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## **USEFUL INFORMATION FOR TEACHERS**

### **1. What teachers should know**

- What the seizure looks like
- If the child gets any warning (aura) of a seizure
- How long the seizures last
- How long a rest the child needs after the seizure
- What first aid may be required
- How many seizures the child is having each week or month
- If there is a pattern to the seizures or if you know of anything which makes them more likely to happen
- If the child has to take any tablets or other forms of medication during the day and, if so, when they should be taken (You may also need to discuss the school policy on medication brought into the school)
- If there is any side-effects from the child's medication and, if so, what they are
- What action you would like to take if there is an emergency

### **2. Calling an ambulance**

Emergency medical care should be considered in the following circumstances:

- If a second seizure occurs without the child regaining consciousness
- If the convulsive part of the seizure lasts longer than usual for the child and certainly if it lasts longer than 5 minutes
- If any injuries have occurred during the seizure e.g. cuts requiring stitches
- If the cause of the seizure is uncertain and further investigation is necessary
- If for any reason you are worried or concerned about the child either during or after the seizure

If an ambulance is called someone should travel with the child.

### **3. First Aid**

If a child experiences a tonic-clonic seizure, you should:

- Keep calm and reassure other children who may be present.
- Let the seizure run its course and do not try to hold the child down or to restrain the convulsive movements.
- **Do not attempt to force the mouth open with any hard implement or with fingers.** It is a myth that a person having a seizure is in danger of swallowing

his or her tongue, and efforts to hold the tongue down can injure the teeth and jaw.

- Do not try and move the child unless he or she has fallen in a potentially dangerous place such as against a hot radiator or near the top of the stairs.
- Do not attempt to revive by use of water or medication.



- Put something soft, such as a cushion or a rolled up coat under the child's head to prevent it being injured on a hard floor.
- If the child is still unconscious after the convulsions have stopped, his/her body should be turned into the recovery position.
- Stay with the child until the seizure ends naturally.
- If there is incontinence or soiling cover the child with a blanket to reduce embarrassment.
- Be reassuring and supportive when consciousness returns.
- The child may need to sleep or to rest for a while after the seizure.