

BACKGROUND

- Seizures are one of the most common serious neurological conditions following a brain injury.
- Seizures vary from person to person and maybe controlled with medication.
- Most seizures are self-limiting and last only a short time.
- There are over 40 different types of seizures. Not all of them involve a sudden fall and jerking. Some of them are difficult to spot.

PURPOSE

The aim of this policy is to:

- Minimise the risks associated with a seizure occurring at a Heads Together event.
- Ensure members of staff are adequately trained to respond appropriately and competently in the event of a Heads Together participant, staff or volunteer having a seizure.

POLICY/PROCEDURE

Any participants, staff or volunteers with seizure disorders must be identified and relevant information gathered prior to attending any Heads Together programs.

All staff and volunteers will be given information about participant's special needs during the orientation process.

A 1:1 Volunteer will be assigned if necessary.

A individual Seizure Management Plan must be completed for every participant identified.

Emergency Procedure

HT Policy is to call ambulance if seizure is longer than 5 minutes or recurrent seizures with concurrent loss of consciousness.

If the family plan is to call ambulance sooner, we will adhere to this plan. HT must explain this policy to participants prior to them attending the program.

In the event of a seizure the Program Coordinator/First Aid Volunteer and parent/guardian must be notified asap via walkie talkie and brought to the scene as soon as possible. Once the parent/guardian is present they will assume care of the person, unless situation is life threatening and ambulance has already been called.

The Program Coordinator/First Aid Volunteer will have access to car at all times to get to the scene faster.

No activities shall be more than 500m from main dining area/accommodation.

HT 1:1 Volunteer and/or the Program Coordinator/First Aid Volunteer will not administer medication, unless previously arranged with the family ie. it must be administered immediately and/or before parent/guardian is on scene. This is to be determined prior to parent/guardian leaving child with HT Volunteer and medication to be provided to the Program Coordinator/First Aid Volunteer to hold.

- In the first instance the GAL to notify Program Coordinator via walkie talkie.



SEIZURE MANAGEMENT POLICY

- The parent/guardian must be notified asap via walkie talkie and brought to the scene as soon as possible.
- The 1:1 Volunteer to monitor and provide intervention until or parent/guardian is present.
- Once the parent/guardian is present they will assume care of the person, unless the situation is life threatening and ambulance has already been called.
- The Program Coordinator to notify campsite staff.

Reporting Procedures

Program Coordinator and 1:1 HT Volunteer to discuss risk management at camp and modify activity/environment as required. Any specific contingencies are to be pre-planned.

Staff and Volunteers involved in the situation are to complete an Incident Report at the time of the incident.

Staff and Volunteers will be debriefed after each incident and the Individual's Seizure Management Plan evaluated. Staff and Volunteers will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were in place. It is important to learn from each incident.



SPECIFIC PARTICIPANT INFORMATION

Date: _____

PHOTO

Program: (circle)

HTC

HO

ABILiTy

OTHER

Name: _____ Date Of Birth: ____/____/____

Type of Seizure: _____

Severity: _____

Triggers: _____

Medication: _____

Other Information: _____

*Individual's Seizure Management Plan attached

Parent/Guardian Name: _____

Signature: _____

Date: ____/____/____



TIMELINE

