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**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.*

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| **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
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| Provide information with respect to legal, counseling and other resources. Update assafety 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/>
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| **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
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| 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
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| 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
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| 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
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| 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
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| **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
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| 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
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| 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
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| 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
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Employee signature Date:

Supervisor’s signature Date:

