

# POINT ARENA UNIFIED SCHOOL DISTRICT

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## WORKPLACE VIOLENCE PREVENTION PLAN

2024 - 2025

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## **PURPOSE AND AUTHORITY**

California SB 553 requires California employers to establish, implement, and maintain at all times in all work areas an effective Workplace Violence Protection Plan (WVPP).

The WVPP, a component of the Injury and Illness Prevention Program, is intended to establish a framework for protecting employees from workplace violence. This plan includes the following components:

1. Names or job titles of the persons responsible for implementing the plan. If there are multiple persons responsible for the plan, their roles shall be clearly described.
2. Effective procedures to obtain the active involvement of employees and authorized employee representatives in developing and implementing the plan.
3. Methods that will be used to coordinate implementation of the plan with other employers, when applicable, to ensure that those employers and employees understand their respective roles, as provided in the plan.
4. Effective procedures for the employer to accept and respond to reports of workplace violence, and to prohibit retaliation against an employee who makes such a report.
5. Effective procedures to ensure that supervisory and nonsupervisory employees comply with the plan
6. Effective procedures to communicate with employees regarding workplace violence matters, including, but not limited to, both of the following:
  - a. How an employee can report a violent incident, threat, or other workplace violence concern to the employer or law enforcement without fear of reprisal.
  - b. How employee concerns will be investigated.
7. Effective procedures to respond to actual or potential workplace violence emergencies, including, but not limited to, all of the following:
  - a. Effective means to alert employees of the presence, location, and nature of workplace violence emergencies.
  - b. Evacuation or sheltering plans that are appropriate and feasible for the worksite.
  - c. How to obtain help from staff assigned to respond to workplace violence emergencies, if any, security personnel, if any, and law enforcement.
8. Procedures to develop and provide employee training
9. Procedures to identify and evaluate workplace violence hazards, including, but not limited to, scheduled periodic inspections to identify unsafe conditions and work practices and employee reports and concerns. Inspections shall be conducted:
  - a. When the plan is first established
  - b. After each workplace violence incident
  - c. Whenever the employer is made aware of a new or previously unrecognized hazard.
10. Procedures to correct workplace violence hazards identified above, in a timely manner consistent with the IIPP, including:
  - a. Procedures for post incident response and investigation.
  - b. Procedures to review the effectiveness of the plan and revise the plan, including:
    - b.i. Procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan.

## **WORKPLACE VIOLENCE PREVENTION PLAN**

11. Maintain a written log recording incidents of workplace violence

**1. PERSON(S) RESPONSIBLE FOR IMPELEMENTING THE WVPP**

The ultimate responsibility for overseeing the development, implementation, and maintenance of the WVPP, rests with the Human Resources Office.

## **2. PROCEDURS FOR INVOLVING EMPLOYEES IN THE DEVLOPMENT AND IMPELMENTATION OF THE WVPP**

Involving employees in the development and implementation of our WVPP is a critical component to the program's overall effectiveness. We welcome and encourage employees to participate in both the initial development and implementation as well as the ongoing/annual refresher of this plan. We will utilize the following procedures to involve employees in the development and implementation of this plan:

- ! Establish a WVPP committee and making it open to all employees, including sharing meeting dates, locations agendas and minutes.
- ! Implementing an employee survey soliciting feedback and input on specific aspects of both the development and implementation of this plan.
- ! Request employees to submit their ideas directly to the person responsible for this WVPP (as identified above) via email or telephone.
- ! Have site/department managers solicit feedback and/or indicate their interest in participating during a staff meeting on early Wednesday release.

### 3. WVPP IMPLEMENTATION & COORDINATION

In an effort to ensure that all employees understand their respective roles in this plan, that they understand all aspects of this plan, and they understand how to report incidents of workplace violence, we will take the following steps:

1. Provide employee training and verify comprehension (i.e., quizzes/tests).
2. Post and share meeting agendas and minutes from committees or teams involved in the development of this plan as outlined in Section 2 above.
3. Generating emails, newsletters, memos, or other means of communication providing updates to all employees at various stages throughout the development and implementation of this plan, including timelines and next steps.

#### 4. **PROCEDURES TO ACCEPT & RESPOND TO REPORTS OF WORKPLACE VIOLENCE**

Employees should report workplace violence to *SITE ADMINISTRATOR* and/or call 9-1-1 if the threat/act of violence is imminent and serious. The *HUMAN RESOURCES* will adhere to the following process for accepting and responding to reports of workplace violence:

1. Determine any steps that need to be taken to protect the reporting employee, or any other employee, against an immediate threat of violence.
2. Investigate the report to gather all relevant information (interview employees, visit the location, document evidence, ask follow-up questions).
3. Evaluate the findings to identify the root cause.
4. Define corrective actions/steps to be taken to address each cause.
5. Coordinate with the necessary departments/staff to implement the corrective actions.
6. Communicate the findings and corrective actions back to the reporting employee.
7. Monitor the effectiveness of the corrective actions.
8. Document the incident and all correlating information in the “Violent Incident Log” for recordkeeping and reporting purposes.

All employees are encouraged to report any concerns or incidents related to workplace violence, and that they can do so without fear of reprisal.



## 5. PROCEDURES TO ENSURE EMPLOYEES COMPLY WITH THE WVPP

While the HUMAN RESOURCES is responsible for overseeing the development, implementation, and maintenance of the WVPP, all employees are responsible for adhering to their roles, responsibilities and training provided under this plan. Supervisors and managers will use the following procedures to ensure employees comply with the WVPP:

Ensuring employees take/attend the training(s) and refresher training(s) assigned to them.

Monitor employee adherence to topics and concepts covered in the training they received.

Follow our established disciplinary action process if an employee or supervisor does not follow elements of this plan.

### **Disciplinary Action**

We will actively enforce all aspects of the WVPP. An employee that fails to adhere to the procedures and practices of this plan shall be disciplined.

1. Verbal warning and re-training.
2. Written warning with reprimand placed in file.
3. Job improvement plan.
4. Suspension from work with compensation and record added to personnel file.
5. Suspension from work without pay.
6. Discontinue employment.

Whenever an employee is disciplined, the SITE ADMINISTRATOR shall document the action taken.

## 6. EMPLOYEE COMMUNICATION

Employees should report any and all workplace violence-related incidents, threats and concerns to the SITE ADMINISTRATOR or by contacting emergency services directly by calling 9-1-1 if the threat/act of violence is imminent and serious.

When making a report of workplace violence, please include the following information (please note, workplace violence does not include lawful acts of self-defense or defense of others):

1. Date
2. Time
3. Location
4. Type of workplace violence:
  - a. Type 1 = Committed by a person who has no legitimate purpose at the worksite
  - b. Type 2 = Committed by a person who does have a legitimate purpose at the worksite (customer, client, patient, student, inmate, or visitor).
  - c. Type 3 = Committed by a present or former employee, supervisor, or manager.
  - d. Type 4 = Committed by a person who does not work at the workplace, but has or is known to have had a relationship with an employee
5. Circumstances at the time of the incident, including but not limited to the following:
  - a. Was the employee completing usual job duties?
  - b. Was the area poorly lit?
  - c. Was the work being “rushed”?
  - d. Was the employee working during a low staffing level?
  - e. Was the employee isolated/alone?
  - f. Was the employee able to get help/assistance?
  - g. Was the employee working in a community setting?
  - h. Was the employee working in an unfamiliar/new location?
  - i. Other: please explain
6. Classification of where the incident occurred:
  - a. At the workplace, indoors (please include building name and/or room number)
  - b. At the workplace, outdoors (please specify)
  - c. Other area (please explain)
7. Type of incident (including but not limited to):
  - a. Physical attack – no weapon/object
  - b. Physical attack – with a weapon/object
  - c. Threat of physical force or threat of use of a weapon/object
  - d. Sexual assault/threat (including rape, attempted rape, physical display, or unwanted verbal/physical sexual contact)
  - e. Other (please specify):

### **Employer's Evaluation & Response**

When responding to a report of workplace violence, the SITE ADMINISTRATION & HUMAN RESOURCES as outlined above, will adhere to the following process:

1. Determine any steps that need to be taken to protect the reporting employee, or any other employee, against an immediate threat of violence.
2. Investigate the report to gather all relevant information (interview employees, visit the location, document evidence, ask follow-up questions), including capturing the following information:
  - a. Consequences of the incident (including but not limited to):
    - a.i. Was security or law enforcement contacted?
      - a.i.1. If so, what was their response (please explain):
    - a.ii. Actions taken to protect employees from a continuing threat or any other hazards resulting from the incident (please explain)
  - b. Information about the person completing the employer's response/log:
    - b.i. Name
    - b.ii. Title
    - b.iii. Date
3. Evaluate the findings to identify the root cause.
4. Define corrective actions/steps to be taken to address each cause.
5. Coordinate with the necessary departments/staff to implement the corrective actions.
6. Communicate your findings and corrective actions back to the reporting employee.
7. Monitor the effectiveness of the corrective actions.
8. Document the incident and all correlating information in the "Violent Incident Log" for recordkeeping and reporting purposes.

## WORKPLACE VIOLENCE REPORTING FORM

THIS FORM IS TO BE USED BY EMPLOYEES THAT HAVE IDENTIFIED AN INCIDENT, THREAT OR CONCERN RELATED TO WORKPLACE VIOLENCE. THIS FORM BRINGS THE ISSUE TO THE ATTENTION OF THE MANAGEMENT.

IT IS ILLEGAL FOR THE EMPLOYER TO TAKE ACTION AGAINST AN EMPLOYEE FOR MAKING SUCH A REPORT. THE EMPLOYER MUST INVESTIGATE THE REPORT AND EXPLAIN TO EMPLOYEES THE ACTION TAKEN AND ANY SUBSEQUENT ACTIONS, AS NECESSARY.

To be completed by the individual investigating the incident. Return completed form within 2 days following incident to HUMAN RESOURCES. **Attach witness statements to this form.**

Report submitted by:	Date:
General Description:	Phone:

Date of Incident:	Time:
Address/Location of Incident:	

### Individuals involved in the incident (use additional sheet(s) if necessary)

Name:	Name:
<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant	<input type="checkbox"/> Victim or <input type="checkbox"/> Assailant
Job Title:	Job Title:
Department:	Department:
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

### Classification of Incident (Select One)

! Type 1 Committed by a person who has no legitimate purpose at the worksite.	! Type 2 Committed by a person who does have a legitimate purpose at the worksite	! Type 3 Committed by a present or former employee, supervisor, or manager.	! Type 4 Committed by a person who does not work at the workplace, but has or is known to have had a relationship with an employee.
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### Classification of Incident Location (Select One)

! At Workplace, Indoors (Please Include Bldg. Name/Room No.)	! At Workplace, Outdoors (Please Specify)	! Other Area (Please Explain)
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### Type of Incident

<input type="checkbox"/> Physical Attack – no weapon/object
<input type="checkbox"/> Physical Attack – with weapon/object
<input type="checkbox"/> Threat of physical force and/or threat of use of a weapon/object
<input type="checkbox"/> Physical Assault - Hitting, fighting, pushing, or shoving
<input type="checkbox"/> Sexual assault/threat (incl. rape, attempted rape, physical display, or unwanted verbal/physical sexual contact)
<input type="checkbox"/> Other (specify)

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### How was the incident communicated? (Check one or more)

<input type="checkbox"/> Communicated directly to victim	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Communicated to another person	<input type="checkbox"/> Verbal	<input type="checkbox"/> Mail	<input type="checkbox"/> Note	<input type="checkbox"/> Email
<input type="checkbox"/> Other (specify)				

**Initial Response or Follow up Activity: (Check all that apply)**

<input type="checkbox"/> Situation defused	<input type="checkbox"/> Occupational Medicine notified
<input type="checkbox"/> Security called	<input type="checkbox"/> Law Enforcement notified If Yes, Name of Agency and Report Number:
<input type="checkbox"/> First Aid Received?	<input type="checkbox"/> Employee Assistance Program Resources Provided?
<input type="checkbox"/> Other (specify)	

**Describe Incident in Detail**

*Include what happened, where, who was involved, what you heard, saw, etc. Also include the circumstances at time of incident (i.e.: was the employee completing usual job duties, was the area poorly lit, was the work being rushed, was the employee working during a low staffing level, was the employee isolated/alone, was the employee able to get help/assistance, was the employee working in a community setting, was the employee working in an unfamiliar/new location, other – please explain).*

**List Names of Other Witnesses**

Signature

Date

Person Receiving Witness Statement

Date

## Routing

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<i>Yes</i>	<i>No</i>	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<input type="checkbox"/>	<input type="checkbox"/>	SITE ADMINISTRATOR		
<input type="checkbox"/>	<input type="checkbox"/>	HUMAN RESOURCES		

**Upon completion of investigation, attach a findings/follow-up document to this form.**



## **7. EMPLOYEE TRAINING**

We will provide employees with initial training when the plan is first established, and annually thereafter, on all of the following:

1. Our WVPP plan, how to obtain a copy of the plan at no cost, and how to participate in development and implementation of the plan.
2. The definitions and requirements of SB 553.
3. How to report workplace violence incidents or concerns to us and/or law enforcement, without fear of reprisal.
4. Workplace violence hazards specific to employees' jobs, the corrective measures we have implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
5. The required violent incident log and how to obtain copies of records.
6. An opportunity for interactive questions and answers with a person knowledgeable about the employer's plan.

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

## **8. RECORDKEEPING**

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

Training records will be created and maintained for a minimum of one year and include 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.

Violent incident logs will be maintained for a minimum of five years.

Records of workplace violence incident investigations will be maintained for a minimum of five years. These records shall not contain “medical information,” as defined in subdivision (j) of Section 56.05 of the Civil Code.

All records required above by will be made available to employees and their representatives, upon request and without cost, for examination and copying within 15 calendar days of a request.

The HUMAN RESOURCES will be responsible for ensuring that all relevant records are completed, maintained, and made available upon request as required by this program and/or Cal/OSHA. A safe and healthy workplace is the goal of everyone at Point Arena Unified School District, with responsibility shared by management and staff alike.

**GENERAL SAFETY TRAINING RECORD LOG**

SUBJECT COVERED

LOCATION OF TRAINING:

DATE OF TRAINING:

NAME & QUALIFICATIONS OF TRAINER

*(Years of related experience, designations, certifications, etc.)*

EMPLOYEES NAME/TITLE/DEPARTMENT (print)

SIGNATURE

**Copy to HUMAN RESOURCES DEPARTMENT**