Youth SAVE

SAFETY PLAN

For immediate crisis support, call or text 988 anytime.

PROVIDER & CAREGIVER ONLY SECTION

A safety plan for:	
Date created (or updated):	
Created by:	
Follow-up (who and when):	

REMEMBER: Page 1 is ONLY reviewed with the caregiver.

- *Provider and caregivers from all homes collaborate to address the top 3 means (firearms, medications, and suffocation/hanging) in addition to any other means identified by the youth.*
- *Removal or safe storage of medications should include prescriptions and ALL over-the-counter medications, including vitamins, especially Ibuprofen and Tylenol.*
- *Provide educational resources for caregivers about where to locate tools to reduce access to means (firearm locks, lock boxes for firearm components or medications).*
  - *Suggested resources: AACAP Suicide Safety: Precautions at Home and Project Child Safe Safety Kit*

Reducing Access to Lethal Means
☐ Firearms are taken out of the house or locked and secured. Who will do this and when?
☐ All over-the-counter & prescription medication is secured and monitored. Who will do this and when?
☐ Items used for hanging or suffocation are removed and secured. Who will do this and when?
☐ Sharp objects like knives and scissors are locked and secured. Who will do this and when?
☐ Poisons and chemicals are locked and monitored. Who will do this and when?

To receive further training on using this safety plan, register for a Youth SAVE training here.

Supervision & Support Considerations

Supervision Plan:

- ☐ Who will supervise the youth and when? Who will be with them during nighttime hours (if needed)?

- ☐ Who are the family and friends who can provide breaks and respite? Include contact information.

- ☐ Who will provide supervision in other settings? (School, travel to/from school, etc)

Resource & Referral Information

- ☐ Follow-up plan with the provider and/or mental health services:

- ☐ Other community resources:

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A safety plan for:	
Date created (or updated):	
Created by:	
Follow-up (who and when):	

REMEMBER: If I start to have the thoughts or feelings I listed in Section 5, it might be time to call or text 988.

Section 1: When I'm feeling down, ways I can *feel better* (more examples here):		
People in my life	**Activities with others**	**Things I can do by myself**
Examples: Be with positive friends, family, or trusted adults	***Examples:*** *sports, board games, pets, exercise, playing music together*	***Examples:*** *relaxation exercises, list things I'm thankful for, journal, art/crafts*

Section 2--When I start to have thoughts of suicide, ways to *distract myself*:		
People in my life	**Activities with others**	**Things I can do by myself**
Examples: Be with people who help me laugh, friends who are easy to hang out with, family	*Examples: walk my dog, video games with friends, be in the same room with others*	*Examples: mindfulness activity, writing, read a book, exercise, cleaning, coloring*

Section 3--When my thoughts of suicide feel overwhelming, ways to *interrupt, relax or regulate*:		
People in my life	**Activities with others**	**Things I can do by myself**
Examples: Talk to a trusted adult, mentor/coach, close friends, or family	*Examples: Text a friend, cook a meal with or someone, watch movies together*	*Examples: take a shower, pray, yoga, stretching, listening to music, crying*

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Section 4--Who to reach out to when I need more support:	
Trusted adults who will help me find more support (teacher, counselor, social worker, medical provider, family member or caregiver who knows what's happening):	
Name/Email/Phone	
Name/Email/Phone	
Name/Email/Phone	

Caregiver(s) and the youth should add all contacts on this page to their phones or write them down in a place that is accessible.

These thoughts feelings, or actions are warning signs that tell me I need more support:

Other crisis numbers:

- ☐ Which caregiver would you prefer your provider talk to about your safety?
- ☐ What needs to happen to make your school and home environments safer?
- ☐ What type of supervision plan is needed to increase your safety?
- ☐ Follow-up plan (who, what, where, and when):

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