

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0462 (CR) **Subject:** Seizure Observation
Effective Date: 05-03-95 **Last Revision:** 03/09/2023
Personal Responsible: Health Supports and Provider Relations
Registered Nurse
Approvals/Date: Brent Casen 3-14-23
Superintendent, WCBDD Date Department Director Date

The following definitions apply:

Employee - An employee of the Wood County Board of Developmental Disabilities, a person under contract with the board, or a volunteer, when such persons do not have a license as a health care professional acting within their scope of practice.

Health Care Professional – Registered Nurse or Licensed Practical Nurse; Optometrist; Pharmacist; Doctor of Medicine, Osteopathic Medicine, Podiatrist, Nurse Practitioner; Physician's Assistant; Physical Therapist; Occupational Therapist or OT assistant; Registered Dietician; etc.

Licensed Nurse - A Registered Nurse or a Licensed Practical Nurse licensed by the state of Ohio and has met all requirements set forth by OAC 4723.

Programmatic Services - Departments of the Wood County Board of Developmental Disabilities which include those areas that operate primarily during the day and are under the general supervision of the Superintendent, Director of Health Supports and Provider Relations, Director of Children's Services, Wood Lane School Principal, Director of Service and Support Administration, Health and Safety Coordinator, Recreation Manager, and Communications and Community Support Manager

Seizure - a sudden, electrical discharge in the brain causing alterations in behavior, sensation, or consciousness.

Seizure First Aid – Includes but is not limited to: timing the duration of the seizure, ensuring nothing is tight around the person's neck, removing any obstacles away from person that could cause harm, turning the person on their side to prevent choking or aspiration if vomiting occurs, cushion the head to prevent injury, do not place anything in the person's mouth, do not hold the person down moving person to floor, remaining with person until seizure has ended, providing privacy, comfort, reassurance and support to the individual during and after the seizure, etc.

1. All employees observing a seizure must provide seizure first aid or First Aid as trained until the seizure has ended and the individual has recovered or 9-1-1 has been called.

- All employees will continue to provide seizure first aid and/or CPR/AED/First Aid as trained and as applicable until Emergency Medical Services arrive at the scene.

2. All employees observing a seizure **must** call Nursing or 9-1-1 for all the following but is not limited to:

- The employee believes this is a first time seizure for that individual, the person has a seizure after being seizure free for 12 month or more, the seizure is different than the person's typical seizures. Seizures lasting 5 minutes or longer for an individual with an established seizure diagnosis or a seizure lasting longer than specified by Health Care Professional, cluster of seizures without full recovery in between, individual sustains injury during seizure, the individual stops breathing or has difficulty breathing, the individual remains unconscious and/or unresponsive following a seizure, the individual asks for medical help, etc.
- Any emergency seizure medication administration as prescribed.
- All employees observing a seizure and 9-1-1 has been called must immediately notify supervisor and licensed nurse following the incident. The supervisor and/or licensed nurse will notify MUI IA. The employee must complete a UIR form 03-ALL-ALL-0019. Refer to UIR Procedure 02-ALL-ALL-0054 (AD).

3. When a seizure is observed during programmatic services a Seizure Observation Record Form 03-ALL-ALL-0302 must be completed by the employee observing the seizure following the seizure recovery period.

4. When a seizure is observed during transportation to an event/activity on a Wood County Board of DD vehicle or personal vehicle during work time, the driver must pull over and observe/monitor the individual until seizure has ended and the employee has made sure the individual is not in distress or 9-1-1 has been called. If a seizure occurred on a vehicle, the form must be completed after all individuals have been unloaded at the completion of ride.

5. The original form will be given to the appropriate departments licensed nurse and filed in the individual file after review. A copy of the form will be sent home with the individual.

6. The employee must contact the family/guardian/care provider via phone advising that a seizure occurred and the length of seizure, on the day the seizure occurred.

Procedures: 02-ALL-ALL-0054 (AD)

Forms: 03-ALL-ALL-0019
03-ALL-ALL-0302

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