

PIJ N°: \_\_\_\_\_

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YearMonth Day

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## THE SAFETY PLAN

**ARE YOU HAVING, OR DID YOU RECENTLY HAVE, THOUGHTS OF SUICIDE?  
IT'S IMPORTANT YOU TAKE THE NECESSARY STEPS TO KEEP YOURSELF SAFE.**

### A few basic tips:

- As much as possible, avoid or limit consumption of alcohol or other intoxicant substances;
- As much as possible, avoid situations of conflict and stress.
- Take time for relaxation and leisure activities;
- Surround yourself with people you trust;
- Ask for help as soon as it's needed; don't stay alone;
- Use the safety plan that you developed in collaboration with your caseworker or a significant adult.

### Step 1: My alarm signals

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### Step 2: My solo adaptation strategies

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### Step 3: My social strategies

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Family name: \_\_\_\_\_ First name: \_\_\_\_\_ PIJ N°: \_\_\_\_\_

#### Step 4: My resource people

First, last names: _____	Phone: _____
First, last names: _____	Phone: _____
First, last names: _____	Phone: _____
First, last names: _____	Phone: _____

#### Step 5: My specialists and professional resources to contact

Professional's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth help line:

- **TEL-JEUNES (bilingual):** Phone: 1-800-263-2266  
Text: 514-600-1002
- **KIDS HELP PHONE:** Phone: 1-800-668-6868  
Text: 686868

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Step 6: My steps to take to make my environment safe

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\_\_\_\_\_  
User's signature

\_\_\_\_\_  
PIJ no

Date: 20\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

\_\_\_\_\_  
Caseworker signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Permit no

Date: 20\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Year Month Day

#### Reference:

Adapted by CISSSME and reproduction authorized: *Association québécoise des infirmières et infirmiers en santé mentale.*

<https://aqiism.org/publications/prevention-et-gestion-des-conduites-suicidaires-en-milieu-hospitalier/generalites/references/> (bilingual reference list)