

## SEIZURES AND EPILEPSY POLICY

### AIMS AND OBJECTIVES

The policy aims to ensure that any person in our care who experiences a seizure is appropriately supported and investigated, and receives evidence based treatment and care both in first episode of seizure and if there is already a diagnosis of epilepsy.

It sets out the expectations of interventions that should be provided by staff employed within SBS, and those that require advice and / or intervention from other specialist services.

The policy aims to ensure that risk assessments specific to people with epilepsy or those who experience seizures are completed in order to reduce risks of injury or ill health.

### SCOPE

This policy applies to all staff employed or contracted to work at SBS.

### INTRODUCTION

Epilepsy is a common neurological disorder characterised by recurring seizures.

It is estimated that 20-30% of patients with epilepsy also have psychiatric disturbances (and hence, it is important for us as health professionals to be well-versed with managing this condition).

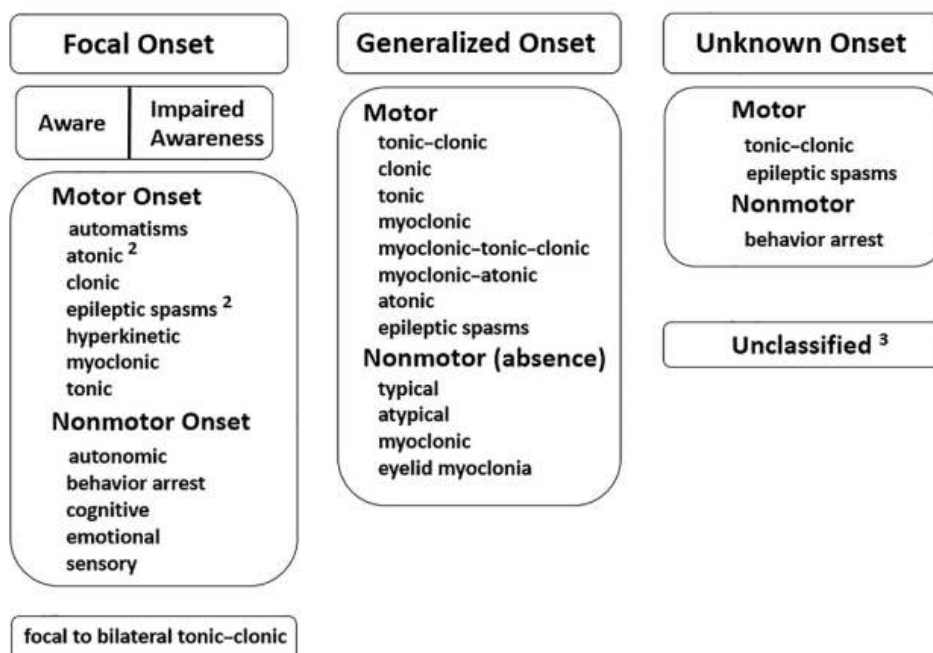
Epilepsy is defined as “a disease of the brain defined by any of the following conditions:

1. At least two unprovoked (or reflex) seizures occurring >24 h apart
2. One unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years.
3. Diagnosis of an epilepsy syndrome.

Epilepsy is considered to be resolved for individuals who had an age-dependent epilepsy syndrome but are now past the applicable age or those who have remained seizure-free for the last 10 years, with no seizure medicines for the last 5 year.

### SEIZURE CLASSIFICATION

#### ILAE 2017 Classification of Seizure Types Expanded Version <sup>1</sup>



## FIRST AID FOR SEIZURES

First aid will depend on the individual student's epilepsy and the type of seizure they are having.

## MANAGEMENT OF SEIZURES

The first step in management of seizure is to recognise when someone is having a seizure. In general, seizures can present in two ways, although it can vary according to the individual and the type of epilepsy they have.

- Tonic-clonic (convulsive) or generalised seizures are sometimes referred to as grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may become pale or go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.
- Focal Seizures or partial seizure may or may not be aware of their surroundings or what they are doing, according to the kind of seizure. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around, unusual sensations or intense emotions such as fear or joy.

## GENERAL MANAGEMENT OF TONIC-CLONIC SEIZURES: FIRST AID

### Do:

- ✓ Note the time & duration
- ✓ Protect them from injury (remove harmful objects from nearby)
- ✓ Cushion their head
- ✓ Time how long the jerking lasts
- ✓ Aid breathing by gently placing them in the recovery position (see picture) once the jerking has stopped.
- ✓ Stay with them until they are fully recovered.
- ✓ Be calmly reassuring



### Don't:

- × Restrain their movements
- × Put anything in their mouth
- × Try to move them unless they are in danger
- × Give them anything to eat or drink until they are fully recovered
- × Attempt to bring them round

## GENERAL MANAGEMENT OF NON-TONIC CLONIC SEIZURES

- Simple Partial Seizures - Although the person is awake and aware, simple partial seizures can feel unsettling so giving gentle reassurance may be helpful.

- Complex Partial Seizures - the person's consciousness is affected and they may be confused. You might notice them wandering around or behaving strangely and they may not know what they are doing. This might last a few seconds to a few minutes.

**The following outlines a few steps:**

- ✓ Do not restrain the person as this may upset or confuse them.
- ✓ Gently guide the person away from any danger.
- ✓ Speak quietly and calmly so that the person is not startled. The individual may be confused, and speaking loudly or acting forcefully this may worsen confusion. The person may misinterpret help as hostility and become upset or respond in an aggressive way.

**After the seizure stops:**

- ✓ The person may feel tired and need to sleep.
- ✓ It may help if you remind the person where he or she is because the person may not be fully aware of their surroundings.
- ✓ Stay with the person until fully recovered and can safely return to what they were doing.

**WHEN TO CALL AN AMBULANCE – DIAL 998**

- If you know it is the student's first seizure
- The seizure continues for more than five minutes or longer than is normal for that individual.
- One seizure follows another without the student regaining awareness between seizures.
- The student is injured during the seizure.
- You believe the student needs urgent medical attention

**THE TEACHERS HAVE RESPONSIBILITY TO:**

- Participate in the school meeting with the parent(s) and the Head teacher/DHT/AHT. The teacher(s) who have main responsibility for the student should participate in the meeting(s).
- Work with the school team (doctor & nurse) and the parents to develop a written Healthcare plan including the Epilepsy Emergency Plan specific for the student.
- Be prepared to recognize the triggers, signs and symptoms of seizures and know what to do in an emergency.
- Maintain effective communication with parents including informing them if their child has become unwell at school.
- Provide a supportive environment for the student to manage their epilepsy effectively and safely at school.
- Provide alternative options for vigorous physical activity.
- Promote inclusion of the student with epilepsy in all school activities that are appropriate and safe to participate in, including sports, extracurricular activities and school trips in accordance with the guidance of the student's medical team.
- Ensure that emergency medication such as buccal midazolam is stored in a safe place in the school and readily available in the event of a seizure.
- Ensure that the student has the right to privacy when recovering from a seizure if this is needed. However the student should be checked on at regular intervals.
- Provide information for the substitute teachers that communicates the day-to-day needs of the student with epilepsy and the Epilepsy Emergency Plan.
- Attend Epilepsy management training if deemed necessary.
- Be aware of the potential impact of seizures and medication on a student's memory and overall school performance

**\*Please note that some students may be prescribed emergency medication and please refer to their healthcare plan for details**

**Implementation Date: September 2019**

**Review Date: September 2020**

**Reviewed by: \_\_\_\_\_**  
**May Ann Angeles, DHA-RN**  
**Lead School Nurse**

**Approved By: \_\_\_\_\_**  
**Zara Harrington**  
**Principal**