Creating a Safer Organization:

Report on the AIDS Committee of Ottawa's

Safety Audit

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Table of Contents

1. INTRODUCTION

The AIDS Committee of Ottawa (ACO) is a not-for-profit, community based organization that began in 1985. It provides free, confidential services for people living with HIV/AIDS in the Ottawa Area. ACO is governed by a volunteer Board and currently has 12 Directors, 17 staff members, including full-time, part-time, and contract staff, and over 100 volunteers who work together to educate, provide outreach and advocacy, and other services. The ACO serves a very diverse clientele including gay men and men who have sex with men, persons who use substances, members of Ottawa's African and Caribbean communities, women and transgendered persons.

The ACO contracted METRAC to assist the agency to lead a workplace safety audit as part of an effort to engage its members, volunteers, Board Directors and staff to address both the physical and social safety issues at the organization. The goals of the safety audit are:

1. To facilitate a participatory and inclusive process in training and supporting staff, volunteers, Board members and other stakeholders to lead a safety audit of the workplace;
2. To recommend changes to the social and physical safety environments aimed at increasing safety for staff, clients, members and volunteers, while reducing opportunities for multiple forms of violence.

METRAC's approach to safety is unique in that we use a participatory model. We believe that people who work, live and use a space are the "safety experts" of that area and so have the greatest understanding of any safety concerns. Thus, members, clients, volunteers, and staff were invited to participate in the safety audit.

To meet the stated goals, METRAC completed the following activities:

1. Background Research:
a. Met with members of ACO's management team to discuss audit's goals and activities.
b. Developed a work plan.
c. Reviewed safety-related policies and procedures (incomplete).

2. Data Collection:
a. Designed and administered a survey that was made available in both English and French, in paper copy and on-line.
b. Held four focus group discussions with staff, volunteers, Board Directors and managers.

3. Safety Audit Training and Walkabout:
a. Customized safety audit tool for use by the AIDS Committee of Ottawa.
b. Trained 22 persons as Safety Audit Leaders.
c. Supported Safety Audit Leaders in a walkabout at the worksite (interior and exterior).

4. Final Comprehensive Report
a. Prepared Final Report for submission to managers.
b. Submitted revised final report by January 25, 2013**.**

2. BACKGROUND

Workplace violence has become a growing concern across Canada. Statistics Canada (2003) found that 17% of all incidents of violent victimization, namely physical assault, sexual assault and robbery, occur at workplaces. Across Canada, 20% of workers report experiencing violence while at work. Statistics Canada (2004) also reports that men are more likely to experience violence in the workplace than women and are more likely to sustain physical injuries. Statistics Canada (2004) shows that 20% of women are likely to report incidents of violence compared to 57% of men. The majority of these incidents, 71%, were physical assaults.

In 2010, the province of Ontario amended its Occupational Health and Safety Act to include workplace violence as an occupational hazard. The Act defines workplace violence as "the exercise of physical force against a worker in a workplace that causes, or could cause, physical injury to the worker." The Act also includes harassment and defines this as "Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome." The Act extends harassment beyond that as defined in the Ontario Human Rights Code and may include behaviours that may not be based on one of the grounds prohibited under the Code, for example, sex, age, ethnicity, faith, race, etc.

Domestic violence is now included in the Occupational Health and Safety Act as a health and safety issue. It places a legal obligation on employers to protect employees from domestic violence when it enters the workplace. The Bill states that "if an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker."

Some workplaces are known to have higher incidences of workplace violence: for example, 33% incidents of workplace violence victims who work in social assistance, health care services, such as hospitals, housing, and residential care facilities. Occupations with high rates of violence include: correctional officers, people working in social services, teachers, public works and retail employees. Statistics Canada (2004) found that 49% of all workplace violence

occurs in a commercial setting, office, factory, store or shopping mall; 31% in hospitals, prisons or rehabilitation centres; 10% in restaurants or bars; and 10% at schools or on school properties.

The Ontario Safety Association for Community and Healthcare (2009) names four types of workplace violence:

i. Criminal intent;

ii. Client, patient or customer-to -worker;

iii. Worker-to-worker; and

iv. Personal relationship/ domestic violence

The first type of violence is often committed by strangers with no relationship to the worker or worksite. For example, someone may enter a workplace posing as a client. This type of violence is the most random and thus can be the most difficult to prevent. The second type of violence is violence committed by someone who is served by a staff member, such as a client, patient or customer. In worker-to-worker violence, the perpetrator may be either a current or past employee, or a prospective staff member. In the fourth type of violence, the perpetrator is someone with a relationship to an employee such as a current or former spouse or partner, a relative or friend (Ontario Safety Association for Community and Healthcare, 2009).

When domestic violence enters a workplace, it affects everyone. 70% of people who experience domestic violence say that they are abused or harassed while at work (Swanberg et al, 2005). The most common forms of abuse while at work are threatening or harassing telephone calls and in-person harassment (Swanberg et al, 2006). For the victim, domestic violence may lead to emotional and physical distress, increased absenteeism, and an inability to concentrate at work. It is reported that 54 % of persons who experience domestic violence miss three or more days of work per month (Swanberg et al, 2006). Supervisors may interpret these issues as that of low performance and negligence, which may lead to inappropriate disciplinary action against a staff member.

Racial discrimination is also common within the workplace. Statistics Canada (2003) found that 20% of racialized Canadians experience racism at work. They may report being racially harassed by dealing with the actions of others, or statements that promote hatred or stereotypes toward the individual. These can be unwanted gestures, putdowns, or jokes.

3. METHODOLOGY

The Workplace Safety Audit was organized by the AIDS Committee of Ottawa. Data were collected through focus group discussions, a survey (administered both on-line and in hard copy), and a walkabout of the ACO office. Data were collected between November 19, and December 4, 2012.

Four focus groups were held separately, with staff, volunteers, board directors and managers. METRAC consultants used a semi-structured interview schedule to guide discussions. Managers and board directors reviewed the survey questions in advance so they could offer their feedback. The questions were then finalized.

Each focus group was audio recorded to allow for a full transcript of the discussions. Participants provided their consent before any recordings were made. They were told that their answers would remain anonymous and that no one from the ACO will have access to the recording. Persons were also informed that anyone may request to have the recording stopped, as well as to refuse to answer any questions. Copies of the interview questions are attached in the Appendix. The audio recordings were transcribed to provide full transcripts of the interviews. The transcripts were uploaded and analyzed using QSR Nvivo software program. Findings were grouped by themes and compared and contrasted with quantitative data collected through the survey. A total of 22 persons participated in these groups: 9 staff members, 4 volunteers and 7 board members.

A survey was developed and also reviewed by ACO's managers and board members before it was distributed. Board members requested that the survey be made available in French as well as in English. The survey was thus translated and provided in both official languages. Persons were able to complete the survey either on-line or in hard copy. Completed paper surveys were kept in a locked box at the ACO office and returned to METRAC. A copy of the survey is attached in Appendix. A total of 44 surveys were completed: 29 paper copies and 15 on-line, including 2 in French. Results were collated and analyzed using univarate analysis to determine averages, percentages, means, etc.

Twenty-two persons participated in the safety audit training and walkabout held on November 23, 2012 at the ACO office at 251 Bank Street. Participants attended a two- hours long training that explained METRAC's audit process and approach to safety. Each person received a package that included the audit survey and guide. In the second half of the day, four smaller groups walked through different parts of the office to assess safety issues. One group evaluated the exterior space, including the building's main lobby and parking lot. Fifteen audit surveys were completed and returned to METRAC. These surveys were entered and analyzed using univariate analysis to determine averages, percentages, means, etc.

The audit findings were reviewed and a number of recommendations were made for the Board of Directors and managers to consider implementing in order to strengthen and improve safety at the ACO.

4. FINDINGS

I. FOCUS GROUPS and SURVEYS

A number of themes emerged from the data collected from focus groups and surveys. These are: A Safe Organization; Strengthening Governance; Responding to and Preventing Incidents of Violence and Aggression; Making a Safer Physical Space; Enhancing Security Features; and Living Anti-Racism and Anti-Oppression Principles. These themes are discussed below in more detail.

a. A Safe Organization: "ACO is like my family:"

Overall, persons report that the ACO is a very safe place. Almost two-thirds of people (65.8%) said that they feel safe visiting and/or volunteering at the agency. Similarly, when asked to rate how safe they feel at ACO, using a scale from 1-10, 64.3% of persons report that they feel very safe at the office, versus 19.1% of respondents who say that they feel safe and 16.7% who feel unsafe. No one reported feeling very unsafe.

When asked who or what makes them feel safe at the agency, the majority of respondents, 83.3%, report that staff make them feel safe:

"Yes, it is a safe place, staff is most helpful."
"Yes, on the whole the staff do a good job of keeping things under control."

Persons also state that volunteers make them feel safe, 69.0%, followed by Programs and Services at 42.9 % and Clients and Location both at 49.0%.

When asked "what makes an organization safe," persons identified personal safety as an important component of being safe at ACO. Persons talked about feeling comfortable, respected, welcomed and relaxed as significant factors that contribute to their safety.

"I think we can make everybody physically safe, we can make everybody feel completely comfortable and safe, that is within our means. I do actually think that is possible."

"Somewhere I feel at ease."

"Y'know so it's to get it working to the degree that there is at least a balance that people get along, be it respect, tolerance"

"A safe space is one that anyone can feel invited, accepted and feel free to voice any concerns that they have about safety "

A space that is violence and harm-free is also important:

"To create a space where anybody can come and feel that they're not in any sort of danger, they're not going to be judged, they're not going to be harmed in any way."

"So I think to me, a safe space means a place where I can go and not worry about being harmed in any way."

Respondents were asked to state their top three safety concerns, in no particular order. Substance use and aggression/ violence were the most common, followed by security and physical space. No safety concern was the third most popular response.

It is important to note that staff members are identified as the main facilitators to feelings of safety at the ACO, while clients are regarded as significant barriers. Ways to further enable staff in fostering safety and to address clients' negative behaviours are discussed below.

b. Strengthening Governance

ACO's Board of Directors is a policy governance board whose primary responsibility is to set the vision, mission and strategic priorities of the organization as well as create, monitor and revise policies to guide daily operations. It was noted, however, that the board is perceived to be a working operational board. This perception may be a result of the board's role in receiving complaints directly from clients, and there is no permanent Executive Director in place, which may require the board to perform operational duties. Further, some respondents expressed concerns that policies are not enforced, which give an impression that policies are not in place or not taken seriously by the leadership of the organization.

"Things that we're concerned about and we want to see new policies, like they don't ask us what we want to see. Like on the one hand they're not asking, but on the other hand, we're not making our voice heard to the Board either."

A strained relationship between staff and the board was noted. Staff reported not feeling supported by the Board and fear reprisals for making complaints. The Board must improve its relationship with staff. Staff suggested having a representative attend Board meetings as one

way to improve communication between board and staff, but with measures in place to protect staff safety:

> *"Maybe, moving forward, we need to have one staff member present at the board meeting."*

> *"And if there were to be a staff representative I think there would be very clear things to protect that staff from backlash from the board."*

Recommendations to strengthen governance at ACO:

i. Review the board's governance model and define the type and functions of the board so that they are broadly understood and made transparent to staff and clients and members.

ii. Provide orientation and on-going training for new and existing board members so that they understand their roles and responsibilities.

iii. Create and implement a policy which makes clear the distinction in roles and responsibilities between board and staff, with attention to the role of the board versus the role of the Executive Director and managers.

iv. Clearly define the authority of the interim Executive Director and ensure this position is supported and delegated by the board to carry full responsibility for administration of the organization.

v. Develop, approve, review and regularly update board policies for guiding daily operations.

vi. Provide opportunities for staff, clients and members to give their input to the policy development process. It is important to have their buy-in and support. This will demonstrate that the agency has policies in place and is transparent and open in making policy decisions.

vii. Monitor the handling of client complaints to ensure that the organization and clients are following the complaints policy and procedures. Clients may make either a formal or informal complaint to the respective manager or supervisor. If the complaint is not satisfactorily resolved, then the complaint is forwarded to the board. The appropriate Board Committee will investigate and report on its findings.

viii. Create a staff-board representative position and assign clear responsibilities and protections for this position. Invite the staff-board representative to regularly attend board meetings for the purpose of fostering transparency in board processes and ongoing communication between staff and board members.

       ix.   Plan board-staff socials twice per year, to encourage board-staff interaction.

c. Responding to and Preventing Incidents of Violence and Aggression

When asked who/what makes you feel unsafe, clients' were the most popular response at 69.2%, followed at a distance by staff's at 30.8% and security features at 25.6%. Clients who are aggressive, who use substances, who make racist or homophobic remarks were identified as contributing to feelings of not being safe. Respondents reported incidents where persons who are using have become violent and aggressive.

"There have been incidents of other clients behaving in a very aggressive manner that made me uncomfortable."

"No, the other clients have been abusive as well as having witnessed people doing drugs (illegal) and selling."

"Not safe @ living room for lack of regulations towards 'obvious' drug use. A lot of clients fear for their safety and fear for using."

People want to see the agency improve its response to incidents of violence and to promote a climate of non-violence and prevention to reduce such incidents. Clients and volunteers noted a lack of consequences for behaviours that threaten safety, or lack of staff's enforcement of policies (e.g., Clients' Rights and Responsibilities) when violence occurs. This makes it appear that policies to foster safety are either not in place or they are not upheld by staff, or that staff are reluctant to enforce these policies.

Respondents often identified staff as responsible for enforcing policies and procedures, particularly in relation to clients' behaviours around substance use on-site as well as discrimination and harassment. Clients and board members expect staff to hold clients accountable for their actions, and to enforce policies that clients have contravened. It was quickly pointed out the difficulties in serving communities with long histories of systemic marginalization and therefore a heavy-handed approach to implementing the agency's policies may serve to undermine safety for vulnerable clients. This could explain why staff may not feel equipped to enforce policies that could reinforce client vulnerability.

"And if it does happen and the staff are told about it, something should be done. Not necessarily in public to belittle the person, but there should be consequences."

"The usual response is 'I (staff) can't do anything if I don't see it."

"We (staff) try to deal with it in the moment I think, a lot of the time. But it's hard too, you know."

"Clearly outlined protocols of organizational procedures and how the organization functions. Or sort of, in the occasion, in the event of some sort of unsafe situation, how the organization feels we should best deal with it."

Some staff explained that they assess each incident on a case-by-case basis:

"But it's like, is this something significant or just something passing out of anger that isn't something to be perceived as a threat."

"You are shouting right now, you should leave and come back tomorrow,' right? If we had a protocol like that, I think we would, I think, decrease the amount of events that happen in the agency, because we would be curbing it.

Staff may need training and support to understand how to balance the rights of clients and volunteers' with their responsibilities as service users and providers. Because staff are identified as very important to making people safe at the ACO, they must be supported to carry out their role in an effective manner. This role includes holding clients accountable for violent behaviours, aggression and hate by using procedures that and are fair, compassionate and do the least harm.

Recommendations:
  i. Managers must support staff to enforce safety policies for responding to violent incidents. Review violence prevention and response as part of regular supervision and support meetings with individual staff and staff teams. Add violence prevention and response a performance objective in staff's annual performance evaluations
  ii. Review and revise procedures for staff to use when responding to incidents. Following each incident, an incident report form should be completed, submitted to a manager who will review the report with staff and discuss follow-up. Managers will carry out investigations for serious events and/or refer to the Board for follow-up.

iii. Staff and managers should receive training on non-violent crisis intervention to enhance violence prevention and responses to incidents.

iv. Staff and managers must establish a system for regular review of procedures to prevent and respond to violence in the workplace.

v. The Board of Directors should review the policy on preventing and responding to violence throughout the organization.

d. Making a safer physical space

Respondents spoke of the importance of a well maintained physical space to enhancing their feelings of safety.

"To ensure that we have a space that is accessible, clean and promotes health and well-being of all of our stake holders."

"For me, physical safety is important."

"Smoke detectors and alarm system and elevators that work."

Many persons identified that currently the physical space is not meeting this need. When asked about specific areas at the office where persons feel unsafe, the following areas were named: No area; The Living Room; the Tool Shed; washrooms; and the lobby, elevator, and stairwells.

The ACO's office suffers from a poor layout and design. It has flawed sightlines that do not allow persons to see around corners and prevents the monitoring of activities. For example, the door to reception does not have a window and this prevents volunteers or staff members from safely managing entry to the office. In addition, the main hallway is very dark and isolating. The main hallway also separates programming areas and offices from the administrative area. This physical separation of staff and teams fosters feelings of isolation when staff members work late, and contributes to staff teams operating in silos. The office space also has many doors, recessed spaces, and corners that can act as hiding and entrapment sites.

"Like when I'm walking out, I find myself walking through doors and doors and doors and I don't know if there's anybody at the other side of that door or who is in this hallway."

"I find that sometimes it's disconcerting when we have people that are accessing the space from 5 different hallways and we don't always know who is here."

Another major issue is that of ineffective property management. The property management company does not have an office on-site so it does not respond quickly, or at all, to maintenance issues. Missing or broken ceiling tiles, mice, missing electrical covers, poorly maintained elevators and overloaded electrical panels are on-going maintenance issues that have not been fixed although these have been reported on many occasions. Poor maintenance contributes to an unsafe physical space and adds to the workload of managers.

"They way the building and the maintenance is a safe space, one that you're not afraid the roof is gonna fall in on you or you're not gonna go into the food cupboards and find mice. "

"One of the biggest physical barriers we face is the building management and the lack of. "

"But at the same time, we have lots of challenges, in terms of the flexibility of our space at times. Particularly in working with the current building management."

"We can't have the hand dryer or the coffee machine on because we're going to blow a fuse. We can't have one computer on while someone is printing because we're going to blow a fuse. We can't, function like that. We e-mail and/or call and/or text to building management, all with a paper trail and there is zero response."

"I think people just try and find band aid solutions to the best that they can, in solving building problems but them not being addressed, is from my understanding a landlord thing. Not anyone at the agency."

Recommendations:
   i.   ACO should move ahead with plans to relocate. Look for a new space with clear sightlines that allow for better monitoring of activities within the office and is fully accessible. Find a space that is designed to decrease isolation and enable staff to collaborate across program teams.
   ii. If the agency renews its lease, negotiate a rent-free period (for example 3- 4 months) during which time renovations and repairs are undertaken.
   iii. Seek out funding to pay for repairs and negotiate lower rent to cover these costs, if the agency renews its lease.

e. **Enhancing security features**

The current space at the ACO lacks a number of security features. There is no on-site security service, no panic alarms and no security cameras. For example, persons would like to have security cameras (CCTV) installed at the reception area but the CCTV has been stolen twice from the premises.

Staff members and volunteers often work alone or in small numbers and with persons who may be volatile. These are known risk-factors for workplace violence. For example, the Tool Shed and The Living Room are regarded as places where staff and volunteers may work alone or in pairs with clients who may become aggressive.

> *"Panic button at reception. Because sometimes, as people were saying, receptionists are volunteers don't have the ability to handle stressful situations."*

> *"If stuff goes down, and we can't hear what's going on they need to be able to let someone know that they need help or sometimes press the panic buttons to call the cops. Something like that would be nice."*

> *"But also, having people coming, through harm reduction, through the AC and into the living room. You know they're going through 3 different spaces of our place, without any monitoring or any assistance, if they need assistance."*

> *"Especially, if there has been an incident, and you're worried that somebody is like waiting for you."*

Respondents also identified washrooms as potential sites for violence.

