

EPILEPSY AND SEIZURE RESPONSE FOR LAW ENFORCEMENT®

# LAW ENFORCEMENT TRAINING GUIDE



**EPILEPSY  
FOUNDATION®**  
*Not another moment lost to seizures™*

By the Epilepsy Foundation & Police Executive Forum, April 2008.

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## INTRODUCTION

On any given shift, law enforcement officers may encounter persons exhibiting confused behavior, an inability to communicate, or a variety of behaviors inappropriate to time and place. There may be many causes of such behavior – some illegal and some medical. In some cases these episodes will be the result of seizures. Seizures are episodes of altered brain awareness or movement caused by temporary, abnormal electrical discharges in the brain. Seizures may occur because a person has epilepsy, diabetes or as a consequence of drug use or some other medical problem.

Whatever the cause of the seizure, the event itself is a disabling condition and requires a police response that recognizes the involuntary nature of the episode, and the inability of the individual involved to make conscious decisions or respond to directions from a law enforcement officer.

Many of the problems that crop up when law enforcement responds to a seizure are due to the officer's unfamiliarity with the real nature of these episodes. Police may interpret dazed behavior, inability to obey directives, and a combative response to restraint as conscious actions. Police are likely to react with force and may try to arrest the person having the seizure. Such response is humiliating to the person involved, and may cause injury or other negative consequences. In a few instances, failure to recognize seizures in people who are in custody has had a fatal outcome. With the passage of the Americans with Disabilities Act, seizure-related arrests may constitute denial of rights and discrimination on the bases of disability.

The key to a more appropriate law enforcement response to the nearly three million Americans who have epilepsy is training: training in how to recognize seizures, training in the correct response to seizures in the community, and training in the unique needs of people with epilepsy who are taken into custody for any reason.

The need for effective and safe law enforcement

practices to handle persons experiencing seizures has become apparent in recent years. Although most people with epilepsy live normal lives as productive members of society, a percentage of people have epilepsy in addition to other problems. Seizures are common among homeless people and those who use certain illegal substances. While treatment with seizure-preventing medicines is permitting more and more people with epilepsy to live and work in the community, breakthrough seizures still occur, and are most likely in adults whose seizures can take the form of confused and dazed behavior.

Law enforcement officers are likely to encounter people with epilepsy in a number of different settings – during a seizure as the result of a call for emergency aid at the onset of a seizure if the stress associated with police questioning or being taken into custody on an unrelated charge triggers a seizure in a person with epilepsy when a person is in a confused state following a seizure the actual episode will have passed, but the brain will not have recovered fully from the electrical onslaught that caused it or as the result of a call from someone who has interpreted seizure-produced behavior as criminal or threatening.

This is not to suggest that every episode of confusion or illegal activity is seizure-related. That would be both incorrect and unrealistic. Law enforcement officials should be aware of the possibility that seizures are involved in such episodes. They should know how to recognize seizure symptoms and how to handle them appropriately when they occur.

The Epilepsy Foundation recognizes the growing need to provide information to law enforcement officers regarding key issues involved in police response to individuals with epilepsy and to calls relating to epileptic seizures.

This training document is meant to be a guideline and is not meant to supersede local policy, procedure or law especially concerning the summoning and or canceling of medical assistance, ambulances or other related medical support.

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## **WHAT IS EPILEPSY?**

Epilepsy is a common chronic neurological condition that is characterized by recurrent unprovoked epileptic seizures. It affects approximately 50 million people worldwide. There are more than 3 million people who have been diagnosed with epilepsy in the United States. The large majority are able to manage their epilepsy with medication or other treatment and lead full lives.

Some individuals experience seizures shortly after birth and continue having them throughout life. Others develop epilepsy from brain injury from trauma, metabolic problems, acute infections, stroke, or a tendency to the condition. Epilepsy produces temporary disruptions in normal brain function called seizures. It is not contagious or dangerous to others. Potential for violence is not increased based solely on having epilepsy. Epileptic seizures rarely offer any kind of hazard to others.

