Utah Guidelines for Seizures in Schools

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UTAH GUIDELINES FOR SEIZURES IN SCHOOLS

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Guidelines for Seizures in Schools

INTRODUCTION

Epilepsy is a broad term used for a brain disorder that causes seizures. There are many different types of epilepsy. There are also different kinds of seizures. About 0.6% of children ages 0 to age 17 have active epilepsy in the United States (Russ Larson & Halfon, 2012).

Students with epilepsy are more likely to have difficulties in school (such as problems communicating), use special education services, and have activity limitations (such as less participation in sports or clubs) compared with students with other medical conditions (CDC 2017).

The purpose of this Guide is to assist local education agency (LEA) personnel in ensuring a safe learning environment for students with epilepsy.

SEIZURE CLASSIFICATIONS

Seizures are classified into two groups; generalized seizures that affect both sides of the brain, and focal seizures which are located in just one area of the brain.

Examples of generalized seizures are:

- Absence seizures which can cause rapid blinking or a few seconds of staring into space.
- Bilateral tonic-clonic seizures that may make a person
    - Cry out.
    - Lose consciousness.
    - Fall to the ground.
    - Have muscle jerks or spasms.
    - Lose bowel or bladder control
    - Change from normal breathing pattern.

The person may feel tired after a bilateral tonic-clonic seizure.

Focal seizures are also called partial seizures.

- Simple focal seizures affect a small part of the brain. These seizures can cause twitching or a change in sensation, such as a strange taste or smell.
- Focal seizures with impaired awareness, also known as complex focal seizures can make a person with epilepsy confused or dazed. The person will be unable to respond to questions or direction for up to a few minutes.
- Secondary generalized seizures begin in one part of the brain, but then spread to both sides of the brain. In other words, the person first has a focal seizure, followed by a generalized seizure.

Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency.

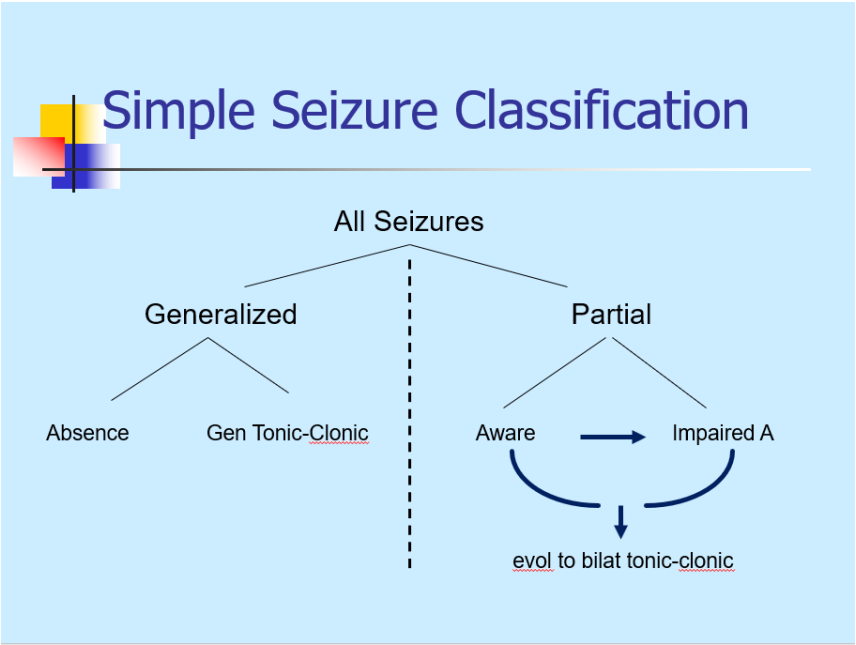

Figure 1. Simple Seizure Classification. (Dr. F. Filloux, 2020)

HEALTH-RELATED FORMS

All students with a chronic health condition should have a healthcare plan on file if there is a chance the condition might result in a health crisis while at school. This can be an individualized healthcare plan (IHP) or an emergency action plan (EAP). A healthcare plan is written by the school nurse on daily management of students with a chronic health condition. Additionally, if a student requires medication be available at school, a medication authorization must be on file with the LEA, and signed by a parent and provider every year.

The following are forms that a student with seizures may have:

- Individualized Healthcare Plan (IHP): The IHP is written by the school nurse with input from the family. The IHP outlines the plan of care necessary to keep the student safe at school (National Association of School Nurses [NASN], 2015).
    - Emergency Action Plan (EAP): An EAP is a type of IHP. The EAP is written by the school nurse with input from the family, but is designed for lay staff. The EAP is usually in an "if you see this – do this" format.
- Medication authorization: If emergency medication is required at school this form must be submitted to the LEA every year, and must be signed by a parent and healthcare provider.
- Section 504 of the Rehabilitation Act of 1973 (Section 504 Plan): A written plan to direct the team on accommodations necessary for the student to have Free and Appropriate

Public Education (regular education students). The Section 504 plan does not take the place of an IHP, but should be used together with an IHP if the student requires certain accommodations for their chronic health condition.

- Individualized Education Plan (IEP): A written plan for students in special education who are protected by the Individuals with Disabilities Education Act (IDEA, 2004). Accommodations for students with health conditions who are served by special education can be outlined in their IEP, but may also require a separate IHP or EAP.

The Utah Department of Health (UDOH) has created a separate Seizure Action Plan and a Seizure Medication Management Order (SMMO) form. These forms can be found at Choosehealth.utah.gov.

http://choosehealth.utah.gov/prek-12/school-nurses/guidelines/forms.php.

MEDICATION

Daily seizure control medications are the mainstay of epilepsy treatment, but there are other approaches used to treat epilepsy including surgery, neurostimulation devices, and dietary therapy.

Sometimes additional medications are needed during a seizure emergency. These are called rescue medications. Rescue medications are typically used for seizure clusters, or when seizures are different from a person's typical pattern, such as more frequent, longer, or more severe. Rescue treatments are taken "as needed" to try and prevent a seizure emergency from occurring. Rescue medications are not used instead of daily seizure medications.

DEVICES

In at least three out of 10 people with epilepsy, seizure medications do not control seizures or can cause bothersome side effects. For some of these people surgery may be possible to remove the area of the brain causing the seizures.

Neuromodulation is another option. This therapy involves using a device to send small electric currents to the nervous system. There are different models of stimulators. They can deliver stimulation in response to heart rate changes and time of day.

Vagus nerve stimulation, also called VNS therapy, uses a device to help control seizures. While it does not work for everyone and is not a cure for epilepsy, it can help control seizures in some people.

VNS therapy prevents seizures by sending regular, mild pulses of electrical energy to the brain via the vagus nerve. It's sometimes referred to as a "pacemaker for the brain". A stimulator device is implanted under the skin in the chest. A wire from the device is wound around the vagus nerve in the neck. If a person is aware of when a seizure happens, they can swipe a magnet over the generator in the left chest area to send an extra burst of stimulation to the brain. Some vagus nerve stimulators work automatically in response to an increased heart rate.

Staff should swipe the magnet if they see seizure activity regardless of whether the VNS is set to automatically respond.

Responsive neurostimulation is known as RNS therapy. The RNS system is similar to a heart pacemaker. It can monitor brain waves, then respond to activity different from usual activity or that looks like a seizure. The neurostimulator device is secured into the skull and is fixed so it cannot move. It lies flat under the skin. People cannot feel the stimulation once it's programmed. It doesn't cause pain or any unusual feelings. The RNS system is approved for use in people ages 18 and older.

Deep brain stimulation (DBS) requires a neurosurgeon to place electrodes in a specific area of the brain. The electrodes provide stimulation directly to the brain to help stop the spread of seizures. DBS is approved for use in adults ages 18 and older.

TRAINING RESOURCES

School employees should have training on seizures to include the following (where appropriate):

- General seizure recognition – recommended for all school staff
- Seizure rescue medication – initial and annual refresher training required if school has employee volunteer trained to administer rescue medication
- Student specific training for individual students (which may or may not include seizure rescue medication)

There are existing trainings provided through the Epilepsy Foundation:

- School Nurse Training: https://www.epilepsy.com/living-epilepsy/our-training-and-education/managing-students-seizures-school-nurse-training-program
- School Staff Training: https://www.epilepsy.com/living-epilepsy/our-training-and-education/seizure-training-school-personnel

FIRST AID FOR SEIZURES

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

How to Help Someone Having a Seizure

STAY with the person until they are awake and alert after the seizure.

- Time the seizure
- Remain calm
- Check for medical ID

Keep the person safe

- Move or guide away from harm

- Turn the person on their side if they are not awake or aware
- Keep airway clear
- Loosen any tight clothing around neck
- Put something small and soft under the head

Rescue medications can be given if prescribed by healthcare provider, and training has been completed by the employee volunteer.

Seizures Requiring First Aid

Types of seizures that might require first aid are: bilateral 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.

General Care for All Types of Seizures

There are many types of seizures, and most end in a few minutes. These are general actions 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.
- Check to see if the person is wearing a medical bracelet or has 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.
- 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.

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 EMS.

Call EMS if:

- The person has never had a seizure before.
- The person has difficulty breathing or waking after the seizure.
- The seizure lasts longer than five 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 such as diabetes, heart disease, or is pregnant.

What Not To Do During a Seizure

- DO NOT restrain
- DO NOT put any objects in the mouth
- Do NOT offer the person water or food until fully alert

SEIZURE RESCUE MEDICATION

This Guide will assist LEA personnel with the management, response, and administration of seizure rescue medication under certain conditions for 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 LEA 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 the public LEA identify and train employees who are willing to volunteer to receive training to administer a seizure rescue medication. If the LEA receives a qualified request from a parent or guardian, meaning one that meets the conditions set forth in Senate Bill 232, the LEA must attempt to recruit for and subsequently provide the LEA 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 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 LEA 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, except in the administration of the medication, and call EMS and 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 employee volunteer must be age 18 or older, complete the training program, demonstrate competency, and complete refresher training.

- The student's parent or guardian and EMS must be called if medication is administered at school.
- The LEA cannot compel an employee to become a trained employee volunteer

Local Education Agencies 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 LEA 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 LEA 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 the proper forms (as required by LEA policy) are submitted to the school, and 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 five minutes or longer. Trained employee volunteers may only give seizure rescue medication for 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) responder. 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 (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 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. A parent or guardian must bring the updated medication with the 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. A 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 EMS must ALWAYS be called if seizure rescue medication is administered at school. The LEA administrator must also be notified.
- If an employee volunteer has not or cannot be identified at an LEA with an order for seizure rescue medication, it cannot be given except by parent or guardian, registered nurse if available, or EMS responder.
- 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. A parent or guardian is responsible for maintaining oxygen. The LEA 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 employee volunteers can only monitor until a parent or guardian, or EMS arrives. If the parent or guardian wants the student to remain in school after receiving seizure rescue medication, the parent or guardian will have to stay with the student.
- 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 LEA should develop protocols on contacting the trained employee volunteer immediately if the student with the seizure rescue medication has a seizure at school. The trained 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 EMS and the LEA's first responders.

Solicitation for trained LEA employee volunteers:

LEAs that receive a qualified request for an employee volunteer to administer a seizure rescue medication to a student shall solicit volunteers. It is imperative 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 LEA is unable to find an employee to function in this trained employee

volunteer capacity or the trained employee volunteer is unavailable, and the need for seizure rescue medication arises, the LEA will follow the health care plan, except in the administration of the medication, and call EMS, school first responders, and parents.

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

Seizure Rescue Medication Training for employee volunteers

A school employee volunteer must be informed of the following:

- Trained employee volunteers should be first aid/CPR trained, including giving rescue breaths if the student stops breathing.
- The LEA cannot force someone to be a trained employee volunteer.
- Training must be documented with the training date and signature of both the trainer and employee volunteer.
- The agreement to administer a seizure rescue medication is voluntary.
- The employee volunteer will not administer a seizure rescue medication until they have completed the required training and documentation of completion is recorded.
- The trained employee volunteer may withdraw from the agreement at any time.
- The trained employee volunteer should be paid at least their hourly rate for any training related to the seizure rescue medication. If a trained 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 employee volunteer must review administration procedures with the school nurse at least annually.
- All required training materials should be maintained at the school where there is an order for seizure rescue medication.
- If a trained employee volunteer gives the rescue seizure medication it must be reported to the school administrator.

- Schools should make every effort for a trained 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 employee volunteer accompany the student.
- A trained 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 EMS and the school nurse (if available), and to contact the student's parent or guardian.
- Calling EMS 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 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 employee volunteer at least quarterly to determine if additional training is needed.

DISPOSAL OF MEDICATION AND SUPPLIES

All expired and used medication and supplies should be disposed of according to manufacturer's instructions and LEA policy.

DEFINITIONS

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

Bilateral 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.

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 bilateral tonic-clonic seizures.

Individualized Education Plan (IEP): a plan or program developed to ensure that a student 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 prolongs convulsive seizure during school hours. This forms 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 Order (SMMO) **Seizure Rescue Medication Authorization** **(In Accordance with UCA 53G-9-505)** **Utah Department of Health/Utah State Board of Education**	**Healthcare Provider:** **School Year:**	**Picture**

STUDENT INFORMATION

Student:	DOB:	Grade:	School:
Parent:	Phone:		Email:
Physician:	Phone:		Fax:
School Nurse:	School Phone:		Fax:

SEIZURE INFORMATION

Seizure Type/Description	**Length**	**Frequency**

PARENT TO COMPLETE (must be completed by parent prior to sending to healthcare provider)

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.

☐ Yes ☐ No I certify that the parent/guardian has previously administered the seizure rescue medication in a non medically-supervised setting without a complication.

