

Name: \_\_\_\_\_ DATE: \_\_\_\_\_ Facility: \_\_\_\_\_

## Personal Safety Plan

(For Advance Crisis Planning to be used in Inpatient Facilities Only)

**This form will allow you to suggest calming strategies IN ADVANCE of a crisis. It will allow you to list things that are helpful when you are under stress or are upset. It will also allow you to identify things that make you angry. Staff and individuals receiving services can enter into a “partnership of safety” using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.**

### 1. Calming Strategies:

It is helpful for us to be aware of things that help you feel better when you’re having a hard time. Please indicate (5) activities that have worked for you, or that you believe would be the most helpful. If there are other things that work well for you that we didn’t list, please add them in the box marked “Other”. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you’re here.

Listen to music	Exercise
Read a book	Pace in the halls
Wrapping in a blanket	Have a hug with my consent
Write in a journal	Drink a beverage
Watch TV	Dark room (dimmed lights)
Talk to staff	Medication
Talk with peers on the unit	Read the Bible or other religious/spiritual readings
Call a friend or family member	Write a letter
Voluntary time in the quiet room/comfort room	Hug a stuffed animal
Take a shower	Do artwork (painting, drawing)
Go for a walk with staff	Other? (Please list below)
	_____
	_____

### 2. What are some of the things that make you angry, very upset or cause you to go into crisis? What are your “triggers”?

Being touched	Called names or made fun of
Security in uniform	Being forced to do something
Yelling	Physical force
Loud Noise	Being isolated
Contact with person who is upsetting	Some else lying about my behavior
Being restrained	Being threatened

**3. Preferences Regarding Gender and Others:**

Do you have any preferences or concerns regarding who serves you when you are upset or angry?

Women staff \_\_\_\_\_ Men staff \_\_\_\_\_ No preference \_\_\_\_\_ Language \_\_\_\_\_  
 Race \_\_\_\_\_ Culture \_\_\_\_\_ Of a particular religion \_\_\_\_\_

**4. Signals of Distress:**

Please describe your warning signals, for example, what you know about yourself, and what other people may notice when you begin to lose control. Check those things that most describe you when you're getting upset. This information will be helpful so that together we can create new ways of coping with anger and stress:

<input type="checkbox"/>	Sweating	<input type="checkbox"/>	Clenching teeth
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Not taking care of self
<input type="checkbox"/>	Breathing hard	<input type="checkbox"/>	Running
<input type="checkbox"/>	Yelling	<input type="checkbox"/>	Clenching fists
<input type="checkbox"/>	Hurting others:	<input type="checkbox"/>	Swearing
<input type="checkbox"/>	Throwing Objects	<input type="checkbox"/>	Not eating
<input type="checkbox"/>	Pacing	<input type="checkbox"/>	Being rude
<input type="checkbox"/>	Injuring self: (Please be specific)	<input type="checkbox"/>	Other? (Please list below) _____ _____

**5. Seclusion and Restraint:**

This facility is trying to eliminate the use of seclusion and restraints, therefore, it would be helpful to know if you have ever been placed in a seclusion room or been restrained. This information will be used only for collecting data and for training purposes, not to predict any future behaviors.

Have you ever been placed in a seclusion room? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been restrained? Yes \_\_\_\_\_ No \_\_\_\_\_

**6. In Extreme Emergencies:**

In **extreme** emergencies seclusion and restraint may be used as a last resort. Is there anything you find helpful in emergency situations that could prevent them from being used?

Alternative physical spaces such as:

Comfort Room \_\_\_\_\_ Quiet Room \_\_\_\_\_ Other such as exercise \_\_\_\_\_  
 Medication by mouth \_\_\_\_\_ Emergency injection \_\_\_\_\_  
 Other: \_\_\_\_\_

**7. Medical Conditions:**

Do you have any physical conditions, disabilities, or medical problems such as asthma, high blood pressure, back problems, etc., that we should be aware of when caring for you during an emergency situation? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Physical Contact Preferences:**

We would like to know about your preferences regarding physical contact. For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched *appropriately* when you are upset.

Do you find it helpful to be hugged or touched appropriately when you are upset?  
Yes\_\_\_ No\_\_\_ Comments: \_\_\_\_\_

**9. Helpful Medications:**

We may be required to give medications if other measures do not help you to calm down. In this case, we would like to know what medications have been especially helpful to you? Please describe. \_\_\_\_\_

**10. Not Helpful Medications:**

Are there any medications that are not helpful? What and why? \_\_\_\_\_

**11. Room Checks:**

Room checks are done at night to make sure you are okay. In order to make room checks as non-intrusive as possible is there anything that would make room checks more comfortable for you? \_\_\_\_\_

**12. Trauma History:**

Do you have any issues regarding abuse such as sexual or physical abuse that you would like to talk about with staff, or with counselor? Yes\_\_\_ No\_\_\_

Would you like more information on these issues in classes or support groups?  
Yes\_\_\_ No\_\_\_

**13. Anything Else?**

Is there anything else that would make your stay easier and more comfortable? For example do you have any special issues like cultural, diet, sexual preference, appearance, etc. that you think could contribute to misunderstandings or cause problems for you? Please describe: \_\_\_\_\_

**The Personal Safety Form Information should be presented to the treatment team and incorporated into the treatment plan for this individual. Each individual shall receive a copy. This form has been adapted from an original form created by the Massachusetts Department of Mental Health**

# Guidelines for Personal Safety Form

1. The Personal Safety Form should be completed within 24-72 hours of admission.
2. It is preferable that this form not be included in the initial admission packet. Persons who are newly admitted are required to sign multiple legal forms and must be able to understand certain policies and procedures. It would be very difficult for an individual to focus on questions related to personal safety preferences when they are already in some degree of stress.
3. It would be helpful to administer the form in small group settings. Individuals may feel safer to answer sensitive questions while sitting in a group with other peers as a group setting is more informal than a clinical setting. If given during a group session, there should be several staff members present to help individuals who need support or assistance with reading, understanding, or answering the questions.
4. Careful consideration should be given as to who will administer the form. Ideally, it should always be the same person, someone who is both familiar and comfortable with the material. A Peer Advocate employed by the hospital would be ideal, because peers are often less threatening. The person administering the form is not presented as treatment or therapy, but as helpful information that can be included in the treatment plan.
5. To effectively provide information, persons administering the form should be knowledgeable about how this material pertains to treatment. It would be helpful for them to learn and know about efforts being made at the facility to reduce seclusion and restraint and how this information will be used as part of that process. Facilitators should also be able to answer questions or provide clarification. For example, it is important that information about touching at the facility is presented as promoting appropriate, *rather than inappropriate*, touching.
6. When individuals are not communicative enough to answer the questions, they may be provided an opportunity to answer the questions at another time, if they so desire.
7. Individuals must always be given the option to decline answering *any* or *all* questions.
8. The form, when completed, should be placed in the individual's file where it is known and used effectively by staff. It is recommended that a means of ready-reference, such as a tickler file, be kept at the desk in the nurses' station for easy availability in potential emergency situations.
9. Individuals should be told how the form is to be used. They shall be offered a copy of the form to keep.
10. It may be helpful for the facility to collect data on answers to some of these questions to identify patterns and trends that are important to individuals receiving services that can be used to determine how to improve treatment and programming.