

APPENDIX D: SAMPLE PERSONAL SAFETY PLAN

PROVINCIAL QUALITY, HEALTH & SAFETY STANDARDS AND GUIDELINES

(This form is part of the patient's permanent health record and MUST be completed in pen.)

When I become upset, I experience:	Changes in my behaviour:
Changes in my body Sweating Breathing hard Clenching teeth/fists Red face Cannot sit still Pacing Other:	Become rude Hurt self Isolate (withdraw) Other:
My major trigger or irritant:	Things that will help to calm me:
Not being listened to Being touched Yelling Loud noises Feeling anxious Not having control Not having my needs met Cravings for alcohol/drugs/nicotine Other:	□ Talking with members of my treatment team □ Talking with family/friends □ Taking medications □ Going to my room □ Exercising □ Listening to music □ Quiet activity □ Journaling □ Other:
Changes in how I talk:	In extreme emergencies, seclusion and/or restraint may be used and this will be discussed with my nurse. However, before this happens, I would like to
Become loud Become quiet Yell Swear Cry Other:	try any of these things to help calm me: Going to my room and closing the door Going into a seclusion room with the door open Taking medications by mouth Other:
Completed by:	
PATIENT SIGNATURE	DATE
STAFF SIGNATURE	DATE

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