

Tour for Safety

Name of Facility: _____ **Date:** _____

Conducted By: _____

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Discussion/Ac</u>
Physical Environment			
<u>Emergencies:</u>			
<ul style="list-style-type: none"> • Do Emergency Protocols exist? <ul style="list-style-type: none"> • Are they available for all staff to easily refer to? • Have they been tested/run through? • Do the protocols have fail-safe mechanisms and backup plans? • Who/are the backup, or on-call staff to contact for additional assistance? • Other: 			
<u>Inside Facility:</u>			
<ul style="list-style-type: none"> • How adequate is the lighting? • Is there emergency lighting? • Is there a non-breakable glass area? • Are there items that could be used as weapons (ie: coat racks, plants, chairs, tables, TVs, etc)? • Is there a “safe haven” for staff? • Is there a phone in a safe, secure area? • Is phone pre-programmed for 911? • Is there a warning system (ie: panic buttons, etc)? • Do people carry cell phones? • Are there locks on windows/doors? • Are there spare keys to locks on doors? • Other: 			
<u>Outside of Facility:</u>			
<ul style="list-style-type: none"> • How adequate is the lighting? • Are there entrances off the main street? • Is there a perimeter/boundary around the facility? • Other: 			
<u>Entrances/Exits:</u>			
<ul style="list-style-type: none"> • How many doors are available for entrance? <ul style="list-style-type: none"> ○ Are they locked? ○ Does someone have to come and let you in? ○ Are entrances monitored in some way? • How many doors are available for exits? <ul style="list-style-type: none"> ○ Are stairwells locked? ○ Other: 			
<u>Security Measures:</u>			
<ul style="list-style-type: none"> • Are there mirrors at bends in hallways, stairwells, doors, 			

<p>etc?</p> <ul style="list-style-type: none"> • Are there safety cameras recording? • Do you have special safety equipment such as metal detectors/wands, etc? • Other: 			
Policy & Procedures			
<p>Do you have:</p> <ol style="list-style-type: none"> 1. Screening for a history of aggressive behavior at time intake to the facility 2. Rules regarding weapons in the facility 3. Rules around what can/can not be brought into the facility. 4. Rules regarding aggressive behavior in the facility 5. Screening/Searching individuals for weapons upon entering the facility 6. Screening/Searching individuals for weapons returning from the community 7. Criteria around discharging an individual from facility due to weapons 8. Criteria around discharging an individual from a shelter due to aggressive behavior 9. Providing shelter to persons under the influence of alcohol/substances 10. Policies regarding visitors at your facility 11. Crisis intervention plan (ie: responding to a violent incident, who runs the process) 12. Parameters for calling the police 13. Parameters for calling Mobile Crisis for mental health evaluation/intervention 14. Process for reviewing safety incidents 15. Do you have safety guards at your facility? <ol style="list-style-type: none"> a. If yes, how many? _____ b. During what time of day? _____ c. Are they contracted security guards? 			

<p>d. Do they circulate throughout the site? e. Do they involve themselves in crisis situations?</p> <p>15. Does your shelter know the local precinct (police) supervisor?</p> <p>17. Do you have residential overnight staff?</p> <p>18. Do you have a list of persons that absolutely can not return to your facility? How is this communicated across all staff? Is it practiced consistently?</p> <p>19. Other:</p>			
Staff Training/Knowledge			
<p>Does your staff get education/training regarding the following areas that would influence aggressive behavior?</p> <ol style="list-style-type: none"> 1. Individual's Medical Factors 2. Individual's Mental Illness 3. Individual's Non- adherence to prescribed medication 4. Individual's Substance Use 5. Individual's Developmental Factors/IQ level 6. Individual's Past History of Victimization 7. Individual's Poverty/Lack of Basic Necessities 8. Individual's Grief/Loss/ Relationship Problems 9. Individual's Unemployment 10. Individual's Personality Factors/ Impulsive Behavior 11. Individual's History of Aggressive Behavior 12. Individual's Gang Involvement/Activity 13. Physical space of the residence/facility: (ie: crowds, temperature, etc) 14. Staffing ratios at the residence 15. General Safety Awareness 16. Managing an Aggressive Individual 17. Verbal De-Escalation 18. Violence Prevention 19. Stages of Crisis and Crisis Interventions 			

<p>20. Physical Interventions and/or Physical Restraint</p> <p>21. Other:</p>			
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Summary	Discussion/Action
<p>What are items you are interested in to improve the environmental safety of your facility?</p> <p><input type="checkbox"/> Indoor and/or Outdoor Lights/Light bulbs</p> <p><input type="checkbox"/> Phones/Cell phones</p> <p><input type="checkbox"/> Security Items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> locks <input type="checkbox"/> panic buttons <input type="checkbox"/> door buzzers <input type="checkbox"/> intercom systems <input type="checkbox"/> cameras <input type="checkbox"/> mirrors for hallways <input type="checkbox"/> unbreakable glass areas <input type="checkbox"/> safety wands, etc. <input type="checkbox"/> other: _____ <p><input type="checkbox"/> Smoke Detectors</p> <p><input type="checkbox"/> Carbon Monoxide Detectors</p> <p><input type="checkbox"/> Window Coverings</p> <p><input type="checkbox"/> Light Bulbs</p> <p><input type="checkbox"/> Construction Projects</p> <p style="padding-left: 20px;">Please specify:</p> <p><input type="checkbox"/> Other: _____</p> <p>Do you have finances to make these changes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No:</p>	

Are there policies/procedures that you would like to review/revise?	
Are there training topics you are interested in providing for staff?	