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# Epilepsy Procedures Tools and templates

Summary: The Epilepsy Procedures Tools and templates provide resources to be completed when supporting a person with disability diagnosed with epilepsy.





## **Tools and templates**

### **Epilepsy**

1. Epilepsy management plan template
2. Audit of practice and risk management systems for a person with epilepsy requiring supervision when bathing, showering or swimming

# GUIDE FOR COMPLETING THE EPILEPSY MANAGEMENT PLAN

An Epilepsy Management Plan (EMP) is developed for every person accessing an ADHC operated or funded non-government accommodation, respite or in home support service. Funded services may use this EMP template or their own.

The EMP is reviewed annually in consultation with a GP or neurologist. It may be reviewed more frequently if the person's health needs change or quarterly during a review of the person's My Safety Management Plan, My Health and Wellbeing Plan or other health care plan.

It is advisable to complete the EMP during team meetings so that all support workers contribute to the EMP, and understand what needs to be done when the person has a seizure.

## ACCOMMODATION

The EMP is developed by support workers with input from families and the person.

**Section 1 Personal details, consents and approvals** – completed by support worker and signed by the nominated person.

**Section 2 Information about seizures** – completed by the family or support worker or both.

**Section 3 Response to a usual seizure** – to be read and understood by all support workers.

**Section 4 Emergency response to an unusual seizure** – developed and authorised by the treating Doctor.

**Section 5 Risk and safety factors** - completed by the family or support worker or both.

**Section 6 Advising others about seizures** – to be actioned by support workers.

**Section 7 Seizure chart** – to be completed by support workers.

**Section 8 Observation and description of seizures** – to be completed by support workers.

The person is supported by support workers to have the EMP reviewed in consultation with the treating doctor during the person's annual health review. Alternatively, the annual review may be conducted by the person's neurologist if a specialist appointment is deemed necessary. Outcomes of these reviews are incorporated in or attached to the EMP.

## RESPITE

The EMP is developed by the family with the support of a case worker Community Access or respite support workers if the person does not have a case worker.

**Section 1 Personal details, consents and approvals** – completed by the family, case worker or support worker, and signed by the nominated person.

**Section 2 Information about seizures** – completed by the family with support from a case worker or support worker.

**Section 3 Response to a usual seizure** – to be read and understood by all support workers.

**Section 4 Emergency response to an unusual seizure** – developed and authorised by the treating doctor.

**Section 5 Risk and safety factors** - completed by the family with support from a case worker or support worker if the person does not have a case worker.

**Section 6 Advising others about seizures** – to be actioned by support workers during respite care.

**Section 7 Seizure chart** – to be completed by support workers during respite stay.

**Section 8 Observation and description of seizures** – to be completed by support workers during respite stay.

The family is responsible for having the EMP reviewed in consultation with the treating doctor every 12 months.

## IN HOME SUPPORT

The EMP is developed with input from the person, family or guardian and the support of support workers.

**Section 1 Personal details, consents and approvals** – person or support worker, and signed by the nominated person.

**Section 2 Information about seizures** – completed by the person and support worker.

**Section 3 Response to a usual seizure** – to be read and understood by all support workers.

**Section 4 Emergency response to an unusual seizure** – developed and authorised by the treating doctor.

**Section 5 Risk and safety factors** - completed by the person and support worker.

**Section 6 Advising others about seizures** – to be actioned by support workers.

**Section 7 Seizure chart** – to be completed by support workers.

**Section 8 Observation and description of seizures** – to be completed by support workers.

The person is supported by support workers to have the EMP reviewed in consultation with the treating Doctor every 12 months. Alternatively, the annual review may be conducted by the person's neurologist if a specialist appointment is deemed necessary. Outcomes of these reviews are incorporated in or attached to the EMP.

# EPILEPSY MANAGEMENT PLAN

This plan is to be completed either by the family or support workers as indicated. The treating doctor's authorisation is required for the Emergency Seizure Protocol (Section 4).

## SECTION 1: To be completed by support workers and signed by the nominated person

### SECTION 1a THE PERSON

|          |      |      |
|----------|------|------|
| Name:    |      |      |
| CIS No:  | DOB: | Age: |
| Address: |      |      |

### SECTION 1b THE TREATING DOCTOR

|                           |                    |                      |
|---------------------------|--------------------|----------------------|
| <b>GP</b>                 | <b>NEUROLOGIST</b> | <b>PAEDIATRICIAN</b> |
| ( Please circle )         |                    |                      |
| Name:                     |                    | Date:                |
| Signature:                |                    |                      |
| Address and phone number: |                    |                      |

### SECTION 1c CONSENT TO THE PLAN

|                                     |                 |               |
|-------------------------------------|-----------------|---------------|
| <b>PERSON OR PERSON RESPONSIBLE</b> | <b>GUARDIAN</b> | <b>PARENT</b> |
| ( Please circle )                   |                 |               |
| Name:                               |                 | Date:         |
| Signature:                          |                 |               |
| Address and phone number:           |                 |               |

**SECTION 1d APPROVAL AND REVIEW OF THE PLAN**

To be completed by support workers and line manager

|                           |           |
|---------------------------|-----------|
| <b>Plan developed by:</b> |           |
| Name:                     |           |
| Signature:                | Position: |
| Date:                     |           |

|                          |           |
|--------------------------|-----------|
| <b>Plan approved by:</b> |           |
| Name:                    | Date:     |
| Signature:               | Position: |
| Contact details:         |           |

|                       |           |
|-----------------------|-----------|
| <b>Plan reviewed:</b> |           |
| Name:                 |           |
| Signature:            | Position: |
| Date:                 |           |

|                          |           |
|--------------------------|-----------|
| <b>Plan reviewed by:</b> |           |
| Name:                    |           |
| Signature:               | Position: |
| Date:                    |           |

|                          |           |
|--------------------------|-----------|
| <b>Plan reviewed by:</b> |           |
| Name:                    |           |
| Signature:               | Position: |
| Date:                    |           |





|                                    |  |
|------------------------------------|--|
| <b>TYPE B</b>                      |  |
| Length of seizure:                 |  |
| How often seizures occur:          |  |
| Known causes (triggers):           |  |
| Typical signs after seizure stops: |  |
| Usual recovery pattern:            |  |
| Other observations:                |  |

|                                    |  |
|------------------------------------|--|
| <b>TYPE C</b>                      |  |
| Length of seizure:                 |  |
| How often seizures occur:          |  |
| Known causes (triggers):           |  |
| Typical signs after seizure stops: |  |
| Usual recovery pattern:            |  |
| Other observations:                |  |

**Record the following details in the table above under ‘Other Observations’ if any of them occur during or after a usual seizure.**

- The person doesn’t respond.
- The face changes colour (what colour?).
- Speech is slurred or the person makes other sounds.
- The person falls.
- The person bites tongue or salivates.
- The person is incontinent.
- The face moves involuntarily.
- The breathing pattern is unusual.
- The person has seizures while sleeping.

## **SECTION 3: RESPONSE TO A USUAL SEIZURE**

### **To be read and understood by all support workers**

#### **3.1 When the seizure starts:**

- a) Roll the person onto one side as soon as possible to maintain a clear airway.
- b) Note what time the seizure starts.
- c) Stay and observe the person during the seizure.
- d) Protect the person from harm during the seizure, place something soft under the person's head and loosen tight neckwear.
- e) Give additional medication if prescribed by the doctor (see Section 4).
- f) Call an ambulance if necessary (see Section 3.4).

#### **3.2 While the seizure continues:**

- a) Stay with the person and protect from harm.
- b) Maintain the person's privacy and dignity as far as possible.
- c) Call an ambulance if necessary (see Section 3.4).

#### **3.3 After the seizure stops:**

- a) Reassure the person.
- b) Observe the person's breathing pattern.
- c) Note what time the seizure stops.
- d) During the recovery period, continue to monitor the person for confusion, agitation, drowsiness, headache or other pain.
- e) Provide care to prevent inhalation of fluid or foods during the recovery period.
- f) When the person is fully awake assist the person to wash and change clothing if needed.
- g) Complete the person's Seizure Chart (Section 7) and other daily records.

#### **3.4 Call an ambulance (Dial 000) if:**

- a) You are in doubt about responding to the seizure.
- b) The seizure lasts more than 5 minutes, or some other time interval specified for this person by the treating Doctor (Section 4).
- c) The person does not respond to emergency medication (Section 4).
- d) Food, water or vomit cannot be removed from the person's mouth.
- e) The seizure occurs in water.
- f) The person has been injured.
- g) A second seizure occurs before complete recovery from the first one.
- h) The person has breathing difficulties or goes blue in the face.
- i) The person has diabetes.
- j) The person is pregnant.

## **<sup>1</sup>RESPONDING TO A SEIZURE WHEN THE PERSON IS IN A WHEELCHAIR**

If someone starts to have a seizure while confined in a wheelchair, seated on a bus or train or is strapped in a pram or stroller:

- Make sure the wheelchair or the stroller brakes are engaged.
- Protect the person by supporting the head - something soft under the head will help if there is no moulded headrest.
- Move any hard objects that might hurt arms and legs or other body parts.
- When the seizure ends reassure the person and explain what has happened.
- Ensure the airway is clear and remove food or vomit from the person's mouth.
- Continue to support the person's head to maintain a clear airway.
- If the person wants to or needs to be removed from the chair, ensure that the person is sufficiently recovered and that it is safe to do so.

**Section 3.4 describes the circumstances for calling an ambulance on 000.**

### **DO NOT**

Try to remove the person from the seated position during the seizure, as in most cases the seat provides support.

## **<sup>2</sup>RESPONDING TO A SEIZURE THAT OCCURS IN WATER**

A seizure in water is a potentially life-threatening situation. If someone is having a seizure in water e.g. bath, swimming pool:

- Support the person in the water with the head tilted so the face and head stay above the surface and call for assistance.
- Get help to remove the person from the water as soon as the active movements of the seizure have ceased.
- If the person is in a bath - pull out the plug, cover the person and make comfortable until help arrives.
- Check to see if the person is breathing and has a pulse. If either or both are absent commence first aid resuscitation and immediately call 000.
- Even if the person appears to be fully recovered, call an ambulance. The person should have a full medical check as inhaling water can cause lung or heart damage.

**Precaution:** If a seizure happens out of the water during swimming activity, the person should not continue with swimming or water sports that day, even if the person appears to be fully recovered.

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<sup>1</sup> From Epilepsy Australia website [www.epilepsyaustralia.net](http://www.epilepsyaustralia.net)

<sup>2</sup> From Epilepsy Australia website [www.epilepsyaustralia.net](http://www.epilepsyaustralia.net)

## **SECTION 4: EMERGENCY RESPONSE TO AN UNUSUAL SEIZURE**

### **To be authorised by the treating doctor**

If the treating Doctor has provided a separate emergency protocol attach it to this Plan and follow it in an emergency.

If an emergency protocol is developed by anyone other than the treating doctor it must be recorded below and authorised by the treating doctor in Section 1b.

### **EMERGENCY PROTOCOL**

If the person has a seizure that lasts longer than [x] minutes do the following:

1. Administer emergency medication (below) and record the time of administration.
2. Protect the person from injury during the seizure.
3. When the seizure ends maintain the person in the recovery position and provide other first aid needs.
4. Note what time the seizure starts and ends.
5. If the seizure does not stop within [x] minutes of administering medication, call an ambulance (Section 3.4).
6. When the seizure ends monitor the person's recovery (Section 3.3).

### **Emergency medications – refer to Medication Chart for dosage instructions**

| <b>Name of medication</b> | <b>Administration and frequency procedure</b> |
|---------------------------|---|
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |

### **Other medications**

Attach a copy of the **current** Medication Chart containing the doctor's **signed** orders to this Plan.

