

WORKPLACE VIOLENCE PREVENTION PLAN

PERALTA COMMUNITY COLLEGE DISTRICT

WORKPLACE VIOLENCE PREVENTION PLAN

(proposed final plan)

JULY 1, 2024

OBJECTIVES AND POLICY STATEMENT

Peralta Community College District (“District”) is committed to providing an environment free of threatening behaviors, violence, or threats of violence and to safeguarding all employees, and all other workers whom the District controls or directs and directly supervises on the job to the extent that workers are exposed to hazards specific to their worksite and job assignment.

The District prohibits and will not tolerate any form of workplace violence by any employee or third party, including customers, vendors, visitors, students, or others, either at the workplace, in or on District property or at District sponsored events.

This Workplace Violence Prevention Plan (“WVPP” or “Plan”) is intended to supplement the general Injury and Illness Prevention Program (“IIPP”) required by California Code of Regulations (“CCR”) Title 8 Section 3203 (Exhibit A). This Plan is in effect at all times in all work areas and is intended to be specific to the hazards and corrective measures for each work area and operation.

This Plan is intended to comply with the requirements of Labor Code section 6401.9 (Exhibit B).

The WVPP shall be available to employees and authorized employee organization representatives at all times.

The primary objectives of the WVPP are to:

- Establish and maintain an effective WVPP;
- Provide a safe working environment;
- Establish policies, training, and communications to improve workplace violence prevention;
- Provide written records of workplace violence incidents and investigations, in accordance with the Plan; and
- Identify hazards and a system for maintenance of required records.

The WVPP shall be developed and implemented in a manner that is consistent with the District’s obligations under Title IX of the Education Amendments of 1972 (“Title IX”), the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”), and related policies and procedures. When a report is made under the WVPP, the responsible official shall determine whether the report also impacts the District’s obligations under Title IX and the Clery Act.

I. DEFINITIONS

The following definitions apply to the Plan:

1. **Emergency:** An unanticipated circumstance that can be life-threatening or pose a risk of significant injuries to employees or other persons, requiring immediate action.
2. **Engineering controls:** An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the employee and the hazard.
3. **Log:** The violent incident log required by this Plan.
4. **Plan:** The Workplace Violence Prevention Plan (WVPP).

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5. **Threat of violence:** 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:** Any act of violence or threat of violence that occurs in a place of employment, including, but not limited to, the following:

(i) 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;

(ii) 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;

(iii) the following four workplace violence types:

A. **Type 1 violence:** Workplace violence committed by a person who has no legitimate business at the worksite, including violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.

B. **Type 2 violence:** Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.

C. **Type 3 violence:** Workplace violence against an employee by a present or former employee, supervisor, or manager.

D. **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.

(iv) workplace violence does not include lawful acts of self-defense or defense of others.

7. **Work practice controls:** procedures and rules which are used to effectively reduce workplace violence hazards.

8. **Alarm:** a mechanical, electrical, or electronic device that does not rely upon an employee's vocalization in order to alert others.

9. **Environmental risk factors:** factors in the facility or area in which services or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident, including, but not limited to, risk factors associated with the specific task being performed, such as the collection of money.

II. RESPONSIBLE PERSONS

The following persons are responsible for implementing the Plan:

1. The Chief Operating Officer ("COO") has the authority and responsibility for implementing and maintaining this Plan for the District. In the absence of the COO, the person with authority and responsibility for implementation of this Plan is the immediate supervisor of affected employee[s].

2. Division/Department heads, managers, and supervisors will be accountable for implementation and maintenance of this program. Managers, supervisors and lead workers

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will provide day-to-day program support, guidance and training to the individual employees on the District's WVPP.

A copy of the WVPP will be made available at each campus Administrative Services office, Campus Public Safety webpage <https://www.peralta.edu/campus-public-safety>, and also available on the Employee Relations webpage: <https://www.peralta.edu/hr/employee-relations>.

III. EMPLOYEE INVOLVEMENT

The District relies upon the active involvement of employees and employee organization representatives in reviewing and revising the Plan, including, but not limited to, through their participation in identifying, evaluating, and correcting workplace violence hazards and in reporting and investigating workplace violence incidents.

The constituency review process will be tasked to the District Holistic Safety, Security & Wellness Advisory Committee ("HSSWC").

The Committee through its members and the constituency groups represented, shall operate in close contact and communication with the division/department heads, administration, managers and supervisors. This Committee shall participate in reviewing the Plan.

The District will obtain employee involvement regarding the Plan by the following methods:

- Providing the Plan to employees and their authorized employee organization representatives and soliciting feedback from employees and their authorized employee organization representatives.
- Meet-and-confer with authorized employee organization representatives over the impacts of the Plan on any terms and conditions of employment and on the terms of any memorandums of understanding ("MOUs") between the District and any authorized employee organization representatives.
- Interviewing employees regarding the Plan and/or violence at the District.
- The Executive Director of Public Safety, or their designee, will attend staff meetings, upon request, throughout the District to obtain employee input and present to HSSWC.
- Conducting committee meetings/employee meetings.
- Memorializing and maintaining HSSWC committee meeting minutes.
- Communicating safety and health issues to each facility and coordinating training.
- Providing the Plan to new employees during new hire orientation.

IV. COORDINATION WITH OTHER EMPLOYER

The District will coordinate implementation of the Plan with all other employers whose employees ("third-party employers and/or employees") work at District campuses, buildings, and facilities. This is to ensure that:

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- All personnel at the worksite understand their respective roles as provided in the Plan;
- All employees are provided the training required by the Plan;
- Workplace violence hazards are identified, evaluated, and corrected; and
- Workplace violence incidents are reported and investigated.

The District's coordination efforts will include the following:

1. Designate Chief Operating Officer or designee as the point of contact for third-party employers that work on District property.
2. Provide all third-party employers with a copy of the relevant worksite Plan.
3. Ensure all third-party employees have access to the Plan when they begin working on District property.
4. Require all third-party employees to report all reportable incidents (as defined in this Plan) to the appropriate supervisor, manager or other designated person.

V. EMPLOYEE COMPLIANCE

The District is committed to ensuring that all safety and health policies and procedures involving workplace safety, including this Plan, are communicated clearly and understood by all employees.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and helping maintain a safe and secure work environment. Employees teleworking from a location of the employee's choice, that is not under the control of the employer are exempt.

Failure to follow this Plan, the District's IIPP or any other applicable District directives, policies or procedures is grounds for discipline, up to and including termination.

In addition to methods provided in other sections of this Plan, the District may utilize the following methods to ensure that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, including the methods described below:

1. Making this Plan available to all employees and their authorized employee organization representatives.
2. Training programs as provided in the Plan, and any necessary re-training.
3. Disciplining employees for failure to comply with this Plan, the District's IIPP, or workplace security practices, consistent with District policy and the applicable collective bargaining agreement.
4. Periodic inspections of the worksite in accordance with this Plan.

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5. New employee orientation on workplace security policies, procedures and work practices, including the Plan.
6. Posted or distributed workplace safety information.

VI. REPORTING AND INVESTIGATING

The District recognizes that to maintain a safe, healthy, and secure workplace, it must have open, two-way communication between all employees, including managers and supervisors, on all workplace safety, health and security issues. District's communication procedures are designed to encourage a continuous flow of information between management and employees regarding any suggestions, concerns, and information relating to workplace violence.

Employees will not be subject to any discipline, retaliation or reprisal for reporting or communicating any workplace violence matter including a violent incident, threat, or workplace violence concern. Any employee who engages in retaliation or reprisal because another employee has reported a workplace violence matter will be subject to discipline.

A. Employee Reporting

All employees are required to immediately report workplace violence matters including all violent incidents, threats, or other workplace violence concerns to law enforcement, Campus Public Safety, and Employee Relations, as appropriate. Employees are encouraged to complete the Violent Incident Report Form (Exhibit C) and submit that form to Campus Public Safety.

Employees may also report workplace violence matters as follows:

1. To the employee's immediate supervisor or manager.
2. To Campus Public Safety at (510) 466-7236.

Any person receiving a report of workplace violence shall forward the report to the Campus Public Safety.

In addition to reviewing the Violent Incident Report Form, Campus Public Safety, or their designee, is responsible for recording information relating to each occurrence of workplace violence on the Violent Incident Log (Exhibit D).

A Violent Incident Report Form or Police Incident Report must be completed even when an incident of workplace violence results in an injury requiring the completion of other documents. All forms are processed and stored in accordance with the applicable laws and regulations relating to those forms. Even if no Violent Incident Report Form or Police Incident Report is completed, the information required by this Plan must still be recorded in the Violent Incident Log.

Emergency Situations

During an emergency, an employee in the immediate area should:

1. Get to safety.
2. Call 911 when safe to do so.

Non-Emergency Situations

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For non-emergency situations, contact numbers for Campus Public Safety and law enforcement agencies are available at every campus. For non-emergency situations, additional resources are available at the following websites:

<https://www.peralta.edu/campus-public-safety>

<https://www.peralta.edu/risk>

<https://www.peralta.edu/hr/employee-relations>

During any non-emergency situation, employees involved in a workplace violence incident must report it, as described above. Campus Public Safety, or their designee, may then report the incident to law enforcement, if warranted.

Any employee who reports workplace violence and believes they are being subjected to discipline, retaliation or reprisal should report it to Vice Chancellor of Human Resources and Employee Relations, or their designee.

All employees may communicate suggestions, concerns or information regarding workplace violence or this Plan to their supervisor, manager, HSSWC, or the Chief Operating Officer's office.

B. Investigating Workplace Violence Incidents and Reports

All workplace violence concerns are taken seriously. The District will investigate all incidents of workplace violence, threats of violence, and concerns of workplace violence regardless of how they are reported or how the District becomes aware of them. The scope and type of investigation will depend on the matter being investigated, and the District may utilize specific investigation procedures depending on the type of investigation that is warranted (e.g., Title IX investigation procedures might apply).

Employees will be informed:

- Of how reports and concerns will be investigated;
- Of how they will be notified of the results of the investigation; and
- How they will be notified of any corrective action.

An investigation may include the following:

1. Reviewing any relevant previous incidents.
2. Interviewing the affected employee(s) and any witnesses.
3. Preparing appropriate summaries of the interviews.
4. Visiting the scene of the alleged incident.
5. Examining the workplace for factors associated with the incident.
6. Reviewing any relevant physical, electronic or other evidence, such as video footage, photographs, text messages, and/or emails or other communications.

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7. Coordinating, to the extent necessary and feasible, with any law enforcement investigation.
8. Determining the cause of the incident.
9. Recommending corrective action to correct the hazards and prevent the incident from reoccurring.
10. Preparing a written report of findings and any action taken.

The requirements and procedures of this section are in addition to those described elsewhere in this Plan and other District policies regarding investigating policy violations, misconduct, or initiating disciplinary action. An investigation in accordance with other policies may serve as an investigation under this Plan.

In the event an employee is injured or seeks medical treatment because of a workplace violence incident, Risk Management shall also comply with the appropriate procedures, including completing the required entries or forms, such as OSHA Log 300 or 300A, Cal/OSHA Form 301 Injury and Illness Incident Report, and/or California Department of Industrial Relations, Division of Workers' Compensation Form DWC-1 (Workers' Compensation Claim Form). Please also refer to the "Reports of Workplace Violence" section of this Plan. Should an injury qualify as a "serious" injury as defined by Title 8 CCR Section 330, the District must report the injury to Cal/OSHA if required by Title 8 CCR Section 342.

C. Notice of Investigation Outcome

Upon the completion of an investigation, the District will inform the employee who made the report and as appropriate, other impacted employees, of the results of the investigation and any corrective actions taken to correct identified and evaluated workplace violence hazards.

The notification may include one or more of the following in the District's discretion:

1. Providing the employee a summary of investigative findings at the conclusion of any completed investigation conducted pursuant to this Plan. No personally identifying information of any other employee which is the subject of the investigation will be provided to employee(s) not involved in the incident.
2. The employee's supervisor or Vice Chancellor of Human Resources and Employee Relations, or their designee, meeting with the employee to discuss the concerns, the investigation, and the corrective actions to be taken.

VII. RESPONDING TO ACTUAL OR POTENTIAL WORKPLACE VIOLENCE EMERGENCIES

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The District maintains procedures for responding to actual or potential workplace violence emergencies that include alerting employees about the emergency and utilizing evacuation and sheltering plans.

A. Alerting Employees

In the event of an actual or potential workplace violence emergency, the District may alert employees of the presence, location, and nature of the emergency by utilizing one or more of the following means of communication:

1. Text message via public notification systems
2. Phone call via public notification systems
3. Email alerts via public notification systems
4. Fire/security alarm
5. First Responder Personnel

The notifications under this Plan may be in addition to Timely Warnings or Emergency Notifications required by the Clery Act.

B. Evacuation and Sheltering Plans

In the event of an actual or potential workplace violence emergency, the District has developed emergency plans for each site that are located at each college and the District Administrative Center.

C. Obtaining Assistance During a Workplace Violence Emergency

In an actual or potential workplace violence emergency, employees may obtain assistance when it safe to do so by:

1. Calling 911.
2. Calling Campus Public Safety: (510) 466-7236.

VIII. INSPECTIONS: HAZARD IDENTIFICATION AND EVALUATION

The Department of General Services shall conduct inspections to identify, evaluate, and correct workplace violence hazards upon (i) the completion of this Plan, (ii) after each workplace violence incident, and (iii) whenever the District is made aware of a new or previously unrecognized hazard, and (iv) whenever there is a report of a workplace violence incident or concern.

Inspections will be documented using effective means to identify, evaluate and correct workplace violence hazards. Inspections may be documented using the Hazard Inspection Checklist (Exhibit E) or the Hazard Identification Evaluation and Correction Record (Exhibit F). The date and name

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of the person conducting the inspections will be documented. Any deficiencies must be documented and reported to the Chief Operating Officer, or their designee.

Evaluation may include the following:

1. Review all workplace violence incidents that occurred in the facility within the previous year, regardless of whether an injury occurred.
2. Identify and evaluate environmental risk factors for workplace violence in each facility, including surrounding areas, such as employee parking areas and other outdoor areas.
3. An assessment of specific environmental risk factors.

All identified hazards will be corrected and identified on the Hazard Identification Evaluation and Correction Record (Exhibit F).

Records of workplace violence hazard identification, evaluation, and correction shall be created and maintained for a minimum of five years.

The following work groups may conduct periodic inspections of all District facilities:

- Campus Public Safety
- Department of General Services
- Risk Management Department
- Campus Health and Safety Committees
- Holistic Safety and Security Advisory Group Committee

IX. INCIDENT RESPONSE AND HAZARD CORRECTION

The Campus Public Safety shall respond to workplace violence incidents. The Department of General Services shall correct hazards that threaten the security of employees either when reported or observed. When an imminent hazard exists which cannot be immediately corrected without endangering employee(s) and/or property, the District shall evacuate all personnel from the area except those necessary to correct the existing condition. Employees required to address the hazardous condition will be equipped with the necessary safety equipment.

The District shall use engineering and work practice controls to eliminate or minimize exposure to identified hazards and take measures to protect employees

Campus Public Safety will investigate workplace violence threats or incidents regardless of how they are reported or how the District becomes aware of them. The District may petition the court for a Workplace Violence Restraining Order, or bar persons from District facilities, buildings, and campuses as permitted by law including Penal Code section 626.4 and section 626.6. Further, the

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District will take appropriate disciplinary action against employees or students who commit acts of workplace violence or who make threats of workplace violence.

X. PLAN REVIEW

The COO, or their designee, reviews the effectiveness of the Plan annually, when a deficiency is observed, and after a workplace violence incident.

Reviewing and revising the Plan may consist of the following:

1. Reviewing the Plan using the Employee Involvement procedures stated in this Plan.
2. Reviewing the Violent Incident Log.
3. Reviewing investigations of alleged hazardous conditions or employee concerns.
4. Reviewing investigations of workplace violence incidents.
5. Reviewing written records of workplace violence issues discussed at committee meetings/employee meetings.
6. Reviewing communications regarding safety and health issues.
7. Reviewing training programs as provided in the Plan.

XI. TRAINING

The District is committed to ensuring that all employees have training on workplace safety practices. The District shall use training material appropriate in content and vocabulary to the educational level, literacy, and language of employees.

All training conducted in accordance with this Plan shall permit an opportunity for interactive questions and answers with a person knowledgeable about the Plan.

All training must be documented using the Attendance Training Log (Exhibit G). Documentation of individual training shall be maintained consistent with applicable laws and regulations.

A. Type of Training and Timing

1. General Workplace Security Training - New Hire and Annually

The District shall provide training:

- when this Plan is established, to all new employees, and to all employees annually;
- to other employees for whom training has not previously been provided;
- whenever the employer is made aware of new or previously unrecognized hazards; and
- for supervisors to familiarize themselves with the workplace violence hazards to which employees under their immediate direction and control may be exposed.

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All new employees shall receive a copy of the Plan, training on the Plan, and sign an Employee Acknowledge Form (Exhibit H) confirming receipt of the Plan.

Training shall be provided on the following:

- This Plan, including the definitions and requirements as provided in this Plan; how to obtain a copy of this Plan at no cost; and how to participate in the development and implementation of this Plan, as described in this section and in the section “Responsible Persons – Employee Involvement.”
- Reporting workplace violence incidents or concerns to the District or law enforcement without fear of reprisal.
- Workplace violence hazards specific to employees’ jobs, the corrective measures the District has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- The Violent Incident Log and how to obtain copies from the District.
- Records of workplace violence hazard identification, evaluation, and correction and how to obtain copies from the District.
- Training records and how to obtain copies from the District.

2. **Additional Training – As Needed**

Additional training shall be provided when a new or previously unrecognized workplace violence hazard has been identified and when changes are made to this Plan. Additional training may be limited to addressing the new workplace violence hazard or changes to this Plan.

XII. VIOLENT INCIDENT LOG

All regarding incidents of workplace violence in the Violent Incident Log. (Attachment D) The Log shall contain the information requested in the Log about all incidents, the post-incident response and incident investigation.

Campus Public Safety shall prepare the Log based on information solicited from involved employees, including those who experienced the violent incident; on witness statements; and on the findings of investigations into workplace violence incidents. The Log shall not contain any elements of personally identifiable information, such as a person’s name, address, electronic mail address, telephone number, or Social Security number, or other information that, alone or in combination with other publicly available information, reveals any person’s identity.

Risk Management will handle injuries resulting from workplace violence, ensuring they are recorded on the appropriate forms. These incidents must also be documented in the Violent Incident Log. All OSHA forms and logs are processed and stored according to applicable laws and regulations.

For multiemployer worksites, the employer or employers whose employees experienced the workplace violence incident shall record the information.

XIII. RECORDS

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The District shall keep and maintain records as required by this Plan.

The District shall create and maintain the following records for a minimum of **one year**:

- Documentation of individual training
- Training Attendance Log
- Any associated written materials or presentations shall be kept with the relevant Training Attendance Log

The District shall create and maintain the following records for a minimum of **five years**:

- Hazard Identification and Inspection Checklist
- Violent Incident Log
- Records of workplace violent incident investigations conducted pursuant to this Plan. These records shall not contain “medical information” as defined by California Civil Code Section 56.05(j)

The following records shall be made available to employees and their authorized representatives, upon request and without cost, for examination and copying within 15 calendar days of a request: (1) Records of workplace violence hazard identification, evaluation and correction; (2) Training records showing the training dates, contents or a summary of the training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending the training sessions; and (3) the Violent Incident Log. Any employee personally identifiable information shall not be released, except as authorized by law. All records required by this Plan shall be made available to Cal-OSHA upon request and as required by law.

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CALIFORNIA CODE OF REGULATIONS, TITLE 8, SECTION 3203 - EXHIBIT A

INJURY AND ILLNESS PREVENTION PROGRAM.

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CALIFORNIA LABOR CODE 6401.9 - EXHIBIT B

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VIOLENT INCIDENT REPORT - EXHIBIT C

Employee Name: _____

Name/Title/Contact Information of Person Completing Form: _____

<u>Date/Time</u>	<u>Location/ Department</u>	<u>Incident Description</u> (Please include as much detail as possible. Include additional sheet if necessary.)	<u>Violence Committed By?</u> ¹

Type of Incident: (check all that apply)

- Physical attack (e.g. biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting)
 Attack with weapon (e.g. gun, knife, other object)
 Threat of force or use of weapon or other object
 Sexual assault or threat (rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)
 Verbal Harassment
 Animal Attack
 Other: _____

Incident Location Specifics: (check all that apply)

- Break Room
 District Administrative Center
 Office
 Classroom
 Hallway
 Restroom/Bathroom
 Parking Lot
 Other Area Outside Building
 Bookstore
 Cafeteria
 Other: _____

Incident Specifics: (check all that apply)

- Victim Performing Usual Job Duties
 Poor Lighting
 Rushed
 Working During Low Staffing Level
 High Crime Area
 Isolated/Alone
 Unable to Get Help/Assistance
 Working in Community Setting
 Working in Unfamiliar/New Location

Consequence Specifics: (check all that apply)

- Medical Treatment Provided
 Assistance Provided to Conclude Incident (detail in Incident Description)
 Security Contacted
 Law Enforcement Contacted
 Lost Time of Work Hours: _____
 Actions Requested to Protect from Continuing Threat (if any): _____

PLEASE NOTE:

If the alleged conduct may fall within the Title IX definition of Sexual Harassment, including, but not limited to, Sexual Assault, Domestic Violence, Dating Violence, or Stalking, the District's Title IX Coordinator will reach out to the reporting party to gather more information and provide resources. If the alleged conduct is determined to fall within Title IX, the Coordinator will conduct an intake meeting and offer supportive measures.

¹ The perpetrator will be classified as: (1) client or customer; (2) family or friend of a client or customer; (3) stranger with criminal intent; (4) co-worker, supervisor or manager of victim, (5) partner or spouse, parent or relative of victim, or (6) other perpetrator.

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VIOLENT INCIDENT LOG -EXHIBIT D

Name/Title of Person Completing Form:

Date Completed:

<u>Log No.</u>	<u>Date/Time</u>	<u>Location/ Department</u>	<u>Incident Description</u>	<u>Violence Committed By:²</u>

Type of Incident: (check all that apply) (as defined in the “Definitions” section)

- Type 1 Incident Type 2 Incident Type 3 Incident Type 4 Incident
 Physical attack (e.g. biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting) Attack with weapon (e.g. gun, knife, other object) Threat of force or threat of use of weapon or other object Sexual assault or threat (rape or attempted rape, physical display, or unwanted verbal or physical sexual contact) Verbal Harassment Animal Attack Other _____

Incident Location Specifics: (check all that apply)

- Office Bookstore Hallway Restroom/Bathroom Parking Lot Other Area Outside Building Break Room Cafeteria Classroom Other

Incident Circumstances: (check all that apply)

- Victim Performing Usual Job Duties Poor Lighting Rushed Working During Low Staffing Level High Crime Area Isolated/Alone Unable to Get Help/Assistance Working in Community Setting Working in Unfamiliar/New Location Other:

Consequence Specifics: (check all that apply)

- Security Contacted/Law Enforcement Contacted Law Enforcement/Security Response: _____
 Actions Taken to Protect from Continuing Threat or Other Hazards Identified as a Result of Incident (if any):
-

² The perpetrator will be classified as: (1) client; (2) customer; (3) family or friend of a client or customer; (4) stranger with criminal intent; (5) co-worker, supervisor or manager of victim, (6) partner or spouse, parent or relative of victim, or (7) other perpetrator.

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TYPES OF VIOLENCE - EXHIBIT D

Type I Violence

- General Crime Awareness, including high crime areas
- Locations and Operations of Alarms
- Communications Procedures
- Working in isolation
- Working with money
- Working late at night
- Working in areas with poor visibility or low lighting
- Other: _____

Type II Violence

- Self-Protection
- Location, operation, care and maintenance of alarms and other protection devices
- Use of the “Buddy System” or other assistance from co-workers
- Customers and/or clients with history of violent behavior
- Other: _____

Type III and IV Violence

- Managing with respect and consideration
- Working with individuals with history of violent behavior
- High stress times such as impending layoffs
- Access to potential or improvised weapons such as scissors, tools, etc.
- Domestic violence involving spouse/domestic partner/former spouse/domestic partner at work
- Restraining Orders
- Other: _____

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HAZARD INSPECTION CHECKLIST - EXHIBIT E

Date: _____

Facility / Operation / Department: _____

STAFFING / SECURITY

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Lack of designated security personnel, including chief of security / safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Designate personnel responsible for security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Failure to communicate contact information for security personnel to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Communicate contact information for security personnel to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency telephone numbers for law enforcement, fire and medical services not accessibly posted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Post emergency telephone numbers for law enforcement, fire and medical services where employees can access it	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Security not posted / located in vulnerable areas (e.g. parking lot, reception area, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Post / locate security staff in vulnerable locations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff not available to escort employees upon request or as needed (e.g. to the parking lot, etc.) and a contact number provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Staff identified and available to escort employees on request or as needed and a contact number provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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TRAINING

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Required training not done on schedule in accordance with the Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Perform training in accordance with the Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees not trained on the Plan and topics required by the Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All employees trained on the Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees [or specific employees] not trained to respond to violent incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employees trained to respond to violent incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees [or specific employees] not trained to recognize the potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence, violence, and strategies to avoid physical harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employees trained to recognize the potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence, violence, and strategies to avoid physical harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

ENGINEERING / FACILITIES

HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
No fences, gates, walls or other barriers around workplace		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install fences, gates, walls or other barriers around workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Entrances not visible		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Make entrances visible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Workplace attractive to thieves		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Make workplace unattractive to thieves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
No employee only parking area		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide employee only parking area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Landscape and areas around workplace and parking lots not maintained to minimize hiding places		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Maintain landscape and area around workplace and parking lots to minimize hiding places	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Inadequate lighting in the parking areas and approaches to workplace		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install adequate lighting in the parking areas and approaches to the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Access to the facility/department/operation and freedom of movement within it not controlled, consistent with business necessity.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Access to the workplace and freedom of movement within it controlled, consistent with business necessity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	No controlled / Escorted access in certain situations (e.g. discharged employee, concerns regarding an employee)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedures to control and/or escort employees in certain situations (e.g. discharged employee, concerns regarding an employee)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the workplace lack:					
	Secured entry (e.g. fobs, buzzers)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Secured entry system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
	Physical barriers (Plexiglass, elevated counters, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Installed appropriate barriers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Locks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install locks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Panic alarms / buttons (portable or fixed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install or provide panic alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Screening devices (e.g. metal detectors, x-ray machines)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install screening devices	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Line of sight between employees in work areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide line of sight between employees in work areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Surveillance lacking:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Using surveillance, such as cameras or mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Cameras - interior and exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install cameras	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Other surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Install other surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lack of signs that there is limited cash on premises		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Post signs that limited cash is kept on the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Insufficient available employee escape routes		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Establish / designate employee routes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Exit doors					
	Opened from inside or outside	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exit doors are only able to be opened from the inside	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
	Opened from the direction of exit travel with tools or special knowledge or effort	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Exit doors are opened from the direction of exit travel without tools or special knowledge or effort	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Spaces configured so that access to doors and/or alarm systems is impeded		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Configure space so that access to doors and/or alarm systems is not impeded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Furniture not secured to floor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Secure furniture to floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Secure furniture to floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

WORK PRACTICE CONTROLS

HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Public access not restricted consistent with business necessity		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Restrict public access consistent with business necessity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees not provided with maps and/or clear directions to their workspaces and entrances and exits		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide employees with maps and/or clear direction to their workspaces and entrances and exits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lack of posted floor plans showing entrances, exits and the location of security, visible only to authorized personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Post floor plans posted showing entrances, exits and the location of security, visible only to authorized personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lack of appropriate security measures for employees working in special situations					
	Working late at night	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Institute appropriate security measures for employees working late at night	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Handling money	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Institute appropriate security measures for employees handling money	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Working by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Institute appropriate security measures for employees working by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Visitors or clients not escorted when on premises		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Escort all visitors and clients when on premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees, visitors and clients not required to wear badges or other identification		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Require all employees, visitors and clients to wear badges or other identification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees without access to a telephone		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide employees access to a telephone in case of an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
No procedures to report suspicious persons or activities		<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees have access to contact information for security and law enforcement and are instructed how to report suspicious persons and activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Workplace Violence Prevention Plan not communicated and/or provided to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Workplace Violence Prevention Plan provided to all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees not trained on recognizing and responding to violence, including active shooter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees trained on response to violence, including active shooter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
No communication procedures for employees to report workplace violence concerns, including threats, physical violence and property damage, without fear of reprisal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Implement communication procedures for employees to report workplace violence concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
No communication procedures between employees and between shifts, facilities, operations and/or departments regarding conditions that may increase potential for workplace violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Implement communication procedures between employees and between shifts, facilities, operations and/or departments regarding conditions that may increase potential for workplace violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cash on hand not stored in safes on premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on hand limited and time access safes used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Valuables present on site or during exchange (e.g. cashier, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Limit the amount of valuables on site and keep only small bills in a cash register; use time access safes and deposit large bills as they are received; use only one cash register after dark and keep its drawer empty and open	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employees work alone or isolated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employees use a "buddy system" or a check in system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lack of appropriate discipline procedures for employees who commit workplace violence, including threats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide appropriate procedures for employees who commit workplace violence, including threats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Employee Assistance Program or other counseling not available to employees who exhibit behaviors or signs of strain that may lead to workplace violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide an Employee Assistance Program or other counseling to employees who exhibit behaviors or signs of strain that may lead to workplace violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	[Describe correction action taken]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORKPLACE VIOLENCE PREVENTION PLAN

HAZARD IDENTIFICATION, EVALUATION AND CORRECTION RECORD - EXHIBIT F

Date of Inspection: _____

Persons Conducting Inspection: _____

Persons Reporting:
Unsafe Condition, Work Practice or Employee Concern (include what, who, when, where and how it is unsafe):
Causes of Other Contributing Factors (What caused or contributes to the unsafe condition?):
Persons Involved:
Corrective Action Taken and Date:
Preventive Action (if any):
Description of Hazard Correction:
Date Received by [Public Safety Officer/Risk Manager]:

TRAINING ATTENDANCE LOG - EXHIBIT G

Trainer Name: _____

Trainer Qualifications: _____

Training Name / Description: _____

<u>Date</u>	<u>Attendee</u>	<u>Attendee Title</u>

WORKPLACE VIOLENCE PREVENTION PLAN

WORKPLACE VIOLENCE PREVENTION PLAN

EMPLOYEE ACKNOWLEDGMENT - EXHIBIT H

I have received a copy of the Peralta Community College District's Workplace Violence Prevention Plan (the "Plan") and understand that it contains important information about the District's workplace safety and security policies and about my rights, responsibilities and obligations as an employee.

I acknowledge that I have read, understand, and will adhere to the District's Plan and that I have familiarized myself with the material in the Plan.

I understand that the District may change, rescind, delete, or add to any policies, benefits, and practices described in the Plan from time to time, at its sole and absolute discretion, with or without prior notice.

Date

Signature

Print Name