# INDIVIDUALIZED WORKPLACE DOMESTIC VIOLENCE SAFETY PLAN

**Staff Name: Supervisor Name:**

**Date Created:**

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| **Guideline** | **Individualized safety plan options** | **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 |  |
| Notes | |
| Provide information with respect to legal, counseling and other resources. Update as safety conditions change. | Supervisor  Human Resources / Occupational Safety  Employee Assistance Program  Union Representative  Advocacy Group(s) [www.neighboursfriendsandfamilies.ca](http://www.neighboursfriendsandfamilies.ca)  [www.makeitourbusiness.ca](http://www.makeitourbusiness.ca)  Police  Security  Lawyer  Other |  |
| Notes | |

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| Personal Safety and Security inside the workplace | Move her desk away from entrance and windows  Remove her name from directories  Give her unlisted phone number  Change email  Is there a restraining order in place?  Is the workplace named?  Has a copy been requested?  Other |  |
| Notes: | |
| 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  Escort to and from vehicle  Travel by buddy system  Other |  |
| Notes | |

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| **Guideline** | **Individualized safety plan options** | **Action Taken** |
| 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 |  |
| Notes | |
| 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 |  |
| Notes | |

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| Establish leave provisions that allow the employee to deal with legal issues, find housing, child care – and take time to heal. | Consult with Supervisor and Human Resources  Permission for a workplace liaison to call victim regularly while on leave  Name of liaison \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flexibility in scheduling to deal with personal matters  Other |  |
| Notes | |
| Develop response system if employee does not show for work | Permission for leader to call trusted person for unexpected absences  Name and phone number of trusted friend or relative  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other |  |
| Notes | |
| Notification of workers regarding the potential for violence in the workplace | What employees and affiliates should be notified?  How will they be notified?  Confidentiality concerns / considerations of the victim and abuser  Share information on a ‘needs to know’ basis  Other |  |
| Notes | |

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| **Guideline** | **Individualized safety plan options** | **Action Taken** |
| If necessary screen for the abuser by providing a photo or description to Security | Assess areas/departments of the workplace for risk to employee or co-workers  Obtain a recent picture  Picture/description to security only  Picture/description to security and specific department(s)  Picture/description to the entire workplace  Other |  |
| Notes | |
| Personal Safety and Security outside the workplace | Liaison with women’s shelter and/or police  Un-monitored screamer alarm  Car alarm device on key tag  Pre-programmed cell phone  Home alarm system  Community panic device  Close security  Other |  |
| Notes | |

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| **Guideline** | **Individualized safety plan options** | **Action Taken** |
| Set up regular meetings to review. **Notify your leader if safety concerns escalate!** | Date 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Notes | |
| 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 |  |
| Notes | |

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Employee signature Date Supervisor’s signature Date