

# JAN

Job Accommodation Network

Practical Solutions • Workplace Success

## Accommodation and Compliance Series

# Employees with Epilepsy or Seizure Disorders

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A service of the U.S. Department of Labor's Office of Disability Employment Policy

## **Preface**

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# **JAN'S ACCOMMODATION AND COMPLIANCE SERIES**

## **Introduction**

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://AskJAN.org/soar>.

## **Information about Epilepsy**

### **What is epilepsy?**

Epilepsy is a chronic, neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in body movement or function, sensation, awareness, or behavior (CDC, 2011). Seizures can vary from a momentary disruption of the senses to short periods of unconsciousness or staring spells to convulsions, and some people have only one type of seizure, while others have more than one type (CDC, 2011). The term epilepsy can be used interchangeably with the term seizure disorder; epilepsy is a chronic condition and cannot be transmitted from person to person (CDC, 2011). Having a seizure does not necessarily mean that a person has epilepsy. Only when a person has experienced two or more seizures is s/he considered to have epilepsy (NINDS, 2011). Epilepsy affects about 2.3 million people in the United States, with approximately 150,000 new cases reported each year (CDC, 2013).

### **What causes epilepsy?**

Epilepsy has many possible causes. Anything that disturbs the normal pattern of neuron activity -- from illness to brain damage to abnormal brain development -- can lead to seizures (NINDS, 2011). In some cases, the brain's attempts to repair itself after a head injury, stroke, or other problem may inadvertently generate abnormal nerve connections that lead to epilepsy (NINDS, 2011). Abnormalities in brain wiring that occur during brain development also may disturb neuronal activity and lead to epilepsy (NINDS,

2011). About half of all seizures have no known cause. However, in other cases, the seizures are clearly linked to infection, trauma, genetic influence, developmental disabilities, dementia, or other identifiable factors (Mayo Clinic, 2011).

### **How is epilepsy treated?**

Doctors generally start by treating epilepsy with medication, and if that does not work, they may propose surgery or another type of treatment (NINDS, 2011). Most people with epilepsy can become seizure-free by using a single, anti-epileptic drug, while other others can decrease the frequency and intensity of their seizures (NINDS, 2011). In 1997, the FDA approved the vagus nerve stimulator for use in people with seizures that are not well-controlled by medication (NINDS, 2011). Surgery is most commonly done when tests show that the seizures originate in a small, well-defined area of the brain that does not interfere with vital functions like speech, language, or hearing (Mayo Clinic, 2011). In these types of surgeries, the area of the brain that is causing the seizures is removed (Mayo Clinic, 2011).

Taking proper care of oneself and paying close attention to health and wellness are important topics for anyone, but especially for a person with epilepsy. Taking medications on schedule, getting the proper amount of rest, and avoiding stress are also important (Epilepsy Foundation, 2011).

## **Epilepsy and the American with Disabilities Act**

### **Is epilepsy a disability under the ADA?**

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet on a case by case basis (EEOC Regulations . . . , 2011). A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having an impairment (EEOC Regulations . . . , 2011).

However, according to the Equal Employment Opportunity Commission (EEOC), the individualized assessment of virtually all people with epilepsy will result in a determination of disability under the ADA; given its inherent nature, epilepsy will almost always be found to substantially limit the major life activity of neurological function (EEOC Regulations . . . , 2011).

## **Accommodating Employees with Epilepsy**

Note: People with epilepsy may experience some limitations discussed in this publication, but seldom experience all of the limitations. Also, the degree of limitation will vary among individuals. Not all people with epilepsy will need accommodations to perform their jobs and many others may only need a few accommodations. This

publication is a sample of possible job accommodations available. Numerous other accommodation solutions may exist.

### **Questions to Consider:**

1. What limitations is the employee experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training?

### **Accommodation Ideas for Cognitive Impairments Associated with Epilepsy**

**Memory:** People with epilepsy may experience memory deficits, which can affect their ability to complete tasks, remember job duties, or recall daily actions or activities. This could be caused by a side-effect of medications or from recent seizure activity.

- Provide written or pictorial instructions or prompt with verbal cues
- Offer training refreshers
- Use a chart to describe steps to complicated tasks
- Maintain, safely and securely, paper lists of crucial information such as passwords
- Use voice recordings of verbal instructions
- Provide the employee directory with pictures
- Use nametags and door/cubicle name markers
- Provide a building directory or employee directory by name, floor, unit, etc.
- Label items on the employee's desk (in-box, this week's videos, etc.)
- Use auto-dial phone features to connect quickly to used numbers

**Time Management:** People with epilepsy may have difficulty managing time, which can affect their ability to complete tasks within a specified timeframe. It may also be difficult to prepare for, or to begin, some work activities.

- Divide large assignments into several small tasks
- Set a timer to make an alarm
- Provide a checklist of assignments
- Supply an electronic or handheld organizer and train on how to use effectively
- Use a wall calendar to emphasize due dates

**Stress Management:** People with epilepsy may have seizures when stress is not properly managed. Situations that create stress can vary from person to person, but could likely involve heavy workload, unrealistic timeframes, shortened deadlines, or conflict among coworkers.

- Provide praise and positive reinforcement
- Refer to employee assistance programs
- Allow the employee to make telephone calls to doctors (and others) for support
- Provide sensitivity training
- Modify work schedule

### **Accommodation Ideas for Motor Impairments Associated with Seizures**

**Driving:** People with epilepsy may have driving restrictions. For specific information about a state's regulations involving driving with epilepsy, see:  
<http://www.epilepsyfoundation.org/living/wellness/transportation/drivinglaws.cfm>

- Pair the employee with a co-worker who can drive to meetings or events
- Allow telework or work from home
- Transfer the employee to a position that does not require driving
- Adjust schedule so the employee can access public transportation
- Help facilitate a carpool with co-workers for transportation to/from work

**Balancing/Climbing:** People with epilepsy may have difficulty balancing or climbing.

- Cushion a fall by using rubber matting on floor and by adding padded edging to corners and edges
- Install machine guarding
- Use rolling safety ladders with handrails and locking casters
- Provide head protection
- Provide eye protection
- Use fall protection

**Fatigue:** People with epilepsy may experience fatigue due to a side-effect of medications or to recent seizure activity.

- Use anti-fatigue matting on the floor
- Provide flexible start or ending times

- Adjust workweek
- Provide private or secure rest area during breaks

**Ensuring Safety in the Workplace:** Take some universal precautions to ensure safety in the workplace.

- Designate a person to respond to emergencies
- Keep aisles clear of clutter
- Provide a quick, unobstructed exit
- Post clearly marked directions for exits, fire doors, etc.
- Know when to (or not to) call 9-1-1
- Consult employee's plan of action to determine how to respond/react when employee has a seizure on the job (see "Plan of Action" section for additional information)

### **Accommodation Ideas for Sensory Impairments Associated with Seizures**

**Photosensitivity:** People with epilepsy may have seizures or headaches due to light sensitivity, which can be exacerbated by light sources such as computer screens or fluorescent lights.

- Use a flicker-free monitor (LCD display, flat screen)
- Use a monitor glare guard
- Use a cubicle shield
- Allow frequent breaks from tasks involving computer
- Provide fluorescent light tube covers
- Provide alternative light sources:
  - Replace fluorescent lights with full spectrum lighting
  - Use natural lighting source (window) instead of electric light

**Seeing/Hearing/Communicating:** During or after seizures, an employee may temporarily have limited ability to see, hear, or speak.

- Allow the employee time to recuperate from seizure
- Identify hand signals or other universal signals that the employee might use to communicate with another person
- Use PECS (picture exchange communication system) to communicate
- Use paging systems to communicate with coworkers
- Provide 2-way radios with texting options
- Use alert systems to send message

### **Other Accommodations**

**Attendance/Absenteeism:** Seizure activity can affect a person's attendance at work.

- Allow employee to remain on the job after a seizure when possible
- Provide flexible schedule
- Modify an attendance policy
- Provide leave while the employee is adjusting to medications
- Work a straight shift instead of rotating shifts

**Personal Care:** During or after a seizure, people with epilepsy may exhibit behaviors such as crying, drooling, spitting, or urinating. As a result, the person may need time following a seizure to engage in activities of daily living such as grooming and changing clothes.

- Allow the employee to keep a change of clothes at the workplace
- Provide a private space to regain composure and perform self-care tasks
- Provide sensitivity training/disability awareness to coworkers

### **Situations and Solutions:**

An **engineer with epilepsy** had difficulty managing multiple tasks. JAN suggested color-coding on-going projects, using wall charts to track progress, and prioritizing tasks for the employee.

A **laborer with epilepsy** wanted to make her work area safe in the event of a seizure. JAN suggested installing machine guarding.

An **educational consultant with epilepsy** had driving restrictions. JAN suggested allowing another team member to drive to site-visit locations and telework whereby she could communicate via email and submit paperwork electronically.

A **welder with epilepsy** wanted to make his work area safe when he had a seizure. JAN suggested a welder's helmet with additional padding and using a safety switch on his welding machines.

An **administrator with epilepsy** needed an emergency communication system to inform someone that she had a seizure. JAN suggested using a two-way radio.

A **student with epilepsy** used hedge-cutters and other landscaping tools in a training program. For safety, JAN suggested steel-toed shoes, shin guards, and hand protection.

A **telemarketer with epilepsy** had difficulty learning new tasks. JAN suggested retraining, allowing use of procedural manuals, and assigning one person to consistently help the employee.

A **retail sales employee with epilepsy** had difficulty adjusting to new medications. JAN suggested providing leave during the doctor-recommended three week adjustment period.

## Plan of Action:

In the event that a seizure does occur in the workplace, it is wise to be prepared. Preparation begins with a **plan of action**.

Can you remember back to elementary school? Think back to practice for a fire drill. Everyone in the entire school knew the plan and was prepared for the fire drill. Everyone knew who was in charge, what responsibilities each person had, how quickly to respond to an alarm, and how to exit the building. That type of preparedness made the fire drill work efficiently.

A **plan of action** is very similar to an elementary school fire drill.

A **plan of action** is an emergency preparedness tool. It can be used to prepare for, or respond to, emergency situations that arise when a person has a seizure on the job.

A **plan of action** can be created with the employee and employer and can include information such as:

- emergency contact information
- visual or audible warning signs
- how/when to provide on-site medical assistance
- how/when to call 9-1-1
- how to provide environmental support
- who to designate as emergency responders
- who to go to for help
- how to educate co-workers about epilepsy

A properly implemented **plan of action** may reduce the confusion, panic, or fear that co-workers or customers experience if they see an employee having a seizure on the job. When the plan of action is “in action,” one designated person calls a spouse or emergency contact. One designated person watches over the employee. No one provides incorrect or unnecessary medical assistance (CPR, for example). No one overreacts to the emergency because everyone is prepared for it, can identify it, and respond appropriately to it.

A **sample plan of action** is provided. Please use it as guidance on how to write a plan of action. ***Employers are not required by the ADA to use the following form, nor are employees with epilepsy required by the ADA to use the form.***

### Sample Plan of Action

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**Disability and/or Limitation(s):** Epilepsy (simple partial seizures)

**Warning Signs for Oncoming Seizure:**

- a. John will experience nausea.
- b. John's face or shoulder/arm will jerk involuntarily.
- c. Warning signs give John 3-4 minute before seizure activity begins.
- d. John will signal designated co-worker using 2-way radio (with texting) to inform of oncoming seizure.

**Action Plan:**

- a. Using his hand or arm, gently lead John to designated safe area.
- b. If necessary, help John into a seated or lying position.
- c. If necessary, loosen any restrictive clothing (such as a tie or scarf).
- d. During seizure (which lasts from 2 - 5 minutes), John will not need medical attention.
- e. When seizure subsides, offer John a cool cloth for his face or a cool drink.
- f. If John is disoriented, identify yourself and identify his location/surroundings.

**Additional Comments:**

- a. Two designated co-workers will carry radios to hear John's emergency signal.
- b. Supervisor will call John's emergency contact person.
- c. Based upon John's documentation provided by his neurologist, ambulance/medical attention is not required unless John falls or hits his head.

This form may **NOT** be kept in an employee's personnel file. It must be kept in the employee's confidential medical file.

## Resources

### **Job Accommodation Network**

West Virginia University  
PO Box 6080  
Morgantown, WV 26506-6080  
Toll Free: (800)526-7234  
TTY: (877)781-9403  
Fax: (304)293-5407  
jan@AskJAN.org  
<http://AskJAN.org>

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

### **Office of Disability Employment Policy**

200 Constitution Avenue, NW, Room S-1303  
Washington, DC 20210  
Direct: (202)693-7880  
TTY: (877)889-5627  
Fax: (202)693-7888  
infoODEP@dol.gov  
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U. S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

### **American Epilepsy Society**

Toll Free: (800)332-1000  
Direct: (860)586-7505  
Fax: (860)586-7550  
<http://www.aesnet.org>

The AES promotes research and education for professionals dedicated to the prevention, treatment, and cure of Epilepsy.

### **Epilepsy Foundation of America**

8301 Professional Place  
Landover, MD 20785-2353  
Toll Free: (800)332-1000  
ContactUs@efa.org  
<http://www.epilepsyfoundation.org>

The nation's leading source of information about seizure disorders. The Foundation offers a toll-free information and referral service, legal advocacy, a national epilepsy library, and a catalog of epilepsy-related materials including books, videos, and pamphlets.

**Epilepsy Foundation of Metropolitan New York, The**

65 Broadway, Ste. 505

New York, NY 10006

Direct: (212)677-8550

[info@efmny.org](mailto:info@efmny.org)

<http://www.epilepsyinstitute.org>

The Foundation is a non-profit social service organization, is dedicated to improving the quality of life of people with epilepsy and their families who are residents of New York City and Westchester County. Some programs have admissions criteria.

## References

Centers for Disease Control and Prevention. (2013). Epilepsy data & statistics.

Retrieved from <http://www.cdc.gov/epilepsy/>

Epilepsy Foundation. (2011). What is epilepsy? Retrieved from

<http://www.epilepsyfoundation.org/about/faq/>

EEOC Regulations To Implement the Equal Employment Provisions of the Americans

With Disabilities Act, as Amended, 29 C.F.R. § 1630 (2011).

Mayo Clinic. (2011). Epilepsy. Retrieved from <http://www.mayoclinic.com/>

National Institute of Mental Health. (2011). NINDS epilepsy information page. Retrieved

from <http://www.ninds.nih.gov/>

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