**NOTE:** Support workers are not to transcribe the person's medications into this Plan.

**All support workers are to sign below indicating they have read and understood Sections 3 and 4**

I have read and understood this Epilepsy Management Plan and am able to implement it in accordance with the *Epilepsy Policy and Procedures*. I have received practical training in responding to seizures and the procedures described in this Plan.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies of this Epilepsy Management Plan and any changes made are to be provided to all other providers of services to this person.**

*Tick and date when copied and forwarded:*

Community Access Programs       Day or recreation program

School       Other (specify)

## **SECTION 5: RISK AND SAFETY FACTORS**

**To be completed by support workers or family**

| <b>Risk/safety factor</b>  | <b>Strategies to manage risk</b> | <b>Risk managed (Yes / No)</b> |
|--|----------------------------------|--------------------------------|
| Dentures   |                                  |                                |
| The person requires supervision when bathing or showering.<br>Incident response requirements |                                  |                                |
| The person requires supervision when swimming.<br>Incident response requirements             |                                  |                                |
| Ensure the environment is safe (e.g. sharp corners on benches).                              |                                  |                                |
| The person wears a helmet.   |                                  |                                |
| In the community the person requires:  |                                  |                                |
| Other  |                                  |                                |

## **SECTION 6: ADVISING OTHERS ABOUT SEIZURES**

**For action by support workers**

- Advise line manager of all seizures requiring transportation to hospital.
- Advise line manager of all seizures resulting in an injury in accordance with the timeframes specified in the Incident Management Policy.
- Advise person's general practitioner of an unusual seizure for this person.
- Advise parent/carer/guardian of all seizures if that is their wish.
- Advise parent/carer/guardian of all seizures requiring transportation to hospital.

## SECTION 7: SEIZURE CHART

### To be completed by support workers

If recording a seizure that is usual for this person (Section 2 Information about seizures) write 'A, B or C' in the appropriate date box. If the person has two C-types and one B-type seizure write CCB.

If the seizure does not look like one that is usual for the person mark the date box with an asterisk (\*) and describe it in the person's records using simple non-medical words **and notify the person's general practitioner.** *Please expand chart as needed.*

| Date & year                                   | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1   |     |     |     |     |     |     |     |     |     |     |     |     |
| 2   |     |     |     |     |     |     |     |     |     |     |     |     |
| 3   |     |     |     |     |     |     |     |     |     |     |     |     |
| 4   |     |     |     |     |     |     |     |     |     |     |     |     |
| 5   |     |     |     |     |     |     |     |     |     |     |     |     |
| 6   |     |     |     |     |     |     |     |     |     |     |     |     |
| 7   |     |     |     |     |     |     |     |     |     |     |     |     |
| 8   |     |     |     |     |     |     |     |     |     |     |     |     |
| 9   |     |     |     |     |     |     |     |     |     |     |     |     |
| 10  |     |     |     |     |     |     |     |     |     |     |     |     |
| 11  |     |     |     |     |     |     |     |     |     |     |     |     |
| 12  |     |     |     |     |     |     |     |     |     |     |     |     |
| 13  |     |     |     |     |     |     |     |     |     |     |     |     |
| 14  |     |     |     |     |     |     |     |     |     |     |     |     |
| 15  |     |     |     |     |     |     |     |     |     |     |     |     |
| 16  |     |     |     |     |     |     |     |     |     |     |     |     |
| 17  |     |     |     |     |     |     |     |     |     |     |     |     |
| 18  |     |     |     |     |     |     |     |     |     |     |     |     |
| 19  |     |     |     |     |     |     |     |     |     |     |     |     |
| 20  |     |     |     |     |     |     |     |     |     |     |     |     |
| 21  |     |     |     |     |     |     |     |     |     |     |     |     |
| 22  |     |     |     |     |     |     |     |     |     |     |     |     |
| 23  |     |     |     |     |     |     |     |     |     |     |     |     |
| 24  |     |     |     |     |     |     |     |     |     |     |     |     |
| 25  |     |     |     |     |     |     |     |     |     |     |     |     |
| 26  |     |     |     |     |     |     |     |     |     |     |     |     |
| 27  |     |     |     |     |     |     |     |     |     |     |     |     |
| 28  |     |     |     |     |     |     |     |     |     |     |     |     |
| 29  |     |     |     |     |     |     |     |     |     |     |     |     |
| 30  |     |     |     |     |     |     |     |     |     |     |     |     |
| 31  |     |     |     |     |     |     |     |     |     |     |     |     |
| Total no. of seizures                         |     |     |     |     |     |     |     |     |     |     |     |     |
| Total number` of days with seizures per month |     |     |     |     |     |     |     |     |     |     |     |     |





