

**SUICIDE PREVENTION SAFETY PLAN:**

*The following plan was discussed in person during our visit. Here is a printed copy to keep at home.*

**HOME ENVIRONMENT:**

- Parent will lock all sharps and medications in a secure place. Parent and patient will go through patient's bedroom together and remove all medications and sharp objects from bedroom and lock in a secure place.
- All weapons should be removed from the home.
- Patient will be supervised at all times by parent or other designated adults, who are listed here:  
\_\_\_\_\_.

**COMMUNICATION:**

- Patient will tell parent or the adults listed above if they are having unsafe thoughts, thoughts about wanting to die or hurt her/himself.

**SCHOOL:**

- Parent will inform school if patient has ongoing safety concerns.

**COPING TOOLS:**

- Patient uses the following coping skills when feeling anxious and/or sad: \_\_\_\_\_.

**FOR SUICIDAL IDEATION WITH AN ACTIVE PLAN TO HARM SELF OR OTHERS:**

- Parent or above designated adult will bring patient to the nearest ER or contact 911.
- CARES line for patients with Illinois Medicaid: 800 345-9049

Recommended 'at home' checklist for parents to help reduce access to means:

**It is very important that all knives, guns and ammunition be removed from the home.** If that is not possible lock these items away to deny your child access. Store ammunition in a separate place from the firearm.

Search your house and your child's room. Look for any items that could be used to self-harm. These items include weapons, sharp objects, belts, ropes, and cords.

Lock up or remove medicines kept in your home. This includes prescription and over the counter medication including, Aspirin, Tylenol, Vitamins, and Supplements.

Your child should not have access to alcohol, cleaning supplies and power tools.

Be aware of items in the home that your child could use to cut off air flow including plastic bags, balloons, belts and cord of any kind (electric cords, cords from window blinds and vacuum cleaner cords).

Take away your child's keys. Do not allow him or her to have access to a car until the first follow-up appointment with a mental health professional.

A great online suicide prevention resource is <https://www.sprc.org/>

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>
1. _____ 2. _____ 3. _____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>
1. _____ 2. _____ 3. _____
<b>Step 3: People and social settings that provide distraction:</b>
1. Name _____ Phone _____ 2. Name _____ Phone _____ 3. Place _____ 4. Place _____
<b>Step 4: People whom I can ask for help:</b>
1. Name _____ Phone _____ 2. Name _____ Phone _____ 3. Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>
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: 1-800-273-TALK (8255)
<b>Step 6: Making the environment safe:</b>
1. _____ 2. _____
Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown. Is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express permission. Completing and submitting the form on this web page <a href="http://www.suicidesafetyplan.com/Page_8.html">http://www.suicidesafetyplan.com/Page_8.html</a> constitutes permission to use the template.

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

[http://www.sprc.org/sites/default/files/resource-program/Brown\\_StanleySafetyPlanTemplate.pdf](http://www.sprc.org/sites/default/files/resource-program/Brown_StanleySafetyPlanTemplate.pdf)