FIRST AID
for education and care
Seizure

NOTE time of seizure onset

CALL AMBULANCE (000) IMMEDIATELY IF:
- No previous history of seizures
- Seizure presents differently than described in Seizure Observation History
- 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)

OBSERVE
Airway  Breathing  Signs of life

RECORD
seizure activity in individual seizure log

CONVULSIVE ACTIVITY
STOPS within 5 minutes

Seizure activity RESUMES

Resume activity after FULL RECOVERY (within one hour*)

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