



# MANAGEMENT OF STUDENTS WITH SEIZURES

Maryland State School Health Services Guidelines

APRIL 2023



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## FOREWORD

There is a strong relationship between academic achievement and a child's physical, emotional and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings; early identification of children at risk for physical, emotional and mental health concerns; and case management of students with chronic health concerns.

The Maryland Code Annotated, Education § 7-401 (Md. Code Ann., Educ. § 7-401) requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) to jointly develop public standards and guidelines for school health programs. The following guidelines were developed in accordance with that requirement and are based on the expressed needs of the local school health services programs. The guidelines developed under Md. Code Ann., Educ. § 7-401 contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local education agencies (LEAs) in developing policies and procedures to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

To implement these guidelines, LEAs and local health departments should consult with MSDE and MDH who will:

- Assist and provide technical assistance to local school health programs to support their efforts to plan for students with special health needs;
- Provide training to all appropriate school staff regarding issues related to students with special health needs including, but not limited to, planning, maintaining a safe environment, and medication administration issues; and
- Monitor the implementation of school health services programs including, but not limited to, programs and policies related to students with special health needs.

## SECTION I: INTRODUCTION

### PURPOSE

The purpose of this guideline is to:

1. Provide guidance for school health services programs for the development and implementation of policies and procedures for the health care needs of a student diagnosed with seizures;
2. Provide school health services programs with information, resources, and recommendations for professional development training required for the safe management of a student diagnosed with seizures;
3. Define roles and responsibilities of school health services and other school staff, parents/guardians, and students in the planning, care, and education of students with seizures.

### BACKGROUND

#### Legal Authority

The Md. Code Ann., Educ. § 7-450 requires MSDE and MDH, in consultation with the Epilepsy Foundation of America and other interested stakeholders, to develop school health services guidelines and a professional development training program for the management of a student with seizures. MSDE, in collaboration with MDH, shall ensure health guidelines include seizure first aid procedures and health plans include seizure action plans.

Pursuant to Md. Code Ann., Educ. § 7-450, at least two school personnel at each public school are required to complete professional development training in recognizing the signs and symptoms of a seizure; appropriate steps for administering first aid for a seizure; and administration or assistance with the self-administration of a seizure rescue medication, medication prescribed to treat seizure disorder symptoms approved by the U.S. Food and Drug Administration, and manual vagus nerve stimulation if written authorization is given by a parent/guardian. Of the two identified school personnel, one must be a school nurse, certified nursing assistant, or certified medication technician. An individual recommended by the school nurse or other school health practitioner and who volunteers may serve as the other trained school personnel. The individual(s) trained shall present an abridged version of best practices for seizure response, every two years, to all school personnel who have direct contact and supervision of students.

A nonpublic school may require at least two school personnel to be trained as above, including a school nurse or other school health care practitioner as one of the identified individuals. To authorize school personnel to administer or assist in the administration of seizure medication, a nonpublic school shall obtain written authorization from a parent/guardian.

#### Definitions

Seizures are characterized by sudden, temporary, bursts of electrical activity in the brain. The seizure activity causes a disruption in the messages sent within the brain, subsequently causing involuntary changes in the body. Changes in awareness, movement, muscle control, sensation, and behavior can occur depending on the area of the brain experiencing the surge in electrical activity.

Seizures are classified under three categories: generalized onset seizures, focal onset seizures, and unknown onset seizures. Seizures can be caused by multiple factors such as congenital conditions, genetic factors, trauma to the head or brain injury, fever, infection, metabolic abnormalities, medications, and alcohol or drug withdrawal.

Epilepsy is a brain disorder that causes recurring, unprovoked seizures. An individual who experiences two or more unprovoked seizures may be diagnosed with epilepsy. Epilepsy is sometimes still referred to as a “seizure disorder.” Common seizure triggers in people with epilepsy include stress, hormonal changes, sleep deprivation, dehydration, fever/intercurrent illness, flashing lights or patterns, and missed seizure medication doses.

### **Signs and Symptoms**

Successful seizure management includes early recognition of the signs and symptoms. Seizures may present with an array of signs and symptoms, including but not limited to temporary confusion, loss of consciousness or awareness, staring spells, stiff muscles, uncontrollable jerking movements of the arms and legs, loss of bowel or bladder function, and psychological symptoms such as fear, anxiety or *deja vu* (see [Seizure Observation](#) for additional signs and symptoms). Some people can experience an aura or early warning signs before the seizure starts. Drowsiness and confusion can occur post seizure.



## SECTION II: MANAGEMENT OF SEIZURES

The *Maryland State School Health Services Guideline: Nursing Appraisal and Assessment of Students with Special Health Care Needs* is a comprehensive guideline that should be used to support the assessment and development of a plan of care for a student with seizures. Each student with a documented diagnosis of seizures or epilepsy by a licensed health care provider should have a plan specific to their daily and emergency management, as necessary.

Staff may also refer to the *Guidelines for Emergency Care in Maryland Schools, 2nd edition* containing decision making guidance for the emergency care of students who may not require individualized plans.

### HEALTH APPRAISAL

Students newly diagnosed with seizures or epilepsy and those new to a school with no previous school health services records should provide documentation of their diagnosis from the student's licensed health care provider. Parents/guardians may provide updated health information for returning students who previously provided documentation of seizures by the licensed health care provider. Further information may be obtained as necessary to complete a nursing assessment.

### ASSESSMENT

A nursing assessment will help determine the individualized needs and reasonable accommodations that a student with seizures/epilepsy may require at school. The final nursing assessment should be placed in the student's health record.

### COMPONENTS OF A NURSING ASSESSMENT SPECIFIC TO SEIZURES

1. Identifying information/contact information
  - Name and phone number of licensed health care provider managing seizures/epilepsy
2. Medical history
  - Date of the initial seizure diagnosis and progress of disease process;
  - Date and type of epilepsy surgery, if applicable;
  - History of health emergencies/hospitalizations related to seizure emergencies;
  - Other diagnosed health condition(s) that may impact seizure control/management (e.g., diabetes, metabolic imbalances, traumatic brain injury).
3. Current health status
  - Seizure information (e.g., seizure type(s), duration, frequency, characteristics including earliest manifestations of a seizure, changes in awareness, body parts involved);
  - Typical behavior and recovery period following a seizure;
  - Seizure trigger avoidance or management;
  - Current medication/treatment plan, including:



- Medication type, mechanism of action (e.g., anti-seizure medication);
  - Response to treatment and side effects;
  - Seizure devices (e.g., vagus nerve stimulation (VNS) device/magnet);
  - Dietary therapy (e.g., ketogenic, low glycemic, modified Atkins);
  - Alternative or complementary therapy;
  - Equipment needs (e.g., helmet, padding, pulse oximeter, oxygen tank, nasal cannula);
  - Limitation of activities (e.g., physical education, recess, outdoor activities, swimming);
  - Impact of seizures (e.g., quality of life, activity level, school absenteeism);
  - Management plan for seizure emergency (e.g., seizure action plan developed by licensed health care provider, see Seizure Action Plan in [Appendix A](#)).
4. Self-management
- Student's understanding of seizures and management plan, including:
    - Seizure trigger avoidance or management;
    - Symptoms to report (including premonitory or aura symptoms);
  - Level of independence with medication/treatment, including ability to self-carry and self-administer medication/treatment in accordance with Md. Code Ann., Educ. § 7-421.
5. Psychosocial considerations
- Family/caregiver ability to understand and manage student's seizures;
  - Interactions with peers and teachers related to seizures and seizure management.
6. Educational planning
- Educational accommodations or information necessary for revision/development of Section 504 or Individualized Education Program (IEP), as applicable;
  - Participation in programs, school-sponsored activities, and field trips while maintaining access to medication or supplies;
  - Transportation type and needs (e.g., length of bus ride or walk, air-conditioned bus needs to reduce environmental triggers, access to emergency/rescue medication/treatment);
  - Trigger avoidance or management;
  - Adaptations to physical education class and/or recess (e.g., avoiding heights, climbing);
  - Modification of school environment for safety (e.g., padding on floor, supervision in hallway).

7. Physical assessment/Review of systems should be documented per local school health services program guidelines.

## PLANNING

Following the completion of the nursing assessment, the school nurse will determine what further health care plan(s) will be necessary to manage the student's seizures at school.

### Individualized Health Care Plan (IHP)

An IHP may be necessary to inform appropriate school personnel regarding the student's health care need(s) and other considerations in the school setting. Not all students diagnosed with seizures will require an IHP.

The school nurse should consider the following when developing the IHP for a student with seizures/epilepsy:

- Seizure information (e.g., seizure type(s), duration, frequency, characteristics including earliest manifestations of a seizure, changes in awareness, body parts involved);
- Typical behavior and recovery period following a seizure;
- Seizure triggers or warning signs;
- Student's ability to identify need for intervention(s) (e.g., communicating an aura);
- Seizure medication/treatment, including emergency management (e.g., VNS magnet, oxygen, diet);
- Medication administration, including storage, ability to self-carry and self-administer medication in accordance with Md. Code Ann., Educ. § 7-421;
- Use of medical alert identification (e.g., bracelet or necklace);
- Safety considerations (e.g., use of helmet or padding, supervision when ambulating);
- Educational needs and accommodations (e.g., alternative arrangements in physical education, sports, rest period following a seizure);
- Development of emergency action plan/seizure action plan (see below);
  - Emergency management including provisions for a student in distress (e.g., determination of the appropriate school personnel responsible for responding to the seizure, contacting the parent/guardian and licensed health care provider).

### Emergency Action Plan

Students may require the development of an emergency action plan (EAP) based on the nursing assessment. For the purpose of this guideline, an emergency action plan specific to a student with seizures/epilepsy may be referred to as a **Seizure Action Plan (SAP)** (see [Appendix A](#)). A copy of the SAP shall be retained in the office of the school nurse or an administrator and distributed to any school personnel or volunteer

responsible for the supervision or care of a student diagnosed with seizures per Md. Code Ann., Educ. § 7-450. These persons should have immediate access to the plan in a manner determined by the school nurse.

Md. Code Ann., Educ. § 7-450 outlines specific school personnel to be trained in the recognition and response to a student with a seizure. The act of authorizing an unlicensed individual to administer emergency medication in the event of a medical emergency is based on the school nurse's judgment and criteria for delegation in the Maryland Nurse Practice Act (Maryland Code Annotated, Health Occupations Title 8; COMAR 10.27.11.). Refer also to the *Maryland State School Health Services Guideline: Administration of Medication in Schools*.

The SAP for a student with seizures/epilepsy should include, but is not limited to:

- Seizure information (e.g., seizure type(s), duration, frequency, characteristics including earliest manifestations of a seizure, changes in awareness, body parts involved);
- Seizure triggers or warning signs;
- Seizure first aid;
- Emergency/rescue medication/treatment;
- When to call 911 and/or licensed health care provider and contact information;
- Post seizure care;
- Additional information (e.g., triggers, allergies, pertinent medical history, related surgical history, devices, diet therapy).

To facilitate immediate response and emergency management of the student, the school nurse should also consider the following when developing the SAP:

- Size and layout of school building;
- Health services staffing model;
- Plan for trained school personnel to access and provide other supportive treatments as authorized;
- Plan for students who self-manage to securely self-carry emergency/rescue medication/treatment for immediate access (e.g., fanny pack).

## IMPLEMENTATION

### Implementation of general training per Md. Code Ann., Educ. § 7-450

In order to meet the requirements of Md. Code Ann., Educ. § 7-450, at least two school personnel at each public school shall complete professional development training in:

- Recognizing the signs and symptoms of a seizure;
- Appropriate steps for administering first aid for a seizure; and

- If written authorization is given by the parent/guardian, administering or assisting with the self-administration of a seizure rescue medication, medication prescribed to treat seizure disorder symptoms approved by the U.S. Food and Drug Administration, and vagus nerve stimulation.

Of the two identified school personnel, one must be a school nurse, certified nursing assistant, or certified medication technician. An individual recommended by the school nurse or other school health practitioner and who volunteers may serve as one of the trained school personnel. More than two school personnel may be required to take this training based on the school nurse's judgment. A nonpublic school may require at least two school personnel to be trained as above, including a school nurse or other school health practitioner as one of the identified individuals.

Several professional development training programs are available from the Epilepsy Foundation and meet the requirements of Md. Code Ann., Educ. § 7-450 (see [Resources](#)).

Further, a public school shall require one of the individuals trained as outlined above to present, every two years, to all school personnel who have direct contact and supervision of students, an abridged version of the best practices for seizure response including recognizing the signs and symptoms of a seizure and procedures for notifying the school personnel trained in administering first aid for a seizure.

### **Implementation of student-specific health care plans**

All school personnel who supervise or care for a student diagnosed with seizures/epilepsy, including nurses, teachers, and volunteers, are responsible for implementing the student's health care plan(s) (SAP and IHP as appropriate) and will require related student-specific training.

Implementation of the student's health care plan(s) will require local school health services programs to develop procedures to communicate and share best practices for management of seizures including signs and symptoms of seizures, seizure first aid, and student-specific information when appropriate to manage the health and safety of the student with seizures/epilepsy. The school nurse should apprise appropriate school staff of the student's health care plan(s) and provide or arrange for all appropriate school staff to receive training. The school nurse should document the provision and the receipt of training for each staff member who attended. Training may include but is not limited to:

- Student-specific interventions;
- Accommodations (e.g., for classroom, cafeteria, transportation, school-sponsored activities, field trips);
- Emergency/rescue medication/treatment information related to storage, access, location, administration; and
- Procedures for notifying the school personnel trained in administering first aid for a seizure.

### **EVALUATION**

The school nurse will assess and evaluate the student's health status and response to their health care plan(s) on an ongoing basis. The student's health care plan(s) should be reviewed at least annually and updated as necessary to reflect changes in the student's health care needs, nursing interventions, and goals.

## SECTION III: CARE COORDINATION AND CASE MANAGEMENT

### ROLES AND RESPONSIBILITIES

Some students with seizures/epilepsy may need a designated school case manager to coordinate their care. The school nurse is often the case manager for these students and can serve as the liaison for all persons involved in the student's care. The school nurse can also refer the student and/or parent/caregiver for counseling, support, and additional resources, as indicated. Another student services staff member, IEP, or 504 team member may be designated as the educational case manager.

In accordance with the Md. Code Ann., Educ. § 7-426 and § 7-450, the student, parent/guardian, and school administrator will have specific responsibilities integral to the health and safety of the student with seizures/epilepsy.

### PARENT/GUARDIAN RESPONSIBILITIES

School nurses should seek to fully involve the student's parent/guardian and work collaboratively to plan and provide for the student's care. The parent/guardian shall:

- Provide accurate emergency contact information;
- Provide complete and accurate medical information related to the student's seizures/epilepsy, including written documentation of the student's seizures/epilepsy and medication/treatment orders from the licensed health care provider;
- Supply and maintain the appropriate medication, equipment, and supplies required for the care of the student with the appropriate written treatment and/or medication orders;
- Provide the medical identification bracelet/necklace identifying the health condition if indicated;
- Collaborate with school personnel to create an SAP and/or IHP as appropriate;
- Provide the school with:
  - A written authorization for a trained school employee to administer or assist with administering seizure medication at school;
  - The prescribed medication in an unopened, sealed package with the label affixed by the dispensing pharmacy intact; and
  - A written statement from the student's health care provider that includes:
    - The student's name;
    - The name and purpose of the medication;
    - The prescribed dosage;
    - The route of administration;

- The frequency that the medication may be administered; and
- The circumstances under which the medication may be administered.
- A written authorization for a trained school employee to administer or assist with self-administration of seizure rescue medication at school shall be:
  - Effective for the school year in which it is submitted; and
  - Renewed each school year if the requirements above are fulfilled.
- Collaborate with school nurse to plan for implementation of a student's health care plan(s) for school-sponsored activities and events.

### **STUDENT RESPONSIBILITIES**

Student participation in planning and health management responsibilities must be age, condition, and developmentally appropriate. The student shall:

- Avoid known triggers identified in their health care plan(s);
- Inform school staff immediately in the event of symptoms/auras when possible;
- Participate in the development and carrying out of their health care plan(s), including implementation of health care plan(s) for school-sponsored activities and events; and
- Responsibly self-carry and self-administer medication/treatment when appropriate and in accordance with Md. Code Ann., Educ. § 7-421.

### **SCHOOL ADMINISTRATOR RESPONSIBILITIES**

The school administrator must be aware of students with seizures/epilepsy as documented by the licensed health care provider and work with the school nurse to support the effective implementation of health care plans. The school administrator shall:

- Collaborate with the school nurse to gather, maintain, and review school-wide information required to meet the needs of the student with seizures/epilepsy;
- Support implementation of the SAP and/or IHP including providing reasonable accommodations based on the school nurse's assessment, licensed health care provider orders, and the unique needs of each individual student.