## **IS IT A SEIZURE?**

As defined above, epilepsy is a neurological condition that makes individuals susceptible to, seizures. The overwhelming majority of seizures are either convulsions or brief alterations of consciousness during which movements are vague, non-threatening, and random. In rare cases, a seizure will take the form of screaming, running, and flailing movements that are random and reflexive which are not directed at anyone or anything.

Medical professionals cannot always determine when a person is having a seizure and, therefore, first responders may find it difficult to distinguish circumstances and behavior caused by epilepsy or other medical conditions such as drug abuse, mental illness, alcohol use, mental retardation, etc.

### **CLUES THAT MAY BE OBTAINED:**

- A documented history of epilepsy – ask family or bystanders
- A history of observed seizures with no known reason or treatment
- The unusual behavior was preceded by normal behavior
- A cry or blank stare began the event
- The body stiffens and begins to jerk as muscles contract and relax involuntarily
- Illegal substances discovered and possibly used prior to the seizure
- Epilepsy medication in the person's possession
- Unresponsiveness throughout the event
- Blank stare when asked a question
- Slow improvement of consciousness and awareness
- Discovery of medical identification that says "EPILEPSY" or "SEIZURE DISORDER"  
(not everyone with epilepsy carries one)

### **BACKGROUND INFORMATION ABOUT SEIZURES**

#### **Q. Is epilepsy a disease?**

No. Epilepsy and seizures are disorders of the brain resulting in a temporary malfunction of the normal electrical system in the brain, which controls movement and awareness. Medications, illicit drugs, brain trauma or stress, alcohol and poisoning can all cause seizures. People with epilepsy can experience seizures as a result of past injury or a great genetic susceptibility to these electrical changes. Epilepsy is the most common of all long-term neurological disorders.

#### **Q. How common is epilepsy?**

It is very common. It affects over three million people in the United States. People living to be eighty years old have a ten percent chance of having had a seizure at some point in their life and a four percent chance of being diagnosed with epileptic (recurring) seizures. It affects people of all ages, races, and ethnic backgrounds.

#### **Q. Are people with epilepsy born with epilepsy?**

Some people have seizures shortly after birth and continue to have them throughout their lives, but this is a very small percentage. Others will develop epilepsy during childhood or later in life as a result of things which injure the brain – trauma, serious infections, and metabolic problems. Often there is no known cause in which case people may have an inborn tendency to develop the condition.

**Q. Can epilepsy be cured?**

In some cases surgery can remove the area of the brain which is causing seizures resulting in a halt to the seizures. But for most individuals treatment is through regular use of one or more anticonvulsant drugs. The medicines do not cure although some people have been successfully withdrawn from them after some years of seizure control. Vagus nerve stimulation (VNS) therapy is another form of treatment that may be tried when medications fail to stop seizures.

**Q. What causes seizures?**

Anyone can have a seizure due to the brain being injured. Common causes of brain injuries include stroke, fever, stress, poisonous substances, illegal substances, past injury, or certain medical conditions such.

**Q. Is epilepsy contagious?**

No. You cannot catch epilepsy. You cannot infect anyone else with it.

**Q. Do people with seizures have a mental illness?**

Epilepsy is not a mental illness. It is a temporary change in the electrical function of an otherwise normal brain. Some people with mental illness also have seizures but the two conditions are not related.

**Q. Are seizures a real medical emergency?**

When a seizure occurs in an individual that has epilepsy and the seizure ends without injury after five minutes, it is typically not considered a medical emergency. The individual should be asked:

- a.) if he/she has epilepsy
- b.) if he/she has fully recovered
- c.) if he/she wants medical attention

When a seizure occurs and you're unsure if the individual is someone with epilepsy or whether this is a first-ever seizure, the possibility of a serious medical problem is greater. Calling for medical assistance, but giving the person the opportunity to decline is one option. Consult individuals on the scene and look for medic alert symbols to determine whether the individual has epilepsy.

If a seizure lasts longer than five minutes, if another seizure begins shortly after the first without the consciousness returning, or if the person is injured, diabetic, pregnant, or if the seizure occurred in water, emergency medical assistance should be called.

**Q. Are seizures dangerous to others?**

During episodes, directed violence or any complex actions requiring organized thought are unlikely to occur. Clumsy, undirected violence is possible when an individual is restrained during a seizure or during the period of confusion following a seizure. It is important for others to move out of the way until the seizure is over. Danger is more likely to occur if someone interfered with the individual having the seizure.

**Q. Can people experiencing a seizure swallow their tongue or have it block their airway?**

It is not possible to swallow your tongue. To prevent the tongue, saliva or liquids in the mouth from blocking the airway, turn the individual on one side. This allows gravity to keep the airway clear of the tongue and any fluids in the mouth.

**Q. Should something be placed in the mouth to keep the individual from biting his/her tongue?**

No. Never pry the mouth open when someone is having a seizure. It will not aid breathing and it may seriously damage their teeth and/or jaw.

**Q. Should an officer provide any emergency medical care?**

An officer can provide emergency medical care if they are properly trained and authorized. This could include giving the individual epilepsy medicine, giving the individual glucose if they are hypoglycemic individual, clearing the airway, hemorrhage control, or CPR, etc.

**Q. Can a person die from a seizure?**

It is possible to die from a single seizure, but this is very rare. Injury or death is more likely to occur from the setting in which the seizure took place (i.e., that is from hitting the head on a concrete floor or other hard surface, a fall from a height, drowning if the seizure occurred in water, or if medication or treatment is withheld). Non-stop seizures are a true medical emergency and can result in death. Death from seizures while in custody can also occur if the seizure is ignored, if the person chokes on vomit, or if the individual falls in such a way that breathing is obstructed.

**Q. Should the individual receive anything to drink following a seizure?**

Not until the individual is fully conscious, able to interact normally, and completely recovered from the seizure.



**Q. What is the significance of non-stop seizures?**

A common cause of non-stop seizures is failure to take medication on schedule. There have been cases of fatalities in jails when prisoners with epilepsy were unable to maintain their medication schedules leading to dangerous rebound convulsions that became continuous.

**Q. How can an officer tell if a person is having an epileptic seizure?**

Distinguishing a seizure as opposed to another activity resembling a seizure is beyond reasonable expectations of an officer. It is better to treat an episode of falling and shaking, followed by confusion or an episode of confusion that begins abruptly and slowly resolves itself, as an epileptic seizure.

**Q. Can people with epilepsy legally drive?**

Yes, if they meet the requirements of the local department of motor vehicles. These requirements usually consist of a period between three months and a year depending on the state, and may include a letter from the treating physician. Individuals that have seizures despite medication will not be licensed and, therefore, cannot drive legally. A few states will grant a restricted license if a special circumstance exist. Examples of the special circumstances include seizures that only occur at night and seizures that always occur with a warning. Sometimes that permits driving only to local stores or in daylight hours.

**Q. Can you tell the difference between seizures and intoxication?**

Seizures have a sudden beginning, a progression of symptoms, and a gradual recovery. Intoxication begins slowly and takes much longer to subside. Sometimes an intoxicated person will have a seizure in which case there will be a strong odor of alcohol in addition to the seizure-caused behavior. In that case, the seizure will resolve, but return to full consciousness will not be as obvious. Whatever the cause, the seizure needs to be handled appropriately.

**Q. Do epilepsy medications have side effects resembling intoxication?**

Occasionally side effects resemble intoxication. Slurred speech, unsteady gait, and sleepiness may occur. This can happen if the dose of medication is very high, or if something has interacted with the drug to produce a higher than usual concentration in the blood. These effects are most likely to occur at the beginning of treatment or if a person has to take large doses to control seizures. Sometimes the medicines have a slowing effect on speech, although otherwise the person can function normally.

**Q. What are the causes of seizures in people who may not have epilepsy?**

- Very high fever
- Alcohol withdrawal
- Cocaine or other drug use
- Near drowning or lack of oxygen from other causes

- Gunshot wounds or other severe injury to the head
- Diabetes
- Complications of pregnancy
- Severe infections of the brain (meningitis, encephalitis)
- Tumors
- Stroke
- Other neurological illness

## **CURRENT EPILEPSY MEDICATIONS**

Possession of these prescription drugs may indicate that the individual has epilepsy or is subject to seizures.

This list should be updated periodically by logging onto the following website – [www.epilepsy.com](http://www.epilepsy.com)

ACTH	Lamictal
Banzel	Lyrica
Carbatrol	
	Mysoline
Depakote	Neurontin
Depakote ER	Phenobarbital
Diamox	Phenytoin
Diastat	
Dilantin	
Felbatol	Sabril
	Tegretol
	Tegretol -XR
Gabitril	Topamax
Keppra	Tranxene
	Trileptal
Klonopin	Valium
	Vimpat
	Zarontin
	Zonegran
	Zonisamide

## **KEY POINTS FOR LAW ENFORCEMENT**

- When a report states someone is acting strangely or creating a disturbance, always consider the possibility that a seizure could be taking place.
- People with epilepsy have an episodic medical disability over which they do not have control. As with anyone with a medical condition, they should be treated with respect.
- People taken into custody for any reason should be allowed to take their seizure-preventing medication.
- An individual seen shaking and falling followed with confusion is probably having a seizure and should be treated accordingly.
- Distinguishing epileptic seizures from episodes resulting in seizures is beyond reasonable expectations of law enforcement. Once the seizure ends, appropriate follow up can take place and questioning can be continued. Inquiries about seizure history, name of physician, treatment and medications can be explored. The individual may be placed under arrest if crimes have occurred.
- Loss of Bladder or bowel control

### **Q. What is the connection between seizures, law enforcement officers, and the American with Disability Act (ADA)?**

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities including those with seizure disorders in state and local government services and programs. This prohibition applies to state and local law enforcement agencies. The ADA affects virtually everything that officers and deputies do, including making arrests and holding suspects. Therefore, arresting or detaining a person with epilepsy based solely on behaviors caused by that condition may violate the ADA. For general guidance on the ADA and law enforcement activities, see Commonly Asked Questions About the Americans with Disabilities Act and Law Enforcement, U.S. Department of Justice, Civil Rights Division, available at [http://www.ada.gov/q%26a\\_.htm](http://www.ada.gov/q%26a_.htm).

## On-the-Scene Checklist

What Can Be Done	What Should Not Be Done
Check the time elapsed since seizure began	Don't put anything in the mouth
Call for medical assistance after five minutes if the individual has not recovered	Don't hold onto the tongue
Ask bystanders what they saw and if there is a history of seizures	Don't restrain the individual while trying to prevent jerking. Such a practice can lead to injury or asphyxiation (especially if someone is restrained face-down and/or their limbs are bound), and restraint can prompt involuntary struggling, which, in turn, could lead to cardiac arrest.
Look for medical I.D.	Don't give liquids or medications during or immediately after the seizure
Loosen shirt collar and necklace; remove eyeglasses	Don't start CPR unless water was inhaled or breathing fails to start when seizure is over
Turn individual on side to clear airway and prevent choking	When no medical assistance appears necessary, rather than leave the individual alone after the seizure is over or letting him/her drive, seek the assistance of a responsible person such as a relative or friend, or give the individual a ride home
Eliminate hazards nearby and move bystanders back or away from the immediate area, especially if it is a dangerous crowd situation. Use a gentle, persuasive manner	Don't raise your voice or appear threatening in any way
Speak calmly and reassure the individual and others nearby	Don't act in a manner that implies lack of confidence
Reorient the individual with easy questions such as name, day of week, etc.	Don't assume that the smell of alcohol implies lack of need to treat as a seizure
Reassure the individual that a seizure has occurred and that everything will be alright	Don't mention the threat of arrest until the seizure is over and questioning can be conducted accordingly

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