



SIPE IIPP Section P

## Workplace Violence Prevention Program

*6/6/24*

Santa Barbara County Education Office Violence Prevention Plan

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I. PURPOSE

Santa Barbara County Education Office provides a safe and healthful workplace for its employees and public officials and is committed to securing work environments. Workplace violence is any incident in which any employee is abused, threatened, battered, assaulted, or intimidated at the workplace. No form of violence will be tolerated. Any violent act or threat against a person's life, health, family, or property, directly or indirectly, regardless of intent, made by or to any county employee is unacceptable. If a SBCEO employee causes or contributes to an act of workplace violence, discipline will result in separation from SBCEO employment.

Violence could be obvious and overt, such as physical assault and verbal abuse. It could alternatively be more subtle, such as intimidation and threatening body language. Here are some examples of workplace violence:

- Physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Verbal abuse in person or by telephone, including voice mail.
- Written abuse by U.S. mail, intra- or inter-office mail, or by e-mail.
- Harassing surveillance or stalking.
- Unauthorized possession or implied use of firearms or any type of weapon.
- Destruction or threat of destruction of SBCEO property.
- Making either direct or veiled verbal threats of harm (i.e., predicting that bad things are going to happen to a co-employee or supervisor).
- Words or actions that are extremely unusual, disruptive and/or completely inconsistent with the workplace.

Cal-OSHA has defined four types of workplace violence, and all four are included in the Plan:

(1) Workplace violence committed by a person who has no legitimate business at the work site and includes violent acts by anyone who enters the workplace with the intent to commit a crime.

(2) Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a client, customer, or patient.

(3) Workplace violence against an employee by a present or former employee, supervisor, or manager.

(4) Workplace violence committed in the workplace by someone who does not work there but has or is known to have a personal relationship with an employee.

## II. DEFINITIONS

A. **Abuse:** Language that condemns or vilifies usually unjustly, intemperately, and angrily; or physical maltreatment.

B. **Battery:** Unlawful touching of another without his/her consent.

C. **Assault:** Any willful attempt or threat to inflict injury upon another person, when coupled with an apparent present ability so to do, and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm. An assault may be committed without physically touching, or striking, or doing bodily harm to the person of another (e.g., lifting a fist in a threatening manner).

D. **Threat:** Communicated intent to inflict physical or other harm on any person or on property. Includes a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

E. **Intimidation:** To make timid or fearful; frighten; to compel or deter by or as if by threats. Such fear must arise from the willful conduct of the accused, rather than from some mere temperamental timidity of the victim; however, the fear of the victim need not be so great as to result in terror, panic, or hysteria.

## III. RESPONSIBILITIES

District Department Heads are responsible for implementing this plan to their district employees with guidance from Risk Management and Human Resource. The SIPE Risk & Loss Control Manager and the Health and Safety Committee provide recommendations on the plan and input to assist in implementation. In conjunction with other provisions of the Injury & Illness Prevention Program (including routine inspections, site security assessments, employee surveys, and hazard reports), the SIPE Risk & Loss Control Manager and the Health and Safety Committee will review the plan annually for effectiveness. Supervisors and their employees have important roles in maintaining a safe work environment and minimizing the risk of violence in the workplace. These roles can overlap, but the nature of the responsibility can differ, as distinguished by these guidelines:

- Employee Responsibilities:
  - (a) Complete training/orientation as required;
  - (b) Follow security precautions;
  - (c) Know Avoid/Deny/Defend;
  - (d) Report threats or suspicious behaviors;

(e) Share suggestions for improvement with supervisor, union rep, or risk management

(f) Do not engage in violence at work.

• **Supervisor Responsibilities:**

(a) Conduct training/orientations as required;

(b) Maintain this document and make it available to employees;

(c) Ensure periodic review of security protocols;

(d) Follow-up with employee after an incident;

(e) Cooperate with outside agencies; and

(f) Consider suggestions.

#### IV. PREVENTION AND HAZARD IDENTIFICATION

SBCEO's commitment to preventing or minimizing the threat of violence in the workplace includes the utilization of engineering controls, administrative and work practice controls, and the awareness education of potential pre- or post- indicators of violence. Our IIPP carefully covers the process of hazard identification, so this section appears generalized and brief and is not intended to be a comprehensive review of workplace violence hazards. Furthermore, this plan is a public document, and we do not wish to disclose extemporaneously to the public potential avenues for someone to practice violence against our employees or visitors. Here are the general themes to our solutions.

• **Engineering Controls**

o Routine inspections – see IIPP.

o Keeping up with trash and debris collection.

o Clear panels in doors for monitoring, subject to further security review.

o Curved mirrors to see around corners.

o Vehicle deterrence around buildings.

o Keyless door systems.

o Furniture arrangement to facilitate expedited egress.

o Cell phones, panic buttons, silent messaging in Teams.

o Other warning and silent messaging systems.

• **Administrative and Work Practice Controls**

o Employees are provided cell phones when traveling remotely and when appropriate.

o Employees may request to have another employee or law enforcement accompany them in situations where they feel unsafe or threatened.

o Training for employees in CPI and our Standard Response Protocol.

By identifying signal behaviors, officials, managers, and employees may be able to prevent violent incidents from occurring. We teach our employees vigilance without discrimination in their awareness and reporting efforts in service to themselves and others. Managers and employees shall report concerns about signal behaviors to their Division Head or Department Head and/or Risk Management or 9-1-1.

The following behaviors may be a signal that something is wrong. None should be ignored:

- Direct or veiled threats of harm.
- Intimidating, belligerent, harassing, bullying, or other inappropriate aggressive behavior.
- Numerous conflicts with supervisors and other employees.
- Fascination with weapons.
- Statements fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace homicides.
- Statements indicating desperation (over family, financial, and other personal problems) to the point of contemplating suicide.
- Drug or alcohol abuse.
- Extreme changes in behavior.
- Indicators of domestic violence that could spill over to the workplace.
- Signs of physical injury.
- Emotional episodes.
- Increased fear of a victim.

## V. MANDATORY REPORTING OF WORKPLACE INCIDENTS

Employees are required to report all instances of workplace violence or threats of workplace violence to their Division Head, Department Head, or Risk Management/Human Resources within 24 hours of the incident. The person receiving the report may collect information on the SIPE Workplace Violence form 7-333 to ensure complete data collection. SBCEO prohibits retaliation against an employee who makes a workplace violence report. If a violent act results in an injury to an SBCEO employee, SBCEO will report the incident to the appropriate law enforcement agency. Nothing in this policy should be construed as prohibiting an employee from reporting an incident to a law enforcement agency.

## VI. PROCEDURE FOR IMMEDIATE DANGER

In the event an employee is in or feels in immediate danger of a workplace violence incident, the employee shall Dial 9-1-1 for emergency assistance if it is safe to do so. Employees are responsible for knowing how to summon emergency help from their offices. If you are unable to talk with the 911 dispatcher, discreetly dial 911 and leave the phone off the hook. The dispatcher will be able to hear what is going on and the address automatically appears on their screen. If applicable, follow the AVOID/DENY/DEFEND protocol in Appendix A.

## VII. PROCEDURE FOR A POTENTIALLY VIOLENT SITUATION

If you see something, say something. Retaliation against someone reporting a potentially violent person or situation is strictly prohibited. In the event an employee is confronted with a situation that they feel could turn violent, the steps below are advised, subject to conditions and circumstances.

- Stay calm.
- Speak in a calm voice, businesslike, and clearly.
- Be careful of your language - do not be verbally abusive or argumentative.
- Be non-threatening. Don't clench your fists.
- Keep at a distance from the perpetrator.
- Attempt to position yourself so that office furniture or other objects separate you and the perpetrator.
- Position yourself so that an exit route is accessible.
- Do not touch the perpetrator.
- Do not attempt to physically disarm a perpetrator holding a weapon.
- Obey the perpetrator's orders when you are physically in danger but be vigilant in looking for opportunities to get away.

## VIII. PROCEDURE FOR AFTER AN INCIDENT OCCURS (POST INCIDENT PROCEDURE)

The following are advised after an incident occurs.

1. The target employee shall immediately notify their Division Head or Department Head. If the employee's Department Head is the perpetrator, the notification shall be made only to Risk Management or Human Resources.
2. Post-incident debriefing will be conducted as soon as possible after the incident with employees and supervisors involved in the incident.
3. Individual trauma counseling for all employees affected by the incident will be made available.
4. A Workplace Violence Report shall be prepared by the employee's supervisor or department head during the investigation with the assistance of the initial reporting employee. The depth and timeliness of the investigation shall be commensurate with the severity of the incident. Employees who work most closely in the area where the event occurred may have special insight into the causes and solutions and will be interviewed to ascertain their insights and recommendations.

5. A review of whether appropriate engineering and administrative and work practice control measures were effectively implemented will be conducted and recommendations for the future, if any, will be prepared.
6. The investigative findings may be put in writing, and electronic copies of the findings will be made available to affected employees.
7. To the extent possible, confidentiality of the facts and circumstances surrounding an incident of workplace violence will be maintained. All employees involved in the incident and/or investigation, whether the target employee, perpetrator or witnesses, shall not discuss the incident with anyone other than law enforcement, the Risk Manager, County Counsel, union representative or Threat Management Team. Any requests for information, whether verbal or written, shall be referred to the Department Head.
8. The Department Head shall record information in the Violent Incident Log about every incident, post-incident response, and investigation in accordance with Cal-OSHA regulations. Risk Management will report to the appropriate state agency.

## IX. TRAINING

SBCEO will provide training to employees that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs. The training will include:

- (a) How to obtain a copy of the workplace violence prevention plan and how to participate in its development and implementation.
- (b) the definitions and requirements of applicable regulations.
- (c) how to report workplace violence incidents or concerns to the employer or law enforcement without fear of reprisal.
- (d) workplace violence hazards specific to one's job, corrective measures the employer has implemented, how to seek assistance to prevent or respond to violence, and strategies to avoid physical harm.
- (e) the violent incident log and how to obtain copies of required records.
- (f) an opportunity for interactive questions and answers with a person knowledgeable about the employer's plan. The Safety Liaison Manager and the Health and Safety Committee will review the effectiveness of the training and advise on continuous improvement.

## X. RECORDKEEPING

The Violence Incident Logs are recorded on a calendar basis and maintained by the Department Head. Logs are maintained for five years per SB553. Aggregated (nameless) data are shared with the Safety & Health Committee annually if there is any data. The SIPE Risk Manager is the contact person for questions regarding data or other records.



## XI. EXHIBITS

Three appendices follow.

- A. Active Shooter Guidelines.
- B. Concerns, Recommendations, and Feedback form.
- C. SIPE Workplace Violence Incident Report 7-333.

### EXHIBIT A: Active Shooter/Intruder: AVOID/DENY/DEFEND

Since 2002, the Advanced Law Enforcement Rapid Response Training (ALERRT) program has been used to train law enforcement officers across the nation in how to rapidly respond to dangerous active threat situations.

Over the years we've seen response times shorten and the capabilities of law enforcement increase. As a result of increased public awareness, many citizens have asked what they can do to protect themselves and reduce the dangers faced during one of these events. As we've seen that hiding and hoping isn't a very effective strategy, Avoid, Deny, Defend has been developed as an easy to remember method for civilians of all ages and abilities to follow.

During an act of violence (Robbery, hostage situation, workplace violence, active shooter, etc.):

**AVOID** (Starts with your state of mind):

- Pay attention to your surroundings
- Have an exit plan
- Move away from the source of threat as quickly as possible
- The more distance and barriers between you and the threat, the better

**DENY** (When getting away is difficult or maybe impossible):

- Keep distance between you and the source
- Create barriers to prevent or slow down a threat from getting to you
- Turn the lights off and silence your phone
- Remain out of sight and quiet by hiding behind large objects

**DEFEND** (because you have the right to protect yourself):

- If you cannot avoid or deny, be prepared to defend yourself
- Be aggressive and committed to your actions
- Do not fight fairly. This is about survival

**Call 911** when you are in a safe area

- When Law Enforcement arrives, show your hands and follow commands.

Santa Barbara County Violence Prevention Plan

EXHIBIT B: CONCERNS, RECOMMENDATIONS, AND FEEDBACK REGARDING THE SBCEO  
WORKPLACE VIOLENCE PREVENTION PLAN

In the interest of providing a safe and healthful work environment, all Santa Barbara County Education Office employees are encouraged to bring any concerns about this plan or its impact, to their supervisor, labor representative, or Risk Management. This form may be used to do so. Labor representatives are encouraged to bring these forms to the Joint Labor/Management Safety Committee for review and recommendation.

CONCERN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ (You may elect to remain anonymous.) Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ RETURN COMPLETED FORM TO SUPERVISOR, RISK MANAGEMENT, OR UNION REP EMPLOYEE – PLEASE DO NOT WRITE BELOW THIS LINE Name of Department Head or Supervisor (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)**

**Violence Incident Report**

SIPE Form 7-333 Revised 6/2024

**This form must be used for every workplace violence incident that occurs in the workplace. At a minimum, it will include the information required by LC section 6401.9(d).**

<b>Employee Name:</b>	<b>Job Title:</b>
<b>District Name/Site:</b>	<b>Location(s) of Incident:</b>
<b>Date Incident Occurred:</b>	<b>Time Incident Occurred:</b>
<p><b>If Workplace Violence Incident, check OSHA defined type:</b></p> <p><input type="checkbox"/> <b>Type 1 Violence:</b> 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 employees with the intent to commit a crime.</p> <p><input type="checkbox"/> <b>Type 2 Violence:</b> Workplace violence directed at employees by customers, clients, patients, <b>students</b>, inmates or visitors.</p> <p><input type="checkbox"/> <b>Type 3 Violence:</b> Workplace violence against an employee by a present or former employee, supervisor, or manager.</p> <p><input type="checkbox"/> <b>Type 4 Violence:</b> 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.</p>	
<p><b>Check which of the following describes the type(s) of incident:</b></p> <p><input type="checkbox"/> Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.</p> <p><input type="checkbox"/> Attack with a weapon or object, including, but no limited to, a firearm, knife, or other object.</p> <p><input type="checkbox"/> Threat of physical force or threat of the use of a weapon or other object.</p> <p><input type="checkbox"/> Sexual assault or threat, including but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.</p> <p><input type="checkbox"/> Animal attack.</p>	

Provide a detailed description of the incident and any additional information on the violence incident type and what it included. Continue on a separate sheet of paper if necessary.

Workplace violence committed by [For confidentiality, only include the classification of who committed the violence, including whether the perpetrator was a client or customer, family or friend of a client or customer, stranger with criminal intent, coworker, supervisor or manager, partner or spouse, parent or relative, or other perpetrator].

Circumstances at the time of the incident [Write/type what was happening at the time of the incident, including but not limited to, whether the employee was completing usual job duties, working in poorly lit areas, rushed, working during a low staffing level, isolated or alone, unable to get help or assistance, working in a community setting, or working in an unfamiliar or new location.]

Was Law Enforcement contacted: Yes No

If so, what was the response?

Actions taken to protect employees from a continuing threat or from any other hazards identified as a result of the incident. [Include information on what the consequences of the incident were].

Were there any injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain [Indicate here if there were any injuries. If so, provide a description of the injuries].	
Were emergency medical responder other than law enforcement contacted, such as fire department, paramedics, on-site first aid certified personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Did the severity of the injuries require reporting to Cal/OSHA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, document the date and time this was done, along with names of the Cal/OSHA representative contacted.	
This violence incident form was completed by:	
Signature:	Date:
<b>Safety Committee Review/ Safety Director Signature:</b>	
<b>Date:</b>	