

# Epilepsy Management in Schools

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# A Little About Me

- I have been a school nurse for about 15 years and an RN for almost 30 years. I have a varied background, started in pediatrics, did pediatric intensive care, pediatric oncology, and pediatric floor nursing at various hospitals-Valley Children's Hospital ,Oakland Children's Hospital and Sutter Memorial Hospital. I left the hospital to do case management nursing for California Children's Services, and then became a school nurse. I have worked in regular and special education settings. I currently have been with Fresno County Superintendent of Schools for 10 years. At FCSS, I have worked with students with moderate to severe intellectual disabilities with varying degrees of medical fragility, emotional disturbance, and have done some contract nursing with a few outlying districts.



# Disclosures

- The majority of my experience with student's with seizures is within the scope of special education
- I have had to help with 504 plans for diabetics
- I have limited experience with students in general education



# Recent Law Changes

Recent Supreme Court Decision states California law expressly permits trained, unlicensed school personnel to administer prescription medications such as insulin in accordance with the written statements of a student's treating physician and parents (Ed. Code, §§ 49423, 49423.6; Cal. Code Regs., tit. 5, §§ 600, 604, subd. (b)) and expressly exempts persons who thus carry out physicians' medical orders from laws prohibiting the unauthorized practice of nursing (Bus. & Prof. Code, § 2727, subd. (e)).



# School RN Issues/Concerns

Communication between school nurse, parent, and physician

Bus Transportation

Field Trips

Medication Compliance

Student privacy/Bullying

Nurse/student ratio-Training/Monitoring of UAPs



# Communication Between School Nurse, Parent and Physician

- Make sure you let teacher, school nurse know if you give emergency medication prior to school
- Keep us informed of seizure activity
  - Jane had a grand mal seizure last night that lasted 2 minutes, no emergency medication needed. She seems fine today.
  - This can be a phone call or just a note to teacher.
- Let us know of changes to medication, including routine medications-
  - This is important because we share this information with emergency services if we have to transport to the hospital.

Discuss any concerns with the school nurse, teacher, and/or principal.

In my practice, communication between myself, parent, teacher, staff, and physician are important.

Parents send me notes or call me with updates.

I have attended neurology appointment for students who are having a lot of seizures or a changes in seizures.



# Bus Transportation

Most bus transportation company or district transportation have trainings with their bus drivers and have protocols of when to pull over and call 911.

Aid, LVN or no one on Bus? Should be a discussion between you, school nurse, principal and transportation for your child's district.



- My concerns about emergency medication on bus:
  - Recognition of seizure activity.
  - If aid or LVN on bus, can this person see student during transport.
    - When to have bus driver pull over
    - Diastat-how to get child in position to give this medication rectally
      - Floor or bus or across seats?
      - What about protecting privacy of student?
  - Lorazepam- easier to give in cheek
    - Just need to make sure the medication dissolves in cheek.
  - How long would it take for EMS to get to bus?
  - These should all be discussed with the school nurse and school team to individualize for your child.



# Field Trips

- Training of staff
  - Staff ability to recognize seizure
  - Staff responsibility to other students
  - Making sure staff have needed supplies for privacy, etc., including emergency medication, emergency phone numbers, etc.
- Location of field trip
  - EMS response time for emergency
- Overnight or early/late return
  - Will student need routine medication as well
    - If so will need physician prescription and parent permission

In my practice, I have had both sent a nurse on field trip and have trained staff. It depends on other needs of students attending field trip, where field trip is located, how long going to be gone?



# Medication Compliance

- Medication compliance is important because if medication doses are missed or abruptly stopped it can cause breakthrough seizures or also with some medications withdrawal symptoms.
- Also important as student gets older, he/she may not understand the importance of taking the medication or think they do not need it any longer especially if they are seizure free
  - Discuss these issues with your neurologist, PMD, and/or school staff.
    - We are a team.



## Following protocol

- If you do not agree with the protocol written by your physician, please discuss with your physician and have him/her change it.

911 or not?

Standard protocol for convulsive seizures with loss of consciousness is to call 911 after 5 minutes.



