

Low-Risk Safety Plan Template

This template is for managing **low-risk situations** such as clients reporting difficult or overwhelming emotions, a history of substance use, chronic health conditions, or other unsafe situations that are unlikely to result in significant harm to clients or communities. This safety plan template is appropriate for clients who are low risk but may still benefit from the practical, structured support provided by a plan. The template can be edited to include information most relevant to specific clients, programs, and communities. For further support, please review the accompanying [information guide](#) for more details on when to use this low-risk safety plan template.

If the client's current situation exceeds the interventions listed in this template, escalate the situation immediately. This may include involving a supervisor, consulting a mental health professional, or contacting emergency services such as 9-1-1 or 9-8-8 to ensure client and community safety. Please also see [Switchboard's Suicidal Ideation Safety Plan Template](#) or [Switchboard's Family Violence Safety Plan Template](#) if appropriate.

When supporting pre-literate clients or those with limited English proficiency, encourage them to record the information in any way that feels most helpful to them. Consider the following accommodations:

- Use visual aids, symbols, or pictograms to represent key concepts.
- Encourage the client to write down their safety plan in their native language.
- Engage trained interpreters or cultural mediators during the safety planning process.
- Simplify language and ensure that verbal explanations are clear and concise.
- Encourage the client to identify trusted individuals in their support network who can help interpret or assist if needed.
- Assess the client's understanding of the safety plan by reviewing key steps and asking them to explain or demonstrate how they would implement the plan.
- Encourage the client to record the session by utilizing a voice recorder app on their phone, by taking a picture of the final template (or provide them a physical print out), or by any other means that the client identifies as helpful.

To maintain quality and appropriateness, supervisors and/or mental health professionals on your team should review and approve the template prior to its use with clients. This ensures that the safety plan aligns with professional standards and adequately addresses potential challenges, fostering a sense of preparedness and security for the client.

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0052 and Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Low-Risk Safety Plan

This safety plan will help you navigate situations that may feel overwhelming or unsafe. Your safety plan will be tailored to your individual needs. You will work together with _____ [Staff Name] to ensure it is helpful for you. If your situation changes or becomes more serious, it's important to reach out for additional help. This might mean contacting your caseworker, a mental health professional, or emergency services like 9-1-1 or 9-8-8.

We encourage you to keep a copy of your safety plan in a way that feels most useful to you, such as:

- Taking a photo of the plan
- Recording the session or key points on your phone
- Keeping a printed copy in a safe place

STEPS I CAN TAKE TO KEEP MY SAFETY PLAN CONFIDENTIAL

☐ Keep it in a safe location

☐ Save it in a password-protected app

WARNING SIGNS

When will I use this safety plan?

How will I know an unsafe situation may be developing?

PREVENTION & ENVIRONMENTAL SAFETY

What things or people give my life meaning or give me hope?

1. _____
2. _____
3. _____

What do I think I am good at, or what do other people say I'm good at?

1. _____
2. _____
3. _____

Is there anything I need to do or can do now to make my environment safer or more comforting?

1. _____
2. _____
3. _____

COPING STRATEGIES

What are the things that have helped me cope or helped me feel better in the past?

1. _____
2. _____
3. _____

What are some things I can do, or places I can go, that could help provide a distraction when I'm feeling bad?

1. _____
2. _____
3. _____

SUPPORTS

Who can I ask to help support me when I feel a crisis may be developing (name and phone number)?

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |

Who can I call in case of an emergency (name and/or phone)?

Counselor:

Doctor:

Crisis Line:

Suicide Prevention Hotline: 9-8-8

Other:

Emergency: 9-1-1

**Request interpretation by informing the operator: "I speak [name of language]. I need an interpreter."*

ACTION PLANNING

If an unsafe or dangerous situation develops, what steps will I take to stay safe?

1. _____
2. _____
3. _____

Other thoughts or ideas:

FOLLOW UP

How often will my service provider check in with me? _____

How will my service provider reach me (phone call, etc.)? _____

If my service provider can't reach me, who should they contact (name and phone number)?

1. _____ Phone _____
2. _____ Phone _____