## Audit of practice and risk management systems for a person with epilepsy requiring supervision when bathing, showering or swimming

### Background

Epilepsy and activities involving water continue to pose serious risk to a person with ongoing seizures. Maintaining vigilance at all times when a person with epilepsy and ongoing seizures is involved in activities involving water continues to be a primary focus for support workers and managers.

'Duty of care' will override 'dignity of risk', in all circumstances involving people with epilepsy and ongoing seizures who choose to take baths, shower or swim. This audit will assist in maintaining awareness around the risks associated with epilepsy and water activities and will be conducted in every District on a six-monthly basis.

### Methodology

Managers are responsible for scheduling dates for audits of all Large Residential Centres, Specialist Supported Living, group homes, respite and in-home support services where the service is providing support for the purpose of bathing, showering or swimming.

In the case of respite and in-home support services, not all the audit items may necessarily be applicable (for example, the items listed under 'Physical Environment'). If an item is not applicable, enter N/A and an appropriate comment in the space provided.

The person conducting audits will be responsible for monitoring implementation of the recommendations arising from the audit.

The Team Leader is responsible for conducting the audit and providing the following material to the line manager:

- audit schedules
- audit reports with recommendations
- action plans.

## Unit details

|               |                |
|---------------|----------------|
| Cost Centre:  | Date of audit: |
| Unit address: |                |

## Practice and risk management processes

### Example

|                   |  |
|-------------------|--|
| <b>Audit area</b> | <i>Enter below the names of all of the people in the Unit with a diagnosis of epilepsy and requiring supervision</i> |
|-------------------|--|

| Person's name  | <i>Bill Smith</i> | <i>Jane Wilson</i> | <i>Sue Garden</i> |  |  |  |
|--|-------------------|--------------------|-------------------|--|--|--|
| 1. The person has a written epilepsy management plan that has been read and signed by <b>all</b> support workers | ✓                 | X                  | N/A               |  |  |  |

|                   |  |
|-------------------|--|
| <b>Audit area</b> | <i>Enter below the names of all of the people in the Unit with a diagnosis of epilepsy and requiring supervision</i> |
|-------------------|--|

| Person's name   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 1. The person has a written epilepsy management plan that has been read and signed by <b>all</b> support workers                          |  |  |  |  |  |  |
| 2. Epilepsy management plans are readily available for casual support workers starting a shift  |  |  |  |  |  |  |
| 3. Team meeting minutes for the last quarter indicate that the epilepsy management plan for the person has been discussed                 |  |  |  |  |  |  |
| 4. Support workers complete and sign the Individual Shift Report  |  |  |  |  |  |  |
| 5. Direct supervision on a random basis of bathing and showering practices has occurred   |  |  |  |  |  |  |
| 6. Epilepsy management plan includes a section on managing seizures while the person is in the bath, shower or other water based activity |  |  |  |  |  |  |

## Physical environment

| Audit area  | Comment |
|---|---------|
| 1. Baths and spas have a chain attached to the plug allowing for easy removal |         |
| 2. Appropriate bathing aids are in place and used for people with epilepsy    |         |
| 3. Epilepsy poster is displayed in bathroom                                   |         |

## Plan quality

| Audit area | <i>Enter below the names of all of the people in the Unit with a diagnosis of epilepsy and requiring supervision</i> |
|------------|--|
|            |  |

| Person's name   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 1. Plan includes administration of emergency medicine if required                 |  |  |  |  |  |  |
| 2. Support workers have been trained to implement the plan                        |  |  |  |  |  |  |
| 3. Plan describes key safety issues for the person who is having a seizure        |  |  |  |  |  |  |
| 4. Date plan was written  |  |  |  |  |  |  |
| 5. Date plan was last reviewed  |  |  |  |  |  |  |
| 6. Date the person last saw the neurologist                                       |  |  |  |  |  |  |
| 7. Chart for recording seizures is in place                                       |  |  |  |  |  |  |
| 8. Documented bathing, showering and swimming protocol is in place                |  |  |  |  |  |  |
| 9. The nature of seizure activity is described                                    |  |  |  |  |  |  |
| 10. Plan includes written procedures for when, why and how to use a helmet        |  |  |  |  |  |  |
| 11. Whether the person wears a helmet as per the written procedures               |  |  |  |  |  |  |
| 12. Date the helmet use was last reviewed with the neurologist or treating doctor |  |  |  |  |  |  |

## Epilepsy audit report for (insert unit code and name)

| <b>Auditor</b><br>(name and signature) | <b>Position</b> | <b>Date</b> |
|--|-----------------|-------------|
|  |                 |             |

### Analysis

#### Practice and risk management processes

|  |
|--|
|  |
|--|

#### Physical environment

|  |
|--|
|  |
|--|

#### Plan quality

|  |
|--|
|  |
|--|

#### Recommendations

|  |
|--|
|  |
|--|

|  |  |
|--|--|
| <b>Action plan attached</b>                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date action plan to be completed by</b> |  |
| <b>Audit forwarded to</b>                  | <input type="checkbox"/> Line manager and                |
|  | <input type="checkbox"/> Service Support Analyst         |

## Minimum requirements for audit areas

| Audit area   | Minimum requirements   |
|--|--|
| 1. The person has a written epilepsy management plan that has been signed by <b>all</b> support workers (including regular casual staff) | <ul style="list-style-type: none"> <li>• Epilepsy management plan is current</li> <li>• All staff have signed the epilepsy management plan, stating that they have read and understood it, and have received practical instruction in responding to convulsive seizures</li> </ul> |
| 2. Epilepsy management plans are readily available for casual staff beginning a shift  | <ul style="list-style-type: none"> <li>• Casual induction includes epilepsy management for each person with a diagnosis</li> <li>• Orientation includes where plans are found</li> </ul>   |
| 3. Team meeting minutes for the last quarter indicate that the epilepsy management plan for the person has been discussed                | <ul style="list-style-type: none"> <li>• Each person with epilepsy had their management plan discussed at a team meeting in the last quarter and recorded in the minutes</li> </ul>  |
| 4. Staff complete and sign the Individual Shift Report   | <ul style="list-style-type: none"> <li>• Each person is discussed at shift handover and in Individual shift reports</li> <li>• Key risks are discussed at these times</li> </ul>   |
| 5. Direct supervision has occurred on a random basis   | <ul style="list-style-type: none"> <li>• Manager has visited the Unit unannounced at bath/shower time in the last six months</li> </ul>  |
| 6. Epilepsy management plan includes a section on managing seizures while the person is in the bath/shower and other water               | <ul style="list-style-type: none"> <li>• Strategies should be in place to ensure that the person is not left without direct supervision. For example, in units where people have challenging behaviour, bathing/showering is completed when two staff are on duty.</li> </ul>      |

| Audit area | Minimum requirements                                |
|------------|---|
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |
|            | <ul style="list-style-type: none"> <li>•</li> </ul> |

