



Level 1: Seizure Training and Action Plan Legislative Requirements

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- WebEx
 - Logistics
 - Questions
- Evaluation
- CEU

Objectives

- To provide information about the requirements related to the legislation starting in the 2022-2023 school year.
- To provide an overview of seizure action plans and resources for staff training.
- To provide education on basic clinical aspects of seizures and epilepsy.
- To provide strategies when working with family of children with a seizure condition.

Agenda

- Review the Legislation and Requirements
- MN Epilepsy Foundation: Seizures and Epilepsy
- PACER: Working with Parents
- Seizure Action Plans and the link to IHP, ECP, 504 and IEP
- Training requirements and options
- Questions

Minnesota Statute 121A.24 Seizure Training and Action Plan

<https://www.revisor.mn.gov/statutes/cite/121A.24>

- Effective the 2022-2023 school year and beyond.
- Subdivision 1. **Seizure action plan**
- Subdivision. 2. **Training requirements**
- Both subdivisions apply to a school district or charter school.
- Non-public schools are not mentioned in the statute.
 - Seizure action plans and training are recommended as best practice to meet the needs of students

2021 Minnesota Statutes

121A.24 SEIZURE TRAINING AND ACTION PLAN.

Subdivision 1. **Seizure action plan.** (a) For purposes of this section, "seizure action plan" means a written individualized health plan designed to acknowledge and prepare for the health care needs of a student with a seizure disorder diagnosed by the student's treating licensed health care provider.

(b) The requirements of this subdivision apply to a school district or charter school where an enrolled student's parent or guardian has notified the school district or charter school that the student has a diagnosed seizure disorder and has seizure rescue medication or medication prescribed by the student's licensed health care provider to treat seizure disorder symptoms approved by the United States Food and Drug Administration. The parent or guardian of a student with a diagnosed seizure disorder must collaborate with school personnel to implement the seizure action plan.

(c) A seizure action plan must:

(1) identify a school nurse or a designated individual at each school site who is on duty during the regular school day and can administer or assist with the administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the United States Food and Drug Administration;

(2) require training on seizure medications for an employee identified under clause (1), recognition of signs and symptoms of seizures, and appropriate steps to respond to seizures;

(3) be provided to the person identified under clause (1); and

(4) be filed in the office of the school principal or licensed school nurse or, in the absence of a licensed school nurse, a professional nurse or designated individual.

(d) A school district or charter school employee or volunteer responsible for the supervision or care of a student with a diagnosed seizure disorder must be given notice and a copy of the seizure action plan, the name or position of the employee identified under paragraph (c), clause (1), and the method by which the trained school employee may be contacted in an emergency.

Subd. 2. **Training requirements.** A school district or charter school must provide all licensed school nurses or, in the absence of a licensed school nurse, a professional nurse or designated individual, and other school staff working with students with self-study materials on seizure disorder signs, symptoms, medications, and appropriate responses.

History: [1Sp2021 c 13 art 6 s 2](#)

NOTE: This section, as added by Laws 2021, First Special Session chapter 13, article 6, section 2, is effective for the 2022-2023 school year and later. Laws 2021, First Special Session chapter 13, article 6, section 2, the effective date.

Basic Seizure Knowledge

MN Epilepsy Foundation

Seizure and Epilepsy Basics

Seizure Action Plan Training - School Health Services Level 1

May 4, 2022



EPILEPSY
FOUNDATION[®]

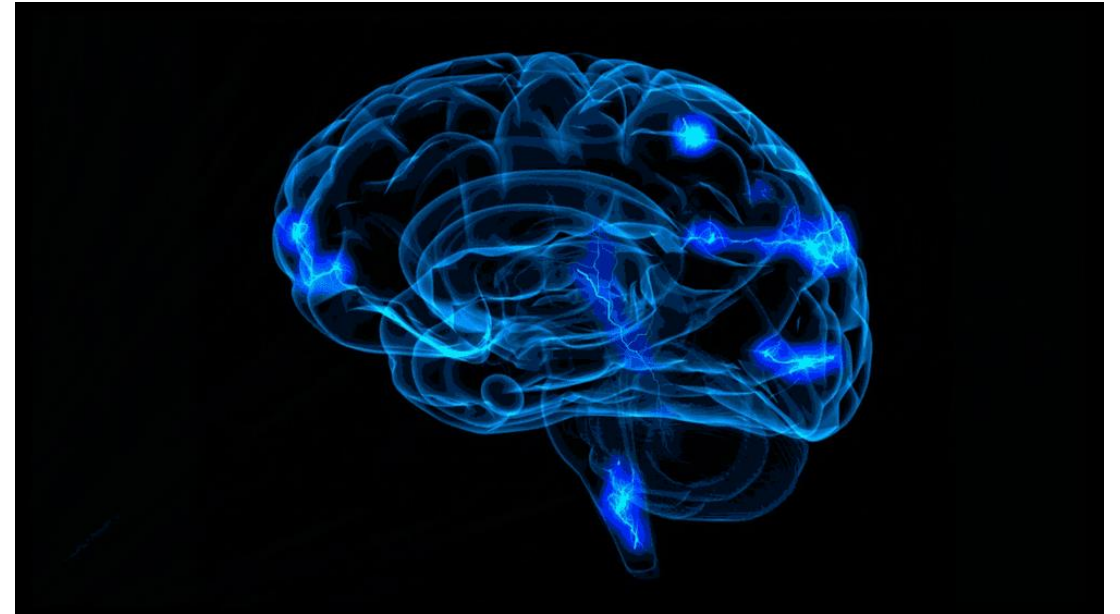
MINNESOTA

EFMN Objectives

- Learn basic epilepsy and seizure facts and figures.
- Gain understanding of how seizure types are identified
- Obtain basic knowledge of medication in the treatment of epilepsy
- Understand potential impact of seizures on cognitive and psychosocial development

What is Epilepsy?

- A neurological condition characterized by unprovoked, recurrent seizures.
- May be called “Seizure Disorder or Condition.”
- Epilepsy is not classified as a mental illness.
- Epilepsy exists on a spectrum.
- Death from a seizure is rare



What is a Seizure?

- Seizures are sudden and involve brief uncontrolled electrical activity in the brain.
- Seizures can occur with other conditions.
- Seizures can be displayed in different ways, depending on the area of brain involved.



Current Prevalence

- 1 in 26 will develop epilepsy in their lifetime.
- 1 in 10 people will have a seizure.
- Approximately 54,000 people in MN have epilepsy.
- Approximately 200,000 new cases of epilepsy and seizure disorders are diagnosed each year in the U.S.



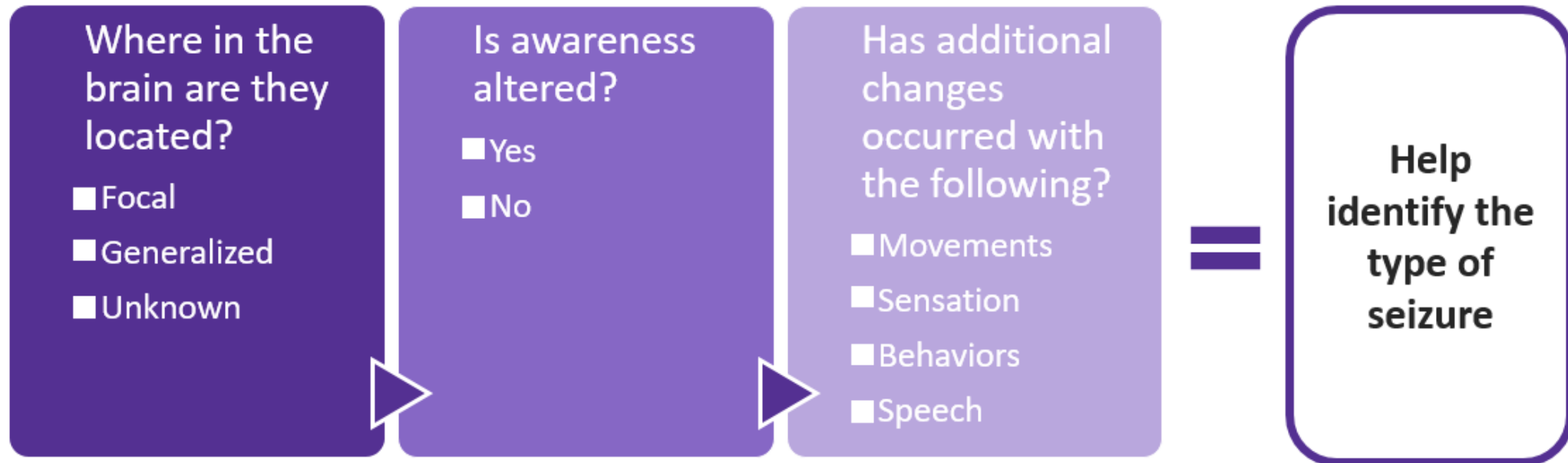
Epilepsy Statistics

- Epilepsy is the fourth most common neurological condition, after migraines, stroke, and Alzheimer's disease.
- Leading brain condition in children.
- 1/3 of people with epilepsy live with uncontrolled seizures.
- Adults with epilepsy are more likely to have 4 or more co-occurring chronic conditions.

Demographics Within United States

- People with low economic status are 2-4 times more likely to have seizures.
- African Americans and Hispanics are nearly 40% of persons diagnosed with epilepsy.
- 1/3 of children with epilepsy live in food insecure homes.
- 50% of adults with active epilepsy have annual family income averages of less than \$25,000.

Seizure Types



Four Common Seizure Types

- Focal aware (simple partial):
 - No loss of consciousness
 - Sensory seizure
- Focal impaired aware (complex partial):
 - Most common
 - Consciousness is impaired
 - Often mistaken for behavioral or mental health issues
- Absence (Petit Mal):
 - Staring or daydreaming
 - Common in school age children
- Generalized Tonic Clonic (Grand Mal):
 - Full loss of consciousness
 - Stiffening and convulsing

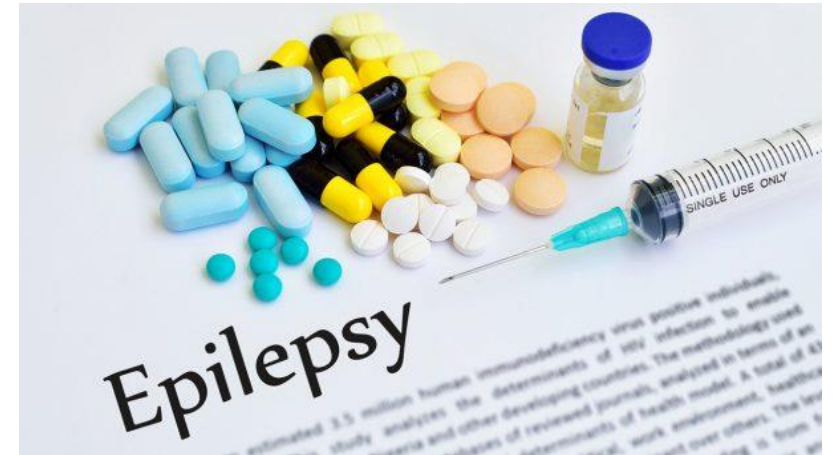
Treatment Options

- Medication
- Brain Surgery
- Implanted Devices
- Diet
- Medical Cannabis



Medications

- Medicine is the primary way in which seizures are controlled and is almost always the first therapy.
- Different medicines help with different kinds of epilepsy and seizures.
- Medicine controls seizures for about 7 out of 10 people living with epilepsy.



Sources are listed at the end of the presentation.

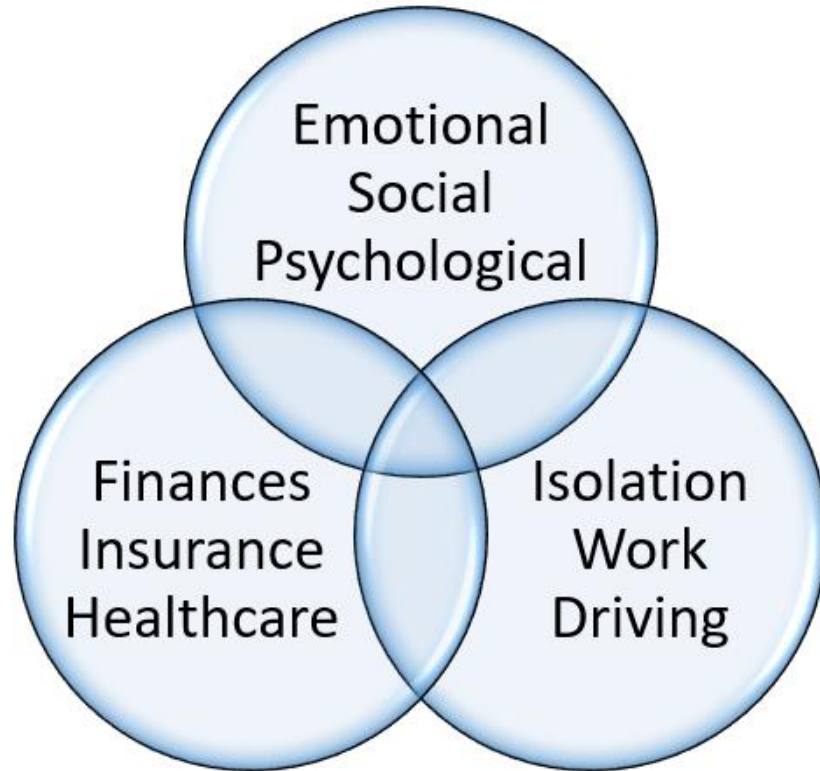
Emergency Medications

- Typically used for seizure clusters or when seizures are more frequent, longer, or more severe than typical.
- Are taken "as needed" to prevent a seizure emergency from occurring.
- Are NOT used instead of daily seizure medicine.
- Available in different forms:
 - Rectal, buccal and nasal

Ideal Emergency Medicine:

- Easy to use.
- Works quickly.
- Safe with little to no side effects.
- Form used to meet individuals needs.
- Works well.

Additional Impacts of Epilepsy



Challenges for individuals, families and caregivers:

- Stigma
- Discrimination
- Unpredictability
- Fear

Impacts on Learning & Behavior

- There is an association between seizures/epilepsy and the following:
 - Impaired self-image/self-confidence.
 - Shame or embarrassment.
 - Low self-esteem.
 - Anxiety.
 - Delayed social development.
- ADD/ADHD is seen in up to 40% of children with epilepsy.
- Medication side effects may impact levels of cognition or memory.
- After a seizure, coursework may need to be re-taught.
- School difficulties are not always epilepsy-related.

EFMN Options for Seizure Trainings

- On Demand 75 minute School Personnel Training through Epilepsy Foundation of America
 - <https://learn.epilepsy.com/courses/school-personnel-OD-v2>
- Live Virtual Training with EFMN Staff
- EFMN recorded School Personnel or School Nurse training
 - [School Personnel](#)
 - [School Nurse](#)
- In person training with EFMN Staff

About EFMN

Mission Statement:

We lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.

Staff Contact:

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Working with Parents

PACER Resource Center

Tips for Working with Parents of Children who have Seizures



Parents know their kids best:

- Parents are the primary caregiver
- Parents have the most experience with their child's seizures
- Parents need to know their input will be valued and their experience will matter



Sending a child to school who has a seizure disorder

Can create significant anxiety for the:

- Child
- Parent
- Teacher
- School staff
- Other children
- Nurse responsible



First Step to Alleviate Anxiety/Stress

1. Recognize that a lot of emotions are involved:

- Be reassuring
- Show Compassion
- Show interest
- Recognize your own anxiety

Second Step to Alleviate Anxiety/Stress

2. Consider setting up a meeting to get to know the parent(s), child and their concerns:

Ask parent who they would like to include:

- Child?
- Teacher?
- Principal?
- Case manager?
- Others that may be included in IHP?

Third Step to Alleviate Anxiety/Stress



3. Learn the child's history:

- What kind(s) of seizures do they have?
- How do they manage their seizure disorder?
- Is there a prodrome or warning?

Steps to Alleviate Anxiety/Stress cont.

- Do they have time to get safe, or notify someone before the seizure starts?
- Are there identifiable triggers?
- How often do the seizures occur?
- Is medication required to stop a seizure?
- What's the timeline for recovery after a seizure?

Steps to Alleviate Anxiety/Stress cont. 2



- When would parents like to be ambulance notified?
- Has an ambulance ever been called?
- When do they consider going to the emergency room?
- How often have they gone to the emergency room for seizures?
- Have they required hospitalization for seizures?
- Under what circumstances?

