

WORKPLACE VIOLENCE PREVENTION PLAN

AUTHORITY:	Senate Bill 553 (SB 553) California Labor Code 6401.9 CEO/Risk Management Safety Office Directive Administrative Directive	
RESCINDS:	NEW	
FORMS:	Workplace Violence Incident Report Workplace Violence Incident Log Building Safety Officers Health and Safety Checklist Threat Assessment Checklist Threat Assessment Plan	(Attachment A) (Attachment B)
PURPOSE:	To provide guidelines to employees to prevent workplace violence incidents and to comply with all safety and health standards and practices.	
SCOPE:	California Senate Bill 553 requires employers falling within the scope of California Labor Code 6401.7 and 6401.9 to establish, implement, and maintain an effective, written Workplace Violence Prevention Plan (WVPP) beginning July 1, 2024. This plan applies to Probation facilities and operations to address workplace violence hazards as defined in Labor Code section 6401.9.	

I. GENERAL INFORMATION

This plan does not prevent employees from immediately seeking emergency assistance as needed. For emergencies, call 911 and follow the Emergency Action Plan (EAP) at your location. Assess the safety of a situation and report according to the procedures outlined in this plan.

A. Definitions

1. Clients: Probationers, youth, visitors, and other individuals who have a legitimate relationship with the Probation Department.
2. Emergency: any unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.
3. 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.

4. Workplace Violence: any act of violence or threat that occurs in a place of employment and does not include lawful acts of self-defense against others. It includes, but is not limited to the following:
 - a. 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.
 - b. 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.
5. Violence Categories
 - a. Type 1 Violence: workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches workers with the intent to commit a crime.
 - b. Type 2 Violence: workplace violence directed at employees by clients.
 - 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.

II. PROCEDURE

A. Responsibilities

1. The Professional Standard Division Director or designee has the authority and responsibility for developing, implementing, and reviewing the Workplace Violence Prevention Plan.
2. Each Division Director (DD) oversees this plan and ensures safe working conditions and work practices within their assigned facility and/or division to prevent workplace violence incidents.
 - a. Reports significant unsafe conditions which heighten workplace violence risk to the Chief Deputy Probation Officer of the effected bureau and as applicable, to the Building Safety Officer (BSO) and Risk Management Administrator.
3. The Risk Management Administrator coordinates all workplace violence issues with the designated location BSO and to the Supervisor, Manager, or DD to implement corrective measures as appropriate.
 - a. Provides training and guidance on Workplace Violence matters to all BSOs.

- b. Ensures all Workplace Violence hazards identified in the BSO Safety & Health Inspection Checklist are corrected in a timely manner.
 - c. Maintains training records, incident reporting forms, violent incident logs, and notification.
 - d. Immediately reports serious injury or death to CEO/Risk Management to ensure a report is made to Cal/OSHA.
- 4. The BSO conducts BSO Safety & Health Inspection Checklist which evaluates workplace violence prevention which includes but is not limited to working security systems, lighting, etc.
 - a. Forwards copies of completed BSO Safety & Health Checklists, include recommendations or actions taken to correct noted workplace violence hazards to the Risk Management Administrator via Prob-Safety email.
 - b. Disseminates workplace violence related information to all staff at their assigned location.
 - c. Attends meetings regarding workplace violence.
 - d. Encourages staff to report workplace violence hazards, scares, or potentially high-risk areas.
- 5. Supervisors and Managers ensure workplace violence policies, procedures, and this written plan are communicated and understood by their employees. This includes answering workplace violence questions employees may have.
 - a. Enforce the plan fairly and uniformly through discouraging behaviors that may lead to workplace violence and encourage reporting.
 - b. Ensure employees complete assigned workplace violence training and provide opportunity for interactive questions and answers.
 - c. Respond immediately to reports of workplace violence and prohibit retaliation.
 - d. Obtain assistance from the appropriate law enforcement agency as needed.
 - e. Encourage active involvement by staff to enhance the effectiveness of this plan.
- 6. All staff must complete workplace violence training as assigned.
 - a. Immediately report workplace violence hazards using the methods outlined in Section D.1.a. – d.

- b. Follow all workplace violence prevention plan directives, policies, and procedures.
- c. Be actively involved in the development and implementation of this plan.

B. Employee Active Involvement and Compliance

1. The Orange County Probation Department obtains the active involvement of employees and their union representatives in identifying, evaluating, reporting, investigating, and corrective workplace violence through:
 - a. Training employees on this plan.
 - b. Soliciting employee feedback during trainings and safety meetings.
 - c. Sharing this plan with employees and their representatives.
2. All staff must comply with the directives outlined in this plan and the training(s) provided as outlined in section G.1. Our system to ensure employees comply with the rules and work practices that are designated to make the workplace more secure include:
 - a. Informing employees of the provisions of this plan.
 - b. Ensure that each employee receives adequate training in the tasks that they are to perform, including any re-training of an employee when a task has not been done to standard.
 - c. Use established procedures for disciplinary action to ensure that employees comply with health and safety regulations and work practices. Disciplinary action can include oral or written reprimand, suspension, demotion and/or termination.
 - d. Recognizing staff who diffuse situations which may have resulted in a Workplace Violence incident.

C. Communication

1. The Probation department recognized that two-way communication about workplace violence issues is essential. All communication will be made readily understandable by all employees, and will consist of one or more of the following:
 - a. New employee Orientation to include workplace violence policies and procedures.
 - b. Workplace violence prevention training.
 - c. Quarterly BSO meetings to share workplace incidents/concerns and actions to control hazards.

- d. Workplace violence information posted on Prob-net.

D. Workplace Violence Incident Reporting and Emergency Response

1. Reports of violent incidents, threats, or other workplace violence concerns can be made to the county or law enforcement without fear of reprisal. Reports may be through:
 - a. Direct report to Supervisor, Human Resources (HR) representative, or Risk Management Administrator.
 - b. U-Tip Hotline - Anonymous Reporting.
 - c. 911 (For emergencies or when help from law enforcement is deemed necessary).
 - d. For reported workplace violence incidents, a Workplace Violence Incident Report (Attachment A) will be initiated, and the form will be emailed/routed to Prob-Safety, BSO, and HR.
2. In the event of a workplace violence related emergency, contact 911. EAPs are established for each worksite which outline emergency contacts, evacuation routes, nearest hospital, and communication systems for the worksite.
 - a. Emergency Communication methods are included in the EAPs which may include but are not limited to a combination of the following:
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

E. Hazard Identification, Evaluation, and Correction

1. Periodic inspections to identify and evaluate workplace violence hazards in our work area will be performed by the Risk Management Administrator, BSO, or other designee via BSO Safety/Health Inspection Checklist for all locations.
 - a. Frequency of inspections are as referenced in PMI 1-4-205 Building Safety, which states:
 - (1) Office buildings: [REDACTED]

(2) Other Facilities: [REDACTED]
[REDACTED]

- b. Workplace violence and risk factors for each workplace, including areas surrounding the facility such as parking lots and other outdoor areas, have been identified and evaluated through the Workplace Violence Risk Assessment Checklist in collaboration between the Safety Unit, BSOs, and employees.
- c. Workplace violence incidents are documented by the involved employee's supervisor, HR, or the Safety unit and is reviewed quarterly by the Risk Management Administrator to identify trends.
- d. Hazards are identified through the Workplace Violence Risk Assessment Checklist which include assessing the work environment and regular job duties. Identified hazards include:
 - (1) Employees performing enforcement activities, perimeter checks
 - (2) Violent clients or other members of the public
 - (3) Building security threats
 - (4) Late-night encounters with the public and/or clients
 - (5) Animal threats

2. When hazards are identified, reasonable controls are put in place to reduce the risk of incidents. The priorities of corrective actions follow the hierarchy of controls listed in the order from most to least effective below:

- a. Eliminate the hazard by removing the process, equipment, or job function such that the hazard no longer exists.
- b. Substitute the process with a less hazardous process, equipment, or job function.
- c. Engineer a solution through implementing physical equipment or tool which may include equipment to detect threats (metal detector), glass reception windows to serve as a barrier between worker and public, etc.
- d. Administrative efforts through training, signage, policy, procedures which are required to be enforced and followed.
- e. Personal Protective Equipment which does not control the hazard itself, but instead protects the worker from the existing hazard.

F. Post Incident Response and Investigation

1. When workplace violence incidents occur, hazards will be re-evaluated using the methods mentioned in the Hazards Identification, Evaluation, and Correction section of this plan.
2. Unsafe or unhealthy work conditions, practices, or procedures will be corrected in a timely manner considering the potential severity, urgency, and practical matters.
3. Fatalities, serious injuries resulting in amputation (even partial, in-patient hospitalization (unless just diagnostic testing or observation), and transports from the workplace via paramedics must be reported to Cal/OSHA within 8 hours, therefore these cases are immediately reported to the Risk Management Administrator to report to CEO/Risk Management Safety Loss Prevention.
4. Initial investigations of workplace violence incidents will be conducted by the affected employee's Supervisor and the Workplace Violence Incident Form will be completed.
5. Further investigations by the Safety Unit and BSOs will be conducted based on the severity of the incident.
6. Procedure for investigating workplace violence incidents include:
 - a. Initiate an investigation as soon as safe and practical.
 - (1) Serious threats made to staff members are investigated using the Threat Assessment Checklist. Short term/Long term action plan to protect employees are identified in the Threat Assessment Plan worksheet.
 - b. Review security footage of existing security cameras if applicable.
 - c. Identify and gather information from all employees involved in the incident.
 - d. Make available individual trauma counseling to all employees affected by the incident via The Counseling Team International (TCTI) or Employee Assistance Program.
 - e. Conduct a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security officers involved in the incident.
 - f. Review any specific risk factors or risk measures that were specified for existing threats, clients, employees, etc.
 - g. Record findings and corrective actions taken on the Workplace Violent Incident Reporting Form.
 - h. Take photos of the accident scene and the employee(s) involved.

G. Training and Instruction

1. All employees, including Supervisors, are provided training and instruction on workplace violence prevention via Eureka.
 - a. Upon the establishment of this plan
 - b. Annually
 - c. To all new employees
 - d. To all employees given new job assignments for which training has not previously been provided
 - e. Whenever the Department is made aware of a new or previously unrecognized hazard
 - f. Retraining will occur when designated by the Risk Management Administrator

H. Violent Incident Log and Multi-Employer Worksites

1. All workplace violence incidents are recorded in a violent incident log.
 - a. No information which personally identifies the individual(s) involved shall be included in log.
 - b. This may include names, address, e-mail, phone number, social security number, or other information that alone or in combination with other publicly available information, reveals the person's identity.
 - c. The Workplace Violence Incident Log (Attachment B) is available in a digitally/computer-based format and will be provided upon request.
 - d. These logs are kept for each facility and will be maintained for five (5) years.
 - e. The Log includes:
 - (1) Date, time, and location of the incident
 - (2) The workplace violence type, i.e., Type 1, Type 2, Type 3, and Type 4
 - (3) A detailed description of the incident
 - (4) A classification of who committed the incident, i.e., client, family or friend of a client, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other.

- (5) The circumstances at the time of the incident, i.e., [REDACTED],
[REDACTED],
etc.
- (6) A classification of where the incident occurred, such as a parking lot.
- (7) The type of incident, including, but not limited to, whether it involved any of the following:
 - (a) Physical attack without a weapon
 - (b) Attack with a weapon or object
 - (c) Threat of physical force or threat of the use of a weapon or other object.
 - (d) Sexual assault or threat
 - (e) Animal attack
 - (f) Other
- (8) Consequences of the incidents, including whether law enforcement was contacted, and the actions taken to protect employees from a continuing threat.
- (9) Information about the person completing the log, including their name, job title, and the date completed.

2. In multi-employer worksites where the Probation department is not the controlling employer, the Workplace Violence Incident Log will be shared with the controlling employer by the Risk Management Administrator.

- a. Worksites where the Probation department is the controlling employer, other employers whose staff work at the worksite will share the log with the Probation department and the Safety Unit will maintain the records for five (5) years.

I. Employee Access and Recordkeeping

The master plan is easily accessible to employees and can be accessed in Prob-net. Other copies are maintained by the Safety Unit.

- 1. The following records are made available to employees and their union representatives, upon request and without cost, for examination and copying within 15 calendar days of a request:
 - a. Records of workplace violence hazards identification, evaluation, and correction
 - b. Training records

- c. Violent incident logs
 - 2. Records of workplace violence hazard identification, evaluation, and correction must be created and maintained for a minimum of five (5) years.
 - 3. Trainings Records must be created and maintained for a minimum of (1) year and include the following:
 - a. Training dates
 - b. Contents or a summary of the training sessions
 - c. Names and qualifications of persons conducting the training
 - d. Names and job titles of all persons attending the training sessions
 - 4. Violent incident logs are maintained in OC Safety for a minimum of five (5) years.
 - 5. Workplace violence incident investigation records must be maintained for a minimum of five (5) years and shall not contain medical information.
- J. Review and Revision
- 1. This plan will be reviewed and revised, including, but not limited to, procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan. The plan shall be reviewed as follows:
 - a. Annually
 - b. When a deficiency is observed or becomes apparent
 - c. After a workplace violence incident
 - d. As needed
 - 2. Review and revisions include but are not limited to:
 - a. Review of employee reports, incident investigations and violent incident log.
 - b. Assessment of the effectiveness of security systems, including alarms, emergency response, and security personnel availability.

REFERENCES:

Procedure:	1-3-304	Workers' Compensation (Employee Injuries, Accidents, Blood/Body Fluids Exposure)
	1-4-006	Accessing Employee Emergency Notification Information: After Hours

1-4-104	Threats: Staff Responsibilities Regarding Threats and Notice to Suspecting Victims
1-4-110	Threats, Harm or Danger to Employees and Others
1-4-113	Injury Illness Prevention Program
1-4-114	Reporting Unusual or Special Incidents
1-4-205	Building Safety
3-15-004	Accidents, Injuries or Property Damage to the Public

Policy:

C-16	Employee Conduct – On Duty
D-1	Threat, Harm, Danger to Employees and Others
D-5	Arrests and Temporary Detentions
D-7	Search and Seizure
G-8	Injuries and Medical Emergencies
G-15	County's Information Technology Usage Policy

Attachments

K. Mitchell

APPROVED BY:

WORKPLACE VIOLENCE INCIDENT REPORTING FORM

[illegible]



WORKPLACE VIOLENCE INCIDENT REPORTING FORM

CLASSIFICATION OF CIRCUMSTANCES AT THE TIME OF THE INCIDENT (SELECT ALL THAT APPLY)			
<input type="checkbox"/> Completing usual job duties.	<input type="checkbox"/> Unable to get help or assistance.		
<input type="checkbox"/> Working in poorly lit areas.	<input type="checkbox"/> Working in a community setting.		
<input type="checkbox"/> Rushed.	<input type="checkbox"/> Working in an unfamiliar or new location.		
<input type="checkbox"/> Working during a low staffing level.	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Isolated or alone			
WHERE DID THE INCIDENT OCCUR? (E.G., PARKING LOT OR OTHER AREA OUTSIDE THE WORKPLACE)			
<div></div> <div></div> <div></div>			
TYPE OF INCIDENT			
<input type="checkbox"/> PHYSICAL ATTACK/ASSAULT	<input type="checkbox"/> PHYSICAL INTIMIDATION		
<input type="checkbox"/> ASSAULT W/WEAPON	<input type="checkbox"/> ANIMAL ATTACK		
<input type="checkbox"/> THREAT OF PHYSICAL FORCE	<input type="checkbox"/> OTHER – Please explain below:		
<input type="checkbox"/> SEXUAL ASSAULT/INTIMIDATION			
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>			
CLASSIFICATION OF INCIDENT			
<input type="checkbox"/> TYPE 1 (COMMITTED BY A PERSON WHO HAS NO LEGITIMATE BUSINESS AT THE WORKSITE) <input type="checkbox"/> TYPE 2 (DIRECTED AT EMPLOYEES BY CUSTOMERS, CLIENTS, PATIENTS, STUDENTS, INMATES, ETC.) <input type="checkbox"/> TYPE 3 (AGAINST AN EMPLOYEE BY A PRESENT OR FORMER EMPLOYEE, SUPERVISOR, OR MANAGER) <input type="checkbox"/> TYPE 4 (COMMITTED IN THE WORKPLACE BY SOMEONE WHO DOES NOT WORK THERE, BUT HAS OR IS KNOWN TO HAVE A RELATIONSHIP WITH THE EMPLOYEE)			
CONSEQUENCES OF INCIDENT			
Did the employee sustain an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the County's injury reporting process followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was security or law enforcement contacted?	<input type="checkbox"/> Yes Who/Which Department? _____		<input type="checkbox"/> No
Did the employee take time off work?	<input type="checkbox"/> Yes How Long? _____		<input type="checkbox"/> No



WORKPLACE VIOLENCE INCIDENT REPORTING FORM

Is there a continuing threat to employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Actions taken to protect employees: <input type="text"/>	
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Witness Name & Title (if any): <input type="text"/>	Telephone No.: <input type="text"/> Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Police Report <input type="checkbox"/> Pictures/Witness Statement <input type="checkbox"/> Other: <input type="text"/>
Name & Title of Person Completing Report: <input type="text"/>	Telephone No.: <input type="text"/>
E-Mail: <input type="text"/>	Date Report Completed: <input type="text"/> Date Submitted: <input type="text"/>

Attachment B – Violent Incident Log

Incident Case	Date of Incident	Time of Incident	Classification of Who Carried Out the Violence	Classification of Circumstances at the Time of the Incident	Incident Location	Type of Incident	Classification of Incident	Detailed Description	Law Enforcement Contacted	Actions To Protect Employee	Log Completed By	Log Completed Date
00-001			Please Select	Please Select		Please Select	Please Select					
00-002			Please Select	Please Select		Please Select	Please Select					
00-003			Please Select	Please Select		Please Select	Please Select					
00-004			Please Select	Please Select		Please Select	Please Select					
00-005			Please Select	Please Select		Please Select	Please Select					