



# Kansas RTAP Fact Sheet

A Service of The University of Kansas Transportation Center for Rural Transit Providers

## What To Do if a Passenger Has a Seizure on Your Vehicle

By Anne Lowder



*Seizures are caused by unusual activity in the brain.*

**T**here is a chance your transit driver will transport someone who has epilepsy, a seizure disorder. How would you want your driver to handle the situation if this rider had a seizure while en route? This article provides tips for drivers in responding to someone having a seizure on a bus—tips that would be good to add

to your policy set or driver guidelines.

Epilepsy is more common than you may think. According to the Cure Epilepsy Research Organization, one in 26 Americans will develop epilepsy due to result of strokes, brain tumors, Alzheimer's and incidents resulting in traumatic brain injury. An estimated three million

Americans currently live with epilepsy and 200,000 people are diagnosed with epilepsy each year. In two-thirds of the cases the cause is unknown.

### Types of epileptic seizures

There are two main types of epileptic seizures: **generalized and focal**. Not all seizures are immediately noticeable.

A generalized seizure affects both sides of the brain, and symptoms vary. In this situation a person could have an absence seizure, sometimes called a petit mal seizure, where they just stare at something or blink rapidly. Or a person could have a tonic-clonic seizure or "grand mal" seizure where they may cry out, lose consciousness and fall to the ground and shake.

The second type of seizure is the focal seizure. A focal seizure affects a small part of the brain. There are three focal seizure types. A **simple** focal seizure causes twitching or changes in sensation. A **complex** focal seizure can make a person unable to respond to questions or direction. A **secondary generalized** seizure is where the person starts with a focal seizure that then turns into a generalized seizure.

Quick flashes of light may set off a seizure; for example, flashes of sunlight through branches in a treed area.

### Non-epileptic seizures

A seizure does not necessarily mean epilepsy. Other medical problems can cause a seizure, such as a high fever, low blood sugar, and alcohol or drug withdrawal.

### **Advice for drivers**

Seizures vary widely in intensity, and not all are emergencies. Here are some tips for driver response to a seizure from the Centers for Disease Control, Easter Seals Project Action, and Tri-Board Student Transportation Services.

First, remain calm—it will be helpful to you, the person experiencing the seizure, and any others on the bus. In a practical way, your own tranquility and realistic acceptance of epilepsy will help others to overcome their uneasy feelings about seizures. Note that, in most cases, a person going through a seizure is aware of what people around them are saying.

Most seizures will last only 3 to 7 minutes. It may seem longer. If a seizure lasts more than 5 minutes or if the person gets injured during the seizure, call 911 or dispatch as per your agency's policy. Also call 911 if the person has never had a seizure before, is having difficulty breathing or waking after the seizure, or has started a second seizure shortly after the first seizure. Check for a bracelet that identifies the person as having epilepsy, which would indicate a history of prior seizures.

Treat the person for shock by maintaining normal body temperature.

### **More tips for drivers**

The first line of response when a person has a seizure is to provide general care and comfort and keep the person safe. The information below, from the Epilepsy Foundation, relates to all types of seizures. For the majority of seizures, basic seizure first aid may be all that is needed.

#### ***Always stay with the person until the seizure is over***

- Seizures can be unpredictable and it's hard to tell how long they may last or what will occur during them. Some may start with minor symptoms, but lead to a loss of consciousness or fall. Other seizures may be brief and end in seconds.
- Injury can occur during or after a seizure, requiring help from other people.

#### ***Pay attention to seizure length***

- Look at your watch and time the

A seizure does not necessarily mean epilepsy. Seizures can also happen because of other medical problems, according to the Centers for Disease Control. These problems include a high fever, low blood sugar and alcohol or drug withdrawal.

seizure – from beginning to the end of the active seizure.

- Time how long it takes for the person to recover and return to their usual activity.
- If the active seizure lasts longer than the person's typical events, call for help.
- Know when to give "as needed" or rescue treatments, if prescribed, and when to call for emergency help.

#### ***Stay calm. Most seizures only last a few minutes***

- A person's response to seizures can affect how other people act. If the first person remains calm, it will help others stay calm too.
- Talk calmly and reassuringly to the person during and after the seizure; it will help as they recover from the seizure.

#### ***Prevent injury by moving nearby objects out of the way***

- Remove sharp objects.
- If you can't move nearby objects or a person is wandering or confused, help steer them clear of dangerous situations.

#### ***Make the person as comfortable as possible***

- Help them sit down in a safe place.
- If they are at risk of falling, call for help and lay them down on the floor.
- Support the person's head to prevent it from hitting the floor.

### ***Keep onlookers away***

- Once the situation is under control, encourage people to step back and give the person some room. Waking up to a crowd can be embarrassing and confusing for a person after a seizure.
- Ask someone to stay nearby in case further help is needed.

### ***Do not forcibly hold the person down***

- Trying to stop movements or forcibly holding a person down doesn't stop a seizure. Restraining a person can lead to injuries and make the person more confused, agitated or aggressive. People don't fight on purpose during a seizure. Yet if they are restrained when they are confused, they may respond aggressively.
- If a person tries to walk around, let them walk in a safe, enclosed area if possible.

### ***Do not put anything in the person's mouth!***

- Jaw and face muscles may tighten during a seizure, causing the person to bite down. If this happens when something is in the mouth, the person may break and swallow the object or break their teeth!
- Don't worry; a person can't swallow their tongue during a seizure.

### ***Make sure their breathing is okay***

- If the person is lying down, turn them on their side, with their mouth pointing to the ground. This prevents saliva from blocking their airway and helps the person breathe more easily.
- During a convulsive or tonic-clonic seizure, it may look like the person has stopped breathing. This happens when the chest muscles tighten during the tonic phase of a seizure. As this part of a seizure ends, the muscles will relax and breathing will resume normally.
- Rescue-breathing or CPR is generally not needed during these seizure-induced changes in a person's breathing.

### ***Do not give water, pills, or food by mouth unless the person is fully alert***

- If a person is not fully awake or aware of what is going on, they might not swallow correctly. Food, liquid or pills could go into



*A seizure is not always violent. Certain types of seizures will manifest as a blank stare, where the individual may not respond to questions.*

the lungs instead of the stomach if they try to drink or eat at this time.

- If a person appears to be choking, turn them on their side and call for help. If they are not able to cough and clear their air passages on their own or are having breathing difficulties, call 911 immediately.

**Call for emergency medical help when:**

- A seizure lasts 5 minutes or longer.
- One seizure occurs right after another without the person regaining consciousness or coming to between seizures.
- Seizures occur closer together than usual for that person.
- Breathing becomes difficult or the person appears to be choking.
- Injury may have occurred.
- The person asks for medical help.

**Be sensitive and supportive, and ask others to do the same**

- Seizures can be frightening for the person having one, as well as for others. People may feel embarrassed or confused about what happened. Keep this in mind as the person wakes up.
- Reassure the person that they are safe.
- Once they are alert and able to communicate, tell them what happened in very simple terms.
- Offer to stay with the person until they are ready to go back to normal activity or call someone to stay with them.

**ADA considerations**

Oftentimes people diagnosed with epilepsy are not able to drive or may have restricted licenses. Epilepsy is considered a disability under the Americans With Disabilities Act (ADA). Due to a person's inability to get to necessary places such as work or the doctor's office, public transportation can be a lifeline.

Under ADA, a person with disability cannot be required to travel with a personal attendant on paratransit trips. The only exception is if a paratransit agency is legitimately entitled to refuse service to an individual with violent or illegal conduct; in these cases, the agency may require an attendant as a condition of providing service, per 49 C.F.R. Section 37.125(i).

**Fixed route or paratransit?**

The type of service a person

diagnosed with epilepsy would use depends on their symptoms. In many cases a person diagnosed with epilepsy may find it dangerous to use fixed route service if there is the possibility of having a seizure while walking to, or at, a bus stop. Paratransit would be a better choice for this person because the disability makes it so they can't use the regular bus system for mobility.

**In sum**

There are several types of seizures with different symptoms and different causes, including stroke and traumatic brain injuries. Most people diagnosed with generalized seizure disorder are not going to be able to transport themselves to and from work, the doctor's office, the grocery store, or other destinations. These individuals will depend on you to help them with mobility. Some people, due to the severity of their seizures will need to use paratransit instead of fixed route transportation. It is important, as a driver, to be aware of the symptoms of a seizure and to follow basic steps to try to ensure the person's safety during the seizure episode.

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