

Sugar Grove Park District

Seizure Management Policy and First Aid Procedures

Policy Overview:

In order to maximize a safe and healthy recreation environment for patrons and staff, the Sugar Grove Park District has established the following seizure management policy and procedures. This policy is intended to complement and supplement the agency's medical emergency and aquatics emergency response plans.

1. Registration forms should encourage patrons to volunteer any important health information such as seizure disorders and/or to identify any need for reasonable accommodation. When seizure conditions are disclosed, adult participants (or parents/guardians of minor patrons) should be asked to provide information such as:
 - nature and duration of the seizure
 - frequency
 - triggering mechanisms
 - symptoms
 - date(s) of most recent seizures
 - parental/patron instructions &/or recommendations
 - up-to-date medical protocol from the primary health care provider
2. Depending on the frequency and/or nature of the seizures, the feasibility and need to provide 1:1 supervision should be evaluated. In the interim, the member should consider the appropriateness of temporarily suspending participation pending an analysis of the ability of the patron to safely participate in any activity, with or without reasonable accommodation. Members should promptly contact PDRMA's legal counsel and/or their corporate counsel to assist in identifying and balancing the rights of both the member and patron.
3. Whenever participation involves aquatic activities, the agency's **seizure prone swimmer policy** should be followed. Please refer to this document prior to any participation in aquatic programs. Pre-program planning and communication between the aquatic staff and the participant's instructor/counselor/program supervisor is strongly recommended.
4. Staff should begin monitoring and responding to the seizure as soon as the symptoms are recognized – this includes implementing established seizure/emergency procedures; coordinating with other emergency medical providers; monitoring the duration of the seizure from the moment staff first observed the symptoms (and when possible, from the time of onset) and; documenting the nature/character of the seizure.
5. As with any medical emergency, prepare a PDRMA incident report documenting all pertinent information about the event (when, where, how, responders, witnesses, victim condition, etc.).

When to Activate the EMS (911) system:

1. Anytime you are unaware of a pre-existing seizure disorder, summon EMS immediately.

2. Anytime you are uncomfortable with either the situation or the condition of the person, call EMS. Always err on the safe side, for the patrons' safety.
3. Anytime the seizure is different in nature or character than prior seizures, summon EMS immediately.
4. If you know the person is prone to seizures or is being medically treated **and you have written instructions from the patron or patron's parents/guardians not to summon EMS**, it may or may not be necessary to activate EMS unless:
 - The seizure lasts longer than 1-3 minutes
 - Another seizure begins within 1 hour after the first
 - The person does not regain consciousness after the convulsions or seizure have stopped
 - The person stops breathing for longer than 30 seconds
 - Seizure occurs after a known head injury or the person complains of a sudden severe headache
 - The person is pregnant
 - The person has a medical alert tag or diabetic alert tag
 - The person appears injured
 - The person has swallowed excess amounts of water
 - You are at all uncomfortable with the situation
5. If you are provided patron/parent instructions on how to manage a seizure and/or not to summon EMS in the event of the seizure, you should:
 - Require that the instructions be in writing *and provided by or signed be off on by the primary care physician* (the physician's recommendations/instructions as to managing the seizure, or approval of the management instructions **must be dated and written within the past 6 months**).
 - Make several copies of the instructions and provide copies to relevant staff (i.e. staff that need to know!)
 - In the interim summon EMS in the event of a seizure or temporarily suspend participation until receipt and review of the requested documentation
 - If, after receipt of the documentation, you are uncomfortable with the instructions (or despite the instructions, you are at all uncomfortable with the situation), summon EMS in the event of a seizure --- *you are not necessarily legally required to comply with patron/parent/physician instructions!*
 - Do not hesitate to contact PDRMA's legal counsel or your corporate counsel for further guidance.

Definition and Description:

Generalized Seizures are caused by abnormal electrical activity over the entire brain simultaneously. This group of seizures affects the level of awareness and muscle movement of all extremities.

Seizure types: Absence seizures (Petit Mal), Myoclonic seizures, Atonic seizures, Tonic seizures, and Tonic-Clonic seizures (Grand Mal).

Seizure length: They range from 3 seconds to up to 5 minutes, depending on the type and severity.

Symptoms: a dazed look in the face, eye blinking, head bobbing, sudden brief jerks of a single muscle or group, unconsciousness, loss of body functions, and full body constriction.

Partial (focal) Seizures are seizures begin in one part of the brain instead of all over. Depending on which lobe of the brain that the seizure comes from will determine the physical symptoms of the seizure.

Seizure types: Simple partial seizures, Complex partial seizures. They can also be classified as Frontal Lobe, Temporal Lobe, Parietal Lobe, and Occipital Lobe.

Seizure Length: They range in length from seconds up to 2 minutes.

Symptoms: People, in the majority of cases, are completely aware and alert during these seizures. There can be tingling or shaking of a small body part, unusual smell, visual hallucinations or ill-defined feeling. They are also described as an altered consciousness, subtle, repetitive and stereotypical movements of the face or extremities.

Hypoxic convulsions are due to lack of oxygen in the brain. Persons may appear rigid or stiff, may jerk violently, and/or froth at the mouth. Unlike the seizure conditions described above, this is a life threatening condition.

Emergency Procedures:

1. Prevent the person from injuring themselves. Place something soft under their head, loosen tight clothing, clear the area of hard and sharp objects, and remove eyeglasses if needed.
2. Place the person in a recovery position to allow saliva to drain from the mouth.
3. Start timing the seizure as soon as symptoms are recognized.
4. If uncomfortable with the situation, contact EMS immediately.
5. **Do not** restrain the person's movements.
6. **Do not** place any items in the person's mouth and **do not** attempt to give any liquids.
7. Be sensitive of the environment and the person's privacy.
8. If staff is unfamiliar with the person, unsure if previously diagnosed as seizure prone or medically treated, contact EMS immediately.
9. Maintain the person's airway.
10. After the seizure subsides, complete an initial assessment to determine the condition of the person (airway, breathing, circulation, physical condition).
11. If the person is not breathing, begin CPR. Make sure EMS is contacted.
12. Provide an area for the person to rest until fully coherent, where the person can be observed by a responsible adult. Consider a shaded area or an office.
13. The person involved in the episode should be restricted from any aquatic programs for the remainder of the day.
14. If a minor, the occurrence of a seizure should always be reported to the person's parents or guardians.

If the seizure occurs in the water: follow the agency's seizure prone swimmer policy and first-aid procedures

ACTIVITY/ENVIRONMENTAL CONSIDERATIONS

Because of the loss of bodily control and/or cognitive function that typically accompanies a seizure and the potential need for prompt emergency medical services, program planners should carefully develop specific emergency response plans for seizure-prone persons enrolled in recreation programs and activities.

Program planners must first determine whether the patron can safely participate in any activity or program, with or without reasonable accommodation. This includes identifying how a seizure may affect the personal safety of the participant who experiences a seizure during any given activity (as well as the safety of responding staff and potential impact on the program). The planner should consider if the loss of bodily control might result, for example, in a fall from a height, a fall onto a hard surface, or a drowning situation. If these are possibilities, the planner and program supervisors/instructors should jointly assess, address, and coordinate participation in these activities and seizure management. In some instances, it may be prudent to temporarily suspend participation in any given program/activity pending assessment (i.e. taking the "proverbial step backwards"). In other situations, it may be feasible and prudent to provide a one-to-one companion (provided the nature of the seizure/activity does not create a safety risk for the companion). In any event, program supervisors should explore and address these issues with adult patrons or with parents and/or guardians of minor patrons **before participation** -- and if possible, include special recreation association staff as part of your assessment and seizure management team.

Program planners should also consider the potential challenges presented by program locations where access to EMS may be limited or substantially delayed. Because access to emergency medical services can be crucial in providing necessary care, planners should be aware of the proximity of these services at all times. Field trip locations as well as any remote sites, such as campgrounds, should be researched ahead of time to determine where emergency care can be found in the area and how long it will take for a response.

These situations are often emotionally-charged for all parties involved. Regretfully, at times patrons with seizure disorders engage in recreation activities neither well nor wisely. The patron (or parents of a minor patron) does not have the legal right to compromise his/her safety. There are often misperceptions as to the legal rights of the patron and/or of the provider. When in doubt, always err on the side of caution and contact PDRMA and/or legal counsel for prompt guidance, and temporarily suspend participation pending further evaluation and guidance.

References:

American Association of Neurologists website.

Pediatric Epilepsy Center website, article by Tracy Connell, RN, MSN, CPNP.

MSN Health website articles:

"What is the Cause of Epilepsy" – December 1998

"What is the Immediate Treatment for Epileptic Seizures?" – December 1998

"What is Epilepsy?" – December 1998

"First Aid for Seizures"

"Seizures - When to Call a Doctor" – November 2003