

**ALABAMA  
HEALTH SERVICES  
SAFE SCHOOLS  
SEIZURE  
CURRICULUM**



**We Teach  
Alabama**

**ALABAMA STATE DEPARTMENT *of* EDUCATION**

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State Superintendent of Education  
Alabama State Department of Education  
Gordon Persons Building  
Montgomery, Alabama 36130-2101**

**January 2022**

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## ACKNOWLEDGMENTS

The Alabama State Department of Education acknowledges the work of the task force. Members working to develop this document are listed below.

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## **Introduction**

The Alabama Health Services Seizure Safe Schools Curriculum is the school nurses training program that provides a framework for local school districts to implement the *Alabama Seizure Safe Schools Act* (Alabama Act No. 2021-76). This act allows registered nurses to delegate to unlicensed school personnel in the school setting the nursing act of administering pre-measured medication for treatment of a seizure to students. This curriculum was developed to ensure that local school districts are adequately prepared to delegate the administration of seizure medication to school-age children with epilepsy and to provide continuity in training school personnel. The Alabama State Department of Education (ALSDE), in collaboration with the Alabama Board of Nursing (ABN), developed a standardized training program for registered nurses to educate and validate the competency of those unlicensed school personnel to whom administration of medication may be delegated. The purpose of this curriculum is to provide a standardized, evidence-based training program for the school registered nurse to utilize in training seizure management and medication administration to unlicensed personnel in schools. According to Alabama Board of Nursing (ABN) *Administrative Code* § 610-X-7.-10(5)(c), rectal medications are not delegated in the school setting.

## **Background**

The training guide is to provide the registered nurse with the tools to train designated school personnel to provide care competently, safely, and confidently to the student with a seizure disorder. Epilepsy is a brain condition that causes a child to have seizures. It is one of the most common disorders of the nervous system.

The brain consists of nerve cells that communicate with each other through electrical activity. A seizure occurs when one or more parts of the brain has a burst of abnormal electrical signals that interrupt normal brain signals. When the administration of emergency rescue medication is delegated by a registered nurse to unlicensed school personnel in the school setting, it allows a student to have fewer missed school days. Also, it can ensure that trained personnel can respond during an emergency crisis. Upon the start of the 2022-2023 school year, the parent or guardian of a student diagnosed with a seizure disorder, who is enrolled and attending a public school in Alabama may consent to delegation of care for their child. The care is provided while the student is at school and participating in extracurricular activities, or school-sponsored events. A seizure management and treatment plan are included in the student's individualized health plan (IHP). This information is only shared with those who have a need to know.

Each local board of education shall ensure that epilepsy and seizure disorder training programs are provided for all school nurses and unlicensed personnel under its jurisdiction. No personnel may be coerced or made to carry out this duty.

## **Definition**

School Setting: Grades PreK-12 in a public school or school activity sponsored by such a school in which the student is a direct participant.

Trained Unlicensed Seizure Medication Assistant (USMA): A school employee who volunteers to receive delegation of administration of seizure emergency rescue medication in the school setting and receives the approved training.

Seizure Action Plan: 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, health care provider contacts, and medications specifically for that child.

Seizure Individualized Health Plan (Seizure-IHP): The Seizure Individualized Health Plan shall be developed by the school nurse, in consultation with the parent or guardian, and contain the seizure management plan and valid health care orders by an authorized prescriber.

Individualized Health Care Plan (IHP): A document that outlines health care to be provided to a student in the school setting, developed by the school nurse in conjunction with the student's parent/guardian. **The IHP may contain** the orders from the physician, certified registered nurse practitioner operating under a valid collaborative agreement, or physician assistant operating with a valid supervisory agreement.

## **Seizure Overview**

### **What is Epilepsy?**

Epilepsy is a neurological condition that affects the nervous system. Epilepsy is also known as a seizure disorder. A seizure is a single episode. Seizures seen in epilepsy are caused by disturbances in the electrical activity of the brain. These seizures could be caused from a brain injury, genetics, autoimmune, brain structure, or other metabolic causes.

### **Generalized Onset Seizures:**

These seizures affect both sides of the brain or groups of cells on both sides of the brain at the same time. This term includes types of seizures, such as tonic-clonic (grand mal), absence, or atonic to name a few.

The term focal is used instead of partial to be more accurate when talking about where seizures begin. Focal seizures can start in one area or group of cells in one side of the brain.

**Focal Onset Aware Seizures:** When a person is awake and aware during a seizure, it is called a focal aware seizure. This use to be called a simple partial seizure.

**Focal Onset Impaired Awareness:** When a person is confused or their awareness is affected in some way during a focal seizure, it is called a focal impaired awareness seizure. This use to be called a complex partial seizure.

When the beginning of a seizure is not known, it is now called an unknown onset seizure. A seizure could also be called an unknown onset if it is not witnessed or seen by anyone. For example, when seizures happen at night or in a person who lives alone, this type of seizure can have motor symptoms and non-motor symptoms.

## **Protocols for Training**

### **STAFF TRAINING (BOARD EMPLOYEES) REQUIRED ANNUALLY**

**Tier 1:** 11-minute YouTube video:

<https://www.youtube.com/watch?v=z6K8XQQf9ss>

**Tier 2:** 30-minute Seizure First Aid Ready-on-Demand

<https://learn.epilepsy.com/courses/seizure-first-aid-ready-ondemand> (create an account to begin the course).

**Tier 3:** 75-minute Seizure Training for School Personnel

<https://learn.epilepsy.com/courses/school-personnel-OD-v2> (create an account to begin the course).

**Tier 1:** School personnel will receive training that provides a basic understanding of seizures, how to recognize and respond to the signs and symptoms of a seizure, and who to contact in case of an emergency, and additional information regarding individual roles and responsibilities. Tier 1 training will be conducted annually online. A roster of attendees/sign-in sheets should be kept on file to serve as documentation of training and compliance.

**Tier 2:** Classroom teachers and all school personnel who “need to know” and have responsibility for students with seizures throughout the school day should receive Tier 2 training. Additional training will be provided by school nurses that includes student-specific individual roles and responsibilities, and what to do in case of a seizure emergency based on a review of the Individualized Health Care Plan (IHCP). Tier 2 training will be conducted annually by a licensed professional nurse employed by the local education agency. This student “need to know” information is shared in a face-to-face meeting or with the teacher reviewing the IHP. Once the teacher and other school personnel have reviewed the IHP, they sign the document, and it is stored in the health record.

Tier 3: One or more *volunteer* school staff member(s) should receive training about seizure and emergency care (including pre-dosed rescue medication) for each student with a seizure disorder from a licensed registered nurse (RN) employed by the local education agency. This training will include online video, testing, and skill competency sheets.

## **Field Trips and Special Events**

Students with seizures should have the same opportunity to participate in field trips and special events as others. Parents should not be required or expected to attend these activities to provide care for their student. A licensed nurse or Trained Unlicensed Seizure Medication Assistant should always be available to administer non-invasive seizure rescue medicine during field trips and special events, including during transportation to and from these events. No drug should be present on a field trip or special event without a properly trained individual to administer the medication.

Students diagnosed with seizures and requiring emergency rescue medicine that is appropriate for delegation, such as Nayzilam or Valtoco, should be accompanied by an Unlicensed Seizure Medication Assistant or school nurse, according to the IHP. The school nurse should be notified of field trips at least one week in advance, so that arrangements can be made for a nurse or (USMA) to attend. The school nurse and (USMA) will need to be aware of activities planned for the field trip/special event in order to plan for appropriate storage of medication and supplies.

## **Disaster Planning**

Disasters are inherently stressful and disrupt routines, which make students with seizure disorder particularly vulnerable and may lead to an unpredictable seizure. The IHP will provide detailed information.

## **Management**

Specific guidelines should be provided by the primary health care provider for a seizure management and treatment plan. The parent or guardian of a student with a seizure disorder may seek care for the student while the student is at school or is participating in a school-sponsored activity by submitting a seizure management and treatment plan.



The plan should include a valid order from a provider submitted to the local board of education for inclusion in the IHP of the students.

The seizure management and treatment plan shall be submitted to and reviewed by the lead nurse or designee registered school nurse employed by the local board of education.

The management plan should be reviewed, and an ALSDE Seizure IHP shall be developed annually as follows:

- Before or at the beginning of the school year.
- Upon enrollment of the student, if the student enrolls in a school after the beginning of the school year.
- As soon as practical following a diagnosis of a seizure disorder for the student.

## **Requirements**

A seizure management and treatment plan shall include all the following:

- (a) A list of the health care services the student may receive at school or while participating in a school-sponsored activity.
- (b) A list of prescribed medications the student may receive including 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.
- (c) An evaluation of the student's level of understanding and ability to manage his or her seizures.
- (d) The signature of the student's parent or guardian.
- (e) The name and address of the physician responsible for the student's seizure or seizure disorder.

An IHP shall be developed for any student diagnosed with a seizure disorder who is in the school setting as provided for in Alabama Act No. 76.

The IHP shall be developed by the school nurse, in conjunction with the parent/guardian and should contain the seizure management plan including a valid medical order to provide care in the school setting, and when the child is a direct participant.

## **Procedure**

Delegation of tasks for students with seizures shall be confined to procedures that do not require nursing assessment, judgment, evaluation, or complex skills.

Each local board of education shall ensure that the appropriate level of seizure training is provided for nurses, USMAs, and all staff in accordance with the guidelines developed by the ALSDE and approved by the Alabama Board of Nursing.

*The Alabama Seizure Safe School Act* permits unlicensed school personnel to administer pre-dosed rescue medication for seizures when the school nurse is not available. The selection of medication or dose of medication may not be delegated. Decisions beyond those outlined for delegation in the student's IHP must be made by the school nurse.

The school nurse, with approval of the LEA, shall identify and train appropriate volunteer staff members to serve as the USMAs. Training shall occur prior to any delegation of administration of rescue medication.

The school nurse shall validate the competency of the trained USMAs after the initial training and before any delegation of rescue medication takes place. Competency and training shall be re-validated annually by the school nurse.

The school nurse shall follow the training guidelines developed by the ALSDE and approved by the Alabama Board of Nursing.

Recognizing that all students would benefit from having a USMA available in times of emergency when a school nurse is not available, it is not appropriate to rely solely on a USMA for students with extensive health needs who have a high risk of events requiring nursing judgment.

Annual school nurse training for seizure management will be provided to all Alabama's school nurses caring for students. The program is found on the Epilepsy Foundation website at <https://www.epilepsy.com/living-epilepsy/our-training-and-education/seizure-training-school-nurses-caring-students>.

This is an on-demand course and the certification for completion of the program should be available in the lead nurse office or health room. Annual training for school nurses will be provided by the lead nurse of each local education agency.

## **Caring for Students**

Under no circumstances shall rectal or vaginal suppositories be administered by anyone other than a licensed nurse.

The school nurse or trained USMA, to the extent required by the student's Seizure IHP, shall be onsite and available to provide care to students with a seizure disorder.

Training to manage and administer medication to students by the USMA must occur prior to any delegation being established.

**Tier 1:** 11-minute YouTube video:

<https://www.youtube.com/watch?v=z6K8XQQf9ss>

**Tier 2:** 30-minute Seizure First Aid Ready-on-Demand

<https://learn.epilepsy.com/courses/seizure-first-aid-ready-ondemand> (create an account to begin the course)

**Tier 3:** 75-minute Seizure Training for School Personnel

<https://learn.epilepsy.com/courses/school-personnel-OD-v2> (create an account to begin the course)

## **Annual School Nurses Training/Testing**

[https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-using-rescue-therapies-in-epilepsy-care.](https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-using-rescue-therapies-in-epilepsy-care)

[https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-caring-for-students-with-psychogenic-seizures.](https://learn.epilepsy.com/courses/seizure-training-for-school-nurses-caring-for-students-with-psychogenic-seizures)

Initial Training Date: \_\_\_\_\_

Skill	RN Initials	Learner Initials	Re-Assessments		
			Date + Initials Quarter 2	Date + Initials Quarter 3	Date + Initials Quarter 4
Diazepam nasal spray (currently marketed as Valtoco) comes in 3 different dosages: 5 mg., 7.5 mg., or 10 mg. of diazepam in 0.1 ml. Each package has 2 nasal sprays.					
Identify supplies.					
IHP.					
Medication.					
Each device can be used once.					
Gloves.					
Preparation.					
Review IHP - determine the correct dose from health care provider orders.					
Review Universal Precautions.					
Procedure.					
Gather supplies.					
Wash hands, put on gloves.					
Activate Seizure Plan; turn patient on side. Call for help. Call 911 if indicated.					
Hold the nasal spray with one finger on each side of the nozzle. Do not prime the pump or push it in until it is ready to be used.					
Place the nozzle in one nostril or side of the nose and push the plunger in to give the medicine. Remove the nasal spray device.					
If 2 nasal sprays are needed for the 15 mg. or 20 mg. doses, give one spray into each side of the nose.					

Initial Training Date: \_\_\_\_\_

Skill	RN Initials	Learner Initials	Re-Assessments		
			Date + Initials x Quarter 2	Date + Initials x Quarter 3	Date + Initials x Quarter 4
Midazolam (mih-DAZ-oh-lam) nasal spray (currently marketed as (Nayzilam). Each nasal spray device has 5 milligrams (mg) in 0.1 milliliters (mL) of solution. Usually prescribed as 1 spray into one nostril.					
Identify supplies.					
IHP.					
Medication.					
Each device can be used once.					
If seizure continues after 10 minutes, a second spray may be given into the other nostril, if prescribed by the health care provider.					
Gloves.					
Preparation.					
Review IHP to determine the correct dose from health care provider orders.					
Review Universal Precautions.					
Procedure.					
Gather supplies.					
Wash hands, put on gloves.					
Activate Seizure Plan; turn patient on side. Call for help. Call 911 if indicated.					
Hold the nasal spray with one finger on each side of the nozzle. Do not prime the pump or push it in until it is ready to be used.					
Place the nozzle in one nostril or side of the nose and push the plunger in to give the medicine. Remove the nasal spray device.					

**(Local Education Agency)**

**Medication Self-Administration Documentation and/or Medication Authorized to Keep On Person Documentation**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_ School \_\_\_\_\_

Standardized Medication Authorization is complete with parent and prescriber affirmation signatures authorizing this student to self-administer medication and keep his/her medication on person.

Students Individual Health Care Plan is complete as follows:

\_\_\_\_\_ Parent/Prescriber Authorization matches prescription label, and the label is intact.

\_\_\_\_\_ Medication is not expired: Product manufacturer expiration date \_\_\_\_\_.

\_\_\_\_\_ Student has knowledge of medication administration and safety, including information addressed in his/her IHP.

\_\_\_\_\_ Student demonstrates knowledge, skill, and experience of his/her chronic illness and medication. He/She verbalizes potential side effects and adverse reactions including when to contact the school nurse or prescriber.

**Parent Prescriber Authorization for Self-Administration of Medication:**

\_\_\_\_\_ Student agrees he/she is accountable for safe and appropriate self-administration of the authorized medication. He/She has been informed of legal policies and requirements related to self-administration of authorized medication and will not give or share medication with another person.

**Parent Prescriber Authorization for Medication to Keep on Person:**

\_\_\_\_\_ Student agrees he/she is accountable for safe and appropriate possession of the authorized medication. He/ She has been informed of legal policies and requirements related to possession of authorized medication and will not give or share medication with another person.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent Prescriber Authorization requests that this student be allowed to possess and/or self-administer his/her own medication. I am reasonably assured that this student will safely and appropriately possess and /or self-administer his/her prescribed medication as ordered in the school setting. This student currently demonstrates knowledge, skill, and experience of his/her chronic illness and medication.*

**Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**Grade** \_\_\_\_\_

### Student

If so, indicated in my Individualized Health Care Plan, I will notify the health office if I have an aura. I will not allow any other person to use my seizure medications or supplies.

I plan to keep my supplies:

- With me
- In the school health office
- In an accessible and secure location (Type Here)

I will seek help in managing my seizures from Type Here if I need it.

I understand that the freedom to manage my seizure care independently is a privilege and agree to abide by this contract.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Guardian

I agree that my child can self-manage his/her seizures and recognize when he/she needs to seek help from a staff member.

I authorize my child to carry and self-administer seizure medications and management supplies, I agree to release the school system and school personnel from all claims of liability if my child suffers any adverse reactions from self-management.

I will provide back-up supplies to the health office for emergencies.

I understand that this contract is in effect for the current school year unless revoked by my son's/daughter's physician or my son/daughter fails to meet the above safety guidelines.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### School Nurse

I will inform school staff members with "the need to know" about the student's condition and authorization to carry his/her seizure medication on person. -

**School Nurse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TIER 1 TRAINING**  
(Overview of Seizures)

Staff must have receipt of viewed training  
Required staff receiving Seizure Tier 1 Training

Tier 1 is not student specific

<https://www.youtube.com/watch?v=z6K8XQQf9ss&t=14s>

**School:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>NAME (Please Print)</b>	<b>SIGNATURE</b>	<b>NAME OF SCHOOL/ SYSTEM</b>	<b>JOB TITLE/POSITION</b>



**TIER 2 TRAINING**  
**(IHP Review)**

Staff must have receipt of viewed training

<b>NAME (Please Print)</b>	<b>SIGNATURE</b>	<b>NAME OF SCHOOL/ SYSTEM</b>	<b>JOB TITLE/POSITION</b>

Required for staff receiving Seizure Tier 2 Training  
Tier 2 is student specific; staff must sign IHP and Tier II sign in sheet

**School:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

### TIER 3 TRAINING

Staff must have receipt of viewed training and test (Delegation of Rescue Emergency Medication)  
Required for staff receiving Seizure Tier 3 Training  
Tier 3 is student specific; staff must sign IHP and Tier 3 sign in sheet

**School:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>NAME (Please Print)</b>	<b>SIGNATURE</b>	<b>NAME OF SCHOOL/ SYSTEM</b>	<b>JOB TITLE/POSITION</b>

**DELEGATION TO TRAINED UNLICENSED SEIZURE MEDICATION ASSISTANTS (USMAs):**

**STUDENTS WITH SEIZURE RESCUE MEDICATION**

SCHOOL: \_\_\_\_\_ FOR THE \_\_\_\_\_ YEAR

THE FOLLOWING UNLICENSED (NONMEDICAL) PERSONNEL ARE ELIGIBLE FOR DELEGATION OF CERTAIN MEDICATIONS TO STUDENTS:

NAME OF USMA	DATE (Tier I)	DATE ELIGIBLE (Tier II)	DATE ELIGIBLE (Tier III)	JOB TITLE	DATES MONITORED/COMM ENTS (RN Supervising Delegation Practice)	DATE DELEGATION SUSPENDED OR REVOKED

\_\_\_\_\_  
SIGNATURE OF DELEGATING RN



**ALABAMA STATE DEPARTMENT OF EDUCATION**

**Seizure Individual Health Care Plan**

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**SECTION I – (Please Print)**

<b>Pupil:</b>			<b>WT:</b> _____
			<b>HT:</b> _____
<b>Grade:</b>	<b>D.O.B.</b>	<b>Any Known Allergies</b>	
<b>School:</b>			
<b>District:</b>		<b>Bus (circle) YES/ NO</b>	
		<b>Bus # AM</b>	<b>Bus # PM</b>
<b>School Nurse:</b>	<b>Pager #</b>	<b>Cell #</b>	
<b>Medication taken at home: (please list)</b>			
<b>Parent Contact</b>			
<b>Mother</b>	<b>Home #</b>	<b>Work #</b>	<b>Pager/Cell #</b>
<b>Father</b>	<b>Home #</b>	<b>Work #</b>	<b>Pager/Cell #</b>
<b>Guardian</b>	<b>Home #</b>	<b>Work #</b>	<b>Pager/Cell #</b>
<b>Home Address</b>		<b>City</b>	<b>Zip</b>
<b>Emergency Contact (Relationship):</b>		<b>Home #</b>	<b>Work #</b>
<b>Physician</b>		<b>Phone #</b>	<b>Fax #</b>
<b>Physician Address</b>		<b>City</b>	<b>Zip</b>
<b>Date:</b>	<b>Special Notes:</b>		



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**Seizure Individual Health Care Plan**

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Section II – Nurse (Please Check all that apply)

Has Parent/ Guardian presented seizure management plan to School Nurse  NO  YES?

Does student experience an aura before seizures?  No  Yes If “Yes,” describe:

Behavior or activity student usually exhibits during seizures:

**School Plan: \*A completed & signed authorization form required for each medication administered in school setting.**

IF YOU SEE THIS...	DO THIS...
<b>SEIZURE ACTIVITY:</b> <b>Student has VNS?</b> <input type="checkbox"/> Yes → <b>Swipe Magnet*</b> (Refer to Order Form) <input type="checkbox"/> No	<ol style="list-style-type: none"> <li>1. Remain with student, provide privacy, and clear area.</li> <li>2. If tonic/clonic seizure, place student on side-lying position.</li> <li>3. Do not put anything in mouth or restrict student. Protect head.</li> <li>4. Time/duration of seizure. Document activity on Seizure Log.</li> <li>5. Contact parent/emergency contact to inform him/her of seizure.</li> <li>6. Contact parent and/or EMS if student is unable to return to normal activity following postictal period. Student will not remain at school.</li> <li>7. NAME OF UNLICENSED SEIZURE MEDICAL ASSISTANT IF ONE _____</li> </ol>
<b>*Emergency Medication ordered for school?</b> Yes      No	
<b>UNLICENSED SEIZURE MEDICATION ASSISTANT (USMA)</b>    Yes      No <b>*Administer Medication after _____ minutes and repeat as ordered.</b>	<b>UNLICENSED SEIZURE MEDICATION ASSISTANT (TRAINED)</b>  Name _____ Coverage Time _____  <ol style="list-style-type: none"> <li>1. Administer emergency medication as prescribed <u>Nurse or USMA</u>.</li> <li>2. *MEDICATION DOSAGE: _____</li> <li>3. Contact parent/emergency contact. EMS will treat per protocol.</li> </ol>

**Bus Plan:**

IF YOU SEE THIS...	DO THIS...
Seizure activity is noted.    _____ <b>*Emergency Medication ordered for bus ride?</b> Yes      No	<ol style="list-style-type: none"> <li>1. Bus driver will pull over at first safe location and call 911.</li> <li>2. Driver or aide will remain with student and provide privacy as possible.</li> <li>3. Place student on his/her side and do not restrain. Protect head.</li> <li>4. Administer emergency medication if trained.</li> <li>5. Notify parent or emergency contact and dispatch.</li> <li>6. Document time and specifics of seizure. Report same to EMS personnel.</li> </ol> Parent or Emergency Contact Name and Number _____ _____ Phone _____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

USMA Signature \_\_\_\_\_

USMA Signature \_\_\_\_\_

Medication	Expiration Date	Self-Carry?	Location of Medication and/or Magnet



**ALABAMA STATE DEPARTMENT OF EDUCATION**

**Seizure Individualized Health Care Plan**

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

<b>Nurse Check all that Apply: Avoid circumstances that may lower seizure threshold (please list):</b>	
<b>CLASSROOM:</b>	<b>PHYSICAL EDUCATION:</b>
<input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page if observed. <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from nurse.	<input type="checkbox"/> Allow student to self-limit physical activity. <input type="checkbox"/> Notify parent and school nurse when more strenuous activities are scheduled. <input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page. If observed: <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from the nurse.
Considerations for outdoor activities: <input type="checkbox"/> Describe: _____ <input type="checkbox"/> None required <input type="checkbox"/> Other:	Considerations for outdoor activities: <input type="checkbox"/> Describe: <input type="checkbox"/> None required <input type="checkbox"/> Other:
<b>FIELD TRIPS:</b>	<b>BUS TRANSPORTATION:</b>
<input type="checkbox"/> Student with <u>Diastat</u> order: <u>Must be accompanied by a licensed nurse</u> (or parent, if parent requests to accompany the student) <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Student has emergency medication other than Diastat, must be accompanied by trained, unlicensed seizure medication assistant, nurse, or parent. <input type="checkbox"/> Student will have access to USMA, nurse, or parent/guardian for duration of trip. <input type="checkbox"/> Other:	<input type="checkbox"/> Driver and/or aide will observe student for evidence of seizure activity. <input type="checkbox"/> If noted a trained unlicensed seizure assistant may give doses of nasal auto injector, turn student on side, and call 911. <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Bus location is closer to student's home than to school, will radio dispatcher to contact parent regarding student's seizure activity, and dial 911. <input type="checkbox"/> If parent not available, dispatcher will activate the emergency procedure for EMS.
<input type="checkbox"/> School nurse will secure medication cart and orders in accordance with school safety plan. <input type="checkbox"/> In event of building evacuation, school nurse or MA will evacuate with medication cart and orders. <input type="checkbox"/> Student requires assistance during building evacuation.	<input type="checkbox"/> After School Care: Diastat must have a nurse or parent/guardian to administer. <input type="checkbox"/> Other medication: Must be accompanied by trained, unlicensed seizure medication assistant. Student with nasal pre-dose auto injectors (Valium or Versed) may have a trained USMA.



**ALABAMA STATE DEPARTMENT OF EDUCATION**

**Seizure Individualized Health Care Plan**

**Student Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

I have read and understand this student’s Individualized Health Care Plan and have printed a copy to be maintained in my confidential folder/binder of instructions for substitute teachers.

I have been given the opportunity to ask questions.

I understand my role in addressing this student’s medical needs.

I am aware the school nurse is available to help clarify any future concerns.

Employee Name	Employee Signature	Position	Date



eMPR.com

**Intranasal Rescue Therapy for Seizure Clusters Soon to Be Available**

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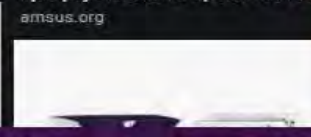
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...ilam Nasal Spray: دليل الأدوية المألمى...  
ma7bajo.blogspot.com





# INSTRUCTIONS FOR USE

For 5 mg and 10 mg Doses



## Important: For Nasal Use Only.

Check the expiration date before use.

Do not remove VALTOCO until ready to use. Do not test VALTOCO.

Keep out of reach of children.

Inspect VALTOCO for damage. If damaged, you may not receive the full dose.

You and your family members, caregivers, and others who may need to administer VALTOCO should read this Instructions for Use that comes with VALTOCO before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to administer VALTOCO have any questions about the use of VALTOCO.

## Safely secure the person

If the person appears to be having a seizure, gently help them to the floor and lay them on their side in a place where they cannot fall.

The person can be on either their side or back to receive VALTOCO.

Move objects and furniture away from the person to avoid injury.

Give VALTOCO 5 mg dose or 10 mg dose. 1 dose equals 1 nasal spray device.

Device sprays one time only.

Important: Do not test or prime VALTOCO.



**Step 1:** Remove 1 VALTOCO blister pack from the box.

Each blister pack contains 1 nasal spray device. 1 device contains 1 dose.

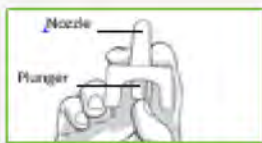


Peel back the tab with the arrow on the corner of the pack.



Remove VALTOCO from the pack.

**Step 2:** Hold VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



**Step 3:** Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.



**Step 4:** Press the bottom of the plunger firmly with your thumb to give VALTOCO.



**Step 5:** Remove VALTOCO from the nose after giving the dose.

Each individual VALTOCO contains 1 single spray.

Throw it away (discard) after use.

## After giving VALTOCO, evaluate and support

Keep or move the person onto their side, facing you, so that you can watch them closely.

Loosen any tight clothing and provide a safe area where the person can rest.

Call for emergency help if any of the following happen:

- Seizure clusters are different from that of other seizures the person has had
- You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person

Make a note of the time VALTOCO was given and continue to watch the person closely.



Time of first VALTOCO dose: \_\_\_\_\_ Time of second VALTOCO dose (if given): \_\_\_\_\_

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 5 with a new blister pack of VALTOCO. If the person is not having a seizure when the second dose of VALTOCO is given, it may be given to the person when they are lying down, standing, or sitting.

For more information about VALTOCO, please visit [www.valtoco.com](http://www.valtoco.com) or call 1-866-696-3873. You are encouraged to report side effects of prescription drugs to the FDA by visiting [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or by calling 1-800-FDA-1088.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Issued: 1/2020