

The Clive Treacey Safety Checklist

Commissioning safer services for people with epilepsy who have a learning disability and/or autism

Checklist intended to be used with adults and those transitioning to adult services, using the accompanying Clive Treacey Safety Checklist Guidance (page refs. provided in column 4).

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|------|--|--------------|--|----------------|--|
| Name | | Completed by | | Date of Review | |
|------|--|--------------|--|----------------|--|

| Theme | Criteria | Check | Pages | Comments |
|--|--|-------|-------|----------|
| Epilepsy risk, Sudden Unexpected Death in Epilepsy (SUDEP) mitigation and emergency response | I have up-to-date risk assessments covering aspects of epilepsy safety that are reviewed periodically. | | 8-9 | |
| | I have an up-to-date SUDEP Seizure Safety Checklist that is periodically reviewed. | | | |
| | Staff who care for me know how to react in an emergency. | | | |
| | Any safeguarding concerns I have are responded to appropriately and in a timely manner. | | | |
| Epilepsy-care and monitoring | I have seizure charts that are maintained and up-to-date. | | 10-11 | |
| | I have a regularly maintained and up-to-date person-centred epilepsy care-plan. | | | |
| | My medication is monitored and reviewed for effectiveness and side-effects with me. | | | |
| | My annual health checks are undertaken in a timely manner and findings are addressed. | | | |

| Theme | Criteria | Check | Pages | Comments |
|--|---|-------|-------|----------|
| Co-development and family and voluntary sector involvement | I'm involved in co-development of services that I use. | | 12-13 | |
| | My mental capacity assessments are undertaken and specific. | | | |
| | My family members and advocates are involved in epilepsy-related decisions. | | | |
| | There is documented evidence that I am meaningfully listened to in relation to my support. | | | |
| Transitioning | My epilepsy care-plan and risk assessments are transferred in advance of transitions. | | 14-15 | |
| | My epilepsy risk-assessments are reviewed and updated before transition occurs. | | | |
| | The durations of transitions are agreed and clear upon outset. | | | |
| | I am involved in transition planning in terms of the place and the method of transfer. | | | |
| | A record of my transitions is maintained and clinical epilepsy care is transferred and confirmed. | | | |
| Staff training | Staff who work with me have undertaken epilepsy training. | | 16-17 | |
| | Staff who work with me have undertaken training in care and first aid. | | | |
| | Staff who care for me are trained and able to use rescue medication appropriately. | | | |
| | Staff who work with me ensure their skill-set is up-to-date and retained. | | | |

