



**Deactivation**

Date: \_\_\_\_\_  
 Statement attached \_\_\_Y \_\_\_N  
 DHS/RPD or designate initials: \_\_\_\_\_

**PERSON OF INTEREST SAFETY PLAN**

<b>Initial disclosure date/location:</b> _____ <b>Disclosure meeting attendees:</b> _____
<b>Interviewer:</b> _____ <b>Person(s) at Risk:</b> _____ <b>Manager/Supervisor (include title):</b> _____ <b>Person(s) at Risk Position (if client write client in this field):</b> _____ <b>Person(s) at Risk Department/Location (if client write room number/bed number/ward or address if community client):</b> _____
<b>Person of Interest (POI)</b>
<b>POI Name:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Picture Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <b>Language Spoken/Understood:</b> _____ <b>Height:</b> _____ <b>Weight:</b> _____ <b>Hair Color:</b> _____ <b>Eye Color:</b> _____ <b>Glasses:</b> _____ <b>Tattoo/Scars/Piercing and their locations and/or other identifying details:</b> _____
<b>Is the POI:</b> <input type="checkbox"/> Southern Health-Santé Sud Employee <input type="checkbox"/> Current <input type="checkbox"/> Former - Site/Position: _____ <input type="checkbox"/> Associated with Person at Risk <input type="checkbox"/> Client <input type="checkbox"/> Associated with Client <input type="checkbox"/> Other (details): _____ <b>RCMP/Police Contacted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>By whom?:</b> _____ <b>Date:</b> _____
<b>No Contact</b> <b>Order Issued:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date issued:</b> _____ <input type="checkbox"/> Active <input type="checkbox"/> Not Active <input type="checkbox"/> Unknown
<b>Does the POI know details of your work schedule and location of work site/office? (employee)</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>Does the POI know you are in this Site and the predicted length of your stay? (Client)</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>Does the POI know your home address and usual times and days you are home? (Community Client)</b> <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

**Examples of Interview questions:**

1. Have there been threats made towards to you, your family members or co-workers (current and previous occupation)?
2. How were these threats delivered? (Verbally in person, social media, email, via telephone, etc...)
3. When were these threats made?
4. What were the circumstances surrounding these threats? (Under the influence of street/prescription drugs or alcohol, during a break-up of a relationship, etc...)
5. Other than family, are there other people aware of threats made against you?
6. If there are others who are aware of these threats how are they associated to you and how do they know of these threats? (Witness, you or someone else told them, they told you, etc...)
7. Has there been any contact made with you, friends or family members through social media (Facebook, Twitter, e-mail etc.)?
8. Do you feel safe in the public view? (Street, restaurants, mall, etc...)
9. When was your last contact? Were there threats made at that time? Is so, describe?
10. Do you have a recent picture of the POI?
11. Have you attended one of the regions violence prevention programs? (RAM, 9/10<sup>th</sup>'s, VPP) When did you attend this training? (If employee)
12. Have you been offered EAP services through work? Are you interested? ( If employee)
13. What is your schedule? Days of the week? Hours of work (start and end times, breaks)? (If employee)
14. Have you sought counseling services? (If client)
15. Do you know the predicted length of your stay in this Site? If so, what is it? (If client)

<b>Details of Event (a written statement from the Person(s) at Risk is required) must be signed and dated.</b>


**Signature of Person(s) at Risk:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Or parent/guardian/substitute decision maker if applicable)**

**Signature of Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Plan points to consider:**

- Investigate site entry points including all access by the public. Determine controlling access points to central locations where reception personnel are present.
- Based on severity of the situation and operation requirements, consider a change of work schedule (times of work): (Requires manager and union approval)
- Park in well lit and public area.
- Escort to/out of Site to car.
- Availability of staff to escort to/from vehicle?
- Keep keys in hand and use if confronted.
- Suggest a personal alarm/key fob (at expense of Person at Risk).
- Contact police immediately if threatened.
- Speed dial access on personal and work phone to police
- Inform others not to provide any information on about Person at Risk.

**Specific POI Safety Plan Details: (Transfer details to Safe Workplace Notification Guide)**


**If possible, include picture of the POI here. (Transfer details to Safe Workplace Notification Guide)**

Safe Workplace Notification Guide

Identify locations: check off as appropriate

Reception area

Provided

Retrieved

Administration

Provided

Retrieved

Nursing Station

Provided

Retrieved

Nursing Station

Provided

Retrieved

Nursing Station

Provided

Retrieved

Identify other Departments provided a copy

Provided

Retrieved

Provided

Retrieved

Provided

Retrieved

Insert Picture here

**SAFE WORKPLACE NOTIFICATION GUIDE** for (ie Reception) \_\_\_\_\_

<b>Date of this Notification</b>									
<b>Person(s) at Risk:</b>									
<b>Identify whether staff, client or visitor</b>									
<b>Likely times Person(s) at Risk will be in Site</b>									
<b>Manager/Supervisor (include title):</b>									
<b>Who to notify if POI is present:</b>									
<b>Person of Interest (POI)</b>									
<b>POI Name:</b>						<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Picture Available:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached		<b>Language Spoken/Understood</b>					
<b>Height:</b>		<b>Weight:</b>		<b>Hair Color:</b>		<b>Eye Color:</b>		<b>Glasses:</b>	
<b>Tattoo/Scars/Piercing and their locations and/or other identifying details:</b>									
<input type="checkbox"/> Southern Health-Santé Sud Employee <input type="checkbox"/> Current <input type="checkbox"/> Former – Site & Position: _____									
Associated with Person at Risk <input type="checkbox"/> Client <input type="checkbox"/> Associated with Client <input type="checkbox"/> Other (details)									
<b>RCMP/Police Contacted:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No   By whom?:			<b>Date/Time:</b>				
<b>Specific POI Safety Plan Details:</b>									