Unapproved Behavior Support Form

**Please complete this form and send electronically (via email when possible) to the County Board as directed.**

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| **NAME OF INDIVIDUAL/MUI#:** |
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| **NAME AND TITLE OF PERSON COMPLETING FORM:**  |
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| **CONTACT INFORMATION OF REPORTER/AGENCY:** |
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| **DATE AND TIME OF UNAPPROVED BEHAVIOR SUPPORT:** |
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| **WHAT LED TO THE UNAPPROVED BEHAVIOR SUPPORT:****Please provide as many details as possible and a timeline of events** |
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| **PLEASE DESCRIBE THE INTERVENTION THAT WAS USED IN DETAIL** **Please provide not only name of program but specific technique utilized (See Reference List)****Use as many details as possible to describe the position of the individual body, location, how individual responded to intervention and staff’s body relative to the individual.**  |
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| **PLEASE PROVIDE LENGTH OF TIME EACH INTERVENTION WAS USED****Please include minutes and seconds if known** |
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| **DID THE INDIVIDUAL SUSTAIN ANY INJURIES? IF SO PLEASE DESCRIBE** |
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| **DOES THE INDIVIDUAL HAVE A BEHAVIOR SUPPORT PLAN? Yes/No/ Pending Approval** |
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| **IF YES, WHY WAS IT NOT FOLLOWED** **Did interventions exceed plan limits or was an intervention used that was not part of the approved plan** |
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| **WHY WAS INTERVENTION USED?** |
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| **WHAT, IF ANY, OTHER MEASURES WERE USED FIRST?** |
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| **CAUSES AND CONTRIBUTING FACTORS:** |
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| **PREVENTION PLAN:** |
|  |
| **NOTES:** |
|  |
| **THE LIST BELOW IS A REFERENCE OF INTERVENTIONSTHAT HAVE BEEN USED IN PAST****Please note if one of these does not fit the intervention(s) used,** **please write “other” in Intervention Used section above and provide a full description** |

**Physical Restraint:**

* **Basket hold**
* **Multiple Person Carry**
* **Multiple Person Escort**
* **One Person Carry**
* **One Person Escort**
* **Other Restraint**
* **Physically Prompted Hands down with resistance**
* **Prone**
* **Restraint of Multiple Appendages**
* **Restrain or One Appendage**
* **Seated Restraint**
* **Side Restraint**
* **Standing Restraint**
* **Supine**
* **Other: Full Description is required**
* **Time-Out List details of time-out, including length of time**

**Chemical:**

* **Anti-Anxiety**
* **Anticonvulsant**
* **Antidepressant**
* **Antipsychotic**
* **Mood Stabilizer**
* **Other: Full Description is required**

**Mechanical:**

* **Full Body-papoose board wrap**
* **Full Body-seated position**
* **Full Body-supine position**
* **Gait Belt**
* **Helmet**
* **Locked Seat Belt/vest-not during transportation**
* **Mitts**
* **Others**
* **Splints**
* **Transportation-locked seatbelt/vest/others**
* **Wheelchair controls disabled**
* **Wheelchair for individual who does not use normally**
* **Other: Full Description is required**