



Individualized Workplace Domestic Violence Safety Plan

Due to concerns related to a threat of violence, a safety plan has been developed for [staff name] and is to be applied in [his/her] current position as [job title]. The intent of the safety plan is to outline safety actions to increase worker safety. The content of this plan respects the privacy of [staff name] and will not be shared. However, necessary information regarding will be communicated to select staff as required so that the appropriate safety precautions can be implemented if required.

| Guideline | Individualized safety plan options | Notes/Action Taken: |
|--|--|---------------------|
| <p>Advise the victim to chronologically document all incidents including injuries, safety concerns, threats, and behaviours; previous, current and future.</p> <p>Discuss how the workplace leaders will support the employee.</p> | <ul style="list-style-type: none"> • Description of incidents • Dates, time and locations • Names and statements of witnesses • Person(s) the incident is reported to • Replies/responses of the abusive person • Injuries sustained • Complete a workplace incident report • Other | |
| <p>Provide information with respect to legal, counseling and other resources. Update as safety conditions change.</p> | <ul style="list-style-type: none"> • Supervisor • Employee/Family Assistance Program • Union Representative • Advocacy Group(s) • Police • Lawyer • Other • 2-1-1 government services • www.sheltersafe.ca • Transition House Association of Nova Scotia: http://thans.ca/ • Avalon sexual assault centre (Halifax): http://avaloncentre.ca/ | |

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|---|--|---------------------|
| Personal safety and security inside the workplace | <ul style="list-style-type: none"> • Move desk away from entrance and windows • Remove name from directories • Give unlisted phone number • Change email • Provide walkie talkie or other communication device • Is there a protection order (peace bond or restraining order) in place? • Is the workplace named? • Has a copy been requested? • Other | |
| Establish safe entrance and exit to and from car (Reviewing the employee's parking arrangement, escorting) | <ul style="list-style-type: none"> • Aware, alert and assertive while walking • If sensing hazardous situation, move quickly to area with more people • Change parking location, upgrade parking permit type to allow flexibility • Well-lit parking space, adjacent to an entrance • At night, enter by guarded access door • Parking space monitored by camera if available • Escort to and from vehicle • Travel by buddy system • Other | |
| Accommodate alternative work arrangements, e.g. schedule flexibility, change in start/finish time, relocation. etc. | <ul style="list-style-type: none"> • Change of work site • Change of shift • Change of department • Change office location • Other | |
| Establish safety by reviewing work e-mail, phone calls and social networking practices | <ul style="list-style-type: none"> • Change telephone extension • Phone with caller ID • Hang up for a threatening or undesirable call • Security to review recorded voice messages • Print threatening or unwanted e-mail messages, do not reply, notify supervisor • Change e-mail address • Filter undesirable e-mails • Remove name plate from door • Remove name and reference to location, including phone extension from workplace internet and intranet • Limit social networking • Other | |
| Notification of workers regarding the potential for violence in the workplace | <ul style="list-style-type: none"> • What employees and affiliates should be notified? • How will they be notified? • What safety precaution will be implemented if there is a threat (e.g. lockdown, hold & secure) • Confidentiality concerns / considerations of the victim and abuser • Share information on a 'need to know' basis • Other | |

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|---|--|---------------------|
| Develop response system if employee does not show for work | <ul style="list-style-type: none"> • Permission to call trusted person for unexpected absences, emergencies • Name and phone number of trusted friend or relative <hr/> <hr/> <hr/> | |
| If necessary screen for the abuser by providing a photo or description to workplace | <ul style="list-style-type: none"> • Assess areas/departments of the workplace for risk to employee or co-workers • Obtain a recent picture • Picture/description to specific department(s) • Picture/description to the entire workplace • Abuser car make/model • Other | |
| Recommended Personal Safety and Security outside the workplace | <ul style="list-style-type: none"> • Encouraged to develop a personal safety plan and emergency escape plan • Liaison with women's shelter and/or police • Car alarm device on key tag • Pre-programmed cell phone • Home alarm system • Community panic device • Close security • Other | |
| Set up regular meetings to review this plan. | Date 1 2-weeks _____ Date 2 1-month _____ Date 3 3-months _____ Date 4 6-months _____ Other _____ | |
| Any additional measure (please specific) | <ul style="list-style-type: none"> • Additional Security patrols of specific areas • Trespass notice to abuser • Department sign-in protocol • Limit discussion of workplace incident • Other | |

Employee signature

Date:

Supervisor's signature

Date: