HEADQUARTERS
One Lochside
1 Lochside Avenue
Edinburgh
EH12 9DJ

Our Ref: HQ26183

17 September 2026

Dear

Thank you for your request dated 20 August 2026 under the Freedom of Information (Scotland) Act 2002 (FOISA).

For reference, you requested:

RFI1: *I recently completed an FOI (Reference: HQ26131) where I requested information on the seizure and epilepsy training which prison officers undertake. The response I was given was that seizures are covered in the emergency response training, and also the first aid at work training.*

I was wondering if i was able to access copies of the materials (can be powerpoints, sheets, notes, etc) used in both training modules, to understand the materials and resources given to prison officers surrounding epilepsy and seizures.

We have now completed our search for the information you requested and provide the undernoted response.

RFI1: Please find requested information below, this covers the training material delivered to officers during emergency response and first aid at work training.

This concludes our response to your request.

If you are unhappy with this response to your request, you may ask us to carry out an internal review, by writing to The Chief Executive, One Lochside, 1 Lochside Avenue, Edinburgh EH12 9DJYour request should explain why you wish a review to be carried out, and should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If you are not satisfied with the result of the review, you then have the right to make a formal complaint to the Scottish Information Commissioner.

Yours sincerely,

HR Data Analytics Lead.

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		Trainer to Tell: Seizures are an indication of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. When people think of seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause convulsions. Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm. However, it is a medical emergency if seizures last longer than 5 minutes or if a person has many seizures and does not wake up between them. Seizures can have many causes, **Trainer to cover the causes** listed on slide 15 and why they cause seizures. No matter the cause of the seizure, care must be taken to maintain an open, clear airway. **Show slide 15** – Seizures (Treatment) **Trainer to cover** when medical assistance should be sought: **Validation Method** • Learners will work in pairs to practise the placing an unresponsive casualty into the recovery position. • Learners will demonstrate placing an unresponsive casualty who is breathing normally in to the recovery position. • Trainer will examine the position of the casualty and provide individual feedback to the learner.	**Slide 15**	

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		possible and behave in a reassuring calm and confident manner, failure to do so may be detrimental to the casualty, Remember to talk to the casualty and explain what is happening to them at every stage. If the casualty is unconscious then consent is implied, however continue talking to the casualty describing what you are doing and why, and also let any bystanders know what you are doing and why. **Ask** the group why this is important. **Head to Toe Examination:** **Trainer will now demonstrate** a Head to Toe Examination on a volunteer explaining in detail what it is they are looking for, emphasising the requirement to put disposable gloves on first. Signs to look for: **Skull** - Feel and look for any cuts, bumps, bruises, any indication or blood around the area. **Face** - Colour of lips may be blue - a sign of hypoxia. Look for poison hazard. Temperature pale, cold and clammy may be a sign of shock. Rosy red flushed complexion may be signs of compression or stroke. Look for any distortion of the face such as a jaw fracture. **Ears** - Blood on its own or mixed with clear fluid (CSF) - sign of fractured skull. Bruising behind ears sign of possible head injury.	**Trainer Demonstration**	

WITHIN Emergency Response

Seizures

Possible Causes:

- Epilepsy
- Hypoglycaemia
- Stroke
- Infections (such as meningitis)
- Infantile convulsions
- Head injury
- Rise in body temperature
- Poisons (including alcohol).

WITHIN Emergency Response

Seizures

Treatment:

Do Not

- Try and move the casualty
- Try and restrain the casualty

DO

- Time the seizure
- Remove any objects that may cause harm.

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		recovery position, monitor and record breathing, pulse and levels of response, do not give anything to eat or drink.		
		Trainer to Tell: **Show slide 65 – Epileptic Seizures** The brain has two sides called hemispheres, each hemisphere has 4 lobes, each lobe is responsible for different things such as emotion, speech and vision for this reason an individual suffering from epilepsy may have very different symptoms. An epileptic seizure is caused by a sudden burst of excessive electrical activity in the brain causing a temporary disruption to signals passing between brain cells. The type of seizure depends on where in the brain that the electrical activity starts and how widely and rapidly it spreads. Not all seizures are caused by epilepsy: there are many other causes such as hypoxia, stroke and head injury or high body temperature. All epileptic seizures start in the brain, but not all seizures start in the brain such as seizure caused by Hypoglycaemia. For the rest of this learning outcome you will be specifically covering seizures caused by Epilepsy	**Show slide 65**	*Stress not all seizures are epilepsy*

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		There are many different types of seizures, however the Epilepsy Society divides them in to two main types: Partial seizures (also known as Focal seizures) and Generalised seizures. *Focal Seizure:* In simple focal seizures a small part of one of the lobes of the brain is affected and the person is conscious and aware. For some individuals the focal seizure is a warning that another generalised seizure is about to take place. A complex focal seizure affects a bigger part of one hemisphere of the brain. **Show Slide 66 [Partial Seizure – Recognition / Treatment] and discuss with group.** Be aware that when an individual is suffering from a complex focal seizure they may be able to hear you but not fully understand what you say or be able to respond to you. If you speak loudly to them they may think that you are being aggressive and so they may react aggressively towards you. **Trainer to ask**. What does the group think might trigger epilepsy? Alcohol, stress, lack of sleep and some individuals have photosensitive epilepsy, or coming off their medication, coming of drugs. *Generalised seizures* affect both sides of the brain at once and can happen without warning.	**Show slide 66**	*Epilepsy society does not use the term Major or Minor as it does not tell you what happens during the seizure.*

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		Trainer to ask the group if they have witnessed an epileptic seizure, and what they observed and what the recovery was like. **Show slide 67: Recognition generalised epileptic seizures and discuss each point with the group.** Seizures are timed to pass the information along to the casualty who will know how long their seizure normally lasts, also there is a serious medical condition called status epilepticus where the convulsions last for 30 mins or more, however do not wait 30 minutes to phone an ambulance. **Show slide 68: Treatment discuss each point with the group** Try to minimise any embarrassment, the casualty may have wet themselves, stay with them until they are fully recovered. Some people recover quickly from a tonic-clonic seizure but often they will be very tired and want to sleep and may not feel normal for several hours or sometimes days. **Show slide 69: When to dial 999, discuss each point with the group.** **Validation method:** Trainer will cover the symptoms of both Partial and Generalised epileptic seizures and discuss with the group in Open Forum eliciting the following responses. Symptoms of Partial Epilepsy: Casualty may appear as if they are day dreaming, localised jerking or twitching, picking up objects for no reason, muttering	**Show slide 67** Page 217 of manual **Show slide 68** **Show slide 69**	

Learning Outcome(s)	Timing	Outline Content and Validation Method	Training Aids	Note to Trainer
		or repeating words that don't make sense, chewing or lip smacking movements. Symptoms of Generalised Epilepsy: • Aura - May have strange sensation, feeling, taste or smell • Tonic phase - Every muscle in the body goes rigid • Clonic Phase – Limbs of the body make sudden rhythmical jerking movements • Recovery Phase – Body relaxes though casualty still unresponsive. Trainer will cover the treatment for both Partial and Generalised epileptic seizures and discuss with the group in Open Forum elicit the following responses. Treatment for Partial Epilepsy: Guide the casualty away from potential danger, help them to sit or lie down, be calm and reassuring and stay with them until they are fully alert. Treatment for Generalised Epilepsy: Protect the casualty from injury, time how long the jerking lasts, do not move them unless they are in danger, do not restrain, do not place anything in the mouth and once the shaking stops place them in the recovery position.		
		Show slide 70 [Asthma Signs and Symptoms] **– heading only**	**Show slide 70** Page 102 of the manual.	

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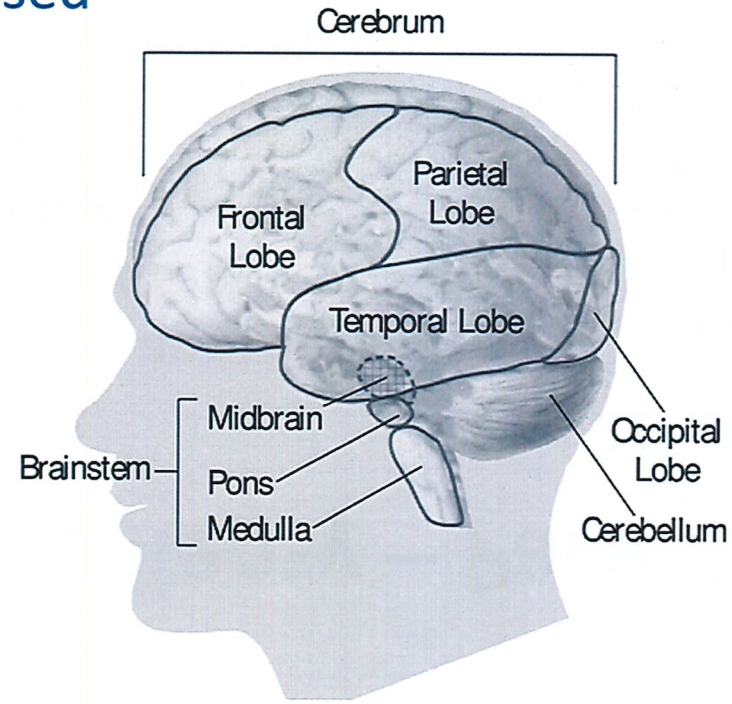
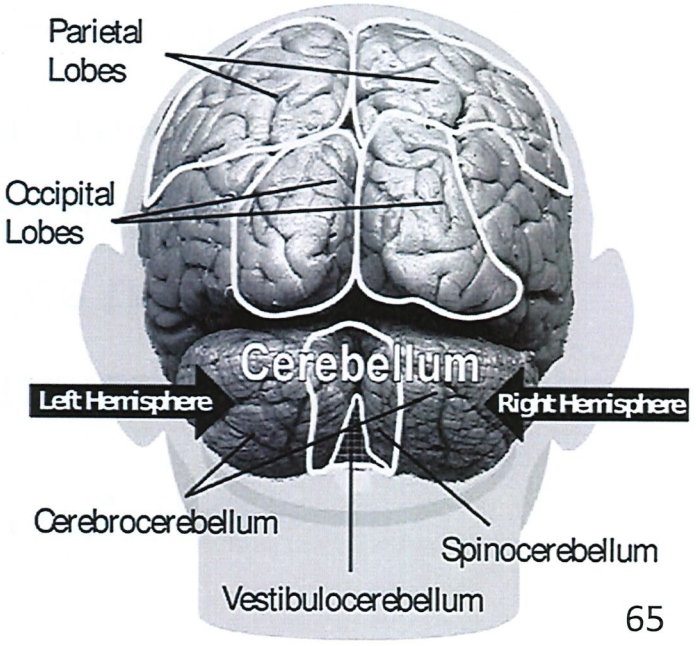
Epileptic Seizures

Divided in to two types:

- Partial – (also known as Focal)
- Generalised





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Epilepsy – Partial Seizure

Recognition:

- Casualty may appear as if they are day dreaming
- Localised jerking or twitching
- Picking up objects for no reason
- Muttering or repeating words that don't make sense
- Chewing or lip smacking movements

Treatment:

- Guide the casualty away from potential danger
- Help them to sit or lie down
- Be calm and reassuring
- Stay with them until they are fully alert.

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Generalised Epileptic Seizures

Recognition

Aura (possibly): May have a strange sensation , feeling taste or smell

Tonic Phase: Every muscle in the body goes rigid

Clonic Phase: Limbs of the body make sudden rhythmical jerking movements

Recovery phase: Body relaxes, though casualty still unresponsive.

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Generalised Epileptic Seizures

Treatment

- Protect casualty from injury
- Time how long the jerking lasts
- Do not move them unless they are in danger
- Do not restrain
- Do not place anything in the mouth
- Once the shaking stops place them in the recovery position.

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When to Get Medical Aid?

Dial 999 if:

- If it is the first seizure
- If convulsing for more than 5 min
- If one seizure follows another without regaining consciousness
- If there is a serious injury
- You believe they need urgent medical attention.