**Security Plan**

This is a template for a responsible manager to develop a signed agreement with a practitioner who has a relapsing mental or other illness.

Part 1 is worked out with the practitioner to identify early warning signs of illness.

Part 2 is given to close colleagues so that they know what to do if the illness recurs.

## **Using the template**

Use Word to increase the size of the boxes to fit your needs, to add or delete rows. Use the headings as they stand or re-word to suit the case circumstances. Put your own organisation logo and footer on the template if you wish but retain ‘confidential’ in the header.

To access embedded documents stored within this template you should first save the template document to a folder on your device and then re-open the stored document. Once the new copy of the template is open, you should be able to view embedded documents within it by clicking on the relevant icon.

More information about the use and structure of these templates is available by clicking on the document icon below:



### PART 1 – RELAPSE PREVENTION SIGNATURE

|  |  |
| --- | --- |
| Security plan made with  | [Practitioner’s name] |
| RELAPSE SIGNATURE |
| Mental and physical illnesses come in many forms, and everybody’s experience of illness is different. The term ‘relapse signature’ refers to the specific symptoms, thoughts, feelings and behaviours that you experience when you are becoming unwell. Recognising the ‘signature’ will give you time to get the help you need when you need it. |
| I know I am becoming unwell when: |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| STAYING WELL |
| It is now widely accepted that unwanted stress can contribute to illness, particularly mental illness, and therefore stress needs to be managed and limited. Identifying stressors is the first step to managing them. |
| My stressors are: |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| What I can do about them: |
| Delete this section if not relevantContributing factors for physical illness (note behaviours, activities, triggers and conditions that may exacerbate symptoms or contribute to the onset of an episode of illness). |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| What I can do about them: |
| IF ILLNESS RECURS |
| If I begin to feel unwell, I will: |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| Practitioner’s signature |  |
| Date |  |

### PART 2 – SECURITY PLAN HELD BY CLOSE COLLEAGUES OF:

|  |  |
| --- | --- |
| Name of practitioner | [Practitioner’s name] |
| RELAPSE INDICATORS |
| Brief description of the condition and indications that this person is experiencing its effects  |  |
| Important points to note |  |
| ALERTS |
| What might happen because of this condition? |  |
| Who should notice these signs? |  |
| Who should they notify/be in touch with? |  |
| ACTIONS TO BE TAKEN |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |
| --- |
| TRAINING RELATED TO THIS PLAN |
| Who needs to be trained? | Training topic(s) | Date completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Add/delete rows as required

|  |  |  |
| --- | --- | --- |
| Colleague(s)’ Name | Colleague(s)’ signature | Date |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |