

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 Techniques & Strategies section for each target behavior identified and to be addressed in plan
(copy & paste the 8 times 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..)*
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- Identify physical intervention technique, if applicable. *Provide clear criteria for implementation and release*
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- Guidelines for calling for assistance or activating EMS.
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☐ N/A **Environmental Adaptations, Restrictions, Safety Protocols:** *(Examples, bedrails, audio monitors, chimes, alarms, specialized equipment require 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)*
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☐ 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.)*
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- Clearly note the name, dosage and purpose of PRN medication
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- 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

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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