☐ Yes ☐ No I certify student has previously ceased having a full body prolonged or convulsive seizure activity as a result of receiving this medication.

If No to either, medication cannot be given by a trained volunteer.
Can only be given by an RN, parent, or EMS.

☐ Yes ☐ No I certify my student's healthcare professional has prescribed a seizure rescue medication for him/her.

☐ Yes ☐ No I request the school identify and train school employees who are willing to volunteer to receive training to administer a seizure rescue medication.

☐ Yes ☐ No I authorize a trained school employee volunteer to administer the seizure rescue medication.

Parent Signature:	Date:

As parent/guardian of the above named student, I give permission for my student'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. I authorize school staff to administer medication described below to my student. 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:

CONTINUED ON NEXT PAGE

Student Name:	**DOB:**	**School Year:**

PRESCRIBER TO COMPLETE

EMERGENCY SEIZURE RESCUE MEDICATION

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. As the student's licensed healthcare provider I confirm that the student has a diagnosis of seizures.

☐ This medication is necessary during the school day. Trained personnel will be allowed to administer this medication.

Give Emergency Medication IF:	Medication	Dose	Route	Call
• If seizure lasts ___ minutes or greater • If ___ or more consecutive seizures with or without a period of consciousness (in ___ minutes) • Other:	☐ Midazolam ☐ Diazepam ☐ Lorazepam ☐ Other (specify):	_____ mg _____ ml	☐ Nasal ☐ Rectal ☐ Other	ALWAYS call 911, parent and School Nurse

Common potential side effects: respiratory depression, nasal irritation, memory loss, drowsiness, fatigue. other:

Additional instructions for administration:

Additional orders:

IMPLANTED DEVICES

This student has a:
☐ Responsive Neurostimulation (RNS)
☐ Deep Brain Stimulation (DBS)
☐ Vagus Nerve Stimulator (VNS): trained personnel will be trained on device use.
Describe magnet use:

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 (or principle designee if no school nurse)

☐ Signed by prescriber and parent ☐Medication is appropriately labeled ☐Medication log generated

Medication is kept: ☐ Health Office ☐ Front Office ☐ Other (specify-must be locked):

IHP/EAP distributed to 'need to know' staff:
☐ Front office/administration ☐ PE teacher(s) ☐ Teacher(s) ☐ Transportation
☐ Other (specify):

School Nurse Signature:	Date:

APPENDIX B – Seizure Action Plan (SAP)

SEIZURE ACTION PLAN **Individualized Healthcare Plan (IHP)** **Emergency Action Plan (EAP)** **Utah Department of Health/ Utah State Board of Education**	School Year: SMMO ☐ Yes ☐ No	Picture

STUDENT INFORMATION

Student:	DOB:	Grade:	School:
Parent:	Phone:		Email:
Physician:	Phone:		Fax:
School Nurse:	School Phone:		Fax:

History:

SECTION 504 PLAN

Students with epilepsy or seizure disorder may also need a separate Section 504 plan in place to provide accommodations necessary to access their education.

SEIZURE INFORMATION

Seizure Type/Description	Length	Frequency

Seizure triggers or warning signs:

Student specific information:

SPECIAL CONSIDERATIONS

Special considerations and precautions (regarding school activities, field trips, sports, etc):

EMERGENCY SEIZURE RESCUE MEDICATION (See SMMO)

Person to give seizure rescue medication: ☐ School Nurse ☐ Parent ☐ EMS
☐ Volunteer (specify): ☐ Other (specify):
Attach volunteer(s) training documentation

Location of seizure rescue medication (must be locked but accessible):

IMPLANTED DEVICES

This student has the following device:
☐ Responsive Neurostimulation (RNS). No action required by staff.
☐ Deep Brain Stimulation (DBS). No action required by staff.
☐ Vagus Nerve Stimulator (VNS)

- Location of magnet (where in the school):
- Describe magnet use and location of implanted device:

Person(s) trained on magnet use: ☐ School Nurse ☐ Teacher ☐ Aide
☐ Volunteer (specify): ☐ Other (specify):
Attach volunteer(s) training documentation

CONTINUED ON NEXT PAGE

Student Name:	**DOB:**	**School Year:**

SEIZURE ACTION PLAN – Mark all behaviors that apply to student

If you see this:	***Do this:***
☐ Sudden cry or squeal ☐ Loss of bowel or bladder control ☐ Staring ☐ Rhythmic eye movement ☐ Lip smacking ☐ Gurgling or grunting noises ☐ Falling down ☐ Rigidity or stiffness ☐ Thrashing or jerking ☐ Change in breathing ☐ Blue color to lips ☐ Froth from mouth ☐ Loss of consciousness ☐ Other (specify):	☐ Stay calm & track time ☐ Report symptoms and duration to parent ☐ Keep student safe ☐ Do not restrain ☐ Protect head ☐ Keep airway open/watch breathing ☐ Turn student on side ☐ Do not put anything in mouth ☐ Do not give fluids or food during or immediately after seizure ☐ Stay with student until fully conscious ☐ Ensure symptoms resolve before student leaves classroom ☐ Swipe VNS magnet (if applicable) ☐ Other (specify):
Expected Behavior after Seizure	**EMERGENCY SEIZURE PROTOCOL**
▪ Tiredness ▪ Weakness ▪ Sleeping, difficult to arouse ▪ Somewhat confused ▪ Regular breathing ▪ Other (specify): Follow-Up • Notify school nurse • Document observations	☐ Call EMS at _____ minutes for transport to:_____ hospital ☐ Call parent or emergency contact ☐ Administer emergency medications and/or oxygen as indicated on SMMO ☐ Other (specify): A seizure is generally considered an emergency when: ▪ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes ▪ Repeated seizures with or without regaining consciousness ▪ Breathing difficulties continue after seizure ▪ Seizure occurs in water

SIGNATURES

As parent/guardian of the above named student, I give permission for my student's healthcare provider to share information with the school nurse for the completion of this plan of care. I understand 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 of any change in the student's health status, care or medication order. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.

Parent Name (print):	Signature:	Date:
Emergency Contact Name:	Relationship:	Phone:

SCHOOL NURSE

Seizure Emergency Action Plan (this form) distributed to 'need to know' staff:
☐ Front office/admin ☐ Teacher(s) ☐ Transportation ☐ Other (specify):

School Nurse Signature:	Date:

Addendum:

APPENDIX C – Medication Administration/Adverse Event Report

UTAH DEPARTMENT OF HEALTH	**SEIZURE RESCUE MEDICATION** Administration/Adverse Event (AE) Report Form

Please report any administration of seizure rescue medication in the schools. Data collected will be used for evaluation only, not for any punitive purposes. Please do not submit any personally identifying information on the student.

Please report within 5 business days from the date the reporter became aware of administration, and report any Adverse Events which are determined to be possibly, probably, and definitely related to the administration of seizure rescue medication at school.

Location (School/District):	**Date of administration:**
Name and title of person making report:	
Phone of person making report:	
Email address of person making report:	
Description of student: ☐Male ☐Female Age: Grade:	

Medication	**Route**	**Dose**
☐ Midazolam ☐ Diazepam ☐ Lorazepam ☐ Other:	☐Intranasal ☐ Rectal ☐ Oral ☐ Feeding Tube ☐ Other:	_____ ml _____ mg

Description of the medication administration:

Was there a staff member available certified in CPR and rescue breathing when medication was administered?

☐ Yes, person administering medication is CPR certified.

☐ Yes, another person in the school is CPR certified and was available.

☐ No (if No, please explain):

Outcome (check all that apply)	**Adverse Event (AE)?**	**Action Taken for AE**
☐ 911 called ☐ Seizure resolved ☐ Ongoing/continuing treatment ☐ Condition worsening (AE) ☐ Respiratory depression (AE) ☐ Death (AE) ☐ Unknown ☐ Other:	☐ No ☐ Yes If yes, please describe:	☐ None/Not applicable ☐ CPR (with rescue breathing) ☐ Dose modification ☐ Medical intervention ☐ Hospitalization ☐ Medication discontinued ☐ Medication changed ☐ Other:

Seizure Rescue Medication was administered by:

☐ School Employee Volunteer ☐ Health Clerk ☐ Aide ☐ Licensed Practical Nurse (LPN)

☐ School Nurse (RN) ☐ Other (specify):

Had the person who administered the medication been trained by an authorized trainer?

☐ Yes ☐ No (if No, please explain):

What steps were taken to resolve any adverse event?

Please email completed report to bhinkson@utah.gov. Call (801) 419-1078 with any questions.
Report can also be done online at: https://healthutah.co1.qualtrics.com/ife/form/SV_0HVmXVHPtWkYaDr

School Employee Volunteer Competency Check List

Emergency Seizure Rescue Medication

VOLUNTEER TRAINING INFORMATION		
Name of Volunteer Trainee:	Position:	
Volunteer Phone:	Email:	
School Year:	School:	
Student:	Grade / Teacher:	Medication / Route:
School Nurse or Licensed Trainer:	Phone:	E-mail:

Volunteer Training			
CPR (with rescue breathing) and First Aid Certification - not required (but HIGHLY recommended) if two or more other employees are trained as first responders at the school			
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 the student's IHP and Section 504 or IEP plan (if applicable. Not all students will have a 504/IEP.)						
2. View/review training PPT and videos						
3. View/review Utah Guide for Administration of Seizure Rescue Medication						
4. View/review district/school medication policy						
5. Verbalization and demonstration of administration of Medication						
6. Passed Skills Competency ☐Intranasal ☐Rectal ☐Other:						
7. Discussion of potential problems and expected outcomes						
8. 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 ▪ When to call EMS (911) ▪ When to administer the medication						
9. Note time of seizure onset						
10. 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						
11. Ensure that the medication has not expired and verbalizes expired medication cannot be given						
12. Verbalizes the Six Rights in medication administration*						
13. Demonstrates asking another school staff person to call EMS, get the AED, seizure rescue medication and notify parent / guardian and school nurse						

UDOH 7/26/17

	Date	Date	Date	Date	Date	Date
14. Demonstrates Gathering/Organizing Supplies						
15. Demonstrates Putting on Gloves						
16. DEMONSTRATE/ VERBALIZE HOW TO ADMINISTER MEDICATION AS DETAILED ON ATTACHED INDIVIDUAL MEDICATION INSTRUCTIONS						
17. Note time of medication administration						
18. After seizure is over: • 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						
19. If student stops breathing or is only gasping, CALL 911, begin CPR ** (with rescue breathing) and send for the AED, or call staff member certified in CPR.						
20. Once EMS arrives, inform them which medication was administered, including dose and time given.						
21. Dispose of all used equipment and medication containers safely out of the reach of children.						
22. Remove gloves and wash hands.						
23. Document the date, time, dose of medication given on Medication Administration Form.						
24. Document any and all observations on the seizure log.						
25. Follow up with the parent/ guardian and school nurse.						
26. Special Considerations:						

The Trained School Employee Volunteer has:	Medication Training has been completed for the following medication(s):
• 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.	☐ Intranasal medication administration ☐ Rectal medication administration ☐ Other:_____

School Nurse/Licensed Trainers Name:	Signature:	Date:
Volunteer Trainee Name/Position:	Signature / Initials:	Date:

* Six Rights in Medication Administration	** CPR (with rescue breathing) / AED
• Right Student • Right Medication • Right Dose • Right Time • Right Route • Right Documentation	• If student stops breathing or is only gasping, CALL 911, begin CPR and use the AED. • Demonstrates CPR (with rescue breathing) and using the AED • Turn student onto back and recheck for breathing/responsiveness for no longer than 10 seconds (breathing, moving, gasping) • Performs 30 effective compressions • Opens airway using Head-tilt/Chin-lift, and gives 2 breaths using a mask that makes chest rise • Appropriately used the AED when it arrives

UDOH 7/26/17

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. ***Must administer both doses even if seizure resolves.*** 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.						

UDOH 7/26/17

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 (facing volunteer) with the upper leg forward so the rectum is exposed.						
	VI. Using non-dominant hand, reach over student's body, 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.						

UDOH 7/26/17

APPENDIX E – Intranasal Medication Training

8/24/2016

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

Developed in accordance to UCA 53A-11-601.5
by the Utah Seizure Rescue Medication Task Force
A collaborative effort between:

Utah State Department of Health
Utah State Board of Education
PCH 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

1

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.

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

[redacted]

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 <u>any</u> 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.

2

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

8/24/2016

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

Developed in accordance to UCA 53A-11-603.5
by the Utah Seizure Rescue Medication Task Force
A collaborative effort between:

Utah State Department of Health
Utah State Board of Education
PCH 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

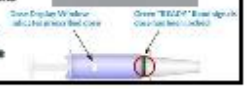
See UDOH
"Seizure Rescue Medication Guidelines"

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.



1

FOLLOW HEALTHCARE PLAN
At onset of seizure symptoms:

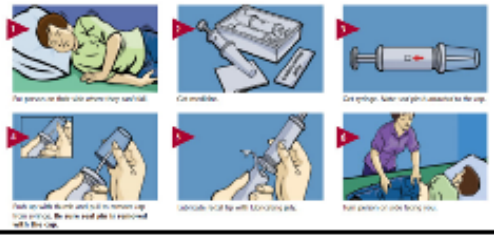
- Time length of seizure.
- Follow seizure first aid.
- Act calm.
- Respect student's privacy.
- If seizure ceases before allotted time to give medication, allow student to recover, and notify parent.

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:



[redacted]

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.

2

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

3

SCHOOL SEIZURE LOG

Name of Student (Last, First, MI)		Birthdate	School Year
School	Grade	Teacher	

Please print clearly using black ink or dark pencil. Form may be copied for parents and/or physician. When form has been completed, please file in student medical folder and begin a new record.

NOTE: Notify nurse if there is a change in the duration, frequency, or pattern of seizure activity. Call 9-1-1 if seizure lasts longer than 5 minutes, if there is any impairment of breathing or if student continues to go in and out of seizures. Check boxes below which best describes seizure activity.

Date	Time	Duration Min/Sec (use your watch)	Body			Eyes				Skin					No Response to Verbal Stimuli	No Response to All Stimuli	Fell During Seizure	Incontinent of BM or Urine	Sleeping Afterwards (How Long)	ACTIONS TAKEN / COMMENTS (e.g. child's comments, sequence of symptoms, aura, illness, fever, injury, first aid, recent Rx change, parent / 911 called etc.)	Initials
			Stiffening (Tonic)	Jerking (Clonic)	Limp (Tone Loss)	Rolled Back	Staring	Turn to Side	Pupil Change	Blue Lips	Grayish	Paler	Flushed	No Change							

Signature _____ Initials _____ Signature _____ Initials _____

_____ _____ _____ _____

APPENDIX H – Seizure First Aid Poster

Seizure First Aid

How to help someone having a seizure

1

STAY with the person until they are awake and alert after the seizure.

✓**Time** the seizure ✓Remain **calm**
✓Check for **medical ID**

2

Keep the person **SAFE**.

✓Move or guide away from **harm**

3

Turn the person onto their **SIDE** if they are not awake and aware.

✓Keep **airway clear**
✓**Loosen tight clothes** around neck
✓Put **something small and soft** under the head

Call 911 if...

- Seizure lasts longer than 5 minutes
- Person does not return to their usual state
- Person is injured, pregnant, or sick
- Repeated seizures
- First time seizure
- Difficulty breathing
- Seizure occurs in water

Do NOT

✗ Do **NOT** restrain.

✗ Do **NOT** put any objects in their mouth.

✓**Rescue medicines can be given** if prescribed by a health care professional

Learn more: **epilepsy.com/firstaid**

EPILEPSY FOUNDATION | epilepsy.com

24/7 Helpline: 1-800-332-1000

This publication was created by the Epilepsy Foundation, a nationwide network organization, and is part of our END EPILEPSY® awareness campaign. This publication is made possible with funding from the Centers for Disease Control and Prevention (CDC) under cooperative grant agreement number 1NU58DP006256-04-00. Its contents are solely the responsibility of the Epilepsy Foundation and do not necessarily represent the views of the CDC. EFA440/PAB0220 Rev. 02/2020 ©2020 Epilepsy Foundation of America, Inc.

APPENDIX I –Certificate of Completion

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

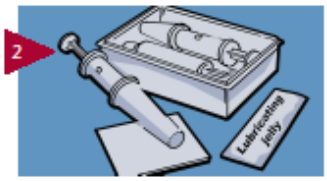
SIGNED BY
(TRAINING RN): _____

DATE: _____

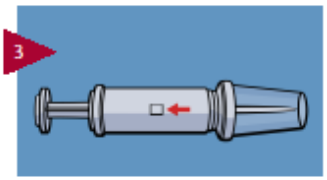
APPENDIX J – Diastat® Administration Instructions

CHILD ADMINISTRATION INSTRUCTIONS

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



Get medicine.



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

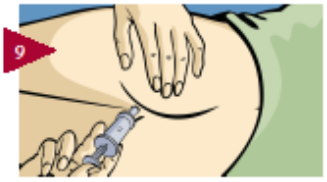
Push up with thumb and pull to remove cap from syringe. **Be sure seal pin is removed with the cap.**

Lubricate rectal tip with lubricating jelly.

Turn person on side facing you.

Bend upper leg forward to expose rectum.

Separate buttocks to expose rectum.



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

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

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

Slowly count to 3 before removing syringe from rectum.

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.

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® 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, vasodilatation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%–5%).

D955-0308

Diastat (diazepam rectal gel)

DiastatAcuDial™ (diazepam rectal gel)

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

APPENDIX K – UCA 53A-11-603.5

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 heath 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

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 L – Test Questions

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.

1. The three "threes" refers to counting to three while performing all of the following activities except:
   a. Delivery of the medication in the rectum.
   b. Before removing syringe from rectum.
   c. Insertion of the syringe in the water soluble lubricant.
   d. Hold the buttock after withdrawal of the syringe.

