



SAMPLE CRISIS SAFETY PLAN



Please build on best safety practices from onsite clinics. Remind families of confidentiality and its limits. Remember to follow documentation best practices. Identify the family call-back telephone number and local emergency service contact ahead of time.

PATIENT APPROPRIATENESS FOR IN-HOME TELEHEALTH

1. If available, review records 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's preferences and discuss potential barriers such as vision and hearing issues and potential solutions
4. Consider the readiness of local emergency contacts or resources to help if necessary

2 SUICIDAL IDEATION

1. Triage to assess whether or not situation is appropriate for the capabilities of telehealth services
 - a. Patient may have greater access for self-harm when at home versus in a supervised setting
2. Awareness of local emergency services as well as how far the patient may be from services in their community
3. If patient endorses suicidal ideation, complete risk assessment of ideation, plan, and intent
4. Consider physical environment risks for mental health emergencies (e.g., access to weapons, household hazards)
5. Refer to safety plan established before treatment, including identifying warning signs, coping skills, social contacts, family support, crisis phone/text lines, and emergency contacts
6. If concerned about immediate safety, contact emergency services (911)

1 UNSAFE (HOME) LOCATION

1. Assess patient's immediate safety (e.g., threat of violence)
2. Refer to safety plan created before treatment, including strategies for contacting support person, safety when preparing to leave, and maintaining safety during acute incidences
3. Know the average response time of emergency services in local areas
4. If concerned about immediate safety, refer to safety plan and contact emergency services (911)*

*If video stops and you are concerned about safety or overall health emergencies, call back-up phone number. If you cannot contact the patient, call emergency services

3 MEDICAL EMERGENCIES

1. Notify local emergency services if any medical emergencies occur during session (e.g., any disclosure of patients of their recent fall, cardiac arrest, etc.)
2. If patient discusses symptoms of COVID-19, refer patient to local area hospital phone number for triage
3. Know the average response time of emergency services in local areas
4. Provide support in completing the same steps the patient would follow if a medical emergency happened separate from the session, especially if barriers are present