Steps to Alleviate Anxiety/Stress cont. 3

4. Teach parents about Individual Health Plans, Emergency Care Plans and Seizure Action Plans
 - Many parents aren't aware that there is a formal process to address medical concerns at school
 - Include parents in the process of developing an IHP
 - Respect parent's input
 - Respect physician input



Reassuring Parents when Writing Health Plans in School



Here are some points that will help reassure parents:

- 1) Allow parents to have a role in developing the plans to address their child's seizures
- 2) Seek their input as to who will be trained in seizure management, should a seizure occur while in school

Reassuring Parents Continued

- 3) Use the seizure action plan to identify where the meds and seizure action plan will be kept
- 4) Identify backup plans for nurse absences, substitute teachers, field trips, after school activities, etc
- 5) When 911 will be called
- 6) When will parents be called

Addressing Potential Challenges

Challenge:

- School approach differs from parents
- Parent refuses to allow direct contact with physician
- When to call ambulance

Address by:

- Explaining your rationale, don't assume anything; goal is to keep child safe. Listen closely to parents, check with physician.
- Arrange a conference call with parent and physician to clarify plan details in advance.
- Usually related parent's cost, only incurred if child transported.

Summary

- 1) Seizures in a school setting are stressful for all parties involved and require reassurance, compassion and planning to address a student's safety, in the event of a seizure
- 2) Parents have a desire to have their voices heard in the planning process and understand their child and seizure disorder best
- 3) Including parents and potentially the student as well as all parties that will have a role in the implementation of an Emergency Action Plan is vital to the success of the plan

Summary (cont.)

- 4) Anticipating and addressing potential challenges up front will help things run smoothly, in the event of an emergency
- 5) The loss of control during a seizure requires all parties to respect each other



Contact Information

Linda Goldman Cherwitz

PACER Center

Email: Linda.Cherwitz@pacer.org

Direct line: (952)838-1350—(leave a message and I'll return your call)

What is a seizure action plan?

- A seizure action plan, as defined in this statute, means a written individualized health plan designed to acknowledge and prepare for the health care needs of a student with a seizure disorder diagnosed by the student's treating licensed health care provider.
- Seizure Action Plan contains the essential information school staff may need to know in order to help a student who has seizures. It includes information on first aid, parent and health care provider contacts, and medications specifically for that child. Seizure Action Plans are an important tool that help parents and schools' partner to keep children safe and healthy during the school day. CDC: Epilepsy (<https://www.cdc.gov/healthyschools/npao/epilepsy.htm>)

How does the Seizure Action Plan work with other plans?

- Emergency Care Plan (ECP) ***Written in lay language for staff and non-medical personnel in terms of what needs to be done in the event of the health emergency.***
- Individual Health Plan (IHP) **Written in in nursing language to guide care provided by the LSN/RN or delegated by the LSN/RN.**
- 504 Plan ***Written in terms of what the child will receive to have access to education.*** Often includes an ECP or IHP
- IEP ***Written in terms of what the child will achieve and supports the child will receive to meet goals.*** Often includes nursing as related service and describes those services referencing IHP, ECP

Seizure Action Plan Templates

- Managing Seizures in School - Implementation Toolkit (<https://www.health.state.mn.us/people/childrenyouth/schoolhealth/seizurestoolkit.html>)
- Epilepsy Foundation: Seizure Action Plans (<https://www.epilepsy.com/preparedness-safety/action-plans>)
- Seizure Action Plan Coalition (<https://seizureactionplans.org/sap-examples/>)

Action Plan Requirements

- “designed to acknowledge and prepare for the health care needs of a student with a seizure disorder”
- Epilepsy Foundation Seizure Action Plan includes:
 - Student & Parent/Guardian Information
 - Seizure information (what types they’ve been diagnosed with & some history)
 - Basic Seizure First Aid
 - The school’s protocol for a seizure during the school day
 - Rescue medication information (if needed)
 - When to call 911
 - Care after the seizure
 - Special Instructions
 - Any other important information

Who can write a “Seizure Action Plan” as defined by this statute ?

- A licensed school nurse (LSN) or registered nurse (RN) employed in a school or district is best practice. These nurses have a scope of practice that allows them to assess and develop full Individual Health Plans (IHP) and Emergency Care Plans (ECP) describing the student’s typical seizure types and the proper response to those seizures. LSN or RN can identify the designated person who will respond and administer medication to the student when needed.
- If there is not an LSN nor RN, then an individual who has the authority, responsibility, or assignment to provide care to the student with seizures is the best choice.
 - The person should follow school or district procedures to obtain written authorization and direction to administer medication from the student’s licensed health care provider.
 - Districts or schools should consider using one of the Seizure Action Plan templates and have the health care provider complete.

Does the school still need a medication authorization from a licensed health care provider if there is a seizure action plan written by the school?

The answer depends upon the type of seizure action plan used by the school or district.

- Yes, the seizure action plan, as defined in this statute , does not substitute for the medication authorization. The school or district should follow their established policy and procedures for medication authorization.
- If the licensed health care provider develops a seizure action plan or the school uses a seizure action plan such as developed by the Epilepsy Foundation which includes medication authorization, the school or district should evaluate the plan to ensure that the medication authorization component meets policy and procedures of the district and is signed by the licensed health care provider.

Frequently Asked Question

- **What if the seizure action plan received from the licensed health care provider does not have all the requirements as defined in the statute?**
- The school or district may develop a separate Emergency Care Plan or modify the seizure action plan received to clearly indicate who is responsible to respond and administer the medication, where the medication will be located and where the copy of the plan will be kept.

A seizure action plan must:

- (1) identify a school nurse or a designated individual at each school site who is on duty during the regular school day and can administer or assist with the administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the United States Food and Drug Administration.
- be provided to the person identified under clause (1)

Where to keep the Action Plan

- (d)“A school district or charter school employee or volunteer responsible for the supervision or care of a student with a diagnosed seizure disorder must be given notice and a copy of the seizure action plan, the name or position of the employee identified under paragraph (c), clause (1), and the method by which the trained school employee may be contacted in an emergency.”
- (4)“be filed in the office of the school principal or licensed school nurse or, in the absence of a licensed school nurse, a professional nurse or designated individual.”

- **What if the LSN, RN or designated individual location is not the same location where the student attends?**

- A copy of the plan should be available in the same location that the student attends, readily available to those persons who will be responding and administering medication to the student in the event of a seizure.
- Often the seizure action plan is kept with the medication to be administered. Attention must be made to keep the plan protected and not open and within public view.
- The original plan should be maintained in the student health record by the LSN, RN or designated individual.

- **Who must receive the completed seizure action plan?**
- All staff or volunteers responsible for the supervision or care of a student with a diagnosed seizure disorder.
- The licensed school nurse or designated individual who is trained in seizure rescue medication administration.

Training Requirements

- Subd. 1. c. (2) “require training on seizure medications for an employee identified under clause (1), recognition of signs and symptoms of seizures, and appropriate steps to respond to seizures.”
- Subd. 2. **Training requirements.** “A school district or charter school must provide all licensed school nurses or, in the absence of a licensed school nurse, a professional nurse or designated individual, and other school staff working with students with self-study materials on seizure disorder signs, symptoms, medications, and appropriate responses.”

Seizure Training

If your school already does or has training, you can continue to use those resources. Below are some examples of training resources for school nurses and school personnel that are available to your school.

- [Epilepsy Foundation: Schools and Seizure Preparedness](#)
- [CDC: Training for Professionals](#)
- [Seizure Training for School Personnel \(on Demand\) 2021](#)

Resources for Seizure First Aid

- [Epilepsy Foundation: Seizure First Aid](#)
- [Epilepsy Foundation: First Aid of Seizures-Stay, Safe, Side](#)
- [Epilepsy Foundation: Rescue Therapies for Epilepsy](#)
- [CDC: Seizure First Aid](#)
- [Tips for Seizure Observation and Recording](#)

Student Specific Training

- Individual level training –specific to the student’s action plan and administration of rescue medication if needed
 - Provide the school level training
 - Individualized training provided by the Licensed School Nurse, professional nurse (RN), or the responsible person for having a plan in place
 - Document the training
 - Training Validation Tool (<https://www.health.state.mn.us/people/childenyouth/schoolhealth/seizurestoolkit.html>)
 - Provide a copy of the seizure action plan

Training Validation Tool: Seizure Action Plan

Name of Student: _____ School: _____

Set Up for this student	Completed
Review and familiarize self with student’s Seizure Action Plan, Individual Health Plan, and/or Emergency Care Plan.	
Review Health Care Provider’s (HCP) order for emergency medication(s) if separate.	
Review medication expiration dates before administering.	

