Leicestershire Partnership NHS Trust

Care of a child or young person having a seizure in the Diana Childrens Community Services and administration of emergency medication

Child, seizure, emergency medication

Key Words:	Seizure, Diana, children, young people.	
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Type of Policy	Clinical ✓	Non-Clinical
Which Relevant CQC Fundamental Standards?	**Regulation 12** Safe care and treatment Care and treatment must be provided in a safe way for service users.	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
2	29/04/2021	Policy developed from previous legacy guidelines in existence in the service, a number of documents amalgamated into one: Nurse led clinical practice guidelines for the care of a child having a Convulsive seizure Care of a child having a non-convulsive seizure. Administration of rectal paraldehyde in response to epileptic seizures. Administration of buccal midazolam in response to epileptic seizures. Administration of rectal diazepam in response to epileptic seizures.

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Definitions that apply to this Policy

LCAT	Leicester Clinical Assessment Tool. The tool used to assess and demonstrate competency in clinical tasks.
'GETTING TO KNOW'.	This is a term used by the Diana Children's Community Services The purpose of the 'Getting to Know' is to enable the Named Nurse and Key Workers to get an overview of the child's routine, nursing care and preferences that will be required during the service provision; as well as the home environment in which they will be working. It also allows the child and family time to get to know their key staff. It is intended to provide guidance to minimise the risk of a delay in service provision to the child and family, to support staff and child's safety and to identify essential competencies required for each individual child's care.
FYPC / LD	Families Young Peoples Children's and Learning Disability Division.
NON-CONVULSIVE SEIZURE DISORDERS	Often mistaken for emotional disturbances, behaviour disorders, or psychiatric illnesses. They can interfere with a child's ability to learn and adapt socially by causing symptoms such as confusion, fatigue, anxiety, irritation, depression, hallucinatory and personality and behaviour changes. (Kistner and Deweaver, (1997).
PARALDEHYDE.	Paraldehyde is a Central Nervous System depressant and is an effective anticonvulsant, hypnotic and sedative. Unlike Diazepam it does not depress breathing.
MIDAZOLAM.	One of the benzodiazepine groups of medicines. It has been shown to be effective in stopping both prolonged seizures and clusters of seizures. There is a good evidence base for its use and it is seen to be more socially acceptable than rectal administration.
DIAZEPAM	Diazepam is one of the benzodiazepine groups of medicines. It has been shown to be effective in stopping both prolonged seizures and clusters of seizures.
VNS VAGAL NERVE STIMULATOR	VNS therapy involves a small electrical device, like a pacemaker, which is implanted under the skin of the chest. The device sends electrical impulses to the brain through a nerve in the neck called the vagus nerve. The aim is to reduce the number of seizures and make them less severe.
LATERALITY	Dominance of one side of the brain in controlling particular activities or functions.
PPE	Personal Protective Equipment, gloves, aprons, gowns, eye shields / visors, FFP3 or ISMR surgical face masks.
BUCCAL	Buccal administration is a topical route of administration by which drugs held or applied in the buccal area diffuse through the oral mucosa and enter directly into the bloodstream. Usually the side of the mouth between the cheek and gums.

Purpose of the Guidance

To provide a safe local procedure for managing children and young people during seizures in the Diana Children's Community Services.

1.0 Summary and scope of guidance

To ensure that all infants /children / young persons in receipt of care from the Diana Service have their seizures managed safely.

2.0 Introduction

The Diana Children's Community services provides care to infants, children and young people in their homes/or in a non-hospital setting.

Many children in receipt of care experience seizures as a result of epilepsy, this document was developed to ensure consistent safe practice to manage any seizures, ensuring safety is maintained, any prescribed medication or therapy is administered and any after care is given including safe transfer to hospital if this is required.

Epilepsy is the most common chronic neurological condition of childhood. Seizures are brief malfunctions of the brains electrical system resulting from cortical neuronal discharge. The manifestations of seizure are determined by the site of origin and may include unconsciousness or altered consciousness, involuntary movements and changes in perception, behaviours, sensations and postures (Wong D 2001).

NHS Direct explain epilepsy affect around 456,000 people is the UK, and one in every 280 children's is affected by epilepsy.

Scott, Besag and Neville 1999 state that convulsive status epilepticus is the most common neurological medical emergency and has high morbidity and mortality. Early treatment before admission to hospital is best with an effective medication that can be administered safely.

Prescription for medications used to stop prolonged seizures

Prescription should only be initiated by Consultant Paediatricians, even though general practitioners may be required to renew prescriptions after 1st initiation, for those children who have seizures that are either prolonged, lasting over 5 minutes or repetitive over a period of 30 minutes without recovering consciousness.

Note: Midazolam has been given via the Buccal route for the management of prolonged seizures for some years and there is no difference in the incidence of side effects when compared to rectal diazepam therefore it is not necessary for a test dose to be given before prescription.

3.0 Guidance

All children in receipt of the service will have a period of '**GETTING TO KNOW'** where individual risk assessments and care plans will be developed by the Named Registered Nurses with the child and their family. This will include the Moving and Handling Risk Assessment in SystmOne that includes bathing and all transfers.

All Diana key worker staff will work alongside the family and the Named Registered Nurse as part of the 'Getting to Know' process. LCAT assessments will be completed for all tasks risk assessed for each individual child / young person.

4.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

5.0 Procedures

5.1 Care of a child having a convulsive seizure.

Resources

- Detailed child specific care plan
- Prescription chart
- PPE
- Emergency medication.
- Oxygen and suction if care plan dictates
- Paediatric pocket mask

Process

DURING SEIZURE/CONVULSION	
ACTION	**RATIONALE**
Stay with the Child, remove hazards from immediate environment and do not restrict movements. Place something soft under child's head.	To maintain safety and prevent injury to child. Do not move the child unless the child is in danger.
Note time of onset of seizure.	To ensure time scales are correct in the event of administration of rescue medication.
Make sure airway is kept clear, utilise suction if available. Do not attempt to put anything in child's mouth.	To aid respiration, child may have clenched teeth or bite if objects are forced into mouth.
Give rescue medication as prescribed. As the child's care plan/prescription chart indicates.	To stop convulsions/seizure. The longer the seizure, the more difficult it is to terminate.
Summon assistance as appropriate. Dial 999 for an ambulance if:- • There is no history of previous convulsions • Medication is ineffective • Care plan instructs you to do so • You are concerned about the child's health status.	To facilitate prompt action and medical treatment.
Stay with the child until the seizure stops and reassure throughout.	To prevent injury to child.
FOLLOWING SEIZURE/CONVULSION	
ACTION	**RATIONALE**
Roll the child onto their side into the recovery position.	To allow safe recovery from seizure and allow secretions to drain from their mouth.
Continue to observe the child and give oxygen if prescribed for this	To keep child safe as the child is at risk of cyanosis or vomiting.

DURING SEIZURE/CONVULSION	
ACTION	**RATIONALE**
purpose this should be detailed in the child's own oxygen plan	
Give oral suction if available for excessive secretions or if vomit is present in the child's mouth.	To prevent choking or aspiration.
Reassure parents, siblings and other staff (if present).	To reduce anxiety.
Inform the parents on their return or by telephone when safe to do so and the on-call nurse.	To reduce anxiety.
Document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	Accurate documentation enables accurate diagnosis and treatment.

5.2 Care of a child having a non-convulsive seizure.

Resources

- Detailed child specific care plan
- Prescription chart
- PPE
- Emergency medication.
- Oxygen and suction if care plan dictates
- Paediatric pocket mask

Process

DURING SEIZURE	
ACTION	**RATIONALE**
Stay with the Child, remove them from hazards, do not restrict movements.	To maintain safety and prevent injury to child.
Note time of onset of seizure.	To ensure time scales are correct in the event of administration of rescue medication.
Be calmly reassuring.	To reduce anxiety.
Summon assistance as appropriate. Dial 999 for an ambulance if:- • The child is injured during the seizure. • Care Plan instructs you to do so. • There is no history of previous seizures. • You are concerned about the child's health.	To facilitate prompt action and medical treatment.
FOLLOWING SEIZURE	
ACTION	RATIONALE
Explain anything they may have missed.	To aid recovery.
Document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	Accurate documentation enables accurate diagnosis and treatment.
Reassure parents, siblings and other staff (if required).	To reduce anxiety.
Inform parents on their return or by telephone when safe to do so and the	To reduce anxiety.

on-call nurse.	

5.4 Administration of buccal midazolam in response to epileptic seizures.

Resources

- Detailed child specific care plan
- Prescription chart
- PPE
- Emergency medication (Midazolam).
- Oxygen and suction if care plan dictates
- Paediatric pocket mask

ACTION	RATIONALE
Locate and obtain, in a timely manner, child's Buccal Midazolam administration kit (preprepared syringe). If time allows and child is not at risk; Wash hands with liquid soap or alcohol hand gel and running water. Dry hands thoroughly, with single use disposable paper towel. Put on single use non-powdered gloves and disposable plastic apron.	Preparation in case administration is needed.
Child should ideally be lying on his/her side (however common-sense should prevail - for instance if the child is in a wheelchair it may be more prudent for the child to be given buccal Midazolam whilst sitting).	The safest place for a child having a seizure is on the floor/a bed.
If the child is lying on their side then the Buccal Midazolam should be administered into the cheek nearest the ground. If the uppermost cheek is used the Buccal Midazolam will just trickle over the teeth. (i.e. the part of the mouth between the gums of the lower jaw and the cheek).	To reduce leakage of drug from the mouth.
Insert the syringe into the child's mouth between the cheek and the teeth/gums, (Buccal Cavity).	The medicine is absorbed from the lining of the cheek.
Slowly push the plunger of the syringe down until the syringe is HALF empty. If child is not on their back and cannot be safely moved discharge contents of syringe into one side of the cheek only, this will need to be done very slowly.	Leakage likely to be reduced if administered slowly. More likely to remain in correct location.
Or remove syringe from mouth.	Prevent swallowing or retention of syringe.
If child on their back repeat the	Leakage likely to be reduced if

ACTION	RATIONALE
previous steps but this time emptying the syringe into the other side of the mouth (Buccal Cavity).	administered slowly. More likely to remain in correct location.
Continue to observe the child and give oxygen if prescribed for this purpose this should be detailed in the child's own oxygen plan. Be prepared to administer a second dose if prescribed and seizure has not stopped. Commence CPR if breathing has stopped.	To keep child safe as the child is at risk of cyanosis or vomiting.
Dial 999 and Arrange for child to be escorted to nearest hospital receiving emergencies: If seizure has not stopped after the administration of Buccal Midazolam or • The child has stopped breathing and CPR has commenced. • The child is injured during the seizure. • Care Plan instructs you to do so. • You are concerned about the child's health.	As per agreement between consultant, parent and or GP.
When it is safe to do so document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	To enable monitoring of administration of Buccal Midazolam and update child's health records.
Reassure parents, siblings and other staff (if required).	To reduce anxiety.
Inform parents on their return or by telephone when safe to do so and the on-call nurse.	To reduce anxiety.

5.5 Administration of rectal diazepam in response to epileptic seizures.
Resources

- Detailed child specific care plan
- Prescription chart and appropriate medication
- PPE
- Emergency medication (Rectal Diazepam).
- Oxygen and suction if care plan dictate
- Paediatric pocket mask

ACTION	RATIONALE
Locate and obtain, in a timely manner, child's Rectal Diazepam administration kit. If time allows and child is not at risk; Wash hands with liquid soap or alcohol hand gel and running water. Dry hands thoroughly, with single use disposable paper towel. Put on single use non-powdered gloves and disposable plastic apron.	Preparation in case administration is needed.
Tear open the foil pack of a RecTube®, Stesolid® or Desitin® tube.	To access tube.
Take off the cap at the end of the RecTube®. Remove the cap of the Stesolid® or Desitin® tube by turning it two or three times, without pulling	To enable access to the liquid.
Put child into the recovery position **left is best because the way the bowel loops and you are less likely to get leakage but only place on this side if easy to do so.** With a small child it may be easier to lay the child on their front or across your knees.	The safest place for a child having a seizure is on the floor/a bed. Side lying / recovery position allows for easier administration.
Hold one buttock gently to one side.	So that you can see the rectum.
Gently inset the nozzle (neck of the tube) of the applicator into the rectum, pointing it slightly downwards	
RecTube® nozzles and Desitin® tubes should be inserted halfway.	To ensure medication is administered and not lost through leakage.
Stesolid® tubes have marks on the nozzle to guide you. For babies and children under 3 years old, the nozzle should be inserted up to the first mark. For children aged 3 years and older, the whole nozzle should be inserted.	To prevent damaging rectum.
Empty the contents of the RecTube®, Stesolid® or Desitin® by squeezing it	To ensure medication is administered and not lost through leakage.

ACTION	RATIONALE
firmly between your index finger and thumb.	
Keep the RecTube®, Stesolid® or Desitin® tube squeezed while you remove the nozzle from your child's back passage.	To ensure medication is administered and not lost through leakage.
Hold child's buttocks together gently for about a minute.	To make sure the diazepam doesn't leak out.
There may be a small amount of liquid left in the Stesolid® or Desitin® tube, but this does not matter. There should be no liquid left in the RecTube®.	
Put the empty tube and gloves into your normal household waste.	Adhering to IPC guidance.
Continue to observe the child and give oxygen if prescribed for this purpose this should be detailed in the child's own oxygen plan. Be prepared to administer a second dose if prescribed and seizure has not stopped. Commence CPR if breathing has stopped.	To keep child safe as the child is at risk of cyanosis or vomiting.
Dial 999 and Arrange for child to be escorted to nearest hospital receiving emergencies: If seizure has not stopped after the administration of Rectal Diazepam or • The child has stopped breathing and CPR has commenced. • The child is injured during the seizure. • Care Plan instructs you to do so. • You are concerned about the child's health.	As per agreement between consultant, parent and or GP.
When it is safe to do so document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	To enable monitoring of administration of Rectal Diazepam and update child's health records.

5.3 Administration of rectal paraldehyde in response to epileptic seizures.

Resources

- Detailed child specific care plan
- Prescription chart and appropriate medication

- Paraldehyde solution
- Syringe and quill
- Vaseline (for a barrier to protect the skin from the paraldehyde as it is an irritant and can burn skin).
- PPE.
- Oxygen and suction if care plan dictates
- Paediatric pocket mask

ACTION	RATIONALE
Locate and obtain, in a timely manner, child's Rectal Paraldehyde administration kit. If time allows and child is not at risk; Wash hands with liquid soap or alcohol hand gel and running water. Dry hands thoroughly, with single use disposable paper towel. Put on single use non-powdered gloves and disposable plastic apron.	Preparation in case administration is needed.
Attach a quill to the end of the plastic syringe. Draw up the right amount of paraldehyde liquid into the syringe. You must not leave mixture in the plastic syringe for any longer than 10 minutes,	Preparation in case administration is needed. Paraldehyde will start to eat into / melt the plastic.
Apply generous quantity of Vaseline to the rectal and genital area.	To protect from any leakage of the paraldehyde
Put child into the recovery position (as you would normally during a seizure), lying on their left side (this will help the paraldehyde to be absorbed). With a small child it may be easier to lay the child on their front or across your knees. (May need to lay a covering on the floor (or your lap) to protect from spillages of paraldehyde.)	The safest place for a child having a seizure is on the floor/a bed. Side lying / recovery position allows for easier administration.
Hold one buttock gently to one side.	So that you can see the rectum.
Gently push the quill into the rectum, then slowly push the plunger of the syringe until it is empty.	To prevent damaging rectum. To ensure medication is administered and not lost through leakage.
Gently remove the quill and hold your	To make sure the diazepam doesn't

ACTION	RATIONALE
child's buttocks together for a few minutes to make sure the solution does not leak out.	leak out.
Continue to observe the child and give oxygen if prescribed for this purpose this should be detailed in the child's own oxygen plan. Commence CPR if breathing has stopped.	To keep child safe as the child is at risk of cyanosis or vomiting.
Arrange for child to be escorted to nearest hospital receiving emergencies.	As per agreement between consultant, parent and agency.
All equipment that has been used for and has been in contact with the paraldehyde needs to be handed to the paramedics who attend when the ambulance is called.	Adhering to IPC and COSHH guidance.
Wash your hands thoroughly with soap and hot water.	Adhering to IPC guidance.
When it is safe to do so document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	To enable monitoring of administration of Rectal Paraldehyde and update child's health records.

Note: You must not leave mixture in the plastic syringe for any longer than 10 minutes, because the paraldehyde will start to 'melt' the plastic.

5.4 Vagal Nerve Stimulation in response to epileptic seizures.

VNS therapy uses the VNS system, which is made up of 3 parts:

- A small pacemaker-like device, called a generator
- A thin, flexible wire, called a lead
- A hand-held magnet

The vagus nerve sends messages between the brain and other parts of the body. In VNS therapy, a generator is connected to the vagus nerve by a lead. The generator

is programmed to send electrical impulses to the vagus nerve at regular intervals, all day, every day. These impulses are then carried by the vagus nerve to the brain. This regular stimulation can help to reduce the number of seizures you have and make them less severe.

You can also sweep the hand-held magnet over the generator to send more impulses to the vagus nerve. This could be if you have an aura (warning) before a seizure, if you feel a seizure starting, or when you are having a seizure. Some people find that using the magnet stops a seizure happening, shortens the seizure or makes the seizure less severe. A carer, or family member, can also use the magnet, if they see you having a seizure. The magnet can also be used to stop the stimulation for a short time.

Newer models of the VNS generator can also detect increases in heart-rate. In some people with epilepsy an increase in heart-rate can be a sign that they are having a seizure. When the generator detects an increase in heart-rate, it automatically sends more impulses to the vagus nerve. This may help to stop a seizure happening or make it less severe. So with newer models you may not need to use the magnet so much.

Resources

- Detailed child specific care plan
- Handheld ‘Magnet’ belonging to the child or young person for stimulating the implanted VNS.
- PPE.
- Oxygen and suction if care plan dictates
- Additional emergency medication of prescribed
- Paediatric pocket mask

ACTION	RATIONALE
Locate and obtain, in a timely manner, child’s VNS administration kit.	Preparation in case administration is needed.
Locate the VNS with the thumb and forefinger.	It is not stitched in place and it can migrate under the armpit. It is however always placed in the left-hand side of the chest just below the clavicle.
Pass / move the magnet over the stimulator for less than 2 seconds, this can be repeated every minute for the duration of the seizure up to 5 or 10 minutes.	To get the VNS to send additional messages to the Vagus nerve, which may stop the seizure.
If the child is prescribed additional emergency seizure medication this should also be administered as detailed in the sections above.	Additional medication may mean the seizure stops or duration is reduced.
Place in the recovery position if they	To maintain their safety.

ACTION	RATIONALE
are experiencing a seizure / tiredness after the seizure.	
When it is safe to do so document full account of seizure/convulsion in the care plan evaluation. Noting the time the seizure commenced and ceased, any impairment or loss of consciousness, motor movements, eye movements, parts of body affected and any laterality is present.	To enable monitoring of administration of VNS, any additional emergency medication and update child's health records.

6.0 TRAINING

It is the responsibility of the Clinical Team Leaders and Operational Team Leaders to undertake a **TRAINING NEEDS ANALYSIS** of all staff who may be involved in caring for children and young people who may have seizures and require emergency medication administration:

- Ensure all staff undertakes role specific training delivered in house for Epilepsy and Seizure Management.

- Ensure all staff undertakes Moving and Handling training Level 2 as part of LPT mandatory training.
- Staff, will receive training on the use of moving and handling principles and use of appropriate manual handling equipment as part of the Trust moving and handling level 2 training.

Records of this training must be retained on U-Learn system and in house training records. Compliance to be monitored by the Clinical Team Leaders and Operational Team Leaders.

Duties within the Service

Diana Managers and Team leaders are responsible for:

- Ensuring staff are competent and safe to care for children and young people who may have seizures and require emergency medication administration. Report, escalate and investigate any concerns raised using the Trust incident reporting system and investigation process.
- Ensure that appropriate and safe risk assessments are in place for all patients.

Responsibility of Clinical Staff*:*

- To undertake competencies and training as required and maintain that competency. Comply with guidance outlined in this document.
- Ensure that risk assessments are regularly reviewed, shared and communicated between colleagues.
- Named Registered Nurses must ensure that all cares required are recorded in a personalised care plan that is developed with the child or young person and their carers during the 'Getting to know' period, this should be updated when changes arise.
- To take 'Handover' from parents or carers prior to any visit and complete the template for this to ensure all relevant care and safety questions have been checked.
- Not to deviate from this guidance without prior discussion with Team Leader and recording in patients' records.
- Escalate and report concerns using the Trust incident reporting system.

7.0 Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
6.0	Administration of emergency medication and VNS for seizure	Training records evidence attendance at	Regular checks made to ensure all training	Clinical and Operational Team Leaders.	quarterly

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	management.	relevant in house study.	requirements up to date for staff		
6.0	Moving and Handling training Level 2	U Learn reminders	Training status from U Learn monitored and flagged monthly in service	Operational Team Leaders	monthly
5.0	Getting to know periods completed to satisfactory conclusion	Checks made in service prior to service provision being started	Regular checks made during monthly caseload reviews	Clinical and Operational Team Leaders.	monthly
5.0	Consultation 'handover' has taken place with carers/family	Checks made in service	Regular checks made during monthly caseload reviews and during observation visits by Registered Named Nurses	Named Nurses, monitored by Clinical and Operational Team Leaders	quarterly

8.0 References and Bibliography

LPT Hand Hygiene Policy, including bare below the elbows. 18/06/2019.

LPT Personal Protective Equipment (PPE) for use in health Care.

https://www.medicinesforchildren.org.uk/diazepam-rectal-stopping-seizures-0

https://www.medicinesforchildren.org.uk/paraldehyde-seizures

https://vnstherapy.com/sites/vnstherapy.com/files/VNS-Therapy-Magnet.pdf

https://www.epilepsy.org.uk/info/treatment/vns-vagus-nerve-stimulation

Appendix 1

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form VNS

Candidate's Name	Child's Name
Skill assessed : Use of VNS 'magnet' as per Protocol.- simulated	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self, explanation of the procedure and why where appropriate, communicates with child/young person. Throughout and after procedure, reassurance provided if needed, consent gained.			
Safety	Identification of child/young person, confirmation that child / young person is having a seizure, verification of seizure type. Reads through valid seizure procedure to ensure correct process is followed, and at the correct time, checks magnet. Be aware of other epilepsy seizure procedures such as buccolam. Aware of whom to speak to should problems arise, is able to maintain the young person's safety throughout the seizure activity and afterwards, must be prepared to call for 999 and commence CPR if			

	needed.			
Infection prevention	Washes hands prior to procedure or as appropriate, wash hands post procedure.			
Procedural competence	Is able to assess the child and is aware of when to use the 'magnet', is able to prepare the child/young person appropriately- locating the VNS (site), is able to select/locate the equipment needed, performs the procedure confidently, can answer questions about the procedure, is able to deal with the evolving situation sensitively whilst maintaining child's/young person dignity, able to demonstrate where and how the 'magnet' is to be administered. Appropriate post-procedural care provided.			
Team working	Is aware of whom to speak to once a child/young person has had their VNS stimulated with the 'magnet', ie, call parents, team leader, manager or 999, is able to communicate effectively with other team members giving them all essential information, is able to work as a team member during a seizure, ie, to delegate who to call an ambulance, who to call to get magnet, leaves clinical area tidy and cleans up after themselves and is able to document all relevant information confidentially. Is aware of whom to speak with or contact should problems arise.			

Notes on overall performance (e.g. 2 or 3 strengths/weaknesses				Overall Score
Specific strategies for improvement				

Assessors name	Assessors signature	Date

I……. understand that I am undertaking this procedure at my own risk, if at any point I do not feel competent to perform the procedure I must contact the service on 01162955080 for further training and not continue undertaking the procedure.

Signed……. Assessor……. Date…….

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form BUCCAL MIDAZOLAM

Candidate's Name	Child's Name
Skill assessed : Administration of Buccal Midazolam as per Protocol.- simulated	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self, explanation of the procedure and why where appropriate, communicates with child/young person. Throughout and after procedure, reassurance provided if needed, consent gained.			
Safety	Identification of child/young person, confirmation that child / young person is having a seizure, verification of seizure type. Reads through valid seizure procedure to ensure correct drug, dose and route is used, and at the correct time, checks medication belongs to child, is in date and is enough medication in bottle (epistatus). If using Buccolam, safety cap to be removed before administration, cap disposed of safely to prevent choking. Aware of whom to speak to should problems arise with administration of medication, is able to maintain the young person's safety throughout the seizure activity and afterwards, is aware of side effects of			

	drug and potential for respiratory depression, must be prepared to call for 999 if the drug is to be administered and commence CPR if needed.			
Infection prevention	Washes hands prior to procedure or as appropriate, wears PPE, ensures that packaging has not been tampered with (Buccolam) a clean syringe is used to administer medication and is then disposed of appropriately, (Epistatus) ensures that remaining buccal midazolam is carefully stored away with cap screwed back on. If child/yp is incontinent ensure they are cleaned up after seizure activity has stopped, remove PPE and wash hands thoroughly post procedure.			
Procedural competence	Is able to assess the child and is aware of when to give the medication, is able to prepare the child/young person appropriately, is able to select/locate the equipment needed, performs the procedure confidently, can answer questions about the procedure, is able to deal with the evolving situation sensitively whilst maintaining child's/young person dignity, able to demonstrate where and how the medication is to be administered – Buccolam / Epistatus. Appropriate post-procedural care provided.			
Team working	Is aware of whom to speak to once a child/young person has had their buccal midazolam, ie, call parents, team leader, manager or 999, is able			

	to communicate effectively with other team members giving them all essential information, is able to work as a team member during a seizure, ie, to delegate who to call an ambulance, who to call to get medication, who to give the medication etc, leaves clinical area tidy and cleans up after themselves and is able to document all relevant information confidentially. Is aware of whom to speak with or contact should problems arise.			
Notes on overall performance (e.g. 2 or 3 strengths/weaknesses				Overall Score
Specific strategies for improvement				

Assessors name	Assessors signature	Date

I……. understand that I am undertaking this procedure at my own risk, if at any point I do not feel competent to perform the procedure I must contact the service on 01162955080 for further training and not continue undertaking the procedure.

Signed……. Assessor……. Date……

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form RECTAL DIAZEPAM

Candidate's Name	Child's Name
Skill assessed : Administration of Rectal Diazepam as per Protocol. – simulated	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self and explanation of what's happening and why where appropriate. Communicates with child/young person throughout offering comfort and reassurance. Is able to communicate with carers and/ or parents during the procedure Consent as appropriate.			
Safety	Verification of child/young person, establishes that they are having a seizure, carefully reads through seizure procedure to ensure it is within date and for the correct child, that correct drug and dose is administered to the correct route. Is able to maintain the child's/young person's safety throughout the procedure and afterwards. Is aware of the potential side effects of diazepam (respiratory depression, respiratory arrest) must be prepared to call 999 and be prepared to			

	administer CPR. Is aware of who to speak to should problems arise in administering the medication. Gives consideration to how the medication will be administered particularly if it's a large young person and if they are in a wheel chair. Ensures that child/young person is put into the recovery position after seizure has stopped and they are monitored continuously until they resume normal functioning or are taken to hospital.			
Infection prevention	Washes hands prior to procedure (if hand washing facilities available) applies PPE, if child/yp is incontinent, ensure that they are cleaned up after seizure activity has stopped. Remove PPE and wash and dry hands thoroughly post procedure. Follow local guidelines.			
Procedural competence	Is able to assess the child/young person and type of seizure and is aware of when to give the emergency medication, is able to prepare the child/young person appropriately, is able to select/locate the equipment needed, performs the procedure confidently, can answer questions about the procedure, is able to deal with the evolving situation sensitively whilst maintaining child's/young person dignity. Appropriate post-procedural care offered			

Team working	Is aware of whom to speak to once a child has had the rectal diazepam ie, call parents, team leader, or 999, is able to communicate effectively with other team members giving them all essential information, is able to work as a team member during a seizure, ie, to delegate who to call an ambulance, who to call to get medication, who to give the medication etc, leaves clinical area tidy and cleans up after themselves and is able to document all relevant information accurately and confidentially. Is aware of whom to speak with or contact should problems arise.			
Notes on overall performance (e.g. 2 or 3 strengths/weaknesses				Overall score
Specific strategies for improvement				
Assessors name	Assessors signature		Date	

I……. understand that I am undertaking this procedure at my own risk, if at any point I do not feel competent to perform the procedure I must contact the service on 01162955080 for further training and not continue undertaking the procedure.

Signed……. Assessor……. Date……

The Leicester Clinical procedure Assessment Tool: Assessors Recording Form RECTAL PARALDEHYDE

Candidate's Name	Child's Name
Skill assessed : Administration of Rectal Paraldehyde as per Protocol. – simulated	Date

Competence Category	Gold Standard	Positive Features	Opportunities for improvement (Omissions)	Performance level or score
Communication and working with the patient and/or family	Introduction of self, explanation of the procedure and why where appropriate, communicates with child/young person, throughout and after procedure, reassurance provided if needed, consent gained as appropriate.			
Safety	Identification of child/young person, establishes that child is having a seizure, reads through seizure procedure/care plan/prescription to ensure correct drug, dose and route is used, checks medication belongs to child, is in date and is enough medication in bottle and that the medication is pre-mixed with olive oil never neat, is aware of whom to speak to should problems arise with administration of medication, is able to maintain the child or young person's safety throughout the seizure activity and afterwards, gives consideration to the position the child needs to be in to administer and help needed to do this. Is aware of side effects of drug and potential for vomiting, drowsiness, skin rashes, allergic reaction must be prepared to call for 999 if necessary. Is			

	prepared to administer additional therapies if prescribed; ie oxygen.			
Infection prevention	Washes hands prior to procedure, wears PPE, ensures that a clean syringe and quill is used to administer medication and is then disposed of appropriately, ensures that remaining paraldehyde and bottle is disposed of appropriately- must be incinerated. If child/yp is incontinent ensure they are cleaned up after seizure activity has stopped, remove PPE and wash hands thoroughly post procedure. COSHH sheet available for establishment.			
Procedural competence	Is able to assess the child/young person and is aware of when to give the medication, is able to prepare the child/young person appropriately, is able to select/locate all the equipment needed, can draw up the desired amount of paraldehyde accurately in the syringe and quill ensures that Vaseline is used generously around the anal and genital area to prevent burns, performs the procedure confidently, uses assistance when needed, can answer questions about the procedure, is able to deal with the evolving situation sensitively whilst maintaining child's/young person dignity, appropriate post-procedural care provided.			
Team working	Is aware of whom to speak to once a child has had their rectal paraldehyde, ie, call parents, team leader, on call, 999, is able to communicate effectively with other team members giving them all essential information, is able to work as a team member during a seizure, ie, to clearly delegate who to call an ambulance, who to call to get medication, who to give the medication etc, leaves clinical area tidy and cleans up after themselves and is able to document all relevant information clearly and confidentially. Is aware of whom to speak with			

	or contact should problems arise.			
Notes on overall performance (e.g. 2 or 3 strengths/weaknesses)				Overall score
Specific strategies for improvement				
Assessors name	Assessors signature		Date	

I……. understand that I am undertaking this procedure at my own risk, if at any point I do not feel competent to perform the procedure I must contact the service on 01162955080 for further training and not continue undertaking the procedure.

Signed……. Assessor……. Date……

Appendix 2

Training Requirements

Training Needs Analysis

Training topic:	Epilepsy awareness and emergency medication administration for infants, children, young persons, for Diana Childrens Community Services.
Type of training: (see study leave policy)	Role specific
Division(s) to which the training is applicable:	Families Young People Children
Staff groups who require the training:	All staff providing support to infants, children, young persons, for Diana Childrens Community Services who require seizure management as identified in the assessment and package of care.
Regularity of Update requirement:	Theory session is carried out yearly. LCAT assessments of competence completed for each 'new' child HCW / NA cares for and yearly reassessment for each individual child.
Who is responsible for delivery of this training?	Registered Nurses within the Service alongside Clinical Team Leaders.
Have resources been identified?	Theory training sessions updated as information and practice changes. LCAT assessments.
Has a training plan been agreed?	Yes developed in service, sent for content checking to UHL and LPT 'Epilepsy' Consultant Specialists.
Where will completion of this training be recorded?	E Diana and Held in service on personal training file.
How is this training going to be monitored?	Clinical team Leaders as part of ongoing monitoring of training compliance.

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	√
Respond to different needs of different sectors of the population	√
Work continuously to improve quality services and to minimise errors	√
Support and value its staff	√
Work together with others to ensure a seamless service for patients	√
Help keep people healthy and work to reduce health inequalities	√
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	√

Appendix 3

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Katie Willetts	Senior Nurse, Diana Childrens Community Services, FYPC / LD

Circulated to the following individuals for comment

Name	Designation
Clare Woodhead	Registered Childrens Nurse, Diana Community Services Training Team.
Emma Gilbert	Registered Childrens Nurse, Diana Community Services Training Team.
Tina Woodford	Registered Childrens Nurse, Diana Community Services Training Team.
Kelly Hackett	Clinical Team Leader, Diana Community Services Training Team.
FYPCLD Clinical Leadership Forum	

Appendix 4

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. **The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**		
Name of Document:	Epilepsy awareness and emergency medication administration for infants, children, young persons, for Diana Childrens Community Services.	
Completed by:	Katie Willetts	
Job title	Senior Nurse	**Date 10/02/2021**
Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	NO	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	NO	

3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	NO	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	NO	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	NO	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	NO	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	NO	
8. Will the process require you to contact individuals in ways which they may find intrusive?	NO	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 6

Leicestershire Partnership NHS Trust

Due Regard Equality Analysis

Initial Screening Template

Introduction

This document forms part of the Trusts Due Regard (Equality Analysis) toolkit which can be accessed here.

Leicestershire Partnership NHS Trust has a legal requirement under the Equality Act 2010 to have '' due regard'' to eliminate discrimination. It is necessary to analysis the consequences of a policy, strategy, function, service or project (referred to as activity) on equality groups in respect of service users, patients and staff.

The analysis has to consider people's 'protected characteristics 'age, disability, gender reassignment, marriage / civil partnership, pregnancy and maternity, race, religion / belief, sex, sexual orientation. We also include other vulnerable groups who may not be protected under the Equality Act but their needs should be considered.

There are several tangible benefits in conducting equality analysis prior to making policy decisions, including:

- Higher quality decisions as a result of more complete management information
- Reduced cost as a result of not having to revisit policy that is not fit for purpose
- Enhanced reputation as an organisation that is seen to understand and respond positively to diversity.

Most importantly, through equality analysis we are able to take into account the needs of our different equality groups of staff and patients. Changes being proposed through policy, strategy, transformational programmes or other methods need to be analysed from an equality perspective and the results considered before decisions are made. Where negative impacts are identified, ways to mitigate or minimise them must be put in place.

Before starting if you are unfamiliar with doing an Equality Analysis contact the Equality and Human Rights Team for guidance or visit the Due Regard section on the Trust Intranet here.

Below is the Due Regard Screening Template which aims to assess the likelihood of a negative impact on an equality group/s. For example, a policy change in financial management systems may be considered major but has no negative impact.

The initial screening form needs to be completed to decide if a full Due Regard (Equality Analysis) * should be undertaken. An overview of the various options available are highlighted in a Due Regard fact sheet which includes top tips and a flow chart which can be accessed here.

*A full Due Regard (Equality Analysis) makes sure that any negative impacts have been considered and ways to minimize the impact are specified.

Due Regard Screening Template

Section 1	
Name of activity/proposal	New policy developed for: Managing seizures for infants, children, young people, for Diana Childrens' Community Services
Date Screening commenced	29/042021
Directorate / Service carrying out the assessment	Leicester Partnership Trust. FYPC/LD
Name and role of person undertaking this Due Regard (Equality Analysis)	Katie Willetts. Senior Nurse.
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide a safe local procedure for managing seizures for children and young people in the Diana Children's Community Services	
OBJECTIVES: To ensure that all infants /children / young persons in receipt of care from the Diana Service experiencing seizures are managed safely.	
Section 2	

Protected Characteristic	**If the proposal/s have a positive or negative impact** **please give brief details**
Age	Service user: 0 – 18 years Staff: Staff are employed who are of working age.
Disability	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: Physical ability required to fulfil the role.
Gender reassignment	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service – individual risk assessment would be required. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – persons can be employed in line with Trust Policy.
Marriage & Civil Partnership	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. Staff: No negative impact: - persons employed in line with Trust Policy.
Pregnancy & Maternity	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service – individual risk assessment would be required. Staff: No negative impact – Risk assessments completed for pregnant staff in line with Trust Policy.
Race	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with cultural sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – persons can be employed in line

	with Trust Policy.
Religion and Belief	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact – All religious beliefs can be accommodated. Dress must be in line with Trust Uniform and Infection Control Policy.
Sex	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. Staff: No negative impact – male and female staff are employed.
Sexual Orientation	Service User: No negative impact. There is a referral criterion and all patients who meet these criteria are deemed suitable for the Service. All children and young people and treated with sensitivity to meet their needs in accordance with local and national policy. Staff: No negative impact. Persons employed in line with Trust Policy.
Other equality groups?	No concerns identified.

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓
Section 4			

If this proposal is low risk please give evidence or justification for how you reached this decision:			
The Diana Children's Community services provides care to infants, children and young people in their homes/or in a non-hospital setting. The team assists all young people under their care to achieve optimum levels of independence, functioning and well-being, recognising that each individual has the need and the right to be treated with dignity and respect at all times. The team is committed to the principles of working in a non-judgemental manner with due regard given to individuals' religious beliefs and cultural background. In line with the LPT Equality & Human Rights Policy The team provides a service that is flexible and responsive to disability, gender, sexual orientation, age, ethnicity, spiritual, cultural, religious, physical and sensory needs, ensuring that anti-discriminatory practice underpins the service.			
Signed by reviewer/assessor	Katie Willetts	**Date**	29/04/2021
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Louise Evans	**Date**	19/11/21