Recommendations:
  i. Implement better security surveillance systems, such as installing a window at the door by reception. As well as have visitors and clients sign-in and out of the office. Have staff meet clients and guests at reception.
  ii. Consider reinstalling a security camera with theft deterrent features in the main hallway.
  iii. Managers must review work alone policies with staff and develop effective procedures to reinforce the safety of those who work late and who work alone.
  iv. Install panic buttons in offices, at the reception desk, The Living Room and at the Tool Shed.

v. Review workplace violence prevention policy to address working with volatile persons. The Occupational Health and Safety Act requires employers to share information with staff on persons (clients and staff) who have a history of violence. Staff may choose to refuse to work with such persons if they feel at-risk.

vi. Review washroom procedures with staff, as these are potential sites of violence. Ask the property manager to change locks to washrooms, if it is felt that these keys have been duplicated. Consider implementing new procedures for washroom use when providing services in the Tool Shed. Persons should leave their paraphernalia at the Tool Shed, use the washroom and then pick up their supplies and exit the office. This will send a clear message that persons are not permitted to use substances in the washroom. If this does not help, then consider replacing the light bulb in the washroom with a black bulb. It is important to connect with partner agencies that have harm reduction programs and exchange knowledge about promising practices to address similar issues.

f. Living anti-racism and anti-oppression principles

Respondents report incidents of racism, homophobia, sexual harassment, ableism that take place, often between clients or between clients and staff. They state that sometimes these incidents are not addressed and that they want these incidents to be dealt with promptly.

Persons did offer reasons as to why there were no responses to incidents. These included the history of marginalization that clients have faced and the challenges that they may continue to deal with, as well as the desire to be sensitive and accommodating. People acknowledged the difficulties in creating a safer space for all within a diverse environment.

"It's to try and find a balance between, because everyone is so focused on their area, whether they are, they are newly diagnosed or a gay male or they are from the Caribbean, they are so focused on theirs, so if an HIV drug user comes in and their needs are a little different, they don't wanna hear about it. They're only focused on their little slice of the pie. And they have to realize the agency's here to try and make this a safe space for everyone and it's, although it's not going to be perfect, we need to try and find a compromise so all of the needs are served."

"The perfect example is what happened here last Friday and "well it's my place" and well you're one person and there's sixty people that are getting upset by your actions y'know. But again it wasn't handled in a very effective way because it put a lot of people on edge that day in here, it made, it made this not a safe place."

"Like one time one of the participants said something homophobic like sitting here in the living room... And I think, I don't know. I kind of raised my eye brow when he said it. Because then I didn't say anything, because it's someone who has been coming here for years and years, and I know how important this place is. That's just... I sort of let it go. But there was a part of me, after I left, I was like why didn't I say something. "

"Yeah... It's happened often. [inaudible] some people that come here are homeless, they have no job, they are down and out. That kind of mentality people breeds that kind of, that kind of mentality."

Recommendations:

i. Provide anti-racism, anti-oppression training for staff, clients, members and volunteers. Include this as part of orientation package, as well as offering this twice per year.

ii. Provide training on managing competing human rights, for staff and board members. Include this training as part of an orientation package, and offer it once per year to ensure that new staff and board members are kept informed.

iii. Ensure that clients, members, volunteers, Board Directors and staff read and agree to uphold ACO's Anti-Racism and Anti-Oppression principles.

iv. Enforce sanctions when a person discriminates against another - start by talking directly with person, providing a written warning and escalating to suspending services or barring the person from ACO for a specified length of time. For risk management, staff can make arrangements for that person to receive temporary services at another agency. Ensure that persons know that they can appeal any such decisions and that they are informed about the appeal process.

v. Document incidents, decisions and appeals process. Communicate decisions with the person involved.

II.   SAFETY AUDIT WALKABOUT

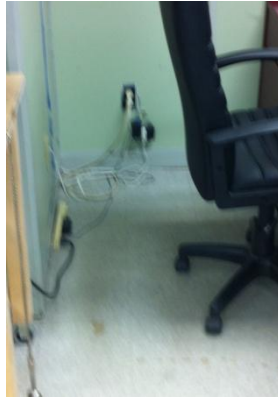## WALKABOUT PHOTO SUMMARY

Figure 1: TLR Foyer- no visibility

Figure 2: TLR - Reception desk

Figure 3: TLR- Missing ceiling tiles, leaky ceiling
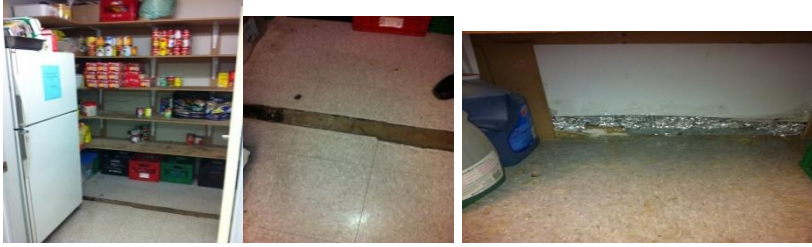

Figure 4: Hiding places- remove wall to open up space

Figure 5: Pantry- possible entrapment area, missing floor tiles

Overview

Fifteen persons in total completed the walkabout survey. Of these fifteen persons, nine were completed by staff, four by volunteers and two board members. Six women and eight men answered the question on gender. In terms of race and ethnicity, six (6) persons identified as white or Caucasian, four as persons of colour and one person as Asian.

The first question in the survey asked persons to grade each safety indicator using a Likert Scale, where A= 1; B= 2; C=3; D=4; and F =5. The results are presented below.

General Impressions	**B -** Rating = 2.69	Most participants report feeling safe while at the ACO office (63.6%) with more than one-third of persons (36.4%) reporting sometimes feeling safe. These feelings changed, however, when asked about being alone at the ACO office with just over half of participants (54.5%) saying that they feel safe when alone at the office. Almost two-thirds of persons, 63.6%, say that they sometimes feel unsafe leaving the office after dark. Persons identified the elevators, the stairwells, the hallways and harm reduction as specific areas where they feel unsafe.

SAFETY INDICATOR	GRADE/ RATING	SAFETY CONCERNS	RECOMMENDATIONS FOR ACTION	PERSON(s) RESPONSIBLE

LIGHTING
 	
	B
	
	Rating= 2.23
		- 87% of persons say that the lighting inside of the office is good but less than half of persons (46.7%) report that exterior lighting is adequate.
		- More than three-quarters of persons (77%) state that there are broken lights or areas that need more lights. Areas
			Install more lighting throughout the site, particularly in:
			  - Hallways
			  - Staff offices
			  - Administration area
			  - Parking lot
			
			-Relocate light switches so that these are close to the door.
				- **Property manager**
				
				- **Property manager**

		include in the hallways, by offices, the admin area and in the parking lot. The poor electrical wiring is also noted as a significant safety concern. - The location of light switches was also noted. Persons who get to the office first in the morning and have to open the office and turn on lights, report that the light switch is located on the far wall, so staff have to walk in the dark before turning on the lights.	-Repair/upgrade electrical panel to stop on-going electrical overload and outages. -Consider starting a safety practice that requires the last person leaving the office to keep the light on. Inform all staff of this new practice and post a reminder sign by the door	- **Staff**
SIGNS and MAPS	**C** Rating= 3.21	- More than half (53.3%) of participants report that the office needs more signage. Two-thirds of persons note that signs and maps are not easy to find. - Doors are not labelled and emergency signs are not posted, including in the elevator. Persons also note the need for a sign welcoming persons to the office and more signage in The Living Room.	- Install a welcome sign at the main entrance to the ACO that lists the hours of operation. - Label all doors. - Add directional signs in hallways. - Add emergency signs outlining safety procedures during an emergency, including in the elevator. - Replace bulbs in emergency exit signs.	- **Management team** - **Property manager**

		- Emergency exit signs also require lighting.		
ISOLATION	**C** Rating = 3.30	- The majority of persons feel that the neighbourhood is full of people during the day (86.7%) and almost two-thirds of people (64.3%) report that the area is not full of people at night. - Half of participants state that there are areas at the ACO where they can be entrapped and 76.9% report that there are hiding places. These include at the back entrance, in the stairwells, in hallways, by the parking lot, bathrooms and in the lobby. - Most people (53.3%) are unsure that there are places close by where they can go to for help if they are in danger.	- Review emergency procedures so staff and volunteers are aware of places/resources to use if they are in danger both when they are in the office, and entering or exiting the building. - Examine areas where people can get trapped and have the property manager block off those areas. - Add windows to office doors to increase visibility of activities in hallways. - Ensure doors to stairwells remain locked and can only be used to exit the ACO office. - Review back entrance with property manager to improve safety issues.	- **Management team** - **Property manager**
SIGHTLINES	**B-** Rating= 2.93	- Two-thirds of participants report having a clear view in front of them, but two-thirds of persons state that areas around corners are not visible.	- Add security mirrors to areas where there are sharp corners with blocked views ahead, such as in hallway corners. - Install a window in the door at the main entrance to allow for visibility of a person ringing doorbell and to increase the	- **Property manager**

			capacity to monitor activities in the hallway.	
MAINTENANCE	D Rating = 4.21	- Participants report a number of issues pertaining to maintenance. The majority of persons (71.4%) note that the outside area is not clean and well maintained. 23.1% of persons report that the outside area is filled with garbage and 20% say that there is a lot of vandalism.	- Contact property manager to remove garbage and to clean-up any vandalism. - Contact the City of Ottawa to ensure that building is maintained according to the City's bylaw code.	-**Property manager** -**City of Ottawa** http://ottawa.ca/en/serviceottawa/bylaws/private-property-maintenance-interior
ACCESSIBILITY	B- Rating = 2.5	- One-third of persons note that it is not easy to move around the building if using a scooter or wheelchair, while another third say that they are not sure. - 50% of persons report that there is no ramp to the building and that in the parking lot there are no parking spaces for persons with disabilities. - Although 46.2% of participants say that there are working elevators in the	- Have property manager ensure that the entrance to building is accessible and has automatic doors that are working. - Improve maintenance of elevator to prevent injuries. - Ask property manager to add parking spaces to the parking lot for people with disabilities. - Remind staff, clients and volunteers that persons with disabilities permit may use park in City parking for free for up to 4 hours	- **Property manager** - **Property manager** - **Property manager** - **Management**

		building, persons also note that these break down often. The elevators are small and narrow and do not provide enough space for someone in a scooter or wheelchair to turn around safely. - 60% of participants report that signs are not written large enough for persons with low vision.	- Review signs to ensure that these are written in a font size that is large enough for persons with low vision to be able to read. If needed, have property management install new signs.	
SECURITY	C- Rating = 3.92	- Persons report a lack of on-site security features, while 40% of participants note that security features and fire alarms work, but one-third of persons are unsure. - 93%, of persons say there are no working Closed Circuit TV (security) cameras in the building. More than half of persons, 57.1%, state there are no working security intercoms. - 100% of participants report that there no security mirrors at the ACO office. - Almost two-thirds of persons,	- Ensure that fire and security alarms are working. Review emergency procedures with staff and volunteers so they know what to do during an emergency or crisis. - Test alarms and review emergency procedures at least twice per year. - Install security mirrors in corners of hallways. - Explore installing security cameras again but ensure that these include theft deterrent features.	- **Management team** - **Property manager**

		64.3%, say that police officers patrol the neighbourhood; however, 38.5% report that the police are neither helpful nor respectful.	- Contact your local police unit and community police officer and explore partnership opportunities to build positive relationships between police clients, volunteers, and members.	- **Management Team** .

COMMUNITY and PERSONAL SAFETY	C Rating = 3.31	- 35.7% of participants feel unsafe in the neighbourhood, and 35.7% say they are unsure.
		- Reasons why people feel unsafe include:
		  o Substance use (87.5%)
		  o Racism (62.5%)
		  o Homophobia (62.5%)
		  o Sexism (50%)
		  o Domestic violence (25%)
		  o Police harassment (25%)
		- To feel safe, persons report doing the following:
		  o Asking someone to leave with them after working a late shift.
		  o Being alert.
		  o Walking with keys in their hands.
		  o Staying in at night.
		- If persons need help, they will:
			- Organize and deliver anti-discrimination workshops for clients and community members.
			- Educate members and clients about harm reduction principles and strategies so as to address stigma and discrimination.
			
			- Contact municipal, provincial and federal elected representatives regarding the lack of community services in the area for clients and members.
				- **Management Team**
				
				- **Board members**

		- Call police/911 (53%) - Contact manager/staff (24%) - Peer support (12%) - 93% of participants say that they have seen others experience discrimination in the neighbourhood due to: - Economic status (77%) - Race/ethnicity (77%) - Disability (69%) - Sexual orientation (61%) - Gender identity, being transgendered and/or transsexual (61%) - Gender/sex (61%), - Immigration status (46%)		

AIDS Committee of Ottawa– Workplace Safety Audit Report
Submitted by METRAC on January 25, 2013

5. REFERENCE LIST

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6. APPENDICES

METRAC

**Metropolitan Action Committee on
Violence Against Women and Children**

AIDS Committee of Ottawa Safety Audit

Focus Group - Agenda and Questions (Board Directors)

1. **Introduction (5 minutes)**

2. **Safety Audit Process (5 minutes)**

3. **Questions (40 minutes)**
   i. What does a safe space mean to you?
   ii. What are the agency's goals in realizing safety at ACO?
   iii. What resources/supports assist the Board in accomplishing these goals?
   iv. Which barriers, if any, does the Board face with respect to achieving these goals?
   v. Do you have safety concerns at the AIDS Committee? If yes, what are your top three concerns?
   vi. Have any safety concerns been reported to the Board?
      a. If yes, how did the agency respond to these concerns?
      b. Are you satisfied with this response?
   vii. Do you think that the process and/or policies that the agency uses to respond to safety concerns are working to make the agency safer? Please explain.
   viii. Have the current safety-related programs and/or services been working to make the organization safer? Why or why not? How can these be improved?
   ix. What would you like to see result from this Safety Audit?

4. **Conclusion/Questions (10 minutes)**

AIDS Committee of Ottawa Workplace Safety Audit

Focus Group - Agenda and Questions (STAFF)

1. **Introduction (5 minutes)**
2. **Safety Audit Process (5 minutes)**
3. **Questions (40 minutes)**
   a. What does a safe workplace mean to you?
   b. What makes you feel safe at work? Why?
   c. What makes you feel unsafe at work? Why?
   d. What do you do to feel safe while at work?
   e. What violence (including discrimination, harassment and oppression) have you witnessed at work?
       i. How did the agency respond to this?
       ii. Are you satisfied with this response? Why or why not?
   f. How do you address any safety issues/concerns that you may have?
   g. How can the AIDS Committee of Ottawa improve safety for staff, volunteers and clients?
4. **Conclusion/Questions (10 minutes)**

Definitions

Safety: the freedom to move around without facing intimidation, physical harm, fear of violence, crime, or harassment, and feeling a sense of belonging and acceptance. A person is truly safe when s/he is free from the threat, fear, and experience of any kind of violence.

Violence: violence is a broad concept. It can range from overt physical acts committed by individuals, such as battering and assault, to broad-based systemic acts of societal oppression and discrimination, such as people's experience of sexism, racism, ableism, classism, heterosexism, and ageism.

AIDS Committee of Ottawa Workplace Safety Audit

Focus Group - Agenda and Questions (Volunteers and Clients)

1. **Introduction (5 minutes)**
2. **Safety Audit Process (5 minutes)**
3. **Questions (40 minutes)**
   i. What does a safe organization mean to you?
   ii. What makes you feel safe while at the AIDS Committee? Why?
   iii. What makes you feel unsafe? Please explain.
   iv. Have you witnessed violence (including discrimination, harassment and oppression) at the AIDS Committee?
      1. How did the agency respond to this?
      2. Were you satisfied with this response?
   v. How do you address any safety issues/concerns that you may have? For example, do you know where to go for help if in need of assistance?
   vi. How can the AIDS Committee of Ottawa improve safety for volunteers and clients?

4. **Conclusion/Questions (10 minutes)**

Definitions

Safety: the freedom to move around without facing intimidation, physical harm, fear of violence, crime, or harassment, and feeling a sense of belonging and acceptance. A person is truly safe when s/he is free from the threat, fear, and experience of any kind of violence.

Violence: violence is a broad concept. It can range from overt physical acts committed by individuals, such as battering and assault, to broad-based systemic acts of societal oppression and discrimination, such as people's experience of sexism, racism, ableism, classism, heterosexism, and ageism.

METRAC

**Metropolitan Action Committee on
Violence Against Women and Children**

AIDS Committee of Ottawa

Safety Survey

Thank you for completing this survey as part of the safety audit of the AIDS Committee of Ottawa. Your input is very important to creating a safer organization for everyone.

The survey will take you approximately 15-20 minutes to complete.

Confidentiality:

All responses will remain confidential. No information that may identify you will be included in the final report. You may also decline to answer any questions.

If you have any questions about this survey, please do not hesitate to contact Michelle Davis, Safety Director at 416-392-3137 or via email at safety@metrac.org.

1. **What is your role at the AIDS Committee of Ottawa?**

☐Board Director ☐Volunteer ☐Client ☐Other (please explain): _____

2. **What is your gender identity?**

☐Female ☐Male ☐Trans

3. **Do you identify as a member of one or more of the following equity seeking groups? Please check all that apply.**

☐Racial minority ☐Ethnic minority ☐Gender minority

☐ Aboriginal persons   ☐Persons with disabilities ☐Low waged

☐ Religious minority   ☐Sexual minority

☐Other (please specify): _____

4. **Do you feel safe visiting/volunteering at the AIDS Committee of Ottawa? Please explain:**

_____

_____

_____

_____

5. **On a scale of 1-10, how safe do you feel while at the AIDS Committee of Ottawa's office? Please circle the number that corresponds to how you feel (1 indicates feeling very unsafe; 10 indicates feeling very safe.)**

1   2   3   4   5   6   7   8   9   10

Unsafe ◄————————————————————————————► Very Safe

Somewhat Safe
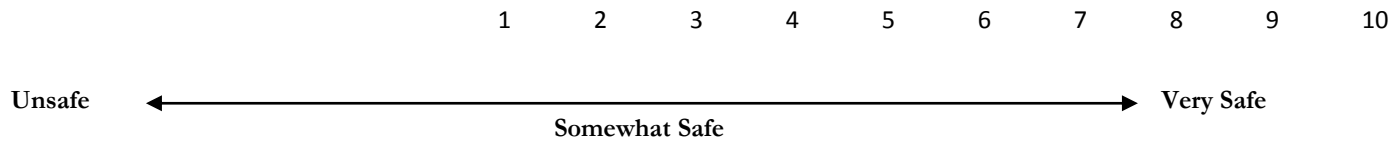
6. **What/who makes you feel comfortable/ welcomed while visiting or volunteering at the AIDS Committee? Please check all that apply.**

☐ Staff   ☐ Clients   ☐ Location   ☐ Accessibility

☐ Lighting   ☐ Security Services   ☐ Services/Programs   ☐ Volunteers

AIDS Committee of Ottawa– Workplace Safety Audit Report
Submitted by METRAC on January 25, 2013

☐Other (please explain): _____

7. **What/who makes you feel uncomfortable/ unwelcomed while visiting or volunteering at the AIDS Committee? Please check all that apply.**

☐ Staff   ☐ Clients   ☐ Location   ☐ Accessibility

☐ Lighting   ☐ Security Services   ☐ Services/Programs   ☐ Volunteers

☐Other (please explain): _____

8. **Are there any specific areas of the AIDS Committee's office where you feel vulnerable/ unsafe?**

    i.   _____

    ii.   _____

    iii.   _____

9. **In no particular order, what are your top three safety concerns at ACO? Please explain.**

    i.   _____

    ii.   _____

    iii.   _____

10. **Please share with us any additional comments that you may have about safety at ACO.**

_____

_____

_____

_____

Thank you for participating in this survey!