

Northern Rivers Mobile Crisis Services Safety Plan

[] and [] have participated in the development of this plan and agree to implement this Safety Plan with the recommended interventions.

INDICATORS OF SAFETY

- [] has agreed to an intake or follow up appointment with:
Clinician's name: _____ Phone: _____
Date/Time: _____ Address: _____
- Any additional recommendations or referrals: _____

- [] identified two trusted supports with whom he or she feels comfortable speaking to if he or she begins to feel unsafe, [] and [].
- [] can cite future oriented goals and/or specific reasons to live and/or not to harm self or others.
- [] has been given the National Suicide Prevention Hotline number, 800.273.8255.
- [] has developed Self-Calming Tasks and/or Alternatives to Self/Other Harm, including:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

STEPS TO MAINTAIN SAFETY

- Remove ALL guns and ammunition from your home.
- Remove unnecessary accessible "sharps" (e.g., razors, knives, etc.).
- Limit access to all medication, including over-the-counter medication, to adults in the household.
- If taking psychotropic medication, do not stop the medication without first consulting the prescribing doctor to ensure safety and compliance, especially during or immediately after a crisis.
- Ensure that your child is under close supervision until seen for an initial or follow-up appointment with a clinician/psychiatrist or for as long as needed.
- Keep the lines of communication with your child open and don't be afraid to ask about his or her thoughts relating to suicide or harming others.
- Keep the lines of communication open with your identified supports and don't be afraid to ask for help if you have any thoughts relating to suicide or harming others.
- If personal safety cannot be managed within the home at any point after this crisis assessment and safety planning, immediately contact us at **518.292.5499**, if there is an immediate response needed due to imminent safety concerns please contact 911, and/or go to the closest emergency room for a psychiatric evaluation.

The Mobile Crisis Services team will contact you within one business day to assess the effectiveness of this plan.

Client Signature: _____ Date: _____

Family/Guardian Signature (if applicable): _____ Date: _____

Mobile Crisis Team Member(s) Signature: _____ Date: _____

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER