

Crisis Management Plan

Keep this plan visible to use as a reference during a crisis

Instructions: Complete this plan with relevant personnel, such as family members, friends, health care staff, or team to help prepare for a potential crisis. It may be beneficial to consult with a primary care provider to review the plan, and provide recommendations.

Name: _____	Date: _____
Aim of the plan:	
Warning Signs	
Feelings or body signals indicating a crisis may be developing:	
Coping Strategies	
Things I can do before pre-crisis:	
Places	
Where to go for safety:	
Intervention Strategies	
Pre-Crisis:	
Triggering Phase:	
Escalation Phase:	
Crisis Threshold:	

Post-Crisis:

Contacts

Who I can reach out to when I need help:

Name	Phone Number	Address

Professionals or Emergency Services I can call in a crisis:

Provider Name	Contact Details

Post-Crisis Information

Date: _____

Additional Notes and Recommendations: