

Bergen County Special Services

Adult Program Policy

Title: Monitoring Seizure Activity in Adult Programs

Bergen County Special Services Adult Programs provide services for adults with intellectual challenges, who may also have preexisting health conditions such as epilepsy. Epilepsy is neurological disorder which causes abnormal brain activity resulting in seizures or periods of unusual behavior, sensations, body movement and sometimes loss of awareness. Seizure symptoms vary widely and can manifest differently in the individuals served.

To ensure prompt and appropriate intervention, BCSS staff members receive basic training regarding generalized and focal seizures from the Program Nurse. In addition, BCSS staff receive a brief overview of general first aid for all seizure types, as described by the Epilepsy Foundation.

Seizure Action Plan

Each adult with a documented seizure disorder is required to have an individualized *Seizure Action Plan*, developed and authorized by the adult's physician. Each individual's Seizure Action Plan specifies the type, duration and frequency of seizure activity typically experienced by the adult. The physician includes typical triggers (i.e. fever, excitement, sound) and response after a seizure (i.e. sleepy).

Each seizure action plan includes *Basic Seizure First Aid*, which generally includes, but is not limited to the following: stay calm, track time of seizure, keep person safe, do not restrain the individual, do not put anything in the individual's mouth, stay with individual until fully conscious, and document seizure. For tonic clonic seizures the plan generally includes, but is not limited to: protect the individual's head, keep airway open, watch breathing, and turn the individual on their side.

The first important component of any Seizure Action Plan is the *Basic First Aid: Care and Comfort*, which is specific to each adult. This may reference one or all of the Basic Seizure First Aid steps, or it may include a specific response from the physician such as, "airway, breathing, circulation". This section of the Seizure Action Plan also specifies if the individual needs to leave the learning venue, and then details the process by which the individual can return to the learning environment (i.e. returns to baseline, sleeps for one to two hours).

The second important component of the Seizure Action Plan is the individualized approach to what is referred to as an *Emergency Response*. This response dictates when 911 is to be called, and when emergency medications are administered or Vagus nerve stimulation (i.e. when change in mental status is observed).

The Emergency Response section of the Seizure Action Plan needs to be understood and acted upon in the context of Danielle’s Law and Division Circular # 20A, “Life Threatening Emergencies”. Division Circular # 20A establishes guidelines and criteria for the reporting of life threatening emergencies. BCSS staff members working with adults are required to adhere to the guidelines detailed in this circular, which states “All staff shall be responsible to immediately call 911 in a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services at a facility for persons with developmental disabilities or traumatic brain injury, or to protect the lives of other persons at the facility or agency, from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions, or dysfunction of a bodily organ or part.....”.

Examples of life threatening emergencies include, but are not limited to: unconsciousness, persistent chest pain or discomfort, not breathing or trouble breathing, severe bleeding, severe, persistent abdominal pain, stroke symptoms, serious head injury, shock, and some seizures. Seizures that may be life threatening include: first time seizures, seizures lasting longer than five minutes, consecutive seizures, seizures which result in serious injury, seizures that result in breathing difficulty, and seizures that occur in individuals who have diabetes.

Just as there are different types of seizures and associated first aid or care, what is considered life threatening may also be unique to that individual. Thus, the physician may further define actions to be taken within the framework of Danielle’s Law and Division Circular # 20A, “Life Threatening Emergencies”. Specifically, in Subchapter 2 Reporting Requirements, 10:42A -2.1 General Standards, Section (e) states “If a person experiences chronic seizure activity, that person’s licensed medical practitioner, who is not employed by the facility where the person resides, may provide a prescription or standing order to the facility defining when 911 should not be called because the person’s seizure activity is not a life threatening emergency”.

The third important component of the Seizure Action Plan is the individualized approach to what is referred to as *Special Considerations and Precautions (regarding activities, trips etc.)*. This section may recommend avoiding heights, over exertion and extreme temperatures.

Monitoring Seizure Activity

If an individual receiving services has a seizure, BCSS Nurses and/or Health Care Professionals will at a minimum monitor the individual daily for a period of two weeks, or as specified by the individual’s physician. Any seizure activity will be documented on the *Seizure Activity Log* and maintained in the client record for the two-week period. The health office may maintain records as well, and provide them during a DDD/Medicaid audit. Seizure activity during this period will be shared with parent/guardian and/or family member and the individual’s physician.

If the individual is without seizure activity during the two-week period, daily documentation on the Seizure Activity Log will cease. However, daily documentation on the Seizure Activity Log will resume if the individual served has another seizure.

BCSS staff training regarding any individual's seizure activity is based on the most current Seizure Action Plan to date, and/or any revised directives/standing orders by the physician.

JD: 10/26/20