

Domestic Violence Safety Plan

Template by Public Services Health
and Safety Association (PSHSA)



PSHSA.ca

Public Services Health
& Safety Association

Dear _____,

To best support the employee in question and ensure their safety, it is strongly recommended that individuals involved in the creation of the safety plan be trained on specific protocols and strategies. This training will better equip those involved in making informed decisions and responding appropriately in high-risk situations.

It is also crucial to prioritize preplanning for critical events. Staff should be trained on how to respond in emergencies, particularly situations involving a high-risk partner gaining access to the workplace. Ensuring that everyone is familiar with the emergency protocols, and keeping this training up-to-date, is essential in preventing further harm. Training programs can help ensure that staff have the basic skills and knowledge needed in these high-risk situations.

One prevention method to consider is a Crime Prevention Through Environmental Design (CPTED) assessment. This assessment helps identify environmental elements that could potentially increase risk, such as overgrown shrubs, poor lighting, or lack of natural surveillance. Local police services can typically conduct these assessments and offer recommendations to improve safety within the workplace environment.

Lastly, it is important that, if a high-risk situation is identified, a full risk assessment and safety plan be conducted by a community partner to ensure that appropriate measures are taken. The safety plan should be regularly reviewed and modified as necessary to address the evolving needs of the employee and their circumstances.

By ensuring that the safety plan is developed with a comprehensive approach and that those involved are properly trained, you will be better positioned to protect the safety and well-being of the employee while fostering a supportive and safe work environment.

Thank you for your attention to these important matters. Please don't hesitate to reach out for additional guidance or support.

Purpose Of The Domestic Violence Safety Plan

The purpose of this domestic violence safety plan is to prioritize and ensure your safety in a supportive, non-judgmental, and empathetic environment. Our primary goal is to take steps that increase your safety, both in and outside of the workplace, and to empower you to make informed decisions about the steps that feel right for you.

We recognize that disclosing your experience can be difficult, and we want to ensure that you feel in control of this process. You only need to share what you feel comfortable and safe discussing. We will listen to your concerns, and we encourage you to speak openly about whatever you feel ready to share. This plan is developed in response to behaviors and circumstances that have raised concerns about your safety, and it is tailored to address those specific risks.

We understand the importance of confidentiality in this process, and we are committed to protecting your privacy. We are here to help you by providing the necessary tools and resources to reduce risk, including exploring options like crime prevention assessments, training for staff, and consulting with law enforcement or specialized services.

If police involvement is part of your safety plan, we will respect your wishes and ensure that you are fully informed of the process. Our goal is not to react to events, but to proactively plan and implement measures to prevent harm. We are here to assist with accessing resources, provide necessary support, and ensure that all actions taken are aimed at increasing your safety and well-being. You are not alone in this process, and we are here to support you every step of the way.

Workplace Domestic Violence Safety Plan

Date of Implementation:	Date of Follow-up Meeting:
Date of Revisions:	Person Supporting Plan Development:
Employer Signature:	Employee Signature:

EMPLOYEE INFORMATION		
Name:	Work Phone Number:	Personal Number:
Health Card #:	Work Email:	Personal Email:
Licence Plate:	Work Location:	Address:

Important Details	Yes/No	Comments
Could you please share the nature of your relationship with the individual of concern? Only share what you feel comfortable.	Yes No	
Is there a restraining order or any legal conditions in place related to the person of concern?	Yes No	
If so, do these conditions affect their access to the workplace? Please share any details you feel comfortable with sharing.		
Has the person of concern impacted your ability to get to work or caused any challenges for you in the workplace? Please share any details you feel comfortable providing.	Yes No	

EMERGENCY CONTACTS

Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:
Relationship:	Relationship:	Relationship:
Do you have children or family members that need to be notified in the event of an incident?		Yes No
Please provide details:		

SUPERVISOR/MANAGER INFORMATION

Name:	Name:
Best Contact Method:	Best Contact Method:
Phone Number:	Phone Number:
Work Email:	Work Email:

PERSONAL SAFETY PLAN		
Communications	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel most comfortable with to help keep you safe if the person you're concerned about tries to contact you by phone?	Change the employee's telephone number/extension Provide the employee with caller ID Redirect phone calls for screening Hang up on threatening calls Document the contact and share information with a designated person Other	
What actions would you feel most comfortable with to help keep you safe if the person you're concerned about tries to contact you by email or sends threatening messages?	Change email address Have someone filter emails Set up an auto filter for unknown addresses Block the offender's email Print any abusive emails that come through Other	
What steps would you feel comfortable with us taking to help prevent the person you're concerned about from accessing information about you online?	Remove the employee's name and contact information from company websites Do not include the employee's name, information or images on any social media postings Ask employees not to post or share any information regarding the employee Other	

PERSONAL SAFETY PLAN		
Communications	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel comfortable with us taking to help keep you safe if the person you're concerned about contacts co-workers requesting information?	Ask if they can take a message Say they are unable to give any employee information Notify Security Survivor should be notified immediately Print any emails/save phone messages Hang up Other	
What actions would you feel most comfortable with us taking to help keep you safe if the person you're concerned about shows up on the property requesting information?	Say they are unable to give any employee information Survivor should be notified immediately Call security Call police Other	
Entering/Exiting the Workplace	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel most comfortable with us taking to help ensure your safety while traveling to and from work?	Notify a co-worker or employee when you are leaving. If you are being followed by the person causing harm, call the police. Sit at the front of the bus Drive in with a co-worker Walk with a friend Vary the routes taken to work Other	

PERSONAL SAFETY PLAN		
Entering/Exiting the Workplace	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel most comfortable with us taking to help ensure your safety when arriving at and leaving the workplace?	<p>Notify a co-worker that you are arriving and have them meet you at a prearranged location.</p> <p>Park near the entrance</p> <p>Change regular parking spots</p> <p>Have security escort you to the building</p> <p>Provide a parking space monitored by surveillance</p> <p>Ensure the parking lot is well lit/provide additional lighting</p> <p>Ensure vehicle door and windows are closed and locked</p> <p>Have a co-worker meet you at the bus stop</p> <p>When leaving have security stay with you until the car is checked inside and out.</p> <p>Other</p>	

PERSONAL SAFETY PLAN		
Security Measures	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
There are several security measures we can consider to help reduce the chances of the person of concern gaining access to the building. What actions or precautions would you feel most comfortable with to help increase your safety?	<p>Notify police in advance of a high-risk situation and request the building be flagged. <i>(This can ensure that priority will be given if the police are called in an emergency and the responding officers will have necessary information before they arrive.)</i></p> <p>Doors remain locked</p> <p>The front entrance has swipe card access</p> <p>The front entrance has security</p> <p>The front entrance is controlled by office staff</p> <p>Calling police</p> <p>Other</p>	
What actions would you feel comfortable with us taking to help protect your privacy and prevent the person you're concerned about from knowing your location in the building?	<p>Remove any identification from doors, directories or desks</p> <p>Moving the employee's workstations away from windows or areas visible to the public</p> <p>Other</p>	
What actions would you feel most comfortable with us taking to help ensure your safety when working alone or in an isolated area?	<p>Avoid stairwells, basements, elevators, and poorly lit areas unless accompanied by a co-worker or security.</p> <p>Communication method to contact others (panic buttons, alarm at desk, radios.)</p>	

PERSONAL SAFETY PLAN		
Security Measures	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel most comfortable with us taking to help increase your safety if you are working remotely or feel more vulnerable in certain situations?	Have a code word or action indicating you need help Have crisis line websites available on work computers Have the option of working at the office/around others Guide tech safety Consult with internal IT regarding additional security measures Other	
What actions would you feel most comfortable with us taking to help increase your safety if the person you're concerned about enters the workplace?	Have a safe room available with means to summon help Panic button Preprogrammed phone to security/911 Implement lockdown procedures Other	
What actions would you feel most comfortable with us taking to help ensure your safety if the person you're concerned about works at this workplace?	Change work locations, departments, offices or shifts Ensure the person causing harm is not in a position of authority or able to influence the survivor's career Ensure the person causing harm can not access work emails, personal records Minimize contact with an offender while at work Offer both employees referrals Other	

PERSONAL SAFETY PLAN		
Check-in Protocols	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What actions would you feel most comfortable with us taking to help ensure your safety if you or your partner have called you in sick?	Have a supervisor make any calls to check-in on the employee (the supervisor making any calls should have received training in advance) Have a code word or phrase to indicate you need help Other	
What actions would you feel most comfortable with us taking to help ensure your safety if you are not able to arrive at work on time?	Have a supervisor make any calls to check-in on the employee (the supervisor making any calls should have received training in advance) Call the employee's emergency contacts Other	
Supports/Leave Provisions	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
What support would be most helpful for us to provide you during your work hours to ensure your safety and well-being?	Flexible work schedule Time during working hours to seek services such as legal, medical, and financial aid Support requesting short-term disability Other	

PERSONAL SAFETY PLAN		
Supports/Leave Provisions	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
We recognize that having someone with specialized training to talk to during stressful times can provide support. If you feel this would be helpful, would any of the following options be beneficial to you?	Providing a list of shelters and help services Assisting with calling shelters and services Provide time during working hours to make contact EFAP Other	
Do you have a safe place to go if you feel your home is unsafe, such as a friend or family member's house, or a women's shelter? If you would like, we can support you by:	Storing a bag with emergency supplies at the workplace (clothes, important documents, personal items for you and your children? Provide the name and contact information of the person you would stay with Other	
As part of your safety planning, it's important to keep your plan in a secure place where the person causing you harm cannot find it. Where would you feel comfortable storing your safety plan to ensure it remains safe and private?	Setting up a secure filing space to keep any documents related to the safety plan Setting up a secured password-protected electronic filing system Requesting the employer keep the safety plan Other	

PERSONAL SAFETY PLAN		
Supports/Leave Provisions	Suggested Actions (check chosen actions)	Comments (Identify specific employees or departments responsible for each task and any other important details)
There are many services available that can support you, assist with practical needs (like caring for pets), and help you make decisions (such as connecting with lawyers or advocates). Would you like assistance in accessing any of these resources? If so, are there specific services you would like more information about?	Shelters and domestic violence resource centers Legal Aid/Financial Resources Support groups Counselling Crisis lines Police Housing Movers Care for pets Employee Assistance Program Internal Resources Other	

PERSON OF CONCERN'S IDENTIFICATION INFORMATION		
Personal Information	Yes/No	Comments
<p>To create an effective safety plan, any information you feel comfortable sharing about the person involved may help us better support your safety. Would it be all-right if we asked a few questions to assist with identification and planning?</p> <p>If no, do not proceed with the following questions in this section.</p>	Yes No	
Does the individual you are concerned about reside near your workplace?	Yes No	

PERSON OF CONCERN'S IDENTIFICATION INFORMATION		
Personal Information	Yes/No	Comments
Does the person you're concerned about work with you? If so, could you share what the working relationship is like and whether there is regular contact during the day?	Yes No	
Are you aware if the person you're concerned about has access to firearms or other weapons?	Yes No	
Are you aware of any concerns related to substance use by the person you're concerned about?	Yes No	
Could you share a physical description of the person you're concerned about? (<i>For example: height, complexion, build, age, or any defining features.</i>)	Yes No	
If you feel comfortable, would you be willing to provide a picture to help with identification?		
CONFIDENTIALITY & CONSENT TO DISCLOSE		
Disclosure Protocol	Yes/No	Comments
If a picture of the person you're concerned about has been provided, do you feel comfortable with it being shared?	Yes No	
If so, who would you like the image to be shared with (e.g., supervisor, HR, security, immediate team, specific employees, or others)?		

CONFIDENTIALITY & CONSENT TO DISCLOSE		
Disclosure Protocol	Yes/No	Comments
Do you feel comfortable with the information in this safety plan being shared? If so, who would you like to have access to the details?	Yes No	
Are there any parts of the safety plan that you would prefer to keep confidential?	Yes No	

Sources

We would like to extend our gratitude to Community Resource and Education for Violence Against Women and Children (CREVWAC) for their invaluable guidance and input in reviewing this domestic violence safety plan checklist.

[Individualized Safety Plan FINAL-ENGLISH.pdf \(toolkitnb.ca\)](#)

[Resource Safety-Planning-What-to-do-to-support-Safety-Plan-template.pdf \(omnihrc.com\)](#)

[Addressing Domestic Violence in the Workplace: A Handbook for Employers Outside of B.C. | WorkSafeBC make it our business individualized safety plan template.docx \(live.com\)](#)

[Creating a Safety Plan - A booklet designed to provide women with strategies to increase their safety in abusive relationships \(gov.bc.ca\)](#)

[Resources - CLEO \(Community Legal Education Ontario / Éducation juridique communautaire Ontario\)](#)

[Workplace Safety Plan – Center for Relationship Abuse Awareness & Action \(stoprelationshipabuse.org\)](#)

[201014 Safety Planning Template En.pdf \(dvtwork.ca\)](#)

[Workplace Violence Prevention Series: What Employers Need to Know / A Toolbox \(mcinnescooper.com\)](#)