

# Safety Plan Reminder Dialogue Template: Instruction Guide

This instructional guide walks you through the Suicide Safety Plan Reminder Dialogue Template. Many instructions and tips are included within the template itself, and additional tips, prompts, and pointers are outlined in this guide, using the following key:



This guide is meant to be a walk-through of the template, not a comprehensive training on Safety Planning. For additional information and education on Safety Planning, see the following resources:

- [VA Safety Planning Resources](#)
- [Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version](#)
- [Lethal Means Safety Counseling to Reduce Suicide Risk \(TMS\)](#)
- [Collaborative Safety Planning for Older Adults Guide](#)
- [VA Suicide Risk Management Consultation Program](#)

## What template do I use to document a Safety Plan?

- When completing a *new* or *updated/revised* safety plan, use the Reminder Dialogue Template:  
**SUICIDE PREVENTION SAFETY PLAN** (see pg. 3)
- When documenting *review* of the safety plan with the Veteran, when *no changes* to the existing plan are indicated, use Note Template:  
**SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE** (see pg. 22)
- When documenting Veteran's *refusal* to complete a safety plan, use Note Template:  
**SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE** (see pg. 22)

# SUICIDE PREVENTION SAFETY PLAN

Use this template to document new or updated Safety Plans.

If you are documenting a review of the safety plan with no changes, or Veteran declines to complete a Safety Plan, use the SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE note (see pg. 22)

Click checkboxes to read background, tips, and guidelines for completing a Safety Plan (see page 4)

Click these links to access printable versions of the Safety Plan form for the Veteran and for the clinician (contains instructions written in this template)

Review with Veteran – the safety plan is a step-wise process, but 911 and VCL should be contacted in an emergency or crisis.

If Veteran declines to complete the Safety Planning OR if you are reviewing the Safety Plan with the Veteran and no changes are needed, please complete the **\*\*\*Safety Plan Review/Decline\*\*\*** note to document the review/decline.

If, upon review, changes need to be made to the Safety Plan, continue with this note, completing ALL fields and incorporating changes.

- [View information about Safety Plans and help for completing them](#)
- View information about collaboratively completing Safety Plan
- View time requirement for safety planning
- View Safety Planning resources

Click [here for a printable BLANK Safety Plan](#) for the Veteran to complete if paper/pen is preferred.

Click [here for a printable blank Safety Plan with CLINICIAN INSTRUCTIONS](#) as an alternative to referring to on-screen instructions.

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## SAFETY PLAN

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Please follow the steps described below on your Safety Plan.

If you are experiencing a medical or mental health emergency, please call 911, at any time.

If you are unable to reach your safety contacts or you are in crisis, please call the Veterans Crisis Line at 1-800-273-8255 (press 1).

## View information about Safety Plans and help for completing them

General guidelines and reminders for the provider around safety planning

Suggestions to provider for how to introduce and frame discussion of safety planning with the Veteran.  
Psychoeducation on the rationale behind safety planning can help Veterans better understand their crisis and the usefulness of a safety plan during times of crisis.

Review with Veteran – the safety plan is a step-wise process, but 911 and VCL should be contacted in an emergency or crisis.

Review the safety plan with the Veteran after completion, to evaluate the feasibility and likelihood of Veteran using it.

The Safety Plan is a pre-determined written list of coping strategies and sources of support that Veterans who are at risk for suicide can use before or during a crisis. The rationale for using a Safety Plan is to help Veterans recognize when they are experiencing a crisis and to use specific strategies to avert a crisis and prevent them from acting on their suicidal thoughts and urges. The Safety Plan serves as an emergency plan to use during crises when problem solving abilities often diminish.

The Safety Plan is a brief, easy-to-read, document that uses the Veteran's own words. To foster collaboration, it is best to complete a paper and pen version of the plan with the Veteran prior to entering it into CPRS. The template allows for a limited number of characters per line and a limited number of lines. Once you click 'finish', however, you can add beyond those character and line limits for cases where the Veteran has developed a particularly robust and detailed Safety Plan. Veterans must be given a hard copy of the Safety Plan as it may serve as a reminder to engage in strategies to reduce risk. Many Veterans may also choose to enter much of the safety plan information into a related smartphone app, such as MY3 or Virtual Hope Box.

