bill (SB) 232 (2016 General Session) pertains to the administration of seizure rescue medication by trained volunteer nonmedical school personnel, codified in Utah Code section UCA 53A-11-603.5, which authorizes public school employee volunteers to be trained to administer a seizure rescue medication under certain conditions, upon request of a parent or guardian.

Disclaimer: the Utah Department of Health (UDOH) has developed this training in conjunction with input from the Utah State Board of Education, Primary Children's Hospital, and several other stakeholders. If the trainer or volunteer modifies the training program or application in any way they may not be protected from legal action.

Pursuant to UCA 53A-11-603.5, a student's parent or legal guardian can request that the public school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication. If the school receives a qualified request from a parent or guardian, meaning one that meets the conditions set forth in Senate Bill 232, the school must attempt to recruit for and subsequently provide the school employee volunteer with medical training from a licensed health care professional such as a physician, physician assistant, school nurse, registered nurse, or certificated public health nurse, who has been approved to do the training set up per UCA 53A-11-603.5. It is imperative that this solicitation not be a factor in any employee's condition of employment. This is strictly on a volunteer basis and must be presented as such. Until the school finds an employee to function in this trained volunteer capacity or if for any reason the trained person is unavailable, and the need for seizure rescue medication arises, the school will follow the health care plan, excepting the administration of the medication, and call 911 and school first responders.

Points from the law:

- The student's parent or guardian must have previously administered the student's seizure rescue medication in a non-medically supervised setting without a complication.
- The student must have previously ceased having a full body prolonged convulsive seizure.
- Trained school employee volunteer must be 18 years or older, complete this training program, demonstrate competency, and complete refresher training.
- The student's parent or guardian and 911 must be called if medication is administered at school.

- The school cannot compel a school employee to become a trained school employee volunteer

School districts must have a plan to:

- Identify existing staff within the district or region who could be trained in the administration of a seizure rescue medication and would be available to respond to an emergency need to administer the seizure rescue medication.
- Identify students whose parent or guardian have requested seizure rescue medication be available at school.
- Maintain a Seizure Medication Management Order (SMMO) and an Individualized Healthcare Plan (IHP) from the student's health care practitioner authorizing the administration of the seizure rescue medication. A Section 504 Accommodation Plan or Individualized Education Plan (IEP) may also be necessary.
- Require a parent or guardian to notify the school if the student has had any seizure rescue medication administered within the past four hours on a school day.
- Notify the parent or guardian that a seizure rescue medication has been administered at school.

STANDARD PROCEDURES

The school nurse must always be notified if any seizure rescue medication is brought to the school. Before any seizure rescue medication can be administered or stored at school, there must be a current IHP and Seizure Medication Management Order signed by physician and parent submitted to the school (as per district or school policy). A Section 504 Accommodation Plan or IEP may also be necessary. The school nurse should review these forms to ensure they are complete.

- It is the responsibility of the parent/guardian to ensure that the proper forms (as required by district/school policy) are submitted to the school, and that the forms have the required signatures from the prescriber and parent or guardian.
- All seizure rescue medication must be locked up, but easily accessible for use during a seizure. The exact location of the locked medication can be determined by the school, after evaluating the student-specific situation (i.e. office or classroom).
- General protocol for seizure rescue medication is that it be given if seizure lasts 5 minutes or longer. Trained school employee volunteers may only give seizure rescue medication for generalized tonic-clonic type seizures (full body prolonged or full body convulsive seizures). For any other type of seizure, rescue medication can only be given by a registered nurse, parent, or Emergency Medical Services (EMS). See IHP for information on student specific instructions.
- Seizure rescue medication cannot be administered as a first dose at school, and it cannot be given if it is the first dose after a dosage change (will be treated as a first dose).
- A change in medication will be handled the same way and may not be administered if the new dose has not already been given as described above.
- In the case of a dosage change, new paperwork reflecting the change must be filled out and signed appropriately and reviewed by the school nurse. The school employee volunteer will be trained regarding the change in dosage and any paperwork with old dosage information must be removed and replaced with new paperwork. Parent or guardian must bring the updated medication with appropriate dose and label to the school.
- Seizure rescue medication must come fully assembled and labeled with the student's name and dosage. Any medication not received as described above must be returned to the parent or guardian. Parent or guardian must transport the medication to and from school. Medication cannot be carried by the student.
- The student's parent or legal guardian must have previously administered the student's seizure rescue medication in a non-medically supervised setting without a complication.
- The student must have previously ceased having full body prolonged or full body convulsive seizure activity as a result of receiving the seizure rescue medication.
- Parent or guardian, school nurse, and 911 must ALWAYS be called if seizure rescue medication is administered at school. The school administrator must also be notified.
- If a school employee volunteer has not or cannot be identified at a school with an order for seizure rescue medication, it cannot be given except by parent or guardian, registered nurse if available, or EMS.

- If oxygen is ordered by the physician, the parent or guardian must provide all the equipment necessary, including a medication authorization signed by parent or guardian and physician, along with a safe storage mechanism. Parent or guardian is responsible for maintaining oxygen. The school does not provide oxygen, nor are they required to provide oxygen. .
- Students given seizure rescue medication may not remain at school after the seizure unless the student's parent or guardian can be present to monitor the student for adverse reactions. Trained school employee volunteers can only monitor until parent or guardian, EMS arrive. If parent or guardian want the student to remain in school after receiving seizure rescue medication, the parent or guardian will have to stay with the student at school.
- The student cannot be excluded from attending a field trip, or before or after school activity because of the need for seizure rescue medication.
- Each school should develop protocols on contacting the trained school employee volunteer immediately if the student with the seizure rescue medication has a seizure at school. The trained school employee volunteer must be allowed to leave their current location immediately to attend to the needs of the student having a seizure. If no trained employee is available to give the medication, it will not be given and the school will call 911 and the school's first responders.

Solicitation for trained school employee volunteers:

Schools that receive a qualified request for a school employee volunteer to administer a seizure rescue medication to a student shall solicit volunteers. It is imperative that this solicitation not be a factor in an existing employee's condition of employment. This is strictly on a volunteer basis and must be presented as such. If the school is unable to find an employee to function in this trained school employee volunteer capacity or the trained school employee volunteer is unavailable, and the need for seizure rescue medication arises, the school will follow the health care plan, excepting the administration of the medication, and call 911, school first responders, and parents.

- Each school should develop protocols on how to find a school employee volunteer, such as an email to all staff, or a general announcement at a staff meeting. No potential school employee volunteer should be coerced.
- The school and parent or guardian cannot solicit trained school employee volunteers other than as described above.
- The request for a trained school employee volunteer should include the expected time required to complete the training, and information regarding the need for the trained school employee volunteer to attend field trips with the student.
- Each school should provide a description of the training the school employee volunteer will receive.
- Each school should provide a description of the voluntary nature of the trained school employee volunteer program.
- No person (school staff, parent or guardian, etc.) may coerce, intimidate, or threaten staff regarding their decision to take or not to take this trained school employee volunteer position.

- Each school that has an order for seizure rescue medication should attempt to find at least three school employee volunteers in the event of staff absence.

