

## APPENDIX X: Safety Plan Template

**Purpose:** to reduce the risk, surprise and short decision time that makes crises stressful and worrisome for the client, family and Navigation Care team. By having a safety plan it will help to communicate the client's wishes in the event they are unable to do so and to speed up the response time to a crisis.

**Signs that \_\_\_\_\_ is not feeling well.**

*Insert Name*

What does unwell look, feel and sound like for you? How do you express that you aren't feeling well?

**Coping strategies that \_\_\_\_\_ already finds helpful?**

What do you or others do, that helps when you aren't feeling well?

**At what point does \_\_\_\_\_ want support?**

How might others know that you are ready for support?

When signs first appear, once the symptoms can no longer be managed on their own, etc.?

**Who would \_\_\_\_\_ like to have contacted in case of an emergency?**

Who would be the most important people to reach out to if you were in an emergency?

**Which services would \_\_\_\_\_ like to access for help?**

What services/organizations have you used in the past that have helped? Which, if any, agencies are you willing to try for the first time?

**Are there other children in the home who may need care or support?**

Name	School	Emergency Contact	Plan

**List of current medications/allergies for \_\_\_\_\_ .**

Medication Name	Prescription	Reason	Prescribing Doctor

**Allergies:**

**Contacts for \_\_\_\_\_ 's Safety Plan**

Name	Agency or Connection to Client	Role During Emergency	Phone Number
<i>Please include the Navigation Care Team Lead, Client's preferred emergency contact, Informal and Formal Supports, Guardians</i>			
<b>Nearest Emergency Department Name</b>	<b>Address</b>		