Before introducing the Safety Plan template or form, it is recommended that the clinician ask the Veteran to briefly describe his or her crisis that was associated with an increased risk for suicide. For example, the clinician may ask, "Would you tell me what happened when you experienced a crisis and were in danger of acting on your suicidal feelings?" Offer empathy and support when asking about the crisis. From the Veteran's description, it is helpful for the Veteran to identify the warning signs associated with the beginning of the crisis and to observe how suicidal thoughts come and go as the crisis diminishes. The rationale for obtaining this information is for the Veteran to see how it may be possible to avert or de-escalate a crisis by recognizing when a crisis begins or worsens and then using coping strategies and other sources of support in a step-by-step way. Explain that suicidal feelings do not last indefinitely and that having strategies to cope in place beforehand can help manage a suicidal crisis and allow the crisis to pass without engaging in suicidal behavior.

The Veteran is informed that once the Veteran recognizes the warning signs, then he or she should follow the steps described on the Safety Plan. If following the coping strategies described for one step are unhelpful for de-escalating the crisis, then the Veteran is encouraged to go to the next step on the Safety Plan and continue to follow the steps until the crisis is diminished and the risk for suicide is lower. However, the Veteran is also informed that it is not necessary to follow this list of strategies before reaching out for help.

After the Safety Plan is developed, review the entire Safety Plan with the Veteran, assess the likelihood that the Safety Plan will be used and problem-solve with the Veteran any barriers to using the plan. Discuss where the Veteran will keep the Safety Plan, specifically. Evaluate whether the content and format is appropriate and feasible for the Veteran's capacity and circumstances.

Reminder to review the safety plan with the Veteran periodically to assess whether changes it needs to be revised.

Guidelines on completing the safety plan collaboratively, ensuring that the Veteran understands and is willing/able to engage in each step.

If Veteran has more responses than will fit on the CPRS template, finish the template and then go back to the note to add additional responses.

The safety planning intervention is meant to take at least 20-30 minutes. Ensure you have enough time set aside to complete the intervention.

Review the entire Safety Plan periodically with the Veteran and family members (if appropriate) when the Veteran's circumstances or needs change. The clinician may ask, (1) Do you remember the last Safety Plan you developed? (2) Have you actually used the Safety Plan? (3) If so, was the Safety Plan helpful for preventing you from acting on your suicidal thoughts and urges? If not, why not? (4) How can the Safety Plan be revised so that it can be more helpful to you?

☑ View information about collaboratively completing Safety Plan

When completing each of the following 6 steps of the Safety Plan, the clinician collaboratively works with the Veteran to: (1) understand the reasons for each step, (2) brainstorm ideas, by asking the Veteran for suggestions or offering choices, to identify specific warning signs, coping strategies, or resources, and (3) ask for feedback to improve feasibility and remove barriers for each response. The Safety Plan is not simply a form to be filled out without involvement of the clinician.

Some Veterans can create a robust safety plan with many more interventions per section. The clinician can add these interventions to the note after finishing the template.

☑ View time requirement for safety planning

The time required for safety planning varies, but it is not meant to be a brief process. It generally takes 20-30 minutes or longer to complete a new Safety Plan; updating a Safety Plan may take less time but should still be thorough.

## Step 1: Triggers, Risk Factors and Warning Signs

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- View PURPOSE for Step 1
- View TIP for identifying specific vs. vague warning signs
- View TIP for identifying internal vs. external warning signs

**Ask** - "How will you know when you are in crisis and that the Safety Plan should be used? What are your personal red flags?"

Specific examples of warning signs:

- Thoughts; "I feel worthless." "I feel like a burden to my family." "It's hopeless; things won't change or get better." "There is no way out other than to kill myself."
- Having racing thoughts, thinking about many problems with no conclusions (feeling overwhelmed)
- Intense emotions: Feeling very depressed, anxious, angry, shame
- Physical sensations: Not sleeping, loss of appetite
- Behavior: Isolating self, pacing, giving things away, crying a lot, drinking more excessively or more than usual

1.

2.

3.

4.

5.

Click for additional information about the purpose of this step, introducing this step to the Veteran, and tips (see pg. 7).

Examples of warning signs as a starting point for conversation. Veteran's identified warning signs may be similar to or different from these examples.

Blank spaces to list the warning signs the Veteran and provider have identified collaboratively. There is space for 5 items in the template.

Explain purpose of Step 1 with the Veteran, to increase awareness of and investment in understanding personal warning signs.

View PURPOSE for Step 1

**Purpose:** Explain to the Veteran that it is important to identify and recognize specific warning signs when a crisis is occurring or escalating to remind the Veteran to use the Safety Plan. Identify specific thoughts, images, emotions, physical sensations, or behaviors that occur during crises and record them using the Veteran's own words. If the Veteran has described the suicidal crisis, you will already have a sense of the warning signs. If the Veteran is struggling to identify warning signs, you can help by making suggestions derived from the crisis narrative.

Note that triggers describe external life events that occur which may be associated with a crisis and warning signs generally indicate how the Veteran is reacting to these events. Risk factors are those clinical characteristics or experiences associated with imminent suicide risk.

Click the checkboxes to view tips on identifying specific vs. vague, and internal vs. external warning signs.

View TIP for identifying specific vs. vague warning signs

**TIP:** Given that warning signs serve as a reminder to use the Safety Plan, it is important that they are specific and not vague signs. Examples of vague signs are "thinking about the future," feeling upset, feeling out of it, and arguing. Work with the Veteran to identify vague signs and make them more specific.

View TIP for identifying internal vs. external warning signs

**TIP:** It is better to identify warning signs that are internal rather than external events. For example, if the Veteran identifies a financial set back as a warning sign, ask, "What could be your reaction to this set back that indicates you are experiencing a crisis?"

Review this step with the Veteran, reminding them that the presence of warning signs indicate a need to use the safety plan, moving next to Step 2.

**Review:** After warning signs have been identified, remind the Veteran that the presence of warning signs are an indication that the Safety Plan should be put into action. Explain that the plan should ordinarily be used in a stepwise fashion unless the Veteran needs emergency rescue.

## Step 2: Internal Coping Strategies

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Click for additional information about the purpose of this step, introducing this step to the Veteran, and tips (see pg. 9).

Prompts to elicit discussion of coping strategies.

Blank spaces to list the Veteran's identified coping strategies. There is space for 5 items in the note template.

Review this step with the Veteran, exploring and addressing possible barriers to using this step.

- View PURPOSE for Step 2
- View TIP for identifying specific vs. vague activities
- View TIP for endorsing productive distracting activities
- View TIP for creating Virtual Hope Box as coping strategy

**Ask -** What can you do, on your own, to help you to stay safe and not act on your suicidal thoughts or urges in the future? What have you done in the past to stay safe?

1.

2.

3.

4.

5.

**Review:** Assess the likelihood of using internal coping strategies and explore potential barriers for each response listed on the Safety Plan. Ask "How likely do you think you would be able to do this strategy during a time of crisis?" If doubt about use is expressed, ask, "What might stand in the way of you thinking of each of these activities or doing them if you think of them?" Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies.

Explain purpose of Step 2 with the Veteran, to identify simple strategies the Veteran can use to distract themselves from suicidal thoughts, without contacting another person.

View PURPOSE for Step 2

**Purpose:** Explain to the Veteran that the purpose of internal coping strategies is to help take the individual's mind off one's problems to prevent escalation of suicidal thoughts and prevent making a suicide attempt. The clinician should ask Veterans to identify specific behavioral activities that can serve as strong distractors to suicidal thinking without contacting another person. The warning signs identified in Step 1 do not have to be addressed specifically during this step. Engaging in problem solving or responding to specific thoughts is often challenging to do during a crisis. The best strategies here are simple, easy to absorb and use.

Click the checkboxes to view tips for identifying specific coping strategies and assessing safety/appropriateness of coping strategies.

View TIP for identifying specific vs. vague activities

**TIP:** Activities that are vague are less likely to be used or helpful than specific ones. For example, "watching a (specific) comedy show" is better than "watching television." Identifying activities that are meaningful, enjoyable, soothing or offer hope are helpful as long as they serve as effective distractors from one's problems.

View TIP for endorsing productive distracting activities

**TIP:** Do not endorse distracting activities that are likely to increase suicide risk such as "having a few drinks", "sharpening knives", "cleaning my firearms", etc.

For more information on using the Virtual Hope Box, visit <https://t2health.dcoe.mil/apps/virtual-hope-box> or <https://vaww.cmopnational.va.gov/CR/MentalHealth/Suicide%20Prevention/Safety%20Planning/Virtual%20Hope%20Box.docx>

View TIP for creating Virtual Hope Box as coping strategy

**TIP:** Consider sharing information or working with the Veteran to create a Virtual Hope Box as a coping strategy; you can find more information about Virtual Hope Box and how to install it on a smartphone here: [Virtual Hope Box](#)

Click for additional information about the purpose of this step and introducing this step to the Veteran (see pg. 11).

Prompt for asking about Veteran's social contacts who may serve as distractions.

If the Veteran can identify at least one social contact to list on the safety plan, select this button to expand. There is space for up to 6 contacts.

If Veteran declines to name any social contacts, you MUST select the box below – "Veteran describes a lack of social contacts."

Prompts for provider re: spaces/events that may serve as distractions.

Blank spaces to list events, groups, and places that the Veteran and the provider collaboratively identify as helpful distractions. There is space for up to 6 items (4 pictured).

### Step 3: Social Contacts Who May Distract from the Crisis

View PURPOSE for Step 3

**Ask -** Other than mental health providers and counselors, who can you contact who helps take your mind off your problems or helps you feel better?

Enter contacts here

Veteran describes a lack of social contacts.

**Ask -** What public places, groups, or social events help you feel better?

Examples of social settings include community events, beaches, parks, coffee shops, malls, churches, clubs, 12 step meetings, aftercare groups, support groups, Veterans organizations, Vet center social events.

View TIP on identifying specific vs. vague places

1.

Enter contacts here

2.

Name:   
Phone number:

Additional contact

3.

Name:

Phone number:

Additional contact

4.

Additional contact

Additional contact

5.

Additional contact

6.

Remind the Veteran that if Step 2 did not resolve the crisis, they should move on to Step 3. Explain purpose of Step 3 with the Veteran, identifying social contacts and places that provide distraction.

Click the checkbox to view tips about ensuring the likelihood of the Veteran to visit these places.

Review this step with the Veteran, exploring and addressing possible barriers to using this step.

View PURPOSE for Step 3

**Purpose:** Encourage engagement with people and social settings that provide distraction. Clinicians and formal health or mental health care providers should not be included in this Step. Remind the Veteran to use Step 3 if Step 2 does not resolve the crisis or lower risk.

If the Veteran does not want to reveal social contacts, it is okay to leave this section blank after discussion, but in such cases, the clinician must select the item at the bottom of this section stating that Veteran describes a lack of social contacts. Otherwise, this section will be considered incomplete.

The Veteran can also use a nickname or first name only for the contact(s) if he/she does not want to provide full names.

View TIP on identifying specific vs. vague places

**TIP:** Specific places should be identified rather than vague places. Be sure that the identified person or place does not increase suicide risk, such as going to the bar. Also, places that are readily accessible and frequently available are best. Social activities that require advanced planning are not typically helpful here.

**Review:** Assess likelihood that the Veteran will contact others or visit places or events listed during a crisis; identify potential barriers and resolve them. Ensure that listed places are ones that the Veteran would be willing to visit and believes they are likely to visit. Do not list places or events (such as AA meetings, church services, Vet center events) that Veteran has never visited in the past and that Veteran may have no real intent to visit but "sounds good" to the clinician.

Click for additional information about the purpose of this step, introducing this step to the Veteran, and tips (see pg. 13).

Prompts for provider re: asking about helpful contacts

If the Veteran can identify at least one supportive contact to list on the safety plan, select this button to expand. There is space for up to 6 contacts.

Enter the Veteran's helpful contacts, including phone numbers, into the blank spaces. Phone numbers should be listed so that they are easily accessible during a crisis, even if the Veteran says the numbers are already in their phone.

If Veteran declines to name any helpful contacts, you MUST select one or both boxes below as justification.

#### Step 4: Family Members or Friends Who May Offer Help

- View PURPOSE for Step 4
- View TIP for encouraging Veteran to share if willing
- View TIP for disclosure of no support

As with Step 3, nicknames or first names can be provided.

**Ask** - Who are friends or family members who should be included in your plan?

- Enter friends/family members here
- Veteran describes a lack of family or friends.
- Veteran chooses not to disclose distress to friends or family.

Enter friends/family members here

Name:   
Phone number:

Additional contact

Name:   
Phone number:

Additional contact

Additional contact

Additional contact

Additional contact

Remind the Veteran that if Step 3 did not resolve the crisis, they should move on to Step 4. Explain purpose of Step 4 with the Veteran, identifying people who can help resolve the crisis (as opposed to Step 3, people who serve as distractions from the crisis).

Click for tips for providers on how to facilitate this discussion, as well as interventions to consider if Veteran discloses having little/no support from friends/family

Review this step with the Veteran, exploring and addressing possible barriers to using this step.

View PURPOSE for Step 4

**Purpose:** Explain to the Veteran that the next step on the Safety Plan involves telling a family member or friend that he/she is in crisis and needs support. Instruct the Veteran to use Step 4 if Step 3 does not resolve the crisis or lower risk. Help the Veteran distinguish between individuals who are distractors (Step 3) and individuals who can help resolve the crisis.

If the Veteran does not want to reveal his/her distress to family members, it is okay to leave this section blank after discussion, but you must select one or both items at the bottom of this section stating that Veteran describes a lack of family or friends or chooses not to disclose distress to friends or family.

Otherwise, this section will be considered incomplete.

View TIP for encouraging Veteran to share if willing

**TIP:** This step is an opportunity to encourage Veteran to share their completed Safety Plan with trusted family and friends if they are so willing. The Veteran may ask family members or friends to use or follow the Safety Plan if they observe that the Veteran is in crisis.

View TIP for disclosure of no support

**TIP:** If the Veteran discloses having no friend/family support, then consider interventions to address social isolation or social skills, such as social skills training, peer support, intensive referral to mutual help, group therapy, behavioral activation, etc.

**Review:** Assess likelihood individual will engage in this step; identify potential obstacles and problem solve. If the Veteran expresses doubt about use of this step, role play and rehearsal may be useful.

Click for additional information about the purpose of this step and introducing this step to the Veteran.

Ask Veteran about professional supports he/she could contact in a crisis.

Blank spaces to list the Veteran's professional supports. At minimum, the provider completing the safety plan, and/or patient's primary MH provider, should be listed, if appropriate to their role.

Select the checkbox to enter additional contacts. There is space for up to 4 contacts.

### Step 5: Professionals and Agencies to Contact for Help

View PURPOSE for Step 5

This section should not be left blank; if the Veteran does not name any other professional contacts, list yourself as a provider to contact.

**Ask -** Who are the mental health professionals or professional peer supports who should be included in your plan?  
Please list the numbers you would call in the order you would call them.

Name:

Phone number:

- Additional contact
- Additional contact
- Additional contact

Inform/remind Veteran of 24/7 resources such as VCL, including text messaging and instant messaging, as well as 911 in an emergency.

Review local options for seeking emergency care, and list local ER/urgent care information here.

Enter local VA emergency numbers here.

Review this step with the Veteran, exploring and addressing possible barriers to using this step.

Veterans Crisis Line: 1 - 800 - 273 - TALK (8255), press 1  
Veterans Crisis Line Text Messaging Service: 838255  
Veterans Crisis Line: <https://www.veteranscrisisline.net/chat>

Call "911" in an emergency

If you need to go to an urgent care center or emergency room, where will you go?

Facility name:

Facility address:

City/State/Zip:

Facility phone number:

Local VA site-specific emergency numbers:

  

**Review:** Assess likelihood individual will engage in this step; identify potential barriers to seeking professional help or services and assist in problem solving these barriers. If the Veteran expresses doubt about use of this step, role play and rehearsal may be useful.

Click for additional information about the purpose of this step, introducing this step to the Veteran, and tips (see pg. 17).

Prompts for provider re: access to lethal means & safety

Blank space to list ways that the Veteran has identified of reducing, slowing, or eliminating their access to lethal means in their environment.

## Step 6: Making the Environment Safe

- View PURPOSE for Step 6
- View TIP for discussing lethal means
- View TIP for ensuring comprehensive discussion of lethal means

**Ask -** What items in your environment might you use to hurt yourself?

TIP: These may include weapons, firearms, drugs, medications, household toxins, alcohol or other potentially lethal items. If the Veteran has a plan for suicide, be sure to explore access to the means for that plan.

**Ask -** What can we do to make the environment safer?

TIP: Discuss ways of eliminating, reducing or slowing access to potentially harmful items.

Ways to make my environment safer and barriers I will use to protect myself from these other potentially lethal means:

Remind the Veteran that if Step 5 did not resolve the crisis, they should move on to Step 6. Explain purpose of Step 6, reducing access to lethal means so they are harder for the Veteran to access during a crisis. Relate back to earlier discussion of how crisis/suicidal thoughts can come and go (see page 2).

☑ View PURPOSE for Step 6

**Purpose:** Assess whether the Veteran has thought about a method or developed a specific plan to kill himself/herself and reduce access to all lethal means, regardless of Veteran's stated method(s)/plan(s). Determine the Veteran's access to any lethal means and collaborate with Veteran to find acceptable, voluntary options that reduce access to means and make the environment safer. Actions may include locking up or finding temporary offsite storage for excess medications, firearms, knives or other weapons. Explain to the Veteran that having ready access to lethal means places the Veteran at greater risk for suicide and does not allow enough time for the Veteran to use the coping strategies or sources of support listed on the Safety Plan.

Motivational interviewing principles and a Veteran-centric approach are helpful guides to this conversation. If reluctance is expressed, ask the Veteran to identify the pros and cons of having access to lethal means.

Planning barriers to access is a multi-step process and may include follow-up with the Veteran and/or a trusted person to confirm the plan was implemented.

☑ View TIP for discussing lethal means

**TIP:** When the Veteran declines to disclose ownership of lethal means explore their concerns. Reframe the clinical rationale and reassure Veteran that reducing access to means is a highly effective strategy to prevent suicide. Suicide attempts often occur impulsively and a delay in accessing means can provide the individual time to calm and apply the steps in their Safety Plan.

When the Veteran expresses that a firearm is necessary for self-protection, explore alternatives including alternative means of self-protection that cannot be used as a means for suicide.

☑ View TIP for ensuring comprehensive discussion of lethal means

**TIP:** Do not limit discussion of lethal object to the one Veteran identifies as most likely. Limiting access to any means immediately available is important even if Veteran states that they would never use that particular means.

Click for tips on how to frame the discussion around lethal means and ensure that the discussion is comprehensive.

The template includes questions about access to guns and opioids, because these are highly lethal methods for which VA can offer specific tools for safety.

Always ask about access to firearms, even if Veteran has not stated that as the preferred method. If yes, select "Yes" and additional questions will appear.

If firearm safety was not discussed, or a gunlock was not offered to the Veteran, a required text field will appear for you to list the reason why you did not discuss/offer them.

If no VA gun locks are available, select 'No' and write "No VA gun locks available."

**State:** VA has some tools to offer you [Veteran] if you have access to certain potential lethal means.

**Ask -** Do you have access to firearms?

No

Yes

**Do:** **Discuss** firearm safety with the Veteran, including:

- asking how firearms and ammunition are stored
- considering options for improving safe storage such as using gun locks and giving the key to a trusted friend/relative, removing the firing pin and giving to a trusted friend/relative, or temporary off-site storage of the firearm when feasible.

Firearm safety discussed with the Veteran:

Yes

No

Veteran offered a gunlock:

Yes

No

Reason: \*

Always ask about access to opioids, even if Veteran has not stated that as the preferred method. If yes, select "Yes" and additional questions will appear.

VA has patient educational materials available in English and Spanish, to provide education on opioid safety for patients with prescription opioids and for patients with opioid use disorders. Click the links in the template to access.

If opioid safety was not discussed, a required text field will appear for you to list the reason why it was not discussed.

If the patient has access to opioids, you should offer a naloxone prescription to the Veteran. If you are a prescriber, you may prescribe naloxone; if you are not a prescriber, notify their primary care provider.

Ask - Do you have access to opioids?

No

Yes

Do: Discuss opioid safety and provide education on overdose identification and naloxone reversal.

[Education for patients prescribed opioids \(English\)](#)

[Education for patients prescribed opioids \(Spanish\)](#)

[Education for patients with opioid use disorder \(English\)](#)

[Education for patients with opioid use disorder \(Spanish\)](#)

Did you discuss safety and provide overdose education with the Veteran including the use of naloxone?

Yes

No

Did you offer a naloxone prescription to the Veteran?

Yes and ordered naloxone prescription

Yes and provider notified of request for naloxone prescription

Yes and patient declined prescription

No; prescription not needed at this time

Explain why not: \*

The Veteran may need assistance from family or friends in helping keep safe from lethal means (e.g., a family member who may keep meds locked up). Ask the Veteran to identify the names and phone numbers of people who will help keep them safe from lethal means.

Document Veteran's current physical address, or select 'Veteran declines to share physical address.'

Ensure that the Veteran's physical address is also up-to-date in CPRS.

Review additional resources with the Veteran, including apps where the Veteran can enter the safety plan for convenient access

These are the people who will help me protect myself from having access to dangerous items:

Name:

Phone:

Additional name

Choose one below regarding current physical address:

Veteran's current, physical address:

Address: \*

City/State/Zip: \*

Please ensure the physical address is up-to-date in CPRS

Other Resources:

- My3 smartphone application (copy of Safety Plan on smartphone)
- Virtual Hope Box smartphone application (create a hope box to remember good things in one's life)
- Maketheconnection.net (source of Veteran-related resources and information)
- VetsPrevail.org (online therapy and/or chat with trained peer support; can access online or on smartphone)

Provide Veteran and/or Veteran's caregiver (if applicable) with a copy of the safety plan. This can be a copy of the CPRS progress note, the Veteran's handwritten copy, or a copy of the Safety Plan in any other format.

"Select "Yes to indicate a copy has been given, or "No" and a comment to explain if copy was not given.

If Veteran does not have a caregiver, select N/A.

Veteran may designate one or more persons whom the provider can contact if the Veteran cannot be reached and there is a concern about the Veteran's safety. This person may or may not be the same as the patient's emergency contact in CPRS. List names and phone numbers here, and inform the patient that he/she must sign a ROI for this contact.

If Veteran declines to designate a safety contact, you must select the button here.

Select 'Finish' to submit the note. If any questions were skipped, you will receive a pop-up informing you that a section was missed. Unfortunately, CPRS functionality does not currently allow us to add more detail into the pop-up boxes that display when items are not completed.

Veteran has been given a copy of this Safety Plan:

Yes  
 No

Caregiver (if Veteran provides permission) has been given a copy of this Safety Plan:

Yes  
 No  
 N/A (no caregiver)

**SAFETY CONTACTS**  
Explain to the Veteran that, in the event you are unable to reach the Veteran and are concerned about his/her safety, you would like to be able to contact someone who may be able to provide you with information about the Veteran's whereabouts/well-being. Ask the Veteran if he/she has a family member, friend, or other trusted person who he/she would allow you to call to enquire about his/her safety.

Provider may contact the following people to check on safety (include phone number):

Safety contact

Name:   
Phone:   
Release of Information on file:  Yes  No

Additional safety contact

Veteran declines to designate a Safety contact.

# SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE

Use this template to document review of the safety plan with no changes, or if Veteran declines to complete a Safety Plan.

If documenting a new safety plan, or if any changes are indicated upon review of the safety plan, use the SUICIDE PREVENTION SAFETY PLAN template (see pg. 3)

Select whether you are using the note to document refusal to complete a safety plan, or review of an existing safety plan with no changes indicated.

Reminder Dialog Template: Suicide Safety Plan Review/Decline

This note is intended for use in the two following situations:

- Veteran DECLINES offer to create a Safety Plan
- Reviewed and NO CHANGES needed to Safety Plan

Please choose below:

Veteran refused offer to complete a suicide prevention safety plan.

Veteran and clinician reviewed prior Safety Plan together; no changes indicated at this time

Visit Info      Finish      Cancel

# Documenting Refusal to Complete Safety Plan

Efforts should be made to encourage the Veteran to complete a safety plan, but if the Veteran refuses, select this button, and document the reason for refusal.

If the Veteran refuses to complete a safety plan, ask the Veteran about their current emergency contact. If the emergency contact needs to be updated, update this information in CPRS.

Document Veteran's current physical address, or select 'Veteran declines to share physical address.'

Please choose below:

Veteran refused offer to complete a suicide prevention safety plan.

Reason: \*

VA requires the completion of a Safety Plan for all Veterans flagged at high risk of suicide, and VA encourages the completion of Safety Plans for others as appropriate.

If Veteran refuses to complete a Safety Plan, you must ensure that the Veteran's emergency contact list in CPRS is up-to-date.

Emergency contact is complete and up-to-date in CPRS

Emergency contact needs to be updated in CPRS

Choose one below regarding current physical address:

Veteran's current, physical address:

Address: \* \_\_\_\_\_

City/State/Zip: \* \_\_\_\_\_

Veteran declines to share current physical address.

# Documenting Review of Existing Plan with No Changes

If an existing safety plan has been reviewed collaboratively with the Veteran, and no changes need to be made, select this option and enter the date of the existing safety plan. If changes need to be made upon review, do not use this note – use the SUICIDE PREVENTION SAFETY PLAN template instead.

Please choose below:

Veteran refused offer to complete a suicide prevention safety plan.

Veteran and clinician reviewed prior Safety Plan together; no changes indicated at this time

Date of current Safety Plan: \*01/15/2017 ...