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Ratified by: Name of Ratifying Committee/Group
Clinical Guidelines Group

Date ratified: 1.6.2015

Originator/author:
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Pat Matthews – Specialist Community Public Health Nurse (School Nurse) Locality Practice Teacher
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Responsible committee/individual: Clinical Policies Group

Executive lead: Michael Richardson - Deputy General Manager, Children & Young People Services

Date issued: 01.06.2015

Review date: 3 years
### DOCUMENT CONTROL SHEET

<table>
<thead>
<tr>
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<th>The aim of these guidelines is to ensure a standard for managing epilepsy in Schools, Early Years and Social Care settings.</th>
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<td><strong>Dissemination:</strong></td>
<td>The guidelines will be communicated to staff via line managers following the approved process. The guidelines will also be made available on the organisations Intranet. The guidelines will be made available to outside organisations on the Internet at <a href="http://www.glos-care.nhs.uk/publications/our-policies-and-procedures">http://www.glos-care.nhs.uk/publications/our-policies-and-procedures</a>.</td>
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<td><strong>Scope:</strong></td>
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<tr>
<td><strong>Review:</strong></td>
<td>The guidelines will be reviewed 3 yearly.</td>
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<td><strong>This document supports:</strong></td>
<td>Full list outlined in References, Bibliography and Acknowledgements</td>
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<td><strong>Key related documents:</strong></td>
<td>Gloucestershire Care Services (2014) Basic Life Support</td>
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<td><strong>Quality and Equality</strong></td>
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<td><strong>Consultation:</strong></td>
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### Version Control Information

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Description</th>
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<td>GCSNHST</td>
<td>Gloucestershire Care Services NHS Trust</td>
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1. **Introduction**

1.1 The aim of these guidelines is to ensure a standard for managing epilepsy in Schools, Early Years and Social Care settings.

1.2 Epilepsy is a condition that may require treatment/intervention at any time, to enable a young person/child to participate in activities of daily living which includes attending School/Early Years/Social Care settings which is essential to promote and enhance their education, health and well-being.

1.3 These guidelines give recommendations for raising awareness and management of children with epilepsy. The principles are evidenced based and underpinned by Government policies such as: Every Child Matters: Change for Children (2004), The Children’s Act (2004), and the delivery of the Healthy Child Programme (2009) in ensuring the principles of early intervention and health promotion.

1.4 This document provides guidelines for the management of children with epilepsy in schools and Early Years settings and should be read in conjunction with the Department of Education guidance document ‘Supporting Pupils at School with Medical Conditions’ (2014). The guidance provided should be used by Head Teachers, Governors and managers in consultation with staff in reviewing local policies and procedures.

1.5 The ‘Management of Health & Safety at Work Regulation 1992’ require Gloucestershire Local Education Authority (LEA) as an employer to assess the risks to the health and safety of staff and children in Schools and Early Years settings. When carrying out risk assessments the following processes are required:

- Identify the hazards
- Assess the risks posed by the hazards
- Decide on the measures to control the risks adequately
- Implement the control measures and monitor their effectiveness.

1.6 The guidelines should be used in conjunction with:

- Gloucestershire Care Services (2014) Basic Life Support

1.7 The Department for Children, Schools and Families and Department of Health stipulated in the Healthy lives, brighter future guidelines that all children with a long term medical condition or subsequent, significant disability should have an individual care plan (DH/DCSF, 2009).

2 **Purpose**

2.1 These guidelines have been written for use by both Local authority staff and Public Health Nursing staff. Public Health nursing staff support staff employed in schools and early years settings to manage young people /children with epilepsy. They are designed to be used by Teachers, Teaching Assistants, First aiders, Family Support workers/Early Years Staff and Public Health Nurses.
2.2 Gloucestershire Education Department encourages Governing bodies and staff to help children with epilepsy by facilitating Awareness Sessions within Schools and Early Years settings.

2.3 Supporting documents have been identified within the contents section and attached as appendices to be used in conjunction with these guidelines.

2.4 Individual Health care plans and guidelines for identification, signs and symptoms, triggers, treatment and emergency action for young people/children with epilepsy are also identified within the main text of these guidelines, with supporting appendices attached.

3 Definitions

3.1 Within these guidelines the term child or children is used throughout to refer to any child/young person in school, early years or social care setting within the Local Authority area and all children and young people under the age of 19 in full time education Local Authority schools.

3.2 Within these guidelines the term Parent is used throughout to refer to anyone who has caring responsibility for a child.

4 Roles and Responsibilities

4.1 General Roles Responsibilities and Accountability

Gloucestershire Care Services NHS Trust (GCSNHST) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition GCSNHST will ensure that:

- All employees have access to up to date evidence based guidelines documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to guidelines documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GCSNHST guidelines.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
4.2 Roles, Responsibilities and Accountability Specific to this guidelines

4.2.1 The Public Health Nurse (PHN) Lead and Paediatric Epilepsy Nurse Specialist (PENS) will be responsible for ensuring these guidelines are updated as per the guidelines process or sooner if there are significant changes to the management of young people/children with epilepsy.

4.2.2 Clinical Governance group which compromises of the Public Health Nursing Service Lead Practice Educators, Practice Teachers and Safeguarding Lead will be responsible for cascading these guidelines to all members of the Public Health Nursing Teams.

4.2.3 Practice Teachers will be responsible for the epilepsy awareness training to identified members of the Public Health Nursing Service and to assess practitioner’s competency in delivering the awareness session effectively and safely with support from the PENS.

4.2.4 Identified Public Health Nursing practitioners once deemed competent will be responsible for providing epilepsy awareness sessions within Schools and Early Years settings as required, using the ratified guidelines for guidance and resources attached. They will also support settings that may request support in managing epilepsy on an individual basis.

4.2.5 The PENS will be responsible for delivering the emergency medication awareness sessions for children who require emergency medication.

4.2.6 The Local Education are responsible for disseminating these guidelines for use in Schools, Early Years settings as per local guidelines once they have agreed the content.

4.2.7 Head Teachers, Governors and Early Years Managers in consultation with their staff are responsible for reviewing their own policies and procedures for the management of young people/children with epilepsy within their care. These guidelines are to be used in accordance with any specific issues that may present in their local setting.

4.2.8 Head Teachers and Early Years managers are responsible for highlighting which members of staff require awareness sessions and for organising their attendance in consultation with the PHN/PENS who has been identified to deliver the awareness session.

4.2.9 Head Teachers and Early Years Managers are responsible for ensuring that a young person/child within their care has an Individual Health Care Plan, Emergency Action Plan outlining the management of that young person / child’s epilepsy (Appendix 3 and 4).

4.2.10 Schools, Early Years and Social Care staff are insured by the Local Education Authority to give medication such as Buccal Midazolam, Rectal Diazepam and Paraldehyde provided they follow guidelines and have received appropriate training and refer to and adhere to the Young Persons/ Child Individual Care Plan/Emergency Action Plan (Appendix 3 and 4).
4.2.11 Parents are responsible for supplying school with the emergency medication and the individualised care plan for this emergency medication. Parents are also responsible for disposing of the emergency medication, if required.

5 Guidelines

5.1 What is Epilepsy?

- Approximately one in 214 young people and children have epilepsy, that equates to about 47,000 children in the UK (epilepsy action)
- Recent studies have identified that children and young people with epilepsy were found to have problems in learning and attendance. (www.epilepsy.org.uk)
- Children and young people with epilepsy are also at greater risk of under achieving, particularly in core subjects such as maths and English. (medical conditions awareness sessions- epilepsy, 2007)
- Unemployment is higher in school leavers who have epilepsy
- Epilepsy is considered a disability under the Discrimination Disability Act(2005), This needs to be taken into consideration when assessing the needs of the young person/child
- Many hospital admissions could be avoided if parents, carers, staff and children themselves were better equipped and to enable them to manage the condition.

5.2 Definition of Epilepsy

- Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fit's) (Epilepsy action, www.medicalconditions@school.org).
- A seizure is caused by a sudden burst of excess electrical activity in the brain causing a temporary disruption in the normal message passing between brain cells.

5.3 Seizures

- There are many different types of seizure however they fall in to 2 main categories, generalised seizures and partial (focal) seizures.
- Seizures start suddenly and end spontaneously. They are usually brief lasting a few seconds or minutes and stop of their own accord and are often followed by a recovery period known as the ‘post ictal’ phase.

5.3.1 Generalised Seizures

- In these types of seizure the whole brain is affected by abnormal electrical disturbances and the child becomes unconscious of their surroundings. Examples of generalised seizures are:-
  - Tonic clonic (previously known as ‘grand mal’ seizures)
  - Tonic (stiffening)
  - Atonic (drop or floppy episodes)
  - Myoclonic (muscle jerking)
  - Absence seizures both typical and atypical (staring, blankness)
• If the child has a generalised tonic clonic seizure, they will lose consciousness, stiffen, collapse to the ground, and then have jerking or twitching movements of their body, arms and legs, as their muscle tighten and relax rhythmically. They may also appear blue around their mouth and may dribble a lot of saliva. The child may make an unusual sound in their throat, which may be a clicking sound or a choking sound: this does not mean that the child is choking; it is part of the seizure.

• Following a generalised tonic clonic seizure the child will probably be disorientated, confused and tired. They may have a headache or muscle aches and may need to sleep. You should allow them to sleep but be watchful in case of a further seizure.

• If the child has an atonic or tonic seizure they may injure their face or head, so always check for injury.

5.3.2 Partial (focal) Seizures

• In these, the seizure comes from one area of the brain and what it looks like will depend on where in the brain it comes from and what function that area is responsible for. Consciousness may be disturbed or impaired.

• For example the child may present with involuntary movement of one side of the body but the may retain consciousness

5.4 Causes of Epilepsy

• Brain Injury or Disease
  ▪ As a result of a brain injury
  ▪ As a result of an infection of the brain (encephalitis) or brain lining (meningitis)
  ▪ Malformation or Degeneration of the brain
  ▪ Brain tumors
  ▪ Metabolic (Biochemical disorder)

• Hereditary Factors
  ▪ Epilepsy can be inherited

• Unknown
  ▪ In 60% of epilepsies the cause is unknown and they are referred to as idiopathic

5.5 What do I need to know about somebody’s Epilepsy?

• The Following is the core information required about somebodies Epilepsy:

  • What type of seizures does the person have?
  • How long do their seizures normally go on for?
  • Does the person need to sleep afterwards or are they confused?
  • How long does it take for the person to fully recover?
• How frequent are the seizures?
• Is there any trigger?
• Does the person have a history of status? (See below)

5.6 **Triggers**

5.6.1 Sometimes you may discover that certain things make your child’s seizures more likely to occur. These are known as triggers and may include:

- Illness or having a temperature/fever
- Tiredness
- Boredom
- Stress
- Becoming excited
- Menstruating
- Alcohol or recreational drugs
- Flickering lights

5.6.2 Only 5% of children with epilepsy are sensitive to light therefore it is usually alright to watch television (flat screen) or use a computer, as long as they do not sit too close to the screen.

5.7 **Status Epilepticus**

5.7.1 The current internationally accepted definition of status epilepticus is either:

- Any seizure lasting for at least 30 minutes or
- Repeated seizures over a period of 30 minutes or longer, from which the person does not regain consciousness between each seizure.

5.7.2 Within school/early years/social care settings, medical advice should be sought well before the child reaches the point of status epilepticus.

5.8 **When a child has a seizure at School / Early Years / Social Care setting**

When a child has a seizure at school/early years/social care setting immediate management is broadly the same, whether the child has a known history of seizures (epilepsy) or whether it is the first seizure.

*You should*

- Stay calm
- Make sure they are safe from injury (remove harmful objects)
- If possible, gently roll onto their side
- Cushion their head and gently lift their chin to keep their airway open
- Stay with child
- Watch what happens during the seizure
- Note how long it lasts
- Call an ambulance
If the child has been prescribed emergency medication follow instructions on your Emergency Care Plan.

You should not

- Move the child unless they are in danger
- Put anything in their mouth, unless you are giving buccal midazolam medication.
- Restrain their movements (this may injure them)
- Try to bring them out of the seizure.

5.9 Treatment

5.9.1 Treatment will vary from child to child. Every child who has a diagnosis of epilepsy will have an individual healthcare plan identifying the prescribed treatment for him/her and any individual precautions (Appendix 3 and 4)

5.9.2 An Emergency Medication Care Plan for children who are prescribed emergency medication (Appendix 3)

5.9.3 When a child has a seizure, a seizure monitoring chart (Appendix 5) should be completed, prescribed treatment given and recorded and first aid procedures followed.

5.9.4 For further information see the Administration of Emergency Medication for Seizures information included as Appendix 8.

5.10 How and What to record on Epilepsy

5.10.1 A seizure observation chart should be completed when a child has a seizure (Appendix 5)

5.11 Storage of Medicines

5.11.1 Medication should be stored in a labelled container which also contains written instructions and a record sheet to record administration

5.11.2 Medication should be locked away in a secure place out of the reach of children and its location known to all trained volunteers

5.11.3 Medication should be clearly labelled for the individual child/young person by a pharmacy

5.11.4 Medication should be stored in a dark place at room temperature (protect from light and extreme heat)

5.11.5 Store medication as directed by the manufacturers

5.11.6 Parents / carers to take responsibility for checking the condition and date of expiry of medication

5.11.7 Parents / carers should arrange for repeat supplies of medication with the GP.
5.11.8 Parents/ carers should take responsibility of disposing of out of date medication by returning to a community pharmacy

5.11.9 It is the head teacher’s responsibility to ensure all medicines are stored securely.

5.12 Implementing and Monitoring a school and early year’s setting guidelines

5.12.1 It is the School's responsibility to put in place effective procedures for managing children’s epilepsy in Schools and Early Years settings, the following actions will be required

- Complete an Healthcare Plan for each child (Appendix 4)
- Make the guidelines known to staff, support staff, parents and pupils and make the guidelines freely available for anyone to read
- Ensure staff awareness record is completed (Appendix 6)
- Identify and address any additional training and information needs of staff. It is recommended that all staff caring for a child with epilepsy should receive awareness sessions (Minimum of 4 people per school)

5.13 Summary

5.13.1 Administration of medicines in individual schools and early years settings is determined by the School Health Guidelines as set by Head Teachers/Governors/Managers. It is hoped that with the support of parental consent, these guidelines and the help of the School and Early Years settings Health Service, they will see this as part of their pastoral role.

5.14 Training

5.14.1 It is recommended that at least 4 members of staff in a setting should attend an Epilepsy awareness session. The awareness sessions should be attended annually.

5.14.2 The Public Health Nursing Service will provide advice and support to staff.

5.14.3 For schools - Awareness training sessions will be published on the school nurse website http://www.glos-care.nhs.uk/our-services/nursing/school-nursing. In addition to this, dates of training sessions will be disseminated out to head teachers by the Public Health Nurses via e-mail.

