



# **ANTISEIZURE MEDICATION GUIDE**

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# ANTISEIZURE MEDICATION GUIDE

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## **Introduction**

The purpose of this Guide is to assist school personnel in ensuring a safe learning environment for pupils with epilepsy. This Guide will assist school personnel with the management, response and administration of emergency antiseizure medication to pupils with epilepsy suffering from seizures. Epilepsy can be a life-threatening condition. Some people with epilepsy are at special risk for abnormally prolonged seizures.

Senate Bill (SB) 161 pertaining to the administration of emergency antiseizure medication by trained volunteer nonmedical school personnel, codified in California Education Code section 49414.7, became effective January 1, 2012. Section 49414.7 authorizes unlicensed school employees, in the absence of a school nurse or other licensed health care professional at school, to administer Food and Drug Administration (FDA) approved antiseizure medication to pupils who suffer seizures at school, upon request of a parent or guardian.

Pursuant to Section 49414.7, school districts may elect to participate in a program to allow nonmedical school employees to volunteer to provide medical assistance to pupils with epilepsy suffering from seizures upon request by a parent or guardian. School districts electing to participate in a program must recruit for and provide volunteer nonmedical school employees with voluntary emergency medical training from a licensed health care professional such as a physician, physician assistant, credentialed school nurse, registered nurse, or certificated public health nurse.

School districts that elect to participate in a program to allow nonmedical school employees to volunteer to administer an emergency antiseizure medication must have a plan to:

- Identify existing licensed staff within the district or region who could be trained in the administration of an emergency antiseizure medication and could be available to respond to an emergency need to administer an emergency antiseizure medication
- Identify pupils who may require the administration of emergency antiseizure medication
- Require written authorization from a parent/guardian for a volunteer nonmedical school employee to administer an emergency antiseizure medication
- Maintain a written statement from the pupil's health care practitioner authorizing the administration of an emergency antiseizure medication
- Require a parent/guardian to notify the school if the pupil has had an emergency antiseizure medication administered within the past four hours on a school day
- Notify the parent/guardian that an emergency antiseizure medication has been administered at school

School districts electing to participate in a program to allow nonmedical school employees to volunteer to administer an emergency antiseizure medication to a pupil, should also review and update their board policies and administrative regulations related to the administration of medication in order to ensure the provisions of Education Code section 49414.7 are incorporated.

This Guide is organized in seven sections and includes an overview of epilepsy, tools for school personnel to effectively assist pupils with epilepsy who suffer from seizures at school, overview of laws that address schools' responsibilities for students with epilepsy, including confidentiality requirements, requisite training for volunteer nonmedical school personnel, model forms, and resources.

## Summary of Education Code section 49414.7

Education Code section 49414.7 authorizes the administration of antiseizure medications in schools in emergency situations. Section 49414.7 establishes procedures for school districts that elect to allow volunteer nonmedical school personnel to administer emergency antiseizure medication at school. Section 49414.7 sets forth the following guiding principles:

- School personnel who volunteer under no duress from school administrators and who have been properly trained by an authorized licensed health care professional may administer emergency antiseizure medication, including *Diastat*, to a student in an emergency situation based on that student's Individualized School Health Plan (ISHP), Section 504 Plan, or Individualized Education Program (IEP).
- If a school nurse is available on site and able to reach the student within the time frame for administration specified in that student's ISHP, Section 504 Plan or IEP developed in accordance with the Seizure Plan, then the nurse shall provide this service to the student.
- The school nurse is responsible for maintaining and updating each ISHP, Section 504 Plan or IEP as it relates to the administration of medication for a pupil.
- Training of volunteer nonmedical school personnel shall be conducted prior to the administration of emergency antiseizure medication with demonstrated competency to administer emergency antiseizure medication documented in their respective personnel files.
- When a trained volunteer administers an emergency antiseizure medication, the school nurse and pupil's parent/guardian shall be notified, and school officials shall immediately call 911 to provide necessary monitoring as part of the basic emergency follow-up procedures.
- Recruitment for volunteers to administer an emergency antiseizure medication, may be conducted twice per school year per child, via electronic notice., Each employee who volunteers to administer emergency antiseizure medication will be provided defense and indemnification by the school district for any and all civil liability. This assurance shall be provided in writing to the volunteer and retained in the volunteer's personnel file.
- Prior to administration of emergency antiseizure medication to a student by a school nurse or a trained volunteer nonmedical school personnel, the student's parent/guardian shall annually provide the school with a: 1) Written authorization to administer the medication at school, and 2) Written statement from the student's physician which shall include the student's name, the name and purpose of the medication, the prescribed dosage, detailed seizure symptoms, the method and frequency of administration, the specific circumstances under which the medication may be administered, any potential adverse response, and a protocol for observing the pupil after a seizure. Any changes to the prescribed medication will require new authorizations.