### **SCHOOL STAFF RESPONSIBILITIES**

In accordance with Md. Code Ann., Educ. § 7-450, every two years, all public school personnel who have direct contact and supervision of students shall attend a presentation of the abridged version of best practices for seizure response including recognizing the signs and symptoms of a seizure and procedures for notifying the school personnel trained in administering first aid for a seizure. School personnel may contribute additionally to the management of students in ways that include but are not limited to the tasks detailed below:

*Transportation personnel:* Respond to a student with a seizure as trained by the school nurse; communicate concerns to the transportation office, school nurse, and school administrator as instructed or trained. A county board is encouraged to provide, to school bus drivers and school bus aids, the presentation mentioned in the above paragraph or the information from the presentation mentioned above (Md. Code Ann., Educ. §7-450(c)(3)).

*Coaches, athletic trainers, and advisors for school-sponsored activities:* Respond to the student with a seizure as trained by the school nurse; communicate to the school nurse those students with seizures/epilepsy as indicated on pre-participation sports physicals; communicate concerns to school nurse and school administrator as instructed or trained.

*School registered dietician and food services staff:* Read and understand all pertinent information provided by the school nurse regarding the student's health care management.

*School counselor:* Participate in disability awareness activities, assist with support groups/counseling; assist with educational planning (e.g., Section 504 or IEP).

*Pupil personnel worker/school social worker:* Assist the school nurse working with families to address transportation concerns, home teaching, and attendance issues.

*School psychologist:* Support the student with coping, adjustment, and behavioral strategies.

*Teachers (including substitute teachers), paraeducators and personal assistants:* Respond to the student with a seizure as trained by the school nurse; maintain and review substitute folder; be aware of classroom needs (e.g., routine and emergency management); and communicate problems or concerns to the school nurse and school administrator as instructed or trained.

## SCHOOL SPONSORED ACTIVITIES

School personnel should provide sufficient notice to the school nurse when a school-sponsored activity is planned. A plan will need to be developed by the school nurse, in collaboration with the school administrator, parent/guardian, and student. Refer also to the *Maryland State School Health Services Guideline: Administration of Medication in Schools* addressing the administration of medication during school-sponsored activities. Prior to the school-sponsored activity, the school nurse should verify the school personnel in charge has a copy of a student's SAP and has been trained to implement and respond to the plan.

## PARENT/GUARDIAN OUTREACH

The Md. Code Ann., Educ. § 7-426 includes the school's responsibility for providing outreach and education for parents/guardians and other caregivers regarding emergency care of students with special health care needs. School nurses should provide the parent/guardian with appropriate information and resources as indicated.



## SECTION IV: GLOSSARY

**Accommodations:** Individualized changes or adjustments in a school setting that provide a student with a disability equal opportunity to participate in school programs and activities.

**Anti-Seizure Medication (ASM):** A preventative medication designed to control seizures by reducing abnormal electrical activity in the brain.

**Emergency Action Plan (EAP):** A document that specifies the actions needed to manage a student's specific medical condition in the event of a medical emergency.

**Epilepsy:** A brain disorder causing recurring, unprovoked seizures. Not all seizures are the result of epilepsy as some seizures can occur as the direct result of an insult (e.g., provoked) and do not recur in the absence of that factor. Epilepsy is sometimes still referred to as a "seizure disorder."

**Health Appraisal:** The process by which a designated school health services professional identifies health problems that may interfere with learning. These may include health observations, interviews, and conferences with parents/guardians, students, educators, and other health professionals.

**Individualized Health Care Plan:** A type of nursing care plan developed by the school nurse utilizing data from a nursing appraisal/assessment. It is specific for a student with a chronic health condition and designed to meet the student's unique health care needs.

**Nurse Practice Act:** A statute enacted by the legislature of any state or by the appropriate officers of the district that delineates the legal scope of the practice of nursing within the geographical boundaries of the jurisdiction. The Maryland Nurse Practice Act is codified in the Maryland Code Annotated, Health Occupations Article, Title 8. The accompanying regulations are found in the Code of Maryland Regulations Title 10, Subtitle 27.

**Nursing Assessment:** The act of gathering and identifying data that assists the nurse, the client, and the client's family to identify the client's health concerns and needs. (Maryland Code Annotated, Health Occupations Article, Title 8; COMAR 10.27.11.).

**Rescue Medication/Treatment:** Generally fast-acting, acute treatment given only in specific situations to stop seizures quickly and prevent a seizure emergency.

**School Nurse:** A registered professional nurse currently licensed by the Maryland Board of Nursing who works in a school setting.

**Seizure:** Sudden, temporary bursts of electrical activity in the brain that change or disrupt the way messages are sent between brain cells. These electrical bursts can cause involuntary changes in body movement or function, sensation, behavior or awareness.

**Seizure Action Plan (SAP):** Seizure action plan, per Md. Code Ann., Educ. § 7-450, means a written individualized health plan designed to acknowledge and prepare for the health care needs of a student diagnosed with a seizure disorder (i.e. epilepsy). For the purposes of this guideline, a Seizure Action Plan is a form of emergency action plan (EAP) that specifies the information and actions needed to manage a student's seizure in the event of an emergency.

**Self-Administration:** The application or consumption of medication by an individual in a manner directed by the health practitioner without additional assistance or direction (Md. Code Ann., Educ. § 7-421).

**Self-Carry:** The possession of a medication on an individual's person to allow quick access to and administration of the medication and to allow self-administration when specified.

**Vagus Nerve Stimulation (VNS) Therapy:** A type of medical treatment that involves the use of a device and external magnet to stimulate the vagus nerve with electrical impulses. VNS therapy may be an option to reduce the frequency and severity of seizures in people with uncontrolled epilepsy and serve as a rescue intervention.

## SECTION V: RESOURCES, REFERENCES, AND APPENDICES

### RESOURCES

#### American Academy of Pediatrics (AAP) – Seizure Management in Schools

<https://www.aap.org/en/patient-care/school-health/management-of-chronic-conditions-in-schools/seizure-management-in-schools/>

This resource page outlines the key components of effective school-based seizure management and provides practical tips and resources to help schools and primary care providers improve care for students with seizure disorders.

#### Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/healthyschools/npao/epilepsy.htm>

CDC Healthy Schools works with states, school systems, communities, and national partners to prevent chronic disease and promote the health and well-being of children and adolescents in school. Offers epilepsy information and resources including “Seizure First Aid” website.

#### Epilepsy Foundation - Schools and Seizure Preparedness

<https://www.epilepsy.com/preparedness-safety/schools>

The Epilepsy Foundation is committed to helping students with seizures and epilepsy get the help they need to succeed in school and have a safe and supportive school environment. Offers information and resources about advocacy, training, and education efforts.

#### Epilepsy Foundation - Seizure Trainings for Schools (Epilepsy Learning Portal)

<https://learn.epilepsy.com/>

Learning portal features current, on-demand seizure trainings. The trainings identified below meet the requirements of Md. Code Ann., Educ. § 7-450:

##### Seizure Training for School Personnel (on Demand)

<https://learn.epilepsy.com/courses/school-personnel-OD-v2>

This program provides an overview of seizures and epilepsy, seizure first aid, seizure action plans, rescue therapies, seizure emergencies and how to support students in school settings.

Approximately 75 minutes.

##### Seizure Trainings for School Nurses (on Demand)

*Seizure Training for School Nurses: Caring for Students*

<https://learn.epilepsy.com/courses/school-nurse-OD-v2>

This program is designed to provide the school nurse with information, strategies, and resources that will enable him/her to better manage the student with seizures. Seven modules, approximately 2 hours 45 minutes.

##### Seizure Training for School Nurses: Using Rescue Therapies in Epilepsy Care (on Demand)

<https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-using-rescue-therapies-in-epilepsy-care>

This program is designed to provide the school nurse with information and resources to gain a better understanding of rescue therapies for seizures. Four modules, approximately 75 minutes.

**Epilepsy Foundation - Additional Training and Educational Videos (Epilepsy Learning Portal)**

*Seizure Training for School Nurses: Caring for Students with Psychogenic Seizures (On Demand)*

<https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-caring-for-students-with-psychogenic-seizures>

This program is designed to provide the school nurse with information and resources to gain a better understanding of caring for students with psychogenic seizures. Four modules, approximately 60 minutes.

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## **APPENDIX A: SEIZURE ACTION PLAN (SAP)**

Epilepsy Foundation Seizure Action Plan (fillable version):

[https://www.epilepsy.com/sites/default/files/atoms/files/GENERAL%20Seizure%20Action%20Plan%202020-April7\\_FILLABLE.pdf](https://www.epilepsy.com/sites/default/files/atoms/files/GENERAL%20Seizure%20Action%20Plan%202020-April7_FILLABLE.pdf)