

Clinician Safety Plan

1. Pre-Visit Risk Assessment

Before each visit, assess potential risks and plan accordingly.
• Client's known safety risks (e.g., history of aggression, substance use, weapons in the home):
• Are there any recent incidents that increase safety concerns? ☐ Yes ☐ No
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If yes, describe:
Agency/Supervisor contact information:
Name: Phone:
• Visit scheduled during a safe time of day? ☐ Yes ☐ No
Identified exit routes before entering the home:

2. Safety During the Visit

 Where will you position yourself in the ro 	oom (e.g., near an exit)?
• Notable environmental cues (e.g., locked	d doors, presence of others, tension in the home):
• Strategies to de-escalate potential confl	icts:
• Plan for checking in with supervisor or co	olleague after visit:
3. Emergency Response Plan	
$ullet$ Phone is charged and accessible? \Box Yes	□ No
• Emergency contact number:	
Name:	Phone Number:
Name:	Phone Number:
• Immediate steps if feeling unsafe:	

emergency arises, call 911 and leave the premises. Who should be notified after?
cident documentation steps (when, where, and how to report concerns):