Training for school employee volunteers

School employee volunteer must be informed of the following:

- Trained school employee volunteers should be first aid/CPR trained, including giving rescue breaths if the student stops breathing.
- The school cannot force someone to be a trained school employee volunteer.
- Training must be documented with training date and signature of both the trainer and school employee volunteer.
- The agreement to administer a seizure rescue medication is voluntary
- The school employee volunteer will not administer a seizure rescue medication until they have completed the required training and documentation of completion is recorded.
- Trained school employee volunteer may withdraw from the agreement at any time.
- The trained school employee volunteer should be paid at least their hourly rate for any training related to the seizure rescue medication. If a trained school employee volunteer is required to work beyond their normally scheduled hours in this capacity, they should also be paid at least their hourly rate.
- The trained school employee volunteer must review administration procedures with the school nurse at least quarterly.
- All required training materials should be maintained at the school where there is an order for seizure rescue medication.
- If a trained school employee volunteer gives the rescue seizure medication it must be reported to the school administrator.
- Schools should make every effort for a trained school employee volunteer to go on field trips if there is a need for them to serve in their capacity on the field trip. If a parent or guardian chooses to go instead, that parent or guardian should not be charged a participation fee.
- If the parent or guardian cannot attend a school sponsored overnight trip, the school should make every effort to have a trained school employee volunteer accompany the student.
- A trained school employee volunteer who administers a seizure rescue medication in accordance with UCA 52A-11-603.5 in good faith is not liable in a civil or criminal action for an act taken or not taken.

Training content:

The training provided by an authorized licensed healthcare professional must be provided in accordance with the seizure rescue medication manufacturer's instructions, the student's healthcare provider, and in accordance with UCA 52A-11-603.5. The training shall include, but not be limited to, *all* of the following:

- Recognition and treatment of different types of seizures, including techniques to recognize symptoms that warrant the administration of a seizure rescue medication.
- Procedures for the administration of commonly prescribed seizure rescue medication.

- Basic emergency follow-up procedures, including a requirement for the school administrator or another school staff member to call 911 and the school nurse (if available), and to contact the student's parent or guardian.
- Calling 911 shall not require a student to be transported to an emergency room unless the parent or guardian is not available.
- Techniques and procedures to ensure student privacy.
- Standards and procedures for the storage of a seizure rescue medication.
- An assessment to determine if the trained school employee volunteer is competent to administer a seizure rescue medication.
- Record-keeping and record retention, including documenting each time a seizure rescue medication is administered, the student's name, the name of the medication administered, the dose given, the date and time of administration, the length of the seizure, and observation and action taken after the seizure.
- A refresher component - school nurse should follow up with the trained school employee volunteer at least quarterly to determine if additional training is needed.

FIRST AID FOR SEIZURES

General care for all types of seizures

There are many types of seizures, and most seizures end in a few minutes. These are general steps to help someone who is having any type of seizure.

- Stay with the person until the seizure ends and he or she is fully awake.
- When the seizure ends, help the person sit in a safe place.
- Once they are alert and able to communicate, tell them what happened in very simple terms.
- Comfort the person and speak calmly.
- Check to see if the person is wearing a medical bracelet or other emergency information.
- Keep yourself and other people calm.
- If this is a student, check to see if there is a health care plan for more information.

Seizures Requiring First Aid

The types of seizures that might require first aid are: tonic clonic, complex partial, which may generalize, status epilepticus or prolonged seizures, and clusters of seizures. Seizures that do not generally need first aid but should be monitored and reported are: absence, infantile spasms, atonic, or myoclonic. Call 911 if a seizure lasts more than 5 minutes or if the person gets injured during the seizure.

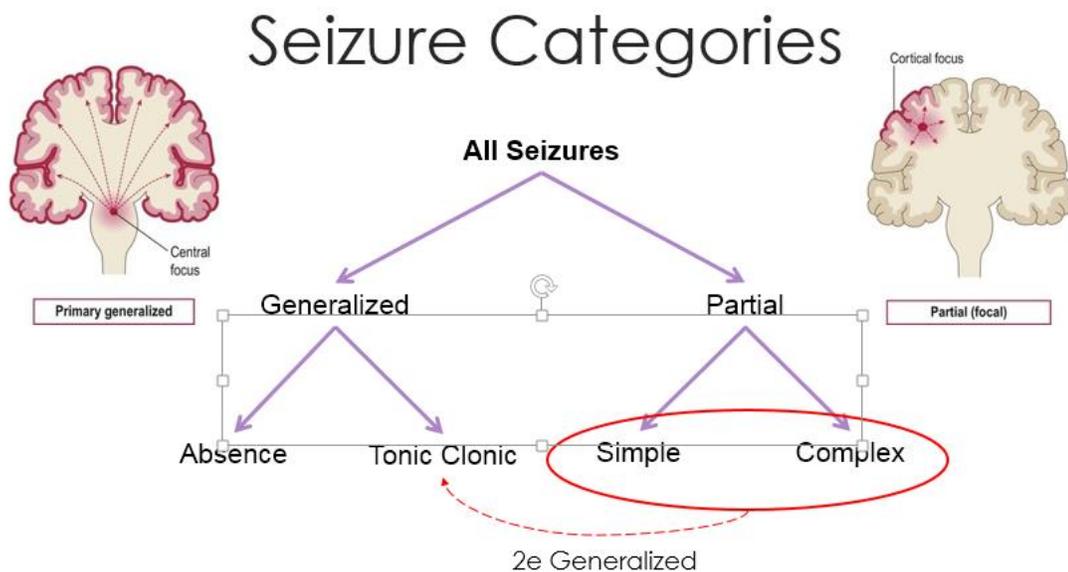


Figure 1. Seizure categories. This figure illustrates the differing categories of seizures. Reprinted from “Seizure 101”, by K. Orton, 2016.

Here are things you can do to help someone who is having a generalized tonic-clonic seizure:

- Ease the person to the floor.
- Turn the person gently onto their side, this will help the person breathe and prevent aspiration if they vomit -- which is common.
- Ensure the child's airway is not obstructed.
- Clear the area around the person of anything hard or sharp to help prevent injury.
- Put something soft and flat, like a folded jacket, under the head.
- Remove eyeglasses.
- Loosen ties or anything around the neck that may make it hard to breathe.
- Time the seizure.
- Have someone call 911, and then parents if the seizure lasts longer than 5 minutes.
- Administer seizure rescue medication if authorized and trained school employee volunteer is available.

Call 911 if

- The person has never had a seizure before.
- The person has difficulty breathing or waking after the seizure.
- The seizure lasts longer than 5 minutes.
- The person has another seizure soon after the first one.
- The person is seriously hurt during the seizure.
- The seizure happens in water.
- The person has a health condition like diabetes, heart disease, or is pregnant.

First aid for seizures involves keeping the person safe until the seizure stops and observing them afterwards.

STARR

S – SAFETY: Make the area safe, clear hazardous objects and minimize the number of people in the area. Put something soft under the person's head if possible.

T -- TIME: Time how long the seizure lasts (at 5 minutes administer the seizure rescue medication if ordered, or follow IHP/SMMO for student specific time), 98% of seizures end before 5 minutes.

A -- ACT CALMLY: You set the tone of the emergency, keep your cool so you can help the person who is having the seizure.

R – RECOVERY POSITION: Once the seizure has stopped, place the person in the recovery position. Stay with the person until they are conscious, breathing, and recovered.

R -- RECORD and REPORT: record in the seizure log what took place, and report to the school nurse and 911 all observations.



What NOT to do during a seizure

Knowing what **NOT** to do is important for keeping a person safe during and after a seizure.

NEVER DO any of the following things:

- Do **not** hold the person down or try to stop his or her movements.
- Do **not** put anything in the person's mouth, this can injure teeth or the jaw; a person having a seizure cannot swallow his or her tongue.
- CPR is not necessary **during a seizure**. **If breathing does not resume** or stops after a seizure, follow the protocol for CPR/AED for the person's age, including calling 911.
- Do **not** offer the person water or food until fully alert.

Medication Guidelines

Medication Route	Specifics	Supplies
Intranasal Medication Guidelines:	<ul style="list-style-type: none"> • Midazolam can be stored at room temperature in a light sensitive bag (dark in color), expiration in about 6 months from when it was dispensed by pharmacist. 	Seizure emergency action plan Documentation log Atomizer Prescribed medication Gloves
Rectal Medication Guidelines:	<ul style="list-style-type: none"> • The correct dose of rectal diazepam ordered by the health care provider must be locked into place on the device by the dispensing pharmacist. This is evident when the green READY is visible. • Be sure to check expiration date on the medication package. 	Seizure emergency action plan Documentation log Rectal diazepam medication kit (Diastat®) Gloves Lubricant Blanket or pillowcase as barrier
Other types/routes of medication:	<ul style="list-style-type: none"> • For any medication other than those listed above, call Primary Children's Hospital Neuro Nurse Specialist (801-213-3599) for more information. 	

