Region 5

Monadnock Developmental Services

Positive Behavior Support Plan & Protocols

Personal Information Sheet

(To be completed by the team)

Individual Name: ­

DOB: Click here to enter a date. Click here to enter a date.

Diagnosis:

Provider Agency(ies):

Current Services Provided: [ ] CPS [ ] Res [ ] CSS [ ] SEP [ ] Respite

Included in the plan: [ ] PBSP [ ] Physical restraint [ ] PRN Protocol [ ] Safety Protocol

 [ ]  Other - Briefly Describe:

Date of most recent medication list: Click here to enter a date. *Attach copy of med list at end of plan -* list all current medications & include reason for prescription – (include copies of orders for all psychotropic & psychotropic PRN’s)

Plan Author:       Author of Revision(s):

Date of Plan: Click here to enter a date. Date of Revision(s): Click here to enter a date.

Service Coordinator:

Program Manager:

Behavior Consultants Involved: (Current & Previous)

Who will participate in/be responsible for consistently implementing the support plan?

**Personal Profile:**

**Brief Personal History:** *(person-centered/description of the individual, not just of the behavior – to include the current type of living situation, who the person spends time with, likes, dislikes, communication style and what motivates him/her)*

**Brief Historical overview that relates/describes why there is a need for this plan/protocol:**

**Plan for Prevention:** (Explain the staff supports and environment needed that will set the person up for success- Include learning style, type of environment that is most conducive, disposition of support staff, etc …)

**Targeted Behaviors:** (Bullet point list of targeted behaviors this plan will address - prioritize based on severity or frequency)

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*
*

**Current Justification of need for interventions(s):** *(Baseline Data – must include current data info or charts here)*

**Possible Hypothesis: *(****Why might she/he be exhibiting these targeted behaviors?)*

**History of other approaches attempted, evidence of review of environmental, medical or emotional contributors to challenging behavior:**

**Risk to Person without the use of this plan/protocol:**

**Risk to others without the use of this plan/protocol:**

**Goal(s) and/or Desired Outcome(s):** (Things that may be achieved with assistance of behavior plan. \*If there is a goal – there must be a behavioral goal noted in the ISA)

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**Positive Behavior Support Plan/Protocol(s)**

[ ] **N/A Plan for facilitating meaningful participation and social interaction**: Required for all PRN protocols and plans addressing targeted behaviors.

**Supporting Positive Interactions with others:**

*

**Supporting Positive Responses to changes/disappointments:**

*

**Plan for Motivation and Value Sharing:**

*

[ ] **N/A Positive Behavior Support Plan**

**Positive Behavior Techniques and Strategies** *(provide specific guidelines for each behavior – if this happens … then)*

***Repeat the Techiniques & Strategies section for each target behavior identified and to be addressed in plan***

 ***(copy & paste the 8 itmes below for each)***

**…..**

**Known or possible antecedents:**

**Early warning signs of impending problem/increased agitation:**

|  |  |
| --- | --- |
| **Behavior Exhibited** | **Required Response** |
|  |  |
|  |  |
|  |   |
|  |  |
|  |   |
|  |   |

**Required immediate response to physical/dangerous behaviors:**

* Restrictions, evacuation protocols *(remove items, clear others, etc..)*
	+
* Identify physical intervention technique, if applicable. *Provide clear criteria for implementation and release*
	+
* Guidelines for calling for assistance or activating EMS.

[ ] **N/A Environmental Adaptations, Restrictions, Safety Protocols:** *(Examples, bedrails, audio monitors, chimes, alarms, specialized equipment requirine restraint belts, etc..) , Providers may cut and paste from their templates to this location)*

* Clearly describe circumstances that indicate the necessity of this Safety Protocol
	+
* Describe clearly exactly what the protocol includes  *(Specific information on equipment or restriction required)*
	+

[ ] **N/A PRN Protocol(s) (if applicable):**

* Clearly describe identifiers, behaviors, circumstances that indicate the necessity of PRN administration (observed behaviors, elapsed time, physical symptoms, etc.)
	+
* Clearly note the name, dosage and purpose of PRN medication
	+
* Documentation of administration of PRN medication requirements
	+ Administration of any PRN medication due to agitation, or aggression requires the submission of an incident report and medication administration documentation.

**PRN PROTOCOL AUTHORIZATION - In addition to the approvals provided on the Human Rights Committee (HRC) Behavior Plan/Protocol Approval Request form – the approval of Nurse Trainer is required for all PRN Protocols**

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Nurse Trainer Date

**Documentation & Monitoring:** (Requirements for data collection, incident reports, quarterly review)

**Data collection**

* Data collection must be maintained for all target behaviors (define, include example data collection sheets)
* If a physical intervention has been required, documentation must include, at minimum, antecedent, duration, description/name of restraint technique, response of individual and debriefing information (if appropriate).
* **If any physical restraint technique is used, whether included in this plan or not, the Emergency Physical Restraint Report form must be completed and attached to the Incident Report.** MDS requires this in addition to statewide expectations.

**Expectation for monitoring and Review**

* Frequency of monitoring (at least quarterly review):
* Person(s)/Role(s) responsible for monitoring:
* Description of monitoring to take place:

**Criteria for Revision/Termination protocol**

**Fade and termination criteria:** (If there is no plan to revise/terminate – please note and explain)

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**Transition plan or fading procedure to less restrictive interventions:** Planned reductions to restrictions clearly outlined (i.e. gradual increase in alone time based on no target behaviors, etc…)

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**Describe circumstances that would necessitate a team review/meeting.**

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**Training Requirements:** (list out and clearly identify required training, - give details regarding need for continued certification or retraining and who is responsible for the training)

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