5.14.4 For Early Years Settings – Awareness training sessions will be published on the health visiting website http://www.glos-care.nhs.uk/our-services/nursing/health-visiting

5.14.5 Please see PowerPoint presentation (Appendix 2) for support in delivery of awareness sessions

5.14.6 Public Health Nurses need to update their own Epilepsy training annually. This training will be delivered by the PENS.

5.14.7 Training needs should be identified by each nurse as they arise and can also be reviewed during appraisal. Managers have a duty to support staff in training and
undertaking clinical practices safely in order to meet the needs of staff and serve the interests of patients.

5.14.8 The Public Health Nursing Service provides advice and support to staff. Schools/Early Years settings needing help/assistance should speak in the first instance to the Occupational Health & Safety Helpline (SHE) –01452 425350.

6 Consultation
Identify any extended consultation particular where this has involved service users, carers or stakeholders

School Nurses
Health Visitors
Education Settings
Early Years Settings
Paediatric Specialist Epilepsy Nurse
Health and Safety (GCC)
Locality Service Leads
Deputy Manager of Children Services
Service Users

7 Resources [REQUIRED]
Identifies any resource implications associated with the document

7.1 There are no anticipated cost implications associated with the implementation of these guidelines.

8 Training [REQUIRED]
Identifies any training necessary for staff so as to implement the requirements of the document

8.1 Public health nurses will undertake training annually with the PENS to ensure skills and competences are maintained.

8.2 Public health nurses will undertake Basic Life Support training annually.

9 Implementation [REQUIRED]

9.1 The guidelines will be communicated to staff via line managers following the approved process.

9.2 The guidelines will be made available on the organisations Intranet and it will also be highlighted in team meetings.

9.3 Information on who to contact for access to the guidelines from outside the organisation is available on the Internet at http://www.glos-care.nhs.uk/publications/our-policies-and-procedures

10 Audit [REQUIRED]
Identify how compliance with the document will be monitored and audited
10.1 Each qualified nurse is personally accountable for their own practice and for their maintenance and development of their own knowledge and competence (NMC, 2008).

10.2 Training needs should be identified by each nurse as they arise and can also be reviewed during appraisal. Managers have a duty to support staff in training and undertaking clinical practices safely in order to meet the needs of staff and serve the interests of patients.

10.3 The nurse understands the legal responsibility for undertaking the procedure

10.4 Clinical competence is the responsibility of the individual who works within the ‘Scope of Professional Practice’ (NMC, 2010)

10.5 Public health nurses need to update their own epilepsy training annually.

10.6 Review of incident reporting relating to epilepsy management in a school/early year/social care setting, where there has been involvement of public health nursing staff, through the clinical governance committee (children)

10.7 Public health nurses should retain copies of staff awareness session records as evidence of having provided information as per the guidelines using the ratified resources for those schools that have requested it.

10.8 Evaluation of awareness session should be undertaken by the public health nurse (Appendix 7). Any issues relating to effectiveness of training should be flagged to Locality Practice Teachers.

11 Equality Impact [REQUIRED]

11.1 These guidelines have been subjected to a Quality and Equality Impact review. This concluded that these guidelines will not create any adverse effect or discrimination on any individual or particular group.

12 Quality Impact [REQUIRED]

12.1 These guidelines has been subjected to a Quality and Equality Impact review. This concluded that the guidelines will not negatively impact upon the quality of health and social care services provided by the Trust.

13 Review [REQUIRED]

Confirms the process for review of the document

13.1 September 2017 or sooner if there are significant changes to the management of young people/children with epilepsy.

14 References, Bibliography and Acknowledgements
• DfES (2006) Implementing the Disability Discrimination Act in Schools and Early Years setting
• Disability Discrimination Act (2005)
• Epilepsy Action
• Management of Health and Safety at Work (1992)
• Occupational Health and Safety Helpline (SHE)
• www.epilepsy.org.uk
• www.medicalconditions@school.org
• The Childrens Act (2004)
• Gloucestershire Care Services (2014) Basic Life Support
APPENDIX 1: EQUALITY ANALYSIS AND QUALITY IMPACT ASSESSMENT

At the start of the process to develop any corporate or clinical guidelines or other supporting control document, consideration must be given to the potential or actual impact on quality and equality that may result from implementation of the documents advised actions. This form is intended to support all authors to identify any such impacts, whether these are positive, negative or neutral. It should be completed fully and submitted as part of the evidence to support approval of the guidelines or other control document. Where an actual or potential impact is identified, evidence on actions taken to mitigate the impact should also be provided.

1. The Guidelines Document

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<th>Epilepsy in Schools and Early Years Settings within the Local Authority</th>
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<td>The aim of this guidelines is to ensure a standard for managing epilepsy in Schools, Early Years and Social Care settings.</td>
</tr>
<tr>
<td>Lead Author:</td>
<td>Matthew Anderson</td>
</tr>
<tr>
<td>Directorate:</td>
<td>Childrens Services</td>
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<td>Date of Assessment:</td>
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2. People affected by the Guidelines/Document

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<td>X The support that services users receive will be affected by the training of the school and early years setting staff receive.</td>
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<td>Carers</td>
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3. Analysis of impacts on equality

Based on the evidence, what impact (adverse, positive or neutral\(^1\)) could your guidelines/document have on people\(^2\) with particular ‘protected characteristics’? Please explain the reason(s) for your decisions\(^3\).

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<td>Marriage &amp; Civil Partnership</td>
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4. Analysis of impact on quality

Based on the evidence, what impact (adverse, positive or neutral) could your guidelines/document have on quality? Please explain the reason(s) for your decisions.

---

\(^1\) Please see glossary of terms on the intranet for an explanation of adverse and positive impact.

\(^2\) Including service users, staff and others affected.

\(^3\) Consider their ability to access your services/ activities, how they will experience them, and potential outcomes.

\(^4\) Only applies to internal policies and procedures, not to service provision.
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<tr>
<td>Efficiency and use of resource</td>
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<td>Workforce</td>
<td>X</td>
<td>Workforce will now have annual updates on Epilepsy by the Paediatric Epilepsy Nurse Specialist.</td>
</tr>
<tr>
<td>Service user experience</td>
<td>X</td>
<td>Evaluation form has been changed to be more service user friendly. A system has been put in place to ensure feedback is reviewed and audited.</td>
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<td>Compassionate / personalised care</td>
<td>X</td>
<td>No foreseen guidelines changes impact compassionate / personalised care</td>
</tr>
</tbody>
</table>

### 5. Conclusions and Recommendations

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are significant issues relating to equality that require a full impact assessment</td>
<td>No</td>
</tr>
<tr>
<td>There are significant issues relating to quality that require a full impact assessment</td>
<td>No</td>
</tr>
</tbody>
</table>
EPILEPSY IN SCHOOLS AND EARLY YEARS SETTINGS

SESSION AWARENESS POWERPOINT

(www.medicalconditions@school.org)
Medical Conditions Awareness Sessions
Session 5: Epilepsy

The content for this section was produced by Epilepsy Action
(Registered charity number 234343).
Types of seizures

+ About 40 different types of seizure, for example:
  + partial (only part of the brain is affected):
    + simple or complex.
What is epilepsy?

Epilepsy is a tendency to have seizures.

+ These are sometimes called ‘fits’. Seizures come from a temporary disruption of the electrical activity in the brain.

+ There are about 40 different types of seizure.

+ What happens during a seizure will depend on where in the brain the epileptic activity begins, and how widely and rapidly it spreads. About one person in 20 will have a single seizure at some point in their life, but in most of these cases, this will not lead to a diagnosis of epilepsy.
Types of seizures

+ About 40 different types of seizure, for example:
  + **partial** (only part of the brain is affected):
    + simple or complex.
Types of seizures (continued)

- About 40 different types of seizure, for example:
  - **Partial** (only part of the brain is affected):
    - simple or complex.
  - **Generalised** (all or most of the brain is affected):
    - tonic-clonic
    - absence
    - atonic
    - myoclonic.
- Seizure types and frequencies vary between people.
Triggers

+ Different factors can trigger seizures.

+ Triggers are different for each person.

Photosensitivity

Diet (for example, skipping meals)

Stress (for example, exams)

Illness or hormonal changes

Lack of sleep

Problems with medication
Medication and treatments

+ Medication
+ Epilepsy surgery
+ Vagus nerve stimulation (VNS)
+ Ketogenic diet
Treatment: emergency medication

+ Emergency medication
  + Buccal midazolam
  + Rectal diazepam.
+ The above medications are prescribed for some people with epilepsy.
+ The pupil will have a Healthcare Plan with instructions.
Emergency procedures

+ Tonic clonic seizures
+ Complex partial seizures
+ When to call an ambulance . . .

999
Social needs in the classroom

- Class teacher awareness and understanding
- Inclusion in educational activities
- Support communication
Medical needs

- Epilepsy is experienced differently by every individual: the Healthcare Plan is very important.
- Communicate with the pupil and their family
- Contact with school nurse and other healthcare professionals
- Reduce contact with triggers if appropriate.
- School policy for medical conditions, for guidance see:
  - Managing Medicines in Schools and Early Years Settings
  - Medical Conditions at School: A Policy Resource Pack
  - Epilepsy Policy for Schools

5.9 Epilepsy Medical conditions awareness sessions
Medical conditions policy

*Medical Conditions at School: A Policy Resource Pack*

+ Produced by the Medical Conditions at School partnership (The Anaphylaxis Campaign, Asthma UK, Diabetes UK, Epilepsy Action, Long-Term Conditions Alliance).

+ Policy information for schools – including a template policy that can be adapted for your school.

+ Awareness information about a range of medical conditions – anaphylaxis, asthma, diabetes and epilepsy.

+ Fit with criteria for *Every Child Matters*.

+ Takes into consideration legislation and guidance from the DCFS and DH including:
  + *Managing Medicines in Schools and Early Years Settings*
  + Healthy schools frameworks
  + Disability Discrimination Act.

5.10 Epilepsy Medical conditions awareness sessions
Epilepsy Action

Epilepsy Action aims to raise awareness and understanding of epilepsy, ensure people with epilepsy are supported in education, carry out research into epilepsy and education, provide training and information, and campaign and lobby for national change.

