
Epilepsy Policy

This care service believes that every person with epilepsy has the right to the highest possible quality of care in the management of their health needs.

This document is intended to set out the values, principles and policies underpinning the care service's approach to the care of people who use services who are known to have a history of epilepsy or who are diagnosed with the condition while care is being provided.

This policy is designed to be consistent with National Institute for Health and Care Excellence guidance (NICE guidance CG137) (NICE website) and that provided by specialist organisations such as Epilepsy Action and the Epilepsy Society.

Policy Background

The care service understands that epilepsy is a neurological disorder in which clusters of nerve cells or neurons, sometimes behave abnormally or communicate with each other in an abnormal way. The normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behaviour or sometimes convulsions, muscle spasms, and loss of consciousness.

It recognises that:

- epilepsy takes different forms as different parts of the brain can be affected
- it varies in its effects on individuals in terms of the frequency, intensity, duration and risks of harm caused by any sudden onset of symptoms and seizures
- it is usually controlled by medication, which should be kept under review by a medical practitioner
- symptoms and seizures can be triggered by different events, which can be environmental or which relate to the individual's lifestyle
- the risks of harm and injury from symptoms and seizures need to be comprehensively assessed and can be controlled with the use of daily living aids and forms of protection
- in the event of a seizure, prompt action will need to be taken to keep the person as safe from discomfort and further harm as possible and emergency medical help sought if required (though this might not be needed in every instance).

Principles to be Followed in the Care of Epilepsy

The service recognises that many of the people who use its services will have learned to live with their condition, how it can be controlled with medication, how they are able to

keep themselves safe and manage the risks of seizures and what happens to them if they are subject to an epileptic seizure.

It also recognises that anyone with epilepsy must be treated in a person-centred way with dignity and respect and their consent always sought over any aspect of the care and treatment of their condition (with corresponding best interest processes being followed for anyone lacking the mental capacity to give their consent).

This policy therefore recognises that people who use services will or could need to retain control over their epilepsy and to manage any risks associated with the condition wherever this is clinically safe, including their medication.

Care Protocol for People Using Services with Epilepsy

When the care service is notified that a prospective or current user has a history of epilepsy or diagnosis of epilepsy it will proceed as follows.

1. It will seek as much information on the person's medical condition so that it can assess the likely impact and implications for its service provision and delivery.
2. This could entail information on the person's history with the condition, type of epilepsy, the pattern of associated symptoms and procedures, how it has been or is controlled, recent occurrences or recurrences of symptoms and seizures and likely causes, and risks of further occurrences.
3. Where relevant to the agreement and care plan and any role to be played in the administration of any medicines, it will need to know what medication the person is currently taking to control the epilepsy, the prescribing patterns, methods and modes of administration and the arrangements for medication reviews.
4. It will also need to know of any medicine reconciliation issues that might need addressing if the person is taking medication for other conditions and of any medication "as required" issues for which specific procedures will need to be developed for any care staff involved.
5. The service will need to assess the risks of the person coming to harm as a result of their epilepsy, which could be triggered by their environment (flashing lights, etc), lifestyle (including alcohol use) and the inherent features of the condition.
6. It will apply the appropriate risk control measures on the basis of the risk assessment that might include the use of protective aids, adjustments to the person's environment and the carrying of epilepsy information cards.
7. It will have contingency measures in place for staff to apply in the event of the person having an epileptic seizure or episode requiring care staff support and intervention.
8. In the event of a seizure, care staff will be expected to follow epilepsy care guidance, which recommends that the person:

- a. should be moved away from anything that could cause injury
 - b. have their head cushioned from hard and uneven surfaces and objects
 - c. have any tight clothing around their neck loosened to aid their breathing
 - d. should not have their movements restricted in the course of the seizure
 - e. should be turned on their side *when* the seizure stops
 - f. is stayed with and talked to calmly, while they have recovered
 - g. is found medical help in the event of not recovering in the expected time (usually less than five minutes), the seizure is lasting for more than five minutes and/or there is an escalation of the symptoms or the person has sustained injury as a result of the seizure.
9. The person's epilepsy care needs will be fully recorded on their care plan, including medication and any risk control measures agreed with the person.
 10. All signs and symptoms, including seizures, etc will be fully recorded so that they can be monitored and reported to the person's.
 11. The service will work closely, where required, with the medical practitioners responsible for their epilepsy care and treatment in relation to keeping out — patient appointments. Medication reviews, etc and with others involved in the person's care.

Training

When required to provide a service for people with an epileptic condition, care staff should receive dedicated training to the appropriate level of competence needed to carry out their tasks for that person.

This could involve:

- knowing about the kinds and patterns of epilepsy and the different parts of the brain involved
- the main causes and triggers of epileptic seizures and episodes
- the principles followed in the care and treatment of epilepsy (including medication and other forms of symptom management)
- assessing and managing risks of seizures and episodes
- practical first aid training to address competently seizures and episodes.

Staff involved in the planning and management of users with epilepsy will receive training in line with their roles and responsibilities for assessing and managing the different features and aspects.

Signed: _____

Date: _____

Policy review date: _____
