

# Safety plan template

Plan developed by: \_\_\_\_\_ (Service User), and: \_\_\_\_\_ (Worker)

On: \_\_\_\_\_ (Date)

**1. What are the early warning signs that I am becoming unwell, unsafe, at risk?**

--

**2. What can I do if I feel unwell, unsafe or at risk?**

--

**3. What professional support can I access to support me?**

--

**4. What can staff do to support me?**

--

**5. NHS services or agencies that I can contact if I need to:**

My GP: \_\_\_\_\_ at: \_\_\_\_\_ Tel: \_\_\_\_\_  
Go to my nearest Accident & Emergency Department (open 24 hours) or call 999 for the Ambulance service.  
**The nearest A&E is:** \_\_\_\_\_ (ask for duty Psychiatrist, if mental health)  
**Samaritans** 116 123

**6. Immediate plans to ensure safety e.g. reduce alcohol and illicit substances**

--

**7. What can I do if I do not attend an appointment to help me? E.g. inform staff, reschedule**

--

Service User's Name:

Signature: \_\_\_\_\_

Worker's name:

Signature: \_\_\_\_\_