



The Commonwealth of Massachusetts

Executive Office of Health & Human Services

Department of Developmental Services

Crisis Prevention and Response Review Committee

Blocking Pad Request Form

Instructions: Complete all sections as indicated and submit completed Blocking Pad Request Form with required attachments to PBS-DDS@mass.gov.

Required attachments include positive behavior support plan, safety plan, and data if available.

Required Information		
Requesting Agency:		
Requesting Author:		
Contact Info (email/phone):		
Individual's Name:		
Date of Birth:		
Location of Proposed Blocking Pad Use:		
CPRR Curriculum:		
Human Rights Committee Review and Approved: Yes No		

Purpose/Rational
<i>Individual's identifying information and brief overview of clinical presentation. Explain why the blocking pad is necessary and how the treating team came to the decision to use blocking pads.</i>

Intervention/Criteria for Use
<i>Explain the challenging behavior, type of blocking pad, where it will be stored/kept and when/how the blocking pad would be used</i>

Training/Staff Competency
<i>How will staff be trained and retrained</i>

Reporting and Oversight
<i>Specify blocking pad data to be recorded, along with who will record that data, who will monitor implementation, who will report adverse experiences or injuries, etc</i>

For CRC Completion Only:
Approval Date:
Specific approval conditions and/or data required for renewal:
Date of Next Renewal: