****

**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:** |
| Advise the victim to chronologically document all incidents including injuries, safety concerns, threats, and behaviours; previous, current and future.  Discuss how the workplace leaders will support the employee. | * 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 * Compete a workplace incident report * Other |  |
| Provide information with respect to legal, counseling and other resources. Update as  safety conditions change. | * Supervisor * Employee/Family Assistance Program * Union Representative * Advocacy Group(s) * Police * Lawyer * Other * 2-1-1 government services * [www.sheltersafe.ca](http://www.sheltersafe.ca/) * Transition House Association of Nova Scotia:   <http://thans.ca/>   * Avalon sexual assault centre (Halifax): <http://avaloncentre.ca/> |  |

|  |  |  |
| --- | --- | --- |
| **Guideline** | **Individualized safety plan options** | **Notes/Action Taken:** |
| Personal safety and security inside the workplace | * 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) | * 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. | * 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 | * 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 | * 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 |  |

|  |  |  |
| --- | --- | --- |
| **Guideline** | **Individualized safety plan options** | **Notes/Action Taken:** |
| Develop response system if employee does not show for work | * Permission to call trusted person for unexpected absences, emergencies * Name and phone number of trusted friend or relative |  |
| If necessary screen for the abuser by providing a photo or description to workplace | * 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 | * 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) | * 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:

