

Seizure action plan

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| **Date created** |   |
| **Due for review** |   |
| **Name of employee** |   |
| **Job title** |   |
| **Name of line manager** |   |

# Emergency contacts

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| --- | --- |
| **Name** |   |
| **Relationship** |   |
| **Contact number (s)** |   |
| **When to contact** |   |

|  |  |
| --- | --- |
| **Name** |   |
| **Relationship** |   |
| **Contact number (s)** |   |
| **When to contact** |   |

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| This plan is in place to ensure people know what to do if a seizure happens at work. It covers:**Seizures** – what happens, how to help and when it is an emergency**Trusted colleagues** – who knows at work and preferred companions**Treatment** – what medicine is taken and who can administer emergency medicine if needed**Support at work** – the effect that epilepsy has, and the support that is in place |

Seizures

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| **Seizure type/s** |
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| **What happens during a seizure and how to help** |
| Describe the typical signs and symptoms and what action people should take to help.  |
| **Typical length of time a seizure lasts** |
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| **Typical seizure pattern** |
| Describe how often seizures happen and if they happen at particular times of day/night (note: many people with epilepsy do that have seizures that follow a pattern)  |

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| **What to do if a seizure lasts longer than usual or for more than five minutes** |
| For example, a named trained person administers emergency medicine, or call an ambulance  |
| **When to call an ambulance** |
| An ambulance is not needed for most seizures. Describe when one might be needed.  |
| **After a seizure** |
| Describe what recovering can be like and what helps. Include any arrangements for going home if needed.  |

# Trusted colleagues

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| **Who needs to know?** |
| It’s up to the employee who to tell, but if people know they can help during a seizure.  |
| **Do they need epilepsy awareness training?** |
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| **Who at work could respond to a seizure?** |
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| **Which people are preferred companions if needed?** |
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Treatment

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| **Epilepsy medicine** |
| If you need to take your medicine at work, do you need any support to do so? For example, a safe place to store it?  |
| **If emergency medicine has been prescribed, who at work is trained to give this?** |
| **Name** | **Position** |
|   |   |
|   |   |
| **Where is the emergency medicine stored and who has access to it?** |
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| **Any other treatments?** |
| For example VNS, ketogenic diet  |

# Support at work

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| **What effect does epilepsy have?** |
| For example, side-effects of medicines, memory problems, medical appointments, not being able to drive, mood  |
| **Is there anything that makes a seizure more likely?** |
| Describe any possible seizure triggers  |
| **Is there anything that can be done to reduce the risk of seizure triggers?** |
| For example VNS, ketogenic diet  |
| **What support is in place at work?** |
| Describe anything that is in place to provide support. If a risk assessment has been completed check what is in that and include it here.  |
| **Is there any other support that would help?** |
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| **If applicable – Has there been an occupational health assessment?** |
|  NoIs one needed? YesDate: What were the recommendations:  |
| **Has there been an Access to Work assessment?** |
|  NoIs one needed? YesDate: Outcome:  |

This plan is agreed by

**Employee**

|  |  |
| --- | --- |
| **Name and position** |   |
| **Signature** |   |
| **Date** |   |

**Employer**

|  |  |
| --- | --- |
| **Name and position** |   |
| **Signature** |   |
| **Date** |   |

Agreed review date:

This template is part of the Epilepsy Action Employer toolkit. See **employers.epilepsy.org.uk**

for more resources to help support people with epilepsy at work.

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