



# Epilepsy Foundation of Southeastern Pennsylvania

AN INDEPENDENTLY INCORPORATED AFFILIATE OF THE EPILEPSY FOUNDATION OF AMERICA

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Epilepsy Foundation of Southeastern Pennsylvania

RE: House Bill # 2620

Let me first take a few minutes to define epilepsy. Epilepsy is an episodic neurological disorder that occurs when the normal electrical activity of the brain is interrupted. The brief disturbances may block or alter awareness, movements or actions. The generalized-tonic-clonic, or grand mal seizure is what most people think of when they hear the word *epilepsy*. This seizure causes loss of consciousness, falls, and jerking movements affecting the whole body. However, this is only one type of seizure.

Complex partial seizures are the most common in young adults and adults. Partial seizures are not easily recognized by the public and are easy to mistake for other conditions. Complex partial seizures may look like sleepwalking, with automatic actions and an altered state of consciousness, much like alcohol or substance abuse, or disorderly conduct. An educated officer knows to look for a medical alert necklace or bracelet, or can recognize the automatism that will help to identify a complex partial seizure.

It is important that **Bill # 2620** have a written curriculum included as part of the bill. This curriculum needs to be written with contact of direct agencies such as the Epilepsy Foundation of Southeastern PA, and the Epilepsy Foundation of Central PA in Harrisburg. It is necessary in order to insure a good curriculum. Just as it is necessary that there be a repeated in-service every four years. Change in terminology (i.e. *grand mal* to *generalized tonic-clonic* or *petit mal* to *absence*) and research (it is no longer correct or appropriate to put anything in someone's mouth during a seizure!) cause the repeated in-service to be essential.

Our national office, the Epilepsy Foundation of America has developed a program that has been offered to affiliates since 1992. The program is called *Take Another Look*, and is a training tape to improve officers' understanding of seizures and epilepsy and to help distinguish between seizure related behavior and behavior caused by alcohol, substance abuse, illegal activity. The training tape features police officers, people with epilepsy and examples of different kinds of seizures. There is a brochure that is offered with the tape.

#### **Part I. Seizure Recognition & Management**

Presents examples of real seizures. Demonstrates appropriate police response. (8 minutes)

#### **Part II. Key Issues for Law Enforcement Personnel**

Recaps seizure recognition and management, avoiding physical restraint, and the importance of taking medications on schedule, even if in police custody. (7 minutes)

*Take Another Look* has been used for several years by the Philadelphia Police Department in their training of new police officers. Thank you for your time and consideration.

The Pennsylvania Bureau of Charitable Organizations requires us to inform you that a copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. This registration does not imply endorsement.

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"TAKE ANOTHER LOOK" PROJECT:  
PURPOSE AND OBJECTIVES

(Reprinted from "Police Response to Seizures and Epilepsy: A Curriculum Guide for Police Trainers")

On any given shift, law enforcement officers may encounter persons exhibiting confused behavior, an inability to communicate, or a variety of actions 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 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 officers' 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, and, lawsuits. 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 basis of disability.

The key to a more appropriate law enforcement response to the more than two million Americans who have epilepsy is training: training in how to recognize seizures, training in 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 purpose of this curriculum guide is to help prepare officers and deputies to respond to seizures in any setting. It will enhance officers' and deputies' understanding of the nature and causes of seizures and how disturbances in brain function affects consciousness and behavior. It will also teach them techniques and procedures they need to handle seizure-related calls more effectively and to recognize distinctive features which indicate seizures are taking place.

The curriculum is part of a larger educational project funded by the U.S. Department of Justice in an effort to promote compliance with the Americans with Disabilities Act.

It is also part of a broader effort by the Police Executive Research Forum to make law enforcement personnel aware of the need for appropriate law enforcement response to all disabilities.

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 also common among homeless people and those who use certain illegal drugs. While treatment with seizure-preventing medicines is permitting more and more people with epilepsy to live and work in the community, break-through seizures still occur, and are most likely in adults whose seizures 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 have not 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.

The aim of this curriculum is not to suggest that every episode of confusion or illegal activity is seizure-related. That would be both incorrect and unrealistic. It is rather to raise law enforcement's awareness of the possibility that seizures are involved in such episodes, to increase their ability to recognize seizure symptoms and to handle them appropriately when they occur.

It is also important for law enforcement organizations to use the training resources on this issue that exist in their communities. Many of the local affiliates of the Epilepsy Foundation of America offer training resources to law enforcement agencies. Many medical schools and hospitals now provide comprehensive services to people with epilepsy and may be willing to provide guest speakers to supplement the materials in this curriculum.

## WORKING ASSUMPTIONS

Several principles directed the development of this guide:

having a seizure is not a crime;

having a seizure is not a crime even if it is triggered by illegal activity (such as drug abuse or public drunkenness);

when a person with epilepsy fails to respond to police direction during or just after a seizure, it is a manifestation of the disability rather than purposeful intent;

behavior during a seizure is by definition not under conscious control;

when able to do so, a person with epilepsy deserves the opportunity to decline emergency medical treatment or conveyance to a hospital following a seizure;

a person with epilepsy who is taken into custody for any reason needs to continue to take his or her physician-prescribed medication to prevent seizures. Failure to take medication on time may lead to severe, life-threatening, seizures;

a person experiencing a convulsion or episodes of confusion and loss of ability to interact while in custody requires prompt medical evaluation;

law enforcement agencies can be essential components in the network of community services for people with seizure disorders;

handling calls involving persons with seizure disorders is an appropriate responsibility for officers;

people experiencing seizures deserve to be treated with respect at all times.

### TRAINING OBJECTIVES

Each section of this course is designed to meet specific training objectives that will contribute to the course's overall goal of improved police management of persons experiencing seizures due to epilepsy or other conditions. The objectives are of two broad types. The first type refers to what officers and deputies should know about responding to persons with epilepsy. These objectives are:

to increase the law enforcement officers' understanding of the nature, causes, and effects of seizure disorders;

to increase the officers' and deputies' awareness of any personal biases about epilepsy, seizures, and people who experience seizure episodes, and how these might interfere with their law enforcement obligations;

to increase the officers' understanding of current epilepsy treatment, the likelihood of medication being in the possession of the person having a seizure, and the importance of medication schedules to the well-being and safety of people with epilepsy;

to delineate and clarify the several roles officers and deputies have to assume when managing calls concerning seizures.

The second set of training objectives is aimed at improving what the officers do when managing calls involving persons who are having seizures or experiencing post-seizure confusion. These are:

to increase the ability of officers and deputies to protect themselves and citizens during encounters in which behavior appears to be aggressive or threatening while at the same time NOT discriminating against the individual with the disability;

to improve the officers' decision-making skills and tolerance of episodes of unusual behavior attributable to seizure disorders;

to raise awareness among officers and deputies that dazed, confused behavior and lack of appropriate response to police may be an indication that a seizure is occurring and to look for other signs to confirm this possibility;

to increase the officers' sensitivity to other people, especially their willingness to question and listen to bystanders for information on what is taking place;

to increase the officers' ability to interact with persons with epilepsy, whether or not a seizure is actually taking place.

to increase the officers' self-confidence and ability to react appropriately to unpredictable behaviors produced by seizure disorders;

to increase the officer's flexibility and range of behavioral responses;

to provide the officers with precise procedural guidelines for handling seizures.

Following presentation of this curriculum to law enforcement officers, officers will be able to:

describe the nature of epileptic seizures;

recognize common symptoms of seizures and seizure-produced confusion;

handle seizures in a way that preserves individual dignity, protects from injury, and avoids unnecessary force;

understand the importance of maintaining medication schedules in all circumstances, including incarceration.