DEFINITIONS

Atomizer: a device for reducing liquids to a fine spray.

Emergency Action Plan (EAP): a written document which guides actions during an emergency. For our purposes, this document gives guidance for actions to be taken for a specific student having a seizure at school. An IHP may also be necessary.

Full body prolonged convulsive seizure: this terminology is used in UCA 53A-11-603.5 as those seizures where seizure rescue medication can be administered. For purposes of this training these are defined as generalized tonic-clonic seizures.

Generalized tonic-clonic seizure: a seizure where the person loses consciousness, muscles stiffen, and jerking movements are seen. These types of seizures usually last one to three minutes, if they last more than five minutes, is a medical emergency.

Individualized Education Plan (IEP): a plan or program developed to ensure that a child who has a disability identified under the law attending school receives specialized instruction and related services.

Individual Healthcare Plan (IHP): a plan developed by the registered school nurse for a student with a medical condition that may interfere with their ability to learn. These are done for students who require complex health services on a daily basis or have a medical condition that could result in a health crisis. An EAP may also be necessary.

Non-medically supervised setting: this refers to any setting outside a hospital or clinic where there are no medical professional available to respond in the event of an emergency, such as a home or school.

Section 504 Plan: a federal law that protects students with disabilities from being discriminated against at school. It requires the school to make “reasonable” accommodations for all students, even those without and IEP.

Seizure Medication Management Order (SMMO): this is the form created by the team that developed this training, that is taken to the prescribing provider to authorize the use of a seizure rescue medication at school in the event of a full-body prolonged convulsive seizure during school hours. This form specifies the student to be given the medication, and under what circumstances the medication can be given. This form must be signed by the prescribing provider and parent to be valid, and must be re-signed and re-submitted to the school each year.

Status Epilepticus: this occurs when a seizure lasts too long or when seizures occur close together and the person doesn't recover between seizures. Status epilepticus is dangerous and can lead to brain injury or even death. Seizure rescue medication can often decrease the chance of a student progressing into status epilepticus.

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APPENDIX A – Seizure Medication Management Order (SMMO)

SEIZURE Medication/Management Orders (SMMO) Utah Department of Health/Utah State Board of Education In Accordance with UCA 53A-11-603.5		Pediatric Neurology Clinic PCH 801-213-3599 Fax: 801-587-7539		Other provider	
STUDENT INFORMATION					
Student:		DOB:	School:	Grade:	
Parent:		Phone:	Email:		
Physician:		Phone:	Fax:		
School Nurse:		School Phone:	Fax:		
SEIZURE INFORMATION					
Seizure Type	Length	Frequency	Description		
<input type="checkbox"/> If Seizures are full body tonic-clonic, rescue medication may be administered by a trained volunteer. Seizures other than tonic-clonic, rescue medication can only be given by an RN, Parent or EMS.					
<input type="checkbox"/> Student has received a first dose of this medication in a non-medically-supervised setting without a complication? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, medication cannot be given by a trained volunteer can only be given by an RN, Parent, or EMS.					
<input type="checkbox"/> Student has previously ceased having a full body prolonged or convulsive seizure as a result of receiving this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, medication cannot be given by a trained volunteer can only be given by an RN, Parent, or EMS.					
Parent: complete the above section, read and sign below, obtain signature from Health Care Provider and return to school nurse.					
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this order. I understand the information contained in this order will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new SMMO must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.					
Parent Signature: _____ Date: _____					
EMERGENCY SEIZURE RESCUE MEDICATION					
To Be Completed by Prescriber - In accordance with these orders, an Individualized Health Care Plan (IHP) must be developed by the School Nurse and parent to be shared with appropriate school personnel, and cannot be shared with any individual outside of those public education employees without parental consent. As the student's LIP I confirm that the student has a diagnosis of seizures.					
Give Emergency Medication IF:	Medication	Dose	Route	Call	
<ul style="list-style-type: none"> If seizure lasts _____ minutes or greater If 2 or more consecutive seizures with or without a period of consciousness (in _____ minutes) Other _____ 	<input type="checkbox"/> Midazolam (Versed) (Dose must be provided in 2 syringes) <input type="checkbox"/> Diazepam (Diastat) <input type="checkbox"/> Other _____	_____ mg _____ ml	<input type="checkbox"/> Nasal <input type="checkbox"/> Rectal <input type="checkbox"/> Other	ALWAYS call 911, parent and School Nurse	
ROUTINE SCHOOL MEDICATION					
Name of Medication	Indication	Dosage	Route	Time	Parent must transport all medication to school
1.					
2.					
<input type="checkbox"/> This medication is necessary during the school day. Trained personnel should and will be allowed to administer this medication.					
Common potential side effects: respiratory depression, nasal irritation, memory loss, drowsiness, fatigue, other: _____					
Additional instructions for administration: _____					
SPECIAL CONSIDERATIONS					
Does the student have a Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe magnet use: _____					
Special Considerations and Precautions (regarding school activities, sports, trips, helmet, height restriction, etc) _____					
PRESCRIBER SIGNATURE					
This order can only be signed by an MD/DO; Nurse Practitioner, Certified Physician's Assistant or a provider with prescriptive practice.					
Prescriber Name: _____		Phone: _____			
Prescriber Signature: _____		Date: _____			
School Nurse Signature: _____		Date: _____			

UDOH 8/18/16

APPENDIX B – Seizure Individualized Healthcare Plan (IHP)

SEIZURE Individualized Healthcare Plan/Emergency Action Plan				School Year:	Picture
STUDENT INFORMATION					
Student:	DOB:	School/Grade:			
Parent:	Phone:	Email:			
Physician:	Phone:	Fax:	SMMO <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Nurse:	School Phone:	Fax:			
History:					
SEIZURE INFORMATION					
Seizure Type/Description		Length	Frequency		
Seizure triggers or warning signs:					
Student's reaction to seizure:					
Parent: complete the above section, read and sign below, obtain signature from Health Care Provider (if no SMMO) and return to school nurse.					
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this order. I understand the information contained in this order will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new SMMO must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.					
Parent Signature: _____ Date: _____					
SEIZURE ACTION PLAN - Mark behaviors that apply to student					
If you see this	Do this	EMERGENCY SEIZURE PROTOCOL		Expected Behavior after Seizure	
<input type="checkbox"/> Sudden cry or squeal <input type="checkbox"/> Falling down <input type="checkbox"/> Rigidity/Stiffness <input type="checkbox"/> Thrashing/jerking <input type="checkbox"/> Loss of bowel/bladder control <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Stops breathing <input type="checkbox"/> Blue color to lips <input type="checkbox"/> Froth from mouth <input type="checkbox"/> Gurgling or grunting noises <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Staring <input type="checkbox"/> Lip smacking <input type="checkbox"/> Eye movement _____ <input type="checkbox"/> Other: _____	BASIC SEIZURE FIRST AID <ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Protect head Keep airway open/watch breathing Turn child on side Do not give fluids or food during or immediately after seizure 	<input type="checkbox"/> Call 911 at _____ minutes for transport to _____ <input type="checkbox"/> Call parent or emergency contact <input type="checkbox"/> Administer emergency medications as indicated on SMMO <input type="checkbox"/> Oxygen _____ <input type="checkbox"/> Other: _____ A seizure is generally considered an emergency when: <ul style="list-style-type: none"> Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures with or without regaining consciousness Student is injured, pregnant or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water 		<ul style="list-style-type: none"> Tiredness Weakness Sleeping, difficult to arouse Somewhat confused Regular breathing Other: _____ 	
SPECIAL CONSIDERATIONS					
Does the student have a Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of magnet: _____					
If YES, describe magnet use: _____					
Special considerations and precautions: _____					
EMERGENCY SEIZURE RESCUE MEDICATION (See SMMO)					
Person to give seizure rescue medication: <input type="checkbox"/> School Nurse, <input type="checkbox"/> Parent, <input type="checkbox"/> EMS, <input type="checkbox"/> Volunteer(s) (Specify): _____					
Attach volunteer(s) training documentation <input type="checkbox"/> Other: _____					
Location of seizure rescue medication (must be locked): _____					
ROUTINE MEDICATIONS					
Medication	Dose	Route	Time	Side-Effects	
SIGNATURES					
As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to perform and carry out the tasks as outlined in this Individualized Healthcare Plan (IHP) and for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse whenever there is any change in the student's health status or care. Parents/Guardian and student are responsible for maintaining necessary supplies, medications and equipment.					
School Nurse Signature: _____ Date: _____					
Prescriber Signature (if no SMMO): _____ Date: _____					
Licensed Trainer Signature (if needed): _____ Date: _____					

