

# Seizure Management

## POLICY AND PROCEDURE

### Purpose

This policy will outline the procedures to:

- ✓ ensure that staff and support workers are aware of their obligations and required strategies in supporting clients with epilepsy and to
- ✓ ensure that all necessary information for the effective management of clients with epilepsy is collected and recorded so that these clients receive appropriate safe care when required.

### Scope

This policy applies to all employees of Subee Newlake.

### Values

Subee Pty Ltd is committed to:

Providing an environment in which all clients with epilepsy can participate to their full potential

Providing a clear set of guidelines and procedures to be followed about supporting clients with epilepsy and the management of seizures.

Educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among staff, support workers and others involved in the education and care of clients.

### Background

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain.

“Epilepsy is unique: There are virtually no generalizations that can be made about how epilepsy may affect a client. The most important thing to do when working with a client with epilepsy is to get to know the individual client and their condition. All clients with epilepsy should have an Epilepsy Management Plan” from treating GP or specialist.

Most people living with epilepsy have good control of their seizures through medication; however, it is important that all those working with clients living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

Legislation that governs the operation of approved clients' services is based on the health, safety and welfare of clients, and requires that clients are protected from hazards and harm.

Subee requires all support workers have current approved first aid qualifications.

### Types of Seizures

Seizures can be classified into 3 major groups:

#### ➤ Focal Onset

These seizures start in one hemisphere of the brain and may be localised, or more widely distributed.

Symptoms may include:

- Stiffening, jerking or limpness
- Changes in sensation or emotions
- Involuntary repetitive movements eg. Fiddling, lip-smacking.

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### ➤ Generalised onset

These seizures affect cells on both sides of the brain from the onset of the seizure. This may include:

Absence seizure: Occurring mostly in clients, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some clients can experience these types of seizures multiple times during the day. Absence seizures can be mistaken for day-dreaming.

Tonic Clonic seizure: A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

### ➤ Unknown Onset

These seizures have insufficient evidence to determine whether the onset was focal or generalised in onset. This may happen when the event was not witnessed, or the person was sleeping at the time of onset

## Seizure Triggers

Seizure triggers are factors that can lead to a seizure event. These can include:

- Lifestyle factors, such as drug or alcohol use
- Insufficient sleep
- Illness or infection
- Stress or anxiety
- Missing medication dosage or a sudden change in medication
- For women, their menstrual cycle

## Medication and records

**Seizure record**: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

### Emergency Medication Management Plan (EMMP):

Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the clients treating doctor.

**Emergency epilepsy medication**: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a client Emergency Medication Management Plan, and this must be kept up to date. Only staff that have received specific training in the emergency administration of midazolam can administer this medication.

**AEDs**: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy, but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently

## Policy Statement

Subee is responsible for:

- providing all staff with access to a copy of the service's *Epilepsy Management Policy* and ensuring that they are aware of all clients living with epilepsy.
- ensuring that all staff have current CPR training and are aware of seizure first aid

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- procedures
- ensuring that all clients with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan no more than 12 months old
- ensuring that clients with epilepsy are not discriminated against in any way
- ensuring that clients living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with management regarding the management of clients with epilepsy at the service

The Support Worker is responsible for:

- ensuring that all support worker first aid qualifications, including CPR training, are current
- ensuring that only staff who have received specific training in the administration of medications are permitted to administer that medication
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- being aware of, and sensitive to, possible side effects and behavioral changes following a seizure or changes to the client's medication regime
- ensuring that clients with epilepsy are not discriminated against in any way

- ensuring that clients with epilepsy can participate in all activities safely and to their full potential.

### Seizure first aid

#### Tonic Clonic seizure

- A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements:
- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

#### Absence seizure

- Occurring mostly in clients, this consists of brief periods of loss of awareness. This type of seizure may be mistaken for daydreaming.
- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

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### Focal seizure

- This seizure is a non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. This type of seizure may be mistaken for alcohol or drug intoxication:
- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

### Ausmed eLearning course:

Care of a person living with epilepsy

### Call an ambulance 000:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- If the seizure continues for more than five minutes
- If the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- When a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

### Resources

**Epilepsy Australia National Help Line:**  
1300 852 853

**Epilepsy Foundation**  
1300 761 487

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