

Law Enforcement Training For Dealing With Those With Seizure Disorders

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OTTAWA POLICE SERVICE
SERVICE DE POLICE D'OTTAWA

Working together for a safer community
La sécurité de notre communauté, un travail d'équipe



8 Key Questions:

1. Are people with Epilepsy/Seizure Disorders cognitively Challenged?

Yes ____ No ____

2. Is a seizure disorder a mental illness?

Yes ____ No ____

3. Can you swallow your tongue during a seizure?

Yes ____ No ____



Questions (cont.):

4. Should you restrain someone while they are having a seizure to avoid harm to the subject and/or victim?

Yes ____ No ____

5. Are seizure disorders rare?

Yes ____ No ____

6. Can you die from a seizure?

Yes ____ No ____



Questions (cont.):

7. Can a person respond to direction while having a seizure?

Yes ____ No ____

9. Can you tell if someone is really having a seizure?

Yes ____ No ____



Calls that involve seizures may have been interpreted by those making the call as some other type of behavior such as:

- Appearing “Drunk” or “stoned”
- Assault
- Creating a disturbance
- Destroying property
- Indecent exposure
- Appearing “mentally ill”
- Theft/attempting theft
- Threatening or “suspicious” behavior



WHAT IS HAPPENING HERE???

Mary went to the convenience store close to her house to pick up a few bottles of pop. Just as she was about to go to the check out she had a seizure. She proceeded to pile her cart with whatever was on the shelf. When she regained consciousness she was in the parking lot with a cart half filled with items from the store. She was flanked by 2 security guards who accused her of shoplifting. The police was called.

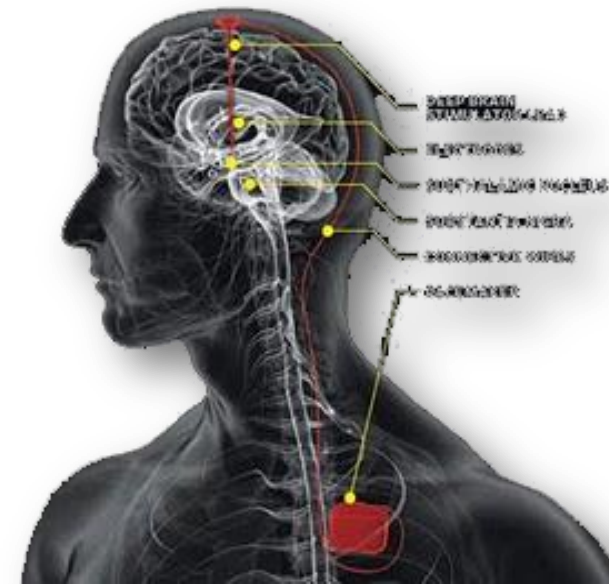


- Increase the officer's awareness and knowledge of the nature, causes and effects of epilepsy.
- Help the officer understand that a citizen's lack of or inappropriate response may be the result of a seizure
- Equip the officer with another tool to respond to critical situations, determine proper course of action and assess the need for medical care, thus decreasing any fault on the officer's behalf if the occurrence is to be scrutinized thereafter.
- Support the officer in maintaining his/her own safety and the safety of others while protecting the rights of the individual having a seizure.



MYTH or FACT? **Epilepsy is a Mental illness**

- Epilepsy is a neurological disorder **defined by recurrent seizures.**
- Seizures result from **misfiring neurons** in the brain and can take many forms including
 - Convulsions
 - Loss of awareness
 - Change in sensation
 - A blank stare
 - Meaningless or repetitive behaviour
 - Movement of a body part





1 in 100 people have epilepsy

Myth or Fact? **Epilepsy affects very few people in the Society.**

- Epilepsy is the **most common neurological** condition after a headache.
- ***Anyone*** can get epilepsy at any time in their life.
- Over **10,000 people in Ottawa** have epilepsy.

MYTH OR FACT? **Everyone who has epilepsy is born with it**



In 60- 75% of the cases, the cause of the person's epilepsy is NOT known.

Some causes of epilepsy include:

- **Head trauma** from an accident
- **Brain injury** to the fetus during pregnancy
- **Stroke**
- **Infections**, such as Meningitis or Encephalitis
- **Brain tumor**
- **Genetics** – although this is a small factor





Causes of Seizures Particularly Significant to OPS ^{it}

- Poisonous Substance
- Controlled substance
- Alcohol withdrawal
- Past Injury (spinal and/or brain)
- Physical trauma
- Complications with pregnancy
- Severe infections of the brain (meningitis, encephalitis)
- Fever
- Metabolic Problems.
- Stress**
- Other neurological illnesses**



TRIGGERS FOR SEIZURES

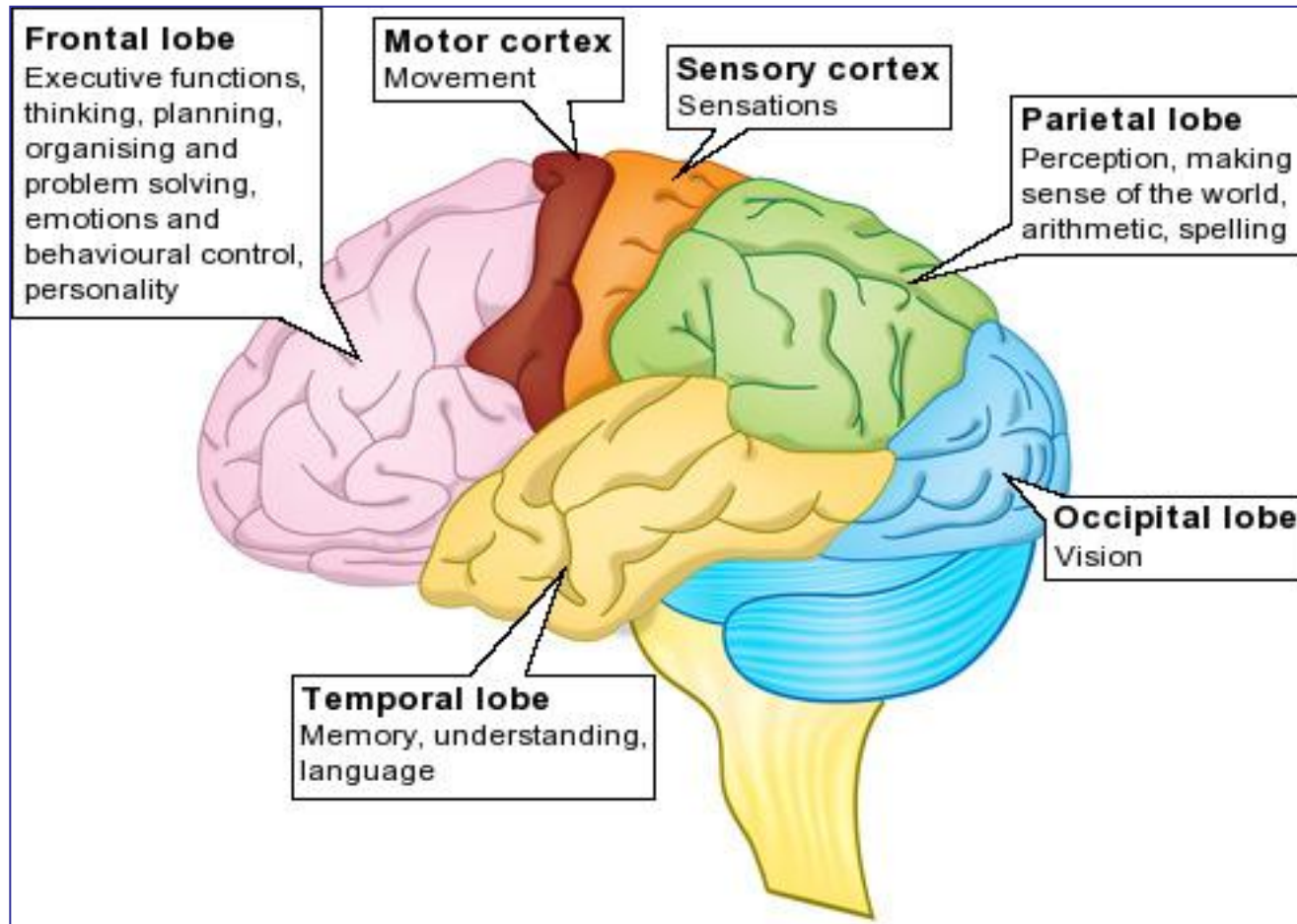
Some common triggers for seizures include:

- Lack of sleep or fatigue
- Stress or excitation
- Missed doses of medication
- Elevated body temperature
- Colds, flu or some kind of infection
- Flashing or bright lights (photosensitivity)
- Drug toxicity
- Alcohol withdrawal





Seizures can be **PARTIAL** or **GENERALIZED** depending on where in the brain they originate.





PARTIAL SEIZURES

SIMPLE PARTIAL SEIZURES

- Usually the person experiencing a **Simple Partial Seizure** *will not lose consciousness.*
- Simple partial seizures are characterized by *strange or unusual sensations*, for example odors or visual abnormalities.
- Other characteristics of Simple Partial Seizures include *sudden or restless movement, hearing distortion, and a sudden sense of fear.*



50 year old Mike has lived in the same apartment building for 8 years. He was in his apartment one night preparing for bed when he went into a seizure. As is typical with his seizure type, he continued to remove his clothes and walked out of his apartment. When he regained consciousness he was a few meters from his building with no clothes on. Embarrassed, he started walking toward his building hoping no one saw him. Soon he heard the police siren approaching. They met him just as he got to the door.



PARTIAL SEIZURES

COMPLEX PARTIAL SEIZURES

- **Characteristics**
 - Loss of awareness
 - The person can appear *dazed and confused*
 - Unaware of surroundings
 - Random walking or repetitive movement of a body part
 - Mumbling or incoherent speech
 - Pulling at or removing clothing
- These *behaviours* are often not recalled by the person





WHAT IS HAPPENING HERE???

28 year old Kevin was on his way back from a doctor's appointment when an observer noticed he was staggering, picking at his clothes and muttering to himself. The observer said he appeared to be intoxicated and was about to walk into the street. Trying to help, the observer tried to hold onto him but Kevin became belligerent and hit him in the face. Someone saw what was happening and called the police. When Kevin regained consciousness, he was handcuffed and in the back of a police vehicle. He was told he assaulted and citizen and resisted arrest.



SEIZURE, MENTAL ILLNESS OR INTOXICATION

How can you tell the difference?

- Presence of a Medic-Alert Bracelet or Necklace.
- Normal behavior until just the before the activity began
- Absence of alcohol on the breath.
- No secondary evidence of drug use (ie. Track marks, paraphenalia, contact history)
- A history of epilepsy or seizure activity
- Episode began with a blank stare or sharp cry
- Person unresponsive throughout and stares blankly when addressed
- Slow improvement of awareness.
- Loss of bladder control.
- In possession of Epilepsy medications





GENERALIZED SEIZURES

ABSENCE SEIZURES (*Petit Mal*)

- **Absence Seizures** often occur in children.
- These seizures are *non-convulsive*.
- The seizure *usually lasts for less than 10 seconds* in duration.
- This kind of seizure used to be referred to as a “Petit Mal” seizure.





GENERALIZED SEIZURES

TONIC CLONIC SEIZURES (grand –mal)

A **Tonic Clonic Seizure** occurs in two phases:

- In the “tonic” phase, there is *stiffening of the muscles*, the person *loses consciousness* and falls as the body grows rigid.
- In the “clonic” phase, the body *will jerk and twitch in convulsions*.
- The person may *make unusual noises* as air is forced out of the lungs.
- After the seizure, consciousness returns slowly. When the person wakes up, they are often *confused or disoriented*.



MYTH or FACT? Once the seizure is over the person can communicate normally.

POST ICTAL BEHAVIOUR

Common after a Complex Partial or Tonic Clonic Seizure

Characteristics:

- Confusion and disorientation
- Extreme fatigue
- Aggression and belligerence
- Strong emotional reaction or irritability
- Inability to speak
- Loss of memory



There are other types of seizures, including

- **Atonic** (Drop attack) – sudden loss of muscle tone
- **Myoclonic** – brief uncontrolled movements of a body part

OTHER OUTCOMES

- **Status Epilepticus** – a continuous seizure state without full recovery between seizures
- **Cluster Seizures** - Two or more seizures occurring over a brief period of time (minutes to hours) but with the patient regaining consciousness between the seizures



For a **CONVULSIVE SEIZURE**, what should you do?

- **PROTECT** from injury by removing harmful objects and putting something soft under the person's head.
- **NEVER** put anything in the person's mouth.
- Check the time
- Do not restrain; Allow the seizure to run its course
- **ROLL** the person gently on his/her side as the seizure subsides.
- **STAY** with the person until he/she is fully alert
- **BE REASSURING**
- **Check for injuries**





For a **NON-CONVULSIVE SEIZURE**, what should you do?

- **DO NOT RESTRAIN** the person, let the seizure run its course.
- **GUIDE** the person gently away from danger.
- **BE AWARE** that the person will not be conscious of her/his actions.
- **STAY** with the person until he/she is fully alert again.
- **BE REASSURING**





MYTH OR FACT? An Ambulance should always be called for a seizure

- If the seizure lasts longer than 5 minutes.
- If the seizure repeats without full recovery between seizures.
- If the person having the seizure is pregnant, has diabetes or is having her first seizure.
- If confusion after a seizure persists for more than one hour.
- If consciousness or regular breathing does not return after the seizure has ended.
- If the seizure occurs in water.



Use of Force:



Speak calmly and reassure the individual and others nearby.

Tactical communication and your perception that is fostered by your life and police experiences are your most important tools.

The officer continuously assesses the situation and selects the most reasonable option relative to those circumstances as perceived at that point in time.



***“The most powerful
weapon you have is
between your nose and
your chin”***

***(Retired Ottawa Police Service Sergeant Ja
Oakes)***





Medical professionals have difficulty diagnosing if a patient's behaviour is as a result of a seizure. Nobody expects an officer's sophistication to be greater.

It is best to err on the side of caution. Do the following:

1. Request OAC attend for medical assistance.
2. Request a second unit for assistance.
3. **Take good notes.**
4. Submit an RMS report



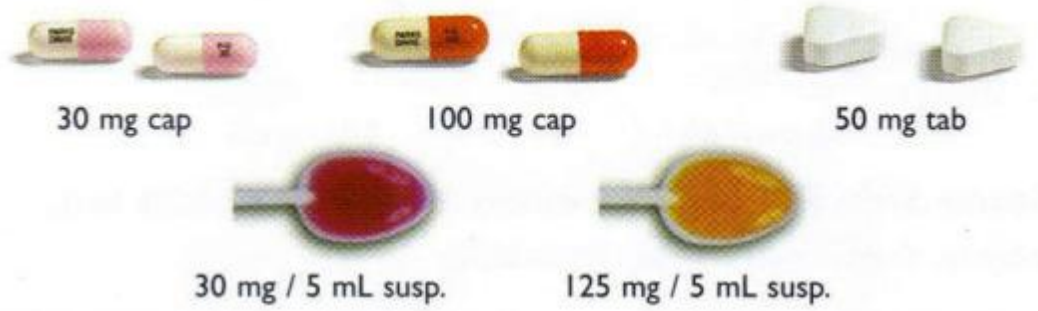
S. 17 Mental Health Act

- **Action by police officer**
- 17.Where a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person,
 - (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
 - (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
 - (c) has shown or is showing a lack of competence to care for himself or herself,and in addition the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,
 - (d) serious bodily harm to the person;
 - (e) serious bodily harm to another person; or
 - (f) serious physical impairment of the person,and that it would be dangerous to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician. 2000, c. 9, s. 5.

SOME ANTIEPILEPSY MEDICATIONS



PHENYTOIN (DILANTIN)



RUFINAMIDE (BANZEL)





- Injury from a fall; drowning
- Aspiration or choking on ones vomit
- Prolonged seizures leading to a stroke, cardiac failure
- **SUDEP – Sudden Unexplained Death from Epilepsy**
- This often happens at home, mostly during sleep
- You may be called to the scene
- The diagnosis can only be made when autopsy finds no explainable reason for death so autopsy should be encouraged.
- Check for history of seizures or the presence of anti seizure medications on or near the person.
- Families can be referred to www.sudepaware.org



How is SUDEP significant for Law Enforcement?

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- The diagnosis can only be made when autopsy finds no explainable reason for death so autopsy should be encouraged.
- Check for history of seizures or the presence of anti seizure medications on or near the person.
- Families can be referred to the OPS Victim Crisis Unit www.sudepaware.org



How is SUDEP significant for Law Enforcement (Detention-In Custody)?

It is understood the best way to reduce the risk of SUDEP is to have as few seizures as possible. For people with epilepsy in custody, important steps to avoid seizures include:

1. providing prescribed anticonvulsant medications per the regular schedule
2. preventing undue physical stress and sleep deprivation
3. acting promptly in the critical moments during and following a seizure (which is aided by regular monitoring and officer training).



How is SUDEP significant for Law Enforcement (Sudden Death)?