## **Solicitation for Volunteer Nonmedical School Personnel**

School districts electing to participate in a program to allow nonmedical school employees to volunteer to administer an emergency antiseizure medication to a pupil may solicit volunteers upon request by a parent/guardian (**see Sample Parent Notice**). The sole means by which a school district may solicit volunteer nonmedical school personnel to administer an emergency antiseizure medication to a pupil experiencing a severe epileptic seizure is to distribute an electronic notice no more than twice per school year per child to all staff that states the following information in bold print (**see Sample Electronic Notice to All Staff**):

- Description of the voluntary request stating the recruitment is for volunteers to administer an emergency antiseizure medication to a pupil experiencing a severe epileptic seizure, in the absence of a school nurse, and that this emergency antiseizure medication is an FDA approved, predosed, rectally administered gel that reduces the severity of the seizures
- Description of the training the volunteer will receive
- Description of the voluntary nature of the volunteer program, including the prohibition of coercing, intimidating, threatening or attempting to coerce, intimidate, threaten staff who do not choose to volunteer
- Set forth the volunteer rescission timelines

For employees who do not have email accounts or do not have access to email, school districts should follow the same procedure used to disseminate information to employees that do not have email accounts or are unable to receive emails.

For those school district employees who return the signed notice agreeing to volunteer to administer emergency antiseizure medication to a pupil, a copy of the signed notice should be placed in the employee's personnel file in accordance with Education Code section 49414.7(i). Additionally, school districts wishing to emphasize the defense and indemnification provision set forth in Education Code section 49414.7(i) may distribute a separate memo to the volunteer and place a copy in the employee's personnel file. (**See Sample Memo on Defense/Indemnification.**)

## **Training for Volunteer Nonmedical School Personnel**

Volunteer nonmedical school personnel who volunteer to administer emergency medical assistance to pupils with epilepsy suffering from seizures must be informed of the following:

- Their agreement to administer an emergency antiseizure medication is voluntary
- They must complete the required training
- They will not administer an emergency antiseizure medication until they have completed the required training and documentation of completion is recorded in their personnel file
- They may rescind their offer to administer an emergency antiseizure medication **up to** three (3) days after completion of the training; **after** three (3) days of completing the training they may rescind their offer to administer an emergency antiseizure medication with a two (2) week notice, or until a new individual ISHP or Section 504 Plan is developed for an affected pupil, whichever is less
- They will be provided defense and indemnification by the school district for any and all civil liability, in accordance with, but not limited to Government Code section 810 *et seq.*

- They will be compensated in accordance with their pay scale as set forth in Education Code section 45128, when the administration of an emergency antiseizure medication and subsequent monitoring of a pupil requires a volunteer to work beyond their normally scheduled hours
- If they have not administered an emergency antiseizure medication within the past two (2) years and there is a pupil in the school who may need the administration of an emergency antiseizure medication, they must be retrained in order to retain the ability to administer an emergency antiseizure medication
- They must report every administration of antiseizure medication to the school administrator

### ***Who Can Train?***

The training and supervision of volunteer nonmedical school personnel to administer emergency medical assistance to pupils with epilepsy suffering from seizure includes one or more of the following authorized licensed health care professionals:

- A physician and surgeon
- A physician assistant
- A credentialed school nurse
- A registered nurse
- A certificated public health nurse

In addition, organizations such as the Epilepsy Alliance of Orange County or its affiliates, or other organizations with an authorized licensed health care professional may provide such training for school districts. (See **OPAD 12-48 for additional information on training.**)

### ***Training Content***

The training provided by one of the authorized licensed healthcare professionals must be provided in accordance with the emergency antiseizure medication manufacturer's instructions, the pupil's healthcare provider, and in accordance with Education Code section 49414.7. The training shall include, but not be limited to, **all** of the following:

- Recognition and treatment of different types of seizures
- Administration of an FDA approved emergency antiseizure medication
- Basic emergency follow-up procedures, including a requirement for the school administrator or another school staff member to call 911 and to contact the pupil's parent/guardian. Calling 911 shall not require a pupil to be transported to an emergency room
- Techniques and procedures to ensure pupil privacy
- Record-keeping and record retention, including documenting each actual administration of an emergency antiseizure medication, the pupil'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

The California Department of Education (CDE) has developed guidelines for training and supervision of volunteer nonmedical school personnel which should be considered by school districts in developing their training content.<sup>1</sup> Any written materials used in the training must be retained by the school district. Training may be provided on or off school grounds.

## **Seizures, Convulsions and Epilepsy<sup>2</sup>**

### ***What is Epilepsy?***

**Statistics:** Epilepsy is a complex neurological condition that is characterized by two or more unprovoked seizures that occur in a person's lifetime. There are over 20 different types and 20 different epilepsy syndromes. One in 50 children will have epilepsy at some point during childhood. There are more than 32,000 people with epilepsy in Orange County, including 12,000 children. Epilepsy is the third most common neurological condition in the U.S. behind Alzheimer's and stroke, and is the most common neurological condition for children.

**Causes:** Epilepsy can be caused by insult or injury to the brain, illness such as meningitis, stroke, cortical dysplasia (underdeveloped area in the brain) or genetic conditions and syndromes. Thirty percent of the time, the cause of epilepsy is known. Some types of epilepsy run in families, but most do not. People with certain other medical conditions such as autism and cerebral palsy have a higher risk of having epilepsy. There are many different syndromes that include seizures as one of the symptoms, such as tuberous sclerosis. Seventy percent of the time, no cause is found. This is called "idiopathic" epilepsy. Epilepsy can begin at any time in a person's life. The highest incidence is in children from 0-2 years old and in seniors over 60. Epilepsy is not a mental illness and is not contagious.

**Diagnosis:** Epilepsy specialists called epileptologists are neurologists with specialized training in the diagnosis and treatment of epilepsy. Epilepsy can be diagnosed by a physician or other health care provider based on the patient's medical history, examination and medical tests such as an Electroencephalogram or **EEG**, a test where electrodes are placed on the scalp and the electrical activity in the brain is observed. The doctor can see whether brain waves are normal or abnormal, and where abnormal activity is focused. A **Telemetry** test is a combination of EEG and video done at the same time in the hospital. The doctor can see what a person's brain waves are doing while at the same time observing what the person is doing via imaging studies such as **MRI, PET, SPECT, MEG**, etc. Each type of study gives different information about what is happening in the brain, such as blood flow, metabolism, location of lesions, etc.

**Treatment:** Sixty to seventy percent of people with epilepsy achieve seizure control with treatment. Thirty to forty percent do not achieve control and struggle to find an effective treatment. Epilepsy medication (also called AEDs – antiepileptic drugs – or anti-convulsants are the first line of defense against epilepsy. Certain medications are used to treat certain types of seizures. If a medication fails to control seizures, a second or third medication can be added, or changes can be made. *Diastat* is a management tool and is used in a medical emergency when seizures occur in some children with epilepsy.

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<sup>1</sup> CDE: [www.cde.ca.gov/ls/he/hn/epilepsymedadmin.asp](http://www.cde.ca.gov/ls/he/hn/epilepsymedadmin.asp).

<sup>2</sup> We gratefully acknowledge the Epilepsy Alliance of Orange County for the information in the *Seizures, Convulsions and Epilepsy* section of this Guide which may be accessed at [www.epilepsyalliance.org](http://www.epilepsyalliance.org). See, also the Centers for Disease Control website, <http://www.cdc.gov/epilepsy/>.

*Diastat* is valium in a gel form that is administered rectally when a person has a seizure that does not stop (in general after 5 minutes). This type of seizure is called “status” or “status epilepticus” and is a medical emergency. *Diastat* is prescribed for the individual by his/her doctor and is called a “rescue medication.” It can help people with epilepsy avoid unnecessary ambulance trips to the emergency room and can stop a seizure before it becomes life-threatening.

### ***What is a Seizure/Convulsion?***

A seizure (or convulsion) is an abnormal burst of electrical activity in the brain causing something to happen outside of the individual’s control. A seizure can manifest itself in the body in almost any form, depending on what part of the brain is being stimulated. A seizure could be a feeling of fear, anxiety or euphoria, a sudden startle, a visual disturbance, a sensation of nausea, an arm lifting by itself, chewing or picking at clothing, or full blown shaking and stiffening of the body. Some individuals with epilepsy experience an aura, which is a feeling that they are going to have a seizure. An aura is actually the very beginning part of a seizure.

Seizures can be provoked or unprovoked. **Provoked seizures** are caused by a stress on the body such as a very high fever, very low blood sugar, head injury, etc. Provoked seizures can happen to anyone even if they don’t have epilepsy. About 1 in 10 people will have a provoked seizure during their lifetime. **Unprovoked seizures** occur when the brain produces abnormal bursts of electricity spontaneously. People with epilepsy experience unprovoked seizures.

**Seizure Types:** Seizures are generally classified into two categories: Partial and Generalized. **Partial seizures** occur when part of the brain is experiencing abnormal electrical activity. Partial seizures can be either simple (no loss of consciousness) or complex (loss of consciousness). Partial seizures are the most common seizure type. **Generalized seizures** occur when the whole brain is affected. These seizures cause whole body involvement such as falling, stiffening, shaking, and loss of consciousness. The most recognized type of seizure is a generalized seizure that used to be called a “grand mal” seizure, now called a “tonic-clonic” seizure. Absence or “petit mal” seizures are another common type of generalized seizures.

**Seizure Triggers:** In a person who has epilepsy, a seizure trigger is something in the environment that can provoke an epileptic seizure. Triggers are individual for each person and should be avoided if known. **Common seizure triggers** include: flashing lights, fluorescent lights, stress, lack of sleep, emotional states, overexertion, illness and fever, overheating, etc. The number one cause of a person having a seizure after being controlled is failure to take his or her medication. This can occur because of non-compliance, forgetfulness, or failure to get a prescription refilled.

**Seizures Requiring First Aid:** The types of seizures that require first aid are: tonic clonic, complex partial, which may generalize, status epilepticus or prolonged seizures, clusters of seizures. Seizures that do not need first aid but should be monitored and reported are: absence, infantile spasms, atonic, myoclonic.

## **Effective Epilepsy Management at School**

### ***Minimizing Seizure Triggers***

The goal of effective epilepsy management is to prevent or control seizure activity as determined by the student’s personal health care team. The key to preventing epileptic seizures is to balance carefully the prescribed medication and minimize seizure triggers. A seizure trigger is something in the environment that can provoke an epileptic seizure. Triggers are individualized and should be avoided if known.

Epileptic seizures can manifest themselves in the body in almost any form, depending on what part of the brain is being stimulated. A seizure may be a feeling of fear, anxiety or euphoria, a sudden startle, a visual disturbance, a sensation of nausea, an arm lifting by itself, chewing or picking at clothing, or full blown shaking and stiffening of the body. An aura is actually the very beginning part of a seizure. Seizures can be life-threatening and present the greatest immediate danger to people with epilepsy.

### ***Designating Trained Epilepsy Personnel***

School personnel need to be prepared to provide epilepsy care at school and at all school-sponsored activities in which a student with epilepsy participates. The school nurse is the most appropriate person in the school setting to provide care for a student with epilepsy. Many schools, however, do not have a full-time nurse, and sometimes a single nurse must cover more than one school. Moreover, even when a nurse is assigned to a school full time, she/he may not always be available during the school day, during extracurricular activities, or on field trips. The school nurse or other qualified health care professional plays a major role in identifying and training appropriate staff as well as providing professional supervision and consultation regarding routine and emergency care of the student with epilepsy.

Nonmedical school personnel—called “volunteer nonmedical school personnel” in this Guide—can be trained and supervised to administer emergency antiseizure medication in the school setting. Recruitment of volunteers may be conducted twice per school year, per child, via electronic notice. In addition to receiving training on how to administer emergency antiseizure medication, trained volunteer nonmedical school personnel should receive student-specific training and be supervised by the school nurse or another qualified health care professional.

The school nurse has a critical role in training and supervising volunteer nonmedical school personnel to ensure the health and safety of students with epilepsy. Given the rapid changes in therapies and evidence-based practices, the school nurse who provides care to students with epilepsy and facilitates the administration of emergency antiseizure medication training for school personnel, has the professional responsibility to acquire and maintain knowledge and competency related to epilepsy management.

