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

PERSONAL SAFETY PLAN

When I become upset, I experience:
- Sweating
- Rapid breathing
- Clenched teeth/fists
- Red face
- Restlessness
- Pacing
- Other: ____________

When I become upset, how I talk changes:
- Become loud/quiet
- Swear
- Change in pitch/tone
- Cry
- Yell
- Other: ____________

When I become upset, my behaviour changes:
- Become rude
- Hurt myself
- Isolate (withdraw)
- Throw objects
- Become disorganized
- Become hypervigilant/paranoid
- Become animated
- Other: ____________

My major triggers or irritants:
- Not being listened to
- Unanticipated approach
- Yelling and loud noises
- Specific words/phrases: ___________________
- Not having control
- Pain
- Feeling anxious
- Enforcing/authoritative approach
- Cravings (alcohol/drugs/nicotine)
- Denial/delay of request, action, or item
- Lack of privacy
- Being rushed
- Change of caregivers
- Other: __________________________

Things that will help to calm me:
- Talking to members of my care team
- Sitting outside the clinic for duration of post assessment
- Talking with someone I trust
- Playing cards
- Puzzles
- Finding a quiet space to sit
- Drawing/colouring
- Listening to music
- Journaling
- Other: __________________________

I want program staff to know:

If I become upset, I can expect program staff to:
- Prompt me to use identified self-calming strategies listed above
- Use verbal de-escalation
- Call 911 for police or EMT to help
- Redirection (safe topics/distraction):
- Leave me alone/give me space
- Ask me to leave the clinic and return when calm
- Clear area of potential weapons/other clients
- Other: __________________________

Client signature: ____________________________ Date: __________________

Staff initials: __________________ Date: __________________

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