Critical evidence required for the determination of SUDEP includes:

1. deceased's seizure history, medication regime and behaviour prior to the death, from interviews of family and friends,
2. circumstances of death and scene description, from eyewitness accounts, and
3. identification of medications found on the deceased, nearby or at home, particularly anticonvulsants (*bearing in mind it is not uncommon to find more than one type of medication present*).

MYTH OR FACT? **People with epilepsy should not drive**



Some persons with epilepsy are allowed to hold a Drivers License

Ministry of Transportation states:

- Your seizures appear to have been prevented by medication AND you have been **free from seizures for 6 months** and your medication does not cause drowsiness or poor coordination.
- You have been seizure-free for a year and then have a seizure after decreasing medication under your physician's advice and supervision. You may drive once you have resumed taking your previous medication at the prescribed dosage.
- You have had **seizures ONLY during sleep**, or immediately upon awakening for at least five years provided he has satisfactory waking EEG's and is subject to regular medical review.
- An individual who has had only **focal epileptic seizures involving a single limb** with no impairment of consciousness



- Don't interfere with movements unless some sudden danger threatens (flight of stairs/busy street).
- Don't expect a response to questions during a seizure.
- Remember the person may not be able to provide you with the information you request due to post ictal confusion.
- Don't raise your voice or appear threatening to the person.
- Don't interpret struggles as consciously directed or of hostile intent.



- Epilepsy is widely misunderstood and people with epilepsy are still stigmatized resulting in discrimination for many people in the workplace, at school, and community.
- People who have seizures in public places aren't always helped or treated kindly.
- People with epilepsy have an episodic medical disability over which they do not have control.
- A person in custody who has seizures should be given medications as prescribed as missed medication can have a fatal outcome.



ARTICULATE



1. Seizures are defined as episodes of altered brain awareness or movement caused by temporary, abnormal electrical discharges in the brain. Seizures are most likely to occur because a person has:
 - a. Consumed a controlled substance,
 - b. Suffering from alcohol withdrawal,
 - c. Has not consumed any food, or
 - d. Suffering from metabolic problems.

2. When approaching a victim/subject, which Use of Force option is the best initial response when approaching him/her that doesn't possess a weapon or is passively resistant and in a post-ictal state ?
 - a. Officer presence,
 - b. Tactical communication,
 - c. Physical Control, or
 - d. None of the above.



3. One of the distinguishing characteristics that someone has suffered a seizure versus consuming a controlled substance or alcohol are:
 - a. Sudden onset of symptoms,
 - b. Gradual recovery,
 - c. Gradual beginning, or
 - d. None of the above.

4. What side effects of a seizure mimic signs of intoxication?
 - a. Slurred speech,
 - b. Unsteady gait,
 - c. Sleepiness,
 - d. All of the above.



5. What item is least helpful to assist an officer who is the first responder to someone who has had a seizure and is alone?

- a. Cellular Phone,
- b. Medic alert bracelet or necklace,
- c. Epi-pen, or
- d. Medication.

6. When an officer responds to a scene to deal with someone who has a seizure disorder, which of the following is the least important task?

- a. Request assistance from OAC,
- b. Canvass the immediate area,
- c. Take good notes, or
- d. Submit a report.



7. What can be done to prevent SUDEP deaths in custody?

- a. Provide prescribed anti-convulsant medications per the regular schedule-as long as the subject/victim has not been drinking or consumed a controlled substance,
- b. Preventing undue stress or sleep deprivation,
- c. Acting promptly in the critical moments during and following a seizure, or
- d. Provide a drink with sugar and a sandwich.

8. Which evidence gathering considerations should be made at a sudden death where you know the deceased is epileptic?

- a. Medication regime and/or behaviour prior to death from interviews of the complainant, neighbor, family, and/or friends,
- b. Scene description,
- c. Identification of medication found,
- d. Determine point of entry/exit.



9. Which of the following do you not do when someone is experiencing a seizure?

- a. Loosen shirt collar and necklace, if possible; remove eyeglasses,
- b. Eliminate hazards nearby and move bystanders back or away from immediate area,
- c. Understand that the odour of an alcoholic beverage implies a lack of a need to treat the client for a seizure, or
- d. Look for medical I.D.

10. Which is not a sign of a seizure?

- a. Loud outbursts,
- b. Blank stare,
- c. Lip smacking, or
- d. All of the above.



11. An officer must _____ his actions after having a call involving someone who has had a seizure disorder.



YOUR SUPPORT MATTERS!!!

Contact Info:

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