

Training non-nursing staff in administration of emergency medication for prolonged seizures in epilepsy

|  |  |
| --- | --- |
| Services  | Applicable to Children’s Services |
| Trust wide |  |
| Mental Health and LD  |  |
| Community Health Services  | X |

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| --- | --- |
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**Version Control Summary**

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| **Version** | **Description of Changes** | **Reason for Change** | **Author** | **Date** |
| **2** | Inclusion of buccal midazolam as an emergency medication for use in prolonged seizures  | Formal review date over due  | Lynn Willbourne | Nov 2008 |
| **2** | Changes made in line with Trust Policy Framework | To ensure policy conforms to Trust Policy Framework 2008  | Lynn Willbourne | Nov 2008 |
| **2** | Amendments following feedback from consultation process |  | Lynn Willbourne  | March 2009 |
| **3** | Routine training in the administration of rectal diazepam removed (6.7). | Annual review due. Rectal diazepam is no longer recommended as a first line form of treatment for pronged epileptic seizures in children and young people. | Lynn Willbourne | July 2016 |
| **4** | Changes made to reflect public health (School nursing and health visiting) are now Local Borough Newham (LBN) employees instead of Community health Newham (ELFT).  | Annual review. This policy now covers staff working in LBN and East London Foundation Trust (ELFT)  | Lynn Willbourne and Rebecca Daniels. Reviewed/circulated to colleagues in LBN | Jan 2018 |
| **5** | Changes made to reflect public health (School nursing and health visiting) are now no longer facilitating any emergency medication related training for school staff. Change in how practical training is run during the pandemic and while social distancing remains in place. Changes made to the supervision frequency that is offered to LBN staff. Changes made to reflect that the NMC Medication administration guidance has been withdrawn. Changes made to reflect that the Epilepsy Nurses Association have released best practice guidelines for the teaching of buccal midazolam administration.  | Formal Review Date Due.  | Louisa Griffith  | December 2020  |
| **6** | 4.2. Specialist School Nursing Team and Practice Development Nurses to support with practical training.1.4 Updated to reflect new NICE guidelines (2022)6.2 Included the choice of 2 first aid videos used in the Tier 2 session. 6.7 Updated to reflect new NICE guidelines (2022)Appendix A:New Question 11 added. Appendix B: Removal of assessment of trainee “breaking the seal of pre filled syringe”, as the pre filled syringes are no longer being produced with this.  | Formal Review Date Due | Bianca GardinerLouisa Griffith | July 2023 |

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**1. INTRODUCTION**

* 1. Epilepsy is the tendency to have seizures that originate in the brain. Seizures are unpredictable and therefore are likely to occur in community settings when the child is at school or away from home. There is a need therefore for all carers; professional and voluntary, to be able to manage seizures safely.
	2. For those children with epilepsy who are prone to prolonged seizures and status epilepticus (see section 4.3), the prompt use of emergency medication in the community can reduce the need for hospital treatment and reduce the incidence and risks associated with status epilepticus. The administration of emergency medication for a prolonged seizure in the community is therefore often appropriately delegated to parents, carers, education, social and voluntary services personnel following the appropriate training.
	3. Clinical guidelines recommend that a convulsive seizure lasting longer than 5 minutes or three or more seizures in an hour receive urgent care and treatment (NICE, 2022). Buccal midazolam should be used as first-line treatment in Children and Young People with prolonged or repeated seizures in the community. Rectal diazepam if preferred or if buccal midazolam is not available can also be administered, (NICE, 2022).
	4. In Newham there are many schools, play schemes, residential and voluntary services projects that encourage their personnel to learn how to administer these medications and this enables children and young people to be included in activities yet have access to potentially lifesaving treatment where ever their seizure occurs. This role is voluntary but in some organisations, certain groups of employees have a contractual obligation to undertake this role. Each organisation should have its own organisational policy regarding the administration of medication.
	5. The public health team (London Borough of Newham –LBN) provide an ‘Epilepsy Awareness Session’ to education staff. This is known as Tier 1 Training. All education staff must attend if they wish to go on to Tier 2 Training which is ‘Emergency Medication Training’. The Epilepsy Nurse facilitates all training in the administration of emergency medication for prolonged seizures to personnel from other organisations. Training is provided to education by the Epilepsy Nurse Specialist and is supported by the Practice Development Facilitator (PDF) within the Community Children’s Nursing service, East London NHS Foundation Trust (ELFT).
	6. **DEFINITIONS**

1.1.1 Epilepsy is defined as the tendency to have recurrent seizures (Appleton & Gibbs, 1995).

1.1.2 A seizure is “an intermittent, paroxysmal, stereotyped disturbance of consciousness, behaviour, emotion, motor function, perception or sensation that results from a cortical neuronal discharge” (Appleton & Gibbs, 1995).

1.1.3 Historically, status epilepticus has been defined as “any seizure lasting for at least 30 minutes or repeated seizures lasting for a total of 30 minutes or longer, from which the person does not regain consciousness between each seizure” (Shorvon, 2000). More recently, definitions and the NICE guideline recommendations for initiation of community treatment after 5 minutes (Section 1.3) reflect the change towards a more prompt recognition of status epilepticus in contemporary clinical practice (Scott et al, 1998; Beran, 2008).

2**. PURPOSE**

2.1 This policy is aimed at registered nurses who provide training on the administration of emergency medications for prolonged seizures.

2.2 This policy aims to set out the standard to which training on the administration of emergency medications should be provided and how the trainers can access on-going support and education to ensure they are providing training of a high quality.

* 1. This policy also provides guidance to managers to ensure responsibilities for providing this training are allocated to appropriately trained and experienced nurses within their teams.
	2. This policy sets out the role of the Epilepsy Nursing Service for Children and Young People in the delivery of the training.
	3. This policy adopts the Epilepsy Nurses Association document “BEST PRACTICE GUIDELINES FOR TRAINING PROFESSIONAL CARERS IN THE ADMINISTRATION OF BUCCAL (OROMUCOSAL) MIDAZOLAM FOR THE TREATMENT OF PROLONGED AND/OR CLUSTERS OF EPILEPTIC SEIZURES IN THE COMMUNITY” (ESNA, 2019)which set out best practice guidelines for those purchasing and delivering training of this nature.
	4. Community Health Newham and London Borough of Newham (LBN) provides indemnity for its employees when they provide training to the employees of other organisations (e.g. education, social services or voluntary organisations), provided the employee follows this policy on how training should be provided..
	5. This training involves the delegation of a medicine and therefore The Royal College of Nursing “Meeting Health Needs in Educational and other Community Settings” guidance has been adopted and is specifically mentioned in section 5.4 of this policy.
	6. As a registered nurse providing training to other organisations, the nurse is accountable for the training they have provided and their assessment of the trainee’s competence in the training situation, but not for the ongoing actions of the trainees once they are using the skills in their working environments.
	7. The ongoing responsibility for the actions of the trainees once working in their environments (e.g. schools, nurseries, play schemes) lays with their employing organisations.

**3. DUTIES - ROLE OF THE EPILEPSY NURSING SERVICE**

3.1 The Epilepsy Nurse Specialist will provide the initial training on how to use the training pack to the emergency medication trainers once they have attended the one day Epilepsy Workshop for Community Practitioners.

3.2 The Epilepsy Nurse Specialist will offer a ½ day session three times a year for emergency medication trainers to enable reflection on practice, identify learning needs and discuss clinical updates in the epilepsy field.

3.3. The Epilepsy Nurse Specialist will offer a ½ day session twice a year to the Practice Development Facilitator at LBN to enable reflection on practice, identify learning needs and discuss clinical updates in the epilepsy field.

3.3 The Epilepsy Nurse Specialist will remain responsible for the content of the training pack and ensuring that its contents continue to meet national standards and current good practice in the management of epilepsy.

3.4 The Epilepsy Nurse Specialist will lead on reviewing and evaluating the quality of the training and work with the emergency medication trainers to ensure that this training continues to meet the required standard.

3.5 The Epilepsy Nursing Service provides individualised training for parents/carers in the home setting.

1. **MODEL FOR PROVISION OF TRAINING**

4.1 The Epilepsy Nurse facilitates and provides learners with initial training on administration of emergency medication, in addition to ongoing support and further training updates.

4.2 The emergency medication training is currently facilitated by the Epilepsy Nurse Specialist, and assessments are support by the Practice and Development Facilitator’s and registered nurses within the Specialist School Nursing Team.

4.3 Support for the trainees regarding the individualised health care plan and needs of the individual child is provided by the named school nurse, health visitor or community nurse for the child in the community setting. Epilepsy health care templates are available on the ‘N’ drive to use for individualising child specific care.

**5.** **TRAINER COMPETENCIES and SKILL DEVELOPMENT**

5.1 It is expected that the role of emergency medication trainer will be formally identified in the emergency medication trainer’s personal IPR/PDP objectives and remit by their team manager/supervisor.

5.2 Emergency medication trainers should meet the following requirements which have been adapted from the ESNA guidelines (2019)

5.3 Have a nursing qualification and experience working with children and young people with epilepsy which, where possible, will have included the practical administration of emergency medication in epilepsy.

5.4 Have undergone basic Epilepsy Workshops for Community Practitioners provided by the Epilepsy Nursing Service.

5.5 Have undergone training on how to use the pack from the Epilepsy Nursing Service

5.6 Have experience of delivering training/facilitation courses to adult learners or evidence of teaching skills

5.7 Demonstrate that they can keep their knowledge up to date by attending a half day supervision of practice/training session provided by the Epilepsy Nurse Specialist three times a year.

**6. RESOURCES TO PROVIDE THE TRAINING**

6.1 Emergency medication trainers should provide training using only the materials contained within the Emergency medication training pack. A paper template of this pack is available together with electronic resources (Power Point presentations, student work book and other materials).

6.2 Written training materials and mouth model x 3 are required for the training sessions.

The Videos that should be used are:

“So, what is epilepsy?” Young Epilepsy

6 Epilepsy Action Videos for Seizure types

Epilepsy Action first aid videos, there are 2 to choose from.

“Buccolam Administration” Buccolam.co.uk

“Epistatus Administration” Epistatus.co.uk

“Buccal Midazolam, Treatment for Prolonged Seizures” Special Products

6.3 The booklet for trainees should be the only materials used during the course.

6.4 The contents of the training pack have been developed to meet the ESNA (2019) recommendations regarding the core components of an emergency medication training course. The core components are:

**Epilepsy Awareness**

* What epilepsy is
* Causes of epilepsy
* How a diagnosis is made
* Types of seizures (with reference to current classification of the (International League against Epilepsy)
* Treatment for epilepsy
* First aid
* Status Epilepticus
* Psychosocial issues for people with epilepsy
* Sources of information and support for people with epilepsy, their families and carers
* Care Planning and resource options
* Risk Assessments
* SUDEP
* Interactive Case Discussion

**The administration of buccal midazolam**

* Benefits of using buccal midazolam
* Recognise signs of respiratory depression
* Possible difficulties in administration (e.g. excessive salivation, injury to mouth etc.)
* Potential side effects
* Actions if buccal midazolam is ineffective
* Identifying and using individual’s buccal midazolam care plan
* Secure storage and safe disposal
* Duty of care/ responsibility and accountability
* Practical demonstration using DVD or visual aids and use of water to demonstrate on a volunteer
* When to seek medical help
* Aware of potential for misuse
* Awareness of relevant local policies
* Interactive case discussions

**Health and Safety Issues**

* Risk assessment
* The individual’s care plan
* Storage & disposal
* Duty of care issues
* Awareness of local policies on administration of emergency
* medication
* Importance of privacy

6.5 There was extensive consultation regarding the content of the training pack therefore any amendments or additions to the training pack should not be made by trainers independently but proposed to the epilepsy nurse specialist during the course of supervision of practice/training sessions where they can be discussed and agreed.

6.6 The training package is designed to be delivered in one-day, meeting the ESNA (2019) “for a minimum of four hours to cover all components. It is acceptable to deliver the training pack over shorter sessions e.g. two half day sessions; however the training should not be shortened or delivered in less time.”

6.7. As Buccal midazolam is now first choice emergency management for children and young people with epilepsy (NICE, 2022), rectal diazepam is very rarely prescribed to patients. Training is therefore primarily focused on administration of Buccal midazolam however rectal diazepam training will be conducted when the need arises and on an individual basis.

**7. ASSESSMENT OF COMPETENCY OF TRAINEES**

7.1 The Royal College of Nursing (2018) ‘Meeting Health Needs in Educational and other Community Settings’ guidance state that “Support workers who are delegated specific health care responsibilities must have the confidence to undertake this role. This should be underpinned with training and assessment of competence. The aim of any programme of training should provide information along with learning opportunities regarding both theoretical and practical aspects of the support worker’s role. The opportunity must be provided for supervised practice before an assessment of competence is undertaken by a suitably registered nurse.”

7.2 There are recognised difficulties associated with assessing knowledge and skills of the trainees to administer emergency medication. Observing and assessing their competency during the actual procedure is not possible as this is an emergency procedure and cannot be predicted.

7.3 Community Health Newham adopts the recommendation from ESNA (2019) “Ongoing assessment using questioning during training is essential to ensure safety and carers’ understanding.”

7.4 An individualised assessment of the preparedness of each trainee takes place within the course by the emergency trainer. See Appendix 1 for example of assessment checklist. This knowledge and skills assessment includes:

i) Verbal/written questioning with expected answers on key knowledge points

ii)Demonstration of ability to administer emergency medication in a simulated practice situation

iii) Responses of trainee to problem scenarios that may arise during administration of medication.

iv) Agreement from the trainee that they feel ready to take on the task of administering emergency medication.

7.5 A certificate stating the knowledge and skills that the trainee has demonstrated during the assessment will be awarded. This certification is a statement of competency in the simulated training situation and reflects the preparedness of the trainee for the “real-life” situation.

7.6 An individual’s level of skill and confidence will be affected by the frequency with which they carry out the procedure. ESNA (2019) recommend individuals attend a refresher course within two years. It is the responsibility of the management in the community setting and the trainee to ensure that their training is in date and that update training is requested.

**8. MONITORING**

**8.1PREPARING TRAINEES TO WORK WITH INDIVIDUAL CHILDREN**

8.1.1 The emergency medication training course prepares the trainees to safely administer emergency medication for a prolonged seizure due to epilepsy. As such the knowledge and skills gained from the course are general and do not pertain to the individual needs of a particular child.

8.1.2 After completing the course and before they begin to work with an individual child, the trainee should familiarise themselves with the individualised health care plan and receive additional individualised information relevant to the particular child.

8.1.3 This is provided by the named community health professional attached to the community setting, in a school this will be the school nurse, in a nursery the health visitor.

8.1.4 In preparing the trainees to work with individual children the named community health professional should refer to the advice and use the health care plan template and resources prepared by the Epilepsy Nurse Specialist which is available in locality areas.

**8.2. EVALUATING and MAINTAINING THE QUALITY OF THE TRAINING COURSE**

8.2.1 Every training course that is delivered should be evaluated using the standard evaluation sheet in the training pack.

8.2.2 Evaluation forms should be collected and sent to the epilepsy nurse specialist with the completed monitoring form at the end of a training session. The epilepsy nurse specialist will meet with the course leader to discuss the evaluation if there are immediate issues to discuss. Otherwise evaluations will be reviewed at sessions with epilepsy nurse specialist described in section 5.7.2 of this policy.

8.2.3 A list of the attendees should be kept together with their knowledge and skills assessment training record and sent to the epilepsy nurse specialist.

**9. REFERENCES**

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*diagnosis and management .* NICE, London.

**Appendices**

**Appendix A**

**Date: / / 20**

Name of trainee:

Place of work:

**KNOWLEDGE ASSESSMENT**

The trainee is able to demonstrate their knowledge in the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Required answer** | **Tick** |
| **1** | What is epilepsy? | Epilepsy is a **tendency to have seizures** |  |
| **2** | What is a seizure? | A seizure is a **disturbance of electrical signals in brain** which **causes a change in the body’s functioning.** |  |
| **3** | Can you describe what a tonic-clonic seizure looks like? | The person goes **stiff** and usually falls over. They **lose awareness**. The **body shakes and jerks**. They may become **blue** around the mouth, may **wet themselves** or **bite their tongue**. They **sleep deeply afterwards** & are difficult to move. |  |
| **4** | When do we usually give emergency medication for seizures? | **When a seizure is going on for longer than** **5 minutes** |  |
| **5** | Where can you find the exact information about when emergency medication is needed for a particular child? | In their **health care plan** |  |
| **6** | What are the risks of prolonged seizures? | **Damage to the brain****Death** |  |
| **7** | Where in the body does midazolam work to stop seizures? | Midazolam works **in the brain** to calm the electrical signals and **stop the seizure**. |  |
| **8** | What are two unwanted effects of midazolam? | **Reduction in breathing rate**.Excessive **sedation** |  |
| **9** | What are the advantages of giving midazolam in this way in an emergency? | **Can’t swallow** to take a tabletInjection into blood stream only done in hospital**Safe and easy to use****Medication taken quickly by blood stream to brain where it works within 10 minutes** |  |
| **10** | Where should midazolam be stored? | In a **locked cabinet.** |  |
| **11** | If this is the first time the child is having midazolam when should an ambulance be called?  | Immediately after giving the medication  |  |
| **12** | Who can give buccal midazolam in the community? | **Only people that have been specially trained.** |  |

Please note a similar checklist for rectal diazepam would be used for assessment of staff administering rectal diazepam.