UDOH Revised 9/27/16

APPENDIX C – Volunteer Training Documentation

School Employee Volunteer Training Documentation

Emergency Seizure Rescue Medication
(One form per student listing ALL trained school employee volunteers)

STUDENT INFORMATION			
Student:	School Year:	School:	Grade/Teacher:
Parent:	Phone:	E-mail:	
Physician:	Phone:	Fax:	
School Nurse or Licensed Trainer:	Phone:	Fax:	

- Explanation and Discussion
 - Individualized Healthcare Plan, and (not all students will have Section 504 or IEP)
 - Section 504 Accommodation Plan
 - IEP
 - View training PPT and videos
 - STARR
- Medication Administration
 - Review Pertinent Medication Policy
 - Medication Administration Training
 - Emergency Seizure Rescue Medication Competency Check List
 - Verbalization and demonstration of administration of Medication
 - Passed skills competency
 - Intranasal Rectal Other: _____
 - Discussion of potential problems and expected outcomes
- Documentation
- CPR and First Aid Certification (not required if two or more other employees are trained as first responders at the school, but HIGHLY recommended)

The Trained School Employee Volunteers have:		
<ul style="list-style-type: none"> • Reviewed the Individualized Healthcare Plan (IHP) and 504/IEP (if applicable) for the specific student listed above. • Completed the required training program. • Demonstrated competency in the described skills for the student listed above. • Understands the need to maintain skills and will be observed on an ongoing basis by the trainer. • Understands the need to complete an annual refresher training each year in order to remain a trained school employee volunteer. • Has had the opportunity to ask questions and received satisfactory answers. 		
School Nurse/Licensed Trainers Name:	Signature:	Date:
Volunteer Trainee Name / Position:	Signature:	Date:
Volunteer Trainee Name / Position:	Signature:	Date:
Volunteer Trainee Name / Position:	Signature:	Date:

Copies to be kept in student's permanent files, with IHP / SMMO and must be updated annually.

APPENDIX D – Volunteer Competency Checklist

School Employee Volunteer Competency Check List

Emergency Seizure Rescue Medication

(One form per volunteer listing ALL students volunteer is trained to administer medication)

VOLUNTEER TRAINING INFORMATION			
Name of Volunteer Trainee:		Position:	
Volunteer Phone:		Email:	
School Year:		School:	
Student:	Grade / Teacher:	Medication / Route:	
Student:	Grade / Teacher:	Medication / Route:	
Student:	Grade / Teacher:	Medication / Route:	
School Nurse or Licensed Trainer:	Phone:	E-mail:	
	Fax:		
Volunteer Training Dates			
Seizure Recognition and First Aid Training Date:	Seizure Rescue Medication PPT Completion Date:	Seizure Rescue Medication Training Completion Date:	Seizure Rescue Medication Training Expiration Date:

Seizure recognition / First-Aid Skills-Seizure Rescue Medication Administration	Supervision Follow-up and Evaluation					
	Date	Date	Date	Date	Date	Date
1. Review Utah Guide for Administration of Seizure Rescue Medication						
2. Identify symptoms of a prolonged seizure described in the student's Individualized Healthcare Plan (IHP), the type of emergency seizure rescue medication, and the time it is ordered to be given in the IHP <ul style="list-style-type: none"> ▪ When to call EMS (911) ▪ When to administer the medication 						
3. Note time of seizure onset						
4. Verbalize steps for seizure first aid (STARR)*						
5. Confirm that the medication is appropriately labeled with student name, dosage, time to be given, and that it matches the physician orders on the Medication Administration Form						
6. Ensure that the medication has not expired and verbalizes expired medication cannot be given						
7. Verbalizes the Six Rights in medication administration**						
8. Demonstrates asking another school staff person to call EMS, get the AED, seizure rescue medication and notify parent / guardian and school nurse						
9. Demonstrates Gathering/Organizing Supplies						
10. Demonstrates Putting on Gloves						
11. DEMONSTRATE/ VERBALIZE HOW TO ADMINISTER MEDICATION AS DETAILED ON ATTACHED INDIVIDUAL MEDICATION INSTRUCTIONS						
12. Note time of medication administration						
13. After seizure is over: <ul style="list-style-type: none"> • Demonstrates how to place student in the rescue position • Explains how to, and why it is important to stay with student, closely monitor breathing until parent / guardian, EMS or school nurse arrives 						
14. If student stops breathing or is only gasping, CALL 911, begin CPR and send for the AED, or call staff member certified in CPR. ***						
15. Once EMS arrives, inform them which medication was administered, including dose and time given.						

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16. Dispose of all used equipment and medication containers safely out of the reach of children.						
17. Remove gloves and wash hands.						
18. Document the date, time and dose of medication given on Medication Administration Form.						
19. Document what was observed during the seizure on the seizure log.						
20. Follow up with the parent/ guardian and school nurse.						
21. Special Considerations:						
<p>The Trained School Employee Volunteer has:</p> <ul style="list-style-type: none"> Reviewed the Individualized Healthcare Plan (IHP) and 504/IEP (if applicable) for the student(s) listed above. Completed the required training program. Demonstrated competency in the described skills for the student(s) listed above. Understands the need to maintain skills and will be observed on an ongoing basis by the trainer. Is willing to complete required refresher training to remain a trained school employee volunteer. Has had the opportunity to ask questions and received satisfactory answers. 	<p>Medication Training has been completed for the following medication(s):</p> <p><input type="checkbox"/> Intranasal medication administration</p> <p><input type="checkbox"/> Rectal medication administration</p> <p><input type="checkbox"/> Other: _____</p>					
School Nurse/Licensed Trainers Name:	Signature:	Date:				
Volunteer Trainee Name/Position:	Signature / Initials:	Date:				

*STARR
S - SAFETY - clear the area of hazards, protect from injury, don't move student, minimize observers
T - TIME - time the seizure, or assign someone to do this (at 5 minutes administer seizure rescue medication)
A - ACT CALMLY - remain calm, set the tone.
R - RECOVERY POSITION - Once the seizure has stopped, place student in recovery position, stay with student until conscious, breathing and recovered.
R - RECORD AND REPORT - Record details on seizure log, and report observations to school nurse.
** Six Rights in Medication Administration
Right student
Right Medication
Right Dose
Right time
Right route <ul style="list-style-type: none"> Rectal Nasal Other:
Right documentation <ul style="list-style-type: none"> Administration time
*** CPR/AED
If student stops breathing or is only gasping, CALL 911, begin CPR and use the AED.
Demonstrates CPR and using the AED:
i. Turn student onto back and recheck for breathing/responsiveness for no longer than 10 seconds <ul style="list-style-type: none"> Breathing Moving Gasping
ii. Performs 30 effective compressions
iii. Open airway using Head-Tilt/ Chin-Lift, and gives 2 breaths using a mask that makes the chest rise
iv. Appropriately uses the AED when it arrives

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INTRANASAL	SKILLS-Intranasal Medication Administration	Supervision Follow-up and Evaluation					
		Date:	Date:	Date:	Date:	Date:	Date:
	I. Gather medication and put on gloves.						
	II. Attach the atomizer tip to first syringe and twist into place.						
	III. Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward.						
	IV. Quickly compress the syringe plunger to deliver all of the medication from the first syringe into the nostril.						
	V. Move the atomizer to the second syringe and place into opposite nostril and administer. a. The child may grimace or appear more restless momentarily after the medication is given.						
	VI. Remove gloves and wash hands						
	VII. Document medication administration on medication log.						

