PROCEDURE

What to do if someone has a seizure

Seizure first aid protects someone from injury while you monitor their breathing and recovery.

PURPOSE
Protect the person from injury and support safe recovery

PROCEDURE TYPE
Therapeutic bedside first aid

WHERE IT IS DONE
Wherever the seizure occurs

ANAESTHESIA
None

HOW LONG IT TAKES
Usually several minutes, through the seizure and early recovery

PREPARATION
No advance preparation; follow their seizure action plan

RECOVERY
Often same day; no driving until medically cleared

MAIN RISKS
Injury from restraint, choking, delayed emergency response

RESULTS
Immediate safety and observation of breathing and recovery

Overview

Seizure first aid is a set of immediate actions done for someone who may be having a seizure, sometimes called a fit. It aims to prevent injury, protect breathing and identify when emergency help is needed.

Seizures do not all look the same. A person may fall, become stiff and have repeated jerking movements. Others stare, seem confused, make automatic movements or stop responding for a short time.

Stay with the person and note when the seizure starts. Most importantly, keep them safe without holding them down or putting anything in their mouth.

Why the procedure is performed

During a seizure, a person may not be able to control their movements or respond to danger. First aid creates a safer space around them while the seizure runs its course.

It is performed to:

First aid does not stop most seizures. A prescribed rescue medicine may shorten certain seizures, but it should only be given according to the person's individual plan.

- Reduce the chance of injury from nearby objects or falls
- Keep the airway as clear as possible
- Check breathing after the movements stop
- Measure how long the seizure lasts
- Recognise when emergency treatment is needed
- Reassure and support the person during recovery

Who should and should not have it

Basic seizure first aid is appropriate for anyone having a suspected seizure. You do not need to know whether the person has epilepsy before making the area safe and monitoring them.

Some people with epilepsy have a written seizure action plan. This may explain what their usual seizures look like, when to give rescue medicine and when to call emergency services. Follow that plan if it is available and safe to do so.

Not every seizure requires an ambulance. A person with known epilepsy may have a short seizure that is typical for them and recover as described in their plan.

Certain actions should not be used as seizure first aid:

Call emergency services when the situation meets any of the emergency signs described below.

- Do not restrain the person or try to stop the movements
- Do not put fingers, spoons or other objects in their mouth
- Do not give food, drink or tablets until they are fully alert
- Do not give rescue medicine unless it was prescribed for them and you are trained or instructed to give it

- Do not start CPR during active jerking movements

How to prepare

Seizures often happen without warning, so preparation usually means knowing the basic steps in advance.

If someone has a seizure action plan, keep it where family members, carers, school staff or coworkers can find it. Learn where any prescribed rescue medicine is stored and who has been trained to give it. Check the medicine's expiry date as instructed by the treating team.

If this first aid is being planned or taught through a treating facility, the treating facility's own instructions take priority.

When a seizure begins, look at a clock or start a timer. If the person is falling, help them to the floor if you can do so safely. Move hard, sharp or hot objects away.

What happens during the procedure

Stay calm and remain with the person. Ask someone nearby to help manage the area or contact emergency services if needed.

If the person is having convulsive movements:

Turn the person onto their side when it is safe and practical, especially once the jerking stops. This recovery position can help saliva or vomit drain from the mouth.

After the movements stop, check whether they are breathing normally. If they are not breathing normally, call emergency services, begin CPR and use an automated external defibrillator if one is available.

Stay nearby as they wake. Speak quietly, explain what happened and protect their privacy. Confusion, tiredness or agitation can occur during the recovery period, called the postictal period.

- Protect their head with something soft, such as a folded jacket.
- Move furniture and other hazards away.
- Loosen tight clothing around the neck.
- Remove glasses if this can be done easily.
- Do not move them unless they are in immediate danger, such as near traffic, fire or water.

- Do not hold them down or put anything in their mouth.
- Time the seizure and observe what happens.

Recovery and what to expect afterward

The person may have a headache, sore muscles or pain from biting their tongue. Check for injuries without crowding them. Significant head, neck or limb pain needs medical assessment.

Wait until they are fully awake and swallowing normally before offering food, drinks or oral medicine. Do not force them to eat.

They may need a quiet place to rest. Stay with them until they can communicate and move safely, or until another responsible person takes over. Avoid demanding activity immediately afterward.

The person should not drive after a seizure. Driving restrictions are set by local law and medical guidance, and they may need clearance before driving again.

Returning to work or school depends on recovery, injuries, the type of work and medical advice. Work involving heights, machinery, water, fire or driving may require additional restrictions.

Risks and possible complications

Correct first aid is low risk. Harm is more likely when someone uses force, places an object in the mouth or delays emergency help.

Possible concerns include:

A person cannot swallow their tongue. Putting something in their mouth can break teeth, injure the jaw or block breathing.

- Head or limb injury from a fall or nearby objects
- Choking on food, liquid or an object placed in the mouth
- Vomit or saliva entering the lungs
- Breathing problems after the seizure
- Injury to the helper if they attempt to restrain strong movements
- Delayed treatment when a seizure continues or repeats

Results and follow up

The immediate result is a safer environment while the seizure ends and the person begins to recover. You should be able to tell emergency responders or the healthcare team how long it lasted and what you observed.

Useful details include whether the person lost awareness, became stiff, had jerking movements, changed colour, was injured or had another seizure before recovering. Record only what you saw rather than trying to label the type of seizure.

Someone with known epilepsy should follow their usual care plan. Their healthcare team should be contacted routinely if seizures are changing, happening more often, causing new injuries or taking longer to recover from.

A first suspected seizure needs medical assessment. Emergency services are usually appropriate because other urgent conditions can sometimes look like a seizure.

Alternatives

There is no substitute for basic safety measures while a seizure is happening. However, what happens beyond first aid can differ.

For a short, typical seizure in someone with known epilepsy, following their action plan and observing recovery may avoid an unnecessary emergency department visit. The trade-off is that unexpected complications may be less quickly assessed.

Calling emergency services provides rapid assessment and transport if needed. It may not be necessary for every brief, familiar seizure, but it is the safer option when emergency signs are present or you are unsure.

Prescribed rescue medicine may stop or shorten prolonged or repeated seizures. It is only an option for the person it was prescribed for and must be used according to their plan. It does not replace monitoring breathing or calling for help when required.

When to call your healthcare team

Call emergency services now if:

If breathing is not normal after the movements stop, begin CPR and use an automated external defibrillator if available.

Routine follow-up with the person's healthcare team is appropriate when a known seizure ends

as expected but the pattern has changed, recovery is taking longer than usual, side effects from seizure medicines are a concern or the action plan needs updating.

- The seizure lasts five minutes or longer
- Another seizure begins before the person recovers
- It is their first known seizure
- They have trouble breathing or do not wake as expected
- They have a serious injury
- The seizure happened in water
- They are pregnant
- Their seizure action plan says to call
- You are uncertain about their safety

Common questions

Should I put something in their mouth?

No. They cannot swallow their tongue. Objects or fingers can injure the teeth or jaw and may block the airway.

How painful is seizure first aid?

The first aid itself should not hurt because you do not restrain the person. They may later have muscle soreness, a headache, a bitten tongue or pain from an injury.

Will they be asleep afterward?

They may appear deeply sleepy, but post-seizure unresponsiveness is not ordinary sleep. Keep checking their breathing and ability to respond.

Can I drive them home?

Only if they have recovered as expected, have no emergency signs and their action plan supports this. They must not drive themselves.

When will I know the seizure is over?

Convulsive movements usually stop first. Recovery continues until breathing is normal and the person gradually becomes responsive. Keep timing until active seizure movements end.

Do I always need to call an ambulance?

Not for every brief, typical seizure in someone with a clear action plan. Call for any emergency

sign, a first seizure or whenever you are unsure.

Sources

- Centers for Disease Control and Prevention. "First Aid for Seizures." May 15, 2024.
- NHS. "What to do if someone has a seizure (fit)."
- Epilepsy Foundation. "Seizure First Aid."
- Resuscitation Council UK. "First Aid Guidelines: Seizures." 2021.
- American Red Cross. "Seizure First Aid."