2. If alone with student, what immediate action is recommended after the administration of rectal diazepam?
   a. Encourage the student to become physically active
   b. Feed the student a snack with carbohydrate and protein foods
   c. Call emergency medical services or 9-1-1
   d. Monitoring the student's gait

3. Before administration of rectal diazepam, school personnel should make sure the applicator has the ready collar exposed on the barrel of the syringe.
   a. True
   b. False

4. After administering the medication, observe the student for the following:
   a. Breathing
   b. Walking
   c. Eating
   d. You do not need to monitor the student

5. 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

6. Who may designate personnel to be trained to give emergency seizure medication 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. How do you determine the point at which seizure rescue medication should be given?
   a. As outlined in IHP
   b. When the seizure has gone on for awhile
   c. When the student turns blue

10. A trained volunteer in seizure rescue medication administration can use the medication for any student in the school who exhibits the appropriate seizure symptoms.
    a. True
    b. False

Number correct: ____ of 10 answers

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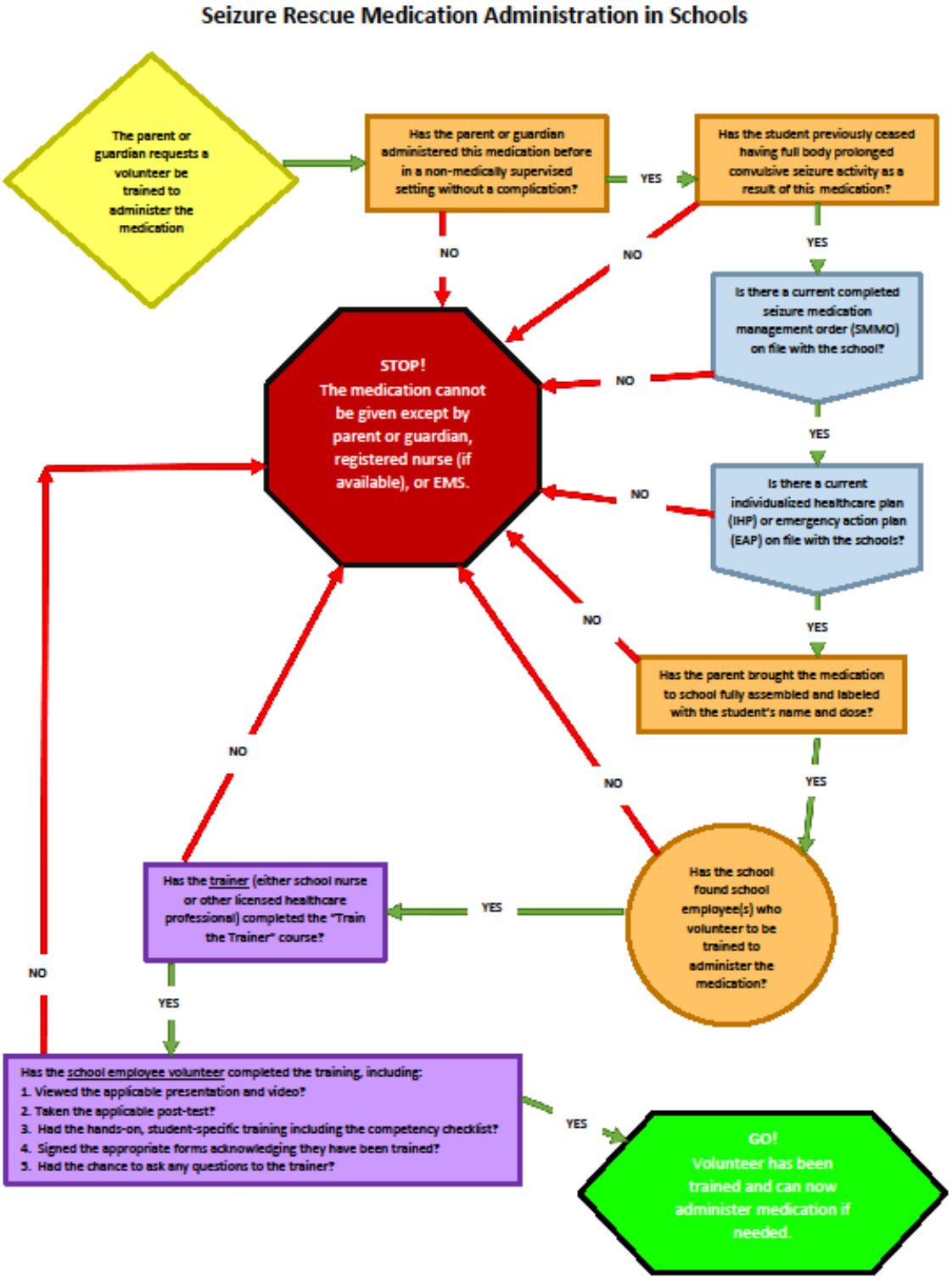
APPENDIX M – FLOWCHART FOR MEDICATION IN SCHOOLS



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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,
Located at Intermountain Primary Children's Outpatient Services