### ***Assembling a School Health Team***

Collaboration and cooperation are key elements in planning and implementing successful epilepsy management at school. Students with epilepsy are more likely to succeed in school when the student's school health team and the student's personal epilepsy health care team (i.e., student's personal physicians) work together.

To work collaboratively, a school health team should be assembled that includes people who are knowledgeable about epilepsy, the school environment, and federal and state education and nursing laws. School health team members should include the student with epilepsy, when appropriate, the parent/guardian, the school nurse, and other school health care personnel, the staff designated as volunteer nonmedical school personnel, administrators, the school principal, the Section 504 coordinator, and the student's teacher(s)

The members of the school health team work together to implement the medical orders in the Emergency Seizure Action Plan developed by the student's personal epilepsy health care team, using the strategies outlined by the school nurse in the ISHP. In addition, the school health team should be part of the group that develops and implements the student's Section 504 Plan or IEP. The school health team members are required to communicate with other appropriate school staff (e.g., the volunteer nonmedical school personnel, bus driver, coach, lunchroom staff, etc.) to ensure the proper implementation of the student's ISHP, Section 504 Plan or IEP.

### ***Assembling Health Care Plans***

A parent/guardian's request to train volunteer nonmedical school personnel to administer FDA approved emergency antiseizure medication in the school setting, triggers a school district's obligation to develop an ISHP for the student. ISHP's outline how each student's epilepsy will be managed. These plans help students, their families, school personnel, and the student's personal epilepsy health care team to know what is expected of each of them. These expectations should be set forth in writing as follows:

- Parent Notice/Request to Train Volunteer Nonmedical School Personnel (parent submits)
- Emergency Seizure Action Plan (prepared by the student's personal epilepsy health care team)
- Individualized School Health Plan (prepared by the school nurse)
- Education Plan, if necessary (prepared by Section 504 Team or IEP Team)

### ***Administration of Emergency Antiseizure Medication Plan***

The Emergency Seizure Action Plan contains the medical orders prepared by the student's personal epilepsy health care team. The student's health care provider should sign this plan. The Emergency Seizure Action Plan is the basis for all of the health care and education plans designed to help the student manage epilepsy effectively at school and must be in place for the student's epilepsy care plan to be implemented in the school. This information also should be incorporated into a Section 504 Plan or IEP, if the child has a Section 504 Plan or IEP. Information in the Emergency Seizure Action Plan must include:<sup>3</sup>

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<sup>3</sup> See Title 5 of the California Code of Regulations (CCR) section 626(j) Emergency Regulations.

- Pupil's name
- Name and purpose of the prescribed emergency antiseizure medication approved by the federal FDA for administration by unlicensed personnel
- Prescribed dosage
- Detailed seizure symptoms, including frequency, type, or length of seizures that identify when the administration of an emergency antiseizure medication becomes necessary
- Method of administration
- Frequency in which medication may be administered
- Circumstances under which the medication may be administered
- Potential adverse responses by the pupil and recommended mitigation actions, including when to call emergency 911 services
- Protocol for observing the pupil after a seizure, including, but not limited to, whether the pupil should rest in the school office, whether the pupil may return to class, and the length of time the pupil should be under direct observation
- A statement that following a seizure, the pupil's parent/guardian and the school nurse shall be contacted by the school administrator or, if not available, another school staff member to continue the protocol for observing the pupil after a seizure

The student's personal epilepsy health care team should complete and approve the Emergency Seizure Action Plan before the child attends school, after diagnosis, or when a child transfers to a new school. The Emergency Seizure Action Plan should be reviewed and updated each school year or upon a change in the student's prescribed care plan, school circumstances (e.g. change in schedule), or parents/guardian request.

### ***Individualized School Health Plan/Emergency Care Plan***

The ISHP is a written plan developed by the school nurse in collaboration with the student's personal epilepsy health care team and the family to implement the student's Emergency Seizure Action Plan. The school nurse reviews the ISHP with the student and the parents/guardian before it is implemented and establishes a timeline to revisit the plan periodically to evaluate progress toward desired health goals throughout the school year and distributes the plan to school personnel who have responsibility for students with epilepsy. Information in the ISHP may include:

- Plan to prevent or control epilepsy as set forth in the Emergency Seizure Action Plan
- Parent/Guardian provided medication and supplies needed and where they will be kept (The unexpired prescribed medication shall be supplied to the school nurse in its original package with the dosage locked in by the dispensing pharmacy. At least one month prior to the expiration date of the medication, the school nurse shall inform the student's parent or guardian of the need to provide a new antiseizure medication in the original package)
- Participation in all school-sponsored activities and field trips, with coverage provide by trained epilepsy personnel
- Guidelines for communicating with the family and student's personal health care team
- List of trained epilepsy personnel and the care tasks they will perform
- Plan and timeline to train other school personnel, if necessary
- Strategies to provide accommodations during the school day
- Emergency plans to recognize and treat seizures and what to do in an emergency

- Additional monitoring after seizure
- Maintenance of confidentiality and the student’s right to privacy

### ***Section 504 Plan/IEP***

Upon request of a parent/guardian to have a volunteer nonmedical school employee receive training in the administration of an emergency antiseizure medication in the event a student suffers a seizure when a school nurse is not available, the school shall notify the parent/guardian that his/her child may qualify for services or accommodations under a Section 504 Plan or an IEP (**see Sample Parent Notice**). The school is required to assist the parent/guardian with the exploration of these options and encourage the parent/guardian to develop a plan if it is determined the child is eligible.

The school health team should be part of the group that plans how the Emergency Seizure Action Plan will be implemented and be part of the group that determines the student’s eligibility under Section 504 of the Rehabilitation Act of 1973 (Section 504) or the Individuals with Disabilities Education Act (IDEA) as well as the student’s need for services to manage epilepsy safely and effectively in school. The information should be included in any Section 504 Plan or IEP developed for the student and should be distributed to all school personnel who will be involved with implementing these plans.

- A Section 504 Plan is the commonly used term for a plan of services developed under Section 504. For a student with epilepsy, the plan may be developed and reviewed by a team that usually includes, the parents/guardian, the school nurse, 504 coordinator, school principal, and teacher. **Refer to your school district’s Section 504 procedures.**
- An IEP is required for qualified students with disabilities who receive special education and related services under the IDEA. For a student with epilepsy, the IEP would be developed and reviewed by the IEP team, including the parents/guardian; at least one regular education teacher and one special education teacher of the child, school administrator, school nurse, and at the discretion of the parent/guardian or school district, other personnel with knowledge or special expertise regarding the child. **Refer to your school district’s IDEA procedures.**

Individual students with epilepsy have different needs, but their education plans are likely to address the following common elements:

- Where and when emergency medication administration and monitoring will take place
- Identification of trained epilepsy personnel—the staff members who are trained to perform epilepsy care tasks such as administering emergency antiseizure medication
- Location of the student’s seizure medication and supplies
- Full participation in all school-sponsored activities and field trips, with coverage provided by trained epilepsy personnel
- Alternative times and arrangements for exams if the student experiences a seizure
- Permission for absences for doctor appointments and prolonged illness
- Maintenance of confidentiality and the student’s right to privacy

Additionally, the Family Educational Rights and Privacy Act (FERPA) as well as state pupil records laws protect the student's privacy. FERPA, and state law prohibit the disclosure of personally identifiable information in a student's education record, unless there is a legitimate educational interest or the school obtains prior written consent of the student's parents/guardian or the eligible student (18 years old or older).

## **Sample Forms**

Parent Notice/Request to Train Volunteer Nonmedical School Personnel  
Electronic Notice to All Staff  
Memo to Volunteer Employee regarding Defense and Indemnification  
Emergency Seizure Action Plan and Child Administration Instructions

When developing an ISHP, Section 504 Plan or IEP school districts should use their adopted forms.

## **Resources About Epilepsy**

Education Code section 49414.7

Title 5 California Code of Regulations, Division 1, Chapter 2, Subchapter 3, Article 4.5, *Administration of Emergency Anti-Seizure Medication by Trained Volunteer Nonmedical School Personnel*, section 620 *et seq.*

<http://ccr.oal.ca.gov>

OPAD 12-48 *The Administration of Antiseizure Medication – Questions and Answers*

California Department of Education

<http://www.cde.ca.gov/ls/he/hn/epilepsymedadmin.asp>

Epilepsy Alliance of Orange County

<http://www.EpilepsyAlliance.org>

Centers for Disease Control

<http://www.cdc.gov/epilepsy>

Orange County Department of Education

<http://www.ocde.us/Health/Documents/SPHCS/Diastat.pdf>