Epilepsy Action
New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY

www.epilepsy.org.uk/education
education@epilepsy.org.uk

Epilepsy Helpline
freephone 0808 800 5050
**Administration of Emergency Medication for Seizures**

*Individualised Care Plan (for yearly review)*

- To be signed by consultant paediatrician/Paediatric Epilepsy Nurse
- To be read in conjunction with Parent Information Leaflet - Administration of Emergency Medication for Seizures

<table>
<thead>
<tr>
<th>Child’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>MRN</td>
</tr>
<tr>
<td>Date</td>
<td>Weight</td>
</tr>
<tr>
<td>Current diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of seizures</th>
<th>Emergency Medication Type, when to be given and dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

To be filed in: 

GHNHSFT/Y0994/09_11
Other useful information

A second dose of emergency medication should not be given within 24 hours unless instructed by a clinician or as directed on the care plan.

<table>
<thead>
<tr>
<th>First dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

When to call for an ambulance

If at any time you are concerned about the child, or if the seizure has not stopped 5 minutes after emergency medication given.

When first dose of emergency medication is given.

Name of prescribing consultant

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Dose guidance for Buccal Midazolam

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 years</td>
<td>5mg</td>
</tr>
<tr>
<td>5-9 years</td>
<td>7.5mg</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>10mg</td>
</tr>
</tbody>
</table>

Dose guidance for Rectal Diazepam

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months – 2 years</td>
<td>5mg</td>
</tr>
<tr>
<td>2-12 years</td>
<td>5-10mg</td>
</tr>
<tr>
<td>&gt;12 years</td>
<td>10mg</td>
</tr>
</tbody>
</table>

Dose guidance for Rectal Paraldehyde (50:50 preparation)

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month to 18 years</td>
<td>0.4mls/kg (un-diluted) 50:50 preparation</td>
</tr>
</tbody>
</table>

Check list

- Care plan discussed and agreed by parent/carer/young person
- Parent information leaflet given
- Un-licensed drug – discussed with parents
- Emergency medication training given to parent/carer

- This care plan replaces any previous care plan for this child
- To be used in conjunction with first aid protocol for children with epilepsy at school
Healthcare Plan for a Pupil with Epilepsy (Parents/Carer to complete for School/Early Years setting)

Name: ........................................................................................................
Date of Birth: ............................................................................................
Condition: .................................................................................................

Review Date: .............................................................................................

Name of School/Early Years.................................................................
Name of School Nurse/Health Visiting Team ........................................

Contact Telephone Number.............................................. Date................

Contact Information
Family contact 1                                                  Family contact 2
Name:                                                    Name:
Phone No. (work):............................................................ Phone No. (work):............................................................
Phone No. (home):............................................................. Phone No. (home):.............................................................
Relationship:............................................................... Relationship:...............................................................

Clinic/Hospital contact                                          G.P.
Name:                                                    Name:
Phone No:                                                  Phone No:

Date of Health & Safety Risk Assessment (To be carried out by School/Early Years setting):

Names of School/ Staff who have volunteered to be involved in this child’s care.

(1) (3)
(2) (4)
Outline of procedure/condition requiring management:
Describe condition and give details of pupil’s individual symptoms:
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................
................................................................................................................................................

Treatment required:
General seizure management instructions
Individual Care Plan instructions   Appendix 1   Buccal Midazolam

Appendix 2   Rectal Diazepam

Signature(s):
................................................................................................................................................   Date: ..............................................
................................................................................................................................................

Relationship to pupil:
................................................................................................................................................
................................................................................................................................................

Head Teacher: ..............................................   Date: ..............................................

Copy to:   Parents
School/Early years setting
GP/Consultant
School Health Team
## APPENDIX 5: SEIZURE MONITORING CHART

<table>
<thead>
<tr>
<th>Warning Signs (Just prior to seizure)</th>
<th>Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Changes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sensations / Bad taste</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Smell foul odour</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Flashing lights/Colour</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Pins and needles in limbs</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Making sounds</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>No warning signs</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the Seizure</th>
<th>Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the child fall?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Automations?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Confusion?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Change in muscle tone?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Jerking?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Did they lose consciousness? Yes No

Was there any injury sustained? Yes No

(If yes, please describe injury and treatment)

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Name</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did their colour change?-Pale</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Flushed</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Cyanotic–turning blue</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If yes, please state which body parts
<table>
<thead>
<tr>
<th>Body Movements</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there movement in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limbs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Facial</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Head</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circumstances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Where did the seizure occur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the person doing at the time?:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sitting</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In Bed – asleep</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In Bed – awake</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Walking</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Eating</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Activities, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How where these activities affected by the seizure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other relevant Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Person Completing |  |  |
**APPENDIX 6**

**Staff Awareness Session Record in Support of** Epilepsy / Asthma / Anaphylaxis

Session was held on (Date) .............. At (Venue) ...........................................

<table>
<thead>
<tr>
<th>Name of Staff Member</th>
<th>Signature of Staff Member</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<td>9</td>
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<td>10</td>
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<tr>
<td>11</td>
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<td>12</td>
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<td>13</td>
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<td>14</td>
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<td>18</td>
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<td>26</td>
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<td>27</td>
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<td>28</td>
<td></td>
<td></td>
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<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above people have attended the relevant Awareness session/s

Proposed date for updating training: .............................................

Name: (Print) ............................................. Signed: .............................................

Date: .........................
APPENDIX 7: Evaluation Form

Evaluation of Awareness Sessions

Venue: _________________________________ Date of Session: ____________

Knowledge prior to session: What is your knowledge level of what to do for a child suffering an epileptic seizure, asthma attack or anaphylactic shock?

<table>
<thead>
<tr>
<th>Condition</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Knowledge after the session: What is your knowledge level of what to do for a child suffering an epileptic seizure, asthma attack or anaphylactic shock?

<table>
<thead>
<tr>
<th>Condition</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Practical Application: Following the session what is your confidence level in undertaking the practical medical treatment in the sessions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Content of awareness session:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Too Superficial</th>
<th>Appropriate</th>
<th>To In-Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of session:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Too Short</th>
<th>Right Length</th>
<th>To Long</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Venue and Planning:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Very poor</th>
<th>Poor</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size of Venue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 8

hours and will need adult supervision until
they are fully recovered.
If breathing becomes slow and shallow,
call the emergency services.

Who can administer
emergency medication?

Parents and those with parental
responsibility can give emergency
medication once they have received
training by the Paediatric Epilepsy Nurse
or another approved medical
professional.

Parents and those with parental
responsibility need to identify the settings
where emergency medication may need
to be given, for example school or
nursery. Training for identified individuals
will then be arranged, prior to emergency
medication being issued. For further
information please speak to a member of
the nursing team.

Where should I store this
medication?
The medication needs to be stored in a
secure but accessible cupboard in the
house or with a responsible adult when
out.

Unlicensed drug usage in
children

Many medicines for children have only
been tested on adults and have not been
licensed for use with children; however
they have been used effectively for years.
Rectal diazepam is not licensed for
children less than one year and rectal
paraldehyde is not licensed for children of
any age. Buccal midazolam is a relatively
new product and some manufacturers are
still waiting for a license.

Further information is available on
unlicensed medicine. Please ask a
member of staff for the leaflet.

If you are concerned about your child
receiving an unlicensed drug then please
discuss this with your Paediatrician or the
Paediatric Epilepsy Nurse.

Buccal Midazolam – Caution

There are currently two different
strengths of midazolam on the market
10mg/1ml and 5mg/1ml. We will always
write the dose in mgs on the care plan.

If you require further support or
information then please contact:

Debbie Dean
Paediatric Epilepsy Nurse
Gloucestershire Royal Hospital
Telephone: 03004 225 715
Mobile: 07766 185 538

Administration of
Emergency Medication
for Seizures
You have been given this advice sheet because your paediatrician has asked you to administer emergency medication to your child in order to reduce the length of acute seizures.

Alongside this advice sheet, you will be given an ‘Administration of Emergency Medication Individualised Care Plan’ which will tell you what medication has been prescribed for your child, how much to give and when to give it.

Emergency Medication

There are three different drugs used, however you will only be asked to use one of them as decided by your paediatrician. The three names of the drugs used and methods of administration are buccal midazolam, rectal diazepam and rectal paraldehyde which are explained below.

Buccal midazolam and rectal diazepam are both benzodiazepine drugs. They have a sedative action (makes your child sleepy) and muscle relaxant (muscles go floppy) and are used to control acute epileptic seizures in children. Diazepam is given rectally but midazolam is given via the buccal cavity (between the gums and cheek) in the mouth. When administered either through the rectal or buccal route, the medication is absorbed directly into the bloodstream.

Paraldehyde has a sedative effect which is sometimes used if benzodiazepines are not effective. This drug is given rectally.

Why is emergency medication given?

If your child’s seizure lasts for 30 minutes or longer (this is called Status Epilepticus), the risk of complications increases. Most seizures can be stopped by early administration of emergency medication. Emergency medication prevents seizures developing into Status Epilepticus.

When is emergency medication given?

Most seizures stop by themselves within five minutes and do not need emergency medication. If a seizure lasts for longer than five minutes, emergency medication may be given or earlier as directed by your doctor and written on your individualised care plan.

How soon will the emergency medication work?

Often the seizure will start to be controlled within five minutes of giving the emergency medication however it may take up to ten minutes.

What are the potential side effects?

Breathing can be affected and may slow down. Your child may be drowsy for several hours and occasionally confusion or agitation can occur.

When should I call an ambulance?

• If you have had to give your child emergency medication for the first time
• If you are unsure or worried about your child
• If the seizure has not stopped after five minutes of receiving medication
• If you are concerned about your child’s breathing when the seizure has stopped
• If your child has another seizure
• If an overdose of the medication has been given

Remember to tell the ambulance crew what emergency medication has been given and when.

What should I do when the fit has stopped?

Put your child in the recovery position and monitor their breathing for an hour. Your child may be drowsy for several
Assessment of Competence for *Registered Health Care Practitioner*

**Competency Number**

**Clinical Skill:** Delivery of Epilepsy Awareness session in schools and Early Years settings.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Ward/Team:</th>
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</table>

**Aim:** Epilepsy awareness session is delivered effectively.

**Objectives:** The Public Health Nurse will be able to:

- Demonstrate knowledge and skills necessary for delivering Epilepsy awareness session effectively supported by the epilepsy in schools and Early year settings guidelines.

**Training:**

- Public Health Nurses who are required to provide the awareness session will be supported and assessed in the delivery of the Epilepsy awareness session, with an awareness session training yearly.
- All Public Health Nurses who are required to provide Epilepsy awareness sessions in School and Early settings will also undertake mandatory annual updates in Basic life Support and Anaphylaxis.

**Assessment:** Using performance criteria overleaf.

Those acting as trainers / assessors in clinical practice must hold an assessors qualification, or be senior, experienced staff who have undertaken training and / or are certified as competent in the procedure themselves and be undertaking the procedure regularly.

**Date for completion of underpinning knowledge:**

**Date for completion of observed and supervised practice:**

**Risk Assessment:** Low  (level of risk of harm due to user error)

**Update:** Competence to be reviewed annually at appraisal/Individual Performance Development Review (IPDR) or in the event of updated guidelines/ change in the awareness session PowerPoint..

**Skills for Health Links:**

None found

**Evidence for KSF (Delete those not appropriate)**

Core Dimension 1: Communication
Core Dimension 2: Person and People Development
Core Dimension 3: Health, Safety and Security
Core Dimension 4: Service Improvement
Core Dimension 5: Quality
Core Dimension 6: Equality and Diversity
<table>
<thead>
<tr>
<th>Component of Underpinning knowledge to be achieved</th>
<th>Date discussed</th>
<th>Signed</th>
<th>Date Completed</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understanding of the guidelines and power point content.</td>
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<tr>
<td>• Knowledge of condition and warning signs.</td>
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<tr>
<td>• Recognition and management of epilepsy.</td>
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<td></td>
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<tr>
<td>• Knowledge of emergency medication</td>
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<tr>
<td>• Necessity of informed consent and individual Health care plan and emergency action plan.</td>
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</tbody>
</table>

Comments:

I certify that the above-named Registered Health Care Practitioner has completed the theoretical assessment which covered the above:

Signed: ___________________________  Date: ___________________________

Print Name: ___________________________  Position: ___________________________
### Clinical Skill

**Performance Criteria:**

<table>
<thead>
<tr>
<th>The practitioner will:</th>
<th>Date observed</th>
<th>Date supervised (1&lt;sup&gt;st&lt;/sup&gt;)</th>
<th>Date supervised (2&lt;sup&gt;nd&lt;/sup&gt;)</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate understanding of the epilepsy guidelines.</td>
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<tr>
<td>2. Identify ratified resources available.</td>
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<tr>
<td>3. Demonstrate effective verbal presentation of information included in the epilepsy and early years session guidelines.</td>
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<tr>
<td>4. Explain medication available</td>
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<tr>
<td>5. Outline the importance of informed consent and the necessity of an individual Health care plan/ emergency action plan</td>
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<tr>
<td>6. Maintain accurate attendance of the awareness session and collect evaluation from attendees.</td>
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</tbody>
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I confirm that the *Registered / Unregistered* Healthcare Practitioner named overleaf has completed the assessment competently.

Signed: ____________________________  Date: __________

Print Name: ________________________  Position: __________

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**Assessor Comments:**

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**Candidate Comments:**

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**Declaration**

I confirm that I have had theoretical and practical instruction on how to safely and competently perform and agree to comply with the guidelines and procedures of the Trust. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Signed: ____________________________  Grade: __________

---

**References:**

1 copy for personal portfolio  1 copy to PCT Training Dept  1 copy individuals portfolio
### Reflective Notes

**Title of Activity:**

**Date Commenced:**

<table>
<thead>
<tr>
<th>What were my personal objectives, thoughts and feelings prior to commencement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <em>Personal objectives can be informal or formal that has been identified through appraisal with your manager.</em></td>
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<tr>
<td>• <em>Thoughts and feelings are personal to you and should not be shared unless you wish them to be.</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What have I gained from the activity:</th>
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<tbody>
<tr>
<td>• <em>Were my personal objectives met?</em></td>
</tr>
<tr>
<td>• <em>What positive experiences can you identify from attending the course?</em></td>
</tr>
<tr>
<td>• <em>What experiences can you identify that need development?</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can I apply what I have learnt into Practice:</th>
</tr>
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<tbody>
<tr>
<td>• <em>This should be identified initially after the course and reviewed after 3 months</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What other Learning Needs have I discovered as a result of this process:</th>
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<tbody>
<tr>
<td>• <em>This can be identified during, straight after the course or as part of the reflection process.</em></td>
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<tr>
<td>• <em>Learning needs should be discussed with your Line Manager</em></td>
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</tbody>
</table>

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*Based on The Reflective Cycle (Gibbs 1988)*