

**Red Mountain Family Services, Inc.
Treatment Foster Care Program**

Emergency Intervention Documentation Form

Instructions:

In order to comply with the request to use and document the use of appropriate emergency intervention with each treatment foster children this form will need to be completed immediately after emergency intervention is used with a RMFS treatment foster child:

Name of Treatment Foster Child: _____

Date of Birth: _____

Social Security number: _____

Name of Treatment Foster Parent Home (or respite home):

Date of Emergency Intervention:

Beginning time of emergency intervention:

Ending time of emergency intervention:

(how long was the emergency intervention?)

What interventions were used or attempted or determined inappropriate before emergency intervention was used??

What was the precipitation event that proceeded the behavior?: _____

What specific behavior prompted the use of emergency intervention? _____

Write the name of the treatment foster parents and or RMFS staff that implemented and monitored the emergency interventions: _____

Describe the emergency intervention(restraint) including the type and length of the child's behavior:

Document what time you notified RMFS, who you spoke to and what information you were given by the RMFS staff.

Document who debriefed the treatment foster child and what the process included: Talk about what you would do differently if this is the place to do that:

Document when you faxed or turned in this form to RMFS; Document when you completed the required incident report;

Document below any additional information you may have regarding this incident:

RMFS Treatment Coordinator completing this form

Date

RMFS Program Supervisor Signature

Date

Form updated on December 3, 2012
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