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RECTAL	SKILLS – Rectal Medication Administration	Supervision Follow-up and Evaluation					
		Date:	Date:	Date:	Date:	Date:	Date:
	I. Gather medication and put on gloves						
	II. Make sure the delivery device is in the “Ready” mode.						
	III. Push up on the cap with your thumb and pull to remove the cap from the syringe.						
	IV. Open the package of lubricant. Lubricate the tip by inserting it in the lubricating jelly.						
	V. Move the student to a side-lying position with the upper leg forward so the rectum is exposed.						
	VI. Using non-dominant hand, separate the buttocks to expose the rectum.						
	VII. Using dominant hand, gently insert the syringe into the rectum until the rim is snug against the rectal opening.						
	• Push the plunger in slowly counting to three until the plunger stops.						
	• Hold the syringe in place after inserting the medication and count to three.						
	• Remove the syringe from rectum.						
	• Immediately hold the buttocks together and count to three again. This helps keep the medication from leaking out.						
	VIII. Keep the student on his or her side.						
	IX. Keep blanket, pillowcase, or other barrier in place to provide privacy for the student.						
	X. Remove gloves and wash hands.						
	XI. Document medication administration on medication log.						

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Training for School Personnel in Administration of Seizure Rescue Medication: Intranasal Administration



Developed in accordance to UCA 33A-11-403.3 by the Utah Seizure Rescue Medication Task Force. A collaborative effort between:

- Utah State Department of Health
- Utah State Board of Education
- PCR Neurology Department
- And other stakeholders




The school nurse, school administration and parent/s must have the following in place *before* seizure rescue medication can be given in school.

- District/School Policy
- Signed seizure medication management order (SMMO)
- Approved medication
- An Individualized Healthcare Plan (IHP)
- Locked storage for medication
- Volunteer training
- Staff trained in rescue breathing/CPR.



See UDOH "Seizure Rescue Medication Guidelines"

This training is designed to:

- Provide consistent, state approved training in the administration of seizure rescue medication in a school setting.
- Assist licensed medical professionals in training unlicensed assistive personnel to administer seizure rescue medication to a student at school for whom it has been prescribed.
- Provide one component of a state approved seizure rescue medication administration training to be used in conjunction with a school nurse lead competency evaluation.

This training describes general guidelines; the Individualized Healthcare Plan (IHP) and the school nurse will describe a student's:

- Type and signs of seizure/s
- Prescribed medication
- Proper dose and route
- When to call 911 and parent
- Protocol for AED/CPR



Seizure: Electrical disturbance in the brain

- Most seizures stop without intervention and do not cause any injury.
- Some seizures do not stop on their own and without intervention, can lead to permanent brain damage.
- Treatment may require administration of emergency seizure rescue medication as prescribed by a medical doctor.
- In the case that a student at school needs these medications, certain standards should be followed.



A student at your school has a seizure disorder and has been prescribed **INTRANASAL MEDICATION**

- Intranasal medication is given as an aerosol spray into the nose.
- It comes in 2 (two) prefilled syringes
- Must be accompanied by an atomizer
- Should be stored in light sensitive bag



FOLLOW HEALTHCARE PLAN
At onset of seizure symptoms:

First Aid for Seizures
On Management, Location, and Use of Medication

- Time length of seizure.
- Follow seizure first aid.
- Act calm.
- Respect student's privacy.
- If seizure ceases before allotted time to give medication, allow student to recover, and notify parent.



Administration of Intranasal Medication (continued)

4. Position atomizer snugly into one of the student's nostrils ensuring it occludes the entire nostril.
5. Quickly push plunger to empty entire contents of syringe into student's nostril.
6. Remove atomizer and put it on the other syringe.
7. Empty entire contents of second syringe into other nostril.



If student meets requirements for administration of seizure rescue medication

Follow IHP by:

- Retrieving appropriate medication
- Check that it is for the right student
- Check that it is the right time to give medication
- Have someone call 911 and parents




Administration of Intranasal Medication

1. Put on gloves.
2. Remove syringes from storage bag.
3. Remove cap from one syringe and put the atomizer on the syringe by twisting it into place.



After administration of any seizure rescue medication and while waiting for EMS:

- Follow student's healthcare plan (IHP).
- Assure student is laying on their side (recovery position).
- Monitor student's seizure activity.
- Monitor student's breathing.



If Breathing Doesn't Resume After Seizure

Follow healthcare plan and:

- Call for AED (Automatic External Defibrillator).
- Have trained staff perform CPR with rescue breaths.
- Place AED if and when available.



When EMS arrives

- If possible, send a copy of healthcare plan including parent contact info with EMS.
- Send any empty syringes or containers of medication with EMS.
- Report events before, during and after seizure medication was administered.
- Document events.



Thank You for Viewing Seizure Rescue Medication Training PowerPoint and Video



Training for School Personnel in Administration of Seizure Rescue Medication: Rectal Administration



Developed in accordance to UCA 33A-11-405.5 by the Utah Seizure Rescue Medication Task Force. A collaborative effort between:

- Utah State Department of Health
- Utah State Board of Education
- PCN Neurology Department
- And other stakeholders

This training is designed to:

- Provide consistent, state approved training in the administration of seizure rescue medication in a school setting.
- Assist licensed medical professionals in training unlicensed assistive personnel to administer seizure rescue medication to a student at school for whom it has been prescribed.
- Provide one component of a state approved seizure rescue medication administration training to be used in conjunction with a school nurse lead competency evaluation.

Seizure: Electrical disturbance in the brain

- Most seizures stop without intervention and do not cause any injury.
- Some seizures do not stop on their own and without intervention, can lead to permanent brain damage.
- Treatment may require administration of emergency seizure rescue medication as prescribed by a medical doctor.
- In the case that a student at school needs these medications, certain standards should be followed.



The school nurse, school administration and parent/s must have the following in place before seizure rescue medication can be given in school.

- District/School Policy
- Signed seizure medication management order (SMMO)
- Approved medication
- An Individualized Healthcare Plan (IHP)
- Locked storage for medication
- Volunteer training
- Staff trained in rescue breathing/CPR.

See UDOH "Seizure Rescue Medication Guidelines"



This training describes general guidelines; the Individualized Healthcare Plan (IHP) and the school nurse will describe a student's:

- Type and signs of seizure/s
- Prescribed medication
- Proper dose and route
- When to call 911 and parent
- Protocol for AED/CPR



A student at your school has a seizure disorder and has been prescribed A RECTAL MEDICATION

- Some seizure rescue medication is to be given rectally.
- It comes in a prefilled syringe.
- The dose must be dialed and locked by the pharmacist.
- The dose is displayed in a window on the syringe.
- A green "ready" band must be visible.
- Lubricating jelly should accompany the medication.



FOLLOW HEALTHCARE PLAN
At onset of seizure symptoms:

- Time length of seizure.
- Follow seizure first aid.
- Act calm.
- Respect student's privacy.
- If seizure ceases before allotted time to give medication, allow student to recover, and notify parent.

First Aid for Seizures
Do not restrain, do not put anything in the mouth, do not give anything to eat or drink.

If student meets requirements for administration of seizure rescue medication

Follow IHP by:

- Retrieving appropriate medication
- Check that it is for the right student
- Check that it is the right time to give medication
- Have someone call 911 and parents

ADMINISTRATION OF RECTAL MEDICATION PROCEDURE
PUT GLOVES ON, then:

The person or their caregiver is lying on their left side.

Get medication.

Get person lying on their left side with rectum exposed.

Insert rectum into rectum.

Rectum inserted into rectum.

Person lying on their left side.

Rectum inserted into rectum.

SLOWLY ... COUNT OUT LOUD TO THREE... 1...2...3

Rectum inserted into rectum.

Rectum inserted into rectum.

Rectum inserted into rectum.



After administration of any seizure rescue medication and while waiting for EMS:

- Follow student's healthcare plan (IHP).
- Assure student is laying on their side (recovery position).
- Monitor student's seizure activity.
- Monitor student's breathing.

If Breathing Doesn't Resume After Seizure

Follow healthcare plan and:

- Call for AED (Automatic External Defibrillator).
- Have trained staff perform CPR with rescue breaths.
- Place AED if and when available.



When EMS arrives

- If possible, send a copy of healthcare plan including parent contact info with EMS.
- Send any empty syringes or containers of medication with EMS.
- Report events before, during and after seizure medication was administered.
- Document events.



Thank You for Viewing Seizure Rescue Medication Training PowerPoint and Video



FIRST AID FOR SEIZURES AT SCHOOL

FOR ALL TYPES OF SEIZURES

- Prevent Injury
- Time seizure
- Stay with the person until seizure ends and person fully awake.
- After the seizure tell them what happened in simple terms.
- Calm yourself and others
- Check to see if there is a medical bracelet.
- Follow student's individualized healthcare plan (IHP)

FOR CONVULSIVE SEIZURES

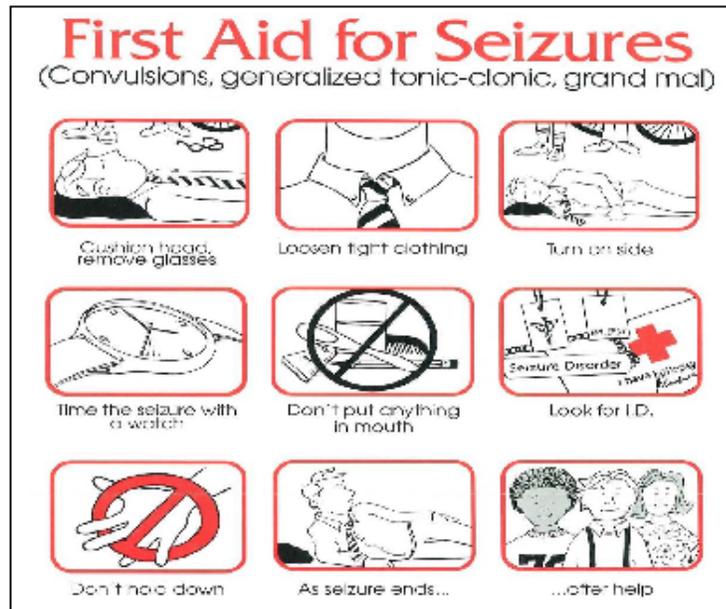
- Follow poster tips and:
- Remove nearby objects that may cause injury
- Remove eyeglasses
- May need to ease the person to the ground
- Time seizure
- Follow health provider's orders for administering emergency rescue medications (usually after 5 minutes). Inform parents and nurse.

CALL 911 IF

- Rescue medications are given
- Seizures start again soon after ending
- Seizure lasts longer than 5 minutes (or sooner as per student IHP)
- No known history of seizures
- The person has a health condition like diabetes (consider diabetic first aid) or heart disease or pregnancy

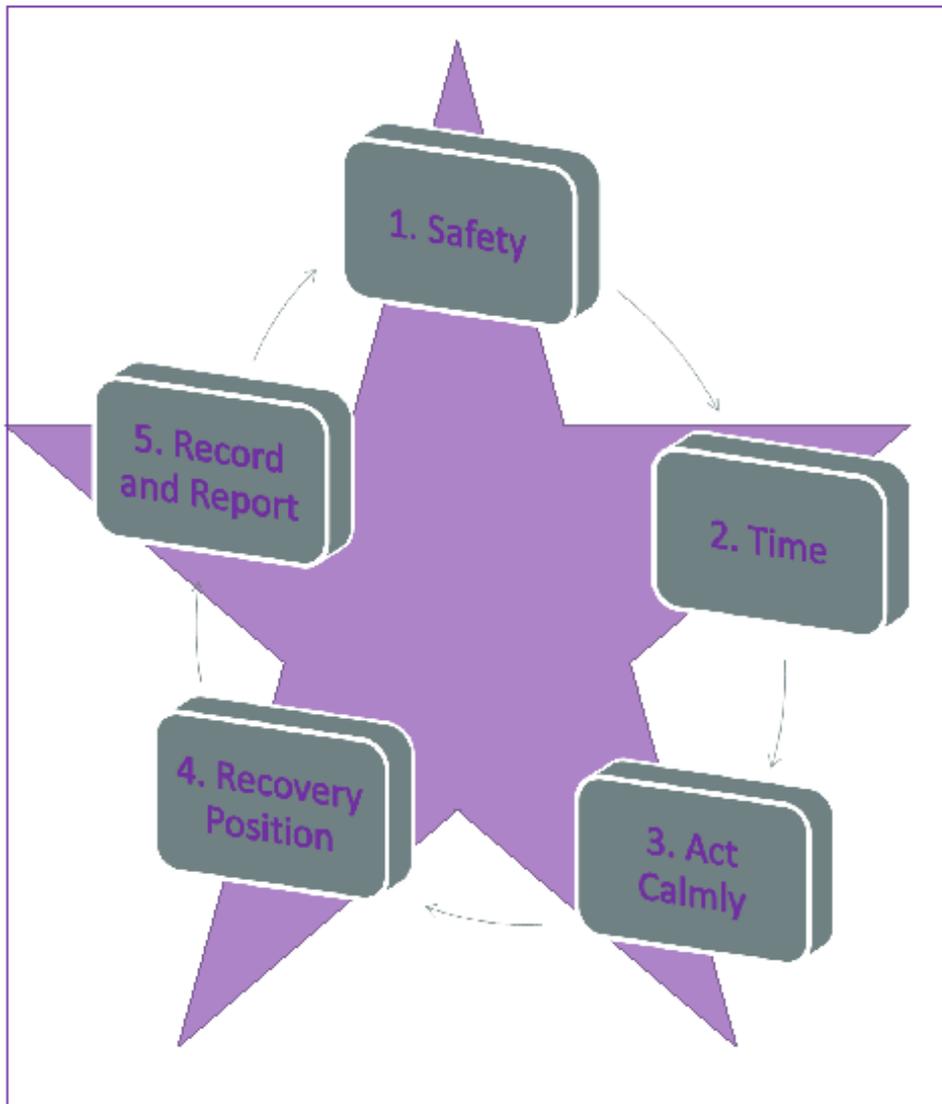
AFTER THE SEIZURE

- Place in side-lying recovery position.
- CPR is not necessary during a seizure. If breathing does not resume or stops after a seizure, CALL 911 and follow the protocol for AED/CPR for the person's age



To help during a seizure think STARR

1. **Safety** – Make the area safe. Clear hazards and people, place something soft under the head, call 911 if no history of seizures.
2. **Time** – Time how long the seizure lasts. Take extra steps after 5 minutes (or follow IHP) such as administering rescue medication and calling 911.
3. **Act Calmly** – You set the tone of the emergency!
4. **Recovery Position** – After seizure place the person on their side in the recovery position.
5. **Record and Report** – Record details on seizure log, and report observations to school nurse.





The certificate features a purple double-line border and a background of light gray rays emanating from the center. The title 'CERTIFICATE Of COMPLETION' is centered at the top, with 'Of' in a purple script font. Below the title is a horizontal line, followed by the text: 'This recipient has completed the online training for seizure rescue medication. Recipient must meet with the school nurse or other qualified trainer to complete the hands-on portion, the post test, and have certificate signed.' The main title 'SEIZURE RESCUE MEDICATION TRAINING' is centered below this text. At the bottom, there are two lines for 'SIGNED BY (TRAINING RN):' and 'DATE:'.

CERTIFICATE *Of* **COMPLETION**

This recipient has completed the online training for seizure rescue medication. Recipient must meet with the school nurse or other qualified trainer to complete the hands-on portion, the post test, and have certificate signed.

SEIZURE RESCUE MEDICATION TRAINING

SIGNED BY
(TRAINING RN): _____

DATE: _____

APPENDIX K – Diastat® Administration Instructions

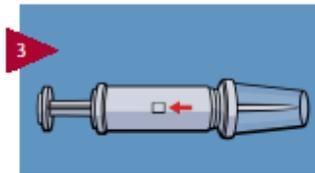
CHILD ADMINISTRATION INSTRUCTIONS



1 Put person on their side where they can't fall.



2 Get medicine.



3 Get syringe. Note: seal pin is attached to the cap.



4 Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.



5 Lubricate rectal tip with lubricating jelly.



6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



8 Separate buttocks to expose rectum.



9 Gently Insert syringe tip into rectum. Note: rim should be snug against rectal opening.

SLOWLY... COUNT OUT LOUD TO THREE...1...2...3



10 Slowly count to 3 while gently pushing plunger in until it stops.



11 Slowly count to 3 before removing syringe from rectum.



12 Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN



Keep person on the side facing you, note time given, and continue to observe.

DIASTAT® Indication

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

Important Safety Information

In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

D955-0308

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

• Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor's instructions:

- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: _____ Doctor's number: _____
(Please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT® given: _____ Dose: _____

Diastat
(diazepam rectal gel)

Diastat AcuDial™
(diazepam rectal gel)

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

APPENDIX L – UCA 53A-11-603.5

Utah Code

Effective 5/10/2016

53A-11-603.5 Trained school employee volunteers – Administration of seizure rescue medication – Exemptions from liability.

(1) As used in this section:

- (a) "Prescribing health care professional" means:
 - (i) a physician and surgeon licensed under Title 58, Chapter 67, Utah Medical Practice Act;
 - (ii) an osteopathic physician and surgeon licensed under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
 - (iii) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act; or
 - (iv) a physician assistant licensed under Title 58, Chapter 70a, Physician Assistant Act.
- (b) "Section 504 accommodation plan" means a plan developed pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, to provide appropriate accommodations to an individual with a disability to ensure access to major life activities.
- (c) "Seizure rescue authorization" means a student's Section 504 accommodation plan that:
 - (i) certifies that:
 - (A) a prescribing health care professional has prescribed a seizure rescue medication for the student;
 - (B) the student's parent or legal guardian has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
 - (C) the student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication;
 - (ii) describes the specific seizure rescue medication authorized for the student, including the indicated dose, and instructions for administration;
 - (iii) requests that the student's public school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication in accordance with this section; and
 - (iv) authorizes a trained school employee volunteer to administer a seizure rescue medication in accordance with this section.
- (d)
 - (i) "Seizure rescue medication" means a medication, prescribed by a prescribing health care professional, to be administered as described in a student's seizure rescue authorization, while the student experiences seizure activity.
 - (ii) A seizure rescue medication does not include a medication administered intravenously or intramuscularly.
- (e) "Trained school employee volunteer" means an individual who:
 - (i) is an employee of a public school where at least one student has a seizure rescue authorization;
 - (ii) is at least 18 years old; and
 - (iii) as described in this section:
 - (A) volunteers to receive training in the administration of a seizure rescue medication;
 - (B) completes a training program described in this section;
 - (C) demonstrates competency on an assessment; and
 - (D) completes annual refresher training each year that the individual intends to remain a trained school employee volunteer.

(2)

- (a) The Department of Health shall, with input from the State Board of Education and a children's hospital, develop a training program for trained school employee volunteers in the administration of seizure rescue medications that includes:
 - (i) techniques to recognize symptoms that warrant the administration of a seizure rescue medication;
 - (ii) standards and procedures for the storage of a seizure rescue medication;
 - (iii) procedures, in addition to administering a seizure rescue medication, in the event that a student requires administration of the seizure rescue medication, including:
 - (A) calling 911; and
 - (B) contacting the student's parent or legal guardian;
 - (iv) an assessment to determine if an individual is competent to administer a seizure rescue medication;
 - (v) an annual refresher training component; and
 - (vi) written materials describing the information required under this Subsection (2)(a).
- (b) A public school shall retain for reference the written materials described in Subsection (2)(a)(vi).
- (c) The following individuals may provide the training described in Subsection (2)(a):
 - (i) a school nurse; or
 - (ii) a licensed health care professional.
- (3)
 - (a) A public school shall, after receiving a seizure rescue authorization:
 - (i) inform school employees of the opportunity to be a school employee volunteer; and
 - (ii) subject to Subsection (3)(b)(ii), provide training, to each school employee who volunteers, using the training program described in Subsection (2)(a).
 - (b) A public school may not:
 - (i) obstruct the identification or training of a trained school employee volunteer; or
 - (ii) compel a school employee to become a trained school employee volunteer.
- (4) A trained school employee volunteer may possess or store a prescribed rescue seizure medication, in accordance with this section.
- (5) A trained school employee volunteer may administer a seizure rescue medication to a student with a seizure rescue authorization if:
 - (a) the student is exhibiting a symptom, described on the student's seizure rescue authorization, that warrants the administration of a seizure rescue medication; and
 - (b) a licensed health care professional is not immediately available to administer the seizure rescue medication.
- (6) A trained school employee volunteer who administers a seizure rescue medication shall direct an individual to call 911 and take other appropriate actions in accordance with the training described in Subsection (2).
- (7) A trained school employee volunteer who administers a seizure rescue medication in accordance with this section in good faith is not liable in a civil or criminal action for an act taken or not taken under this section.
- (8) Section 53A-11-601 does not apply to the administration of a seizure rescue medication.
- (9) Section 53A-11-904 does not apply to the possession of a seizure rescue medication in accordance with this section.
- (10)
 - (a) The unlawful or unprofessional conduct provisions of Title 58, Occupations and Professions, do not apply to a person licensed as a health care professional under Title 58, Occupations and Professions, including a nurse, physician, or pharmacist for, in good faith, training a

Utah Code

nonlicensed school employee who volunteers to administer a seizure rescue medication in accordance with this section.

- (b) Allowing a trained school employee volunteer to administer a seizure rescue medication in accordance with this section does not constitute unlawful or inappropriate delegation under Title 58, Occupations and Professions.

Enacted by Chapter 423, 2016 General Session

APPENDIX M – Test Question

Assessment for Intranasal Medication Administration

Name: _____

Date: _____

Please circle the correct answer and take the completed test to the trainer for scoring.

1. When preparing to give intranasal medications, if time allows, wash your hands and put on gloves.
 - a. True
 - b. False
2. Usually, intranasal medications are given in a divided dose—half placed in each nostril.
 - a. True
 - b. False
3. When giving emergency seizure medications, it is important to be ready to monitor the child for breathing difficulties while waiting for help to arrive.
 - a. True
 - b. False
4. Following a child's emergency plan and knowing when to administer the emergency medication is NOT important.
 - a. True
 - b. False
5. All seizure rescue medications should be securely locked, but accessible.
 - a. True
 - b. False
6. Who designates the person to be trained in the school?
 - a. Principal
 - b. Teacher
 - c. Parent
 - d. The individual must volunteer
7. Seizure rescue medication can be given for the first time at school if necessary.
 - a. True
 - b. False
8. A volunteer may give seizure rescue medication:
 - a. Anytime
 - b. After being trained by the student
 - c. After being trained by the parent
 - d. After completing the required training and demonstrating skills competency.
9. A parent can designate someone to be trained to give seizure rescue medications in the school.
 - a. True
 - b. False
10. When documenting the event, include the following information:
 - a. Date, time of seizure and medication, observations
 - b. Student's last meal eaten
 - c. What the child was wearing
 - d. When the child was last seen at the doctor's office

Number correct: ____ of 10 answers

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Assessment for Rectal Medication Administration

Name: _____

Date: _____

Please circle the correct answer and take the completed test to the trainer for scoring.

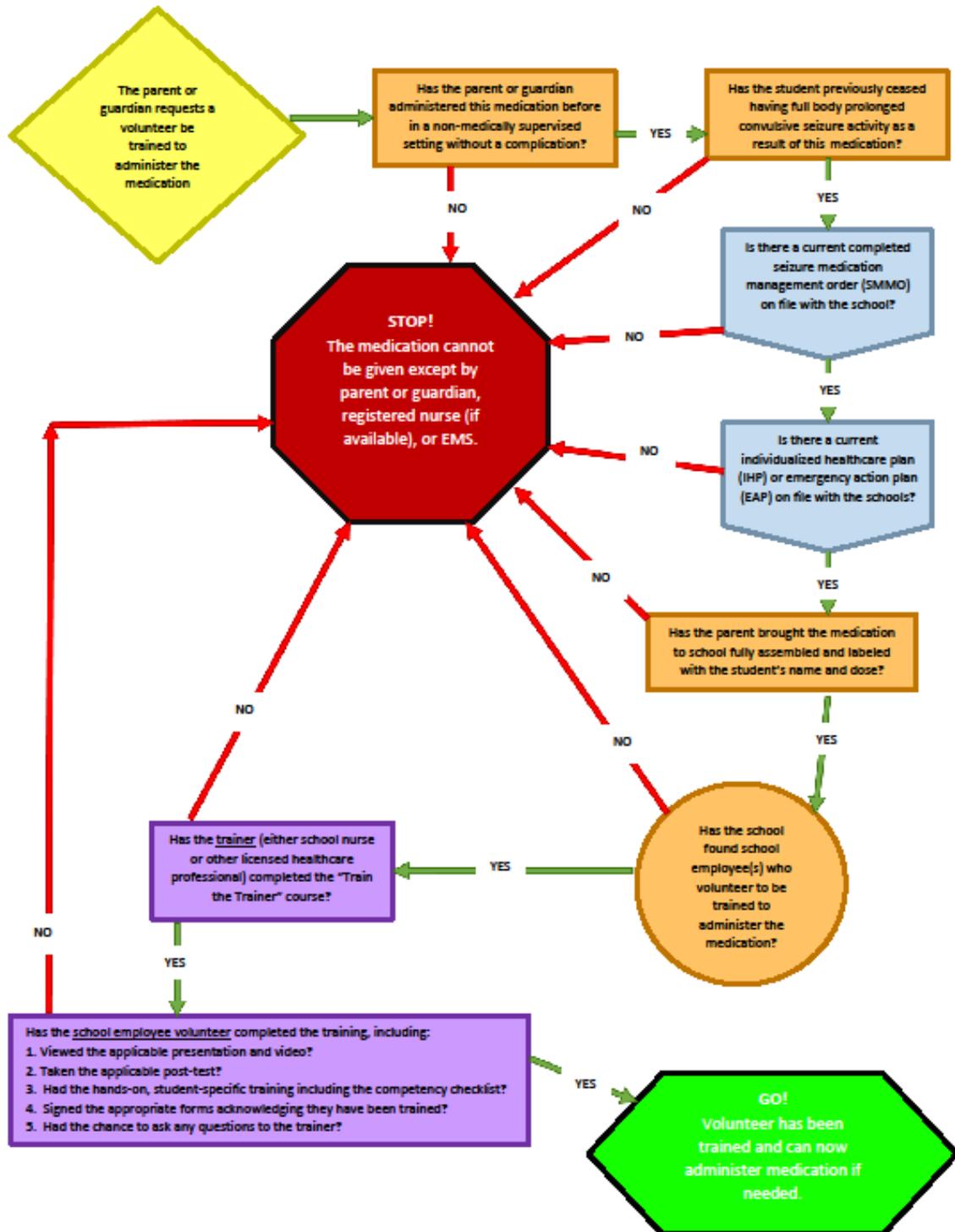
- The three "threes" refers to counting to three while performing all of the following activities except:
 - Delivery of the medication in the rectum.
 - Before removing syringe from rectum.
 - Insertion of the syringe in the water soluble lubricant.
 - Hold the buttock after withdrawal of the syringe.
- If alone with student, what immediate action is recommended after the administration of rectal diazepam?
 - Encourage the student to become physically active
 - Feed the student a snack with carbohydrate and protein foods
 - Call emergency medical services or 9-1-1
 - Monitoring the student's gait
- Before administration of rectal diazepam, school personnel should make sure the applicator has the ready collar exposed on the barrel of the syringe.
 - True
 - False
- After administering the medication, observe the student for the following:
 - Breathing
 - Walking
 - Eating
 - You do not need to monitor the student
- When documenting the event, include the following information:
 - Date, time of seizure and medication, observations
 - Student's last meal eaten
 - What the child was wearing
 - When the child was last seen at the doctor's office
- Who may designate personnel to be trained to give emergency seizure medication in the school?
 - Principal
 - Teacher
 - Parent
 - The individual must volunteer
- Seizure rescue medication can be given for the first time at school if necessary.
 - True
 - False
- A volunteer may give seizure rescue medication:
 - Anytime
 - After being trained by the student
 - After being trained by the parent
 - After completing the required training and demonstrating skills competency
- How do you determine the point at which seizure rescue medication should be given?
 - As outlined in IHP
 - When the seizure has gone on for awhile
 - When the student turns blue
- A trained volunteer in seizure rescue medication administration can use the medication for any student in the school who exhibits the appropriate seizure symptoms.
 - True
 - False

Number correct: ____ of 10 answers

UDOH 8/25/16

APPENDIX N – FLOWCHART FOR MEDICATION IN SCHOOLS

Seizure Rescue Medication Administration in Schools



UDOH 9/26/16

Seizure Rescue Medication

Checklist for Training School Employee Volunteers

Before training school employees to administer seizure rescue medication, the following must be in place:

- Has the parent or guardian requested a volunteer be trained to administer the medication?
- Has the parent or guardian administered this medication before in a non-medically supervised setting without a complication?
- Has the student previously ceased having full body prolonged convulsive seizure activity as a result of this medication?
- Is there a current completed seizure medication management order (SMMO) on file with the school?
- Is there a current individualized healthcare plan (IHP) or emergency action plan (EAP) on file with the schools?
- Has the school found school employee(s) who volunteer to be trained to administer the medication?
- Has the parent brought the medication to school fully assembled and labeled with the student's name and dose?
- Has the trainer (either school nurse or other licensed healthcare professional) completed the "Train the Trainer" course?
- Has the school employee volunteer completed the training including:
 - Viewed the applicable presentation and video?
 - Taken the applicable post-test?
 - Completed the hands-on, student-specific training including the competency checklist?
 - Signed the appropriate forms acknowledging they have been trained?
 - Had the chance to ask any questions to the trainer?

If all of these cannot be checked off, the medication cannot be given except by parent or guardian, registered nurse (if available), or EMS.

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This Guide developed as a cooperative effort between:

Utah Department of Health

Utah State Board of Education

**University of Utah Health Care, Pediatric Neurology,
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