

# Safety Plan

**PART 1: Individual Plan**

*GOAL:*

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*THINGS THAT COULD TRIGGER A CRISIS:*

<i>Situations</i>	-
	-
	-
<i>People</i>	-
	-
	-
<i>Objects/Images</i>	-
	-
	-
<i>Thoughts</i>	-
	-
	-
<i>Feelings</i>	-
	-
	-
<i>Behaviours</i>	-
	-
	-

*THINGS/SKILLS THAT CAN HELP ME GET THROUGH*

<i>Things/Pets that comfort me</i>	-
	-
	-
<i>Things to remind myself</i>	-
	-
	-
<i>Things/Skills I can do</i>	-
	-
	-
<i>Places I can go</i>	-
	-
	-
<i>Situations/settings I feel safe</i>	-
	-
	-

**PART 2: School Plan**

*LOGISTICS AND COMMUNICATION*

<i>Who needs to know</i>	-
	-
<i>Who can I check in with</i>	-
	-
<i>Where I can go when I cannot be in the classroom</i>	-
	-
<i>How I can communicate my needs</i>	-
	-
	-
<i>What I want staff to say</i>	-
	-
<i>How I want staff to support me</i>	-

**PART 3: Family Plan**

*LOGISTICS AND COMMUNICATION*

<i>Who needs to know</i>	-
	-
<i>Who can I check in with</i>	-
	-
<i>Where I can go when I am not feeling well</i>	-
	-
<i>How I can communicate my needs</i>	-
	-
	-
<i>What I want family to say</i>	-
	-
<i>How I want family to support me</i>	-

*WHO I CAN REACH OUT TO*

<i>Family</i>	#
<i>Friend(s)</i>	#
	#
<i>Crisis lines</i>	Kids Help line call # 1-800-668-6868 text: CONNECT to 686868
	Fraser Health Crisis Line call # 1-877-820-7444
	Suicide Prevention Line call # 604-584-5811

*PEOPLE I WILL SHARE THIS PLAN WITH*

<i>School Staff/Teachers</i>	
<i>Family members</i>	
<i>Trusted Friend/Other</i>	

## Safety Plan Ideas:

Triggers:		Signs:	Things that help:
<ul style="list-style-type: none"> <li>- Losing control</li> <li>- Feeling unsafe</li> <li>- Hurting self</li> <li>- Violent behaviour</li> <li>- Running away</li> <li>- Suicide attempts</li> <li>- Drug or alcohol</li> <li>- Feeling suicidal</li> <li>- Being in a place where there is lots going on</li> <li>- Someone lying about your behaviour</li> <li>- Contact with a person who is upset</li> <li>- Particular time of day/night</li> </ul>	<ul style="list-style-type: none"> <li>- Not being listened to</li> <li>- Lack of privacy</li> <li>- Bright lights</li> <li>- Darkness</li> <li>- No power</li> <li>- Not knowing what is happening to me</li> <li>- Speaking in groups</li> <li>- Being in groups</li> <li>- Authority figures</li> <li>- Loud noises</li> <li>- Not having control</li> <li>- Being stared at</li> <li>- Being rejected by someone</li> <li>- Being touched</li> <li>- People yelling/talking loudly</li> <li>- Arguments</li> <li>- Being alone</li> <li>- No choices</li> <li>- Being teased/pick on/ bullied</li> </ul>	<p><i>PHYSICAL</i></p> <ul style="list-style-type: none"> <li>- Sweating</li> <li>- Clenching teeth</li> <li>- Wringing hands</li> <li>- Breathing hard</li> <li>- Clenching fist</li> <li>- Can't sit still</li> <li>- Racing heart</li> <li>- Red faced</li> <li>- Being rude</li> </ul> <p><i>VERBAL</i></p> <ul style="list-style-type: none"> <li>- Loud voice</li> <li>- Yelling/swearing</li> <li>- Crying/making sounds</li> </ul> <p><i>BEHAVIOUR</i></p> <ul style="list-style-type: none"> <li>- Isolating/avoiding people</li> <li>- Sleeping more or less</li> <li>- Not taking care of self</li> <li>- Eating more/less</li> <li>- Throwing objects</li> <li>- Hurting others or things</li> </ul>	<ul style="list-style-type: none"> <li>- Exercise</li> <li>- Comfort food/drinks</li> <li>- Reading or other quiet activity</li> <li>- Journaling</li> <li>- Drawing</li> <li>- Painting</li> <li>- Colouring</li> <li>- Progressive muscle relaxation</li> <li>- Watching tv</li> <li>- Playing videogames</li> <li>- Calling/texting/vid eo-chat a friend/family</li> <li>- Go to another area or place</li> <li>- 5-4-3-2-1 (use all 5 senses)</li> <li>- Taking with adult/teachers</li> <li>- Being around other people</li> <li>- Listening or playing music</li> <li>- Deep breathing</li> <li>-</li> </ul>