# 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 incidentsDates, time and locationsNames and statements of witnessesPerson(s) the incident is reported toReplies / responses of the abusive personInjuries sustainedCompete a workplace incident reportOther |  |
| Notes |
| Provide information with respect to legal, counseling and other resources. Update as safety conditions change. | SupervisorHuman Resources / Occupational SafetyEmployee Assistance ProgramUnion RepresentativeAdvocacy Group(s) [www.neighboursfriendsandfamilies.ca](http://www.neighboursfriendsandfamilies.ca)[www.makeitourbusiness.ca](http://www.makeitourbusiness.ca) PoliceSecurityLawyerOther |  |
| Notes |

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| **Guideline** | **Individualized safety plan options** | **Action Taken** |
| Personal Safety and Security inside the workplace | Move her desk away from entrance and windowsRemove her name from directoriesGive her unlisted phone numberChange 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 walkingIf sensing hazardous situation, move quickly to area with more peopleChange parking location, upgrade parking permit type to allow flexibilityWell lit parking space, adjacent to an entranceAt night, enter by guarded access doorParking space monitored by camera Escort to and from vehicle Travel by buddy systemOther |  |
| 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 extensionPhone with caller IDHang up for a threatening or undesirable callSecurity to review recorded voice messagesPrint threatening or unwanted e-mail messages, do not reply, notify supervisorChange e-mail addressFilter undesirable e-mailsRemove name plate from doorRemove name and reference to location, including phone extension from workplace internet and intranetLimit social networking Other |  |
| Notes |
| Accommodate alternative work arrangements, e.g. schedule flexibility, change in start/finish time, relocation. etc. | Change of work siteChange of shiftChange of departmentChange office locationOther |  |
| Notes |

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| **Guideline** | **Individualized safety plan options** | **Action Taken** |
| 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 ResourcesPermission for a workplace liaison to call victim regularly while on leaveName of liaison \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Flexibility in scheduling to deal with personal mattersOther |  |
| Notes |
| Develop response system if employee does not show for work | Permission for leader to call trusted person for unexpected absencesName and phone number of trusted friend or relativeName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 abuserShare information on a ‘needs to know’ basisOther |  |
| 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-workersObtain a recent picturePicture/description to security onlyPicture/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 policeUn-monitored screamer alarmCar alarm device on key tagPre-programmed cell phoneHome alarm systemCommunity panic deviceClose securityOther |  |
| 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 areasTrespass notice to abuserDepartment sign-in protocolLimit discussion of workplace incidentOther |  |
| Notes |

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Employee signature Date Supervisor’s signature Date