Sample Seizure Management Guidelines for Student Participation In School and School Sponsored Activities

Most students with a history of seizures can participate in regular school activities with modifications that are determined by the parents, health care provider and school staff. School personnel should be familiar with the student's medications and potential side effects, be able to recognize signs of seizure-related behavior, know what to do when signs are observed, and know how to implement the established school emergency plan.

SEIZURE RISK CONSIDERATION	POTENTIAL RESTRICTIONS BASED ON PROVIDER ORDERS
Very Low Risk	
No seizures >2 years on or off medication	 May Consider Allowing Student to participate in all activities without restriction including: Drive Operate machinery Participate in all school activities without special accommodation or restrictions, including heights, with typical adult supervision ratios determined by the school. Ride bus without restriction or supervision
Low Risk	Restrictions as above, with the following modifications
 No seizure in last 12 months on or off medication Seizures only during sleep Seizures without loss of consciousness Seizures without loss of body control 	May Consider Allowing Student to: Swim with normal student to life guard ratios of no more than 15:1
Medium Risk	Restrictions as above, with the following modifications
 At least one seizure in the past 1 year, but fewer than 1 per month Seizures while awake Seizures with loss of consciousness Seizures with loss of body control and at least one such seizure in preceding one year but less than one month. 	 May Consider Allowing Student to: Swim with certified lifeguard buddy and adult supervision in ratio of 10:1. Lift weights with 1:1 spotter or power-lifting with 1:2 spotters Participate in non-contact sports May consider limited contact sports with permission of neurologist based on seizure history in past year.
	 May Consider Not Allowing Student to: Drive Operate open/heavy machinery with potential for injury (i.e. table saws, etc.) unless released from the child's neurologist and 1:1 adult supervision Be at heights off the ground greater than the child's own body height Participate in archery, riflery, fencing or wrestling

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SEIZURE RISK CLASSIFICATION	POTENTIAL RESTRICTIONS BASED ON PROVIDER ORDERS	
High Risk	Restrictions on previous page with the following modifications Strong recommendation to involve a child neurologist if none is involved	
Seizures occurring 1 time per month or more frequent	May Consider Requiring Student to:	
Seizures while awake	Have 1:1 monitor or LPN based on seizure frequency and duration	
Seizures with loss of body control	• Participate in non-contact sports, however if far away from adult (e.g. cross country; skiing; etc., must pair with a partner who is equipped with cell phone to call for help)	
	Do floor work – not being at heights off the ground greater than the child's own body height	
	May Consider Not Allowing Student to:	
	Swim or swim only with 1:1 assistance with staff member in pool	
	Weight lifting or use heavy equipment, even with spotters	
	Participate in contact or collision sports or limited contact sports; Should use	
	protective headgear during physical activity if prescribed by private provider or	
	requested by parent and is consistent with rules of governing sports' body	
Extremely High Risk	Restrictions as above, with the following modifications	
Seizures occurring daily or more often	In most cases will require 1:1 monitoring by RN or LPN under the direction of RN,	
Seizures with loss of consciousness	including during transportation	
Seizures with loss of body control		

Medical recommendations were provided by:

Dr. Margaret McBride, Dr. Cynthia Devore and Dr. Jennifer Kwon (University of Rochester Medical Center Dept. of Child Neurology) Committee on School Health and Sports Medicine for Chapter I of District II of AAP.

This information may be used as a guide for district medical directors when discussing appropriate accommodations for students with their private health care providers and developing plans for safe school participation.

Sample Seizure Management Guidelines for Student Participation In School and School Sponsored Activities

CLASSIFICATION OF SPORTS BY CONTACT

CONTACT/COLLISION	LIMITED CONTACT	NONCONTACT
Basketball	Baseball	Archery
Boxing	Bicycling	Badminton
Diving	Cheerleading	Body building
Field hockey	Canoeing/kayaking(white water)	Bowling
Football (flag or tackle)	Fencing	Canoeing/kayaking (flat water)
Ice hockey	Field (high jump, pole vault)	Crew/rowing
Lacrosse	Floor hockey	Field (discus, javelin, shot put)
Martial arts	Gymnastics	Golf
Rodeo	Handball	Orienteering
Rugby	Horseback riding	Power lifting
Ski jumping	Racquetball	Race walking
Soccer	Skating (ice, inline, roller)	Riflery
Team handball	Skiing (cross-country, downhill, water)	Rope jumping
Water polo	Softball	Running
Wrestling	Squash	Sailing
	Ultimate Frisbee	Scuba diving
	Volleyball	Strength training
	Windsurfing/surfing	Swimming
		Table tennis
		Tennis
		Track
		Weight lifting

^{*}Adapted from the American Academy of Pediatrics classification of sports by contact table.

American Academy of Pediatrics, 2008 http://pediatrics.aappublications.org/content/121/4/841/T1.expansion