



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 RMGS treatment foster child:

Name of Treatment Foster Child: _____

Date of Birth: _____

Social Security Number: _____

Name of Treatment 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 intention was used?: _____

What was the precipitation event that preceded the behavior? _____

What specific behavior prompted the use of emergency intervention? _____

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, this is the place to do that: _____

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

RMFS Treatment Coordinator Completing the Form Date RMFS Clinical Director Signature Date