**Appendix B**

**SKILLS ASSESSMENT- BUCCAL MIDAZOLAM – Oral solution and pre-filled syringes**

In a simulated situation, the trainee has demonstrated the following skills:

|  |  |  |
| --- | --- | --- |
|  | **Skill required** | **Tick** |
| 1 | Trainee keeps calm/takes control of situation |  |
| 2 | Makes a note of the time the seizure starts |  |
| 3 | Checks expiry date on bottle of midazolam and checks solution is clear/ Checks expiry date on protective plastic cover and that the seal is not broken. |  |
| 4 | Checks dose and child with health care plan |  |
| 5 | Correctly identifies that seizure is now an emergency |  |
| 6 | Check first aider present – summons if not |  |
| 7 | Puts on gloves |  |
| 8 | Correctly draws up dose of oral midazolam/ removes pre-filled syringe from container |  |
| 9 | Parts lips and drips ½ solution onto buccal mucosa between lower gums/ cheek |  |
| 10 | Drips remaining solution onto buccal mucosa at other side of mouth |  |
| 11 | Notes time the buccal midazolam was given |  |
| 12 | Disposes of oral dispenser and returns cap to bottle of midazolam |  |
| 13 | Watches the child’s body for signs of seizure activity |  |
| 14 | Watches the child’s breathing and colour |  |
| 15 | Writes down the description of the seizure, dose, time and outcome in child’s health care plan |  |

**Appendix C**

**SKILLS ASSESSMENT- RECTAL DIAZEPAM**

In a simulated situation, using an anatomical model, the trainee has demonstrated the following skills:

|  |  |  |
| --- | --- | --- |
|  | **Skill required** | **Tick** |
| 1 | Trainee keeps calm/takes control of situation |  |
| 2 | Makes a note of the time the seizure starts |  |
| 3 | Rolls child (model) onto left side |  |
| 4 | Checks expiry date on diazepam tube/packet |  |
| 5 | Checks correct dose for child with health care plan |  |
| 6 | Correctly identifies that seizure is now an emergency |  |
| 7 | Check first aider present – summons if not |  |
| 8 | Puts on gloves |  |
| 9 | Clothing to lower body are removed |  |
| 10 | Opens rectal tube/packet properly removing cap |  |
| 11 | Keeps rectal tube upright |  |
| 12 | Locates rectum and inserts tube into rectal passage on model in direction of umbilicus |  |
| 13 | Squeezes tube firmly between thumb and forefinger |  |
| 14 | Keeps squeezing tube whilst removing tube from rectum |  |
| 15 | Holds buttocks together  |  |
| 16 | Notes time the rectal diazepam was given |  |
| 17 | Keeps the child on their side |  |
| 18 | Watches the child’s body for signs of seizure activity |  |
| 19 | Watches the child’s breathing and colour |  |
| 20 | Writes down the description of the seizure, dose, time and outcome in child’s health care plan |  |

**Appendix D**

**PROBLEM SOLVING**

The trainee has responded with required response and rationale to the following possible scenarios:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Problem** | **Required response** | **Required rationale** | **Tick** |
| **1** | You have given the midazolam and although the seizure has stopped within 5 minutes, the child is still blue around their mouth and is not breathing very well. What do you do & why? | Maintain **recovery position****Call 999****Call first aider****Save medication****Inform manager** after event | It could be **problem with breathing caused by diazepam/ midazolam.**Situation is an **emergency****First aider needs to assess**Child’s medication may need review. |  |
| **2** | You have given the midazolam and 10 minutes later the child is still stiff & jerking with froth coming from their mouth. What do you do and why? | Maintain **recovery position****Call 999****Save medication****Inform manager** after event | **Emergency situation****Medication has not worked** to stop the seizureChild needs **hospital attention.**Child’s medication may need review. |  |
| **3** | You go to the cupboard and the emergency medication for that child is not there. Another child’s midazolam is there. What do you do & why? | **Do not use the other child’s medication****Abandon procedure****Call 999****Inform manager** | **Other child’s medication might be needed soon after**Can’t give medication so situation **emergency**. **Medication is “missing” needs to be investigated** by manager |  |

**Appendix E**

**COMMENTS & NOTES BY TRAINER**

**AGREEMENT TO USE THE DEMONTRATED KNOWLEDGE & SKILLS**

*I have taken part in the training and feel competent to use buccal midazolam for a child that I am working with. I understand the need to undergo individual training, including a discussion with the child’s parent/carer, about the health care plan for a particular child once I am back in my workplace.*

**Name of trainee:**

**Signed**: **Date: / / 20**

**Place of work:**

*I have assessed this trainee’s knowledge and skills as documented in their training record which I have retained. In the simulated situation of this training course, this trainee has demonstrated the required level of knowledge and skills to be able to give buccal midazolam.* *I recommend re-training by / /20 .*

**Name of trainer:**

**Signed**: **Date: / / 20**

**Designation:**