

SAMPLE SAFETY CARE PLAN

This is an example of a client safety care plan that may be used in the provision of iOAT.

Patient label

PERSONAL SAFETY PLAN

When I become upset, I experience: <input type="checkbox"/> Sweating <input type="checkbox"/> Rapid breathing <input type="checkbox"/> Clenched teeth/fists <input type="checkbox"/> Red face <input type="checkbox"/> Restlessness <input type="checkbox"/> Pacing <input type="checkbox"/> Other: _____	When I become upset, how I talk changes: <input type="checkbox"/> Become loud/quiet <input type="checkbox"/> Swear <input type="checkbox"/> Change in pitch/tone <input type="checkbox"/> Cry <input type="checkbox"/> Yell <input type="checkbox"/> Other: _____	When I become upset, my behaviour changes: <input type="checkbox"/> Become rude <input type="checkbox"/> Hurt myself <input type="checkbox"/> Isolate (withdraw) <input type="checkbox"/> Throw objects <input type="checkbox"/> Become disorganized <input type="checkbox"/> Become hypervigilant/paranoid <input type="checkbox"/> Become animated <input type="checkbox"/> Other: _____
My major triggers or irritants: <input type="checkbox"/> Not being listened to <input type="checkbox"/> Unanticipated approach <input type="checkbox"/> Yelling and loud noises <input type="checkbox"/> Specific words/phrases: _____ <input type="checkbox"/> Perceived confrontation <input type="checkbox"/> Unwelcome touch		
Things that will help to calm me: <input type="checkbox"/> Talking to members of my care team <input type="checkbox"/> Sitting outside the clinic for duration of post assessment <input type="checkbox"/> Talking with someone I trust <input type="checkbox"/> Playing cards <input type="checkbox"/> Puzzles <input type="checkbox"/> Finding a quiet space to sit <input type="checkbox"/> Drawing/colouring <input type="checkbox"/> Denial/delay of request, action, or item <input type="checkbox"/> Lack of privacy <input type="checkbox"/> Being rushed <input type="checkbox"/> Change of caregivers <input type="checkbox"/> Other: _____		
I want program staff to know:		
If I become upset, I can expect program staff to: <input type="checkbox"/> Prompt me to use identified self-calming strategies listed above <input type="checkbox"/> Use verbal de-escalation <input type="checkbox"/> Call 911 for police or EMT to help <input type="checkbox"/> Redirection (safe topics/distraction): _____ <input type="checkbox"/> Leave me alone/give me space <input type="checkbox"/> Ask me to leave the clinic and return when calm <input type="checkbox"/> Clear area of potential weapons/other clients <input type="checkbox"/> Other: _____		
Client signature: _____		Date: _____
Staff initials: _____		Date: _____

THIS IS A SAMPLE CLIENT SAFETY FORM ADAPTED FROM CROSTOWN CLINIC IN VANCOUVER, BC.
THIS FORM IS NOT MEANT FOR CLINICAL USE.