

Testimony of  
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Before the  
**Education, Health, and Environmental Affairs Committee**  
on  
**SB0549: Seizure Safe Schools/Brynleigh's Act**

**SUPPORT**  
March 3, 2020

Thank you, Mr. Chairperson and the members of the Committee, for providing the opportunity to submit written testimony in support of Senate Bill 0549.

My name is Diana Briemann, and I live in Pasadena, Maryland. I am an educator with Anne Arundel County Public Schools. As an educator, the care and safety of my students is a priority. At the start of each school year, teachers are trained on several health issues such as recognizing allergic reactions and how to administer epi-pens, diabetes, and sickle cell anemia. Currently, teachers are not trained in seizure recognition or first aid response.

After my own diagnosis of epilepsy in 2018, I began researching. I became aware of how prevalent epilepsy and seizures are. Being an educator, I believe knowledge is power, so following my diagnosis, it became a personal mission to educate others about epilepsy and seizures. I learned statistics such as one in ten will have a seizure in their lifetime, and one in twenty-six will be diagnosed with epilepsy. To put that into perspective that is equivalent to one student in every classroom across the United States. There are approximately 470,000 school aged children with epilepsy versus 208,000 children with diabetes. I am not dismissing the seriousness of diabetes, but our students and staff who may experience a seizure at school should have the same protection.

Parents send their children to school each day for an average of six and a half hours, trusting that the faculty and staff will keep their child safe. Teachers are the first responders of the school should there be health concerns, accidents, or emergencies. Being able to recognize seizures in students and other staff members is critical. Just a few seconds or minutes for a person experiencing a seizure can be life altering.

No two seizures are exactly alike. To someone not trained, seizures may appear to be something different. For example, atonic seizures, once referred to as “drop attacks” could be confused with fainting. Myoclonic seizures are sudden, involuntary muscle jerks or spasms. This could appear to be a tic. Absence seizures, which are very common in children, are a blank stare. The

child would appear to be unfocused or daydreaming. Teachers could confuse this type of seizure with Attention Deficit Hyperactivity Disorder. Under this bill, teachers would be provided with seizure action plans for each student with epilepsy. Action plans are individualized for each child's situation. It is imperative for teachers to recognize the signs and symptoms so they can help their students and communicate information to their families.

There may be questions about the financial responsibilities for what seems like a large undertaking to train school staff across the state. Fortunately, the Epilepsy Foundation developed and provides a forty-five minute online training for school personnel at absolutely no cost. Forty-five minutes is nothing to save the life of a child.

In requiring seizure recognition and first aid response training for school personnel, we are creating safe schools for those who may have a seizure. I urge the committee to pass SB 0549. Thank you for this opportunity to testify.