## Physical environment

| Audit area  | Minimum requirements  |
|---|---|
| 1. Baths and spas have a chain attached to the plug allowing for easy removal | <ul style="list-style-type: none"> <li>Bath plugs and spas must have a chain attached to the plug, with the other end of the chain secured above the water level</li> </ul> |
| 2. Appropriate bathing aids are in place and used for people with epilepsy    | <ul style="list-style-type: none"> <li>Bathing equipment such as bath cradles and hoists should be used to minimise risk for vulnerable people</li> </ul>                   |
| 3. Epilepsy poster is displayed in bathroom                                   | <ul style="list-style-type: none"> <li>As indicated in the Epilepsy Procedures (Section 3.3)</li> </ul>   |

| Audit area | Minimum requirements                               |
|------------|--|
|            | <ul style="list-style-type: none"> <li></li> </ul> |
|            | <ul style="list-style-type: none"> <li></li> </ul> |
|            | <ul style="list-style-type: none"> <li></li> </ul> |

## Plan quality

| Audit area   | Minimum requirements   |
|--|--|
| 1. Plan includes administration of emergency medication if required      | <ul style="list-style-type: none"> <li>Plan to include use of emergency medication</li> <li>Severe side effects are identified</li> </ul>  |
| 2. Staff have been trained regarding the plan                            | <ul style="list-style-type: none"> <li>All staff have received practical training in responding to convulsive seizures</li> </ul>  |
| 3. Plan describes key safety issues for the person when having a seizure | <ul style="list-style-type: none"> <li>Information provided about how staff should respond to a convulsive seizure</li> <li>Indicators provided for when to call an ambulance</li> </ul>   |
| 4. Date plan was written   | <ul style="list-style-type: none"> <li>Record the date the plan was developed</li> </ul>   |
| 5. Date plan was last reviewed   | <ul style="list-style-type: none"> <li>Record the date the plan was last reviewed</li> </ul>   |
| 6. Date person last saw their neurologist                                | <ul style="list-style-type: none"> <li>Record the date the person last saw a neurologist</li> </ul>  |
| 7. Seizure recording chart is in place                                   | <ul style="list-style-type: none"> <li>ADHC seizure charts are preferred recording system. The treating neurologist or Service Support Analyst must agree to any other system</li> <li>Date of last seizure is recorded</li> </ul> |
| 8. Documented bathing/showering and swimming protocol in place           | <ul style="list-style-type: none"> <li>Bathing/showering and/or swimming protocol includes details for risk prevention and incident response requirements</li> </ul>   |
| 9. The nature of seizure activity is described                           | <ul style="list-style-type: none"> <li>The nature of seizure activity is described in plain English</li> </ul>   |

| Audit area  | Minimum requirements   |
|---|--|
|   | <ul style="list-style-type: none"> <li>Possible triggers of the person's seizure activity should be recorded, e.g. flickering lights in the shopping centre</li> </ul> |
| 10. Plan includes written procedures for when, why and how to use a helmet        | <ul style="list-style-type: none"> <li>Procedures for using the helmet are recorded</li> </ul>   |
| 11. Does the person wear a helmet as per the written procedures?                  | <ul style="list-style-type: none"> <li>Record 'No' if not applicable to the person</li> </ul>  |
| 12. Date the helmet use was last reviewed with the neurologist or treating doctor | <ul style="list-style-type: none"> <li>Record date</li> </ul>  |

| Audit area | Minimum requirements                               |
|------------|--|
|            | <ul style="list-style-type: none"> <li></li> </ul> |
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|            | <ul style="list-style-type: none"> <li></li> </ul> |



### Audit of direct supervision (completed by Team Leader)

Name of the person: \_\_\_\_\_

Name of unit: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

| Date | Was the person having a bath or shower? | Name of staff member supervising the person | Time | Did the staff member remain in the bathroom at all times while the person was in the bath or shower? | Signature of Team Leader/ Line Manager |
|------|---|---|------|--|--|
| 1    |   |   |      |  |  |
| 2    |   |   |      |  |  |
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| 29   |   |   |      |  |  |
| 30   |   |   |      |  |  |
| 31   |   |   |      |  |  |