

## **SPECIAL INCIDENT, INJURY, SEIZURE, UTILITY FAILURE PROCEDURE**

To monitor and record as a means of documentation. In regards to a seizure, this report would be used to document the number of times and duration that a person served may have had a seizure. This information may be shared with the physician to add in the medical treatment of a person served. In regards to incidents or injuries, this report would be used to document injuries involving the person served that do not meet the criteria of a PASSE Incident Report.

### **PERSON RESPONSIBLE**

#### **Special Incident/Injury/Utility Failure Report:**

*Direct Support Professional* - is responsible to document the pertinent information on special incident/injury/utility failure report. The staff is responsible to inform their supervisor of the event and provide the special incident/injury/utility failure report.

*Supervisor* -will take any necessary actions at that time, to include review of the special incident/injury/utility failure report, notification of parent/guardian, and/or primary care physician, address any additional issues.

#### **Seizure Report:**

*Direct Support Professional*- is responsible to document the pertinent information regarding a seizure on the seizure report form. They are responsible for following The American Red Cross guidelines which state emergency medical treatment is needed for:

1. Seizure lasting for more than 5 minutes.
2. Multiple seizures.
3. The person served is diabetic.
4. The seizure follows a quick rise in body temperature.
5. The person served fails to regain consciousness.

The staff is responsible to notify their supervisor if treatment is sought. The direct support professional is responsible to forward the original seizure report to the supervisor.

#### **Utility Failure Report:**

*Direct Support Professional* – is responsible to document all pertinent information regarding utility failure on a special incident/injury/utility failure report. The assigned supervisor is to be notified immediately.

# The Gregory Kistler Treatment Center, Inc. Special Incident/Injury/Utility Failure Report

*Please Circle  
if incident  
involves the  
following:*

**Medical Visit**

**First Aid**

**Outside  
Entities:**  
(List)

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_

PERSON SERVED \_\_\_\_\_

Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Describe what happened; how, why, where, and who was involved:

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Witnesses: \_\_\_\_\_

Supervising person at time of incident: \_\_\_\_\_

What attention was given? \_\_\_\_\_

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Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

Who was notified? \_\_\_\_\_

By Whom: \_\_\_\_\_ When: \_\_\_\_\_

Were parents/guardian notified (if applicable): \_\_\_\_\_

What is the current condition of the person served? \_\_\_\_\_

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Any restriction on client: Yes No If yes, what are they: \_\_\_\_\_

(Circle)

Additional Comments: \_\_\_\_\_

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Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

# The Gregory Kistler Treatment Center, Inc. Seizure Report

*Please Circle  
if seizure  
involves the  
following:*

**Medical Visit**

**First Aid**

**Outside  
Entities:**  
(List)

\_\_\_\_\_  
\_\_\_\_\_

PERSON SERVED: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Onset: \_\_\_\_\_

Type of Seizure: \_\_\_\_\_

Location: \_\_\_\_\_

Activities Prior to Seizure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances during and after the seizure: eyes dilated, eyes rolled back, stiffness, jerking, sleepy afterward, confused, fear, rage, fall/slump \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long did the seizure last? \_\_\_\_\_

Injuries resulting from the seizure (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was supervising? \_\_\_\_\_

Who was notified? Supervisor: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Physician: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_