



SAMPLE CRISIS SAFETY PLAN

1 APPROPRIATENESS FOR TELEMENTAL HEALTH

1. Review records if available for violence toward health providers or family
2. Assess suicide risk, home environments if interpersonal violence is indicated, anger management issues, and substance and alcohol abuse
3. Explore patient preferences, potential barriers such as vision and hearing issues, and potential solutions
4. Consider the readiness of on site resources to help if needed

2 BEHAVIORAL EMERGENCIES

1. Triage to assess whether or not situation is appropriate for the capabilities of telehealth services
2. Awareness of local emergency services as well as how far the client may be from services in their community
3. Know the average response time of emergency services in local areas
4. If the services are delivered to supervised settings (e.g., outpatient/hospitals), on-site clinical staff is available to help resolve issues
5. If the services are delivered to unsupervised settings, additional planning steps are needed because staff is not involved
6. Include previously agreed upon local supporters (family, friend, community health worker, local providers) in crisis safety planning and crisis management
7. Weigh risk of disclosures during crises on patient confidentiality and relationships in small communities

Adapted from

A Practitioner's Guide to Telemental Health

(Luxton, Nelson, & Maheu, 2016)

3 MEDICAL EMERGENCIES

1. For medical emergencies that occur during session, (e.g., cardiac arrest during session, client disclosure of a recent fall), notify emergency services at the client's location
2. Provide support in completing the same steps the client would follow if a medical emergency occurred separate from the session, especially if there are barriers or the client was hesitant to seek medical care.

4 TECHNICAL DIFFICULTIES

1. Discuss alternate means of contact (i.e. telephone) with new clients in case of technical difficulties, especially in a crisis situation.

5 FIREARMS

1. Discuss the ownership, safety, and culture of firearms in rural area
2. If the patient has a history of violence of threatened violence toward staff, consider home based services as safer alternative
3. Be aware that it is common for a child to have knowledge of both the location of firearms and how to access ammunition
4. Document discussion and planning with children and parents about removal and safe storage of firearms
5. Discuss firearm access regardless of setting when safety is a concern
6. Discussing trigger safety lock devices may provide additional level of safety precaution by restricting immediate access

DEVELOPED BY

Telehealth ROCKS

Rural Outreach for the Children of Kansas