## 1. POLICY

It is the policy of the DEPARTMENT NAME to provide a safe, secure and healthy environment for its employees and members of the public. The Department is committed to taking appropriate actions to protect employees and members of the public from acts of violence, threats, intimidation, and harassment at the workplace in alignment with Countywide Policies, Procedures, and Guidelines (PPG) No. 620 – Workplace Violence Prevention and Response. To achieve this goal, all levels of management, supervision, and staff are required to ensure that the guidelines of this Workplace Violence Prevention Plan (Plan) are followed.

## 2. PURPOSE

This document is designed to:

1. Identify the person(s) with the authority and responsibility for implementing the Plan;
2. Provide a system for active employee involvement and authorized employee representatives in developing and implementing the Plan;
3. Provide a system for communicating workplace violence information to employees;
4. Provide a method for identifying and evaluating workplace violence hazards and protocols for correcting identified hazards;
5. Provide all employees with training and instruction on general and job-specific workplace violence prevention practices;
6. Provide procedures to respond to actual or potential workplace violence emergencies;
7. Provide procedures to coordinate implementation of workplace violence prevention plans with other departments or employers in a multi-employer or multi-department worksite; and
8. Provide a method for recordkeeping and documenting protocols.

## 3. SCOPE

This Plan applies to all personnel employed by DEPARTMENT NAME. All personnel shall comply with the provisions outlined in this Plan.

## 4. Definitions

1. **“Emergency”** means unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.
2. **“Engineering controls”** mean an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard.
3. **“Log”** means the Violent Incident Log required by this California Labor Code section 6401.9.
4. **“Plan”** means the workplace violence prevention plan required by California Labor Code section 6401.9.
5. **“Threat of violence”** means any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.
6. **“Workplace violence”** means any act or threat of violence that occurs in a place of employment or has a nexus to County employment, and includes but is not limited to the following:
	1. The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
	2. An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
	3. Does not include lawful acts of self-defense or defense of others.
	4. **“Type 1 violence”** is workplace violence committed by a person who has no legitimate business at the worksite and includes acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
	5. **“Type 2 violence”** is workplace violence directed at employees, by customers, clients, patients, students, inmates, or visitors.
	6. **“Type 3 violence”** is workplace violence against an employee by a present or former employee, supervisor, or manager.
	7. **“Type 4 violence”** is workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.
	8. **“Type 5 violence”** is violence perpetrated against a workplace or organization that represents an ideology that opposes that that of an extremist or value-driven individual or group and the workplace or organization becomes a target for violence. This type of violence is subset of terrorism.
7. **“Work practice controls”** means procedures and rules which are used to effectively reduce workplace violence hazards.

## 5. RESPONSIBILITIES

### 5.1. Department Head

1. Approves new or revised workplace violence prevention plan and policies;
2. Authorizes allocation of physical and financial resources necessary to maintain an effective Plan.

### 5.2. Managers

1. Provide support, leadership, and direction for the Plan;
2. Delegate authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain all Plan requirements;
3. Ensure that the Plan has been implemented and is being followed in their divisions;
4. Request physical and financial resources necessary for the correction of workplace violence hazards;
5. Actively support the system implemented for communicating with employees on matters relating to workplace violence;
6. Assist supervisors in recognizing employees who demonstrate safe work practices that promote the Plan in the workplace;
7. Assist supervisors in taking corrective action to address employees' noncompliance with County or departmental requirements related to workplace violence prevention;
8. Work with program administrator and Los Angeles County Security Operations Unit (SOU) to investigate all acts and threats of workplace violence in a timely fashion and take the necessary action(s);
9. Communicate with building security, program administrator, and SOU when a potential threat is reported;
10. Complete and submit Violent Incident Log (appendix A) to departmental health and safety unit;
11. Complete and submit Security Incident Report to SOU departmental health and safety unit;
12. Communicate with other departments' managers and other employers in multi-employer/multi-department worksites after workplace violence incidents and when potential workplace violence hazards are reported.

### 5.3. Supervisors

1. Ensure that their staff comply with the Plan;
2. Assist employees in identifying and correcting workplace violence hazards;
3. Ensure that their employees are appropriately trained on general and job-specific workplace violence prevention practices;
4. Ensure that employees have time and the opportunity to attend workplace violence prevention training;
5. Be aware of situations that have the potential to produce violent behavior and address them with all concerned parties;
6. Encourage employees who may be emotionally affected by workplace violence to seek assistance from the County's Employee Assistance Program.

### 5.4. Program Administrator

(Insert Name or Title, typically the Risk Management Coordinator or Safety Officer) is the Program Administrator. Responsibilities of the Program Administrator are to:

1. Ensure that the Plan is reviewed annually and revised as necessary, (every year review document, change the date and distribute);
2. Conduct or ensure inspections are completed to identify workplace violence hazards on a periodic basis;
3. Ensure any workplace violence hazards are corrected in a timely manner;
4. Advise management on Plan policy and procedure issues;
5. Manage and coordinate workplace violence prevention training programs;
6. Work with SOU to investigate workplace violence incidents; and
7. Maintain completed Violent Incident Logs, post-incident investigation documents, copies of Security Incident Reports, and workplace violence prevention assessment documents for a minimum of five (5) years.

### 5.5. Employees

1. Follow the guidelines of the Plan;
2. Protect themselves from recognized and potential workplace violence hazards;
3. Immediately inform supervisory staff of any known or potential workplace violence concerns or incidents. If the employee’s direct supervisor is not available, workplace violence hazards should be reported to the next available person in the employee’s line of supervision (i.e., lead person, supervisor or section head); and
4. Cooperate fully in investigations/assessments of allegations of workplace violence.

## 6. EMPLOYEE COMPLIANCE

### [insert department name] has implemented the following system to ensure that employees comply with the rules and work practices that are designed to make the workplace more secure:

### 6.1. Recognition Procedure

The Department will recognize employees for following this Plan, PPG 620, and practicing safe workplace violence prevention behavior in the following manner:

Examples:

* Memos/emails
* Certificates of recognition
* Employee Annual Performance Evaluation

### 6.2. Disciplinary Action

The Department will take appropriate administrative action, which may include progressive discipline in accordance with existing disciplinary guidelines, to address noncompliance with PPG 620, this Plan, and any other County departmental rules related to workplace violence prevention.

## 7. COMMUNICATION WITH EMPLOYEES

The [insert department name] recognize that open, two-way communication between management and staff about workplace violence issues is essential to a safe workplace. The following communication system is designed to facilitate a continuous flow of information between management and staff in a form that is readily understandable by all employees.

### 7.1. Employee Bulletin Board Postings or Distributed Workplace Violence Prevention Material

The [insert department name] will post workplace violence prevention information in conspicuous locations in the workplace. The department will also distribute new material to employees via email.

1. Cal/OSHA Workplace Violence Prevention for General Industry (Non-Health Care Settings) Workers Fact Sheet
2. Los Angeles County Sheriff’s Department Security Operations Unit Threat Management Quick Guide
3. Los Angeles County Department of Public Health Office of Violence Prevention Emergency Response Card
4. Emergency Services Contact Information posting (appendix D)
5. Any other workplace violence prevention material

### 7.2. Workplace Violence Hazard Notification

The [insert department name] encourages employees to report any workplace violence hazards and deficiencies without the fear of reprisal. Any instances of retaliation will be handled in accordance with section 6.2 of this document.

Describe how employees can report a violent incident, threat, or other workplace violence concern to employer or law enforcement.

Examples:

1. Telephone hotline to report hazard anonymously.
2. Online reporting form to report hazard anonymously.
3. Provide contact information for who to call for emergency response [Describe how this will be accomplished, including what number(s) will be called. E.g.: precise access number(s), including how 911 will be accessed.]

All reported workplace violence hazards and deficiencies will be investigated by the manager and [insert program administrator title].

The manager will inform the employee, if known, of the results of the investigation and what corrective actions were taken, if applicable.

### 7.3. Regularly scheduled staff meetings that address security issues and potential workplace violence hazards.

1. Discuss new or previously unidentified workplace violence hazards that affect unit’s operation.
2. Discuss recent workplace violence incidents that occurred at the worksite or the field and corrective measures that were implemented to prevent recurrence.
3. Discuss effective methods of how employees can protect themselves.

## 8. EMPLOYEE INVOLVEMENT

Departments may utilize established safety committees for employee and authorized representatives' involvement with the development and implementation of the Plan. If applicable, refer to section 8.1 (and delete Section 8.3 and 8.4). Section 8.3 and 8.4 may be utilized for departments that do not have established safety committees, pursuant to relevant Memorandum of Understandings.

[Department name] has implemented the following procedures to obtain the active involvement of employees and authorized representatives in developing and implementing this Plan:

### 8.1. Safety Committee Established by Memorandums of Understanding with Employee Representative

Describe methods you will use to involve established safety committees pursuant to memorandums of understanding in hazard identification and correction, training design and implementation, reporting and investigating workplace violence incidents.

Examples:

1. Review inspections and discuss hazards identified with safety committee.
2. Discuss corrective measures and encourage ideas from committee members.
3. Review training annually to include updated hazards and information.
4. Design training that is specific to the worksite and job-related hazards.

### 8.2. Reporting and Investigating Workplace Violence Hazards and Incidents

Examples:

1. Encourage employees to report workplace violence hazards without fear of reprisal in the system outlined in section 7.2 of this document.

### 8.3. Workplace Violence Hazard Identification and Correction

Describe methods you will use to involve employees in hazard identification and correction, training design and implementation, reporting and investigating workplace violence incidents:

Examples:

1. Form a committee of employees and their representatives and meet regularly,
2. Review inspections and discuss hazards identified with committee,
3. Discuss corrective measures and encourage ideas.

### 8.4. Training Design and Implementation

Describe methods you will use to involve employees in the designing of training and implementation:

Examples:

1. Form a committee of employees and their representatives to design training that is specific to the worksite and job-related hazards,
2. Review the training annually with committee to include updated hazards and information.

## 9. WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION

### 9.1. Inspections

Formal inspections will be conducted on a regular basis. More frequent inspections may be necessary depending on the operations, number of visitors the worksite may receive, environmental surrounds of the worksite.

### 9.1.1. Inspection Procedure

Certain types of workplace violence prevention systems (lighting, surveillance cameras, door locks, physical barriers, etc.) and work areas must be inspected.

1. *(Insert Safety Officer/Supervisor responsible for inspection)* shall ensure that the inspection is completed by either completing a Workplace Violence Prevention Assessment (appendix C) personally or by assigning the responsibility to an employee under his/her supervision.
2. Upon completion of the inspection, (*Safety Officer/Supervisor responsible for inspection)* ensures that all deficiencies identified are corrected, and any uncorrected safety deficiencies are appropriately addressed in a timely manner.
3. Workplace Violence Prevention Assessment forms must be maintained for five (5) years.

## 10. WORKPLACE VIOLENCE INCIDENT RESPONSE AND INVESTIGATION

### 10.1. Reporting Requirements

 Employees must:

1. Immediately report all workplace violence incidents to their supervisor or manager on duty, unless the employee is unable to do so. In this case, the notification should be made by the lead worker or a coworker.

Managers must:

1. Obtain emergency assistance from local law enforcement by calling 911;
2. Immediately notify onsite security personnel;
3. Notify departmental supervisor or managers in the chain of command;
4. Warn potential victim(s);
5. Notify other departments and/or employers in the building;
6. Work with appropriate personnel to notify any other facilities when persons at those facilities are considered to be at risk;
7. Promptly notify departmental Human Resources management; and
8. Contact SOU as soon as practicable but no later than 24 hours after the event.
9. Complete and submit Security Incident report to SOU and [insert title of program administrator] no later than the end of the business day following the threat or incident.
	1. SOU: sir@lasd.org
	2. Provide email address for internal safety section.
10. Complete and submit Violent Incident Log (appendix A) to the [insert title of program administrator].
	1. Provide email address for internal safety section.
11. Maintain Violent Incident Logs for a minimum of five (5) years.

### 10.2. Workplace Violence Incident Investigation

1. For each workplace violence incident, the [insert title of program administrator] must investigate the incident, which may require that they or other designated personnel visit the scene of the incident, as soon and as safe as possible. If possible, coordinate with the SOU to investigate concurrently.
2. [insert title of program administrator] will use the Post-Incident Investigation form (appendix B) to document the cause of the incident and implement the appropriate corrective action to prevent recurrence.
3. [insert title of program administrator] will complete a thorough inspection of the facility Workplace Violence Prevention Assessment (appendix C) to determine if there are other workplace violence hazards that may exist at the worksite.
4. The [insert title of program administrator] will review the Plan to determine if any revisions to the Plan are necessary.
5. The Post-Incident Investigation form must be maintained for a minimum of five (5) years.

## 11. HAZARD CORRECTION

The [insert department name] will correct workplace violence hazards in a timely manner. The following procedures have been implemented to correct workplace violence hazards that are identified:

### 11.1. Imminent Workplace Violence Hazard

1. If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s), all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition.
2. Employees necessary to correct the hazardous condition will be provided with the necessary protection.
	1. indicate protection provided to workers (e.g. additional security, two way walkie talkie with security, buddy system, etc.)

### 11.2. Hazard Correction Procedure

1. Unsafe work conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards.
2. Corrective actions taken will be documented and dated on the appropriate forms.
3. Corrective measures for workplace violence hazards will be specific to a given area.

## 12. EMERGENCY RESPONSE PROCEDURES

[Name of Department] has in place the following specific measures to handle actual or potential workplace violence emergencies:

### 12.1 Employee notification of workplace violence emergency

Employees will be notified of the presence, location, and nature of workplace violence emergency by the following:

1. Alarm system,
2. Public Address Announcement,
3. Text Message System,
4. Any other effective method of notification.

### 12.2. Sheltering plans

Provide procedures and areas/locations specific to the worksite that employees can shelter, if necessary, during a workplace violence emergency.

1. Provide room numbers where employees can shelter (one with a door and no windows),
2. Employees should lock and blockade the door, if possible,
3. Hide behind large objects,
4. Turn off lights and close blinds,
5. Silence mobile devices,
6. Remain quiet.

### 12.3. Evacuation Plans

Provide protocol and situations where employees should evacuate and where they should evacuate to:

1. Provide maps of evacuation routes.
2. Locations of emergency exits.
3. Several locations employees can evacuate to.

### 12.4. Emergency Assistance

Post telephone numbers (appendix D) of the following emergency services in the area in a clearly visible place on all floors of the building:

1. Building security,
2. Law enforcement agency,
3. Building emergency coordinator,
4. Department emergency coordinator,
5. SOU: (213) 893-2031,
6. Include worksite address on poster.

(Depending on the size of the room/floor, multiple posters may be needed.)

When law enforcement arrives on the scene:

1. Do exactly as the team of officers instructs,
2. Do not approach the officers,
3. Keep your hands visible, fingers spread, and empty.

## 13. Training and Instruction

All employees of [insert department name], including managers and supervisors, will have training and instruction on general and job-specific workplace violence practices. Additionally, the Department will work with selected employees and authorized representatives to develop department or function-specific training material, as needed. Training and instruction will be provided as follows:

### 13.1. Workplace Violence Training (Initial and Annually) will be provided on:

1. The department’s Plan and how to obtain a copy of the plan at no cost.
2. How to participate in the development and implementation of the Plan.
3. Definitions and requirements of Labor Code section 6401.9.
4. How to report workplace violence incidents or concerns to management or law enforcement without fear of reprisal.
5. Workplace violence hazards specific to the employees’ jobs.
6. Corrective measures the department has implemented.
7. How to seek assistance to prevent or respond to violence.
8. Strategies to avoid physical harm.
9. The Violent Incident Log and how to obtain copies of records pertaining to hazard identification, evaluation and correction, training records, and Violent Incident Logs.
10. An opportunity for interactive questions and answers with a person knowledgeable about the Plan.

### 13.2. Additional Training

1. Additional training will be provided when:
	1. New or previously unrecognized workplace violence hazard has been identified.
	2. Changes are made to the plan.

### 13.3. New Employee Training

1. All new employees will receive training on the department’s Plan and general workplace violence practices.
2. New employees must also receive training in workplace violence prevention practices specific to their work operations.

### 13.4. Training Records

1. Training records will be maintained for a minimum of one (1) year and include the following (Departments may elect to utilize the Countywide Learning Management System to maintain training records):
	1. Training dates.
	2. Contents or a summary of the training sessions.
	3. Names and qualifications of persons conducting the training.
	4. Names and job titles of all persons attending the training sessions.

## 14. Plan Review and Revision

The [insert department name] will review the Plan for effectiveness annually, when a deficiency is observed or becomes apparent, after a workplace violence incident, and on an as-needed basis. The review and revision will include the procedures listed in section eight (8) of this document, as well as:

1. Review of incident investigations and the Violent Incident Log.
2. Assessment of the effectiveness of security cameras, alarms, emergency response, and security personnel availability.
3. Review that workplace violence hazards are being properly identified, evaluated, and corrected.
4. Other review and revision procedures

## 15. Coordination with Other Departments and Employers

The [insert department name] will implement the following procedures to coordinate with other employers and County departments to ensure that those employers and departments are aware of any workplace violence concerns and incidents that may have occurred. Procedures for coordination with other employers and departments are:

Examples:

1. Periodic meetings with managers of other employers and departments to discuss any workplace violence concerns and hazards.
2. Provide a workplace violence incident, share a copy of the Violent Incident Log with other departmental managers and employers.
3. Share the results of an investigation with other departmental managers and employers.

**Appendix A**

**Violent Incident Log**

**Instructions:** This log must be used for every workplace violence incident that occurs in our workplace. The manager of the work location must complete and submit this form the [insert title of program administrator] no later than the end of the business day following the date of the incident.

The information that is recorded will be based on witness statements and all other investigation findings.

Information that personally identifies the individual(s) involved shall be omitted from this log, such as names, home addresses, email addresses, telephone numbers, employee identification numbers, and social security numbers.

**SECTION 1**

|  |  |
| --- | --- |
| **Date:** | **Time:** |
| **Location/Address:** | **Division/Program:** |

**SECTION 2**

|  |
| --- |
| **Type of Violence:*** **Type 1 violence** – workplace violence committed by a person who has no legitimate business at the worksite and includes acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
* **Type 2 violence** – workplace violence directed at employees, by customers, clients, patients, students, inmates, or visitors.
* **Type 3 violence** – workplace violence against an employee by a present or former employee, supervisor, or manager.
* **Type 4 violence** – workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.
* **Type 5 violence -** violence perpetrated against a workplace or organization that represents an ideology that opposes that that of an extremist or value-driven individual or group and the workplace or organization becomes a target for violence. This type of violence is subset of terrorism.
 |

**SECTION 3**

|  |
| --- |
| **Detailed description of the incident:** |

**Section 4**

|  |
| --- |
| **Classification of perpetrator:*** **Customer/Client**
* **Stranger with criminal intent**
* **Coworker**
* **Supervisor/Manager**
* **Partner or spouse**
* **Parent or relative**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |

**SECTION 5**

|  |
| --- |
| **Describe the circumstances at the time of the incident (e.g. working in poorly lit areas, rushed, low staffing level, isolated or alone, working in a community setting, unable to get help or assistance, working in unfamiliar location):** |

**SECTION 6**

|  |
| --- |
| **Location(s) of Incident [e.g. kitchen, breakroom, restroom, parking lot]** |

**SECTION 7**

|  |
| --- |
| Type of Incident:* Physical attack without a weapon (e.g. biting, choking, grabbing, kicking, etc.)
* Attack with a weapon or object (e.g. firearm, knife, other object)
* Threat of physical force or threat of the use of a weapon or other object.
* Sexual assault or threat (e.g. rape, attempted rape, physical display, unwanted verbal or physical sexual contact, etc.)
* Animal attack
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**SECTION 8**

|  |
| --- |
| Consequences of the incident 1. Was medical treatment provided to the employee? Yes No
2. Was security or law enforcement contacted? Yes No
3. Explain what actions were taken to protect employees from any continuing threat.
4. Explain the follow-up plan and corrective actions to reduce the possibility of another incident from occurring.
 |

**Section 9**

|  |  |
| --- | --- |
| **Completed by:** | **Job Title:** |
| **Phone Number:** | **Email Address:** |
| **Date completed:** | **Program:** |

Distribution:

Original: Filed with reporting division/program

Copy: Health and Safety Unit (insert email address)

**Appendix B**

**Post Incident Investigation**

Departments may utilize this appendix to comply with Labor Code 6401.9 (2)(K) or create their own post-incident investigation form.

|  |  |
| --- | --- |
| **Inspection Completed by:** | **Job Title:** |
| **Phone Number:** | **Email Address:** |
| **Date completed:** | **Follow-up Date:**  |

1. Where did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What time did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Was the employee alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Was a security guard on duty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, was security notified and did security respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long did it take security to arrive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the perpetrator a stranger, client/patient, co-worker, or otherwise familiar person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did the perpetrator gain entry to the worksite?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any threats made before the incident occurred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were these threats reported? If yes, who were they reported to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the response to these reported threats?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was a weapon or object used during the attack? If yes, what type of weapon or object was used?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did the attacker obtain the weapon or object?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are security cameras located in the area the employee was attacked? If yes, how many, and where are they located?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there security mirrors in the area the employee was attacked? If yes, how many, and where are they located?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is a keycard required to enter the location the area the employee was attacked?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the keycard reader working properly when the attack occurred?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the door to the area close and lock automatically? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the door working properly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do employees prop these doors open? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the area properly illuminated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any burnt out light bulbs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do members of the public pass-through metal detectors when entering the building?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For incidents that occurred at the front desk, lobby, reception, or customer service area:

Are there physical barriers separating the employee and customer or client (plexiglass, partitions, bullet resistant customer windows)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do employees have access to a panic button?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are waiting areas free of objects that could be used as weapons?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are chairs and furniture secured to prevent use as weapons? \_\_\_\_\_\_\_\_\_\_\_\_

1. For incidents occurring on the exterior of the building:

Are security personnel provided outside the building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is video surveillance provided outside the building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there enough lighting to see clearly outside the building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all exterior walkways visible to security personnel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the area surrounding the building free of bushes or other hiding places?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a nearby parking lot reserved for employees only? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the parking lot attended or keycard access required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the parking lot free of blind spots and is landscaping trimmed back to prevent hiding places? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there enough lighting to see clearly in the parking lot and when walking to the building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What can be done to prevent future incidents?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What corrective actions can be implemented to prevent another incident?

|  |  |
| --- | --- |
| Corrective Action | Date completed |
|  |  |
|  |  |

**Appendix C**

**Workplace Violence Prevention Assessment**

Departments may utilize this appendix to comply with Labor Code 6401.9 (2)(I) or augment their current facility inspection checklist with components of this appendix.

| **Yes** | **No** | **Work Areas – Public Interaction** | **Notes/Follow-Up Action** |
| --- | --- | --- | --- |
|  |  | Are ID cards required for employees? |  |
|  |  | Are employees notified of past violent incidents involving patients, clients, or customers in the workplace? |  |
|  |  | Are there trained security personnel, accessible to employees in a timely manner? |  |
|  |  | Are bullet resistant windows or similar barriers used when money is exchanged with the public? |  |
|  |  | Are areas where money is exchanged visible to others who could help in an emergency? |  |
|  |  | Is a limited amount of cash kept on hand, with appropriate signs posted? |  |
|  |  | Could someone hear an employee call for help? |  |
|  |  | Can employees observe patients, clients, or customers in waiting areas? |  |
|  |  | Do areas used for patient, client, or customer interviews allow co-employees or security to observe any problems? |  |
|  |  | Do areas used for patient, client, or customer interviews have furniture arranged to prevent entrapment of employees? |  |
|  |  | Is patient, client, or customer waiting areas designed to maximize comfort and minimize stress? |  |
|  |  | Are patients or clients in waiting areas clearly informed how to use the department’s services so they will not become frustrated? |  |
|  |  | Are waiting times for patient or client services kept short to prevent frustration? |  |
|  |  | Are private, locked restrooms available for employees? Do doors close and lock appropriately?  |  |
|  |  | Is there a secure place for employees to store personal belongings? |  |
|  |  | Do employees have panic buttons (portable or fixed)? |  |
|  |  | Are visitors or clients escorted throughout the building? |  |
|  |  | Are authorized visitors to the building required to wear ID badges? |  |
|  |  | Are patients, clients, or customers required to pass-through a metal detector prior to entry? |  |
|  |  | Are patients, clients, or customers required to place their belongings through x-ray machines? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Staffing** | **Notes/Follow-Up Action** |
|  |  | Is there security in the building? |  |
|  |  | Are security personnel accessible to employees in a timely manner? |  |
|  |  | Are security personnel provided outside the building? |  |
|  |  | Is the parking lot attended or otherwise secure? |  |
|  |  | Are security escorts available to walk employees to and from the parking lot? |  |
|  |  | Is there a “buddy system” for when employees are in potentially dangerous situations? |  |

| **All Areas** | **Some Areas** | **Few Areas** | **No Areas** | **Facility** | **Notes/Follow-Up Action** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Are there enough exits and adequate routes of escape?Are they clearly marked? |  |
|  |  |  |  |
|  |  |  |  | Are floor plans posted showing building entrances, exits, and location of security personnel? |  |
|  |  |  |  | Are these floor plans visible only to staff and not to outsiders? |  |
|  |  |  |  | Can exit doors be opened only from the inside to prevent unauthorized entry? |  |
|  |  |  |  | Is the lighting adequate to see clearly in indoor areas? |  |
|  |  |  |  | Are there employee-only work areas that are separate from public areas? |  |
|  |  |  |  | Do employee-only areas have secured entry (badge access/scanner)? |  |
|  |  |  |  | Is access to work areas only through a reception area? |  |
|  |  |  |  | Are reception and work areas designed to prevent unauthorized entry? |  |
|  |  |  |  | Could someone hear an employee call for help? |  |
|  |  |  |  | Does the facility have security cameras in high-risk areas? |  |
|  |  |  |  | Are there security mirrors (convex mirrors)? |  |
|  |  |  |  | Are local emergency numbers posted? |  |
|  |  |  |  | Are there any broken windows in the facility? |  |
|  |  |  |  | Do doors lock and close appropriately? |  |

| **All Areas** | **Some Areas** | **Few Areas** | **No Areas** | **Exterior** | **Notes/Follow-Up Action** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Are the entrances to the building clearly visible from the street? |  |
|  |  |  |  | Is the area surrounding the building free of bushes or other hiding places? |  |
|  |  |  |  | Is video surveillance provided outside the building? |  |
|  |  |  |  | Is there enough lighting to see clearly outside the building? |  |
|  |  |  |  | Are all exterior walkways visible to security personnel? |  |
|  |  |  |  | Is there a nearby parking lot reserved for employees only? |  |
|  |  |  |  | Is the parking lot free of bushes or other hiding places? |  |
|  |  |  |  | Is there enough lighting to see clearly in the parking lot and when walking to the building? |  |

**Appendix D**

**Workplace Violence Emergency**

**Building Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Law Enforcement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Emergency Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Emergency Coordinator: \_\_\_\_\_\_\_\_\_\_\_**

**Security Operations Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your worksite address:**

**Street Address including room/floor number**

**City, CA Zip Code**

**Cross Streets:**