

## ASSEMBLY THIRD READING

AB 1810 (Levine)

As Amended March 30, 2022

Majority vote

**SUMMARY**

Authorizes a school or a local educational agency (LEA) to train an employee who has volunteered to administer emergency anti-seizure medication to a pupil upon the request of the parent, requires the development of state standards for the training, and requires the parent to provide specified information to the LEA, including a seizure action plan.

**Major Provisions**

- 1) Establishes the Seizure Safe Schools Act, authorizing LEAs to designate one or more volunteers to receive initial and annual refresher training for the emergency use of anti-seizure medication for a pupil diagnosed with seizures, a seizure disorder, or epilepsy.
- 2) Provides school staff with immunity from civil, criminal, and regulatory liability under specified circumstances.
- 3) Requires an LEA, upon request from a parent or guardian, to distribute a notice at least once, but not more than two times, per school year to all staff with the following:
  - a) A description of the request for staff volunteers to be trained to recognize and respond to seizures, including training to administer anti-seizure medication;
  - b) A description of the training the volunteer will receive;
  - c) The right of the employee to rescind the offer to volunteer; and
  - d) A statement that there will be no retaliation against any individual for rescinding their offer to volunteer.
- 4) Requires an LEA, before administering emergency anti-seizure medication to a pupil, to obtain a seizure action plan from the pupil's parent or guardian with specified information.
- 5) Requires an LEA to notify the parent or guardian of a child with a seizure disorder or epilepsy that the child may qualify for services or accommodations, including a 504 plan or an individualized education program (IEP).
- 6) Requires the Superintendent of Public Instruction (SPI) to establish minimum standards of training to recognize and respond to seizures, including training for the administration of anti-seizure medication by July 1, 2023, and to review the standards every five years or sooner.

**COMMENTS**

*Managing epilepsy at school.* Nearly 1% of United States children have a lifetime prevalence of epilepsy, making it one of the most common neurologic diagnoses. (AAP, 2016). According to

the Center for Disease Control (CDC), the number of children with epilepsy nationwide increased from 450,000 in 2007 to 470,000 in 2015.

Compared with students with other health concerns, a CDC study shows that students aged 6–17 years with epilepsy were more likely to miss 11 or more days of school in the past year. Also, students with epilepsy were more likely to have difficulties in school, use special education services, and have activity limitations such as less participation in sports or clubs compared with students with other medical conditions. Children and adolescents with epilepsy may experience prolonged seizures in school-associated settings and administering a seizure rescue medication may abort the seizure and obviate the need for emergency medical services and subsequent care in the emergency department (AAP, 2016).

*Current practices of school districts for dealing with pupils with epilepsy.* School health officials report that students with seizure diagnoses have "student specific" protocols or individualized health plans, or in some cases, students may have a 504 plan or an IEP. School nurses and physicians have been training both licensed and unlicensed personnel for many years in responding to the symptoms of a seizure disorder, including the administration of medication, when the appropriate consent has been provided by the parent as well as the healthcare provider.

*Prior statute on this topic sunset.* SB 161 (Huff) Chapter 560, Statutes of 2011, authorized school districts to train non-medical school employees, who volunteer, to administer emergency anti-seizure medication to students with epilepsy. Schools electing to participate were required to develop a school plan including the identification of staff to be trained, pupils who may require anti-seizure medication, authorization from the parent, and written instructions from the pupil's healthcare provider. The CDE was required to develop guidelines for the training and supervision of employees under these provisions and to post this information on its website, as well as best practices in training nonmedical personnel to administer an emergency anti-seizure medication to pupils.

This statute sunset on January 1, 2017, pursuant to the provisions of the 2011 bill. The California Department of Education (CDE) has maintained information and guidelines on the administration of seizure rescue medications, and other considerations for schools dealing with a pupil with a seizure disorder. The regulations that the State Board of Education (SBE) was required to adopt have been repealed, as the requirement sunset.

### **According to the Author**

"AB 1810 would establish the Seizure Safe Schools Act to allow schools to designate one or more volunteers to receive initial and annual refresher training for the emergency use of anti-seizure medication for a pupil diagnosed with seizures, a seizure disorder, or epilepsy, if the pupil is suffering from a seizure. California has enacted similar laws for the use of epinephrine for allergic reactions and naloxone for opioid overdoses.

The volunteer training would include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to those symptoms. In addition, the bill would provide for the development of "seizure action plans" for all students diagnosed with epilepsy or seizures and identify students eligible for IEPs and Section 504 accommodations. AB 1810 would also guarantee protections for the employees who volunteer to administer the medication.

Twelve states have already implemented versions of the Seizure Safe Schools Act. This bill will provide school sites with information and training necessary to aid children with epilepsy while on campus and create a safer environment for these children to succeed."

### **Arguments in Support**

The Epilepsy Foundation Los Angeles, sponsor of this measure, states "There are approximately 59,800 children living with epilepsy and seizures in California. Our organization knows that seizures are unpredictable and can occur at any time – including during school hours. While school nurses are trained to recognize and respond to seizures, a nurse may not always be on site at school or available when one occurs. It is crucial that other school employees have the opportunity to be trained properly to recognize and, if necessary, to respond to a seizure and help the child.

In 2013, the Supreme Court of California ruled that non-medical school personnel may respond to a student having a seizure and administer any emergency anti-seizure medication prescribed to the student, but there is no uniform standard for training those school employees. AB 1810 would close that gap, as well as offer additional protections to the school employees who assist a student having a seizure. We are confident that AB 1810 will provide school sites with the information and training necessary to aid children with epilepsy while on campus and create a safer environment for these children to succeed. Twelve states have already implemented versions of the Seizure Safe Schools Act – it's time for California to do the same and make schools safer for students with epilepsy."

### **Arguments in Opposition**

The California Nurses Association, states "The administration of Diastat requires a level of knowledge and experience that cannot be acquired with a training of unknown duration for nonmedical school personnel who likely have had no exposure to providing health care services and/or have an understanding of epilepsy. There does not appear to be any indication that the designated school personnel who would administer seizure rescue medication should have experience in providing first aid, have any previous exposure to epilepsy or have ever witnessed a person experiencing a seizure. Seizure activity does not always rise to the level of an emergency. The administration of Diastat is seen as an emergency and its administration is contraindicated if a child is experiencing ordinary seizure activity. These issues must be considered, and a competent assessment made prior to administering Diastat. Additionally, the administration of a rectal gel when an individual is seizing requires a level of skill that comes with experience to prevent injury to the individual while protecting their privacy. Because of funding cuts and priority setting, many school districts do not employ adequate numbers of school nurses thus making it more difficult to adhere to federal laws regulating the provision of health services in schools. Children with disabilities, however classified, are due not only a free, fair, and appropriate education but also access to competent, high quality health services if that is what is required to allow them to function, learn, and thrive in the educational setting."

## **FISCAL COMMENTS**

According to the Assembly Appropriations Committee:

- 1) Unknown, likely minor Proposition 98 (General Fund) cost pressure to reimburse LEAs for the cost of issuing the required notices to staff. If the Commission on State Mandates determines that this bill establishes a state mandate, the costs would be reimbursable.

- 2) One-time, minor absorbable costs of approximately \$30,000 to \$60,000 to the SPI to establish minimum standards of training. Ongoing negligible costs to periodically review and update the standards.

## **VOTES**

### **ASM EDUCATION: 7-0-0**

**YES:** O'Donnell, Megan Dahle, Bennett, Chen, Lee, McCarty, Quirk-Silva

### **ASM JUDICIARY: 10-0-0**

**YES:** Stone, Cunningham, Davies, Holden, Kalra, Kiley, Maienschein, Reyes, Friedman, Wicks

### **ASM APPROPRIATIONS: 16-0-0**

**YES:** Holden, Bigelow, Bryan, Calderon, Carrillo, Megan Dahle, Davies, Mike Fong, Fong, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Wilson

## **UPDATED**

VERSION: March 30, 2022

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