



Workplace Violence Prevention Plan

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&

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REVISED:

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Policy Statement

San Bernadino Community College District (SBCCD) is committed to creating and maintaining a work environment free from violence. Acts of violence, threats of violence, harassment, intimidation, and other disruptive behaviors will not be tolerated. Any person found to be involved in such behavior will be subject to disciplinary action, which may include termination from employment, and may also be subject to legal penalties.

The requirements for establishing, implementing, and maintaining an effective Workplace Violence Prevention Plan (WVPP) are contained in California Labor Code section 6401.9 and reference incorporation into California Labor Code section 6401.7 Injury and Illness Prevention Program (IIPP). SBCCD is establishing its Workplace Violence Prevention Plan as a standalone policy designed to work with the existing IIPP.

Purpose

The purpose of the WVPP is to establish a zero-tolerance policy toward violence in the workplace, ensuring the safety and security of all individuals on the SBCCD's premises.

Scope

This WVPP applies to all SBCCD employees, students, contractors, and visitors. It covers all forms of workplace violence outlined below.

Employee Access to Written WVPP

SBCCD ensures that the WVPP shall be in writing and shall be available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This will be accomplished by making copies of the WVPP available in person at the SBCCD Office of Safety & Risk Management and by publishing the WVPP publicly on the SBCCD website and making it available to the public for download.

Definitions

Workplace Violence (WV) is defined by Cal/OSHA as any act of violence or threat of violence that occurs in a place of employment including, but not limited to, the following:

- 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 **and/or**;
- 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.

Four “Types” of Workplace Violence:

- **Type 1** - 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.
- **Type 2** - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- **Type 3** - Workplace violence against an employee by a present or former employee, or manager.
- **Type 4** - 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.

Note: Workplace Violence does not include lawful acts of self-defense or defense of others.

Plan or WVPP - The Workplace Violence Prevention Plan required by California Labor Code section 6401.9.

Log - The Workplace Violence Incident Log required by California Labor Code section 6401.9.

Work practice controls - Procedures and rules which are used to effectively reduce workplace violence hazards.

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.

Emergency - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

Serious injury or illness - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

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.

Roles and Responsibilities

Responsible Persons	Job Title/Position	WVPP Responsibilities	Phone #	Email
Kristina Hannon	Vice Chancellor of Human Resources, Payroll and Police Services	Vice Chancellor Hannon is the Program Administrator and Environmental Health and Safety Administrator Patrick Keith is the Designee. VC Hannon provides resources for WVPP implementation, training, security measures, record keeping, and WVPP review.	909-388-6937	khannon@sbccd.edu
Patrick Keith	Environmental Health and Safety Administrator	Administrator Keith will act as Program Administrator; develops the WVPP, oversees implementation, monitors changes in regulation, ensures training compliance, ensures compliance with state law, convenes the WVPP Review Committee, and implements WVPP changes.	909-388-6921	pkeith@sbccd.edu

SBCCD Police

- Respond to incidents of WV.
- Conduct regular security assessments (as outlined in SBCCD Police policy and procedure).
- Coordinate with Safety & Risk Management (S&RM) and Administrative Procedures for documenting WV incidents.

SBCCD Campus Safety Specialists

- Conduct physical inspections for WV hazards at the direction of the Program Administrator or their Designee.
- Assist in daily tasks required to maintain the WVPP at the direction of the Program Administrator or their Designee.

WVPP Review Committee

- Comprised of the Program Administrator and Designee(s) from Human Resources, S&RM, and SBCCD Police.
- Conduct an annual review of the WVPP.
- Conduct a review of the WVPP as needed to address recommended changes after a WV Incident.
- Recommend changes to the WVPP to be submitted to the Program Administrator or their Designee, for adoption.

Managers

- Implement the WVPP.
- Escalating reports of WV making timely notifications to S&RM.
- Mitigate immediate risk in the workplace where appropriate.

- Ensure employees comply with the policy and procedure outlined in WVPP.
 - Ensure employees complete required WV training.
 - Answer employee questions about the WVPP and/or direct employees to S&RM.
-

Employees

- Adhere to policies and procedures outlined in the WVPP.
- Attend and comply with training.
- Report all incidents of workplace violence or threats to their manager, SBCCD PD, S&RM, or through anonymous reporting channels.

Recordkeeping

Safety and Risk Management (S&RM)

- Create and maintain records of WV hazard identification, evaluation, and correction for a minimum of five (5) years.
 - Investigate claims of WV.
 - Create and maintain training records for a minimum of one (1) year and include the following:
 - Training dates.
 - Contents or a summary of the training sessions.
 - Names and qualifications of persons conducting the training.
 - Names and job titles of all persons attending the training sessions.
 - Maintain workplace violent incident logs for a minimum of five (5) years.
 - Maintain records of WV incident investigations for a minimum of five (5) years.
 - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.
 - All records of WV hazard identification, evaluation, and correction; training, workplace incident logs and WV incident investigations required by LC section 6401.9(f), shall be made available to Cal/OSHA upon request for examination and copying.
-

Employee Access to Records

Upon completion of a WV incident investigation, the following records shall be made available to employees and their representatives through the S&RM Office, upon request and without cost, for examination and copying within fifteen (15) calendar days of a request:

- Records of WV hazard identification, evaluation, and correction.
- Training records.
- WV Incident Logs.

Prevention Programs

Violence Hazard Assessment Protocol

Periodic Inspections shall be conducted semi-annually and will be the responsibility of the Program Administrator or their Designee. Assessments will consider factors such as workplace layout, access control, and areas with historical incidents of violence. This assessment may be conducted in tandem with Hazard Assessments under the IIPP. These assessments will inform actions taken by the WVPP Review Committee and S&RM. See WV Hazards section of the WVPP for detailed protocols.

Training and Instruction

All SBCCD employees, including managers, will have training and instruction on general and job-specific WV practices. These sessions could involve presentations, discussions, and practical exercises.

Training and instruction will be provided as follows:

- When the WVPP is first established.
- Annually to ensure all employees understand and comply with the WVPP.
- When a new or previously unrecognized WV hazard has been identified and/or when changes are made to the plan. The additional training may be limited to addressing the new WV hazard or changes to the WVPP.

SBCCD will provide its employees with training and instruction on the terms found in the “DEFINITIONS” section of this WVPP and the requirements listed below:

- SBCCD's WVPP, how to obtain a copy of the WVPP at no cost, and how to participate in the development and implementation of the WVPP.
- How to report WV incidents or concerns to the SBCCD or law enforcement without fear of reprisal.
- WV hazards specific to the employees' jobs, the corrective measures SBCCD has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- The workplace violence incident log and how to obtain copies of records pertaining to hazard identification, evaluation and correction, and training records.
- Opportunities the SBCCD has for interactive questions and answers with a person knowledgeable about the SBCCD WVPP.
- Strategies to avoid/prevent WV and physical harm, such as:
 - How to recognize WV hazards, including the risk factors associated with the four types of WV.
 - Ways to defuse hostile or threatening situations.
- How to recognize alerts, alarms, or other warnings about emergency conditions and how to use identified escape routes or locations for sheltering.
- Employee routes of escape.
- Emergency medical care provided in the event of any violent act upon an employee.
- Post-event trauma counseling for employees desiring such assistance.

Reporting Procedures

Imminent Threats

All emergencies, imminent threats, imminent danger, or serious harm will be reported to SBCCD Police by calling **911** first, before any internal report is made. SBCCD Police will report all WV incidents to the Program Administrator or their Designee, in a timely manner and to facilitate a co-response when safe and feasible to do so.

Non-Imminent Threats

It is encouraged that all non-immediate threats be reported to SBCCD Police and S&RM. Non-immediate threats may also be reported to managers.

Anonymous Reporting

Anonymous Reporting of WV Incidents may be made through SBCCD's contractor, Lighthouse Services by:

- Calling the Compliance Hotline at **1-800-403-0436** (English) or **1-800-216-1288** (Spanish) or;
 - By filing a report directly online at [**http://www.lighthouse-services.com/SBCCD**](http://www.lighthouse-services.com/SBCCD).
-

Those filing a report anonymously are reminded that sharing as much detail as possible is imperative to mitigate a potential threat, as the SBCCD will not be able to contact you with follow-up questions.

Confidentiality

Measures to protect confidentiality, when requested by the involved party, will be made to the extent possible while investigating an incident.

Non-Retaliation

SBCCD is committed to maintaining a workplace environment free from retaliation. Retaliation against individuals who report concerns, violations, or participate in investigations is strictly prohibited and will not be tolerated. All incidents of retaliation should be reported to the Office of Human Resources.

Incident Response

Employer Reporting Responsibilities

As required by California Code of Regulations (CCR), Title 8, Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries, SBCCD, through S&RM, will immediately report to Cal/OSHA any serious injury or illness (as defined by CCR, Title 8, Section 330(h)), or death (including any due to Workplace Violence) of an employee occurring in a place of employment or in connection with employment at SBCCD.

SBCCD has in place the following specific measures to handle actual or potential WV emergencies:

- Effective means to alert employees of the presence, location, and nature of WV emergencies through the SBCCD Emergency Notification System powered by RAVE.
 - <https://sbccd.edu/district-services/police-department/crime-prevention/emergency-preparedness.php>.
- SBCCD has evacuation or sheltering procedures. These plans are publicly available through the SBCCD Police Emergency Preparedness site at:
 - <https://sbccd.edu/district-services/police-department/crime-prevention/emergency-preparedness.php>.
- To obtain help from staff or law enforcement, employees have the following resources available:
 - Dial **911** in an emergency for SBCCD Police.
 - For non-emergency incidents that require a Police Response:
 - **Call (909) 384-4491** for **San Bernardino Valley College/Main District Office/EDCT**.
 - **Call (909) 389-3275** for **Crafton Hills College**.
 - Report non-emergency hazards through the SBCCD S&RM Site at:
 - <https://sbccd.edu/district-services/safety-risk-management/index.php>.
 - Any WV incident may be reported to any manager at any time or directly to S&RM.

Protocol for Workplace Violence Incident Response

Emergency Response – Response by SBCCD Police to a report of WV. Police will respond in accordance with their existing policies and procedures. Upon securing the scene and determining the incident to be WV, SBCCD Police will notify the designated S&RM investigator in a timely manner.

Initial Response by S&RM Investigator – Upon receiving a report of a WV incident, the designated S&RM investigator, in coordination with SBCCD Police, will respond as soon as it is safe and practicable to ensure the safety and well-being of affected individuals and to initiate an investigation and documentation.

Compliance and Legal Reporting – S&RM will be responsible for making any required notifications to Cal/OSHA.

Initiate Public Safety Procedures – Utilize SBCCD Emergency Notification System powered by RAVE to initiate measures such as evacuation plans, sheltering plans, or other public safety measures in coordination with SBCCD Police, if needed, to prevent further escalation or injury. To learn more about the RAVE and evacuation or sheltering plans for your employment location, visit the following link:

<https://sbccd.edu/district-services/police-department/crime-prevention/emergency-preparedness.php>

Initiate Documentation – Record initial observations, date, time, location, and nature of incident.

Investigating a Report of Workplace Violence

After the initial response, the S&RM investigator, under the direction of the Program Administrator or their Designee, will implement the following post-incident procedures:

- Coordinate with any investigation by the SBCCD Police Department and determine if a criminal investigation will be conducted.
- In potential criminal investigation of a WV incident, SBCCD Police will take the lead and communicate the results of that investigation, when appropriate and/or upon its conclusion, with the designated S&RM investigator.

Some WV incidents reported directly to S&RM or managers will not warrant a response from SBCCD Police. In these cases, the S&RM investigator will lead the investigation, which may include, but is not limited to, the following:

- Interview all parties involved, including witnesses and affected individuals.
- Review security footage of existing security cameras if applicable.
- Examine the workplace for violence risk factors associated with the incident, including any previous reports of inappropriate behavior by the subject.
- Document any engineering controls/failures that may have contributed to the incident.
- Document any work practice control failures.
- Collect any evidence appropriately, noting that SBCCD Police may need to re-engage their investigation.
- Determine the cause of the incident.
- Record the findings and ensure corrective actions are taken.
- Obtain any reports completed by law enforcement.
- Recommend further corrective action to the Program Administrator or their Designee to prevent similar incidents from occurring.

Analysis

- Analyze the collected evidence, statements, and relevant documentation to determine the sequence of events, contributing factors, and any violations of policies or regulations.
- Consider if a Workplace Violence Restraining Order (WVRO) will be needed.
- Consult with law enforcement and legal when necessary.

Document Findings

Prepare a comprehensive report summarizing the findings of the investigation, including a determination of whether WV occurred, corrective actions, and any factors contributing to the incident. Document who will be notified of findings and how they contribute to corrective actions – this may include a recommendation for the WVPP Review Committee to convene when WVPP changes may be appropriate. Finally, complete the Workplace Violence Incident Log.

Corrective Action for Workplace Violence Incidents

WV incidents will be evaluated, and appropriate corrective action will be taken in a timely manner.

Corrective Action may include, but is not limited to:

- Mediation between parties involved.
- Disciplinary action against individuals found to be involved in violence.
- Criminal charges.
- Filing of Workplace Violence Restraining Orders (WVRO).
- Review of policies and procedures to identify any gaps or deficiencies that may have contributed to the incident.

- Update of the Risk Evaluation Report (RER) or current WVPP through the WVPP Review Committee.

Any disciplinary action taken against an employee will be undertaken in accordance with any existing SBCCD policies and procedures and any Collective Bargaining Agreement governing the terms of their employment.

Workplace Violence Hazards

To report a WV Hazard, employees have the following resources available:

- Dial **911** in an emergency for SBCCD Police.
- For non-emergency hazards that still require a Police response: Call **(909) 384-4491** for **San Bernardino Valley College/Main District Office/EDCT**.
- Call **(909) 389-3275** for **Crafton Hills College**. Other non-emergency hazards that allow for a delayed response may be reported through the SBCCD S&RM Site at:
 - <https://sbccd.edu/district-services/safety-risk-management/index.php>.
- Any hazard may be reported to any manager, or directly to the office of S&RM at any time (**Appendix A**).

WV hazards will be evaluated and corrected in a timely manner and will be the responsibility of the Program Administrator or their Designee.

Workplace Violence Hazards Immediate Actions

- If an imminent WV 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.
- Employees that are necessary to correct the hazardous condition will be provided with the necessary protection needed to conduct the work. This may include, but is not limited to, facilities employees who may be tasked with repairing the hazard, SBCCD Police as needed to keep the area clear, or S&RM employees as needed to document the hazard.
- Supplying safety equipment needed to perform their functions will be the responsibility of each employee's manager.
- Corrective actions to a violent hazard shall be documented. All corrective actions taken will be documented and dated on the appropriate forms.
- Corrective measures and use of engineering controls for WV hazards will be specific to a given work area.

Violence Hazard Evaluation

Each hazard is different, and some may require a more immediate response than others. However, when addressing a reported hazard, the Program Administrator or their Designee will consider the following steps in assessing and correcting the hazard:

- Visit the hazard site, if safe to do so, and document with photos.
- Review any images provided by the individual who reported the hazard.
- Review the log to determine if the hazard has already contributed to violent incidents.
- Determine the hazard levels and priorities.
- Develop an action plan to mitigate the hazard or assess engineering controls already in place.
- Consider environmental design improvement.
- Compile findings and action plan into Risk Evaluation Report (RER).
- Continuous monitoring and review.
- Update RER following any incidents of WV if insufficiencies are observed and as needed.

- Create and maintain feedback loops to obtain current hazard information.
 - Review RER annually during the review of the WVPP.
 - Ensure the RER meets legal and regulatory requirements for workplace safety and violence prevention.
-

Periodic Inspections

Periodic inspections of WV hazards will identify unsafe conditions and work practices. This may require assessment for more than one type of WV. Periodic inspections shall be conducted semi-annually and will be the responsibility of the Program Administrator or their Designee (**Appendix B**).

Inspections for WV hazards include assessing:

- The exterior and interior of the workplace for its attractiveness to robbers.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for employee response during a robbery or other criminal act, including our policy prohibiting employees, who are not Police Officers, from confronting violent persons or persons committing a criminal act.
- Procedures for reporting suspicious persons or activities.
- Effective location and functioning of emergency buttons and alarms.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.
- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems.
- Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- Employees' skill in safely handling threatening or hostile service recipients.
- Effectiveness of systems and procedures that warn others of actual or potential WV danger or that summon assistance (e.g., alarms or panic buttons).
- The use of work practices such as the "buddy" system for specified emergency events.
- The availability of employee escape routes.
- How well our establishment's management and employees communicate with each other.
- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage, other signs of strain, or pressure in the workplace.

Workplace Violence Incident Log Protocol

In accordance with California Labor Code section 6401.9 and SBCCD's WVPP, the recording and maintenance of a Workplace Violence Incident Log (LOG), are essential components of SBCCD's commitment to ensuring the safety and security of our employees.

Recording of Workplace Violence Incidents

The following information shall be recorded in the LOG for each incident (**Appendix C**):

- Date.
- Time.
- Specific location of incident.
- Type/types of WV involved (from 4 Types of WV).
- Description of incident including the nature of the violence and any relevant contextual details.
- Post incident response actions and investigation.
- Findings of investigation.

The S&RM investigator completing the LOG will ensure that no personal identifying information (PII) is recorded or documented in the written LOG report. This includes information which would reveal identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone, or in combination with other publicly available information, reveals the person's identity.

Post Incident Recovery and Debrief

It is recommended that the Program Administrator, or their Designee, conduct a debrief session after a significant WV incident to evaluate the response and identify areas for improvement. The Program Administrator or their Designee may convene the WVPP Review Committee, as needed, to recommend WVPP updates based on lessons learned.

Coordination with Outside Employers

All contractors engaging in work or business on SBCCD property, or engaging directly with SBCCD employees, will be responsible for adhering to the WVPP and will have appropriate training. If a SBCCD contractor is involved in a WV incident, the incident will be investigated and documented in one of the following ways:

- For WV incidents involving only contractors who are governed by their own employer's WVPP, the contractor's employer may conduct the inquiry and the S&RM investigator will obtain a copy of their LOG for their records.
- For WV incidents involving only contractors whose employer is not required to maintain a written WVPP, the SBCCD S&RM investigator will complete the inquiry and LOG in accordance with this plan.
- For WV incidents between a contractor and an SBCCD employee, the S&RM will conduct an inquiry, complete the LOG, and collect a copy of any LOG completed by the contractor's employer.

Plan Review

Workplace Violence Review Committee

The **Workplace Violence Prevention Review Committee** (the Committee) reviews and recommends revisions to this WVPP as provided below. The Committee shall convene and review the WVPP at least annually. Additionally, the Committee may be convened at the discretion of the Program Administrator or Designee when a deficiency in the WVPP is observed or becomes apparent, after a WV incident, and as needed at any other time.

At a minimum, the annual review will consist of evaluating the following:

- The language of the WVPP itself and the effectiveness of the WVPP.
 - Any changes to the law related to the contents of the WVPP.
 - Effectiveness of efforts to solicit employee input and engagement in implementing the WVPP.
 - Review of the LOGs.
-

Items to Consider for Plan Review

- Investigations of WV incidents.
 - Investigations of alleged hazardous conditions or employee concerns.
 - Written records of WV issues discussed at other SBCCD meetings/employee meetings.
 - The effectiveness of security systems, including alarms, emergency response plans, and security personnel, if applicable.
 - Records of hazard identification, evaluation and correction.
 - Communications with employees regarding safety and health issues.
 - Feedback on training programs provided in the WVPP.
 - Form submissions and the SBCCD's internal site where employees can provide suggestions, feedback or concerns regarding the WVPP and/or violence on SBCCD property.
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Methods to Complete the Plan Review

The Program Administrator, or their Designee, shall ensure completion of the WVPP review by the Committee required by this section. The Program Administrator or Designee shall:

- Providing the WVPP and proposed revisions to the WVPP to employees and their authorized employee organization representatives at no cost before revisions are implemented and soliciting feedback from employees through SBCCD's website.
- Ensure periodic committee meetings are conducted at least annual, or as needed, as WV concerns arise.

Once any input from the employees is considered, proposed revisions will be approved by the Program Administrator, or their Designee.

Communication

SBCCD is committed to ongoing communication about the WVPP to all employees through orientations, meetings, emails, trainings, and the SBCCD and Colleges websites. We encourage a culture of safety and respect where everyone shares responsibility for preventing WV.

We recognize that open, two-way communication between SBCCD and its employees about WV issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of WV prevention information between management and employees in a form that is readily understandable by all employees, and consists of the following:

- New employee orientation will include WV prevention policies and procedures.
- WV prevention training programs.
- Regularly scheduled meetings and/or SBCCD-wide communications that address security issues and potential WV hazards.
- Effective communication between employees and managers about WV prevention and violence concerns. This will be accomplished through management training to incorporate violence concerns into regular employee counseling sessions.
- Posted and/or distributed WV prevention information will be available.
- Employees may report WV incidents, hazards, or concerns through the methods outlined in the “REPORTING” section of the WVPP. They may do so anonymously if they choose, and they may do so without fear of reprisal.
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees’ concerns will be investigated in a timely manner, and they will be informed of the results of the investigation and any corrective action(s) to be taken.
- Employees involved in an incident will be notified via SBCCD email with a summary of the results of the investigation and any corrective action(s) taken. They will also be informed how they can obtain a copy of the completed LOG.
- When appropriate, the Program Administrator, or their Designee, will meet with specific groups of employees or departments to debrief an incident.

Plan Authorization Statement

"I, **Diana Rodriguez, Chancellor of the San Bernadino Community College District**, with the approval of the SBCCD Board of Trustees, do hereby authorize and ensure the establishment, implementation, and maintenance of this written Workplace Violence Prevention Plan and the documents and forms within this written plan. I am committed to promoting a culture of safety and violence prevention in our workplace and believe that these policies and procedures will help us achieve that goal."



Signature authorizing this WVPP

06/27/2024

Date of Signature

"I, **Kristina Hannon, Vice Chancellor of Human Resources, Payroll, Police Services, and Health and Safety Administrator**, with the endorsement of the SBCCD Chancellor, hereby assume responsibility for the implementation and upkeep of this Workplace Violence Prevention Plan, including all associated documents and forms. I am dedicated to fostering a culture of safety and violence prevention in our workplace, and I am confident that these policies and procedures will significantly contribute to achieving this goal."




Signature of Program Administrator for this WVPP

06/27/24

Date of Signature

Appendix A: Workplace Hazard Form



WORKPLACE HAZARD IDENTIFICATION, EVALUATION, AND CORRECTION RECORD

Please complete and return to the Safety & Risk Management Department via e-mail ehs@sbccd.edu.

SECTION I- TO BE COMPLETED BY THE INDIVIDUAL

Name Reporting:	Phone Number	E-mail Address
Job Title	Campus/Department	Location of Incident

<p>Type of Violence to which the hazard may contribute: (check all that apply):</p> <p><input type="checkbox"/> Attack with Weapon (e.g., gun, knife, other object)</p> <p><input type="checkbox"/> Threat of Physical Force or Use of Weapon or other Object</p> <p><input type="checkbox"/> Animal Attack</p> <p><input type="checkbox"/> Physical Attack without a Weapon (e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting)</p> <p><input type="checkbox"/> Sexual Assault or Threat (e.g., rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Incident Specifics: (check all that apply):</p> <p><input type="checkbox"/> Victim Performing Usual Job Duties</p> <p><input type="checkbox"/> Poor Lighting</p> <p><input type="checkbox"/> Rushed</p> <p><input type="checkbox"/> Working During Low Staffing Level</p> <p><input type="checkbox"/> High Crime Area</p> <p><input type="checkbox"/> Isolated/Alone</p> <p><input type="checkbox"/> Unable to Get Help/Assistance</p> <p><input type="checkbox"/> Working in Student/Visitor Facing Setting</p> <p><input type="checkbox"/> Working in Unfamiliar/New Location</p> <p><input type="checkbox"/> Other (specify): _____</p>
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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?):

I certify that the information included on this form is true and accurate to the best of my knowledge.

Complainant Signature Date

PLEASE NOTE: This document shall only be used to notify the District of violence hazards and/or hazardous conditions identified in the workplace. If the violence hazards and/or hazardous conditions pose imminent danger and/or property, please immediately notify your immediate supervisor and/or the SBCCD Police Department.

SECTION II- TO BE COMPLETED BY THE RESPONSIBLE DISTRICT REPRESENTATIVE

Name Conducting Inspection:	Date of Inspection	Job Title
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Corrective Action Taken and Date:

Preventive Action (if any):	
Description of Hazard Correction:	
_____	_____
Conducting Inspection Signature	Date

Appendix B: Periodic Workplace Hazard Inspection Checklist



PERIODIC WORKPLACE HAZARD INSPECTION CHECKLIST

Please complete and return to the Safety & Risk Management Department via e-mail ehs@sbccd.edu.

TO BE COMPLETED BY THE INDIVIDUAL

Name Conducting Inspection:	Date of Inspection	Job Title
Conducting Inspection Signature	Date	

PLEASE NOTE: This document shall only be used to identify and evaluate environmental risk factors for workplace violence.

STAFFING / SECURITY

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Lack of District Police Presence	<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	
District Police contact information clearly communicated to all employees	<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	
Emergency telephone numbers for law enforcement, fire and medical services clearly communicated to all employees	<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	
District Police 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
District Police 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		<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	

TRAINING

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Required training done on schedule in accordance with the Plan	<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	
Employees trained on the Plan and topics required by the Plan	<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	
Employees trained to recognize and handle threatening or hostile situations that may lead to violent acts	<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	
Employees trained to respond to violent incidents	<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	


HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
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, and strategies to avoid physical harm.	<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	
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	
ENGINEERING / FACILITIES				
HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Fences, gates, walls or other barriers around workplace	<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	
Entrances and Emergency Exits visible	<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	
No employee only parking area	<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	
Landscape and areas around workplace and parking lots maintained to minimize hiding places	<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	
Adequate lighting in the parking areas and approaches to workplace	<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	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the workplace have:				
Secured entry (e.g. fobs, buzzers)	<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	
Physical barriers (Plexiglass, elevated counters, etc.)	<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	
Locks	<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	
Alarms	<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	
Panic alarms / buttons (portable or fixed)	<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	

HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
	Screening devices (e.g. metal detectors, x-ray machines)	<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	
	Line of sight between employees in work areas	<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	
Surveillance equipment:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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		<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		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient available employee escape routes		<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	
Exit doors					
	Opened from inside or outside	<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	
	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		<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		<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	

WORK PRACTICE CONTROLS					
HAZARD		PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Public access restricted consistent with business necessity		<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	
Employees provided with a designated safe area in case of emergency.		<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	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are the 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		<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		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

HAZARD	PRESENT	CORRECTION	CORRECTED	NOTES / FOLLOW UP
Visitors escorted when on premises	<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	
Employees and visitors and required to wear badges or other identification	<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	
Employees without access to a telephone with an outside line	<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	
Appropriate procedures to report suspicious persons or activities	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Workplace Violence Prevention Plan communicated and/or provided to all employees	<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	
Employees trained on recognizing and responding to violence, including active shooter	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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		<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		<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		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employee Assistance Program or other counseling 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		<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	

Appendix C: Workplace Violence Incident Log



WORKPLACE VIOLENCE INCIDENT LOG

PLEASE NOTE: This log shall only be used for every workplace violence incident that occurs within the workplace.

The information that is recorded will be based on:

- Information provided by the employees who experienced the incident of violence
- Witness statements
- All other investigation findings

All information that personally identifies the individual(s) involved will be omitted from this log, such as:

- Names
- Addresses – physical and electronic
- Telephone numbers
- Social security number

SECTION I - TO BE COMPLETED BY THE RESPONSIBLE DISTRICT REPRESENTATIVE

Name	Job Title	Signature
Date of the Incident	Time of the Incident	Location of the Incident

Workplace Violence Committed by (check all that apply):

- Current or Former Employee
- Current or Former Supervisor
- Current or Former Student
- Family or Friend of Employee
- Person with Criminal Intent
- Visitor/Vendor
- Partner or Spouse of Employee
- Parent or Relative of Employee
- Other (Please specify): _____

Circumstances at the Time of Incident (check all that apply):

- Usual job duties
- Working in Poorly Lit Area
- Working during Low Staffing Level
- Isolated or Alone
- Working in a Community Setting
- Working in an Unfamiliar or New Location
- Rushed
- Unable to Get Help/Assistance
- Other (Please specify): _____

Workplace Violence Type (check all that apply):

- Type 1:** 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.
- Type 2:** workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
- Type 3:** workplace violence against an employee by a present or former employee, supervisor, or manager.
- Type 4:** 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.

Consequence of the Incident (check all that apply):

- Medical Treatment Provided
- Assistance Provided to Conclude Incident (detail in incident description)
- Law Enforcement Contacted
- Actions Taken to Protect from Continuing Threat (if any): _____
- Other: _____

Type of Incident (check all that apply):

- Attack with Weapon (e.g., gun, knife, other object)
- Threat of Physical Force or Use of Weapon or other Object
- Animal Attack
- Physical Attack without a Weapon (e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting)
- Sexual Assault or Threat (e.g., rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)
- Other (specify): _____

Were emergency medical responders other than law enforcement contacted, such as a Fire Department, Paramedics, On-site First-aid certified personnel? Yes No

If yes, explain below:
