

## SEIZURE TRAINING AND SEIZURE ACTION PLAN

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**House Bill 5329 as introduced**  
**Sponsor: Rep. Kara Hope**  
**Committee: Education**  
**Complete to 6-17-24**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

House Bill 5329 would amend the Revised School Code to require the Michigan Department of Education (MDE) to develop training in seizure recognition and treatment and to require all school districts, intermediate school districts (ISDs), and public school academies (PSAs, or charter schools) to provide seizure training to school nurses and *school personnel*. School districts, ISDs, and PSAs also would have to ensure that their students who are being treated for a seizure disorder have a seizure action plan on file.

*School personnel* would mean a school administrator, guidance counselor, teacher, school secretary, office secretary, or other relevant school employee with direct contact and supervision of students, such as bus drivers and classroom aides.

Beginning with the 2025-2026 school year, the board of a school district or ISD or board of directors of a PSA would have to require that all *school personnel* employed by, or assigned to work at, a school operated by those entities successfully complete seizure recognition and seizure first-aid response training biennially. The training would have to include all of the following:

- Instruction on common seizure types.
- Seizure first-aid steps to assist a student who is having a seizure.
- Information on key factors that make a seizure a medical emergency.
- Guidance for ways to support students living with epilepsy.

The board of a district or ISD or board of directors of a PSA would have to require that all of its *school nurses or school personnel designated to administer medications* complete seizure recognition and seizure first-aid response training that includes training on medication administration. The training would have to include all of the following:

- Information on common seizure types and potential triggers and risk factors for seizures and emergencies.
- Guidance on ways in which treatment of epilepsy may affect a student's health, safety, or learning.
- Instruction on seizure first aid to assist a student during and after a seizure.
- Education on seizure action plans for students with epilepsy and using safe practices for medication administration and delegation.

Under the bill, MDE would have to develop guidelines for both of the trainings described above. These guidelines would have to be consistent with those developed by the Epilepsy Foundation.<sup>1</sup>

Also, the board or board of directors would have to ensure that each of its students being treated for a seizure disorder has a *seizure action plan*, which would have to be submitted by the student's parent or guardian and be made a part of the student's school record. The action plan would have to include the student's name and the name and purpose of any medication prescribed to the student, its dosage, the route and frequency of its administration, and the circumstances under which it may be administered. The board or board of directors would have to make sure that the seizure action plan was made accessible to all school personnel who are responsible for the student to whom the plan applies.

Upon written permission by the student's parent or guardian, the board or board of directors would have to ensure that at least two employees of the student's school are designated by a school administrator to administer seizure medication to the student in compliance with the instructions of a physician, as long as the prescription is on file at the school. (The board or board of directors would have to ensure that its local policy complied with this provision.)

MDE would have to identify, develop, and adopt appropriate revisions to any of its medication administration guidelines, including those relating to the training needs and requirements for the administration and maintenance of seizure medication, to allow for this in-school administration. Also, any such medication would have to be one approved by the U.S. Food and Drug Administration.

Finally, under the bill, a district, ISD, PSA, or a board, board of directors, or employee of any of those entities who acted in good faith in comply with these provisions would not be liable for civil damages or subject to criminal prosecution, unless the act or omission amounted to gross negligence. (This provision would not eliminate, limit, or reduce any other immunity or defense under state law.)

Proposed MCL 380.1179c

## **BACKGROUND:**

The bill is substantially similar to House Bill 4970 of the 2021-22 legislative session, as that bill was passed by the House of Representatives.

## **FISCAL IMPACT:**

The bill would increase costs for the state and for local school districts, ISDs, and PSAs.

MDE would incur an indeterminate cost increase to develop guidelines regarding seizure recognition and first aid training and to revise guidelines regarding medication administration.

A district, ISD, or PSA would incur an indeterminate cost increase to ensure that all school personnel complete the seizure recognition and first aid training on a biennial basis and to

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<sup>1</sup> <https://www.epilepsy.com/preparedness-safety/schools>

ensure that all school nurses or personnel designated to administer medications complete a training designed for school nurses. A district, ISD, or PSA with a pupil who is being treated for a seizure disorder will incur additional costs to ensure a seizure action plan is made a part of the pupil's record and accessible to all relevant school personnel, and, if applicable, ensure that at least two employees are designated to administer medication to the pupil.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.