

FIRST AID

for education and care

Seizure

NOTE time of seizure onset



CALL AMBULANCE (000) IMMEDIATELY IF:

- No previous history of seizures
- Seizure differently than described in the [seizure management plan](#)
- Injury suspected
- Breathing difficulty
- Staff require support
- Required as per [seizure management plan](#) and / or [health support agreement](#)

PROTECT from injury
DO NOT restrict movement
LEAVE IN WHEEL CHAIR / SEAT / PRAM if this is the site of the seizure onset
REMOVE objects which may cause harm

MONITOR airway
SUPPORT jaw if needed

GENTLY roll onto side (**RECOVERY POSITION**) as soon as able
LEAVE IN WHEEL CHAIR / SEAT / PRAM as long as a clear airway can be maintained

CONVULSIVE ACTIVITY
lasting **MORE THAN 5 minutes**



CALL AMBULANCE (000)

CONVULSIVE ACTIVITY
STOPS within 5 minutes

Seizure activity
RESUMES

OBSERVE
Airway Breathing Signs of life

Resume activity after
FULL RECOVERY
(within one hour*)

RECORD
seizure activity in [seizure observation log](#)



*If still recovering after one hour
INFORM EMERGENCY CONTACT
to arrange recuperation at home