# Student Privacy

- Protection of the student's privacy
  - Sharing of Health Information
    - Who needs to know?
    - Some students and parents share information with class
      - Helps student understand what is happening when a seizure occurs
        - General seizure training for classroom students
          - Without specific student information
  - Seizure Management
    - Classroom versus playground
  - Prevention of Bullying
    - Helping students understand seizure disorders
      - Good video from Epilepsy Foundation that shows students who know what to do when a seizure happens, and/or also students recognizing seizure activity.



# School Nurse/Student Ratio

- Historically, school nurse/student ratios have been high in the United States.
- Some schools are opting to put LVNs or CNAs in the health office to free up the school nurse to do case management. But it is common not to have any licensed healthcare coverage in schools five days a week.
- Caseload size effects the School Nurse's availability to case manage, train, and monitor for students with medical needs including student's who have seizures.



# School Accommodations

504 Plan versus Individualized Educational Plan



# Learning Issues

- Learning issues with students who have seizures can be caused by:
  - Side effects from medications that make a child tired or drowsy
  - Frequently missing school for medical appointments
  - Regularly “blinking out” due to absence seizures, which sometimes are not recognized or diagnosed for a long time
  - Worry or anxiety about having a seizure
  - Attention disorders
  - Problems with memory and learning in the effected part of the brain
- As your child progresses thru school from elementary, junior high, and high school, it will be important to address these issues.
- To help your child keep up, ask the teacher to send home work your child missed and to keep you posted on how your child is doing
  - Make accommodations part of your child’s IEP or 504 Plan



# 504 Plan versus Individualized Educational Plan (IEP)

## 504 Plan

- A 504 plan is used to put a plan or accommodations in place for how a child will have access to learning at school.
  - Such as medication/training of staff for emergency medications
    - lorazepam for seizures, glucagon for diabetic
  - It can also be used for accommodations for PE due to cardiac issues, etc.



The Understood Team

## IEP

- IEP is a plan for a child's special education experience at school which sets goals for the child's learning and offers services needed for the child to meet these goals.
  - Have to meet two requirements:
    - Child has one or more of the 13 specific disabilities listed in IDEA. Learning and attention issues may qualify.
    - The disability must effect the child's ability to access (learn and benefit) the general education curriculum and/or the child's educational performance.
  - Such as intellectual Disability, Orthopedic Impairment, and Speech Impairment.



# 504 Plan versus Individualized Educational Plan (IEP)

- A 504 provides services and changes to the learning environment to meet the needs of the child as adequately as other students
- A 504 plan is based on law from Section 504 of the Rehabilitation Act of 1973
  - This is a federal civil rights law to stop discrimination against people with disabilities.
- An IEP provides individualized special education and related services such as speech therapy, nursing services, etc. to meet the unique needs of the child.
- An IEP is based on law from the Individuals with Disabilities Educational Act (IDEA)
  - This is a federal special education law for children with disabilities that fall into 13 categories such as speech impairment, orthopedic impairment, intellectual disability, and other health impaired.



The Understood Team



# 504 Plan versus Individualized Educational Plan (IEP)

- 504 plan is determined by a less specific team than an IEP. It is created by a team of people who are familiar with the child and who understand the evaluation data and special services options. This might include:
  - The child's parent
  - General and special education teachers
  - The school principal
- IEP plan has strict legal requirements about who participates. An IEP is created by an IEP team that must include:
  - The child's parent
  - At least one of the child's general education teachers
  - At least one special education teacher
  - School psychologist or other specialist who can interpret evaluation results
  - A district representative with authority over special education services.



The Understood Team



# References

California School Nurse Organization (2016). Medication Administration in the Educational Setting, available at CSNO.org.

The Understood team (2014-17). The Difference Between IEPs and 504 Plans. Retrieved from [https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-ieps-and-504-plans?gclid=EAlalQobChMI5Znf5u711QIVTpF-Ch3XhwbNEAAYASAAEgJsm\\_D\\_BwE](https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-ieps-and-504-plans?gclid=EAlalQobChMI5Znf5u711QIVTpF-Ch3XhwbNEAAYASAAEgJsm_D_BwE).