Procedure During Seizure Event for this student	Completed
Protect student from injury during seizure	
Do not attempt to restrain student or use force	
Ease student down to the floor and place on side with something soft under head (GTC type only). For Non-GTC type, provide safe space for student to have seizure and guide them from hazards when necessary. (GTC=General Tonic-Clonic seizure type)	
Do not place anything in student’s mouth	
Monitor and record seizure activity and length	
Administer emergency medication per Health Care Provider Order	

In General Call 911 If	Completed
<ul style="list-style-type: none"> • Seizure lasting longer than ___ minutes (<i>Follow instruction from HCP</i>) • Pale/gray/bluish color around mouth and nails beds blue or dusty • Obstruction of airway or no breathing • No pulse • First time seizure - student does not have a history of seizures • Multiple seizures or doesn’t recover (wake) between seizures • Other specific to this student: 	

Implementation Checklist

Seizure Training and Action Plan: Implementation Checklist

This checklist is a tool that schools/districts could use to help them organize and implement a seizure action plan when they receive notification from the parent or guardian that the student has a seizure disorder/epilepsy diagnosis and will require rescue medication.

- ✓ School should follow their medication administration policy/protocols to administer the medication to the student.
 - Schools should work with parent/guardians and health care provider to request a provider written plan which describes the seizure activity, and when/how the medication should be administered. See sample Seizure Action Plans.
 - The Seizure Action Plan should indicate which persons are trained and responsible for responding.
- ✓ Schools should determine who will be responsible to identify seizure activity and who will be responsible to administer medication during the school day and how that person will be contacted to urgently provide care to the student.
 - Consider the general classroom but also areas such as cafeteria, locker rooms, outdoors, gyms, transportation, and for events such as day or overnight field trips.
 - Schools should consider both primary persons and back-up persons should the primary person not be available.
- ✓ Schools should determine where the emergency medication will be stored safely but also readily available for use when needed for the student.
 - Consider the distance from the medication storage location to all the possible location that the student may be using. Most often the medication needs to be given in an immediate time frame (i.e., onset of seizure to 5 minutes after onset of seizure).
 - Consider if the medication is locked, who has keys, where are keys and how much more time to get keys while administering medication timely.
- ✓ Schools should provide training to all persons related to general first aid response to someone who is having a seizure and then individualized training specific to the identified student and as appropriate how to get additional or emergency help if needed.
 - Schools must (by statute) provide self-study materials on seizure disorder signs, symptoms, medications, and appropriate responses to all staff working with students.
- ✓ Schools should provide individualized training to the primary and back-up persons responsible for administering medication specific to the identified student.
 - Schools should consider completing a Skill Training Validation Tool for those persons providing services to an individual student
- ✓ Schools should provide copies of the seizure action plan to those person's trained to care for the student and communicate where the seizure action plan is filed, where the medication is stored and/or how to obtain the medication when needed.
- ✓ Schools should train persons who will be administering medications how to document the administration of medication given.
- ✓ Schools should review the seizure action plan at least annually or whenever there is a change in the student's condition, emergency plan or rescue medication.

- On the website in the Implementation Tool Kit
- (<https://www.health.state.mn.us/docs/people/childreynouth/schoolhealth/seizureimplchcklst.pdf>)

School should follow their medication administration policy/protocols to administer the medication to the student.

- Schools should work with parent/guardians and health care provider to request a provider written plan which describes the seizure activity, and when/how the medication should be administered. See sample Seizure Action Plans.
- The Seizure Action Plan should indicate which persons are trained and responsible for responding.

Schools should determine who will be responsible to identify seizure activity and who will be responsible to administer medication during the school day and how that person will be contacted to urgently provide care to the student.

- Consider the general classroom but also areas such as cafeteria, locker rooms, outdoors, gyms, transportation, and for events such as day or overnight field trips.
- Schools should consider both primary persons and back-up persons should the primary person not be available.

Schools should determine where the emergency medication will be stored safely but also readily available for use when needed for the student.

- Consider the distance from the medication storage location to all the possible location that the student may be using.
- Most often the medication needs to be given in an immediate time frame (i.e., onset of seizure to 5 minutes after onset of seizure). Consider if the medication is locked, who has keys, where are keys and how much more time to get keys while administering medication timely.

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Schools should review the seizure action plan at least annually or whenever there is a change in the student's condition, emergency plan or rescue medication.



Reminder

Keep your eyes open for the evaluation email and please take the five minutes to complete it.

CEUs will be sent your way soon – questions can be sent to jeremy.vann@state.mn.us.

Thank You!

Denise Herrmann & Heather Hedin

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