Patient Safety Plan Template			
Step 1: Warning signs: (thoughts, images, mood, situation, behavior) that a crisis may be developing:			
1.			
2.			
3.			
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity, individual distraction, mindfulness):			
1.			
2.			
3.	·		
Step 3: People and social settings that provide distraction:			
1.	Name	Phone	
2.	Name	Phone	
3.	Place 4. Place	ce	
Step 4: Peop	le whom I can ask for help:		
1.	Name	Phone	
2.	Name	Phone	
3.	Name	Phone	
Step 5: Professionals or agencies I can contact during a crisis:			
1.	Clinician Name	Phone	
	Clinician Pager or Emergency Contact #		
2.	Clinician Name	Phone	
	Clinician Pager or Emergency Contact #		
3.	Local Urgent Care Services		
	Urgent Care Services Address		
	Urgent Care Services Phone		
4.	Suicide Prevention Lifeline Phone: 1-800-2	73-TALK (8255)	
Step 6: Maki	ng the environment safe:		
1.			
2.			
	Safety Plan Template (Stanley & Brown, 2008)		

Instructions for Using Patient Safety Template		
Step 1: Recognizing Warning Signs		
 Ask "How will you know when the safety plan should be used?" Ask, "What do you experience when you start to think about suicide or feel extremely distressed?" List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients' own words. 		
Step 2: Using Internal Coping Strategies		
 Ask "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?" Ask "How likely do you think you would be able to do this step during a time of crisis?" If doubt about using coping strategies is expressed, ask "What might stand in the way of you thinking of these activities or doing them if you think of them?" Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified. 		
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 Step 3: Social Contacts Who May Distract from the Crisis Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk. Ask "Who or what social settings help you take your mind off your problems at least for a little while? "Who helps you feel better when you socialize with them?" Ask patients to list several people and social settings, in case the first option is unavailable. Ask for safe places they can go to do be around people, e.g. coffee shop. Remember, in this step, suicidal thoughts and feelings are not revealed. 		
Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis		
 Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk. Ask "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who do you feel that you can talk with when you're under stress?" Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis. Ask "How likely would you be willing to contact these individuals?" If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them. 		
Step 5: Contacting Professionals and Agencies		
 Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk. Ask "Who are the mental health professionals that we should identify to be on your safety plan?" and "Are there other health care providers?" List names, numbers and/or locations of clinicians, local urgent care services, Suicide Prevention Hotline (1-800-273-TALK [8255]) If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them. 		
Step 6: Reducing the Potential for Use of Lethal Means		
 The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means. For methods with low lethality, clinicians may ask patient to remove or restrict their access to these methods themselves. Restricting the patient's access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police. 		